

Integrating Selected Music Therapy Approaches in
Music Education to Provide Mental Health and
Wellbeing Benefits for Adolescents (Ages 11-17)

by

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Abstract

This study aimed to explore the intersectionality between music education and music therapy. It initiated with my lived experiences as a musician, SEN educator, musician and a researcher during which it was identified that music therapy as an intervention is only available to a very limited number of students. Given the challenges faced by music education today and its precarious position within the curriculum, it is important to substantiate its relevancy and the numerous benefits it can bring for students. Adolescents, ages 11-17, were chosen as the age group for this study as this group seems experience most academic transitions. Additionally, music plays a pivotal role for teenagers in terms of socialisation, managing mood and emotions, and contributing to their identity development. Assuming a social constructivist viewpoint and utilising mixed methods, I created an inclusive music conceptual framework to address and meet educational, social, emotional needs and personal wellbeing of young adults. The philosophical basis for this study involved two theories: John Dewey's democracy and education, and Christopher Small's concept of *musicking*. With the amalgamation of the two theories, I formulated the concepts of musical inclusion and musical democracy. Community music therapy, one of the many branches of music therapy, was identified as a way to bridge music education and music therapy to promote musical inclusion and democracy in classroom music-making. In the process, I also made the case for a potential new field and a practice: 'music therapy through music education'.

Table of Contents

Abstract.....	2
Index of tables.....	9
List of figures.....	12
Acknowledgements.....	13
Abbreviations.....	14
Preface.....	17
Researcher Background: Setting the context.....	17
Chapter 1.....	23
Introduction: Adolescents, mental health and music.....	23
Chapter 2.....	32
Literature Review.....	32
2.1 Adolescence.....	32
2.1.1 Adolescents, Transition and Mental Health.....	35
2.1.2 Adolescent Mental Health and Wellbeing.....	38
2.1.3 Adolescents, Music and Wellbeing.....	40
2.2 Music Education in UK schools (Key Stages 3-5).....	44
2.2.1 National Music Curriculums and Policies.....	44
2.2.2 Current Issues in Music Education.....	46
2.2.3 Special Music Education & Music Services for Adolescents.....	50
2.3 Music Therapy and Adolescents.....	54
2.4 Inclusion.....	59
2.4.1 Inclusion in Music Education: ‘Musical Inclusion’.....	60
2.5 John Dewey and Democratic Education.....	64
2.5.1 Education as a ‘Completed Product’ Versus ‘Continuous Process of Growth’.....	65
2.5.2 Education for Social Control Versus Social Growth.....	67
2.5.3 School as a Community & the Teacher’s Role as a Facilitator.....	69
2.5.4 Musical Democracy: Student as Active Learners & Teachers as Facilitators.....	70
2.6 Musicking.....	72
2.6.1 Educational Growth Through <i>Musicking</i>	74
2.6.2 Social Growth Through <i>Musicking</i>	76
2.6.3 Music Teachers as Music Facilitators.....	77
2.7 Music Education and Music Therapy.....	80
2.7.1 Music Therapy through Music Education.....	83
2.7.2 Music Therapy through Music Education for Adolescents.....	88

2.7.3 Community Music Therapy	90
2.7.4 Musical Democracy in Community Music Therapy.....	92
2.7.5 Bridging the Gap through Community Music Therapy for Musical Inclusion & Musical Democracy	94
2.8 Summary	98
Chapter 3.....	101
Methodology.....	101
3.1 Introduction	101
3.2 Research Questions	101
3.3 Research Paradigm	105
3.3.1 Theoretical Framework.....	105
3.3.2 Epistemological and Ontological Considerations.....	111
3.3.3 Social Constructivism	117
3.4 Methodological Design	119
3.4.1 Constructivist Grounded Theory (CGT).....	119
3.5 Summary	122
Chapter 4.....	124
Engaging Current Practitioners Views Through Constructivist Grounded Theory	124
4.1 Procedure of Data Collection & Analysis	124
4.2 Participants	126
4.3 Data Collection Methods	127
4.3.1 Observations	127
4.3.2 Questionnaires.....	128
4.3.3 Interviews.....	129
4.4 Data Analysis Methods	130
4.4.1 Constructivist Grounded Theory Analysis.....	130
4.4.2 Thematic Analysis	130
4.4.3 Hybrid approach of inductive & deductive codes.....	132
4.4.4 Memo-writing	138
4.4.5 Axial coding	141
4.4.6 Theoretical sampling.....	142
4.5 Validity & Reliability	144
4.5.1 Ethical Considerations.....	147
4.5.2 Quality Assurance	148
4.6 Summary	149
Chapter 5.....	151

Presentation of Findings	151
5.1 Qualitative & quantitative presentation of data	151
5.2 Section A of all three types of questionnaires - Quantitative & qualitative data presentation	152
5.3 Music teachers' questionnaire – Quantitative & qualitative presentation of data	160
5.3.1 Section A, Questions 5-8	160
5.3.2 Section B, Questions 9-14	164
5.3.3 Section C, Questions 15-20	174
5.4 Music therapists' questionnaire – Quantitative & qualitative presentation of data	182
5.4.1 Section A, Questions 5-9	183
5.4.2 Section B, Questions 10-11	191
5.4.2 Section C, Questions 12-14	194
5.4.3 Section D, Questions 15-18	198
5.5 Community music therapists' questionnaire – Quantitative & qualitative presentation of data	205
5.5.1 Section A, Questions 5-10	205
5.5.2 Section B, Questions 11-13	209
5.5.3 Section C, Questions 14-16	210
5.6 Contextual presentation for analysis: Music therapists' training and professional work	211
5.7 Preliminary Analysis – Identifying initial codes and themes	220
5.8 Summary	222
Chapter 6	223
Analysis of Domain-Specific Practices & Issues	223
6.1 Introduction	223
6.2 Preliminary analysis	224
6.3 Re-visiting the research question and sub-questions	225
6.3.1 Sub-question 1. How can the music curriculum be made more inclusive, accessible, and relevant in the classroom?	225
6.3.2 Summary of analysis for sub-question 1	255
6.3.3 Sub-question 2. How can music lessons in the classroom support academic learning and adolescent mental health and wellbeing?	257
6.3.4 Summary of analysis for sub-question 2	272
6.4 Summary	273
Chapter 7	275
Music Therapy Through Music Education: Bridging the Gap Through CMT	275
7.1 Introduction	275
7.2 Revisiting Sub-question 3. How can music therapy be provided through music education? ..	275

7.3 Summary	304
Chapter 8.....	307
Conclusion.....	307
8.1 Limitations of the methodology.....	308
8.2 Barriers in music education and teacher-facing issues.....	310
8.3 Barriers in music therapy & music therapist-facing issues	313
8.4 Bridging the gap between music education and music therapy through a CMT framework... 316	
8.5 A conceptual model for providing a democratic & an inclusive music education through a CMT framework.....	319
8.6 Future Research	325
8.7 A Time-Critical Appeal: Why music therapy through music education?	326
8.8 Coda	328
Bibliography / References:.....	330
Government reports and documents:	371
Music services and projects in the UK	377
Appendices.....	379
Appendix 1: Contacting Participants: The Information & Consent Form for music teachers and music therapists	379
Appendix 1a: Information & Consent form for music teachers.....	379
Appendix 1b: Information & Consent form for music therapists	382
Appendix 2: The Questionnaires.....	385
Appendix 2a: Questionnaire for Music Teachers.....	385
Appendix 2b: Questionnaire for Music Therapists	393
Appendix 2c: Questionnaire for Community Music Therapists	404
Appendix 3: Questionnaire Responses – Music Teachers	411
Appendix 3a: Music Teacher 1 (T1).....	411
Appendix 3b: Music Teacher 2 (T2)	428
Appendix 3c: Music teacher 3 (T3)	433
Appendix 3d: Music teacher 4 (T4)	438
Appendix 3e: Music teacher 5 (T5)	446
Appendix 3f: Music teacher 6 (T6).....	455
Appendix 3g: Music teacher 7 (T7)	463
Appendix 3h: Music teacher 8 (T8).....	468
Appendix 3i: Music teacher 9 (T9)	474
Appendix 3j: Music teacher 10 (T10)	482
Appendix 3k: Music teacher 11 (T11)	489

Appendix 4: Questionnaire Responses – Music Therapists	497
Appendix 4a: Music Therapist 1 (MT1)	497
Appendix 4b: Music Therapist 2 (MT2)	506
Appendix 4c: Music Therapist 3 (MT3)	514
Appendix 4d: Music Therapist 4 (MT4)	520
Appendix 4e: Music Therapist 5 (MT5)	525
Appendix 4f: Music Therapist 6 (MT6)	530
Appendix 4g: Music Therapist 7 (MT7)	536
Appendix 4h: Music Therapist 8 (MT8)	542
Appendix 4i: Music Therapist 9 (MT9)	548
Appendix 4j: Music Therapist 10 (MT10)	554
Appendix 4k: Music Therapist 11 (MT11)	560
Appendix 4l: Music Therapist 12 (MT12)	566
Appendix 5: Questionnaire Response – Community Music Therapist	572
Appendix 5a: Community Music Therapist 1 (CMT1)	572
Appendix 6: Semi-structured follow-up interview (example questions)	577
Appendix 6a: Music Teachers - Semi-structured follow-up interview (example questions)	577
Appendix 6b: Music Therapists - Semi-structured follow-up interview (example questions)	581
Appendix 6c: Community Music Therapists - Semi-structured follow-up interview (example questions)	585
Appendix 7: Semi-structure follow-up interview (transcribed interviews) – Music Teachers	588
Appendix 7a: Music Teacher 1 (T1)	588
Appendix 7b: Music Teacher 2 (T2)	595
Appendix 7c: Music Teacher 3 (T3)	597
Appendix 7d: Music Teacher 4 (T4)	602
Appendix 7e: Music Teacher 5 (T5)	607
Appendix 7f: Music Teacher 6 (T6)	609
Appendix 7g: Music Teacher 8 (T8)	610
Appendix 8: Semi-structure follow-up interview (transcribed interviews) – Music Therapists	614
Appendix 8a: Music Therapist 2 (MT2)	614
Appendix 8b: Music Therapist 3 (MT3)	622
Appendix 8c: Music Therapist 4 (MT4)	630
Appendix 8d: Music Therapist 6 (MT6)	637
Appendix 8e: Music Therapist 8 (MT8)	641
Appendix 8f: Music Therapist 9 (MT9)	653
Appendix 8g: Music Therapist 11 (MT11)	655

Appendix 9: Semi-structured follow-up interview (transcribed interviews) – Community Music Therapist	664
Appendix 9a: Community Music Therapist 1 (CMT1)	664
Appendix 10: Participant Track sheet	670
Appendix 11: Inductive and Deductive codebooks.....	671
Appendix 11a: Deductive / theory-driven codebook.....	671
Appendix 11b: Deductive codes (NVIVO version) – with data.....	675
Appendix 11c: Inductive codebook.....	695
Appendix 12: Mind/Cluster maps	704
Appendix 12a: Inclusion cluster map	704
Appendix 12b: Music education and Music Therapy cluster map.....	705
Appendix 13: Full table versions of data from Chapter 5 - Presentation of Data.....	706
Appendix 14: Final framework and conceptual model	709
Appendix 14a: CMT Framework	709
Appendix 14b: Conceptual framework	710
Appendix 15: Documents for the Ethics Clearance	711
Appendix 15a: Application Form (RE4) for Ethical Review	711
Appendix 15b: Research Proposal for Ethics Approval.....	720
Appendix 15c: Documents submitted for the Ethics Clearance	727

Index of tables

Table 5.1 Percentage of participant responses	151
Table 5.2 Types of questionnaires and different sections	152
Table 5.3 Participants' gender	153
Table 5.4 Music teachers' gender	153
Table 5.5 Music therapists' (MT) gender	153
Table 5.6 Community music therapists' (CMT) gender	153
Table 5.7 Music teachers' qualifications.....	154
Table 5.8 MTs' qualifications	154
Table 5.9 CMT's qualifications	154
Table 5.10 Types of settings music teachers work in	155
Table 5.11 Types of settings MTs work in.....	155
Table 5.12 Types of settings CMT work in	155
Table 5.13 MTs with private practice.....	156
Table 5.14 CMT with private practice	156
Table 5.15 MTs & CMT – types of needs of the clients	157
Table 5.16 Music teachers' previous employment details	158
Table 5.17 MTs' previous employment details.....	159
Table 5.18 CMT's previous employment details.....	160
Table 5.19 Different capacities of the role of music teachers	161
Table 5.20 Different age groups and key stages taught by music teachers	161
Table 5.21 Number of students in music classroom.....	161
Table 5.22 Types of student needs in the classroom.....	162
Table 5.23 Approximate frequency of the activities taught in music classroom.....	165
Table 5.24 Approximate frequency of lesson times taught in music classroom	166
Table 5.25 Music teachers on if the music curriculum is taught in balance.....	166
Table 5.26 Summary on if music curriculum is/is not taught in balance by music teachers.....	167
Table 5.27 Music teachers' perceptions on inclusion.....	168
Table 5.28 Music teachers' practices and activities to promote inclusion (Full summaries in Appendix 13)	169
Table 5.29 Current recommended teaching methods and practices to promote inclusion by music teachers	170
Table 5.30 Music teachers' views & comments on if current music curriculum take student inclusion & accessibility to subject content into account.....	171
Table 5.31 Music teachers' views & comments on if current music curriculum take students with SEN into account	172
Table 5.32 Music teachers' views on music curriculum supporting adolescents' emotional and mental health	173
Table 5.33 Music teachers' awareness of music therapy	174
Table 5.34 Music therapy methods named by music teachers	175
Table 5.35 Music teachers on if music therapy can be of benefit to students.....	175
Table 5.36 Music teachers' views on how and why students can benefit from music therapy.....	176
Table 5.37 Music teachers currently using music therapy in classroom	177

Table 5.38 Music teachers on using/not using music therapy in classroom	177
Table 5.39 Music teachers' views on how music therapy fits in with general curriculum for adolescents	178
Table 5.40 Music teachers on how many students currently receive music therapy	179
Table 5.41 Music teachers on using music therapy as a supplementary tool	179
Table 5.42 Music teachers on challenges in using music therapy as a supplementary tool	180
Table 5.43 Music teachers on integrating music teacher and music therapist role.....	182
Table 5.44 MTs on how many students currently receiving music therapy	183
Table 5.45 MTs on why some students not receiving music therapy.....	184
Table 5.46 Age ranges that MTs provide music therapy	185
Table 5.47 MTs on what age groups/gender that best respond to music therapy	186
Table 5.48 MTs on types of disability and emotional problems responding best/worst to music therapy.....	188
Table 5.49 MTs' comments on if different methods are suited to different needs or not	190
Table 5.50 MTs view on community music therapy	193
Table 5.51 MTs teaching music.....	194
Table 5.52 MTs teaching music in or outside of schools	194
Table 5.53 MTs' perceptions on inclusion and the NCM	195
Table 5.54 MTs' perceptions on musical inclusion	196
Table 5.55 MTs awareness of the NCM	197
Table 5.56 MTs views on if the music curriculum takes student inclusion and special needs into account.....	197
Table 5.57 MTs views on if the curriculum support students with ASD and related mood disorders.....	198
Table 5.58 MTs' views on using music therapy as a supplementary tool.....	199
Table 5.59 Music therapy methods recommended by MTs to use for a whole class	200
Table 5.60 MTs responses on why use these methods and how they can be beneficial	201
Table 5.61 MTs' responses to what music therapy methods to use in mainstream schools	202
Table 5.62 MTs on why use these music therapy methods in mainstream schools	203
Table 5.63 MTs' view on integrating music teacher role and music therapist role.....	204
Table 5.64 CMT's response to the age group music therapy is provided.....	205
Table 5.65 CMT's response to what age group/gender respond best to music therapy	206
Table 5.66 CMT's response to the kinds of needs of clients.....	206
Table 5.67 CMT's response to the types of disability/emotional disorders respond best/worst to music therapy and the benefits of music therapy	207
Table 5.68 Group/community music therapy methods used by CMT.....	207
Table 5.69 CMT's response to if different types of music therapy methods best suited to different needs.....	207
Table 5.70 CMT's response to group/community music therapy techniques for adolescents	208
Table 5.71 CMT's response to view on community music therapy and its benefits	208
Table 5.72 CMT's response to if teaching music or provide music therapy in schools	209
Table 5.73 CMT's on awareness of the NCM	209
Table 5.74 CMT's view on if music curriculum takes student inclusion and SEN into account.....	209
Table 5.75 CMT's views on if music curriculum supports students with ASD and related mood disorders	209
Table 5.76 CMT's views on using group/community music therapy as a supplementary tool	210
Table 5.77 Recommended group/community music therapy methods to use in a whole class.....	210
Table 5.78 Why these methods are recommended by CMT	210
Table 5.79 CMT on why these methods are beneficial for adolescents with SEN.....	211

Table 5.80 CMT's view on integrating community music therapist role and music teacher role	211
Table 5.81 Background information of music therapists and community music therapist.....	213
(Training and professional qualifications).....	213
Table 5.82 Work settings, theories within practices and MT/CMT methods currently in use by music therapists and community music therapists.....	215
Table 5.83 Music therapists' and community music therapist's views on community music therapy, music therapy as a supplementary tool to music education & integrating a music therapist's role to a music teacher's	218
Table 5.84 Deductive codes example	220
Table 5.85 Deductive and inductive codes, descriptive and interpretive meanings	221

List of figures

Figure 3.1 Small-Dewey theoretical framework	107
Figure 3.2 Small-Dewey theoretical framework – main and sub criteria	110
Figure 3.3 Epistemological considerations	114
Figure 3.1 - Research Paradigm	122
Figure 4.1 Flow Diagram of Data Collection and Data Analysis Process.....	124
Figure 4.2 Concurrent Data Collection and Analysis.....	125
Figure 4.3 Charmaz’s “Constructing Grounded Theory: A practical guide through qualitative analysis”	132
Figure 4.4 DeCuir-Gunby et al (2011, p.139) ‘Circular process of coding’	133
Figure 4.5 The circular process of coding of this study.....	134
Figure 4.6 An example of deductive codes derived from the Small-Dewey theoretical framework .	135
Figure 4.7 Initial inductive codes table.....	137
Figure 4.8 An example of a memo.....	139
Figure 4.9 An example of a memo with later added notes.	140
Figure 4.10 Axial coding	141
Figure 4.11 Part of a cluster map on inclusion (for full cluster map refer to Appendix 12a)	143
Figure 5.1 - Pie chart illustrating types of needs of clients as mentioned by MTs and CMTs	157
Fig 5.2 - Pie chart illustrating types of needs of clients as mentioned by music teachers	163
Figure 5.3 Types of emotional disorders among music therapy clients	186
Figure 5.4 Types of music therapy methods presently used by MTs	189
Figure 5.5 Music therapy methods best responded to by adolescents.....	191
Figure 6.1 – A concept or cluster map of inclusion in music education	227
Figure 6.1 - Imbalance of the present music curriculum	256
Figure 7.1 Music therapy through music education	306
Figure 8.1 - Bridging the gap between music education and music therapy through community music therapy.....	318
Figure 8.2 - Resolving issues in the present music curriculum by adopting a CMT framework as a basis.	319
Figure 8.3 – Conceptual model for offering music therapy through music education utilising a CMT framework.....	323

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Abbreviations

AAC - Augmentative and Alternative Communication

ABI - Acquired Brain Injury

ABRSM - Associated Board of the Royal Schools of Music

ASD – Autism Spectrum Disorder

BAMT - British Association for Music Therapy

BSL - British Sign Language

CBT - Cognitive Behavioural Therapy

CMT – Community Music Therapy

DfE – Department for Education

EAL - English as an Additional Language

EBD - Emotional & Behavioural Disorders

FE – Further Education

EHCP – Education & Health Care Plan

EYFS - Early Years Foundation Stage

HE – Higher Education

IEP – Individual Education Plans

LCM – London College of Music

LD - Learning Disability

LSA - Learning Support Assistant

MAT – Multi-Academy Trust

MEC – Music Education Council

MLD - Moderate Learning Difficulties

NCM - National Curriculum for Music

NICE - National Institute for Health and Care Excellence

NMT - Neurological Music Therapy

NPME – National Plan for Music Education

NPME 2022 – National Plan for Music Education 2022

NRMT – Nordoff-Robbins Music Therapy

OT - Occupational Therapy/Occupational Therapist

PECS - Picture Exchange Communication System

PMLD - Profound and Multiple Learning Disabilities

PRU – Pupil Referral Unit

PSHE education - Personal, Social, Health and Economic education

PTSD – Post-Traumatic Stress Disorder

SEL – Social and Emotional Learning

SEMH - Social, Emotional Mental Health Needs

SEN/D - Special Educational Needs/ and Disabilities

SENCo - Special Educational Needs Coordinator

SLD - Severe Learning Disabilities

SOW - Scheme of Work

Preface

(Available as video – [Research background video link.mp4](#) and transcript)

Researcher Background: Setting the context

The concept of inclusion has taken centre stage in education over the recent years. It has dominated the conversations surrounding special educational needs and also in social justice in terms of aiming to achieve equality for minority groups. ‘Equal opportunities’, ‘inclusive curricula’, ‘mainstreaming’, ‘partial participation’, ‘inclusive rights’ and ‘All means all’ are some of the key terms and phrases that are highlighted when addressing inclusion. Inclusion to me is not only about ensuring that any learning barriers are removed from the start to meet student needs. It is about seeing beyond a disability, seeing the person, and to see their disability as a rudimentary part of that person, transforming it into one of their strengths, thereby realising their individuality and authenticity. Allyship is also another fundamental concept in addressing issues of equality and inclusion. In allyship, one actively defies and challenges existing oppressive systems and advocates for more inclusive structures that can be constructed through collaborations and partnerships. This view of allyship stemmed from a poster which I once saw at a special school, that I previously worked in before starting my PhD studies in 2016, and it has stayed with me throughout the journey. The poster read:

We teach disabled kids to communicate with non-disabled kids. But what about teaching non-disabled kids to communicate with disabled kids?

This thesis is about my lived experience as a teacher and EDI advocate. This quotation, for me, is not just inclusion, but goes beyond inclusion to consider new ways of treating all people as people equitably. It challenges the ‘normal’, mainstream education system which is entrenched in exclusive practices such as standardised assessment and testing, which has already been proved to be a biased system. It not only caters for those who are ‘abled’ but are primarily for those who are socially and economically privileged. True

meaning of an inclusive education is to also see that our learners are part of a community and culture, and not just view them as existing in 'social vacuums'. Therefore, they bring their own personal experiences and perceptions to the classroom with them. Hence, it is not only important to understand that students build their learning upon these experiences and backgrounds, but how they bring meaning to their learning through their own understanding. This view that knowledge and meanings are constructed by humans through social interactions is an important aspect of the sociology theory, known as constructivism. In social constructivism, knowledge is a construction of social interactions and cognitive processes. One's culture plays a pivotal part in this construction of knowledge.

For this study, I assume a social constructivism perspective as I believe that an individual's culture teaches them how to view social realities and assign meanings to them. For example, an object such as a book cannot be just viewed as that, different individuals can bring different understandings and associate different things to a book, depending on their socio-cultural standpoint. This can be also influenced by other external factors such as age, gender, race, ethnicity, socio-economic status and others. Truth, I believe, depends on the perspective. Essentially, context is valuable in understanding one's conceptions, also where, how and why these originated. For this reason, I offer this preface to set out my personal experiences prior to presenting the research aims. Therein, I set the context explaining why I choose to do this study while laying out my personal, cultural and educational circumstances.

For the past ten years I have been studying in the UK as an international student. Prior to higher education, my formal education was in Sri Lanka, where I received piano and singing lessons privately and in school. Before embarking on my PhD journey, I studied my undergraduate degree in music (performance and composition) and then master's in music education. It was around the start of my MA that I started working at special educational needs and mainstream schools in England as a teaching assistant and a music teaching assistant. This was also when I first encountered music therapy, where I took part in group music therapy sessions and had opportunities to ask questions and have conversations with music therapists about their practices. I came across music teachers who were already familiar with music therapy methods through their interactions with music therapists and used some of the methods in their lessons, which led me to explore the intersectionality of the two disciplines. I was also immensely fortunate to meet and work with children, young people and professionals, who were passionate and committed to what they do. In particular, the systems that are in place to support the special needs student population were positively

inspiring. This, to offer a snapshot, is because in Sri Lankan culture, as in most South Asian societies, negative stigma, cultural taboo and superstitions are attached to those with disabilities and their families. Due to this, in the past this population were often ignored and marginalised from education and employment opportunities. However, in recent years there is a more positive drive towards achieving inclusion by Sri Lankan educators and researchers, while myths surrounding disabilities are continually debunked. Following the completion of my MA, I started working as a music teacher in a special needs school in Colombo, the capital city of Sri Lanka, where I brought my experience in singing through Makaton (a language programme that uses signs, symbols and speech to communicate) and other AAC (Alternative and Augmentative Communication) techniques, which I came to know and practice while working in schools in England. While this was a highly rewarding experience, I was still interested in continuing to research the intersections between special music education and music therapy, and the inter-disciplinary processes of these fields. This led me to choose the topic for my PhD. Moreover, upon reflection I realise I was hugely privileged to receive piano and singing lessons privately and through my school, which is not a normality in Sri Lanka. I, therefore, also constantly examine ways in which I can contribute to research within my field that can be cross-cultural and trans-cultural. My lived experience and hunger to improve education for all is my underpinning drive.

Since the start of my doctoral studies, I have taken part in a number of inclusive projects. In 2017, a month after starting the PhD, I was employed as a research assistant for Kingston University's 'Taking Race Live' project. This was an interdisciplinary, student-staff partnership project co-led by the departments of Sociology and Music, to work with, Drama, Music, Dance and Media addressing issues related to race and ethnicity. The project employed Kingston University's inclusive curriculum framework, which values, supports and reflects its diverse student body. One of the main aims of the project was to generate academic confidence in undergraduate students and raise levels of employability by collectively bringing critical understandings of race, ethnicity and culture. Being a student representative for Music HE (formerly known as NAMHE) I led sessions on inclusion in music HE and took part in student panels and conferences organised by a range of HE organisational bodies. In these sessions, in my capacity as a student representative, I offered viewpoints of inclusion from a postgraduate and an international student perspective. During the doctorate studies I continued to work in SEN and mainstream schools as a special needs teaching assistant and a music teacher. I worked across a range of key stages, including

in primary and secondary schools. I also worked in further education settings such as colleges, in their special needs units as a specialist education facilitator, where I worked with young adults with learning difficulties, as well as emotional and behavioural challenges, to support their transition from education to employment. During these professional experiences, it became apparent that presently there are no teacher training courses for music teachers for working with students with special needs. In my conversations with music teachers, they commented they typically had to ‘learn on the job’ when working with pupils with SEN. I identified this as a gap and a need for equipping music teachers with skills when teaching in SEN settings. This served as another impetus to my study. In 2019, on International Women’s Day, I chaired the opening seminar of the Women’s Musical Leadership Online Network (WMLON - an AHRC-funded research network that explores women’s musical leadership in the contemporary music industries and within music education and aims to interrogate the role which mentorship plays in developing women’s leadership potential) (Wedamulla, Bruce & Grindley, conference report, 2019). I also co-chaired a session of the WMLON online conference in 2022. In 2020, I became a member of the steering group of Equality, Diversity & Inclusion in Music Studies (or EDI MS), which was established with its aims to promote, support and share good practice in relation to Equality, Diversity, and Inclusion (EDI) in Music Higher Education in the UK. This network grew out of the EDI Working Group established by the chair of MusicHE and the Royal Musical Association in early 2019. Through its events and affiliated partners EDI MS supports and promotes work seeking to redress historical exclusion and under-representation in relation to a range of areas in Music HE, including but not limited to class, disability, ethnicity, gender, neurodiversity and sexuality. In 2022, I joined the Birmingham City University & Royal Birmingham Conservatoire music education research group as a researcher for a project which is commissioned by the Arts Council England. The project named ‘Fair and Inclusive Midlands Music’ focuses on young musicians aged 15 to 25 from under-represented backgrounds within Western classical music. It is a long-term action research project that will test initiatives, aimed at supporting those from a wider range of backgrounds, looking to develop sustainable careers in classical music and the wider music industry. Moreover, as a guest lecturer for Sri Lanka’s University of Visual & Performing Arts, I have also delivered seminars and lectures on inclusion in music education and music therapy, in both Sinhala and English. This illustrates how inclusion is embedded in my own teaching and professional practice.

Throughout this journey I have also reflected upon the quotation, presented above, as to why we are not teaching mainstream pupils how to communicate with special needs students. Through such reflections, I have also come to realise that this can also be applied when addressing other kinds of inclusion, for example, when addressing racial inclusion, issues of racism and being an ally of the marginalised communities. One way to engage in this, I strongly believe and support, is through the path of decolonisation, which is another concept that has gained increasing traction over the recent years. In relation to education, decolonisation, to put it simply, is the process of undoing colonial thinking in education practices, which are implicitly and explicitly embedded in education systems, reframing and reconstructing curricula so that they are free of these oppressive processes. This can be the same when addressing gender and inclusion, where power balances can be confronted through allyship. I believe these are all varying forms of inclusive practices and I always strive to make these as parts of the projects that I am involved in.

As an educator in special needs, I observed that the current education system is engrossed in immediate solutions. This was apparent in additional services such as music therapy as well, where it is available to a very limited student population in schools mainly on the basis of funding. It was also observed that those who are more disruptive in class gets referred to music therapy immediately, while students who are socially withdrawn in the classroom are less likely to get a referral. These issues also contributed when setting the initial context for this research study. Music therapy is a relatively new field in comparison to other therapies and it is always evolving within different contexts globally. This quotation by Prof. Dr. Sumathy Sundar, a practising music therapist and a researcher in clinical practice and training in music therapy in India, advocates the importance of embracing the changes to the music therapy field and the profession:

Be open to learning music therapy from your colleagues all over the world. There is so much exciting happening within this young field. Each region has something unique to offer. There are similarities, and all programs operate within a global framework. However, the art side is different. Learn and enjoy its complexity (Sundar in Hicks, 2020).

With the introduction of the new national plan for music education in 2022, emphasising the importance of collaboration between schools and music hubs, to provide inclusive and high-quality music lessons, I propose another potential collaboration that could not only achieve inclusion, but could also be a solution to the year-on-year rise of special needs and mental health disorders among the student population. Thereby, this thesis explores the intersectionality between music education and music therapy, with an aim to construct an inclusive music framework, that can musically empower young learners and also meet their learning needs, thereby contributing to their overall wellbeing and mental health. What follows is my proposition for a new way to revive music education to its original position in the curriculum.

Chapter 1

Introduction: Adolescents, mental health and music

The latest statistical figures from the UK Department for Education suggest that there are 1.49 million (16.5%) children and young people of school age in England who have some form of special educational need (DfE, National Statistics, 2022). This is the fifth consecutive year that the total number of pupils with special educational needs has increased. A mental health survey also found that one in six pupils (aged 5-16 years) have a probable mental health disorder, this is an increase from one in nine in 2017 (Public Health England and DfE, 2021). A special emphasis is placed on the development of a curriculum that integrates children's social and personal developmental skills, and emotional wellbeing (Public Health England & DfE, 2021; PSHE Education, 2021) and recent government commissioned documents have addressed the importance of an inclusive curriculum (The Importance of Music: A National Plan for Music Education, 2011; Music in Schools: Wider Still, and Wider, 2012; Music in Schools: What Hubs Must Do, 2013; National Curriculum, 2013; Music Education: State of the Nation, 2019; Teaching Music in School, 2021; Model Music Curriculum, 2021; The Power of Music to Change Lives: National Plan for Music, 2022). While there are abundant resources for inclusive music lessons and frameworks online, which are adopted by schools as guidance to create their own music syllabuses, currently there is no official government led framework for an inclusive music curriculum or a framework of assessment for children and young people with special educational needs. With the increasing number of special needs students, the 'persistently wide variation in the quality of music education in schools' and the lack of musical expertise among school leaders (Ofsted, 2013), UK music education currently faces a challenge in supporting and providing an inclusive music provision.

Inopportunately, due to the teaching workforce having to bear the brunt of budget cuts, music as a subject is reportedly in a steady decline or in the brink of extinction in schools

across the country (Burns, *BBC News*, 2017, online; Brown, *The Guardian*, 2018, online; Hill, *Arts Professional*, 2018, online). Other factors such as the introduction of the English Baccalaureate (EBacc) and the ‘academisation’ of state schools have led to music and other creative arts been side-lined and supplementary music services such as music therapy often been targeted as a result of recent financial restraints in the education sector. With the recent focus on mental health and wellbeing within educational contexts (Mental Health of Children and Young People in England 2017, 2018, 2020, 2021; Public Health England & DfE, 2021; State of the Nation: children and young people’s wellbeing, 2022) and the introduction of the Model Music Curriculum (2021) and the new National Plan for Music Education (2022) this thesis examines how the music curriculum can be made more inclusive and relevant in the classroom for pupils by promoting active and inclusive music-making practices in schools, and by also supporting student health and wellbeing.

Music therapy, an intervention mostly used to support those with special needs, has recently shown that it has the potential and capacity to also promote educational benefits (Wilson, 1996; Robertson, 2000; Bunt, 2003; Carr & Wigram, 2009; Darrow, 2011; Wheeler, 2015; Mitchell, 2016; Salvador & Pasiali, 2017). Given the therapeutic nature of music, how these approaches are utilised by music therapists, and the proven educational benefits of therapeutic music-making, I argue that this can be a viable response to the three main issues that music education currently faces:

- 1) The lack of an inclusive music curriculum for those with special needs;
- 2) An inadequacy of inclusive, active and relevant music-making practices in the music classroom;
- 3) the increase of special needs, mental health and wellbeing disorders among young people in schools.

Therefore, the main aim of this thesis is to explore the possibility of introducing selected music therapy techniques to classroom music education by addressing the inclusion, mental health and wellbeing in educational contexts. The fundamental aim is to assess the intersectionality of music education and music therapy to provide academic and wellbeing benefits for adolescents.

When evaluating the relevant literature, there is a lost opportunity wherein there is a wealth of research and literature on children and music education but notably very little is directed towards adolescents in educational settings. Therefore, who could be a more appropriate group for the stimulation that music offers and as a channel for creativity, identity formation and interpersonal skills than adolescents? Research has shown that music has a significant influence on the developmental aspects of adolescents, including daily psychological, social and cultural needs of young people (Miranda, 2013). This study, therefore, aims to fill this research gap by presenting a thorough review of existing literature on music education, its inclusive practices and current music therapy techniques used in group settings for adolescents. Based on social constructivism and assuming Constructivist Grounded Theory (CGT) as a research method, I employ questionnaire surveys and interviews with music teachers and music therapists currently working with young people in schools, to gather evidence of inclusive music education practices and music therapy methods for adolescents. This is in the view of constructing an inclusive music conceptual framework that can guide music teachers to implement these changes when working with adolescents with special needs and mental health disorders.

With an array of music education networks and projects across the country (Drake Music, Youth Music, Music for Life, Music Mark, Sound Connections), which often have similar or overlapping goals (MEC, 2017), there is a need to explore potential collaborations within such organisations. The recently introduced Model Music Curriculum (MMC) and the new National Plan for Music Education (NPME, 2022) stresses the importance of a high-quality music education for every child and highlights inclusion as one of the central themes. They simultaneously maintain that inclusion is to be achieved through collaborations with local music hubs and that these should closely work with schools, teachers and the industry to make music education sustainable and in order to support progression. Contrarily, the funding for music hubs and schools remaining the same amidst rising costs is one of the main criticisms of the new national plan. Additionally, music teachers and educators have raised concerns over the general lack of coherence in developmental consistency and an overall rationale or purpose of the MMC (Lydon, 2021). Considering the latest statistics showing a sharp decline in the up-take of music in the GCSEs and A-Level entries (MEC, 2019; Whittaker & Fautley, 2021), there is an urgent need to act to ensure that music is revived to its original position in the national curriculum and to make it more accessible, in oppose to the view of music being seen as an exclusive or a specialist subject. In order to meet this

deficit, I propose to question how music-making can be made more inclusive and accessible for young people in schools and how can music education not only enhance students' music skills and general attainment targets, but also promote positive wellbeing and mental health in schools. Pertaining to this, how can the continuing professional development or CPD of the music workforce help deliver more effective music lessons and what areas of professional collaborations can help achieve this?

In order to interrogate these gaps and explore the possibilities, I will focus on three sub-questions:

Sub-question 1. How can the music curriculum be made more inclusive, accessible and relevant in the classroom? For this, I will examine the present inclusive music education policies and practices in the music classroom and the current issues in the music curriculum and in teaching music.

Sub-question 2. How can music lessons in the classroom support academic learning and adolescent mental health and wellbeing? Related to this, I will explore what are the most common mental health issues among adolescents and popular music therapy methods that are employed when working with adolescents by music therapists.

Sub-question 3. What are the intersectional relationships between music education and music therapy? In regard to this, I will investigate what are the benefits of music therapy for adolescents, the possibility of an integration between the two fields and professions by: a) providing music therapy as a supplementary tool; b) as a complementary tool or c) by bridging the gap through another domain or field.

I will focus this research study on adolescents, ages 11-17, with mental health issues and special educational needs (SEN). The rationale for choosing adolescents as the target age group for this study is because it has been shown that this population utilises music during everyday activities and firmly believes in the power of music during challenging times (McFerran & Saarikallio, 2014). Adolescence, which is described as a period of 'storm and stress' (Hall, 1904/1905), is a crucial human development stage, in which music play a key role in identity formation and development (Bunt and Stige, 2014). According to the "Mental health and behaviour in schools" report (DfE, 2018) students with particular special educational needs are more likely to experience mental health disorders, such as pupils with autism are more prone to have conditions as anxiety (Mental health and behaviour in schools,

DfE, 2018). Moreover, emerging from the Covid-19 global pandemic, there are increasing levels of anxiety experienced by young people (State of the Nation 2021: Children and Young People's Wellbeing, DfE, 2021) along with other mental health disorders such as stress and depression, and behavioural disorders such as attention deficit hyperactivity disorder (ADHD) (Mental Health Foundation, Children and Young People, 2022). Therefore, a special focus will be placed on these specific mental health disorders in this study. For adolescents the lack of early and appropriate interventions could lead to further deterioration of these disorders and affect their overall wellbeing, and in the long term these could also be carried on to their adult life.

The reason for choosing the age range of 11-17, is to firstly address the transition issue from primary to secondary education, and then from secondary to further education, where the move between study years can be most stressful and tenuous for young people (Kantanis, 2000; Zeedyk, Gallacher, Henderson, Hope, Husband, Lindsay, 2003; Rice, Frederickson, Shelton, McManus, Riglin & Ng-Knight, 2015). There is compelling evidence that there is a need for positive mental health and wellbeing interventions for students in schools (Mental Health Foundation, 2022, online), where music educators face obstinate challenges in making changes to music education. On that account, it was identified that there is a call for a framework or model to meet the standards of the music curriculum and simultaneously address the mental health and wellbeing challenges faced by the adolescent student population today.

With the increasing number of special needs, wellbeing and mental health problems in educational settings (Hall, 2022; Local Government Association, 'Debate on special educational needs and children's mental health services, House of Commons', 2022, online) (and more broadly in the UK, including effecting teachers), music teachers and educators are bound to encounter students with a variety of individual needs. The strain on the teaching taskforce to make music lessons more inclusive contradicts with the lack of training opportunities available for music teachers when working with students with special needs and mental health issues in the music classroom. A number of studies reveal the application of music as an intervention has benefitted children with special needs by enhancing social skills (Pasiali, 2004; Gooding, 2009) and that music as a therapy has proven to be an effective tool for self-expression and self-awareness (Keen, 2008). Analytical findings particularly show that such mediations, having produced a range of benefits in terms of personal and social

wellbeing, especially for those with special needs (Nelson, Anderson & Gonzales, 1984; Kim, Wigram & Gold, 2009; Hillier *et al*, 2011). Music as a ‘social lubricator’ (Roe, 1999 in McFerran, 2010, p.71) helps adolescents move away from family, as music is associated with peer group activities (Larson, Kubey and Colletti, 1989) and is used as a way of separating from the adult culture in order to declare their own values and conceptions (Kurkela, 1996). At the same time, the use of iPods, iPads and other personal music listening or music-making devices for the engagement of ‘my music’ and ‘our’ shared identity is significant at present day. Thereby, belonging, ownership and agency, and how they contribute to the issues of self-identity and self-esteem, is crucial in the complicated process of identity development during adolescence.

However, studies have shown that a majority of music therapy sessions for young people take place in hospitalised settings (McFerran, 2010) or other segregated institutions, where patients can often feel isolated behind closed doors. While this is beneficial for their personal goals, this not only impedes their academic and aesthetic education, but also their social skills and development. Further, by excluding and denying access to a ‘normal’ or mainstream education in a natural classroom setting, these students are denied their ‘musical rights’ or ‘musical democracy’, which is their right for musicking (to participate in music making and appreciating) regardless of their disability (Small, 1998; Darrow, 2013). More importantly, the right to *musicking* is to focus on the ability and strengths, in order to facilitate active music-making and other musical activities, which is the primary focus of music therapy. Essentially, music therapists are trained to be flexible and resilient when bringing the therapeutic orientation to the session.

Scholarly debate argues that an integration in music education and music therapy might be possible (Alley, 1979; Darrow & Duerksen, 1991; Wilson, 1996; Robertson, 2000; Wigram, Pedersen & Bonde, 2002; Hall, 2012, Wheeler, 2015) and I assert this could accommodate an inclusive music curriculum by providing an equal access to music education, while supporting their achievement of the key goals stated in the National Curriculum (2013) and NPME (2022). Studies have recognised the need of a wide range of interventions to support children diagnosed with emotional and behavioural problems that affect their educational and learning capacities, where music therapists are encouraged to work within a multidisciplinary team, including schoolteachers, other specialist staff and parents (Pellitteri, 2000; Carr & Wigram, 2009). When discussing the potential development

of music therapy within the area of music education, it has been argued that even though the two fields have different principal aims and goals, both involve similar concepts (Wheeler, 2015). For instance, music education is primarily concerned with developing one's musical skills and academic achievement in music, while the main aim of music therapy is to cultivate one's personal and social goals, which are non-musical. However, arguably someone who is taking music lessons also develops their personal and social skills indirectly, while someone who is receiving music therapy also learns new musical skills incidentally (Wheeler, 2015). This broadening grey area of the two disciplines has been acknowledged by many scholars (Robertson, 2000; Woodward, 2000; Bunt, 2003; Darrow, 2013; Salvador & Pasiali, 2017). However, the practicality and the application of this in a classroom setting is a noted gap when examining the relevant literature. Moreover, while the overlaps of the role of the music teacher and the music therapist (Pellitteri, 2000; Bunt, 2003; Hall, 2012) has also been discussed, which specific attributes of the roles can be integrated or to supplement the other has not been explored in existing literary sources.

Given the present climate, where there is a persistent need in 21st century music education in the UK to support the growing number of special needs students in and outside schools, in terms of their personal and educational development, music therapy is still a largely undervalued service. While most art therapies began a large part of their pioneering work in schools, there is a contemporary movement of these towards professionalisation, including music therapy which has been regulated as a health profession (Karkou, 2010). Hence, this study will demonstrate the functions of music therapy as a unique and legitimate related service to music education by challenging existing literature, research, current applications and teaching practices in music, and by suggesting a possible integration of the two disciplines.

I aim to establish and assess the advantages for this selected age group by considering the prospect of fusing the best aspects of the two fields and combining the roles of the music teacher and music therapist. For this, I will consider vetted music therapy approaches, that are suitable for working with adolescents and in groups, in addition to processes and applications, that can be beneficial for the chosen age range. The research topic and research questions were formulated upon the initial informal observations that were made while I was working as a cover music teacher and a teaching assistant at local SEN and mainstream schools. The primary data for this research thesis will be gathered through a thorough review

of the relevant literature. Mixed methods such as initial observations, questionnaire surveys and follow-up interviews have been utilised for data collection which will be cross-referenced with the literature review. A total of twenty-four professionals from the two fields of music education and music therapy, were asked to participate in order to cross examine the practices of the two professions. After ethical approval was granted by the university ethics committee ([Appendix 15](#)), three types of online questionnaires will be disseminated for music teachers, music therapists and community music therapists from special needs and mainstream schools to gain information about group music therapy approaches. Semi-structured interview questionnaires were used with the participants in the follow-up discussion stage for further clarifications and refinement. These were done via email and online platforms (such as Zoom and Microsoft Teams). Due to the Covid-19 pandemic, with the closure of schools and the increase of workloads for school staff as well as a reduction in staff due to illness, some participants were unable to take part in the study. Therefore, new participants have been contacted through local music hubs and the British Association for Music Therapy (BAMT). The pandemic also brought changes to how music lessons and music therapy are delivered, where most teachers, therapists, students and clients turned to online platforms. However, the inclusiveness and accessibility of these were debated and challenged due to implications such as digital poverty (Reed, 2022, *Schools Week*, online), as they led to inequality in learning opportunities across the education sector.

I assume a social constructivist viewpoint for this study, where I explore my own research paradigm which consist of ontological and epistemological considerations. It also consists of a theoretical framework based on the philosophies of John Dewey's democratic education and Christopher Small's '*musicking*'. Thematic analysis based upon Charmaz's (2006) Constructivist Grounded Theory (CGT) and a hybrid approach of deductive (theory-driven) and inductive (data-driven) codes (Fereday & Muir-Cochrane, 2006; Xu & Zammit, 2020) will be applied to examine for recurring themes and commonalities in the collected data. These will be thematically arranged in order to draw conclusions and create the final conceptual framework, in the hope of that this can be adopted as a music framework by music teachers to promote inclusion in the classroom.

Validity and reliability, where my potential biases as a researcher and a professional in music education and how this will influence the interpretation of the data will be addressed. As the study involves gathering accounts from human participants, ethical

considerations such as anonymity of the participants, the students they work with, and their professional establishments will be ensured. Triangulation of research methods where mixed methods will be used for quality assurance. Moreover, the qualitative data analysis software NVIVO 12 will be used to recheck and review the codes and themes. Recognised limitations for this study include, some music teachers and music therapists may be concerned about certain questions about their students or clients and therefore be discouraged or even refuse to provide answers or take part at any stage of the study. This issue will be tackled by affirming the participants that names or any personal information of their students will not be needed for any part of the study, and this clause will be mentioned in the information and consent letters which will be sent before disseminating the questionnaires. Wider generalisations cannot be made as the study focuses on a small scope and will therefore only present a limited view on the focused topic. Moreover, as the research method is primarily based on collecting qualitative data, the final suggestions and conclusions will be based on a number of assumptions or hypotheses, where deriving a single objective truth will not be possible. The next chapter will provide a review of the current literature on the topic and the issues pertaining to it.

Chapter 2

Literature Review

There is a wealth of literature on music and its benefits for children and adults in terms of music education, music psychology and wellbeing, but notably very few studies are directed towards adolescents. Music has been identified as a core element during this period of life (McFerran, 2010; McFerran, Derrington & Saarikallio, 2019), thus it is constructive to look at a potential combination of music education and music therapy to help young adults with their academic achievement as well as mental health and wellbeing. This chapter explores the existing literature focusing on the three sub-questions related to: 1) inclusion and inclusive music practices; 2) adolescents, music, mental health and wellbeing; 3) intersectionality of music education and music therapy. For the purpose of setting the context to the literature review, sub-question two will be addressed firstly to define terms and discuss why this age group in particular was focused on.

2.1 Adolescence

Adolescence is a critical development and a transitional period, that is ‘separate from both early childhood and adulthood’ (UNICEF, 2022, online), and is recognised as a ‘social- and culturally-constructed period of the life course’ (Arnett, 2007, p vii). According to the World Health Organisation (WHO, 2019, online) adolescence is the most critical and challenging period of life where they ‘experience rapid physical, cognitive and psychosocial growth’ which ‘affects how they feel, think, make decisions, and interact with the world around them’. It is also the phase where young people could encounter a range of health risks, including mental health problems as depression, stress and anxiety and sexual health due to the increase of exploration and experimentation during this stage. It is an important time in life where laying good foundations of health and the exposure to right practices and behaviours can impact one’s lifelong healthy habits and overall wellbeing (ibid.). Vulnerable

teenagers who are less likely to make right choices and decisions in this stage are prone to develop unhealthy habits and coping mechanisms in their adult life. Thus, positive development, in terms of personal and social processes, are pivotal in this age in order to form meaningful social relationships and in establishing a sense of self-worth, self-identity and self-confidence.

The issue concerning which age range falls into the category of adolescents or teenagers is an ongoing debate. According to UNICEF and WHO adolescence last from 10 to 19 years, while latest reports suggest that adolescence last from the ages of 10 to 24 due to ‘delaying life’s milestones’, as staying longer in education, delayed adult and parenthood, marriage and economic independence (Silver, *BBC News*, 2018, online). For the purpose of this thesis, the focused age range for categorising adolescents will be 11-17. The reason for selecting this age range is because this year groups experience the transition from primary to secondary schooling (ages 11-16) and then from secondary to further education (ages 16-17) (Henley, 2011; Music Education Council, 2018).

The World Development Report “Learning to realize education’s promise” (2018) by the World Bank recognises the move from primary to secondary education as an important transition stage in the lives of young people, as it could affect their academic achievement and later their school-to-work transition. It is important to note here that the move from primary to secondary school also coincides with the start of adolescence. A survey published by NHS Digital found out that one in six children in England identified with a probable mental health disorder (NHS Digital, 2021, online). 17.6% of secondary school aged children (11-16 years old) were identified to have a probable mental health disorder, an increase from 12.6% in 2017 (ibid.). These numbers further increase with the pressure of transitioning from adolescence to adulthood in the ages of 17-22 years, where it has been identified that about one in five or 20% of this age group experience mental disorders (ibid). A report on mental health and wellbeing between the ages 11-19 showed that changing schools and exams are some of the major factors contributing to high stress levels in secondary and further education (FE) colleges (Cortina, Linehan & Shappard, Anna Freud Centre, 2021, online). In higher education (HE), where the student population is about 2.3 million, 75% mental health problems are established by the age of 24 in young adults (Universities UK, Student Mental Health Services Task Group, 2018). More recent reports (Cortina, *et al.*, 2021; Student Mental Health & Wellbeing: Insights from higher education providers and sector experts, 2021) shows that this number continues to be on the rise even prior to the Covid-19 global

pandemic, creating an unprecedented demand for mental health support in schools, FE and HE settings. Therefore, it is apparent that the early transition age of 11 to the university age of 24 undergo the greatest number of transitions in the education sector, also face the challenge of adolescence which is an extended period of physical, mental and social changes. The upsurge in numbers of students in schools, colleges and universities facing mental health and wellbeing issues shown by recent statistics plainly demonstrate that current early interventions need urgent re-addressing in new ways. The importance of academic integration and concerns about student withdrawals when adjusting into different educational stages have been widely reported and discussed (Crabtree, Roberts & Tyler, 2007; Rice, Frederickson, Shelton, McManus, Riglin & Ng-Knight, 2015; Ramsey, 2017, *The Telegraph*, online), however in the present climate it is crucial to continue to explore new interventions to be provided through the support services that are readily available in educational settings. Hitherto, it is evident that research focused on this age group is scant and present educational programmes falls short of addressing adolescent mental health and wellbeing. Accordingly, by giving focus to the adolescent age group from 11-17, this study will suggest a new musical framework to support their personal and social wellbeing. Terms which are usually identified with this year group in concerning studies and reports are young adults, young persons, young people, youths, teenagers and teens, will be used in this study.

G. Stanley Hall, who published *Adolescence* in 1904, was one of the first to explore scientific and scholarly research in the area of adolescence and its psychology. Hall described adolescence as a period of ‘storm and stress’ where “all young people go through some degree of emotional and behavioural upheaval before establishing a more stable equilibrium in adulthood’ (Arnett, 2006, p.186). However, presently it has been argued that this notion or myth of ‘storm and stress’ is not universal and is not necessarily an inevitable part of adolescent development (Arnett, 2006). Hall (1904/1905) also discussed other contributing factors such as, consciousness of self, biological development during puberty, nature of peer relations and influence of media are also important in this stage. When discussing the psychology of adolescence, Hall proposed that the excessive reliance on media could have a harmful effect on adolescents, and this concern is on the rise as is the use of media and entertainment by young people. For instance, at present reportedly the intense engagement in video games and recorded music (Villani, 2001; Anderson and Bushman, 2001). Hall criticised then most popular form of media, ‘flash literature’ or ‘print media’ for depicting crime and violence as heroic and is used by teenagers to ‘have the

feelings stirred' (1904, vol 2, p. 478), as, it can be argued, is done by today's one of the most influential forms of media: Music. On the contrary, music can be used as a positive influence, as an opportunity to promote positive mental health and behaviour among young adults, particularly by understanding how adolescents use it to improve or worsen their wellbeing. Next, I will examine the educational transition milestones and the most common mental health challenges faced by this age group.

2.1.1 Adolescents, Transition and Mental Health

Due to the transitional period from primary to secondary school, then secondary to college/further education, and then to university (for some), along with the physiological and hormonal changes during youth, emotional unrest and mood management or mood regulation is a vital part for understanding young people. Studies show that during this stage emotions are shorter in duration and effective emotion regulation skills have not yet developed fully (Dahl, 2001), making the transition to adulthood stressful, thereby placing a greater risk on their mental health. The heightened self-consciousness due to social, peer and gender differences (Rankin, Lane, Gibbons & Gerrard, 2004) places even further demands on managing and coping emotions, leading to serious mental health issues such as depression, anxiety and stress disorders (Szabó, 2010). A study on primary to secondary school transition involving pupil experience in adjusting to secondary school depicts that many students suffer from lower grades, poor attendance and increased anxiety from the last term of primary school to the end of first year's last term of secondary school (Rice, Frederickson, Shelton, McManus, Riglin & Ng-Knight, 2015). Further, appropriate psychological adjustment during this period affects students' learning motivation, relationship with peers and the coherence between school and family environment, that can also impact their overall psychological wellbeing leading to mental disorders as depression and anxiety (ibid).

There is strong evidence that there is a growing crisis among young people in schools and higher education. For instance, roughly three children in every classroom have a diagnosable mental disorder and one in six teenagers aged 16-24 has symptoms of a common mental disorder as depression or anxiety. Half of mental health problems manifest by the age of 14, 75% by age 24 (Mental Health Foundation, 'Children & Young People Statistics', 2022, online). Notably, one in three adult mental health conditions are directly related to

detrimental experiences from their childhood and those who experience four or more adversities in their childhood are more likely to have low levels of life satisfaction and mental wellbeing (ibid.). However, less than one in three children and young people with a mental health condition can get access to NHS care and treatment (ibid.). School years are evidently important in building and strengthening social and emotional skills, where students' emotional health and wellbeing can have a profound impact on cognitive development and learning skills. Additional services such as guidance, counselling, pastoral support in educational settings and external support services from the NHS being currently available, these are failing to address the emotional and behavioural needs of the growing numbers of students and young people. There is also the high risk of these extending to their adult life if early interventions are not available in these settings.

Similarly, the progression from college to university can also be a stressful and anxious period for young adults, considering universities are much larger settings, where first year learners could face potential social isolation during transition. Correlative to this, news reports show that student loneliness in universities is at an all-time high (Jeffreys & Clarke, 2022, *BBC News*, online). Hartley's study (2011), which documents stress in colleges, identifies that inter- and intra-personal resilience factors as persistence, self-control and social support are important in undergraduate students' academic achievement and mental health promotion in higher education. This coincides with a recent report on university student mental health, 'Minding Our Future: Starting a conversation about the support of student mental health' (Universities UK, Student Mental Health Services Task Group, 2018, online), which recognises difficulties and challenges of the transition into higher education and that access to appropriate health care is limited in these contexts. Data from the report also show that the number of students disclosing a mental health condition to their HE institution is critically high, particularly over the past five years where universities have seen a 94% increase in students trying to access support services (ibid). Similar to Rice et al., (2015) study on transition from primary to secondary school, depression and anxiety were identified as the most common rising mental disorders among the young university population (Universities UK, Student Mental Health Services Task Group, 2018). New funding up to £17 million has been announced to improve and support mental health services in schools, colleges and universities in view of recovering from the challenges from Covid-19 pandemic (DfE, 2021, 'Schools and Colleges to Benefit from Boost in Expert Mental Health Support'), with most institutes enabling access to student GPs and NHS mental health practitioners on-

site, although the levels of psychological distress caused by anxiety, stress and depression are at an all-time high, causing a significant increase in demand for mental health services especially after the global pandemic (Weale, *The Guardian*, 2019, online; Mthiyane in The Voices of UK Health Services Research, 2020).

It has been identified that half of all mental health conditions become established before the age of 14, in spite of this 70% of children and young people with mental health issues do not receive early interventions (Mental Health Foundation, Children & young people, 2022, online). Simultaneously, it is important to address a smoother academic transition or continuity between educational levels, given its impact on overall student wellbeing, particularly for the concerning age groups of this study, 11-17. In both stages of progressions, from primary to secondary school, then secondary to FE, the changes and adjusting to new learning environments, leaving old peers and encountering new peer groups, developing a sense of belonging are common concerns for young learners and can impact their academic attainment and overall mental health and wellbeing. The steady increase in mental disorders among young people from schools, colleges and universities question the effectiveness of current interventions and support services. With about one in seven (14.4%) 11 to 16-year olds identified with a mental disorder (Mental Health of Children and Young People in England, 2017, online ;NHS, Summary of key findings, 2018, online) and the rising number of students dropping out of FE and HE due to a mental health problem (Universities UK, Student Mental Health Services Task Group, 2018; Rimmer, Centre for Mental Health, 2022, online) shows that there is an immediate call for an effective early intervention to assist their general wellbeing and mental health, which contributes to their academic progression in these educational contexts. Support services already being available, it is important to note that these are mostly external and are often provided outside of educational settings which is likely to be impractical as young people spend most of their times in educational environments, which are ideal to embed interventions advocating positive mental health. Lack or shortage of early interventions has led to a crisis point especially in HE. The issue of inadequate mediations to support young adults' mental health and wellbeing has also been highlighted in the "Minding Our Future" report (p. 10, 2018) where it remarks, "Higher education settings are often the first and only time in young adults' lives in which work, leisure, healthcare and social support are provided in the same place". By recognising that these settings are ideal to introduce wellbeing and health services to students, these can focus on promoting positive mental health, "strengthen protective factors, work to reduce risk

factors, and take opportunities to intervene early in mental illness or distress”. (Minding Our Future”, Universities UK, Student Mental Health Services Task Group, p. 10, 2018). The Higher Education Institution Wellness Index report also affirms that today’s trends in students declaring a mental health issue and the need for additional support, especially after the continuous increase in negative mental health impacts as a result of the Covid-19 pandemic (Learning Labs, 2022, online).

Although most colleges and universities offer guidance and counselling services, given the upsurge of students trying to access support services in the recent years, students are often placed on exhaustive waiting lists. New figures show that some students have to wait for more than four months for counselling and mental health support in some universities and that suicide rates on campuses have hit record levels (Buchan, 2018, *Independent*, online; Learning Labs, 2022). Having recognised the year-on-year rise of students seeking mental health support, the Office for Students have aimed at refining the referral pathways in universities (Office for Students, 2020, online). However, delays to diagnoses and treatment can worsen their conditions and leading to suffering from further social isolation, impede their academic progression and the risk of developing long-lasting effects of psychological development. Prioritising student mental health, in both schools and FE is important, especially for adolescents and young adults who are going through crucial transitional phases, both personally and academically. With personal and social changes as, adjusting to new learning environments, encountering new peer groups, finding the right balance between home and school, and academic challenges as maintaining grades, attendance and educational attainment, it is important to foster positive mental health and wellbeing practices. Moreover, in the present climate, there is a crucial need for investigating early interventions utilising everyday resources in educational contexts to prevent these from developing further. The rise of mental and emotional illnesses, where depression, stress and anxiety, and behavioural or conduct disorders as attention deficit hyperactivity disorder (ADHD) the most common among young people, it is also important to address the impact of these on student wellbeing (Mental Health Foundation, 2022).

2.1.2 Adolescent Mental Health and Wellbeing

Wellbeing is defined as ‘how people feel and how they function, both on a personal and social level, and how they evaluate their lives as a whole’ (Mental Health Foundation,

2022), according to this the factors that can influence can be both internal and external. Wellbeing exists in two dimensions: Subjective wellbeing, where people feel about their own wellbeing including life satisfaction, meaningfulness and positive emotions; Objective wellbeing, that concerns basic human needs and rights, as adequate food, physical health, safety and education (Department of Health, “Wellbeing: Why it matters to health policy”, 2014). For an overall wellbeing or a state of “wholeness”, both facets are important as they are related to one another. Studies show extensive links and associations between wellbeing and mental health, proposing that by reducing, managing and moderation of emotional disorders such as stress, anxiety and depression can alleviate and improve one’s overall wellbeing and health (Teh, Archer, Chang and Chen, 2015; McMahon, 2017; Smith, Reynolds, Orchard, Whalley & Chan, 2018; De Castella, Philippe, Hooria, Ziv, Heimberg, Gross 2014). According to WHO (2019, online) mental health “is a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

In addition to been referred to as social and emotional wellbeing, it is highlighted in current government supported documents such as NICE (National Institute for Health and Care Excellence) reports, EHCP (Education, Health and Care Plan), IEP (Individual Education Plan) and PSHE (Personal, Social, Health and Economic) as safeguarding and promoting positive behaviours. Government and NHS supported programmes in partnership with schools such as, Young Minds, National Child Measurement Programme (2018) and reports such as the Children and Young People’s Mental Health and Wellbeing Taskforce (2015) recognises the national commitment to promote mental health and wellbeing through a whole system approach. Ofsted reports are also now looking into how schools and academies maintain and promote wellbeing of their students in relation to physical, mental, emotional, social and economic wellbeing aspects (Indicators of a school’s contribution to wellbeing, 2008; Ofsted, ‘Joint inspections focusing on children’s mental health’, 2019, online).

Addressing the progression of music education in schools, the 2019 Music Commission (MC) Report also briefly remarks on the benefits of music and the value of music education for child development and wellbeing (Music Commission, 2019, online). Regarding music learning, performing and wellbeing, personal satisfaction (58%) and fun (46%) are seen as the popular benefits (ibid.). The MC report further explains:

Music is our physical and spiritual well-being. Research shows the wider social, emotional and physical benefits that come from participation in music, through which musical activities function as safe and enjoyable collaborative spaces where social barriers are broken down, emotions can be expressed, and confidence built. In this way, music is a support and health for our minds and bodies, a means of therapy, a route to emotional, physical and psychological happiness (Music Commission Report, 2019, p.18).

The new national plan (NPME, 2022) also identifies the music-making benefits on student wellbeing and mental health as broader outcomes of programmes that are part of community and youth services. Music teachers and music educators are aware of and have been championing the benefits of music-making for children and young people. In addition, present research and records show that there is a firm interest in employing the applications of music to endorse positive wellbeing and mental health in the school classroom and other educational environments. Interestingly, there is also evidence of a notion to draw out the therapeutic aspects of music and music-making in order to support the overall student wellbeing and mental health, in this way it can subsequently aid in academic attainment. Particularly for teenagers and young adults, undergoing physical, emotional, social and academic transitions, music can be used as a medium to build resilience and adaptability for a smoother progression from childhood to adulthood and adjusting to different educational stages. Young people are often known for engaging in music in an array of contexts, initially at home, school or other educational settings and sometimes in community settings, either individually or in groups enabling skills development and social bonding. Next, I will examine how music and its applications contribute to the wellbeing of adolescents.

2.1.3 Adolescents, Music and Wellbeing

Music is a popular tool among adolescents, utilised for socialisation, defining relationships with peers, mood management (North, Hargreaves & O'Neill, 2000), coping, high sensation, identity formation (Arnett, 1995), self-regulation (DeNora, 1999), developing interpersonal relationships (Hargreaves & North, 1999) and many other psychological functions. Music is used as a 'social lubricator' (Roe, 1999 in McFerran, 2010, p.71) where

musical preferences are developed in relation to their peer groups (Tarrant, North & Hargreaves, 1999). Studies show that young people spend substantial amounts of time and money to music listening (Roberts, Henriksen & Foehr, 2009), and some genres, such as Pop, Hip Hop and Rock, are particularly tied to their psychological and identity development (Wells and Hakanen, 1991; Bleich, Zillmann & Weaver, 1991; Travis, Gann, Crooke & Jenkins, 2019). Research show that such musical preferences are chosen by adolescents to establish a barrier between themselves and other family members (Frith, 2007), and to ‘gain emotional autonomy and control over their own life’ (Laiho, 2004, p.49). On the other hand, vulnerable or at-risk adolescents are likely to use music that consists of negative themes and lyrics to worsen their mood or isolate themselves (Scheel & Westefeld, 1999; Bunt and Stige, 2014, p.119). The role of the music therapist is specifically trained to help develop healthy relationships with music (McFerran, 2010; McFerran, Derrington & Saarikallio, 2019). In this, they can also guide the teenagers to understand their unconscious motivations and needs through their music practices.

Music is the second most regularly used mood regulation method after exercise (Thayer, Newman & McClain, 1994) and continue to be a popular strategy for young people in their daily lives or through therapeutic contexts as music therapy (Stewart, Garrido, Hense & McFerran, 2019). Studies indicate that high levels of engagement in music activities have a positive correlation with emotional, psychological and subjective wellbeing (Miranda & Gaudreau, 2011; Chin & Rickard, 2013), which shows its potential as an effective tool to assist and improve wellbeing among children and young people. While it has been shown that the ability to appropriately regulate emotions and moods is key to general wellbeing and daily functioning (Elliott, Watson, Goldman & Greenberg, 2004), emotion regulation or reappraisal through music appears to be more beneficial than suppression (Saarikallio, 2008; Chin & Rickard, 2013). By playing an active role in using music, for instance through active engagement in music-making, can be more effective in regulating emotions. This can be more beneficial for a range of wellbeing measures, including social, psychological and emotional, rather than using music in a way to avoid or suppress emotions. Papinczak *et al.* (2015) identifies four main themes of ways in which young people use music to improve their wellbeing: Relationship building, modifying cognitions, modifying emotions and immersing in emotions. These views are similar to Laiho’s (2004) categorisation of the psychological functions of music in adolescence, which are identity, agency, emotional field and interpersonal relationships. Adolescents’ inclination towards self-chosen and informal

activities (Laiho, 2002) and music being a way of controlling the environment by the choice of times, places and volume levels (DeNora, 1999) may be some of the reasons why music is associated with positive emotions and used for enjoyment by teenagers (Lull, 1987; North, Hargreaves & O'Neill, 2000, Tarrant & Hargreaves, 1999). In relation to this, Batt-Rawden's (2010) study explores how self-selected music is used as a self-prescribed remedy for health and personal development, such as self-actualisation and self-care, and can bring perceived benefits to one's wellbeing. Laiho (2002) shows that music enjoyment enhances positive mood and helps fight boredom and that enjoyment is an important part of wellbeing (Laiho, 2004), as musical experiences can bring a sense of wholeness (Kenny, 1985) and stability by time-dependent emotions such as relief and hope (Juslin, 2013). Moreover, positive relations are evident between music engagement and emotional and social wellbeing of adolescents, by contributing to their social and individual needs (Miranda & Gaudreau, 2011). Certainly, enjoyment through music is a natural phenomenon for adolescents and seemingly this also contributes to their positive personal and emotional wellbeing.

Studies also exhibit positive correlations between music engagement and social wellbeing (Faulkner, Wood, Ivery, & Donovan, 2012; Chin & Rickard, 2013; DeNora, 2016). Similar trends show that music and wellbeing go hand in hand by improving social connectedness where music is used to improve one's relationship with peers and parents (Miranda and Gaudreau, 2011; Chin and Rickard, 2013). In regard to adolescents, daily activities such as music listening which is popular among peer groups, influence moods and emotional reactions (Juslin et al., 2008), also indicates higher levels of subjective well-being or happiness (Miranda and Gaudreau, 2011). Furthermore, engaging in active music-making such as, performing, improvising and music production regardless of one's background in formal music training, helps in gaining self-confidence, self-worth and self-discipline (Chin and Rickard, 2012 & 2013), which is also a pathway for the personal development of young adults. From a contradictory view, 'problem music' which is associated with and conveys messages of crime, drug use, sexual discrimination, self-harm or suicide (North and Hargreaves, 2008) have negative impact on young listeners and their personal and social well-being. McFerran (2010) discusses music interventions for the development of key individual and social youth aspects, which are identity formation, resilience, connectedness and competence, also stressing the importance of considering the ways in which resilient and non-resilient teenagers listens to music.

In academic transitional stages, such as from primary to secondary school, and secondary to college then university, young adults often carry “academic risk” (Symonds, 2015) where specific social and educational requirements and support are not satisfactorily met. For instance, this is revealed in a study that investigates pupils’ voice and attitudes towards school music during the transition to secondary school, which shows the students’ initial high expectations to be actively engaged in a practical session is not adequately met in the classroom (Kokotsaki, 2017). Given the evidence that adolescents’ primary use of music is for enjoyment and improve or regulate moods, why is the current system failing to effectively engage young people in music education? Essentially, students’ comments specify performing, composing, singing, playing a variety of instruments, performing and working in groups, learning new and different genres of music as some of the musical activities that they desire to be musically involved in during music lessons (Kokotsaki, 2016). However, factors such as the lack of emphasis on active music making, the use of inaccurate or unmusical assessment methods, the inconsistent quality of provision and teachers’ lack of understanding on music progression (ibid) can affect students’ music education and overall academic attainment.

The increasingly compelling literature and research exemplify that for adolescents, music is a tool for mood management, coping, mood or emotional regulator, that support their subjective wellbeing, thereby developing their self-confidence and identity formation. Additionally, music is employed as a means for building and strengthening relationships between family or peers and developing other interpersonal relationships which support their objective wellbeing. It is also depicted that young people’s lives also often revolve around performing, creating, listening and engaging other musical or music-related activities, acquiring and developing their personal music tastes and preferences, contributing not only their social but also cognitive development. Thus, music education for this age group should primarily focus on the promotion of positive and active listening habits, in order to support emotional and social wellbeing, in addition to the acquisition of musical skills and knowledge. This may be done by empowering young people to take a more active role in their music-making and music-listening practices, especially for those with special needs and are challenged daily by mental health issues. Accordingly, next I will address the issues pertaining to sub-question one, interrogating the current music education its policies and practices on inclusion, in order to identify the gaps within the field and profession.

2.2 Music Education in UK schools (Key Stages 3-5)

In sub-question 1, I ask: How can the music curriculum be made more inclusive, accessible and relevant in the classroom? In this section, I will provide an extensive overview of present inclusive music education policies and practices in the music classroom and examine the current issues in the music curriculum and in teaching music.

2.2.1 National Music Curriculums and Policies

The national curriculum for music in England was introduced in September 2013 and draws on the key features of the 2011 National Plan for Music Education, whose vision statement declares:

Our vision is to enable children from all backgrounds and every part of England to have the opportunity to learn a musical instrument; to make music with others; to learn to sing; and to have the opportunity to progress to the next level of excellence (National Plan for Music Education, DfE, 2011).

The 2011 music programme of study places a greater emphasis on singing and observes musical elements such as, performing, improvising, composing, listening and appraising taught as inter-related aspects rather than individually, to aspire creativity (DfE, Music Programmes of Study: Key Stage 3, 2013; Incorporated Society of Musicians, The National Curriculum for Music: Primary Overview, 2014). Further, the aims and the learning outcomes such as developing notational and composing skills (including staff, tonalities and scales), extending musical ideas and structures, and awareness in a variety of musical genres, styles and approaches to performing and composing are included for key stages 3 and 4 (DfE, Music: GCSE subject content, 2015). The National Plan for Music (2011), following Darren Henley's review on music education (The Henley Report on music education, 2011), echoes the views of the literary sources when stating that music plays an important role in academic and social development in and out of school. The Music Education Hubs were established in 2012 by funding from the Department for Education and the Arts Council in order to provide additional access and support to schools and music teachers.

A report by the expert panel for the 2011 national curriculum review (The Framework for the National Curriculum, 2011, p. 28) stated that the arts subjects, including music, 'have

the potential to meet aims and purposes in all of the domains... (economic, cultural, social and personal)’ and therefore recommended the arts and music education should be retained and extended to Key Stage 4 (ages 14-16) as part of the basic curriculum. However, according to the existing curriculum, music is available as an optional subject from key stage 4, while English, maths and science are maintained as core subjects, which has resulted in a drawback of arts subjects, such as music, dance, drama and media arts.

The more recent ‘Model Music Curriculum’ (MMC) (DfE, 2021) aims to ensure a universal provision of music education for all pupils in schools also stresses the importance of collaborations between music education hubs and other music services in delivering well-rounded, inclusive music education. The MMC (2021) was introduced as a non-statutory resource that provides a practical model and guidance for music teachers, specialists and non-specialists, from key stages 1-3. The MMC is non-prescriptive and can be used by music teachers to reflect on the current music syllabus and their own teaching. It was also introduced in the aim of inspiring and diversifying the musical engagement of pupils by listening to and learning “about music through the ages, from Mozart and Bach to The Beatles and Whitney Houston” (DfE, 2021, ‘Press release: New music curriculum to help schools deliver world-class teaching’).

Following the publication of the MMC, the new National Plan for Music (NPME) in 2022, which is also a non-statutory guidance document, highlights its vision as:

to enable all children and young people to learn to sing, play an instrument and create music together, and have the opportunity to progress their musical interests and talents, including professionally (DfE, NPME, 2022).

Inclusion is one of the main themes in the new NPME, “The Power of Music to Change Lives”, among accessibility and collaboration. Invigoratingly, the plan emphasises on the positive wellbeing outcomes and enrichment through music to schools and communities. It also reasserts the importance of timetabled curriculum music of at least one hour a week as in the MMC. It also focuses on building local music eco-systems through partnerships with music hubs in order to implement sustainable changes in promoting inclusion, accessibility and progression.

Despite policy initiatives and modifications there is a gap in national music education strategy for children and young people in schools. According to Ofsted’s report summary (2012) of ‘Music in Schools: wider still, and wider’, music provision in most schools were

‘inadequate or barely satisfactory’ as schools showed ‘limited understanding about musical progression or did not give enough time for music’. Moreover, the review explicitly mentions that by Key Stage 3 and in secondary school music provision is crippled ‘by whole-school decision to reduce time for key Stage 3 programme so that it was not possible to cover sufficient breadth or depth of music across the key stage’. A more up-to-date review by Ofsted (‘Research review series: Music, 2021) asserts the necessity of allocating sufficient curriculum time and regularity to music. It also makes the case for the wider benefits of music extending to concentration, phonemic awareness, literacy, memory and academic achievement. Importantly, it also declares these should not be valid reasons for learning music in that “learning music is good for becoming more musical” and to play, sing and create “are wonderful things in and of themselves and need no further justification” (Ofsted, Research review series: Music, 2021). Such statements are highly note-worthy, as they reaffirm the value and impact of music education of itself and beyond it. Contradictorily, music education is currently facing a number of challenges, making its survival in schools more and more uncertain. The next section will inspect some of these major setbacks and issues.

2.2.2 Current Issues in Music Education

As predicted by Darren Henley in his 2011 review on ‘Music Education in England’ (p.15), music is indeed withering away in many schools and ‘the worst-case scenario, could all but disappear’. This is confirmed in a 2021 report which shows a downward trajectory of A-Level entries in music in the last few years, that is likely to lead to zero entries by 2033 (Whittaker & Fautley, 2021). In the case of music in the SEN provision, the lack of a framework in music has led to an inconsistency or patchiness of music education in special schools in England (Welch, Ockelford, Zimmermann, Himonides, & Wilde, 2015). This can be an impact of drastic funding cuts and the teaching workforce currently lacking training and qualifications for working with students with special needs (Salvador, 2010).

The supposedly vital role of local music services and music education hubs, which is to work together with schools, arts organisations, community and voluntary organisations, to form joined-up music education provision (Music Education Hubs, Arts Council England, 2018), are presently failing to fulfil the objectives set out in the National Plan (Ofsted, 2013).

This is reportedly due to schools not required to follow the curriculum resulting in a ‘persistently wide variation in the quality of music education in schools’, with an inadequate and ‘meagre musical content’ (Ofsted, ‘Music hubs fail to improve music education for all’, 2013). Reports also suggest that head teachers and school leaders often lack expertise in the subject and are therefore unable to provide a high-quality music education for all pupils (Ofsted, 2013 & 2021). In response to Ofsted’s 2013 report, (‘Music hubs fail to improve music education in schools’), the Musicians’ Union 2014 report (‘Music Education Hubs – the real picture so far’) shows that, hubs are often left ‘trying to deliver music education to pupils in an unsupported environment’ (p.2). It also maintains that instrumental teachers and their work are not connected well enough with the school, which could be due to the head teachers’ and other support staff’s lack of ability and training to support the subject in schools. The MMC and the new NPME also recognises the important role of music education hubs in relation to the partnerships and collaborations to access wider musical culture and the CPD that can be offered through these at a local and national level.

Another primary concern for music and arts education is the “academisation” (National Education Union, 2022, online) of state schools. ‘Academisation’ is when underperforming state-funded schools that are classed as inadequate by Ofsted are forced to become academies and to cut ties with its legal authorities. Although this movement was brought about under the guise of handing over more autonomy to schools and local communities, headteachers and school staff have found they are less autonomous than before (Thompson, Lingard & Ball, 2020). With most schools under Multi-Academy Trusts (MATs), not required to follow the national curriculum, arts subjects such as music are often left behind or altogether abandoned from key stage 3 onwards. This ostensibly shows that current government policies do not align with the national curriculum and also the new national plan for music. The MMC (2021) and the NPME (2022) are both non-statutory, and with no accountability measures of following the plans by the MATs, who are already deviating from following the national curriculum, the place of music education is in an even more precarious position.

In 2010, the English Baccalaureate (EBacc) was introduced. This is a performance measure for schools and student achievement who have gained Key Stage 4 or GCSE level qualifications in 5 key areas: English, mathematics, history or geography, the sciences and a language (Bolton, Briefing Paper - English Baccalaureate, 2017). The EBacc’s heavy focus on the core subjects and the exclusion of religious education and creative subjects such as art and music, has placed a lesser value on these areas in school, thereby has been heavily

criticised for damaging pupils' creativity and self-expression. New evidence points to an increasing number of schools have reduced or completely removed music from their set curriculum for years 7 to 9 (key stage 3) and is only taught on "enrichment day" once a year (ibid.). Further evidence shows that these numbers will continue to fall with the reducing curriculum time for music year on year (for Year 9 music was compulsory in 84% of schools in 2012/13, 67% in 2015/16 and less than 50% in 2018/19) which shows music as a 'fast disappearing' (Weale, *The Guardian*, 2018, online) compulsory subject in secondary education. Research shows a decline of 9.8% in the number of students starting a GCSE music course between 2016-2018/19 and that some schools do not offer GCSE music at all (Ally Daubney and Duncan Mackrill, University of Sussex', 2018, online), and since 2013 the number of A-level entries in arts subjects, including music has fallen by 14,000 (almost 15%) (BBC, 'Reality Check: Are exam changes affecting what students study?'; Ofqual Statistics, 2013-2018, 2018, online). The numbers are similar in key stage 5 where the number of schools offering A Level music technology and the number of students starting courses. These staggering numbers along with other factors as the downsizing number of full-time equivalent staffing changes has led to music being "squeezed out of curriculum" (Hill, *Arts Professional*, 2018, online). Recent report confirms that the current trend of decline in A-Level music entries are also particularly due to geographical and social disadvantage attainment gaps (Whittaker & Fautley, 2021). In addition to the side-lining of arts subjects, criticism over the application and the appropriateness of EBacc to pupils with special education needs and EHC (Education, Health and Care) plans has also been raised.

The 2019 Music Commission Report accounts for the individual, social and cognitive benefits of music education and highlights the importance of offering 'music and learning that is supported and nurtured both inside and outside the formal education system' (p.2) in their ten-year mission statement. Decidedly, lack of opportunities and funding costs are identified by the public as the two biggest barriers for furthering music education and music projects outside educational settings (The Music Commission survey, 2019). The 2019 MCR report actively recognises the current issues of music education such as the risk of exclusion, the wide inconsistency of music in schools, resources and organisations not working collectively for students' music progression, targets to improve music education in schools by furthering financial support, increase parental engagement and more collaborative models of music education between schools and relevant partners.

The recently introduced Model Music Curriculum, although built on the premise of diversifying students' musical engagement and learning, at a closer look lacks an overall underpinning rationale. It has also come under criticism for the lack of appropriate guidance for non-specialist music teachers (ISM, 2021, online) and that prevailing government policies on music education and the ambitions of the MMC are largely disjointed (Chris, Musicians' Union, 2021, online). The MMC acknowledges the National Curriculum's 'Inclusion Statement' while stating:

Music has a rare and unique ability to bring people together; music making can make a whole class, school and community feel connected to others and part of something bigger. This MMC celebrates the inclusion of pupils with special educational needs and disabilities as it does the leaps in technology that have made available new tools and adapted instruments, leading to improved access and greater choice for all pupils to realise their creative potential (MMC, 2019).

Although MMC recognises the significance of music and technology for students with SEND, it does not explore this in-depth and in coherence with other activities that are mentioned. Additionally, it emphasises on creativity in singing, listening, composing and improvising however it remains a vague concept in terms of progression throughout the key stages. It has also attempted to diversify the repertoire of music pieces but has been critiqued for misclassification of genres and musical styles (Lydon, Musicteacher magazine.co.uk, 2021). Further, there is a heavy use of jargon from the western music tradition and misidentifications of where certain music traditions originate from, justified by the MMC as "Includes names of countries or regions, where the origin of a piece cannot be attributed to one single country". For instance, the music tradition Bhangra, which is a type of folk and dance music from the Indian state of Punjab is mislabelled under the 'country name' Punjab/UK. Not only does these suggest that music education still essentially centres around the western music tradition, but also it assumes that all music teachers have backgrounds in this one particular style of music.

While inclusion, accessibility and collaboration are recurring themes in the NPME (2022) and additional funding claims to be confirmed for music hubs, it is uncertain that this will be sufficient for the already limited funding to achieve the long-term goals of the new plan, particularly given the rising inflation levels after the Covid-19 pandemic. Similar to the MMC, another shortcoming of the new music education plan is that it lacks clear guidance on

how to support non-specialist music teachers in EYFS and primary schools. The plan mentions CPD for the teaching workforce with the support of music hubs, which can act as a central point for commercial music industry and cultural sector, however it fails to mention any contractual terms and conditions for peripatetic music teachers that could further lead to the issue of retention. The NPME 2022 is also taciturn on the EBacc and its effects on music as a subject in the curriculum and overlooks the scathing problem of ‘academisation’ of schools by maintaining that partnerships between hubs and MATs are crucial in delivering an inclusive and high-quality music education. This further implicates that music education and wider education policies are far from aligning with each other, therefore the prolonged aims of the plan may fall short of practicalities due to existing one-sided policies and restricted funding.

This section offered some explanations to the question of the prevailing issues in music education, which is one of the sub-issues to the main research question of this study. It suggests that music education is currently under severe pressure due to the financial restraints and educational policies that are in place. ‘Academisation’ of state schools, disparities of music delivery services due to social, geographical disadvantages and the introduction of the EBacc has led to music being constantly side-lined in schools, leading to fewer entries in GCSE and A-Level music. These can have a detrimental impact on all future music pipelines including the music education and the music industry. The recently published MMC and NPME 2022 focus on the long-term goals for music education, however both are unforthcoming of the implications of the wider education policies and their effects on music education. A critical focus on the future of music education collaboratively by music teachers, head teachers, music educators, administrators and policy makers on how young people make, listen and share music is therefore crucially needed. As this study also address special needs, mental health and wellbeing of students, it is also vital to examine the present landscape of special music education.

2.2.3 Special Music Education & Music Services for Adolescents

As stated earlier, music has a number of benefits including promoting personal and social well-being and has a positive impact on those with behavioural and mood disorders such as anxiety and stress. It is particularly popular among adolescents and is used as a tool to

boost self-esteem, social and interpersonal skills, while self-selected music is treated as a mood regulator to influence their moods and reactions on a daily basis. Similarly, active engagement in musical activities can impact in language development, literacy, numeracy, measures of intelligence, creativity, fine motor co-ordination, concentration, self-confidence, emotional sensitivity, self-discipline and relaxation (Hallam, 2010; Bunt 2003). Most notably music can be highly beneficial for students with autism spectrum disorder (ASD), who have difficulty in communication and self-expression skills, in facilitating social engagement (Alvin 1978; Alvin & Warwick, 1992) and positive emotional communication (joint attention, eye contact and turn-taking) (Kim, Wigram & Gold, 2008). Studies also maintain that students with special needs can widely benefit from music and related services in facilitating social and communication skills and as ‘a carrier of information, or as a reinforcement, for learning academic material’ (Darrow, 2011, p. 28). For example, using music and songs as mnemonics for retaining information or organising studying material.

There are a number of existing studies conducted on benefits of music on children and students, however, limited research on music and its impact on students with special needs and learning difficulties in the classroom. Iterating this, Foley (2017) shows that music can be used to show emotions in the classroom – “to calm down, to excite or signal the start or close of an activity” (p. 6). Similar studies note that music can be used in the background to teach or openly discuss emotions with students (Katagiri, 2009) and to help improve writing skills of students with learning difficulties (Legutko & Trissler, 2012). Studies also recognise the ability of music lessons to efficiently meet special needs in the classroom by using tailored methods for individual strengths and weaknesses (Adamer, 2001; Walker and Boyce-Tillman, 2002). In addition to educational and positive emotional health benefits, music as a school subject can not only be inclusive, but also has a range of purposes in special education.

In UK special schools, music was noted as a ‘common element’ (Welch et al., 2015) in all lessons, for example musical cues are used at transition points during lessons including personalised greeting songs, lesson changes, preparing for the next lesson and goodbyes. Music and song lyrics are also used to encourage personal independence in early childhood special education (Darrow, 2011) and day-to-day living skills for teenagers with special needs. However, figures suggested that only one third of special schools in England at that time has observable music education (Welch *et al.*, 2015). This could be primarily due to special schools not obligated to follow the National Curriculum. Therefore, teachers draw

on a variety of curricular sources devised by the school or themselves or adapting from existing models, for example the *Sounds of Intent* framework (ibid.). While resources and technology for music-making (iPads, Soundbeam, Beamz and Kaoss pads) are widely utilised, it has been recorded that no actual active music-making takes place in music lessons and there is insufficient emphasis ‘on the use of musical sounds as the dominant language of learning’ (Ofsted, Wider still, and Wider, 2012). Additionally, it has been mentioned that less time and attention is given to practical or active music-making by music teachers (ibid.). This could be due to lack of training in special music education and also factors such as role ambiguity, resource inadequacy and underutilisation of skills of music teachers (Scheib, 2003). Currently, there are abundant government educational reports on students in mainstream music education, including music education for students with special or additional needs in mainstream schools, wherein there is a lack of those on special music education in the SEN provision in the UK. This presented a difficulty in retrieving relevant information on present music teaching practices or techniques in a special classroom and other official statistical data and accounts. Given the cuts to local and central government funding resulting in the continuous collapse of music as a subject in schools in the UK, within mainstream education, I believe the full potential of music in special education is yet to be realised, particularly when it comes to active music-making practices. Certainly, there are numerous music services and external bodies, offering a range of music programmes and projects across the UK, encouraging a variety of music styles and genres, regardless of abilities and special needs. There are gaps, however, in the aims and goals of such organisations and programmes when delivering their services to the special needs student population, but what are those gaps? To interrogate this, I look into those that are focused for adolescents and young adults and provide an overview of the music services that are currently available in the UK.

There is an array of state- and private-funded music services offering projects and programmes focusing on musical, personal and social outcomes of young people from disadvantaged backgrounds such as Youth Music to promote diversity and equity by bridging gaps in the music provision. In the SEND provision, services such as Drake Music, Sound Connections, Music Mark, Music in the Round, Music for Youth and Music for Life promoting inclusion in music by providing access to music and resources made available for teachers. Specially designed assessment tools for musical development such as *Sounds of Intent* (<http://www.soundsofintent.org/about-soi>), and interactive music programmes as Live

Music Now are widely used in special schools. Moreover, music services such as Music in Hospitals & Care, Wishing Well: Music in Healthcare and Cascade Music offer programmes to promote and encourage active music-making opportunities for children and young people with special needs in healthcare settings.

It is also important to examine some systems and strategies utilised by the professionals in the SEN sector that is also used by music services when working with special needs students. Augmentative and Alternative Communication is a range of techniques and tools used to communicate in the SEN sector. Commonly known as AAC, it is described as “a range of strategies and tools to help people who struggle with speech” and “helps someone to communicate as effectively as possible, in as many situations as possible” (Communication Matters, 2022, online). PECS or Picture Exchange Communication System are a popular form AAC that is generally used in most SEN schools and can be described as the use of pictures, allowing an individual who has little or no communication abilities, to initiate communication, to request, to communicate a thought (Pyramid Educational Consultants, 2022, online; National Autism Resources, 2022, online). Makaton is another form of AAC and “is a unique language programme that uses symbols, signs and speech to enable people to communicate” and “supports the development of essential communication skills such as attention and listening, comprehension, memory, recall and organisation of language and expression.” (Makaton, 2022, online). Singing Hands is a singing based approach that uses Makaton to support communication through music, songs, games and activities (Singing Hands, 2022, online). Similarly, devices with communication applications such as I-pads and tablets are also other forms of AAC, that can supplement speech (Augmentative communication) or used as a different approach to communicate instead of speech (Alternative communication) (Assistive Ware, 2021, online). These are some of the most common systems that are in place in special schools and music lessons to promote inclusion and accessibility.

As for the variety of music services and local music hubs, the MU Education Report (p. 5) comments that: “The UK music education sector is populated by a wide range of organisations, but none of these stands out as the go-to organisation for music education”. It also notes that the current music organisations have a “confused patchwork of special interests” and “sometimes contradictory ideas” (MU Education Report, 2017, p. 5), which is evident from the overlap of mission statements and goals of such services. Evidently needed in the present climate is meaningful collaborations between schools, music hubs,

organisations and services for students to directly access the national music curriculum, that also contributes to their whole wellbeing in the setting of a music classroom. It also poses the question of what other collaborations are available to make music education more inclusive and relevant, where meaningful connections can be made between students and their music-making in the classroom?

Music is a motivational medium, especially for adolescents in significant areas such as socialisation, emotion regulation, identity development and wellbeing. One of the most frequently commented and popular intervention by parents is music therapy, particularly for children with autism and other special needs (Allgood, 2005; Thompson, 2012; Thompson, McFerran & Gold, 2013). Music therapy is a growing field in the medicinal sector and is relatively new compared to other affiliated health services. Studies have shown many benefits such as improving motor control and emotional functions for patients with a wide range of health issues. Recent science and medical research have also addressed the positive outcomes of utilising music therapy as an effective communication strategy and a medium of self-expression for children and adolescents with special needs. The following review offers an analysis of music therapy, its approaches and benefits for adolescents which are sub-issues for the main research question. It will also lay the basis for my argument of why music therapy is a viable option to incorporate within music education in making it more inclusive.

2.3 Music Therapy and Adolescents

Due to its ability to influence and evoke a range of emotions that could affect health and behaviour, the notion of music as a therapeutic tool and a powerful healing tool has been well known across cultures and societies. Music therapy as a profession formally is said to have started around World War I and World War II, when community musicians, both amateur and professional, initiated playing for injured veterans suffering from physical and emotional trauma (American Music Therapy, 2018, online). The patients' response and the effectiveness of the music later led to hospitals requiring more musicians to perform in medical settings. Consequently, music therapy developed as an accredited profession in the past 50 years, within clinical and educational settings globally (Bunt and Pavlicevic, 2001). The recognition of the capacity of music to influence, change and release emotions, to match current emotion, for enjoyment and comfort and to relieve stress (Juslin & Sloboda,

2010) brought about changes to a variety of physiological indices, which led to the early development of music therapy within the medicinal communities in the USA, and subsequently in other parts of the world. Following the dramatic development of music therapy as a respected profession in the last two decades, in 1997 it was recognised as a state registered profession in the UK. It has further prospered not only in hospital settings, but also in pre-schools, special educational needs (SEN) schools, pupil referral, children's hospices and mental health units.

Music therapy is defined by the British Association for Music Therapy (BAMT) as 'an established psychological clinical intervention, delivered by HCPC registered music therapists to help people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs' (BAMT, 2022, online). According to the American Music Therapy Association music therapy is 'the clinical and evidence-based use of music interventions to accomplish individualised goals within a therapeutic relationship by a credentialed profession who has completed an approved music therapy program' (American Music Therapy Association, 2022, online). Similarly, Bunt and Hoskyns (2002) describes music therapy as 'the use of sounds and music within an evolving relationship between client/patient and therapist to support and develop physical, mental, social emotional and spiritual well-being' (pp. 10-11). The main types of music therapy methods are active and receptive music therapy. The active approach involves improvisational music therapy and interactive music making, where 'patients are encouraged to articulate their emotions externally by forming musical gestures and structures', while in receptive music therapy 'various emotions can be aroused while listening to pre-composed music played live by the therapist or on a recording' (Bunt and Pavlicevic in Juslin and Sloboda, 2001, p.182). Music therapy methods can also be classified within the psychological frameworks of psychodynamic or psychoanalytical, behavioural, humanistic and ecological (McFerran, 2010), and can be provided either in one-to-one settings or as group music therapy. Other contemporary types of music therapy methods and approaches are community music therapy, psychoanalytical music therapy, music psychotherapy, interactive music therapy, receptive music therapy, music therapy through song writing and neurological music therapy. In present day, music therapy is also often combined or offered as a compliment to other therapies such as, physiotherapy, occupational therapy, art therapy speech and language therapy and other expressive arts (Bunt, 2003; McFerran, 2015; Warjac in Wheeler 2015; Odell-Miller, 2016). Using such

multidisciplinary interventions can help maximise the benefits, address movement and behavioural disorders and promote further independence and endurance for those with compromised functions.

Music therapists generally work with any age group, attending to a variety of disabilities, either as part of a therapeutic team or as a private practitioner (Thaut and Wheeler, 2010). Their work also usually involves as part of a professional team including physicians, nurses, social workers, physiotherapists, speech and language therapists, play therapists and teachers in schools. It has been pointed out the terms music therapy and music therapist are commonly misused as an umbrella term to refer to any music practitioner using music for wellbeing purposes, or as an act of applying music to promote health and wellbeing (Pearson, 2018), which could be professionally and ethically concerning for the experts of the field. It is crucial to understand that music therapy as a certified profession requires expensive, committed years of training in the clinical field, by embracing the dual-role of clinician and music-expert (Bunt, 2003; Pearson, 2018). When explaining music therapy as a discipline Bunt (2003, p.182) notes that music therapists ‘use a range of theoretical perspectives to frame their work’, including those that are linked to developmental and cognitive psychology of music. When exploring the flexible forms of improvisation through which music therapists mainly work, Stige, Ansdell, Elefant & Pavlicevic (2010, p.9) maintains that they, ‘use their interpersonal and musical skills in ways that enable participation for individuals who in other situation would have been deemed too handicapped or have too limited skills to be included in any type of musical activity’. This demonstrates that regardless of one’s disability or special need, music therapists are able to meet these needs, while focusing on their musical skills and other strengths, making it an inclusive music practice.

When analysing the most recent UK figures concerning the employment of music therapists, numbers show that one of the most prevalent client populations is the school-age community, 11-16 (Thaut and Wheeler, 2010). The popularity of music therapy and music therapists’ work for this particular age group is due to its recognition as an appropriate intervention for treating children with a broad spectrum of emotional and behavioural issues and sensory impairments to physical disabilities and severe learning difficulties. At present, a high percentage of music therapists work in schools, although their roles differ from each type, for instance concerning whether the school is a mainstream or a special school (Tomlinson, Derrington and Oldfield, 2012). A survey conducted by the Association of

Professional Music Therapists (APMT, now BAMT) reveals that 92.4% music therapists in schools see the children making progress in therapy and 83.6% enjoy working in schools (Strange, 2002). This could be due to the non-threatening and familiar environment of a school setting in oppose to a hospital setting.

Despite this, studies show that most music therapy sessions, particularly with teenagers or young people, typically take place in clinical settings such as, hospitals and special units, usually one-to-one with the music therapist (McFerran, 2010; Bunt & Stige, 2014). While this is beneficial for the personal and emotional growth and targets, such isolated environmental conditions can hinder a young person's social communication and interaction skills. When explaining where music therapy should primarily take place, McFerran (2010) argues that the 'logical location' for music therapy should be in schools, where young people spend around 30 hours a week, where they can interact with their peers and also have more educational opportunities to contribute to their academic development. Similarly, Carr and Wigram (2009) assert that schools are considered consistent and secure social setting and by encouraging links between services, such as music therapy, can help students get an array of help and support. It should also be noted that given the importance of peer relationships during this stage, special emphasis should be placed on group music therapy, rather than in isolated settings. Relatively fewer studies are directed at music therapy for adolescents (Tervo, 2001), and it has been stressed that more research is needed on music therapy with young adults in community settings (McFerran, 2010) as these can contribute to their social and identity development.

The role of music therapy for adolescents ranges from improving positive mental health, managing emotional and behavioural disorders (Montello & Coons, 1998; Gold, Wigram, & Voracek, 2004; Sausser & Waller, 2006), to rehabilitation and development (Kennelly & Brien-Elliott, 2001), and to getting in touch with the youth culture (Tervo, 2001). Extensive and positive links have been also shown in studies between music therapy and social, learning and mental disorders such as, autism (Edgerton, 1994; Kim, Wigram & Gold, 2008), ADHD (Rickson, 2006; McFerran, 2009), anxiety (Gooding, 2011) and a more recent study showing that music therapy reduces depression (Bournemouth University, 2016, online). Young people's reliance of music for wellbeing is a well-known phenomenon (McFerran, Derrington & Saarikallio, 2019). Contradictorily, some studies demonstrate the need for more active and informed approaches concerning teenagers' daily musical habits. In regard to this, McFerran & Saarikallio (2013) explains that 'adopting a conscious and

intentional approach to musicking is important and may well be the focus of public health initiatives in the future'. This can be a potential approach to act upon how teenagers engage with what is known as 'problem music', that are employed in harmful and unhealthy ways to engage with music.

In this digital age, while young people have access to a plethora of music through the internet, music remains one of the most dominant in teenagers' media activities (Brown & Bobkowski, 2011; Rideout, 2016), where they reportedly spend up to 7.5 hours daily accessing media (including, but not restricted to music) (Rideout, Foehr & Roberts, 2010). However, it is estimated that 39% of digital or 'screen time' is identified as 'passive consumption' which is explained as 'media activities that are not dependent on the user taking any actions, such as listening to music, watching TV or videos' (Rideout, 2016). Commenting on the passive consumption of music, McFerran stresses that:

Music can be used with intention, and if that intention is brought to consciousness, it can be a source of emotional strength. However, if it is used unconsciously during difficult times, music can equally serve to reinforce negative emotional states rather than be used to regulate them. (McFerran in McFerran, Derrington & Saarikallio, 2019, p. 7)

By understanding how adolescents use music to improve or worsen their mental health, they can be empowered to take a more active role in their music habits. By being active agents rather than passive recipients in their musical engagement, informed decisions can be made, particularly when listening to music to improve moods or mood regulation during challenging or difficult times. Practices such as 'conscious listening' that promote self- and mood-awareness have been highlighted in literature in relation to positive mental health and wellbeing (Stewart, Garrido, Hense & McFerran, 2019). Music therapy, in both active and passive or receptive approaches, where sessions are primarily client-led and consists of client-preferred music, such active music practices are common. Given the current pressing concerns regarding student wellbeing, and with mental illnesses as anxiety and depression are on the rise among school children and teenagers, introducing therapeutic tools for engaging with music in positive and healthy ways in educational settings can prove highly effective.

More importantly, by drawing on students' music habits, musical preferences, and their individual learning and social needs, I also assert that such music activities can promote inclusion in the music classroom. In order to further explore this, it is important to observe

how inclusion is conceptualised in the literature in relation to general education and special music education. This will also respond to sub-question 1 which examines: how can music education be made more inclusive, accessible and relevant in the classroom?

2.4 Inclusion

The concept of inclusion in education embodies the rights of all learners to be included in all aspects of education and ‘acknowledges that all children can learn and that every child has unique characteristics, interests, abilities and learning needs.’ (UNESCO, 2022, online). According to DfE reports (2001), inclusive education recognises the importance of ‘the right not to feel excluded’, while protecting the interests of individual children with special educational needs. In the SEN sector, inclusive policies feature that ‘all children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfilment of potential’ (DfE and Department of Health, 2015).

With the inclusion movement in recent years, the conventional delivery services such as occupational, speech, physio and other therapies which rely on the ‘pull-out’ model, which is when a student is taken out of the classroom, to provide individualised or small group interventions has been widely debated and challenged by educators, teachers and students (Johnson in Wilson, 1996; Case- Smith & Holland, 2009). This is because such services are typically provided in an isolated setting, outside the classroom where children are working one to one with a therapist, where there is limited opportunity for other social interactions, especially peer interactions. These interventions and therapies are often offered as additional services in support of the individual or EHCP of students. In the special educational needs sector, terms such as ‘normalization’, ‘partial participation’, ‘interdependence’ and ‘individuality’ are used when promoting successful integration in the music classroom (Adamek, 2001). The term ‘naturalisation’ in particular refers to the notion that ‘children with disabilities should have experiences and opportunities that are as close as possible to those of students without disabilities’ (Adamek, 2001, p.24). Therefore, in the case of music education and music therapy, if students are only provided one of the two, they are adamantly discriminated against in terms of their aesthetic education, personal and social wellbeing. Moreover, while these individualised therapies and services are catered to students’ personal

needs and goals, these inherently go against inclusion which involves education for all children in a regular classroom regardless of the nature of their disabilities.

There are calls to mainstreaming therapies as it has been identified majority of students are first diagnosed with mental health disorders and other special educational needs, where these are addressed and provided before resorting to more individualised and specialised interventions (Karkou, 2010). Keeping in line with this, it is imperative to consider how inclusion in music education and ‘musical inclusion’ is conceptualised in the classroom.

2.4.1 Inclusion in Music Education: ‘Musical Inclusion’

Inclusion in music education can be defined as the ability ‘to be able to take part in *musicking* without experiencing disadvantage or alienation’ (Bernstein, 1996 in McPherson and Welch, 2012, p.454). To offer *musicking* opportunities in isolated social settings, denies full musical participation and constricts one’s full innate musical ability as well as their social development. Lubet (2011), furthers this notion of music as a social activity by also stressing that participating in and access to music is ‘both a human right and disability right’ (p.57), and stating that music is indispensable in the case of inclusive education. When discussing inclusive music as a human right, Lubet (2011, p.59) asserts that: ‘Inclusive education is a fundamental disability right, one of the most essential to assure independent living and maximum self-determination. And music is a fundamental element of curriculum that cannot for any reason be made an exception’. The side-lining of music presently due to the EBacc has resulted in limited opportunity and access to learning and engaging in music-making. Also, with the prevailing social emphasis on ‘musical talent’ or ‘musically gifted’ music is continued to be viewed as an exclusive subject. The following account will argue how music is an innate human aspect, thereby making it a naturally social and inclusive practice and why services such as individualised music therapy may not be effective in addressing social and personal aspects for some when conducted in isolated contexts.

Situating on the understanding that music is an innate human ability, Malloch and Trevarthen (2009) developed the term ‘communicative musicality’, which construes that our capacity for music is embedded in our biological system rather than the cultural or

evolutionary process. This starts, they argue, from the moment of birth, the mother-baby interaction where the wordless vocalisations shared between the mother and the infant by exaggeration and heightening of pitches and hyper-articulation of vowels and certain sounds (ibid.). In this manner, Malloch and Trevarthen defines musicality as:

the expression of our human desire for cultural learning, our innate skill for moving, remembering and planning in sympathy with others that makes our appreciation and production of an endless variety of dramatic temporal narratives possible – whether those narratives consist of specific cultural forms of music, dance, poetry or ceremony; whether they are the universal narratives of a mother and her baby quietly conversing with one another; whether it is the wordless emotional and motivational narrative that sits beneath a conversation between two or more adults or between a teacher and a class (Malloch and Trevarthen, 2009, pp.4-5).

This has been farther explained by the infants' possession of 'innate subjectivity', where they are thought to have intuitive access to the mothers' subjective state and vice versa, resulting in the coordination of their communication, such as according to pitch, timbre, pulse, volume and other musical attributes (Malloch and Trevarthen, 2009). Strikingly, these styles of exaggeration, repetition, phrasing and adding variations to pitch, tones and rhythms are some of the most common musical tropes used by composers and musicians to evoke emotions of the listener. Therefore, professedly humans are born with musical wisdom and competence, and arguably, there is no one way of participating in music-making. Conversely, music in the western world is understood as an 'aestheticized sound' (Lubet, 2011, p.59), whereas in some cultures from parts of the world do not have a special term or concept and could include a variety of practices when involving music. Ellen Dissanayake (2012, p.7) explores the early narratives of music, asserting that until recently many Westerners understood music as 'what is taught in "music lessons" and in schools: music learned from scores, practiced and rehearsed, and also something that is a special talent or skill that not everyone can do'. She also holds a similar viewpoint to Small (1998) and Malloch & Trevarthen (2009) that interaction and coordination are inherent parts of musical behaviour and that infants young as eight-weeks are exquisitely attuned to these musical narratives or 'in other words, they are born ready to become musical' (Dissanayake, 2012, p.7).

Notably as humans, we are internally tuned to express and react to musical tropes and motifs and this is apparent from the mother-infant interaction stage, and we continue to carry this inborn musical receptiveness to the adolescence age in which music takes a more central role in self-identity and self-expression. Contrarily, while music is a popular form of art among teenagers, the drop-out rate in music in schools and beyond college years is extensive (Lubet, 2011). This is mostly due to students often identifying themselves as ‘not good enough’ or ‘no good’ as Lubet (2011, p.64) identifies is ‘emblematic of an educational system that obsesses over evaluation and tracking’. Many music scholars and educators also concur about the exclusive nature of Western music, as it relies on a certain style when dealing with notation and performing (Lubet, 2011). These attitudes and perspectives towards music is only for the ‘good enough’ or the talented few are particularly damaging towards disability rights, as these groups can be further excluded from accessing an inclusive music education. New approaches for music-making, as a shared experience, to attain educational goals through musical participation is essential to maintain music as an inclusive subject in the curriculum.

Naturally, creating and performing music is done collectively in a communal or social environment, rather than solitarily. In the educational context, the notion of the social nature of *musicking* strongly challenges the notion of the ‘pull-out’ method where the student is removed from the natural environment, which is the classroom, then located in an isolated room for the therapy with the therapist and afterwards returned to the classroom. Although the purpose of such models is to intensively work towards individualised educational goals of the student, there are some potential disadvantages. The student being forced to work in ‘relative isolation’ due to the removal from the normal classroom routine, leading to reduced communication as they are separated from the peers and limited or no opportunity in learning real life situations and skills (Johnson in Wilson, 1996, p.54). In the process of analysing inclusion in the contexts of general music education and special music education, one fundamental issue was identified: The ‘pull-out’ method that is presently provided in the form of therapy, due to the movement towards professionalisation where therapies as such music therapy and other art therapies are becoming regulated by health professions (Karkou, 2009).

By identifying this, it is imperative to investigate how current music education and teaching practices can be improved to promote, facilitate inclusion and accessibility. While I explicitly and primarily engage with discussions on inclusion in terms of special needs,

learning disabilities and neurodiversity, I will also touch upon inclusion in the perspectives of diversity and equity. Particularly for adolescents and young adults, who are more likely to participate in music informally, music in schools should look into other forms of music-making, that is more relevant and meaningful to young people. New musical styles and genres that are appealing to this age group and utilising technology to make music lessons more engaging and relatable are far-reaching in making present music education inclusive, and also when addressing those with special educational needs. The above inquiry into the literature asserts that participating in music is not only a human right, but also a disability right and music-making is a natural, innate skill acquired since birth. Malloch and Trevarthen's (2009; Malloch, 1999) theory of communicative musicality on how mother-infant interactions have been perceived as 'musical', where emotions between the two are conveyed through the utilisation of certain musical tropes is robust evidence of how naturally 'musical' all human beings are. Basing on these views, a number of scholars and music educators have conferred that music lessons should include more active participation in music-making, more opportunities for self-expression, creativity, culturally relevant and most importantly be inclusive (Allsup, 2003; Lubet, 2011).

Although inclusion in education has taken the centre stage in the recent years, in terms of implementing inclusive teaching practices, learning targets, assessments and measures, present attitudes and practices in music education has restricted its access to certain groups. Specifically, in special education, students with special educational needs are generally excluded from *musicking* or accessing an inclusive music education. Paradoxically, research studies have extensively shown that engaging in music-making or *musicking* has a positive wellbeing impact, socially, personally and emotionally, for young people with special needs and mental health disorders, the very population who are presently restricted to access an adequate music education. In addressing the issues in relation to exclusion and equal access to music education at present, it will be useful to investigate what entails an 'inclusive music education'. For the purpose of this, this study has looked into two concepts: 'democratic education' by John Dewey and '*musicking*' which was coined by Christopher Small. These will also be the theoretical basis for this study. In the next section, I will give an extensive account of what these two concepts mean, how these are relevant to this study particularly in relation to the terms inclusion and musical inclusion.

2.5 John Dewey and Democratic Education

When discussing inclusive music education practices, the terms ‘musical rights’ and ‘musical democracy’ are key terms highlighting that: ‘All students have a right to an aesthetic education’ (Darrow, 2013, p.13). Similar terms such as ‘mutual learning’ or ‘democratic learning’ for ‘shared decision-making in a collaborative learning environment’ (Allsup, 2003, p.27) in order to boost academic performance, self-esteem and interpersonal relations are also featured in studies when discussing inclusion in the music classroom. When tracing back to the origins of these terms and notions, the works and thinking of John Dewey, stated as ‘the foremost figure and public intellectual in early to mid-twentieth-century American philosophy’ (Fesmire, 2019) were encountered. John Dewey’s 1916 notion of democracy and education which theorized that in order for a democratic society to exist, a democratic education must be established. This is achieved through the interactive and ‘communicative process of sharing experience till it becomes a common possession’ (Dewey, 1916, p.14), which is vital for promoting a social sense of the individual’s own powers and capacities. More recent studies declare the relevance and applicability of Deweyan thinking in current education systems when teaching citizenship education to help students develop critical understanding of political ideologies and structures, given the backdrop of some modern democracies facing existential crisis (Abowitz & Mamlok, 2021). Additionally, Dewey’s idea that democracy must be a lived experience and students must personally connect with the subject content to further their academic and socio-civic development (Tienken, 2020) and Dewey-based reflective thinking for faculty scholarly engagement (Greenberger, 2020) showcases the appropriateness of the Deweyan legacy in present education.

Furthermore, in the argument of the relevance of Deweyan philosophy to current education, Reay stresses the importance of Dewey’s teachings and its place in English education in neoliberal times claims that:

Dewey is a man of our times, with a powerful, socially just educational philosophy that not only draws students together in common democratic purpose but also develops and educational programme focused on intellectual and social growth. As such it aims to stimulate, enhance and inspire, in contrast to the current educational project that crushes and commodifies, setting students against one another in a competitive race that inscribes failure

at the expense of success, individuality at the cost of collegiality (Reay in Higgins and Coffield, 2016, p.42).

Essentially, at a time when the role of local authorities in schools are rapidly diminishing and schools being turned into academies, accountability and the quality of the curricula that is delivered under Multi-Trust Academies (MTAs) are constantly being questioned by educational specialists. Pertaining to this, Higgins (in Higgins and Coffield, 2016, p.64) queries, ‘In addition to their examination success, who will hold academy chains to account for the kinds of citizens they produce?’. The basis for this is, in Deweyan philosophy the state is principally responsible for providing an education that help individuals realise their best potential and thereafter contributing to the public good. Rather, the current narrative of education by ‘academised’ schools seem to be solely focused on the economic benefits, overlooking students’ personal and learning needs. Therefore, what should be the ultimate goal of education?

2.5.1 Education as a ‘Completed Product’ Versus ‘Continuous Process of Growth’

The core issue of education today is that it is target-driven where students and school staff are under immense pressure to produce and show high grades and results, especially institutions that are under MATs. Similarly, for Dewey, the central issue in education is its accentuation on the ‘completed product’ (Dewey, 1916, p.62). He saw that too much emphasis is placed on teaching as passing knowledge to a ‘final product’ (Dewey, 1916, p.69), rather than the learning process, which hinders individual growth and development (Dewey, 1916; English, 2016). He views the educational process as a ‘continuous process of growth’, setting aims at each stage for added capacity of growth through continual reorganising, reconstructing and transforming (Dewey, 1916, p.58). By seeing education as a growth or development process, Dewey claims, it identifies the present opportunities and competencies of the individual and adds meaning to the experience thus making individuals better equipped to manage future encounters. In a school environment, this applies when adequately utilising present capacities of the students and by using shared experiences or joint actions for ‘the future which grows out of the present is surely taken care of’ (Dewey, 1916, p.60), when knowledge becomes connected to learners. For instance,

education is most effective when students are given the opportunity to connect present content to previous knowledge and experience where they can discuss, reflect, analyse by perceiving, retaining, recalling, associating, attending, willing, feeling, imagining and thinking. In Deweyan pragmatism, these are termed ‘mental forms or faculties of power’ (Dewey, 1916, p.66), and in the learning process these should be trained through repeated exercise or acts till they become ‘thoroughly established habitudes’ (ibid.), and ultimately preparing the individual to being social. Similar theories and models are currently used in education, such as revised versions of Bloom’s taxonomy theory (1956) which classifies learning objectives according to the three domains of cognitive, affective and sensory/psychomotor (in these processes include comprehension, application, analysis, synthesis, and evaluation). According to Dewey, the ulterior development of faculties is to train the learner to note, recall and judge in making ‘an effective competent member of the group in which he is associated with others’ (Dewey, 1916, p.71) and for successful social integration in the future.

It is also worth noting, despite its age, Dewey’s pragmatism is still relevant today as there is scrutiny in the education system as a whole, that there is often a disconnection between what is taught in schools and learners’ experiences outside of school. In music education, it is the disconnection of the outdated music curriculum and practices in the classroom and the ‘hidden or private musical world’ of students that ‘reinforces what is perhaps a false dichotomy between so-called opposing cultures’ (Allsup, 2003, p.25). For instance, if there is special emphasis on one musical style, in performance and notational in the curriculum, young people who are with their own personal musical preferences and are more likely to perform and create music outside of school, may experience a disjointed music education. Thereupon the knowledge becomes disconnected to learners. In Deweyan theology such an education is not effective as discussing, reflecting, analysing by associating, perceiving, retaining or any of the faculties of power cannot be put into practice as the learning process is disassociated from real-life experiences. In music education, this can be in relation to students’ formal and informal music practices, which are often a disconnected experience (Green, 2008).

While general education should aim at delivering the subject matter of knowledge, Dewey (1916, p.66) stresses that ‘the end of education is not the bare reception and storage of information, but the formation of personal powers of attention, memory, observation, abstraction and generalisation’. Confining certain subject matter from social contexts or

isolating the knowledge only to the technical aspects can obstruct the training of the mind and the educative process thereby hindering the preparation for the future, which according to Dewey is one of the conceptions of education as preparation. In order to achieve this, education should be viewed as a social process where consecutive interactions and learning from one another must be encouraged throughout the learning process, as it represents not only the ‘development of children and youth but also of the future society of which they will be the constituents’ (Dewey, 1916, p.84). Overlooking the social context in the subject content and merely focusing on its technical aspects, particularly in literature and arts forces to disassociate the learning from general training and wholly goes against the purpose of general education.

In music education, only focusing on technical aspects such as, learning about pitch, rhythm, timbre, texture, forms and composers, but excluding, for instance, the historical contexts and how these relate to today’s social, cultural and political issues through open discussions and lived experiences of students can make music education more relevant, practical and applicable to real-life affairs. Paul Woodford (2005), inquiring into the social foundations of the present music education on the basis of Dewey’s arguments on democracy and education, describes this as ‘reflective thinking’ and ‘critical inquiry’, which were ways of ‘bridging, assuaging, or clarifying personal, historical, social or cultural differences’ (Woodford, 2005, p.4). While such concepts are mentioned in the national curriculum, the hidden agendas and logic within the curricula can counterfeit these educational intentions. The hidden curriculum agendas being the emphasis on theoretical and outdated concepts over the practical and up-to-date issues, when these should be taught in balance to ensure opportunities for critical and reflective thinking. Therefore, I assert that the general aim of education is not only to teach summaries and technical knowledge but should also contribute to learners’ personal and social growth. This should be a continually assessed process in every stage of their education.

2.5.2 Education for Social Control Versus Social Growth

Regarding democratic conception in education, Dewey’s philosophy views democracy as a more ‘freer interaction between social groups, change in social habits – its continuous readjustment through meeting the new situations produced by varied

intercourse' (Dewey, 1916, p.91). In a democratic society there are common or shared interests within the social group with the recognition of mutual interests as a factor in social control (Dewey, 1916). However, Dewey warns of the one-sided or biased stimulation of thought given to those in the control industry that can lead to a lack of balanced and inclusive social interest, bringing isolation and exclusiveness. Instead of 'recognition and progress through wider relationships' (p.89-90), where a social group can advance by learning from one another and bringing the members closer together by breaking down external and internal barriers, blocking out interactions within and with other groups will cease from creating more perceptible connections with one another. An education which exists under such a democratic state, would be devoted to its conservation so that its members 'are educated to personal initiative and adaptability' (Dewey, 1916, p.92). Hence, an education based upon growth and progress can educate an individual in continuous readjustment through encountering new situations and provide opportunities for freer interactions to build more meaningful connections with other members.

According to Dewey, the purpose of education is to uncover each individual's aptitudes and explore the way in which they can be useful to others, to contribute to the society they belong to and 'progressively train them for social use' (Dewey, 1916, p.92-93). He claims that, finding 'a deeper sense of the function of education in discovering and developing personal capacities and training them so that they would connect with the activities of others' (Dewey, 1916, p.93). In other words, a school or an educational establishment that is separated from the interest of home and community, defeats its purpose of identifying and guiding the learners to become socially apt members of its society. However, the aim of education should not only be placed on as preparation for the future, as this can illustrate the work and relationship between the teacher and the pupil as 'mechanical and slavish' (Dewey, 1916, p.116). Therefore, educational aims must be 'founded upon the intrinsic activities and needs (including original instincts and acquired habits)' (Dewey, 1916, p.113), in connection with a subject or a topic 'with the promotion of an activity having a purpose' (Dewey, 1916, pg.141). Concerning democratic music education, this would be to promote modern values such as inclusion, belonging and multiculturalism by celebrating diversity through a variety of musical styles and genres in the curriculum. In Deweyan terms, this will have a lasting impact on the learners' social and educational lives, by becoming fully informed individuals, who are more tolerant and mindful towards others' musical differences and preferences.

2.5.3 School as a Community & the Teacher's Role as a Facilitator

The criticism of education is that it is a mere process of transmission of knowledge, where it is passed down as digested summaries with no valid connections to the experiences of the students who are at the receiving end. In such a situation, Dewey stresses on the role of the teacher in creating an intellectual environment that involves a personal sharing in common experiences and to coordinate 'native activities so that they may utilise the subject matter of the social environment' (Dewey, 1916, p.76). In order to support this further 'all educational institutions should be equipped so as to give students an opportunity for acquiring and testing ideas and information in active pursuits, typifying important social situations' (Dewey, 1916, p.169). Accordingly, teachers must take on the responsibility to systematically utilise student's competencies, and to promote the development of personal strengths (or Dewey's faculties of power of retaining, recalling associating, observing and other formation of mental faculties). By tying in with the past and present experiences of the learner to establish cross connections between the subject matter and practices in everyday life, making them an active participant in the learning process is outlined as effective teaching by Dewey. The knowledge acquired through the teaching of technical aspects in the studies of the curriculum alongside the interaction of the student's needs and capacities where their social significance is also emphasised. This ostensibly, Dewey argues, feed the pupils' moral interests and develop moral insight. Moral qualities such as discipline, social efficiency, open-mindedness, sincerity, breadth of outlook and improvement of character are the social functions of education, school and the curriculum (Dewey, 1916). This effective moral training, according to Dewey, is actively present when certain conditions are met: One where common interests and experiences are closely shared to develop social perceptions, where the school itself becomes a community life or a miniature social group, and one where these close interactions are carried out beyond school walls as part of continuous learning out of school. Only then Dewey's effective education process which consists of growth, continuous readjustment and sharing experiences becomes morally educative and to being social in the future.

This similar notion of seeing the school and the music classroom as a 'community or a 'miniature social group' is also stressed by the community musician and music scholar Lee Higgins, in which 'community music facilitators' emphasise 'active participation, sensitivity

to context, equality of opportunity, and a commitment to diversity in their practice' (Higgins & Bartleet, 2012). Accentuating on group *musicking* processes, Higgins and Bartleet also explore the practices of listening to others and contributing to create music collectively as a group, which can lead to the improvement of character, open-mindedness, open communication and most importantly social discipline, values which are esteemed in the Deweyan theory.

2.5.4 Musical Democracy: Student as Active Learners & Teachers as Facilitators

Dewey's notion of a democratic education is a system where learning is based on preparing young people in becoming socially functional members of the society, through developing certain forms of power such as perceiving, analysing, reflecting, observing, recalling and associating through continuous learning. Education is seen as a crucial position in the process of social development, and the genuine interest of education should lie upon the process, which encompass of close interplays of the pupils' experiences, needs and capacities and the subject content, rather than the final product or only the technical aspects resulted by isolating the subject matter. Linking subject material with student experiences not only makes classroom lessons more meaningful and relevant but allows students to partake in the learning course making them active participants within the process itself. In this process, the role of the teacher is not simply being an instructor but must act as a facilitator, guiding the students and provide opportunity to share and become active, independent learners. The teacher should not only be thorough with the subject material and content, but also of the needs and capacities of the students, in order to create an effective connection between the subject content and the continuous experiences of the pupils. Dewey justifies this is to avoid from students simply learning in school lessons, for the sake of reciting where reproducing statements at the demand of others will become habitual, which will inhibit their acquiring of social powers and in adapting to different social situations in the future.

Particularly for adolescents, for instance, who develop strong, personal connections with music at this age, understanding their relationship with music and how they connect it to their personal experiences in terms of belonging ('our' or 'my' music versus 'their' music) and how they form relationships with peers, parents and others through music in their present social and educational contexts is crucial when linking the subject material with their

experiences. In facilitating this, a music teacher or a music facilitator can help guide students make meaningful and healthy relationships with music and use music more consciously to make decisions. This kind of ‘conscious’ listening or music-making (McFerran, Derrington & Saarikallio, 2019) can help young adults develop positive relationships with music and peers, making them ‘active agents’ rather than ‘passive recipients’. Such skills are invaluable in realising and identifying own individual strengths and it is the role of music teachers and educators to give much thought on how these could be integrated in the music lessons, where students are given the opportunity to acquire social powers which can be accommodated in their futures.

Facilitating opportunities for sharing experiences and joint actions in the classroom to connect the learning material to student’s backgrounds, also past and present experiences is important. Technical subject matter should be taught and learnt in connection with human activities to understand and assimilate social breadth, so that students are better equipped to deal with later requirements in life. In order for an integrated and a progressive development through education, the curriculum and how it is delivered in schools and the classroom must be flexible and adaptable to the strengths and the needs of the learners. Dewey highlights that the ‘general’ in ‘general education’ means ‘broad and flexible’, in which practices should be constantly altered and tailored to meet the subject matter (Dewey, 1916, p.72). This is done through constant readjustment and development of the learning material, where students are able to interact with their environment and acquire information through a hands-on approach.

A broad and flexible music education in Dewey’s terms therefore is a one which adapts certain music practices where learners can interact with the subject matter and their social environment, aligned with better equipping them to deal with challenges and requirements of life. Participating in music-making actively and group music-making, which involves interacting with others, being respectful and listening to others’ contributions to the group are important attributes of a democratic society. Moreover, studies have also shown participation in active and group music-making also help develop self-esteem, identity formation, resilience and flexibility, making such practices invaluable in real-life issues as well. Such types of music-making approaches, that accentuate the positive uses of music is currently lacking in the music education system, as it is restricted to students learning technical and vocational attributes in music education. This furthers the prevailing notion of the public that music is a ‘special’ subject, one that is only for the gifted few and therefore has no use in everyday life affairs.

Dewey's view of democracy and education explains that in order for a society to make informed, knowledgeable decisions, education must lay the groundwork to cultivate good practices as well as educate the students with knowledge and skills, in order for them to contribute to the society in the future; 'education is to social life' (Dewey, 1916, p.13). The primary aim of the end product of education always preparing for the future, however as Dewey stresses it should also concern with the process as an ongoing development to create deeper meaning in the social interactions and participation in the learning process. Education should be seen as growth where the educators share their knowledge and facilitate conversations to determine the social and cultural meanings of the technical subject matter and skills that is taught. Isolating the subject content to itself, with no social context leads to no social or general use in the future. Hence, the critical function of education is to develop and enhance the 'mental faculties of power', acquire knowledge and skills in social conditions, for young students to become socially equipped and connect with the activities of others in the society.

Building on the notion of music-making as a social, cultural activity that encompass practices of active music-making in the classroom, I argue that the term *musicking* can be regarded in promoting an inclusive and democratic music education. In the following discussion I will interrogate the parallels of Dewey's democratic education and Christopher Small's (1998) notion of *musicking*, which is considered as a social, cultural activity, where participants are involved in any individual capacity and relate to musical sounds in specific ways to create musical meaning.

2.6 Musicking

Musicking is a term coined by Christopher Small in 1998. It means 'To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing' (Small, 1998, p.9). Accordingly, any musical or music-related activity in a social setting, in which participants are involved in any capacity, is *musicking*. According to Small, everyone is born capable of musicking or with the 'gift of music' just as they are with the gift of speech (p.8). Based on this, Small maintains that the notion of present-day concert

life, where the ‘talented’ few are entitled to produce and perform music to the ‘untalented’ majority, is a common misconception. Small further stressed that:

It means that our powers of making music for ourselves have been hijacked and the majority of people robbed of the musicality that is theirs by right of birth, while a few stars, and their handlers, grow rich and famous through selling us what we have been led to believe we lack (Small, 1998, p.8).

As discussed before, one of the main issues in current music education is the popular misconception that it is an exclusive subject as it requires talent and that one should be ‘musically gifted’ to excel in the subject. Contradictorily, Small (1998) stresses that everyone has the innate skill to engage in musical activities in different ways and capacities. Musicking is viewed as a social activity, and always takes place in a social, cultural event where the participants relate to musical sounds in specific ways to create musical meaning (Small, 1998). This is similar to the theories by Malloch and Trevarthen (‘communicative musicality’) and Dissanayake that music is an agent for communication and socialisation. Additionally, it coincides with the discourses of ‘musical rights’ (Lubet, 2009 & 2011; Darrow, 2013) that has been previously mentioned in this study, in that: If everyone has a ‘musical voice’, just as the universal gift of speech or communication, then has the ability to musically understand and relate to each other through music, everyone must be given equal opportunity and access for such musicking appropriately.

Musicking as a social event involves a range of activities as performing, listening, rehearsing or practicing, composing and dancing, which requires one to use personal powers such as attention, memory, observation and to perceive, retain, recall, associate which are termed as ‘mental faculties of power’ by Dewey. In education one of the main objectives, according to Dewey is to develop and train the formation of powers until they become established as habitudes. In music education, such practices can not only establish and improve musical skills but can also have wider impacts on other academic areas such as reading, spelling, other literacy skills, mathematics and numeracy (Anvari, Trainor, Woodside & Levy, 2002; Overy, 2003; Southgate & Roscigno, 2009; Cabanac, Perlovsky, Bonniot-Cabanac, Cabanac, Michel, 2013).

Small accentuates that the way in which the individuals musically relate and musically interact with each other in the physical context, is what makes the musical work or event, musical. He claims that: ‘The fundamental nature and meaning of music lie not in

objects, not in musical works at all, but in action, in what people do. It is only by understanding what people do as they take part in a musical act that we can hope to understand its nature and the function it fulfils in human life' (Small, 1998, p.8). The act of *musicking*, therefore is primarily about relationships and interactions that constitutes a musical performance, and 'music's primary meanings are not individual at all but social' (Small, 1998, p.8). However, the concept of *musicking* is a broad notion and needs refining for the purpose of this study, that is how it can be applied within the classroom.

One possible limitation in applying Small's *musicking* in the music classroom is that it also involves passive music-making such as listening to music and appraising. However, my argument is that for active music-making in the classroom, which is for the learner to take an active role in musical activities such as performing, composing, creating and even listening. For instance, instead of passive listening, mindful or 'conscious listening' (McFerran, Derrington & Saarikallio, 2019), where young people gain more control in what type of music they want to participate in and make informed decisions in regards to the varied uses of music. Therefore, the term *musicking* in terms of the activity of listening will be regarded in this study as a way to make adolescent learners active agents in their *musicking* activities, to give them more autonomy and control, to promote personal and social development.

2.6.1 Educational Growth Through *Musicking*

The act of *musicking* encompassing relationships and interactions coincides with Dewey's view on learning by the agency of interactions and experiences exchanged in the classroom, sharing information, engaging in a joint or shared activity. Particularly, where one individual's knowledge and experience 'is consciously referred to the use other persons are making of their capacities' (Dewey, 1916, p.44) to acquire a social sense of one's own powers and skills. In addition to referring to the educative process as a preparation for the future, the training of specialised skills as initiative, inventiveness and re-adaptability depends on 'broad and consecutive interaction of specific activities with one another' (Dewey, 1916, p.73).

Small's concept of *musicking* is also seen fundamentally as a socialising medium, where participants relate to each other and to the musical sounds. Therefore, it can be argued

that by engaging in a musical activity, where musical interactions with other individuals occur, one can acquire a sense of one's own musical skills or powers within that group. However, *Musicking*, according to Small can take place actively or passively, whereas Dewey stresses on active engagement and a hands-on approach in the teaching and learning process. This is by the reasoning of Small that *musicking* should be clear of value judgements, as he believes these could weaken or distort the meaning of *musicking*.

Small uses the concept of *musicking* in order to explore the term as a form of human encounter 'that takes place through the medium of sounds organised in specific ways' (Small, 1998, p.10). I employ it because the act of *musicking* is conventionally thought to be solely about the organised sounds, however Small's *musicking* involves those who are taking part in whatever capacity, in the totality of the musical performance, making it a more inclusive approach for this study. Dewey too emphasises on the relationships or '[t]he extension in space of the number of individuals who participate in an interest so that each has to refer to his own actions of other to give point and direction to his own...' (Dewey, 1916, p.91). In education, this enables continuous readjustment by encountering new situations and perceptions, and to widen the area of shared concerns and the liberation of diverse individual capacities. When discussing the democratic conception, Dewey explains in order for an all-round, inclusive and well-balanced social interest, freer interaction not only within the group but also with other groups is also important to maintain the full purpose of democracy. Democracy is a 'conjoint communicated experience' (ibid.), and is about learning from one another and expanding their horizons, breaking down external barriers 'to bring people and classes into closer and more perceptible connection with one another' (Dewey, 1916, p.90-91). When looking at musical cultures, Small studies not just why 'members of one social and cultural group differ in their ways of *musicking* from members of another group but how it is that members of one culture can come to understand and to enjoy, and perhaps creatively misunderstand, the *musicking* of others' (Small, 1998, p.12). *Musicking* has the ability to bring people from different cultures and social group together by breaking social and cultural barriers, this is also evident from the genre crossovers, fusions and hybridisations by musicians all over the world. Further, music as a 'universal language' (Cooke, 1959) can be employed as a 'common tongue', although the universality of music has been argued given its different meanings and interpretations in different parts of the world. However, where individuals in a social group who share common interest, as argued by Dewey, can benefit

from recognition of mutual interest which is a factor in social control and progress through building wider relationships through effective interaction and cooperation.

2.6.2 Social Growth Through *Musicking*

Musicking is promoted by Small as a means ‘by which we explore our inner and outer environments and learn to live in them’ (Small 1977, p.3-4). It is where we learn to explore the relationships and values that are established in the process, affirm them to ourselves by articulating those values, and celebrate by taking part in such musical performances by the feeling of being more ourselves and ‘who we are in relation to the fellow humans and to the world’ (Small, 1994, xiii). Hence, *musicking* can be seen as an educative process in the sense that those who ‘music’, can discover and learn new things about themselves and of the contexts in which they ‘music’. It can be inferred in the same way Dewey explains that learning through the means of shared experiences and by interacting with others within the educational setting, one can acquire ‘a social sense of their own powers and of the material’ and applications used (Dewey, 1916, p.45). Further, Dewey’s emphasis on the process or progress of education, rather than the ‘completed’ or the ‘end product’ is also akin to Small’s focus on the *musicking* process over the musical performance or the musical work itself. Dewey views educational growth or progress as a continual, reorganising, reconstructing, transforming process which ‘has no end beyond itself; it is its own end’ (Dewey, 1916, p.54), similar to Small’s standpoint that *musicking* is not solely about the musical work but also how players react and relate to the musical work, to the other players and to the audience or the listeners. In this way, musicians and performers also rely on their growth of experience and knowledge when musically interacting and relating to one another and the listeners. This musical interaction between people in whatever capacity in the performance is what delivers and brings meaning to the music (Small, 1998). Therefore, to convey musical meaning is to exhibit how we understand and relate to one another, bringing in our social and cultural experiences in order to enhance the performance, coinciding with Dewey’s notion upon education where tying in personal experiences with the subject material can augment the learning experience.

For Small, the idea of *musicking* is simply a tool for understanding human relationships and how these works collectively to bring meaning to the music that is been

created. It is also a way of understanding of music's function in human life, embedded in the societal and cultural systems (Small, 1998). By centralising the idea of how music relates to society and through musical involvement and by inheriting the notion of 'music-as-form-of-community-life' (Odendaal, Kankkunen, Nikkanen & Vakeva, 2014, p.167), *musicking* can bring about the possibility of changing society. In Deweyan theory, by realising the significance of such social attitudes and conditions can feed one's moral interest and develop moral insight, and this is the precise function of education. Hence, *musicking* as an educational tool can relay cultural and social connotations, supporting one's social learning and training that helps build moral qualities or traits such as open-mindedness, breadth of outlook, discipline and sincerity (Dewey, 1916). By offering the possibility to explore, affirm and celebrate communal, social and cultural values, *musicking* can deliver effective moral training and education, contributing to an individual's character and social development, in addition to musical development. As *musicking* takes place within a set of relationships, where experiences and interests are closely shared, and social perceptions are developed within the group, Dewey's theory outlines that in such circumstances an educational setting, the school itself becomes a community or a small-scale social group. Further, when these interactions are carried outside of school, or in the case of *musicking* that takes place in informal or community settings can be a part of continuous learning beyond the school. This allows continuous growth and readjustment to different social settings, and learning by encountering diverse social, cultural attitudes and sharing experiences, that is necessary for one to become morally and socially educative. This is the fundamental function of education, and by engaging in the process of *musicking* actively contributes to this process.

2.6.3 Music Teachers as Music Facilitators

In the current education system, Small identifies that schools and music teachers are simply concerned with the 'discovery and selection of talented professionals', whereas they should act more as 'agents for the development of the musicality that lies within each child' (Small, 1998, p.212). Alongside this, Dewey's approach to teaching also maintains that it is the teacher's role to create an intellectual environment, in order to systematically lead or guide the student to identify his or her own strengths and competencies. Effective teaching is to recognise and draw out the pupil's present needs and capacities, interplaying with the student's own experiences and therefore paving the way for educational and social

development (Dewey, 1916). Small demonstrates that the current school music practice is fixated on a ‘hidden logical chain, or a syllogism’ (1998, p.212), which only recognises certain types or styles of music (Western classical, marching band music, jazz, choral music), but rarely self-composed or improvised music. This confines the student to a choice if they are interested in this certain type of music and if not, they are deemed ‘not musical’. This practice is therefore created in order to meet the demands of the music teachers themselves, rather than aiming on students’ individual musical and social development. This highlights the issue, which was mentioned earlier, that as a result of this process, a disjointed learning experience is created due to disassociation of the subject material (i.e. students’ personal music preferences being wholly different to what is taught in school).

According to Dewey and Small, promoting social growth and guiding the students to understanding self and their relationships with others through the act of *musicking* are the main roles of the teacher or educator. Both in their fields of interests emphasise on the role of the teacher as a mentor or a guide, facilitating individualistic musical expression (Small, 1998) and not only being occupied with the subject matter itself, but also its interplay with pupils’ individual needs and capacities (Dewey, 1918). Isolating subject material from social contexts hinders the practice of a well-rounded and balanced general education. Connecting the subject content to everyday activities and behaviours, in oppose to disassociating with the social practices is claimed as a ‘chief obstruction’ in general education (Dewey, 1916, p.72) In the case of music education or *musicking*, alternatively to learning only about specific styles of music, by exploring, affirming and celebrating the musical acts and the relationships that creates the music, one can critically and reflectively learn about the cultural and societal values which one lives in. The music teacher, ultimately, plays the main role in creating an atmosphere for collective *musicking* in the classroom, working towards shared goals and offering direction, catering to students’ individual needs and musical skills.

As explained before, when identifying and studying the current issues and challenges in music education, it also requires addressing the growing number of special needs, mental health and wellbeing needs of the student population. Moreover, when investigating current inclusion practices in music education a main issue was brought into light in this study. This concerns special music education and music therapy, where the ‘pull-out’ method (offering an intervention outside of the classroom, usually one-to-one), as mentioned earlier is damaging to a student social growth. Dewey highlights that the primary function of education is to be social, which also aligns with Small’s view on *musicking* also as a social process. In

the pull-out method, not only social growth is hindered, but as it takes place outside of the classroom, and is disconnected from what is taught in the classroom. According to Dewey, this is a chief obstruction in achieving a well-balanced and an all-rounded education, which also help to build one's moral characters and traits. For those with special needs this is even more damaging as they are isolated from their natural social setting. Thus, my argument is that additional services such as music therapy, which places a heavy emphasis not only on individual development, but also social development as it practices and promotes communication and social skills, should explore ways in which they can be adapted in educational and more 'natural' contexts. One of the benefits in the inclusion of these services in a classroom, which is a more natural, everyday setting for students, is that it could be less intimidating and simply more enjoyable with peers interactions.

Present music education primarily centring around one type or style of music, generally western classical music that leads to learning of one particular form of performance, notation and composition. In Small's view, this is as a result of music educators and teachers been often fixated on 'the discovery and selection of talented potential professionals' (Small, 1998, p.212), restraining students only to the teacher's preferred style of music. This 'hidden logical chain' according to Small and Lubet (2011) have driven to the most commonplace fallacy of music and music education, that it is only for the 'gifted' or the 'talented few'. Strenuously opposing to this view, there is copious evidence acknowledged by many musicologists, music researchers and educators, that *musicking* is not only a social activity, but that it is embedded in our biological system, and this is showcased in our primary stages of mother-infant interactions (which is termed as 'communicative musicality', Malloch and Trevarthen, 2009). Therefore, the continuous fixation of the present UK music curriculum on the western classical canon, not only limits the access to and participation in music, but also denies students' musical rights.

Moreover, centring the curriculum around one specific style of music does not allow to explore the musical competencies of all learners in the classroom, which again infringes their right to an inclusive music practice. On this premise, there is a need to include new and versatile styles or genres of music within the curriculum, that explore different forms of notation and performance techniques. To explore new ways of *musicking* is not only to have an opportunity to immerse oneself in another culture or social group, but to also broaden the possibilities of student musical experience, by enabling active participation in diverse ways that can cater to their individual needs. This raises another issue within present music

education: The manner in which the present music curriculum is predominantly grounded in exclusion, as a result of its focus on Western European music, leading to the common misconception that music is not for the majority, but only for the gifted.

Both of the above issues defy students' musical rights, which in my view, is the right to *musicking*, based on one's inner biological 'musical-ness' or the ability to communicate musically, and therefore a greater emphasis should be placed on those innate musical strengths and aptitudes regardless of one's disabilities or special needs. In search for such a musical model or framework that is inclusive and accessible, it is important to analyse and distinguish the differences and similarities of the two main fields in question, which are music education and music therapy, in order to identify their distinct boundaries and to also highlight the overlaps. The purpose of such an analysis is to shed light on the grey area of the two disciplines and where the two can be joined to support the focused student population of this study, whose music plays a pivotal role in shaping their identity in the adolescence stage.

Hence, I argue that Small's notion of *musicking*, which helps develop musical agency and skills through social interaction and social music-making, and Dewey's theory of democratic education for an individual value and social development, making the case for an inclusive and democratic music education theoretical framework. In the following section, I will address the issues pertaining to sub-questions [2](#) and [3](#) of this study, exploring a possible intersection between music education and music therapy.

2.7 Music Education and Music Therapy

The main aim of this research study is to examine the possibility of an exchange or a fusion between music education and music therapy. It is worth noting that at this stage of the study it cannot be anticipated whether this will be a fusion, an exchange, a collaboration, supplementary or complementary to one another, but it is important to consider all these terms for the benefit of drawing ideas from both disciplines. Before examining such a practice, it is imperative to outline the definition and compare the fundamental goals of the two domains. The National Curriculum in England: music programmes of study (2013) states that:

A high-quality music education should engage and inspire pupils to develop a love of music and their talent as musicians, and so increase their self-

confidence, creativity and sense of achievement. As pupils progress, they should develop a critical engagement with music, allowing them to compose, and to listen with discrimination to the best in the musical canon (2013).

The programme also articulates that the main aims of the national curriculum for music are to ensure that all students perform, listen, review and evaluate music from a range of historical periods, genres and styles; create, compose and produce music; understand and explore how music is created and communicated by studying structures and appropriate musical notations. It maintains the importance of having the opportunity of learning a musical instrument and using technologies appropriately in order to appreciate and acknowledge a wide range of musical contexts and styles (DfE, *The National curriculum in England: music programmes of study*, 2013). The ISM's (Incorporated Society of Musicians) report (2014), when reviewing the national curriculum for music, asserts that music lessons should engage young people in music education and, 'motivate and excite them, to develop musical and transferable skills' (p.1). This infers that high-quality music education should be comprehensive and encompass the apparent musical activities such as performance, appraisal and composition, while some music educators argue that these boundaries should be 'softened' or 'blurred' (Jorgensen 2002; Detels & Smith, 1999). For instance, recently a growing body of evidence suggest that music education and the music curriculum should also comprise of music cultures and traditions (Jorgensen, 2002), in order to understand one's cultural identity and multicultural ethic of diversity (Davis, 2005). It has been also pointed out that the music curriculum should stress more on musical activities that value the process rather than the product, for example, improvisation that relies on performers' freedom and opens opportunities for individual exploration (Boyce-Tillman, 2000). When inspecting the existing music curriculum and the national plan for music, that recognises the importance of improvisation and its extensive links to creative skills and self-expression, there are no clear guidelines provided on how to achieve this in a classroom. Recent time constraints may also play a part in on the practicality of attaining improvisational skills in music lessons.

As stressed earlier, the recent awareness on mental health and wellbeing among children and young people shows that music education should also realign its central approaches and aims to promote active practices, by utilising music as a 'public and a private medium' (Boyce-Tillman, 2000). Expanding on this, Boyce-Tillman (2000, p.96) emphasises that the 'Music education curricula need to embrace a variety of musical materials, expressive characters, formal procedures, and (most importantly) value systems'. Further

arguments advocate that music education, which typically involve comprehension of music and its structures, ought to be more concerned with enriching and cultivating life skills of the learners (Jorgensen 2002). Similarly, as evidence suggest music education should not only impart musical knowledge and skills, but also provide students with musical experiences that promote life and social skills (Koopman, 1996; Boyce-Tillman, 2000; Jorgensen, 2002). This supports Dewey's notion of linking subject material to everyday student experience for an effective education system, which results in the development of forms of powers (perceiving retaining, recalling, associating, thinking, feeling, imagining etc.) that are important for individual and social growth in his democratic education theory. According to Koopman (1996), who views that musical experience as an aim itself in music education, discuss the non-musical and academic goals of music education: development of mathematical insight, learning to read, concentration, creativity, the development of general intelligence, the formation of a positive self-image, the acquisition of social skills, the channelling of emotional and physical health. Many of these are key developmental aspects for adolescents in particular when transitioning to adulthood.

Music therapy, on the other hand primarily focus on improving an individual's health and 'psychological functioning through the use of musical experiences' (Pellitteri, 2000, p.380). While it is commonly regarded as a type of art therapy, Robertson (2000, p.44) stresses that:

Music therapy is not art therapy, neither it is music teaching. It is a profession which has become established in its own right, with its own training. It demands rigour, accountability, high standards of musicianship and, not least, a foundation of clinical experience.

Music therapists undertake extensive training in clinical and medical environments before working professionally, nonetheless, it was also found out that most music therapists also train and practice in schools (Ockelford, 2000; Hall, 2012), as they find it to be less threatening and more familiar to be in an educational environment. When discussing the purpose of music therapy for adolescents, McFerran (2010) argues the two main foci are inter-personal (social) and intra-personal (identity formation), where music therapists of all orientations focus on the clients achieving goals to improve and understand themselves and their relationships with others. McFerran (2010, p.42) also notes other psycho-social goals such as resilience by fostering understanding; identity formation by offering acceptance;

competence by facilitating development; connectedness by encouraging participation. These aptly align with the principles and frameworks outlined in a number of government commissioned documents (Ofsted, *Music in schools: wider still, and wider*, 2012; The National Curriculum in England, 2013; Promoting children and young people's emotional health and wellbeing: A whole school and college approach, 2015).

Music therapy provides a safe and secure atmosphere for adolescents and help get in touch with the youth culture (Tervo, 2001) by nurturing their talents and abilities, while facilitating other life skills and capacities. According to the experts of the field, music therapy with adolescents should be regular, intensive and long-term (Tervo, 2001; McFerran, 2010; Hall, 2012; Bunt & Stige, 2014; Miller 2016). Presently due to most music therapy sessions for young adults taking place in medical settings and only a few are referred to music therapy in schools (McFerran, 2010; Hall, 2012), the accessibility to such services is predominantly crippled. Moreover, inopportune due to budget concerns, only the 'at-risk' or students with behavioural concerns are usually referred to music therapy in schools and pupil referral units, leaving the socially withdrawn pupils in the classroom more vulnerable.

Thus, how can music therapy, which usually takes place in a one-to-one setting, can be provided in a whole classroom music lesson? How can music therapy be embedded, or provided as an additional or supplementary service to music education to improve adolescents' general wellbeing and educational attainment? Can certain facets of the roles of music therapist and music teacher can be unified or integrated to offer flexible and diverse musical opportunities for adolescents in an educational framework? At a challenging moment where music education is under the threat of disappearing from schools in the UK, and services such as music therapy are not seen as a high priority among financial administrators and policy makers, it is critical to consider other possibilities of offering viable fusions, that can provide a democratic and an inclusive music education. Several contemporary studies argue that music therapy can be integrated in classroom music teaching by drawing out its educational and academic aspects. The next section of this literature review will examine these existing proposals and models of integrating, incorporating and collaborating the disciplines of music education and music therapy.

2.7.1 Music Therapy through Music Education

Recent and forthcoming developments in inclusive curricula, music teaching and therapy signifies that the apparent boundaries between music education and music therapy are becoming less distinct and more ambiguous (Robertson, 2000). When analysing the commonalities of the two domains, Wheeler's (2015) account succinctly notes that they do indeed share mutual aspects although the primary goals are different. For example, music education which typically involves acquisition of musical skills also often improve certain aspects of one's health, and music therapy that is concerned with improving one's health, can also enhance one's musical skills. Pertaining to this argument, Wheeler (2015, p.9) also debates that music educators also 'often use music in some of the same ways that music therapists use it'. Therefore, the overlap is mainly evident in the processes of the disciplines, rather than the end goals. Robertson (2000) discoursing a closer collaboration between music teachers and music therapists stress that some clinical applications used in music therapy such as improvisation are undervalued in the mainstream classroom, where these can be used to facilitate students' aesthetic development. When assessing the possibility of an integration between music education and music therapy, Robertson (2000, p.42) notes that:

Music is for all, rightly so, and differentiation is an important means of ensuring an appropriate musical experience for all. This becomes even more significant when a suitable music curriculum for pupils with even the most complex of learning difficulties is to be provided and delivered by teachers.

On the other hand, Bunt's (2003) account maintains that using music therapy as a complementary service to music education by employing music therapy techniques to promote healthy and personal development. Bunt (2003, p.191) outlines that:

Making music itself is a multidimensional activity with the unique involvement of the whole child – physically, socially, intellectually and emotionally. Such rich and complex interactions and relationships create a grey area between what can be defined as solely the domain of therapy and that of education.

Such analyses by Robertson, Wheeler and Bunt gives a primary insight into the grey area of the two fields, which accordingly lies in the process. While these are comparatively recent research, the notions of incorporating and adapting music therapy in classroom settings, in the view of mainstreaming and 'placing the student in the least restrictive environment' (Wilson, 1996, p.9), have been debated in the past 25-30 years. Similar to Bunt's (2003)

account on viewing music therapy as complementary to music education, Alley (1979, p.114) states that:

music education and music therapy have a unique opportunity to combine their skills with resulting benefit to the special child. The field of music education offers a body of knowledge for the development of normalized and valued music experiences which are important to the growth of all children. The field of music therapy maximizes the enjoyment and teaching potential of music within the paradigm of sound special education techniques to enhance the learning process and facilitate the growth of each child.

This shows that both fields have separate roles and different objectives, however ultimately the end goal is the same, which is to contribute towards and reinforce the social and educational development of the student, through the use of musical processes. Such a practice implemented in a lesser restricted environment such as the classroom, rather than in a segregated setting, can have combined benefits of both music education and music therapy. Moreover, an issue of the lack of training and knowledge when working with students with special needs was often reported by music teachers due to the little understanding of the materials and methods to be used (Wilson, 1996). This was found out to be another reason for considering an incorporation of music therapy in the classroom, where models of music therapy service delivery were explored. Some of these were: music therapist as a member of a multidisciplinary team (direct contact with the student, assessment, goal setting, evaluation); music therapist as a member of an interdisciplinary team (where ‘music therapy goals can reflect classroom goals by working on academic and functional skills’) (Johnson in Wilson, 1996, p.51); music therapist as a consultant (music therapy as a complementary/supplementary service, and the music therapist to be familiar with the music curriculum and goals); music therapists and music teachers as collaborators in teaching and supporting students with special needs (Darrow in Wilson, 1996). It is evident that there is an opportunity for the two professions to learn from one another, to deliver a service that urgently and appropriately addresses the current needs of the student population. However, given music education has become a more and more disconnected learning experience for students, a majority of music therapy continues to be conducted in clinical and isolated settings.

Karkou (2009) who promotes the importance of therapies being made available in educational settings, recognised one of the issues is the movement of art therapies towards professionalisation and becoming regulated as health professions. This has led to such interventions not offered widely and restricted to certain health groups. Karkou (ibid.) also comments that the school setting remains where the student initially develops mental health issues. Therefore, making therapeutic interventions available and accessible before resorting to external or special services is vital presently more than ever, due to the year-on-year rise of mental health and wellbeing disorders, particularly among adolescents.

Taking the comparisons between the two roles of the music therapist and the music teacher into consideration, a music therapist's role is more focused on building a patient's concentration, social functioning, self-esteem and cognition (Tomlinson, Derrington and Oldfield, 2012; Bunt and Stige, 2014; Wheeler, 2015) by using psychology of music as a knowledge-base (Warwick, 1995). However, it can be argued that qualities such as concentration and confidence can also be progressively developed while learning and actively engaging with music in the classroom. According to Duerksen and Darrow (1991, p.47) the common goal of music educators and music therapists can be found when 'the process of music therapy becomes "educational", when the experiences provided by the therapist help students master content or skills found in the music curriculum'. Similarly, Pellitteri (2000) asserts that music therapy can support the education of students with special needs by providing motivation, affective stimulation and structure to assist with cognitive processes such as creativity and problem-solving tasks.

The restricted view that a music teacher's role merely focuses on tutoring the student to play or sing the correct note, while a music therapist works for the singular aim of understanding one's psychological processes can be detrimental to both fields. McFerran (in Wheeler, 2015, p.336) further highlights this by stating that by using different musicking experiences to motivate learning: 'The combination of the teacher's knowledge of learning outcomes and the music therapist's ability to show how steps toward achieving outcomes can be transformed into engaging activities through music can be very successful'. The recent growing interest in music therapy shows that the field has become an increasingly appealing career option for music teachers (Bunt, 2003; Hall, 2012; Oldfield, Tomlinson, Derrington, 2012). While Hall (2012) observes that playing the dual roles of a music teacher and music therapist helps being flexible within both roles, the boundaries should be clear. A music teacher's role is concerned with perfecting musical skills (performing, composition and

appraisal or listening according to the national music curriculum), whereas the music therapist's role does not focus mainly on skills acquisition, but involves acceptance and the level of engagement, offering flexible and diverse approaches when working with their clients. These elements can be distinctly effective when systematically introduced into the role of a music teacher who are particularly working with adolescents with special needs.

Further research and study on the fusion of music therapy and music education state that music therapy with students can be utilised for educational goals, to focus on academic development (Jennifer Stephenson, 2006; Thaut, 2008) and the importance of the role of music therapy and music therapists in special education (Goll, 1994; Daveson and Edwards, 1998). The term 'educational music therapy' or 'educational music therapist' (Robertson, 2000) has been adopted to consider personal and interpersonal growth and the opportunity to learn by exploiting musical mediums, specifically focusing on aesthetic responses. Robertson (2000, p.41) commenting on the blurred boundaries of the two disciplines, also underlines the responsibilities of the music teacher in the 'present educational climate requires a more inclusive (and therapeutic) approach as pupils with special needs, increasingly, are integrated into the mainstream sector'. For this reason, and along with the issues that I have identified in present special music education, which is the pull-out method that does not align with current inclusive education practices and policies, I choose to focus on this particular approach when addressing a fusion or an integration of music education and music therapy. Robertson's 'educational music therapy', requires a new collaboration that meets the social and emotional needs of young people and also academic needs such as developing and enhancing one's musical skills. My own argument adds to this that such a model or framework can also advocate musical rights and a democratic music education, which will sit in with present educational inclusion policies and guidelines.

The concept of 'educational music therapy' is to 'guide the student into areas of learning about music as a result of the musical experience acquired through therapeutic interaction' (Pethybridge & Robertson in Karkou, 2009, p.131). Robertson also set the context for educational music therapy continuum by highlighting the issue of the lack of or the reluctance to teach inventing in the music classroom, in terms of composition and particularly, improvisation. When analysing how music is taught in the classroom today and what music activities are mostly taught in the classroom, improvisation is hugely under-practiced. Incidentally, improvisation is a central practice in music therapy, which employs meaningful, spontaneous music-making and shared musical interactions. Robertson (2000,

p.43) argues that: ‘The power of improvisation – and the acquisition of the abilities to improvise in more clinically directed ways – needs to be unleashed in the mainstream classroom’. However, potential implications of adapting clinical improvisation in the classroom must also be addressed, along with the practicalities such as if and how music teachers can utilise and deliver it in an educational setting, the use of terminology and the possibility of including this practice in teacher training courses. The next few sections of this literature review explore certain approaches and methods in music therapy when working with adolescents and those that are considered in an integration with music education.

2.7.2 Music Therapy through Music Education for Adolescents

Discussing the functions of music therapy for adolescents, Tervo (2001, p.87) notes that it ‘does not primarily depend on the music but on the co-operation and the interaction between the therapist and the adolescent’ and that a music therapist guides the adolescent ‘to the gates of self-expression and creativity’ (Tervo, 2001, p.82). McFerran (2010) discusses the theoretical orientations of music therapy involving behavioural, humanistic and psychodynamic when working with teenagers, which aids with their coping strategies and self-expression. Studies show the four main types of music therapy methods used with young people as performing/playing, improvisation, musical games and use of pre-recorded music (McFerran, 2010), while these are mostly conducted individually with less emphasis on group work. Given the importance of maintaining peer relationships for this age group, this may not be effective in terms of peer interactivity and can impede social development, whereas in a classroom setting these interventions can be made more effective in terms of socialising. Along these lines, what types of music therapy techniques or approaches can be made use of in the music classroom when working with young people with special needs, that also align with the aims of the music curriculum? How can music therapy be made ‘educational’ to attain the academic goals stated in the current national music curriculum and also pertain to a democratic and an inclusive music education?

In view of the fact that the final model or framework is to be utilised in educational settings, the primary goals are to remain educational which are, for example to develop or enhance musical skills, and other activities stated in the music curriculum (perform, sing, listen to, review, evaluate, create and compose) (National Curriculum in England: music

programmes of study, 2013; NPME, 2022). Synchronously, by utilising and methodically blending certain music therapy techniques (such as improvisational music therapy and group music therapy) I argue that it can also appropriately address learners' special needs and contribute towards their positive wellbeing and mental health. Additionally, as these are appropriate when working with groups, these approaches can also be for those who are in mainstream education settings and for mixed ability groups. Thereby, the process through which the educational goals are achieved will be through certain music therapy methods, hence the reasoning for choosing the notion of 'through' rather than 'within', 'with' etc. Therefore, I argue for a model/framework, which systemically employ selected music therapy approaches, and in which educational goals in music such as developing, enhancing musical skills are the end goal.

Case studies illustrate how group music therapy exercises as performing, singing, improvising and movement to songs can improve appraisal and communication skills of pupils with special needs (Harrison, 2012; Strange 2012). However, through free improvisation in particular demonstrates students' achievement in independence, initiative, confidence in participation, and thereby relieving some pupils' social anxiety and stress levels by accomplishing a sense of achievement and enjoyment. When analysing a music therapy session, Bunt and Hoskyns (2002) explains that creativity and free use of improvisation are at the core of music therapy approach. Interestingly, these are two compulsory activities in the music curriculum, but often reluctantly practiced or taught in the classroom (Robertson, 2000). While improvisation is one of the most popular forms of music therapy interventions for teenagers (McFerran, 2010), improvisational group therapy in particular can be used to create 'spontaneous, meaningful and shared musical experiences' (Robertson, 2000, p.43) by facilitating peer interactions through musical interactions and building a sense of identity through self-expression. Furthermore, group improvisation has proven to be advantageous for young people facing emotional and mental health issues (Porter, Holmes, McLaughlin, Lynn, Cardwell, Braiden, Doran & Rogan, 2011), which today has become a national health crisis in schools and higher education.

While a large body of evidence suggests that reinforcing or integrating music therapy in music education is feasible, it is imperative to examine the shortcomings and limitations of achieving this. For example, while music therapy is typically conducted in a one-to-one setting, or a group music therapy session can be around 3-6 students (Davies & Richards, 2002), whereas a class size is relatively larger. Further, the current need for teacher training

in special music education and therefore the teachers' and music educators' lack of knowledge and understanding of the methods and material to be used when working with young people with special needs (Wilson, 1996) can also be an issue in present 'mainstreaming' policies in the music classroom. In order for music therapy to meet the common ground to be offered to many in a wider context, it should transcend its existing end goals, by considering an alternative way of providing it in a classroom or an educational setting. In brief, how can music therapy can be offered in a larger setting to provide academic, social and personal benefits for adolescents?

2.7.3 Community Music Therapy

When addressing music's ability to help within a broad range of contexts, with individuals, groups and communities, Stige, Ansdell, Elefant and Pavlicevic (2010, p. 277), stress that music therapy in the past 30 years has mostly 'been unduly modest in its aims and applications – restricting its area of help to cultivating intimate relationships with individuals medically classified as physically or mentally sick, and offering such help mostly within the privacy of a therapy room'. Emphasising community music projects and collaborations, they argue that professionally trained music therapists can offer their services in a broader and flexible way by drawing on a range musical, psychological and socio-cultural themes and practices (Stige, Ansdell, Elefant and Pavlicevic, 2010). Community music therapy is identified as an extension or branch of music therapy, while some debate that music therapy and community music therapy grew from a common source, which diverged into different expertise and are presently showing indications of uniting again (Ansdell, 2002). In particular, it is often, if not always based on group-based settings and its emphasis on collective *musicicking* and inclusion shows that it is a viable and feasible option to consider in bridging music education and music therapy.

Community music therapy studies and projects have shown that music therapists can use music in more broad and flexible ways to assist people in differing settings and group sizes. While the emphasis is on active participation, community music therapy can also be culture-centred, context-sensitive, community-based and most importantly, creative (McFerran, 2010; Higgins, 2012; Aigen, 2013). It encourages participation by thriving upon collaborations, connectedness, belonging, equity, inclusion and originality (Ansdell, 2002;

McFerran, 2010; Stige *et al.*, 2010; Mitchell, 2019). Although known for more chaotic and informal structures, community music therapy programmes values both individuality and social processes. Such projects also highlight group musicking where ‘doing your own thing’ and ‘being part of a group’ (Stige, 2010) are systematically facilitated by the music therapist, promoting a sense of self or identity and belonging, elements that are important in adolescence.

Community music therapy programmes are often affiliated with the health sector but also collaborate or is a part of other social sectors such as education and social care. For example, community music projects as *Musical Minds*, which involved music and singing for those with long-term mental health problems (Ansdell in Stige *et al.*, 2010) and bringing together two diverse groups of young children through the intricate intergroup processes of music (Elefant in Stige *et al.*, 2010) shows that such programmes often cross the formal boundaries of the social, health and educational sectors. When analysing community music therapy projects and programmes it is evident that these primarily draw on variations of integrations in group music therapy and improvisational music therapy. Considering a study on musical inclusion and community music Elefant (in Stige *et al.*, 2010) notes that examining the group process is important when reviewing intergroup relations and the processes of inclusion. These processes are group cohesion (Cohn, Kowalski, Swarbrick, 2017), group identity (Hense, 2015), group bonding and cooperation (Elefant in Stige *et al.*, 2010). Additionally, how these enhance the musical dialogues and skills in a group are all considered when conducting community group music therapy projects. As these are essentially carried out in group settings, a special emphasis is also placed upon musical interaction and making contact with the other participants, encouraging musical expression and communication. Hibben (1991) discussing a group music therapy session with a classroom of hyperactive children with other learning disabilities, demonstrates that group development theories can be used as context for evaluating individual and group progress in social, emotional and cognitive. Moreover, group as a medium for help where participants can identify their individual skills and abilities in the group, testing diverse and meaningful roles, sharing knowledge and skills (Elefant in Stige *et al.*, 2010) are fundamental to almost every community group music therapy programme. These are central agencies for adolescents when fostering peer relationships, social skills, identity development and emotional wellbeing.

Due to its adoption of free-flowing structures, which emerge from the group itself (Steele, 2016), free improvisation is a popular, if not the most common form of approach or practice employed by community music therapists in their settings. By switching roles between a therapist, co-musician, director, collaborator and facilitator the music therapist act as an “enabler” (Pavlicevic in Stige *et al.*, 2010), making the intricate music-making or *musicking* process flexible and spontaneous. In some cases, according to Pavlicevic (in Stige *et al.*, 2010, p. 111) ‘This “improvisatory” stance goes beyond “musical” improvisation, and absorbs events, speech and interruptions and intrusions from its periphery’. By fostering optimal *musicking* within a group and allowing spaces for impromptu and unconstrained musical events, improvisation enables mindfulness towards self and others. Particularly, improvisation in group settings primarily involves nurturing ‘a sense of being together through the contribution of each person’s sound, or in some cases silence’ (Davies, Richard, Barwick, 2015, p. 9). More significantly, it offers performers ‘the chance to investigate different ways of being in relation to one another’ through co-creating music and ‘take them beyond familiar emotional and procedural structures into a place of more open and direct meeting’ (Davies, Richard, Barwick, 2015, p. 117). Open musical interactions are also an opportunity to learn from one another, respecting and understanding their creative sounds by engaging in the music-making physically and emotionally. Similar to Malloch and Trevarthen (2009) theory of communicative musicality, Richards (2015, p. 100) shows that music is innately social and is naturally a collective or group experience where, ‘It has its origins in collective social activity; long before the arrival of performance or formal study of method and technique’. Collective music-making, mutual musical awareness and a sense of group cohesiveness, where participants observe similarities and differences, develop tolerance and understanding towards others (Annesley, 2015) are all essential components of group music therapy and group *musicking*. These not only lead to formation of inter-musical relationships, but also facilitate social democracy within the group.

2.7.4 Musical Democracy in Community Music Therapy

Sharing, being opened to listen to other’s differences, consider their positions and thereby learning about themselves in relation to others seems to be vital features of community group music therapy. Shared music-making through shared reciprocity and multiculturalism where tolerance and respect for differences when creating aesthetically

pleasing music as a group (Warner, in Strange, Odell-Miller and Richards, 2017 p.54) are also central elements often mentioned in community music therapy programmes. The collaborative aspect for optimum effectiveness (Hadley in Strange, Odell-Miller and Richards, 2017, p,254) highlighted in community-based music therapy, in addition to the therapeutic and social processes leads one to learn their own individual strengths, potential and skills. Moreover, it reinforces how they ‘fit’ within the group by contributing their own musical content to the music-making. Through *musicking* together and discarding social identities and hierarchies, enables democratic participation and becoming collaborative musicians (Stige *et al.*, 2010). Theoretical perspectives when analysing these projects also demonstrate how these practices promotes cultural and social democracy (Vaillancourt, 2012; Stige *et al.*, 2010) by following, supporting, observing and engaging in the collaborative process (Pavlicevic in Stige *et al.*, 2010 p.110). Concurrently, I claim these discourses are parallel to the personal faculties of the Deweyan philosophical view on democracy and education, which stresses the importance of the development of individual capacities through social and communal learning.

Moreover, when analysing community music projects and community music therapy programmes, the role of the music therapist often switches between being a therapist, director, co-musician, facilitator and a collaborator, as they ‘flow in and out of overtly “therapy role”’ (Pavlicevic in Stige *et al.*, 2010 p.110). Describing the flexible role of the music therapist, Elefant (in Stige *et al.*, 2010), argues that the multi-layered and complex nature of the role in the group, where the music therapist acts as an enabler and a facilitator when *musicking*. This is a shared view with Small (1998) who concurs that the music teacher is an instructor, mediator and a facilitator in the classroom and Dewey (1918) who supports the teacher should not only be occupied with the subject material, but also enable and facilitate learning opportunities emphasising on the learners’ individual needs and capacities. Concurrently, Pavlicevic (in Stige *et al.*, 2010) also examines the different layers and niches of the community music therapist’s role, maintaining that it typically involves multiple social responsibilities. These, I identify, can be invaluable when classroom *musicking*.

Democratic education and *musicking* both essentially promote respectful listening, attentiveness, negotiating, collectively collaborating and inclusion, which are all reflected and deeply embedded in the wide array of methods and practices of community music therapy. While music therapy seemingly centres around the fields of music, health and education, community music therapy accentuates on all these but also simultaneously includes social,

cultural and community elements. The overall orientation of music therapy work is explained as 'down-and-within', contrastingly community music therapy is described as 'outward-and-around' (Stige *et al*, 2010, p.282). Orbiting around the themes of belonging, connectedness, creativity, active and democratic participation, community music therapy is a potential field to be taken into account when addressing the grey area of music education and music therapy. The limitation of conventional music therapy is that it is constricted to the four walls of a music therapy room and is on a one-to-one basis. Conducted on group-based contexts, community music therapy claims to employ a 'music for all' approach, where a group's educational, social, cultural, communal and at times, political factors are included and taken into consideration. Harmonising with Dewey's wider vision for education, which is that education should prepare students participate and contribute to a democratic society, open interactions, tolerance and respectful towards others' choices and preferences naturally rise through democratic participation in community group music therapy sessions. Thereby, I assert that community music therapy is an approach in which the two fields of music education and music therapy can be bridged, in terms of its group therapy approach, its performative factors which are music-centred and democratic. Next, I will discuss how community music therapy can bridge the gap by taking into consideration the limitations when incorporating music therapy methods in music education. These will be concerns regarding end aims and goals, class size and reviewing the music teacher's role.

2.7.5 Bridging the Gap through Community Music Therapy for Musical Inclusion & Musical Democracy

Arguing on the relatively marginal position of music therapy in the clinic and society, Ruud (2004, 'Forward. Reclaiming Music' in Stige *et al*, 2010, p.10) asserts that it has to go beyond these positions and attitudes to engage more directly and effectively with the problems and health of society through music. In opposition to the professionalised and institutionalised standing of music therapy, community music therapy through its employment of the group-based approach and emphasis on certain practices such as active, participatory, creative and shared music-making, presents an opportunity to bridge the fields of music education and music therapy. However, despite the different working environments and certain approaches, presently community music therapy is still considered a field within

music therapy. Therefore, its practices are based on the interaction of a range of disciplines including psychoanalytical, psychotherapeutic, behavioural and humanistic models which requires specific training, background and skills of music therapy practitioners. Alternatively, community music therapy is seemingly more inclined and employs a social-psychological approach, which Ansdell (2002) identifies as an informing discourse that lacks in music therapy. Reviewing the historical perspectives of music therapy and community music therapy, Ansdell (2002) also claims that community music therapy can be a model for re-aligning the practice and theory of music therapy to better suit the needs of the 21st century.

A number of community music therapy projects and programmes demonstrate the capacity of music therapy to lead participants to their next musical stage of learning new musical skills or developing existing ones in addition to psycho-social progress. Moreover, in majority of these programmes group improvisation appears to be a widely used method along with singing, composing and listening, which are also activities stated in the national curriculum for music. The end aim of community music therapy is to help participants promote their psycho-social relations and reconnections (Ansdell in Stige et al, 2010) through *musicking* in a wider social or cultural context. But pertaining to this study, it is also important to explore if there are any academic or educational benefits of community music therapy. As aforementioned, those who participate in such projects also claim to have developed musical skills, through learning a new musical instrument, creating or composing a musical piece of their own and by engaging in group *musicking*. Hence, it is these indirect aims and implicit attributes of community music therapy approaches should be the underlining course when introducing a community music therapy model in the classroom, in order for this approach to be educational-focused. Therein the primary aims as fostering social skills and promoting personal or individual developmental goals in community *musicking* become the by-products or secondary effects in the music classroom. Additionally, this makes the case for my argument where music therapy is achieved through music education, where the academic attributes through the bridging process are more emphasised, but during the course it also advocates for positive wellbeing and mental health.

Stige, et al. (2010, p.277), also stress that community music therapy is ‘more radically democratic than conventional practice in a clinic allows for’. Similarly:

The type of community that is cultivated in community music therapy is participatory, and the proposed value-base of respect, solidarity, equity and diversity also suggest that it is democratic (Stige, et al., 2010, p.289).

This highlights the central concept of community music therapy, which is to work together towards a common goal (a group performance) respecting, appreciating and celebrating differences and focusing on the individual and group strengths. Moreover, it is also in consistency with Dewey's democratic education philosophy, where the primary aim of democracy entails people working together to improve the lives of others, training and developing their social faculties. It is these ideals which community music therapy is based on, makes it exemplary in bridging the gap between music education and music therapy.

In community music therapy, the music facilitator (Higgins & Bartleet, 2012), is committed to diversity in their practice, fosters active participation and promotes equal opportunity. In addition, they also regard the wellbeing of the individuals of the group, advocating for life-long musical learning and participation. The 'hallmarks of the community musician's attitude' accentuate hospitality, accessibility, participation, and diversity, which are observed in larger ensembles as well (Coffman & Higgins, 2012). This notion of the 'music facilitator' also coincides with Small's impression of the music facilitator in *musicking*, whom he states, are widely and generally experienced in an array of genres. As mentioned earlier, the role of the music facilitator is to accent diversity through a variety of genres, and therefore promoting and appreciating multiculturalism. Moreover, by doing so, the focus on the western music canon and the view of its use as a 'yardstick' to measure and assess other genres (Small, 1998; Woodford, 2005) can be decentralised in the music classroom. As Dewey commented learning as well as teaching must be seen as creative and inspiring, rather than comprising of non-transferrable and outdated skills. Community music facilitators and community music therapists are committed to continuous learning, reflecting and adjusting. If integrated with the music teacher's role, this would support the notion of more student-centred or student-led practice in music lessons, whilst giving opportunities for the growth of student leadership skills, autonomy, mutual empowerment (Rolvjord, 2006), identity development and emotional resilience (Stige, et al., 2010).

The issue of 'space' is naturally a concern, as music therapy takes place a more private, clinical space in comparison to the more 'open' educational setting. Pavlicevic (2003) when examining the discourses of *musicking* practices within group settings, explains

the physical space where the group *musicking* take place does not occur in a 'systemic vacuum' and that it is important to consider the social and institutional contexts of the music group. He also describes that 'children in a class, orchestral musicians or choir member are in a defined physical space. The question then is whether they are all mentally and socially present in the same way' (Pavlicevic, 2003, p.80). In that music space, considerations should encompass physical space, social space, mental space and emotional space and 'tuning into' these spaces and being present psychologically, mentally and emotionally are as important as being bodily present. When examining the music teacher's or music facilitator's role in this, Pavlicevic (2003, p.89) stressed that:

...your role as the group musician is to monitor not just musical activities, but how these emerge and develop, how each child participates or not, the quality of their engagement, co-operation, awareness of others, responsiveness to one another.

In addition to facilitating, monitoring, guiding, leading, co-leading, following and other processes carried out by a music facilitator in a music group, it has also been pointed out that setting fixed aims beforehand the session are essential as well as pondering emerging goals. Pavlicevic identifies that such emerging aims can include: enhancing social or life skills, cognitive and listening skills and communication skills. In my proposal of music therapy 'through' music education, academic objectives can be the fixed or primary goals while the embedded therapeutic goals become the emerging or secondary skills. There is compelling evidence that community music facilitators' workshops are most effective when these are actively integrated into the school curriculum (Higgins & Bartleet, 2012). Community music also takes inspiration from its immediate sociocultural environments which can be invaluable for connecting formal and informal music practices of students. This consolidates with the Deweyan view of linking learning material to students' personal experiences for optimum engagement and to enable critical reflection with the subject matter. This should also entail actively taking students' musical preferences into consideration, which is a central practice in music therapy and community music therapy as these interventions are essentially guided by client-preferred music. I argue that this will not only promote student-centred music lessons but can also initiate decentralising the practice of European western music ideology embedded in the current music curriculum.

The secondary or the emerging goals through such an education as illustrated are fundamentally health-oriented, making this approach a feasible way to promote positive

mental health and wellbeing, before resorting to individualised therapeutic interventions. This addresses the aforementioned issue of therapy in isolation in special education that can be detrimental to the development of students' social, communication skills. Moreover, it explicitly engages with the values of student musical and disability rights by accommodating to student needs in a natural, educational setting. Throughout this review I have shown that *musicking* in social settings can create a powerful sense of belonging, togetherness and opportunities to collectively create while also contributing shared and personal musical experiences. Music exists to be practiced in groups and to socially connect. For adolescents who can resonate more powerfully with certain styles of musical genres, such music spaces which are community and health-oriented can sustainably foster individual and group creativity and give shape to their social and personal identity, particularly through active participation in activities such as group improvisation. Also as expounded in the literature, teenagers' manipulations of the uses of music ranges from emotions, such as for mood-regulation, emotional adjustment, maintain or increase positive mental state to socialisation processes.

In tandem with the Deweyan pragmatism which conceives education as an arena for personal development for the greater social good, community group music therapy practices can endorse a democratic music education. In such, learners can be active participants in their own music education, their musical interests and experiences blended in with the curriculum and simultaneously meet their learning needs and their musical rights without subjected to alienation or exclusion. In this, music teachers play a pivotal role by aligning students' abilities and needs with the content of the curriculum, and also go beyond these through providing access to a variety of musical styles and repertoires. As such, for music teachers to nurture students' musical growth and cultivate life-long interest in music and also contribute to the enhancement of their overall wellbeing can be an empowering experience.

2.8 Summary

The main aim of this study is to examine how an intersectionality between music education and music therapy can achieve inclusion and promote educational, health and wellbeing benefits for adolescents. In this literature review, I have established the need for a music curriculum that actively addresses and meets the needs of a student population which shows an annual rise in special educational needs and mental health disorders. During the review, challenges that music education currently face due to the educational policies that are

in place as consequences of political and economic implications were also identified. A reducing music teaching workforce, ‘academisation’ of schools, arts subjects including music being side-lined as a consequence of EBacc and financial cuts to the arts including music have been found as some of these prevailing challenges for music education. Existing music services for young people offer a variety of musical activities and opportunities, however these are often clouded with overlapping aims or mission statements and are not directly related to the content of the music curriculum. Additionally, given the increasing numbers in special and learning needs, the music syllabus does not adequately address or meet this provision. Although the new MMC (2021) and NPME (2022) recognise the importance of a high-quality music education for every child, these remain controversial and under-debate among teachers, educators and specialists given the lack of overarching rationale and coherence in musical developmental through the various stages.

Music therapy is recognised as an effective clinical intervention for those with wide-ranging physical, social, mental and emotional needs. While there is ample evidence in research and case studies that music therapy is effective in achieving therapeutic aims, contributing to an individual’s overall wellbeing, the tradition of music therapy forces it to be confined to the walls of a therapy room or within the limits of professional or institutionalised care. In schools, the ‘pull-out’ method, which is how music therapy often takes place, offers limited social interactions and is argued to defy the values of inclusion as it takes place outside of the general classroom. Hence, in the view of offering music education and music therapy together and reviving currently undervalued creative activities as improvisation, which is incidentally a central practice in music therapy, the grey area where the two fields overlapped were examined. By interrogating these intersectionalities, it was found out that integrating music therapy in music education, or music therapy as a supplementary or a complementary tool were explored in studies as viable options to make music therapy more accessible in educational contexts.

In my proposal, I argue for music therapy through music education wherein the fixed or primary objectives are education-focused (aligned with the goals of the NPME) and the secondary or emerging goals are health-oriented (communication, social skills, conscious or active music listening etc.). I have maintained a case for bridging the gap between music education and music therapy through community music therapy, an approach that is recognised to be more democratic and adaptable in group settings. The study is underpinned by the theories of Dewey’s democratic education and Small’s *musicking*. Both theories are

explicitly mentioned in studies that discuss the concepts of inclusion in education. An anticipated challenge in this study is the issue of teacher training, in the case of teachers delivering therapeutic interventions integrated with music lessons. The duality of the role and the responsibilities that entail can be a concern for some music therapists. Considering music therapy usually take place for small groups, another limitation is class size, however certain community music therapy projects have emphasised working with large groups. These issues will be examined in-depth when collecting data from music teachers and music therapists and in the analysis stage. The next chapter will discuss the methodology for this study, which will encompass looking further into the theoretical integration, presentation of data collection methods and the research paradigm in which the data will be situated.

Chapter 3

Methodology

3.1 Introduction

The purpose of this chapter is to chart and present the overall methodological design data collection and analysis methods of this research study. It explains the research questions, how and why these were formulated. It examines the study's research paradigm, including epistemological and ontological considerations and offer the rationales for choosing this paradigm and other research methods. I approach this study from a social constructivist viewpoint, which offers the opportunity to not only understand the meanings behind the participants' experiences, but also to gain an insight of the practical aspects by engaging with the participants' responses to construct, manage and sustain their social view in order to create the final framework (Silverman, 2013). The study broadly uses qualitative research methods including questionnaires and in-depth, semi-structured interviews with music teachers and music therapists. Having grounded in the theoretical foundations of John Dewey's democratic education and Christopher Small's concept *Musicking*, I construct a theoretical framework that can contribute towards an inclusive and democratic music education and promote students' musical rights (Darrow, 2013). Silverman (2013, p.112) observes that: 'Without a theory, there is nothing to research', stressing that a theory is essential in social research where it functions as a stimulus in furthering or in indicating the missing links or views in the research problem. In the case of this study, it is to find any selected approaches and applications in music therapy to introduce to music education that can bring positive wellbeing benefits for adolescents with special needs and mental health issues. Moreover, I lay out my potential biases and beliefs in order to ensure I lead an ethically responsible research project, whereby the reader is aware of my insider status to this research field.

3.2 Research Questions

Research questions provide a necessary starting point and help navigate the direction of research from the start (Alvesson & Sandberg, 2013). These can originate from different

ways, including from existing literature and personal experiences (ibid.). They also critically guide my own lived experience to ensure that the research is as objective as it can be when investigating my own professional field of work. The literature review provided an in-depth understanding of the topic, demonstrating what has already been done, and identified the key issues that need to be addressed (Hart, 2018). Through my personal experience as a music teacher and teaching assistant, working in a number of special and mainstream schools primarily in Southwest London, I am already aware of some of the key issues that are in music education and music therapy. Therefore, some of the primary data come from personal experience as a participant observer and an insider to the knowledge of the field that I am currently working in. While some of the issues observed by myself in my work settings were confirmed in the literature, these needed further exploration through first-hand accounts by those working in the music education and music therapy fields.

The main aim of this research study is to find out if, and how selected music therapy approaches can be introduced to classroom music education to help develop musical skills in young people and support their wellbeing and mental health. In order to achieve this, I presented three sub-questions in the introduction, these were:

Sub-question 1. How can the music curriculum be made more inclusive, accessible and relevant in the classroom?

Sub-question 2. How can classroom music lessons in the classroom support academic learning and adolescent mental health and wellbeing?

Sub-question 3. What is the intersectionality between music education and music therapy?

The study focuses on adolescents and young people ages 11-17, taking into account key educational transition ages such as the move from primary to secondary school and secondary to further education (Mental Health of Children and Young People in England, 2017, 'Summary of key findings', NHS, 2018; Rice, Frederickson, Shelton, McManus, Riglin & Ng-Knight, 2015). Given inclusion and accessibility have taken centre stage in current education studies and policies (The Importance of Music: A National Plan for Music Education, 2011; National Curriculum, 2013; The Power of Music to Change Lives: National Plan for Music, 2022), and student mental health and wellbeing is at a point of national crisis (Mental Health of Children and Young People in England, 2021), I posit

that there is a missed opportunity where music education adjoining with music therapy can provide an early intervention for this age group. This is on the basis that music is one of the most popular forms of leisure activity among young people and is well known to contribute to their overall wellbeing and promote positive mental health (Miranda & Gaudreau, 2011; Chin & Rickard, 2013). The present state and backdrop of music education in schools and music therapy being offered to a restricted number of students with special needs also factored into the considerations of this study.

The upsurge of mental health issues among adolescents presently cannot keep abreast with the therapeutic interventions. In addition, there is a lack of early interventions for children and young people in schools, making them even more vulnerable. An extensive number of research studies show music therapy as a popular and an effective intervention for young adults who suffer from personal, social wellbeing and mental health problems (Montello & Coons, 1998; Bunt, 2003; Gold, Wigram, & Voracek, 2004; McFerran, 2010; McFerran, Derrington & Saarikallio, 2019). Music is also a popular tool among teenagers for socialising with others, mood management (North, Hargreaves & O'Neill, 2000), to induce positive emotions (Laiho, 2004) and for positive wellbeing (DeNora, 2016). Pertaining to this, it is constructive to investigate the most popular music activities employed by teachers and the most effective music therapy approaches utilised by music therapists for adolescents with special needs and mental health challenges.

Music therapy, which has been developing as an officially recognised profession in the last 50 years, is a form of intervention utilised to treat young people in various contexts, but more likely in clinical settings. There is growing evidence in the music education and music therapy fields support an integration between the two. This is acknowledged in terms of an integration, a complementary or a supplementary service (Duerksen and Darrow, 1991; Bunt, 2003; Hall, 2012; Wheeler, 2015). Moreover, 'educational music therapy' (Robertson, 2000) and 'special educational music therapy' (Goll, 1994) are proposed to accentuate an educational dimension to music therapy practice. Within this context, it is important to conceptualise the intersectionality between music education and music therapy and gather current practitioners' views on a possible integration or music therapy as a complementary or supplementary service and a fusion of the two professions as stated in existing literature. I have also argued community music therapy as a possible way to 'bridge' the two fields. However, it is important to gather views and perspectives firstly on the intersectionality.

Taking the above contexts into consideration, I formulate these issues to correspond to each sub-question:

Sub-question 1. How can the music curriculum be made more inclusive, accessible and relevant in the classroom?

- What are the present inclusive music education policies and practices?
- What music activities are done in the classroom to promote/facilitate inclusion in the music classroom?
- What are the current challenges in the music curriculum/in teaching music?

Sub-question 2. How can music lessons in the classroom support academic learning and adolescent mental health and wellbeing?

- What are the most common mental health issues among adolescents?
- What are the most popular music styles, genres and activities among teenagers and why?
- What are the popular music therapy methods that are employed when working with adolescents by music therapists?

Sub-question 3. What are the intersectional relationships between music education and music therapy?

- What are the benefits of music therapy for adolescents?
- Is there a possibility of a fusion between the two fields by: a) providing music therapy as a supplementary tool; b) as a complementary tool or c) by bridging the gap through another domain or field?
- Is there a possibility of a fusion between the two professions (music teachers' and music therapists')?

Each issue under sub-question is devised in coherence with the conceptions of that sub-question. For instance, to address the concept of inclusion and how it is conceptualised in the music classroom, I inquire into present inclusive policies and practices in music classrooms and lessons, and the problems that are faced related to music education. Questions regarding

the intersectionality of music education and music therapy will enable ‘gap-spotting’ (Alvesson & Sandberg, 2013) in each discipline. It will also challenge existing views and assumptions, and such ‘assumption-challenging’ research (Alvesson & Sandberg, 2013, p.114) is important in creating reflexive theories that can contribute towards innovative social and education practices. For instance, an ‘assumption-challenging’ part of this study will be the proposal of using music therapy in the classroom, which is seen as problematic due to different professional aims and training by those who specialise in the music therapy field. Next, I will lay out the theoretical framework which was employed in this study. By positioning oneself to a specific theory or a set of theoretical notions help to locate the positionality of the research within its field, which enable the findings to be unique (Clough and Nutbrown, 2012), and help test the hypotheses that one formulates (Kivunjal & Kuvini, 2017).

3.3 Research Paradigm

3.3.1 Theoretical Framework

The theoretical approaches chosen for this study combines two theories, these are: *musicking* (Small, 1998) and democratic education (Dewey, 1916). I note here my beliefs and opinions on music education and inclusion are determined by my inner knowledge as a SEN teacher and musician. Two issues are key to my work which have informed my theoretical choices: that every student has a say in their education, which I refer to as democracy, and that each individual, including the teacher is able to be actively involved, which I refer to as musical inclusion. As such, my theoretical framework for this study is adapted from the theories of John Dewey’s philosophy and Small’s concept of *Musicking*. The rationale for choosing Dewey’s discourse, is when investigating the notion of inclusive education, I discovered that these are prominent within the views of John Dewey, in his 1916 book *Democracy and Education*. The relevance and significance of the Deweyan philosophy in modern day education has been showcased in a number of studies (Higgins and Coffield, 2016; Hopkins, 2018; Fesmire, 2019; Greenberger, 2020; Tienken, 2020; Abowitz & Mamlok, 2021). The term *musicking* emerged in several sources when discussing musical inclusion, which was coined by Christopher Small, who views it as a social activity. Upon a thorough review and reflection of the literature, I reassert that the terms musical inclusion,

musical rights, musical democracy and *musicking* are often interlinked with each other. The practices which are highlighted in these concepts, such as active music participation and musical engagement, also fall under the umbrella of the Deweyan philosophy.

Therefore, both these theories are accordingly adopted as the theoretical framework for this study and in order to support the arguments concerning musical rights, musical democracy and musical inclusion. By exploiting this theoretical stance, I will examine how music therapy can be introduced to classroom music education through pupil voice, partnerships and agency.

Drawing on the commonalities of Small and Dewey's theories, I have created a theoretical framework, which will be called as the Small-Dewey theoretical framework. This will be applied to test the study's hypothesis, if and how certain music therapy techniques can be introduced to classroom music education, to support young people's musical development, along with their wellbeing and mental health. It is also important to note that my profession as a teaching assistant and a specialist education facilitator in the SEN sector played a crucial role in the selection of the theoretical constructs for this study. In particular, the term 'inclusion' in special education which has taken centre stage in recent years, is chosen as the initial focus for the study. The below Venn diagram shows the commonalities of the Deweyan theory of democratic education and Small's notion of *Musicking*. The diagram illustrates the fundamental concepts from the two theories, one from an educational point of view and the other from a music/music pedagogical view. Both theories consist of similar notions, which are aligned top to bottom, while the grey area shows the direct overlaps of the two theories.

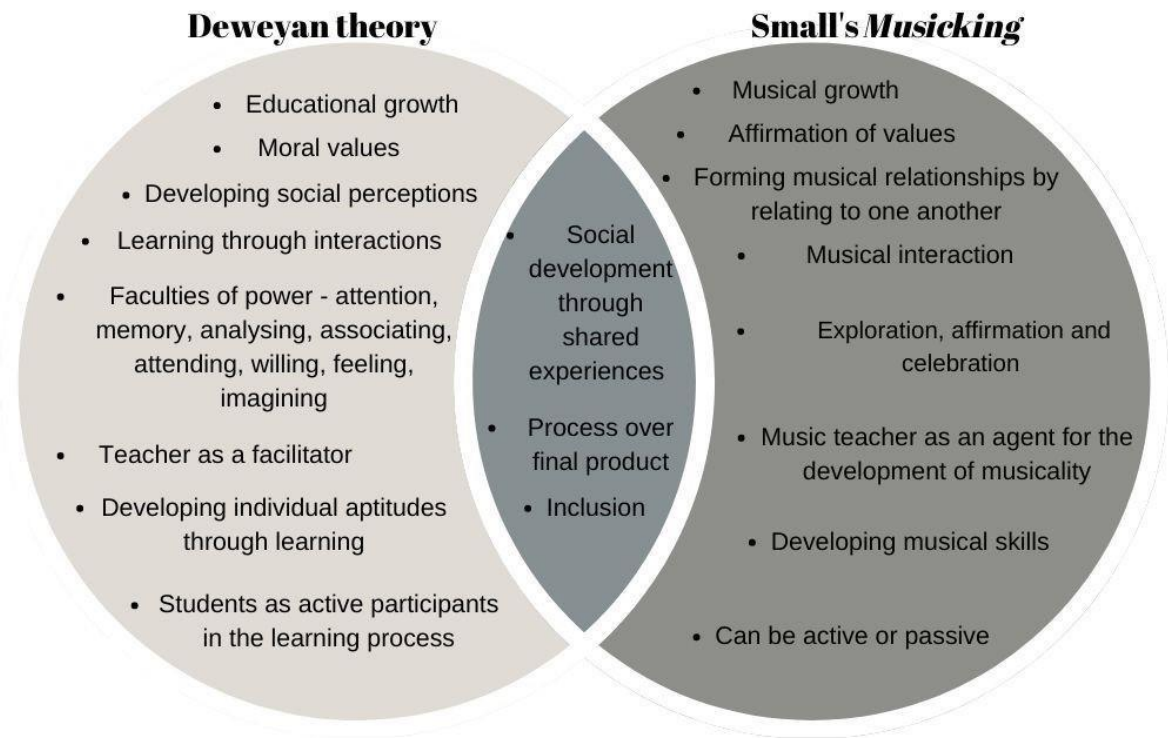


Figure 3.1 Small-Dewey theoretical framework

As shown above Dewey's pragmatic approach essentially banks on educational growth, which is regarded as a continuous process, whereas Small's notion of *musicking* engages musical growth which is an 'important component of our understanding of ourselves and of our relationships with other people' (Small, 1998, p.13). While Dewey focuses on moral values or qualities, such as social efficiency, open-mindedness and sincerity, Small maintains the exploration, affirmation and celebration of cultural and social values through *musicking*. Similarly, their perception on 'passing of information' and interactions are key to both theories, in order to form meaningful relationships with others and to learn through shared experiences. On this facet, Dewey's views are similar to that of Christopher Small's concept of *Musicking*, in which that Dewey's notion of an effective education and democracy is based on freer interactions between the learners or the social groups (Dewey, 1916), and Small's *musicking* is also based on interactions and intercommunications, where individuals relate to one another musically, and thus making a musical work or an event, musical (Small, 1998). Moreover, Dewey sees the teacher as a

facilitator, who is not only thorough with the subject content but is also knowledgeable about students' present needs and capacities. Small, also likewise, notes that the music teacher should act as an agent for developing musicality within the student, by being aware of their individual interests and capabilities. However, Dewey views the educational progress as active where pupils learn through a 'hands-on' approach, whereas Small highlights that *musicking* or the process of *musicking* can be active or passive. For the purpose of this study however, I emphasise on active music-making, where teenagers are encouraged to be active agents in their music education.

The overlap I read between these two theories occurs in the ideological location where Small and Dewey claim that social development and progression is achievable through shared learning and *musicking* experiences. This is seen where *Musicking* is defined as a process where we learn to explore the relationships with the outer world, affirm them to ourselves, and celebrate these through taking part in performances, and where we also learn 'who we are in relation to the fellow humans and to the world' (Small, 1987, p.56). In parallel, Deweyan philosophy outlines that learning through shared experiences and interactions in an educational setting, one can learn about one's own social powers by learning to relate to others in the society, which is crucial for individual and social development (Dewey, 1916). Both views stresses process over final product in that, *musicking* as a process rather than a product by Small (1998) and learning and education as a process or a progression, than emphasising on the 'final product' by Dewey (1916).

Although inclusion is not explicitly discussed in both theories, its requirements are implicitly embedded in the two concepts. For example, Dewey stresses that it is important to articulate students' strengths and capabilities and connect these to the subject content or material in order for an effective learning practice. Deweyan pragmatism also criticises the isolation of subject matter to mere technical aspects, and that 'effective teaching' should be concerned with the teacher's 'habitual attitude' with 'its interplay in the pupil's own experience' (Dewey, 1916, p.191). Therefore, the teacher should be aware of both the subject matter and the characteristic needs and competences of the student. Further, Dewey's focus on development of individual aptitudes, learning from others to expand horizons in learning, breaking external barriers for more perceptible connections with one another can be linked to current inclusive policies and practices. Small, when construing the meaning of *musicking*, describes that: '*Musicking* is an activity in which all those present are involved

and for whose nature and quality, success or failure, everyone present bears some responsibility' (Small, 1987, p. 10). This means that when *musicking* in a classroom, students can and should be involved in the process actively or passively, regardless of their disabilities, as long as a set of relationships are established and those who take part are enabled to explore, affirm and celebrate these relationships. For a SEN teacher or music facilitator, this involves discovering and accommodating to a range of students' needs and musical aptitudes. All these notions and concepts naturally promotes inclusion and therefore stands as a common ground for both theoretical stances.

Upon analysing the literature on inclusion in music or musical inclusion (Lubet, 2011; Kinsella, Fautley & Gray, 2018) and texts on music and art therapies, I observed that terms and notions such as 'musical rights', 'musical democracy' and 'democratic music education' have been highlighted by scholars and experts of the field (Allsup, 2003; Karkou, 2009; Lubet, 2011; Darrow, 2013). These not only assert the importance of an appropriate music education to all children and young people that is catered to their individual needs, but also the way in which a mutual, shared decision-making and collaborative learning environment can support pupils' overall development, in addition to fulfilling academic potential. Musical inclusion, which is 'to be able to take part in *musicking* without experiencing disadvantage or alienation' (Bernstein, 1996 in McPherson and Welch, 2012, p.454) places more emphasis on the musical process, actively or passively. However, as stressed before, musical activities underlying the notions of active learning and active engagement are key highlights in this study, therefore these are particularly accentuated. This is in order to identify and enhance students' individual strengths and aptitudes that are essential for their educational process, as Dewey argues, and to reveal musical meanings that are created through musical interactions in the classroom.

According to Crotty (1998, p.7) a theoretical perspective or a philosophical stance 'provides a context for the process and grounds its logic and criteria'. For the purpose of this study, I will use the above set of criteria as the deductive or the theory-driven codes (DeCuir-Gunby, Marshall & McCulloch, 2011) when analysing the participant's responses. I select the overlapping concepts of Deweyan and Small's theories, which are social development through shared experiences, process over the final product and inclusion as the main criteria for the theoretical stance. Other correlated notions such as, educational growth/musical growth; moral values/affirmation of values; developing social perceptions/musical

relationships by relating to others; teacher as a facilitator/teacher as a musical agent are chosen as sub-criteria for the study. Contrarily, it should be noted that the view of education as an active and student-centred process by Dewey and Small's *Musicking* as an active as well as a passive activity is not included the selected criteria. This, as mentioned before, is due to this study centralises on active learning and student engagement through musical inclusion. The annotated Venn diagram below shows these main criteria and the sub-criteria chosen from the two ideologies:

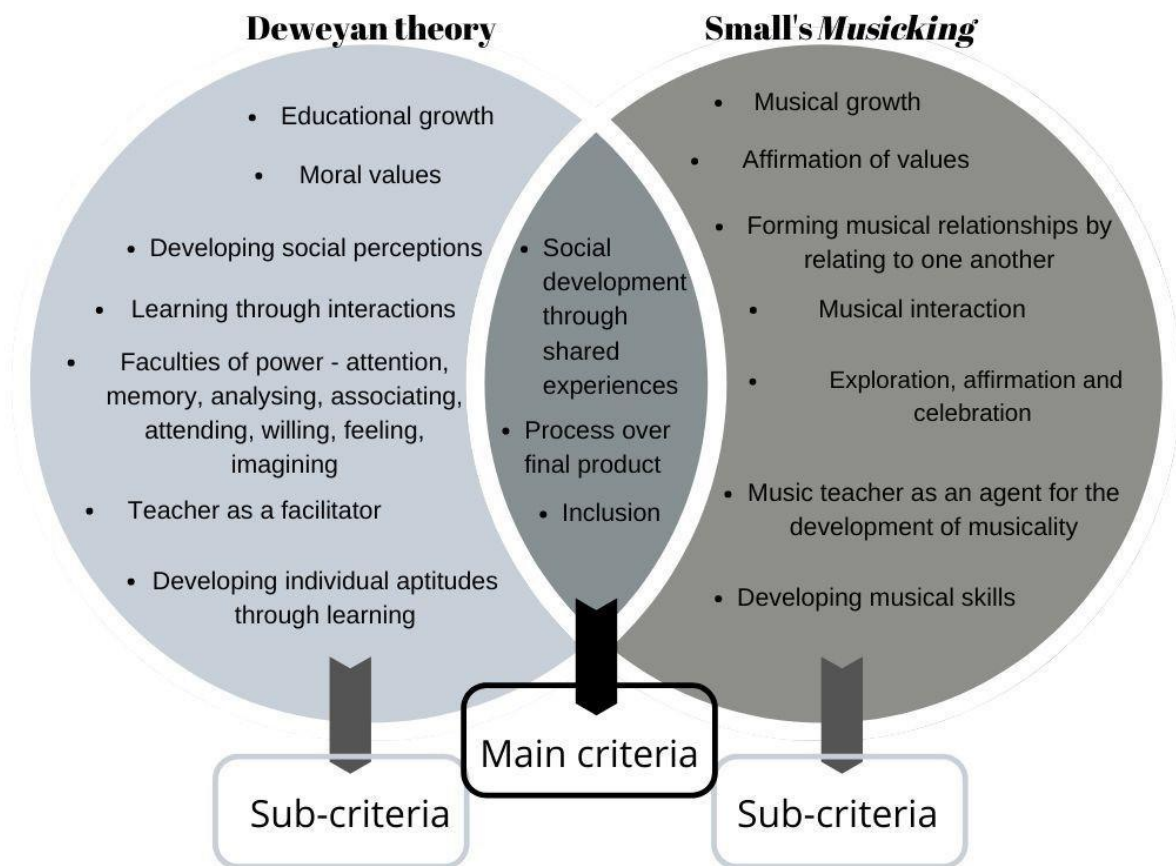


Figure 3.2 Small-Dewey theoretical framework – main and sub criteria

According to the above figure of the Venn diagram, the main criteria which will be the focus throughout this study are the overlapping concepts of the two theories. The notions and approaches of social development through shared experiences, which are educational and musical experiences, musical and educational progress/process over the final product and inclusion in terms of musical and educational will be the key themes explored in participants' responses to the questionnaires and interviews. As for the sub-criteria, which are not only the main views but are also parallel to both theories, will be considered as

secondary themes examined in participants' responses to the questionnaire surveys and follow-up interviews.

The above main and sub-criteria, or even standards, serve as the context and logic for this study's research process. While these criteria are considered as the deductive codes, which is theory-driven, I adopt a 'hybrid method' of applying deductive and inductive (data-driven) codes to achieve a balanced and extensive view of the data (Xu & Zammit, 2020). Two separate codebooks will be created for this (this will be further explained in [Chapter 4](#)). Crotty (1998, p.7) claims that when setting a context or a grounding for a process, inevitably, 'we bring a number of assumptions to our chosen methodology'. Therefore, 'expounding our theoretical perspective, that is, our view of the human world and social life within that world' (ibid.), is imperative to recognise the assumptions are grounded in the process. Prior to identifying and establishing such assumptions I will explain the epistemological concerns, which helps uncover the knowledge in the social context that the research is investigated (Kivunja & Kuyini, 2017). Firstly, considering why and how the knowledge is acquired in my chosen social setting, which is the school and the music classroom, I aim to establish the potential biases and assumptions that will be brought into the process.

3.3.2 Epistemological and Ontological Considerations

In addition to the Small-Dewey theoretical framework and the set criteria, the research elements chosen for this study, epistemology and ontology will be employed to further dwell into the philosophical and theoretical groundwork of the study. Its rationale is to provide a focussed discussion that will enable the reader to understand what lens or set of lenses which this study and its knowledge are perceived, and how I, as the researcher, seek answers to the research questions. Kivunja & Kuyini (2017, p.27) state that: 'Epistemology is important because, it helps you to establish the faith you put in your data. It affects how you will go about uncovering knowledge in the social context that you will investigate'. It is part of the research paradigm, which is described as 'the set of common beliefs and agreements shared between scientists about how problems should be understood and addressed' (Kuhn, 1962). Ontology, Crotty describes 'is the study of being' and is 'the structure of reality' (ibid.). Kivunja and Kuyini (2017, p.27) explain that ontology enables one to seek answer to the questions such as: 'Is there reality out there in the social world or is it a construction, created by one's own mind? What is the nature of reality? In other words, is reality of an

objective nature, or the result of individual cognition? What is the nature of the situation being studied?' (ibid.). More importantly, it permits the exploration of 'your underlying belief system and philosophical assumptions as the researcher, about the nature of being, existence and reality' (ibid.).

Clough (1995 in Clough and Nutbrown, 2012, p.191) claims that: 'We do not come innocent to a task or a situation of events; rather we wilfully situate those events not merely in the institutional meanings which our profession provides, but also, and in the same moment, we constitute them as expressions of our selves. Inevitably, the traces of our own psychic and social history drive us'. This means that our research is driven not only by our professional and institutional values, but also more importantly our individual values along with our histories and psychological experiences, that give meaning to what we make sense of the situation. Reflecting upon my ethnical and cultural background as an overseas researcher from Sri Lanka, when working in the special needs sector I came to notice the drastic differences in this field in the UK and Sri Lanka. As both a SEN teaching assistant and a SEN music teaching assistant, who has worked in both countries, it was refreshing to see the positive emphasis placed on inclusion and accessibility in UK special education. This is very contrasting to the mostly negative attitudes and stigma attached to disability and the special needs population due to surrounding cultural and religious views in Sri Lanka even today, despite recent inclusion and equality policies (Muttiah, Drager & O'Connor, 2016). These two very different beliefs and viewpoints to the same issue was highly thought-provoking for my ontological stance as a researcher. In terms of ontological considerations, which deal with the debate whether there is multiple or a single reality, this confirms my argument that there are multiple realities. Furthermore, this supports my view that our individual values, which constitute our background, culture, religion, race, ethnicity and socio-political factors shape how we view these realities. Hence, these can be value laden and need to be made explicit in the systematic pursuit of understanding (Kivunja and Kuyini, 2017).

An additional factor is the issue that music therapy currently does not exist or is an established health profession in Sri Lanka, which was identified as a gap in the special needs field and related health practices. I took this as an opportunity to learn about music therapy in the UK by having regular conversations with music therapists currently working in the SEN schools where I am a teaching assistant and taking part in group music therapy sessions with

the students and the music therapists (individual or one-to-one music therapy is conducted privately). Moreover, having attended music therapy conferences and leading workshops for BAMT (British Association for Music Therapy), in relation to my EDI work, I was able to network and engage in stimulating conversations with those who are presently working in the field. This justifies the rationale for development of the framework of this study to be an interdisciplinary and international transcultural model.

These different ways of knowing (Moses and Knutsen, 2012), as a researcher, a SEN educator and a musician, are important to acknowledge as these provide different lenses or perspectives for my research aims and questions. Upon examining closely, these roles are also interconnected in terms they all are present in educational contexts, although they are in different levels and settings. Moreover, each of these positionalities as a researcher in higher education, a SEN teacher in primary, secondary and FE and a musician, provided the context for developing the main research question and the sub-questions. My role as a researcher enabled me to critically identify and question the issues in higher education in music at present, including inclusion in terms of policies and practices and mental health, wellbeing challenges faced by students across the education sector. My professional role as the SEN music teacher, advocates making music education inclusive, promoting accessibility and investigate music therapy methods, applications (such as individual and group music therapy, improvisational and community music therapy) and current music therapists' views and practices utilised in the classroom or special needs settings. It also enabled me to scrutinise the issues related to today's music education, including the restrictions of the EBacc, financial drawbacks due to government education policies and the issue of music teacher training in SEN settings. My positionality as a musician, which I consider is the most important of the three roles, by actively taking part in music-making (as a pianist, university gamelan and Djembe ensembles) and *Musicking* has inspired me to address this topic in the aim of providing wider opportunities for an inclusive and accessible music education. The Venn diagram below illustrates the epistemological scope of the study, depicting how each role individually contributed towards the development of the research idea and related issues, and how these are interlinked with each other:

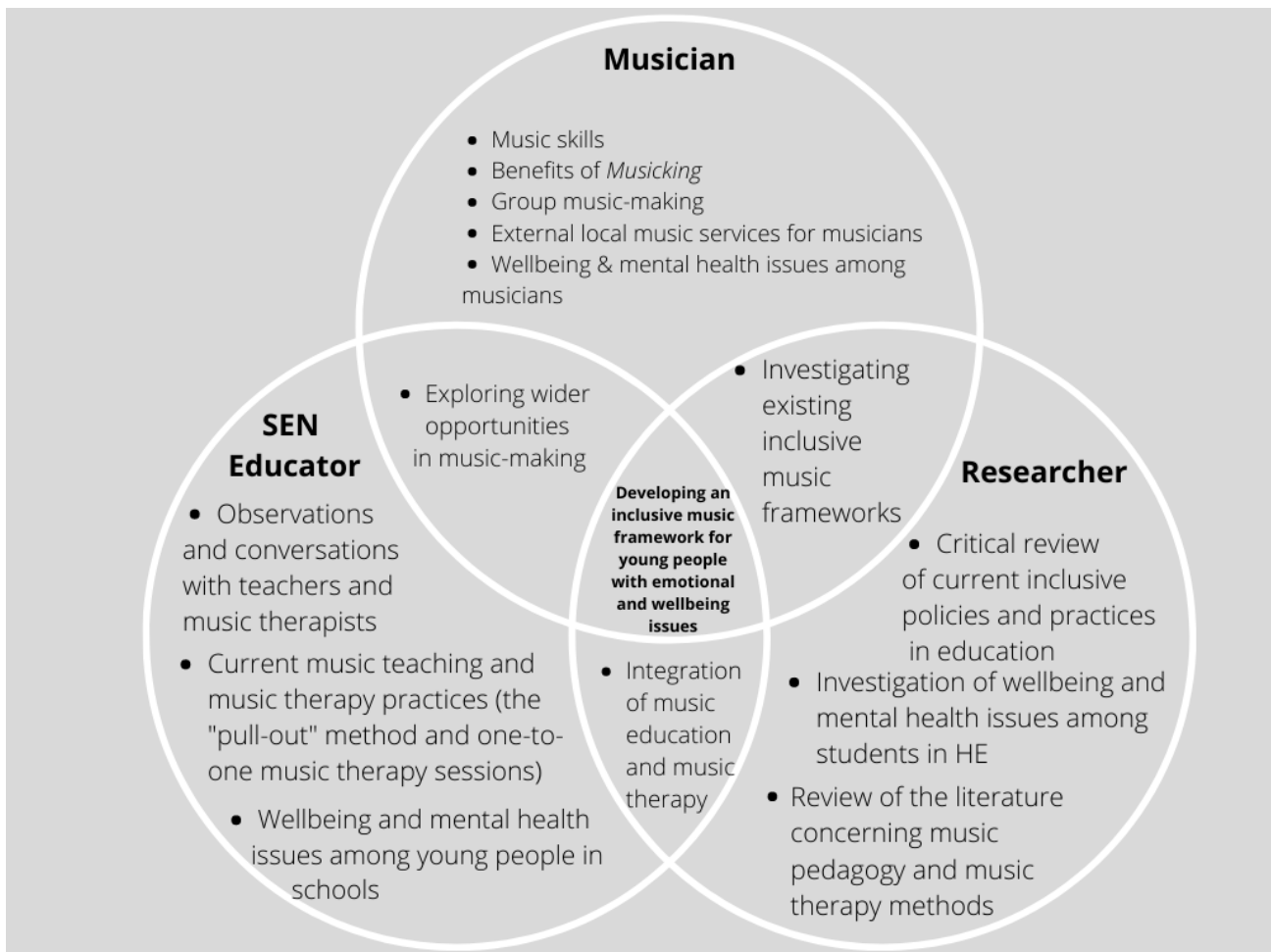


Figure 3.3 Epistemological considerations

The above diagram lays out how my three positionalities as a musician, a SEN educator and a researcher in music, generated the initial information for the research study. The idea for the topic and the main research question for the study, which is to develop an inclusive music framework for young adults with emotional and well-being issues, by integrating music education and music therapy, stems from the interconnection of all three roles. By interrogating issues concerning up to date CPD training for music teachers and external music services available for students (including the role of music hubs), allowed me to analyse the gaps in such services, such as the lack of readily available music services addressing the content of the music curriculum for school-aged children and young people. The thrust of the main research question and my role as a SEN educator also demanded an approach to equip the music teacher to promote positive wellbeing and mental health through classroom music-making. This is precisely where the music therapist's role and approaches cross the threshold, wherein a more active emphasis can be placed on the music teacher's role through a feasible integration or a fusion of the two fields. Another

primary reason for probing into such an assimilation is an observation made as a SEN teacher and was common to all special schools, that only some students receive music therapy. These are often one-to-one, where they were taken out from the classroom by the music therapist for the session.

This was recognised in the literature review as the ‘pull-out’ model (Johnson in Wilson 1996; Case-Smith & Holland, 2009) and was identified as one of the main issues concerning inclusion in current music education as it has a negative impact on students’ social growth. However, from personal experience in working in SEN schools interestingly, music is seen as a regular medium or an activity in special schools, where it is used during lesson transitions, in greetings (‘good morning’ and ‘good afternoon’ songs), at the start and end of an activity, and when learning new material in the classroom. The students in these schools are well aware of the familiar musical cues and the songs, which is hugely beneficial for those with anxiety issues as a cause of Autism (ASD) and other learning or developmental disabilities. When inquired from schoolteachers and SENCOs about why only a few students receive music therapy, it was mentioned that only if a student is referred to music therapy in their EHCP they will receive it as an additional service.

From a researcher in higher education’s perspective, it was found out that the current mental health crisis in universities largely impact students’ wellbeing and academic progression (Mental Health Foundation, 2022). This predominantly provided the context for inquiring into mental health and wellbeing services that are available for university students, disparities and gaps pertaining to these and how these services can be modified or improved to address present mental health concerns. As shown earlier, having already been familiar with music therapy through my special needs role, I furthered my knowledge on the subject by looking into a variety of music therapy techniques. During this research process, as shown in the literature review, some methods were highlighted as more effective with teenagers and young adults due to their musical preferences and music-making practices. These were identified as improvisational and group music therapy, and therefore these became the prominent approaches for this study. This not only provided a context for my epistemological and ontological stances, but also a justification to delve into the fusion between music education and music therapy, in support of mental health services for young adults.

My positionality and lived experience as a musician, which I consider is the most integral role of all three, and by which I learnt music skills through individual and group music-making. Within this role I was acquainted with local external music services and hubs. When overlapping with my role in special educational needs, this stimulated the notion of creating wider opportunities in music-making for those who do not have access to music education in schools. This is also due to the present issue of variations in quality and accessibility in music education across the UK, where collaboration with external music services can create wider and inclusive opportunities in learning music. As a musician and researcher in music, when analysing the disparity of access to music education, it was important to note existing inclusive music and music therapy frameworks. (Sounds of Intent (<http://www.soundsofintent.org/about-soi>) developed in 2002 in order to promote musical development of children and young people with learning disabilities and special needs). Such models and frameworks serve as examples to develop the final inclusive framework of this study and therefore also provide further context in regard to musical inclusion and musical development.

My epistemological and ontological stance as a musician, researcher and a SEN teacher explores the practical and pragmatic nature of the situation that is being studied, which is the intersectionality of music education and music therapy. According to Crotty (1998, p.10), ‘Ontological issues and epistemological issues tend to emerge together’, as they both inquire into the philosophical nature of reality and its meaning. The enquiry into the integration of music therapist’s and a music teacher’s role reinforces this practical element in the research process and the final framework. This framework will be created accordingly with the responses to the questionnaire survey and the semi-structured, follow-up interviews conducted with the music teachers and music therapists. The reason for adopting such data collection methods is to identify and analyse themes, which is one of the purposes of qualitative research in order to acquire descriptions, explanations and creation of key concepts (Cohen, Manion & Morrison, 2018). Such themes, notions and key concepts will be identified by corresponding with the main and sub-criteria, which is maintained in the Small-Dewey theoretical approach.

The research process for this study principally centres around collecting in-depth descriptive information, focusing on experiences and current views on the proposed topic from the participants, wherein the final framework will be

developed according to the participants' responses and feedback. This implies that the data that will be generated is based on the interplays and exchanges through the initial informal observations, questionnaire and semi-structured follow-up interviews, involving participants from a variety of educational settings discussing their experiences, practices and knowledge. As stated before, my belief system is firmly of the view that there are multiple realities or truths, rather than a single universal truth and which are socially constructed. These truths or knowledge, which are multiple realities, I believe are constituted through our interactions, reactions, experiences and interplays with other individuals. Because of this emphasis placed on understanding individuals and how they give meaning to certain perceptions, I argue that we cannot fully predict or control the outcomes. When underlying my belief system, I also claim that context is important in order to make meaning of the setting or situation in that one universal theory cannot be generated to demonstrate or justify human behaviour. Hence, I argue that my philosophical stance in this research study sits in the constructivist paradigm, where knowledge is not just 'out there', but is created by behaviours and interactions.

3.3.3 Social Constructivism

Social constructivism is the belief that the knowledge is created through social interactions and that it is a collaborative process; no knowledge is created within a 'social vacuum'. Crotty (1998, p.42) defines constructionism as:

It is the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context.

Thereby, it is accentuated in this paradigm that meanings and knowledge are constructed by humans by engaging with interactions with their world and is therefore subjective, and truth is context dependent. The constructivist approach also posits that there is no single truth, interestingly in concordance with most qualitative studies on music therapy (Aigen, 2014).

In the case of the research process for this study, the fundamental knowledge and concepts are developed through construing the participants' responses to the questionnaires

and the interviews. This emphasises the notion that knowledge is actively constructed by individuals and where social worlds are ‘interpretive nets woven by individuals and groups’ (Marshall, 1994 in Crotty, 1998, p.54), and that ‘social realities are socially constructed’ (Crotty, 1998, p.55). Therefore, in the social constructionism process, realities are interpreted and reinterpreted as social phenomena stems from human actions. Reflecting on my central research question and sub-questions regarding the practices of music education and music therapy, through the process of constructing meanings from participants’ responses, certain approaches in the two concerning fields will be interpreted and reinterpreted. This is in order to systematically establish a ground that is common to both fields by rethinking of the approaches to find the best possible combination or incorporation, where music therapy techniques can be introduced in the interest of supporting adolescents’ wellbeing and mental health. By providing differing interpretations of music therapy techniques via participant responses, I aim to recognise and confirm which methods or techniques is more efficient and practical to incorporate within classroom music education.

It should be reiterated that the main and sub-criteria (or the deductive codes) which is expounded in the theoretical stance of Small-Dewey framework, is referred to identify the main themes and key concepts. For instance, notions such as inclusion, social development through shared experiences and emphasis on process over final product will be particularly noted if mentioned in a participant’s response regarding their realities and experiences in their field. In taking to account that context is essential and fundamental to social constructionism context, (Crotty, 1998; Kivunjal & Kuyini, 2017) participants’ backgrounds, beliefs and biases will be examined and analysed to ensure the best possible understanding and interpretation of the data provided. This also permits to distinguish my own views from the participants’ views, which is critical as a researcher to make meaning of the data through my own thinking and cognitive processing of the data informed by the interactions with the participants (Kivunjal & Kuyini, 2017). As the constructionist approach primarily involves studying and observing human behaviour, it is often unpredictable and value laden. Hence, to avoid subjectivity and to justify the decisions that is been made over others, it is important to identify and specify my potential biases as a researcher. Constructivist Grounded Theory (CGT) as a data collection and analysis method was chosen, as it is essentially built upon the views of constructivism (Ghezeljeh and Emami, 2009).

3.4 Methodological Design

3.4.1 Constructivist Grounded Theory (CGT)

The foundational work for Grounded Theory or GT was laid by Glaser and Strauss (1967/1999) addressing the need for not only rigorously testing a theory but also, ‘the equally important enterprise of how the discovery of theory from data – systematically obtained and analysed in social research – can be furthered’ (Glaser & Strauss, 1999, p. 1). Glaser and Strauss, also argued that although verifying and generating theory are central to social research, verification has become a priority, while generating theory has become secondary, ‘if not totally lost’, to certain social researchers (Glaser and Strauss, 1999, p. 2). Hence, it has been stressed the main function of GT is discovering theory from the data systematically acquired from social research (Glaser and Strauss, 1999). GT combines two main traditions in sociology research: Positivism, encompassing logic and systematic approach reflecting Glaser’s meticulous quantitative training at Colombia University and the pragmatist philosophical tradition with notions of human agency, emergent processes, social, subjective meanings and open-ended study of action, reflecting Strauss’s studies at the University of Chicago (Charmaz, 2006). Following the discovery of GT, due to differing epistemological and ontological perspective of researchers, GT as a method also evolved over years. Stern (1994 in Morse) observed the two schools of GT: *the Straussian and the Glaserian*. The third school was established in more recent years, known as the Constructivist Grounded Theory (CGT) by Charmaz (2000, 2014), approached from the constructivist paradigm.

Charmaz (2006, p. 2) described GT methods, ‘consist of systemic, yet flexible guidelines for collecting and analysing qualitative data to construct theories “grounded” in the data themselves’. In addition to collective data to develop theoretical analyses from the beginning of the study or project, grounded theorists’ interests lie within learning about what occur in the research setting and about participants’ lives, how they explain their statements, actions and analyse what can be made of these (ibid.). While Glaser and Strauss (1967/1999) urged grounded theorists to develop fresh theories, rather than applying existing theories to social research, and delay the review of literature review to refrain from viewing the data from a certain lens or angle, Charmaz (2006) acknowledged that many graduate students and professional researchers are already accustomed and have a close familiarity with the relevant literature. Therefore, she underlined that this can provide ‘vantage points that can intensify

looking at certain aspects of the empirical world' (Charmaz, 2006, p. 17) and ignore others. Charmaz also noted that while using these vantage points it is imperative to remain as open as possible in the early stages of the study.

In my study, I adapt the Constructivist Grounded Theory or CGT as it acknowledges that the researcher and context influence the study. It recognises the roles of the researcher and the participant 'in the process of generating knowledge and interrogating the nature of the knowledge generated' (Timonen, Foley & Conlon, 2018, p. 3). Charmaz's constructivist approach to grounded theory, unlike Glaser's and Strauss's position is explained as:

I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices (Charmaz, 2006, p. 10).

This aligns with my social constructivist view which support the notion that knowledge is constructed through interactions between human beings, developed then transmitted in a social context (Crotty, 1998). The meanings and knowledge are therefore subjective and context dependent. A variety of factors such as individuals' socio-economic, political conditions, religion, culture and social views can influence the existence of multiple realities, and these are important when interpreting and reinterpreting the realities or the social phenomena. Hence, according to Charmaz's CGT, I will explore how participants make sense of their experiences, while making analytical sense of their meanings and actions. The essential grounded theory methods consist of: initial coding and categorisation of data; concurrent data generation or collection and analysis; writing memos; theoretical sampling; constant comparative analysis; theoretical sensitivity; intermediate coding; identifying a core category; advanced coding and theoretical integration; and finally generating theory (Birks & Mills, 2015).

The CGT approach is one of the most widely applied method in social research and has different variations and adaptations within itself. Timonen, Foley & Conlon (2018) in their paper on challenges when using the GT method, identified some of the prevailing issues and myths about the approach. They stress four 'shared core' principles of GT that must be articulate in any GT research, these are:

- 1) Taking the word ‘Grounded’ seriously.
- 2) Capturing and explaining context-related processes and phenomena.
- 3) Pursuing theory through engagement with data.
- 4) Pursuing theory through theoretical sampling.

While there were some initial personal reservations about employing CGT as a research method in this study, due to its emphasis on formulating or creating a theory in the end, it is ensured that the above ‘shared core’ principles will be present throughout the data collection and analysis process. Timonen *et al.* (2018) also offered some clarifications to the myths surrounding the different schools of GT, its processes, and interpretations. One of the myths that were elucidated were GT’s aforementioned articulation that it must produce a fully elaborated theory. Timonen *et al.* maintained that although the name suggests a formulation of a fully-fledged theory is to arise from a GT study, the most common product ‘is greater conceptual clarity, or a conceptual framework, which is short of theory in the sense of a comprehensive system of ideas intended to fully explain and predict something’ (Timonen *et al.*, 2018, p. 4). Bryant (2017) has also echoed this notion by explaining that the GT method certainly leads to development of theories, however these can also be termed as models, frameworks or conceptual schemas. In relation to my study, where my aim is to construct a conceptual model for music teachers by fusing together the fields of music education and music therapy, the CGT and its procedures are adapted to achieve this.

Timonen *et al.* (2018) have also addressed the myth regarding the engagement with existing literature and theory compromising the application of GT, by identifying the necessity of present-day professional researchers and graduate students to include literature and sources as institutional requirements (as I have done so myself in the literature review for this thesis). This is in order to form research questions and to identify the gaps in the area of interest prior to starting the research study. Charmaz (2014) concurred that the notion of a researcher as a blank slate is impractical in present research. However, remaining open to data that is encountered throughout the process, while ‘not forcing data into theoretical accounts’ (Timonen *et al.*, 2018, p. 4) is the key premise of GT. The final two myths about GT examined by Timonen *et al.* (2018) are that: Data collection and analysis must always happen jointly or together; and coding the GT way is excessively time-consuming. These were addressed by explaining the difficulties in accessing participants or the fieldwork which

might not give the researcher the opportunity to engage in the analysis profusely. Also, theoretical sampling can be conducted shortly after the initial (open) coding, and it is unnecessary to wait till all data is open coded (Timonen *et al.*, 2018).

The CGT method as an analysis is used in this study by taking all the above factors into consideration. To summarise, Charmaz's (2006, 2014) adaptation of GT known as Constructivist Grounded Theory brings in the researcher's underlining views and perspectives and the participants' backgrounds, views and opinions when analysing the data. A conceptual model will be created in accordance with the concepts and themes which will emerge through the data. Moreover, the literature review, including the Small-Dewey theoretical framework, is used throughout the research process as ways to compare and contextualise the data. Hence, my overall research paradigm for this study can be illustrated as below:

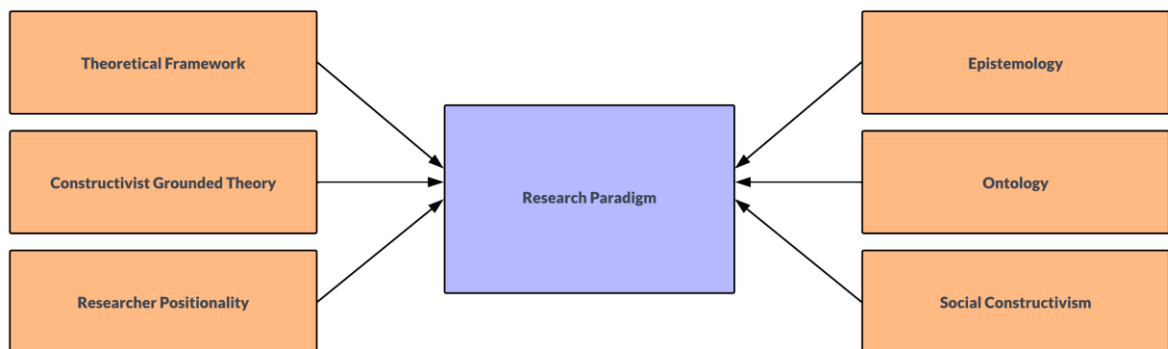


Figure 3.1 - Research Paradigm

3.5 Summary

In this chapter, I have detailed the methodology of this research study. It revisits the main research question and discusses the sub-questions and issues that set the context for the study. It outlines the research paradigm, consisting of the Small-Dewey theoretical framework. The main and sub-criteria from the framework will be used as the theory-driven codes, where a deductive codebook will be developed. The paradigm also encompasses the epistemological and ontological considerations, featuring my own experiences and positionality as a musician, special needs educator and a researcher. It was important to lay

out these positionalities to illustrate how each of these contribute to certain aspects and contexts of the study within the fields of music education and music therapy. However, having an insider's positionality is a privilege, and this can bring my own biases and prejudices into the study. This to an extent will be tackled by adhering to the theoretical frameworks and the deductive/theory-driven codes, while I acknowledge that complete objectivity is unachievable in such a study. In the view that personal experiences give meaning to an event or issue, along with the individual's background factors, I agree with the social constructivist perspective. I aim to collect and analyse data relying on Charmaz's CGT method as it aligns with my social constructivist view that theories are not just discovered, but are constructions of researcher's interpretations of the data, that are conditioned by past and present realities and experiences.

Chapter 4

Engaging Current Practitioners Views Through Constructivist Grounded Theory

In this chapter I explain the process of data collection and analysis which was undertaken for this study. It provides rationales for using Charmaz’s Constructive Grounded Theory (CGT) method and data collection methods including initial unstructured observations, online questionnaire surveys and the follow-up, semi-structured interviews conducted with music teachers and music therapists working in mainstream and special needs schools. I detail the research analysis methods, including thematic analysis which aligns with the analysis process of CGT. I also address the validity and reliability of the data and the ethical considerations which are involved in this study.

4.1 Procedure of Data Collection & Analysis

The data collection procedure took place in three stages: Stage one – the preliminary stage; stage two – data collection; stage three – data analysis. The process is illustrated in the below diagram:

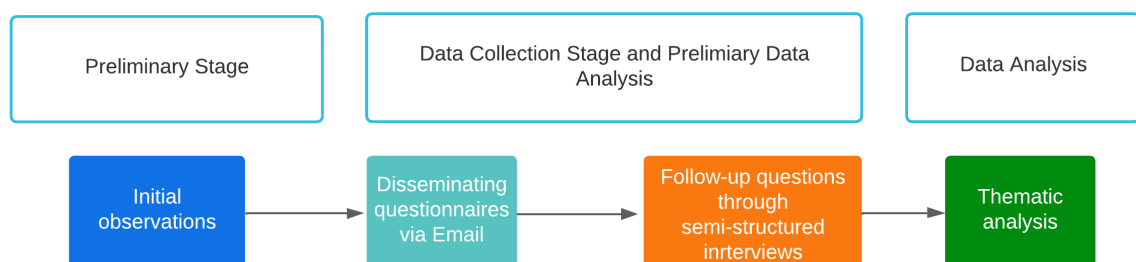


Figure 4.1 Flow Diagram of Data Collection and Data Analysis Process

Stage one, which was the preliminary stage was where the initial idea for the research study was developed through observations made as a SEN teaching assistant and a music teacher in several SEN and mainstream schools. Some of the research questions were also

formulated in this phase. After discussing and explaining my study, music teachers and music therapists from schools that I work in agreed to take part in the study. However, as a result of the series of nationwide lockdowns and school closures during the Covid-19 global pandemic, music lessons were moved to online platforms, while some lessons and music therapy services were completely forced to stop (The first nationwide lockdown, including all educational establishments closures were announced by the UK government on 23rd March 2020, then minimal lockdown restrictions from 14th September to 14th October initially. A second lockdown came into force on 5th November 2020 and a third national lockdown from 6th January 2021. Announcement of phased existing of the lockdowns, and primary and secondary schools reopened with restrictions in place from 8th March 2021). Because of this, some new participants, both music teachers and therapists, had to be recruited for the study. The second stage was data collection, which was done by employing questionnaire surveys and in-depth, semi-structured interviews for follow-up discussions. Preliminary data analysis also took place at this stage. Thematic analysis, involving identifying codes, categories and building themes through establishing relationships between concepts, took place towards the final stage of the procedure. Concurrent data collection and analysis is common in the CGT method as it allows to generate more data and focus on more important codes and themes that will emerged during the process (Charmaz, 2006). Hence, although figure 4.1 may suggest that most of the analysis took place in the third and final phase, the data collection and analysis was a concurrent process as shown below:

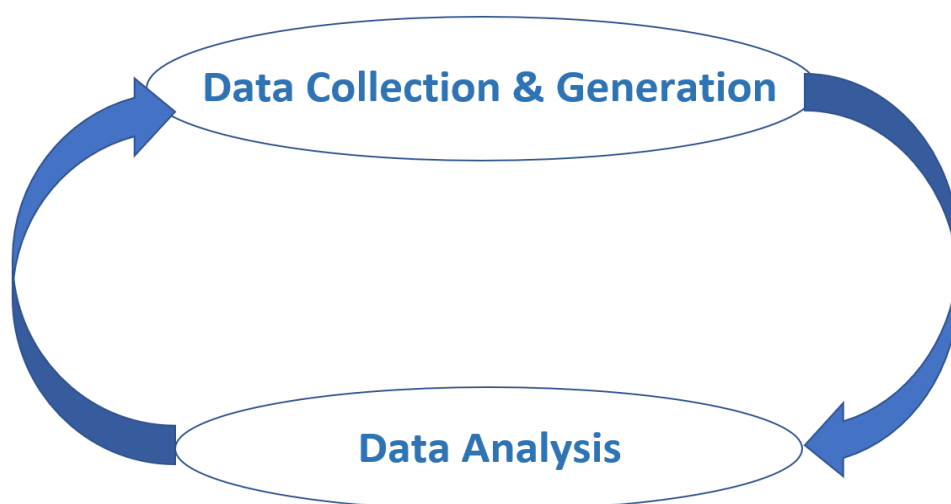


Figure 4.2 Concurrent Data Collection and Analysis

4.2 Participants

The participants for this study were recruited from SEN and mainstream schools that I have worked in. These include local primary and secondary schools, colleges that offer further education courses in the areas of Kingston-Upon-Thames, Richmond and Surrey. This gave the opportunity to gain access to participants from a diverse range of experiences and backgrounds. However, due to the Covid-19 pandemic and school closures, the increase of the workload of music teachers (adapting to online lessons, creating and newly preparing learning resources), participants relocating and some even permanently leaving their role to pursue other career options, new participants had to be invited for the study. More local schools were emailed for this in addition to using ‘word-of-mouth’ via the network of music teachers that I already have. Similarly, in the case of music therapists, I turned to the British Association for Music Therapy (BAMT) website’s listing of UK music therapists, which enabled me to contact therapists across the UK. A total of 24 participants ([Appendix 10](#)), 11 music teachers and 13 music therapists, took part in the study. Due to the nature of the research study and data collection, small sample size is not considered as an issue as the study extensively investigates comprehensive and descriptive material from participants’ responses. Moreover, exploring and understanding emerging patterns and themes do not require large samples.

Most of the music teachers are from local special and mainstream schools and are personally known to me. Most teachers are also already aware of music therapy and are familiar with some of its approaches, having encountered it in their own schools. While two of the thirteen music therapists are from schools that I work in, eleven music therapists were contacted through BAMT music therapists listing. The number of participants chosen for this study is based on the range of diversity of opinions and experiences. According to Wodak and Meyer (2009), when addressing discourse analysis, sampling can continue until there is a variety in contexts and practices reported, generating sufficient themes and patterns to be analysed. Three types of participants were chosen for the research process: music teachers who are working in schools (SEN and mainstream), music therapists employed in schools (SEN and mainstream) and community music therapists. These three professions were employed in order to gain well-rounded perceptions and expert opinions of the two professions, when addressing the central research question. The music teachers were able to provide information of music teaching practices and their perception of

inclusion (Question no.10, 11, 11a, 12 & 13 from Section C of Questionnaire for music teacher) ([Appendix 2a](#)) in special education and general class settings. Information on music therapy in one-to-one and group settings were collected by the music therapists working in schools, while community music therapists further contributed on music therapy in group/community settings. All participants were encouraged to voice their opinion about the fusion of music education and music therapy and the two roles, and if so, what were the potential benefits and concerns.

4.3 Data Collection Methods

4.3.1 Observations

Observations illustrate the ‘most fundamental of human social activities’ and can be ‘transformed into a systemic technique for collecting and analysing information about how people behave’ (Angrosino, 2012, p.165). Observations are not commonly employed as a stand-alone research method and are usually conducted in the first phase of a study in order to collect basic information of a setting or context (ibid.). The initial observations were unstructured as it did not ‘not follow a tightly defined schedule of observation but work in a more iterative fashion to find out about a particular setting or set of practices’ (Gibson & Brown, 2009, p.97). This enabled me to gain an insider understanding of how things work in the setting and understand specific aspects that are more pertaining to the study as more unstructured observations were carried out (ibid.). For instance, in my initial observations, it was observed that in most schools, music therapy is available to a handful of pupils with EHCP, which are typically isolated settings (in the literature review this is known as the ‘pull-out’ approach by Johnson in Wilson, 1996; Case- Smith & Holland, 2009). Additionally, when working in mainstream schools I observed that some key components in the music curriculum, such as composition and improvisation are rarely, if not at all taught in music lessons. When inquired about this, the responses uniformly indicated the issues came down to lack of resources and reduced curriculum time for the music provision.

These observations and informal discussions with teachers and music therapists led to the more focused phase where I moved from the general views to more focused observations and enquiry (Angrosino, 2012). Questions in regard to the music curriculum, its delivery and music therapy practices were also formulated at this stage:

- How can the music curriculum be more accessible and relevant in the classroom?
- How can the music curriculum be made more inclusive for adolescents facing wellbeing and mental health challenges?
- What is the grey area between music education and music therapy?
- Can there be any overlaps between a music teacher's and a music therapist's role?

To gain more in-depth and descriptive views on these issues, a questionnaire survey was decided to be utilised for the next phase of the study.

4.3.2 Questionnaires

The second stage, which was the data collection stage involved developing the questionnaire survey and the questions for the semi-structured interviews. The rationale for doing the questionnaire surveys first was because that they give a 'broad impression' of the participants' views and experiences, although they unlikely reveal the depth of those views in detail (Clough & Nutbrown, 2012, p.159). Questionnaires offer benefits such as, standardised, open responses and in addressing the key issues of the research study (Cohen, Manion & Morrison, 2018, p.471). They are also able to offer more focused explanations and clarifications for the general questions from the observations phase. For example:

- Question from observations: How can the music curriculum be more accessible and relevant in the classroom?
 - A more focused question for the questionnaire survey: What are the current inclusive music teaching practices in music education?

To gain well-informed responses and information from both professions, three types of questionnaires were designed, for music teachers ([Appendix 2a](#)), music therapists working in schools ([Appendix 2b](#)) and community music therapists ([Appendix 2c](#)). By providing a standard, one type of questionnaire was thought not suitable to obtain the most effective and practical responses as the three roles are set in different contexts. The Section A of all three questionnaires inquire into participant backgrounds including their educational and professional experience, their teaching and therapy practices with students or clients and their perceptions, opinions on inclusion and inclusive practices. Additionally, music teachers were

asked of their understanding of music therapy and their view of a feasible integration of music education and music therapy (Questionnaire for music teachers - [Appendix 2a](#) - Section D, question no, 15-20). Similarly, for music therapists and community music therapists, Section B and C respectively ([Appendix 2b](#) & [Appendix 2c](#)) explored their standpoint of inclusion pertaining to their practice and the possibility of integrating music therapy in music education. As this research study particularly focuses on adolescents all three types of professions were asked of their applications and practices when working with young adults.

4.3.3 Interviews

The third stage of the data collection phase involved follow-up interviews via email and online platforms (such as Zoom and Microsoft Teams). These, with the permission of the participants, were recorded and later transcribed ([Appendix 7, 8 & 9](#)). These were semi-structured in order to offer focus and keep aligned with the key issues. Interviews are a ‘further explanatory insight into survey data’ that helps the researcher to explore an issue in-depth, ‘to see how and why people frame their ideas in the ways that they do, how and why they make connections between ideas, values, events, opinions, behaviours etc.’ (Cohen, Manion & Morrison, 2018, p.506). They provide direct access to participants experiences (Silverman, 2013), which help understand the rationale for their responses. The interview questions were constructed in a way that they would offer further clarifications to the questionnaire responses. In order to obtain in-depth and descriptive information from the participants, open-ended, follow-up style questions were included. For instance, for music teachers ([Appendix 2a](#)), question no.1, ‘Follow-up question (for questions no. 9 &9a) to the issue of why this music activity is given more priority than other music activities?’, asked for further clarification and explanation to question no. 9 from Section C from the questionnaire for music teachers: ‘The current music national curriculum for England states that main aims for the students are: to perform, listen, review, evaluate, create and compose music. What activities do you normally teach in a lesson? How much (approx. %) these feature in each lesson?’ ([Appendix 2a](#)). More detailed and descriptive material regarding the music teachers’ teaching practices and which elements was more emphasised in the music curriculum is anticipated from these answers.

Both questionnaires and interviews were influenced by the epistemological stance of social constructivism and the intersectional theoretical framework of Small's *musicking* and John Dewey's democratic education. Simultaneously, during the questionnaire and interviews stages I kept a reflective journal to keep record of my own assumption that may rise through my positionality in the research as a musician, researcher and a SEN educator. This helped me to distinguish my own views and perceptions from that of the participants that may otherwise lead to misconceptions or misinterpretation of the data (Clough and Nutbrown, 2012; Silverman, 2013). By creating the questions adhering to the theoretical framework, its criteria and deploying these as the deductive or theory-driven codes supported in the inquiry of the desired intersectional approach. The final stage of this process was analysing the data by employing thematic analysis.

4.4 Data Analysis Methods

4.4.1 Constructivist Grounded Theory Analysis

As already mentioned, Charmaz's Constructivist Grounded Theory (CGT) was employed in this study as it aligns with my own social constructivist view. CGT is based on the underlying assumption that the interactions between participant and researcher 'produces the data, and therefore the meanings that the researcher observes and defines' (Charmaz, 1995b, p.35). Researchers are also encouraged to immerse themselves in the data 'in a way that embeds the narrative of the participants in the final research outcome' (Mills, Bonner & Francis, 2006, p.7). This was done by using coding language and including raw data in the theoretical memos to retain the voice of the participants and how they make meaning of concepts as the data becomes more complex (ibid.). CGT analysis widely aligns with thematic analysis through its applications such as coding, theoretical sampling, identifying categories and themes and finally the generation of a full theory.

4.4.2 Thematic Analysis

As stressed in the Methodology chapter, in oppose to the myth that GT/CGT can only formulate fully-fledged theories, GT/CGT methods and analysis can also produce conceptual models and frameworks (Timonen, Foley & Conlon, 2018). For creating the inclusive music framework in the case of my study, I employed the steps that are outlined in Charmaz's CGT

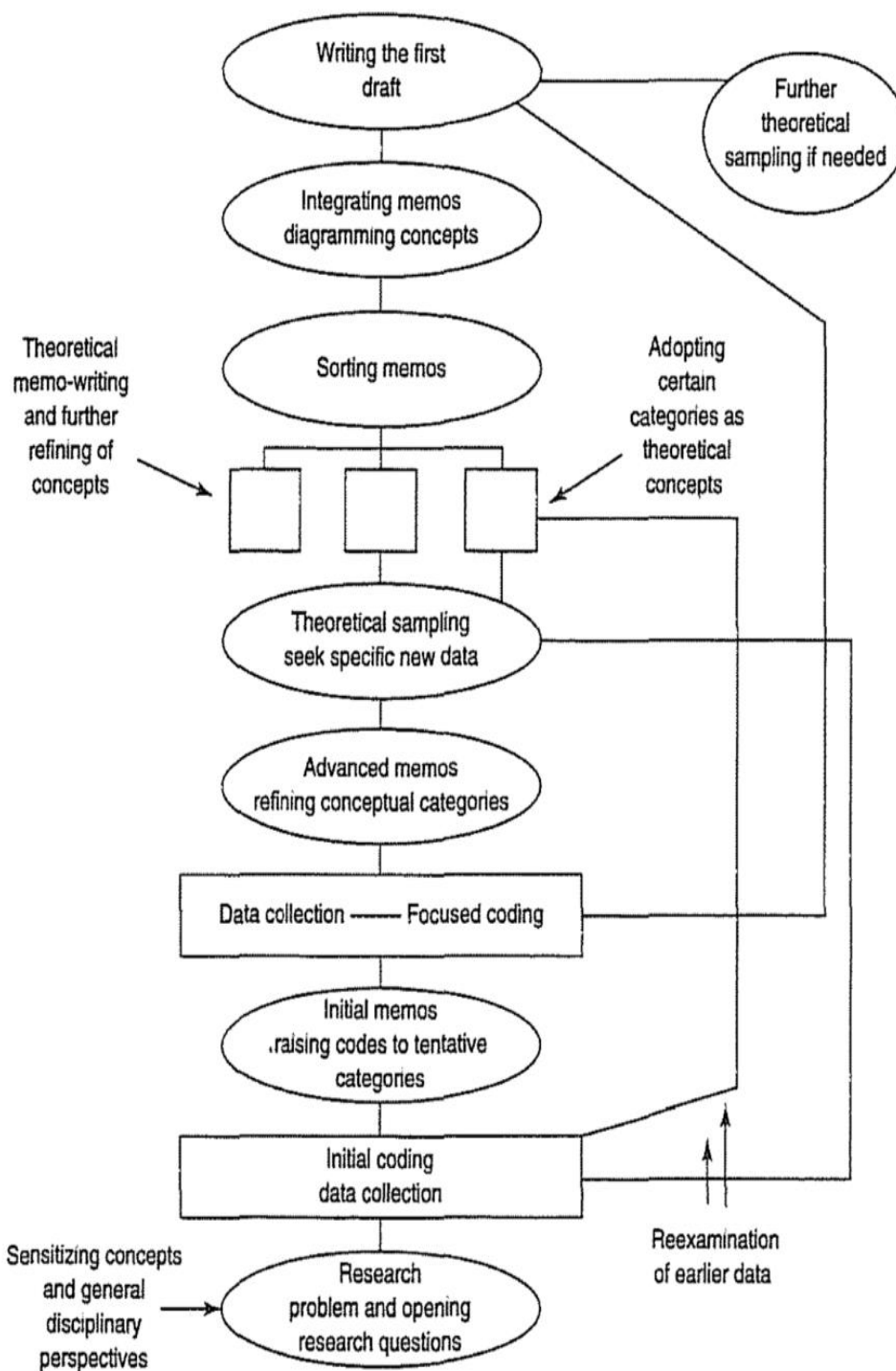


FIGURE 1.1 The grounded theory process

Figure 4.3 Charmaz's "Constructing Grounded Theory: A practical guide through qualitative analysis" (2006, p. 11)

It must be noted here that the literature review was simultaneously consulted throughout this study's analysis process as it was considered as a primary form of data. The early unstructured observations allowed me to situate in and familiarise myself with the context. It also enabled me to identify the issues in the field, which led me to formulate the first research questions.

4.4.3 Hybrid approach of inductive & deductive codes

I employed a hybrid approach of deductive and inductive coding in the thematic analysis of this study. The inductive approach is data-driven while the deductive method starts with the theory (Ruane, 2016). Fereday and Muir-Cochrane (2006) examined the hybrid technique, where the deductive coding is derived from the philosophical framework and the inductive coding investigate themes emerging from participants responses. Similarly, DeCuir-Gunby, Marshall & McCulloch (2011, p.138) showed that developing an initial codebook that is theory-driven 'requires constant revisiting of theory', adding to the consistency of the data analysis. Additionally, Xu & Zammit (2020, p.3) stressed that:

An integration of inductive and deductive coding reflects a balanced, comprehensive view of the data instead of purely relying on the frequency of codes decontextualised from their contexts. (Xu & Zammit, 2020)

In this study, the deductive codes developed from Small-Dewey theoretical framework, provided rich and in-depth details when analysing, for instance, the concept of inclusion in music pedagogy, and the inductive codes fully captured the participants' perceptions in coherence with the theoretical frameworks. The process of inductive coding also allowed me to be open to new ideas and concepts that emerged through data collection and analysis procedures. DeCuir-Gunby *et al.* (2011) maintained that the coding process is iterative process as depicted in the diagram below:

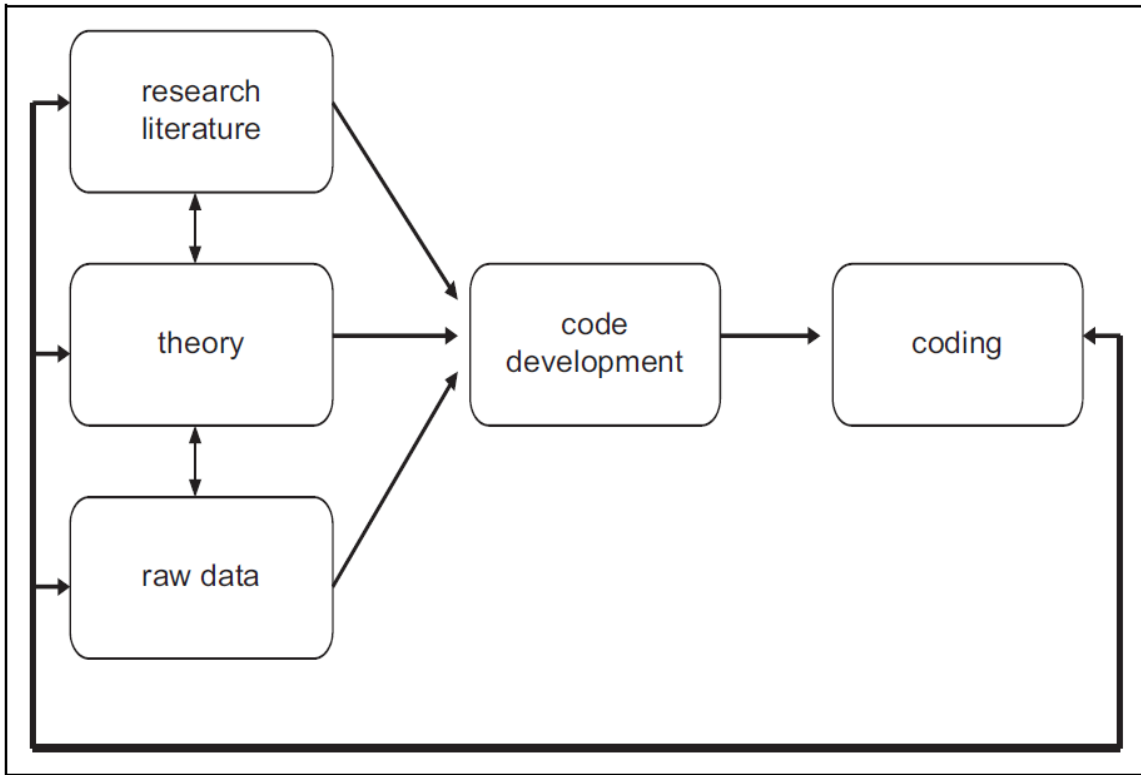


Figure 4.4 DeCuir-Gunby et al (2011, p.139) 'Circular process of coding'

In comparison with DeCuir-Gunby *et al* code development, my own deductive and inductive codes were developed at different phases, however, was a circular process of as illustrated below:

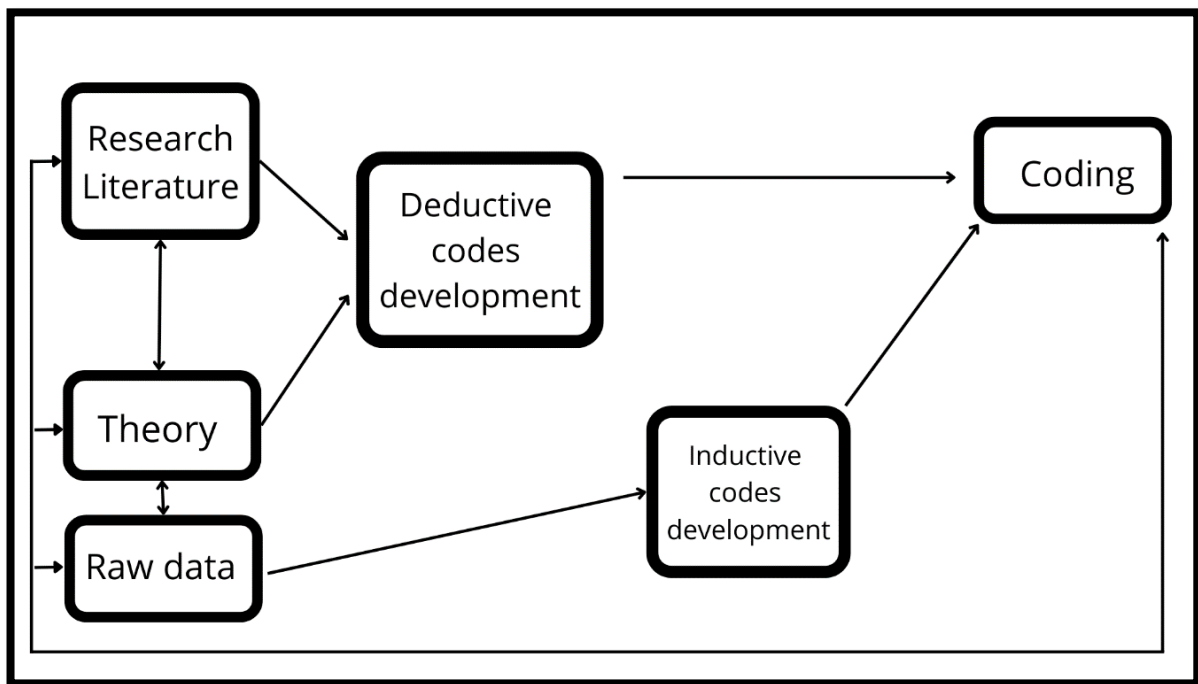


Figure 4.5 The circular process of coding of this study

The hybrid approach where deductive codes, which derived from the Small-Dewey theoretical framework, and inductive codes, which emerged from the responses of music teachers and music therapists, is employed. Researchers in qualitative method have argued that coding procedures are difficult to replicate and that there is no universally established system in coding (Coffey & Atkinson, 1996; DeCuir-Gunby *et al.*, 2011). Two ‘codebooks’ were created for the deductive and inductive codes. The deductive codebook was created using the template of codes developed by Crabtree & Miller (1999). The below is an example of the deductive or priori codes, the full list of this table can be found in [Appendix 11a](#):

Primary codes / main criteria	
Code 1	
Code name	Inclusion
Definition	Inclusion in education means to recognise the importance of ‘the right not to feel excluded’, while protecting the interests of individual children regardless of their special or learning needs.
Description	All children and young people have the right to a high-quality education, in this case music education which allows them to realise and reach their highest musical potential. This notion also promotes the values of “musical rights, “musical democracy” & “democratic music education”.
Code 2	
Code name	Social development through shared musical experiences
Definition	Musical interactions taking place in social <i>musicking</i> setting, that also lead to forming meaningful relationships and learn through shared musical experiences.
Description	An effective education and democracy are based on freer interactions between the learners or the social groups (Dewey, 1916) and musicking is based on interactions and intercommunications, where individuals relate to one another musically, and thus making a musical work or an event, musical (Small, 1998).

Figure 4.6 An example of deductive codes derived from the Small-Dewey theoretical framework

The [main criteria from the Small-Dewey framework](#) are the fundamental overlaps between the two theories. These were considered as the ‘primary codes’ and as central themes to be mindful of when analysing and coding the data. As the deductive codes were based on the two philosophical stances of the study, data that directly addresses and corresponds the research question can be identified and coded (Fereday & Muir-Cochrane, 2006; Xu & Zammit, 2020). Firstly, deductive coding was done mainly but some inductive codes were also added in between the process. A reflective journal in the form of “free-writing” (Charmaz, 2014), was kept throughout the coding process in order to differentiate between conductive and deductive codes, but also to note down any other important aspects such as relationships between two types of codes. Here bursts of ideas and undeveloped thoughts were also recorded from the start (ibid.). It was important not to ‘force’ participants’ viewpoints and perspectives, in order to fit them into the deductive codes, as this can lead to misinterpreting their views. Therefore, remaining open-minded when coding (Charmaz,

2014), moving back and forth during the process, while constantly interrogating the data, the literature and theory (Xu & Zammit, 2020) were important in this iterative procedure.

When it came to inductive coding, an open coding approach (Birks and Mills, 2015) was employed, where all data was coded comparing incident with incident (Charmaz, 2014). Charmaz (2014, p.128) described incident with incident comparing, as your ideas take hold, compare incidents to your conceptualization of incidents coded earlier. That way you can identify properties of your emerging concept'. Coding demands thinking outside the box (Wickers, 1985; Corbin & Strauss, 2008) and requires abstract word or two that describes what the researchers thinks is indicated in the data conceptually (Corbin & Strauss, 2008). After the analysis of the questionnaires, a few key responses and concepts were identified and with the view of further exploring these in the next phase of in-depth, semi-structured interviews, these were set up as the first codes. For this, I created a table with three columns: first column with named 'Verbatim data extract', second named 'Code text', which includes the interpretation I took from the response and the third column contained 'Code label', which refers to the code that I formulated from the coded text. An early excerpt of the table is presented below:

Initial Codes		
Verbatim data extract	Code text	Code label
<p>T1: <i>I felt that assessment demanded a higher level of technical performing ability and music reading than was realistically represented in the ability spread of students opting to study the subject, and in practice there was too much of a jump in expectations between KS3 and 4.</i></p>	<p>T1 had concerns about the expectations between KS3 and KS4 levels</p>	<p>Unrealistic expectations between higher music ed. levels</p>
<p>T1: <i>With the best will in the world, there was not enough curriculum time at KS3 to teach the necessary level of instrumental proficiency or music reading to whole classes to reach the necessary standard by the end of year 9...</i></p> <p style="text-align: center;">▶</p>	<p>Not enough curriculum time with the best teaching efforts</p>	<p>Insufficient curriculum time for music</p>

Figure 4.7 Initial inductive codes table

After developing the initial inductive codes, these were tested against the extensive data from the literature review. Further exploration of the concepts and codes were needed which brought me to the next stage of the data collection: the in-depth semi-structured interviews. The hybrid approach of inductive and deductive coding is known to be time-consuming as it requires revisiting and re-examining data (DeCuir-Gunby *et al.*, 2011). Moreover, usually studies show that a ‘team effort’ is involved in creating the codebooks, where in the case of this study the process was done by myself. The data management software, NVIVO, is used to create the final versions of the codebooks ([Appendix 11b](#) & [11c](#)), this enabled me to review the codes as these are manually entered. The rationale for not using the data software to analyse and for coding earlier in the process is because that it is usually utilised to manage and analyse extensive amounts of data, whereas the content and datasets of this study is manageable through more ‘manual’ ways. Additionally, it allowed me to ‘stay close as

possible to the data', which is a key element of CGT (Charmaz, 2014) and make informed choices from the initial codes.

Next step is focused coding, where the most significant and frequent initial codes are sorted, synthesized, integrated and organised large amounts of data, with the start of theoretical integration (Charmaz, 2014). Charmaz (2014, p.141) commented that 'focused coding simply meant using initial codes that had more theoretical reach, direction, and centrality' and treating them as the core of the developing analysis. For the theoretical integration, the deductive codes from the Small-Dewey framework were put into use, while not forcing data into theoretical accounts and remaining open to new concepts and codes, which is imperative in CGT (Timonen *et al.*, 2018). Theoretical integration begins at this stage and is an ongoing process through all subsequent analytical steps (Charmaz, 2014).

4.4.4 Memo-writing

Qualitative data analysis involves 'complex and cumulative thinking' and requires keeping a record of thoughts and reflective memos from the start of the research (Corbin & Strauss, 2008, p.119). Data was concurrently generated, collected and analysed as more codes developed. This was repeated in the process of analysis (Charmaz, 2014). Initial reflective memos at this stage also developed into more advanced memos, with the system of ongoing 'dialoguing with the data', which presented further areas for data collection (Corbin & Strauss, 2008, p.170). An example of a memo that was created when analysing a questionnaire can be found below:

Memo 4
19/02/2021

Views on CMT: CMT not viewed as therapeutic / a therapy

MT1: *“I struggle with many aspects of community music therapy and could write a book on this! However, I am a believer in the fact that therapy, in its true sense, (ie not just “therapeutic”) requires the setting of a therapeutic context; a room, a time frame, and regularity. With the clients I specialise with working there is a need for a private space to begin to address material that as yet may not be known to the client themselves. I do not believe these clients are helped by music alone, but that they develop a relationship which incorporates a large amount of embodied responses which are crucial to repairing after adoption trauma. I am psychoanalytically trained and use contemporary psychoanalysis (much of which draw on attachment and relational and developmental ideas) in my practice”.*

Own notes: MT1 claims to struggles with many aspects of CMT. CMT according to the literature is music-centred. Currently offered MT training such as Nordoff-Robins training is predominantly music-centred, maybe music therapists who are trained in this domain are more likely to agree and see the benefits of CMT and its aspects? Again, MT1 is psychoanalytically trained music therapist, so according to her training background she could struggle to understand the concepts/practices of CMT. Possible that MT1 is not fully aware of CMT benefits (socialisation, communication, musical democracy). Also, a good idea to have a different coding for each type of MT training to further explore and analyse.

Figure 4.8 An example of a memo

This memo was later developed upon more data which was collected in the interview stage:

Memo 4
19/02/2021

Views on CMT:

MT1: not therapeutic / not a therapy

MT1: "I struggle with many aspects of community music therapy and could write a book on this! However, I am a believer in the fact that therapy, in its true sense, (is not just "therapeutic") requires the setting of a therapeutic context; a room, a time frame, and regularity. With the clients I specialise with working there is a need for a private space to begin to address material that as yet may not be known to the client themselves. I do not believe these clients are helped by music alone, but that they develop a relationship which incorporates a large amount of embodied responses which are crucial to repairing after adoption trauma. I am psychoanalytically trained and use contemporary psychoanalysis (much of which draw on attachment and relational and developmental ideas) in my practice".

Own notes: MT1 claims to struggle with many aspects of CMT. CMT according to the literature is music-centred. Currently offered MT training such as Nordoff-Robbins training is predominantly music-centred, maybe music therapists who are trained in this domain are more likely to agree and see the benefits of CMT and its aspects? Again, MT1 is psychoanalytically trained music therapist, so according to her training background she could struggle to understand the concepts/practices of CMT. Possible that MT1 is not fully aware of CMT benefits (socialisation, communication, musical democracy). Also, a good idea to have a different coding for each type of MT training to further explore and analyse.

Later added on 07/04/2021

Own notes: The types of disability or need has to be thought out when delivering MT in an educational setting. Those with more severe needs or disabilities can still benefit from MT offered in clinical and one-to-one settings. Those who are considered 'withdrawn and quiet' in the classroom can benefit from group MT in the classroom as it can give them opportunities of self-expression and enhance their communication/social skills. Make this clear in the study: Individual MT is effective in the case of challenging and those with more moderate to severe needs/disabilities.

Figure 4.9 An example of a memo with later added notes.

This memo was also later useful in examining music therapist training and do these have an impact in the ways certain practices outside of the field are viewed. (For example, are there any differences in the views in which community music therapy is perceived depending on the music therapist's training, which usually sit within the frameworks of psycho-dynamic/psychoanalytical, Nordoff-Robbins, music-centred or humanistic?). The Small-Dewey theoretical framework and the deductive codes were also utilised as a way of offering alternative explanations, insight, direction and a useful list of initial concepts (Corbin & Strauss, 2008). For instance, a primary deductive code from the framework is 'social development through shared experiences' (Figure 3.2). This was used as an initial concept to identify any methods employed by music teachers and music therapists in their teaching or therapeutic practice, which emphasise on shared musical experiences in group music-making

activities. Similarly, under the criteria of ‘Inclusion’, data on inclusive *musicking* practices were compiled.

4.4.5 Axial coding

Axial coding is the approach of relating categories to subcategories (Corbin & Strauss, 1990; Charmaz, 2014). By specifying the properties and dimensions of a category (ibid.), axial coding is used as a way to sort, synthesise and reorganise data in a new way. In the CGT approach this can be more ‘emergent’ rather than ‘procedural’. For Charmaz (2014, p.148) the categories, subcategories and links reflect how the researcher ‘made sense of the data’. The diagram below depicts how concepts, sub-categories and main categories relate to one another:

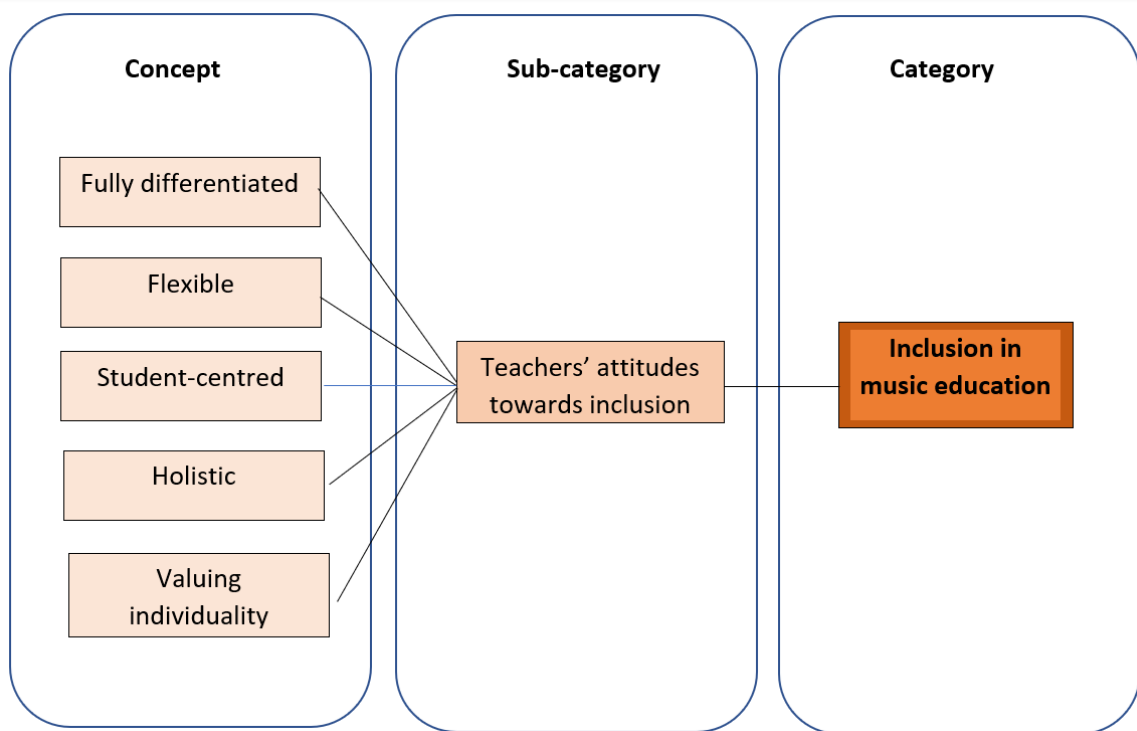


Figure 4.10 Axial coding

Axial coding also known as ‘the higher level of coding’ (DeCuir-Gunby *et al.*, 2011, p.139) enabled to identify any relationships and connections between the codes that have been created. By establishing relationships between codes, concepts and categories, a mind map or a cluster map was developed ([Appendix 12](#)) which will be next discussed.

4.4.6 Theoretical sampling

Theoretical sampling is an important component of CGT analysis and is ‘about discovering relevant concepts and their properties and dimensions’ (Corbin & Strauss, 2008, p.144). This also allows to be open and flexible to new concepts and ideas as the data was collected. In theoretical sampling, data collection and analysis occur simultaneously in that data collection leads to analysis, which leads to concepts, leading to generating questions and then to more data collection for further clarifications (ibid.).

Once a good number of concepts and categories are developed from the data, axial coding is used to relate to link concepts and categories to each other (ibid.). I chose the method of clustering, which is a visual and a non-linear technique to understand and organise data material (Fitri, 2018). In this the central concept or idea is connected to another concept to show relationships or defining properties. The diagram below illustrates a part of a cluster map which was done to relate the concepts of inclusion in music education, the full version of this cluster map can be found in [Appendix 12a](#). Another cluster map was developed to show similar relationships of concepts between music education and music therapy ([Appendix 12b](#)).

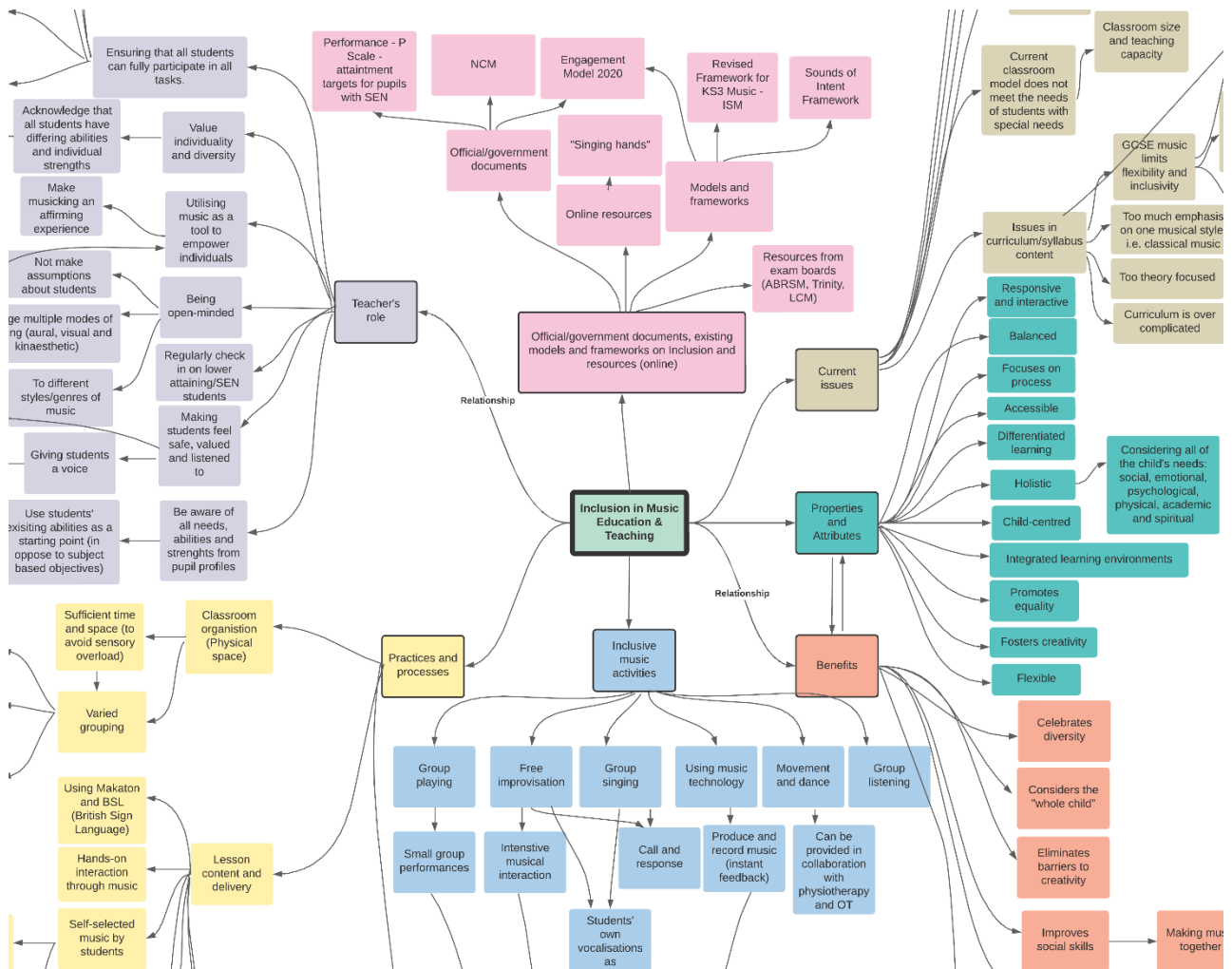


Figure 4.11 Part of a cluster map on inclusion (for full cluster map refer to [Appendix 12a](#))

Through axial coding as previously discussed, I developed relationships between categories and concepts to show how they relate to one another. For example: it was mentioned by music teachers that celebrating individuality and diversity is key in promoting inclusion, while acknowledging all students have different learning needs and abilities was also stressed. As such these two concepts were connected to show that in order to celebrate individuality, firstly acknowledging pupil needs and strengths are vital. Concepts and categories were reviewed against further data, modified and disposed as more data for the analysis were accumulated (Corbin & Strauss, 2008). This was done until data saturation was achieved, which is when ‘A researcher knows when sufficient sampling has occurred when the major categories show depth and variation in terms of their development’ (ibid.). While complete saturation is highly unlikely to be achieved in any study (ibid.), until all relationships between categories were fully revealed and subsequently answered the research questions of this study, data analysis was carried out.

As mentioned before, the use of the hybrid method of inductive and deductive coding enabled me to adhere to the Small-Dewey theoretical framework of the study, and also be open to new concepts and themes that emerged from the data. One limitation of this method is the extensive amount of time taken to establish the codes, particularly the deductive codes (Fereday & Muir-Cochrane, 2006), and the analysis of codes and themes were only done by one person, which were discussed with my first supervisor, however multiple perspectives would have been of use to generate a variety of themes and understand the relationships from different professionals or experts (ibid.). On the other hand, this hybrid approach enabled to create a new framework while adhering to the philosophies of democratic education and *musicking* and explore new music practices that can emerge in the intersectionality of the two fields of music education and music therapy. Next, I will discuss the validity and reliability when analysing and interpreting the data.

4.5 Validity & Reliability

This section discusses my potential biases as a researcher, how my personal experiences and knowledge affect the interpretation of the data and the rationale for the decisions made during the research process. The primary source for this study stems from my professional work as a special needs teacher and an educator, and as a musician it is a major concern that music therapy as an additional intervention being offered to a scant number of students. Corbin and Strauss (2008, p.23) succinctly note that when a research idea or source emerges from one's professional experience, it leads to an assumption that a certain element of that profession or practice 'is less than effective, efficient, humane, or equitable'. In this study, it is the notion that music therapy as a practice is relatively ineffective if it is frequently provided as a one-to-one service, where one is isolated or singled out from a social setting (Johnson in Wilson, 1996; Case- Smith & Holland, 2009). Concurrently, my observation that music teachers in special and mainstream schools typically have little to no training when working with students with special needs is also another motive of this study. While both professions are aware of the benefits of music, by employing different approaches in different contexts, my perception was that through an incorporation of the two fields, these benefits and processes can be enhanced and extended.

When acknowledging my role in the research alongside my professional experience and addressing how I approach the research and the data is interpreted, it is a requirement that these actions and decisions are accounted and held responsible. The functionality of a theoretical context or a viewpoint is that it ‘provides both a framework for critically understanding phenomena and a basis for considering how what is unknown might be organised’ (Silverman, 2013, p.112). The theories of Christopher Small’s *musicking* and John Dewey’s democratic education, hence provided the footing and the framework in analysing concepts as inclusion, educational/musical growth and social development. For example, when analysing the responses from the questionnaires and interviews, adhering to the set criteria which are established in the Small-Dewey theoretical framework can minimise any potential biases that might affect the subjectivity of the data. Potential bias is explained as the ‘conscious or unconscious tendency on the part of a researcher to produce data, and/or to interpret them, in a way that inclines towards erroneous conclusions which are in line with his or her commitments’ (Hammersley and Gomm, 1997).

My personal reasons for engaging with this research study was borne out of my own professional experience and my cultural understanding that music education and music therapy in schools can be made more inclusive and available for a larger population. My fascination in music therapy, although not being a professionally trained music therapist, sparked from the thought-provoking conversations and the group music therapy sessions that I participated in the schools I work in. Moreover, having attended conferences and seminars organised by British Association for Music Therapy (BAMT) and having led EDI workshops for the BAMT’s teaching & education committee, I had opportunities to further discuss my ideas with music therapists. However, this meant that I had to be conscious of ‘jumping into conclusions’ and to avoid predicting outcomes, by being aware of what is known, would-be-known and the limitations (Kivunja & Kuyini, 2017). As an overseas student and researcher, it also required me to keep in check of my own personal and cultural values when analysing and give meaning to the data by being aware of the cultural differences. By acknowledging that I have been influenced by my work experience as a special educational needs teaching assistant, and my education in music pedagogy and psychology, I confirm my positionality within this study. Silverman (2013, p.324) argues that ‘none of us can escape from our intellectual biography’, and that ‘Indeed, people are only entitled to have experiences in regard to events that they have observed and/or which affect them directly’ (Silverman, 2013, p.325). Therefore, although complete neutrality was not possible due to my insider status in

this study, the issues that were addressed and approached as open-mindedly as possible, through self-reflection and being explicit about my positionality within the research.

When addressing the closeness to my participants, as some of them are past and current work colleagues, I had to be conscious of and reserve my own interests and assumptions. These would be regarding their views and attitudes of their own teaching practices, their perceptions on the concept of inclusion and more importantly their standpoint on the possible fusion between music education and music therapy methods. It was important to give prominence to their voice and welcome their notions through the practice of radical listening. Radical listening is explained ‘as opposed to merely hearing – is the interpretative and critical means through which “voice” is noticed’ (Clough & Nutbrown, 2012, p.63). It required me, as the researcher, to not only actively and critically listen to the voice of the participants, but also how my voice, as the researcher contributed to the dialogue and influenced the research. In doing so, I also welcomed the idea that some of my views might not be shared by the participants, which would once again give prominence to the participants’ ‘voice’ and accounts. Concerning such issues, close consideration was given to rethinking work relationship dynamics with my colleagues, in terms of the questions asked and sensitive data that might be shared due to the nature of their work roles, as special needs teachers and music therapists.

It was important to ensure that participants’ actions and accounts were not predefined, and to stand back from the idea that some assumptions and experiences were common-sense, as this will go against the very reason for conducting this research study. Silverman (2013, p.325) highlights that ‘Constructionists do not assume that experience is necessarily located inside people’s heads’. My philosophical orientation as a social constructionist required to be explicit about people’s backgrounds and beliefs when relating to their experiences. By confirming and being aware of my positionality within the research, as an insider, allowed me to reflect at each stage of the interview and data analysis process. Hence, in addition to adhering to the set of main and sub-criteria from the Small-Dewey theoretical paradigm, a reflective journal was kept to record my thought processes when conducting the questionnaires and interviews. This enabled me to distinguish my views and perceptions from that of the participants that may rise during the data collection stage, which can lead to misinterpretations of the collected data. Through recording in a reflexive journal, I was able

to ‘keep in check’ of my potential biases and also be self-reflective of what I brought to the study.

4.5.1 Ethical Considerations

As human participants were involved in this research study, every effort was made to ensure that participants’ data would be collected and stored securely. After the ethical approval was granted by the university ethics committee ([Appendix 15](#)), an information and consent form ([Appendices 1a & 1b](#)) was sent to music teachers and music therapists who agreed to take part in the study, fully informing them of the study, its aims and objectives. These forms also confirmed their anonymity in the study, and that they can leave the study at any time without affecting my relationship with them. They were also advised to avoid mentioning names of their students or clients, or any incidents involving any students, clients or their institution, which could be traced back from the study. They were also notified that the identities of all those involved, staff and students, will remain anonymous and all names will be coded. For example, music Teacher 1 (T1) and Music Therapist (MT1) or Community Music Therapist 1 (CMT1), and so on. If they were comfortable with the terms of the research, his/her signed consent was requested. Questionnaires were disseminated via email to each participant individually. The collected data of the participants and the institutions, such as identities and questionnaire responses, is kept in safe storage on my password-protected computer and hard drive. These would be only accessible to myself, my supervisors and latterly my two examiners.

The informal observations and discussions with the participants, which began in the preliminary stages, provided me with the idea and the rationale for this study. In further clarifying my position as a musician, a researcher in music and a SEN teacher I acknowledge that research done on this topic is limited and therefore, research material is also scarce. Therefore, one of the main reasons for choosing to conduct this research study is to generate and produce more data explaining the chosen social phenomena. The data collection process, which was via the questionnaire surveys and follow-up, semi-structured interviews was initially set to last about 9-11 months: the questionnaires took approximately 4-5 months and afterwards the interviews around another 5-6 months (Data collection started around January 2020 but was delayed due to Covid-19 pandemic therefore lasted till August 2021). However, as the study involved human participants these set timelines were

anticipated to change, including the likeliness of participants would not be interested or refuse to complete the questionnaires or the interview questions at certain stages. An unanticipated implication was the Covid-19 global pandemic and its series of lockdowns resulting in the closure of schools, wherein the data collection stage had to be extended where an extension for the overall study was also granted by the university. Other than the time delay, the data collection was carried out as planned by emailing questionnaires and the semi-structured follow-up interviews were conducted via email or online platforms such as Zoom and Microsoft Teams, depending on participants' preferences. For transcription purposes these online interviews were recorded after gaining permission from the participants.

To ensure anonymity of the staff and students and to avoid any information being traced back to those who will take part in the study, the names of the participants and the institutions will be coded in the thesis and resulting publications (for example, music Teacher 1 (T1) and Music Therapist 1 (MT1) or Community Music Therapist 1 (CMT1), and so on). All files and records will be kept till the completion of the project (September/October 2022). In the case of the study being published, all data will be anonymised and stored for a period of ten years in discrete folders on a password protected computer and/or on the Kingston university secure server.

4.5.2 Quality Assurance

When discussing validity and credibility in qualitative research Corbin & Strauss (2008, p.302) present a list of conditions to be considered. One is 'methodological consistency', which is simply stated as 'If a researcher says he or she is going to use a particular method, then he or she follows through, using all of the relevant procedure as designed' (ibid.). Pertaining to this study, which used mixed methods when collecting data, it was important not to mix up different methods or methodologies that could stray away from the main research aims and therefore erode the credibility. Through revisiting and referring to my philosophical stance and the theoretical grounding, I ensured that the main themes were maintained throughout the study. This is not to say that if certain themes that emerged during the data collection and analysis process through participants' responses was be disregarded, but that the set primary theories and themes was retained throughout the course of the study.

The second and third conditions explained by Corbin & Strauss (2008) when fostering quality in qualitative research are researcher's clarity of purpose and self-awareness of the researcher. This involves stating and being aware of the researcher's potential biases and assumptions, which are already mentioned in the validity and reliability section. Furthermore, it was mentioned that a reflective journal was kept throughout the data collection process in order to keep record of my reactions and feelings to recognise the influence that I have upon the research and also vice versa.

As the study utilised a combination of methods as observations, questionnaires and interviews for data collection, a thematic analysis using a hybrid approach of deductive and inductive codes for data analysis was utilised. Employment of different methods or sources to corroborate each other is known as 'methodological triangulation' (Mason, 2002). In triangulation by 'having a cumulative view of data drawn from different contexts' reliability and the overall credibility of the study can be improved (Silverman, 2013, p.136). Given my social constructivist stance, which accentuate that social realities are constructed in different ways in different contexts, the triangulation method is particularly useful in combining different ways of looking at an issue. On the other hand, it should be acknowledged that although the various methods of triangulation provide multiple views and perceptions, a single 'fix' cannot be derived from the data. Fielding and Fielding (1986) stress that triangulation should operate according to two ground rules: begin with a theoretical perspective or framework and choose methods and data which will give you an account of structure and meaning from that perspective. In this study, this was achieved through creating and adhering to the Small-Dewey theoretical framework, along with the deductive or the theory-driven codes and consistently keeping to the methods which were originally decided. In addition to this, the rationales for choosing each method and technique were extensively scrutinised by consulting relevant literature and the limitations of these methods were also addressed and acknowledged.

4.6 Summary

The data collection and analysis procedure of this study was composed of three main stages. The preliminary stage, when the initial unstructured observations are made, then the dissemination of the questionnaires and follow-up interviews followed by the preliminary analysis. The final stage was the data analysis, which was completed with the thematic

analysis. This research study undertakes Charmaz's constructivist grounded theory (CGT) approach, which is a qualitative research method, in order to collect and analyse data. Research methods such as reflective journaling, keeping memos, hybrid approach of deductive and inductive coding, focused coding, concurrent data generation and analysis, axial coding, theoretical sampling and theoretical integration were used. Issues of validity, reliability, ethical considerations and achieving quality assurance through triangulation of data were also addressed.

Chapter 5

Presentation of Findings

The aim of this chapter is to present the data and the findings for the main research question of this study, which is: can selected music therapy approaches be introduced to the music classroom in order to deliver inclusive music lessons, and if so, how can this be done in order to provide benefits for adolescents with special needs and mental health issues? It should be reiterated that my perspective is from a social constructionist viewpoint, as it is an influencing factor in the way in which the data is presented and what data is chosen to be presented. This study employs Charmaz’s Constructivist Grounded Theory (CGT) as its research method, which is a qualitative approach. However, some data has been also presented quantitatively as this enables to clearly present and visualise certain types of data. For instance, responses for close-ended questions are presented statistically, while the responses for open-ended questions are presented qualitatively. The chapter draws key themes and issues through a preliminary analysis of the data from the music teachers’ and music therapists’ responses, and sets up the process for analysing the data, coding and developing themes in the next chapter.

5.1 Qualitative & quantitative presentation of data

A total number of 45 participants (music teachers and music therapists) were contacted initially and 35 participants agreed to take part in the study. 24 participants completed the questionnaire and 15 agreed to take part in the follow-up interviews ([Appendix 10](#)), which lasted approximately about 40-80 mins. The percentages of the participant responses by the 3 types are presented in the table below:

Responses from music teachers	45.83%
Responses from music therapists	50.00%
Responses from community music therapists	4.17%

Table 5.1 Percentage of participant responses

Three types of questionnaires were created for the purpose of gathering data from the 3 professions related to this study: music teachers, music therapists and community music therapists. The three types of questionnaires consist of 3 or 4 sections (depending on the type of questionnaire):

Type of Questionnaire	Number of sections/parts	Themes/issues in each section
Music teachers	3 sections	Section A – Your background & your work Section B - Your views on current music education practices & inclusion in the classroom Section C - Yours views on music therapy
Music therapists	4 sections	Section A – Your background & your work Section B – Your views on community music therapy Section C - Your views on inclusion & the national music curriculum Section D - Your views on music education & music therapy
Community music therapists	3 sections	Section A – Your background & your work Section B - Your views on current music education practices & inclusion in the classroom Section C - Yours views on group/community music therapy in a classroom setting

Table 5.2 Types of questionnaires and different sections

Depending on the type of question, these will be presented accordingly. For example: close-ended questions in quantitative form and open-ended questions in qualitative form.

5.2 Section A of all three types of questionnaires - Quantitative & qualitative data presentation

Firstly, I present the data on Section A, which is common to all three questionnaires. This consists of questions on gender, professional qualifications and employment settings. By providing such contextual data, this section sets the context for the participants' views and perceptions, aligning with the social constructivist view of this study that there is no single truth, and all knowledge is conditional to social circumstances (Crotty, 1998). The tables below present the percentages of male/female responses received from the three types of professionals:

Section A: Question 1: Gender (From all three types of questionnaires)

Total participants: 24		
Male	Female	Non-binary
45.83%	54.17%	0%

Table 5.3 Participants' gender

Music teachers:		
Male	Female	Non-binary
27.27%	72.72%	0%

Table 5.4 Music teachers' gender

Music therapists:		
Male	Female	Non-binary
58.33%	41.67%	0%

Table 5.5 Music therapists' (MT) gender

Community music therapists:		
Male	Female	Non-binary
100%	0%	0%

Table 5.6 Community music therapists' (CMT) gender

75.8% of the school teaching workforce is primarily made up of female teachers (DfE, 2021, 'School Teacher Workforce'). This is reflected in the responses, where the music teaching workforce is also likely to be more female dominated. Conversely, the number of music therapists who took part in this

study is marginally more male music therapists, whereas according to literature the field claims to be more female dominated (Curtis, 2013). The data below adds more to the contexts of professional and employment settings of the participants.

Section A: Question 2: What teaching/music/other subject qualifications do you have?
(From all three types of questionnaires)

Music teachers:		
Music qualifications	Teaching qualifications	Other subject qualifications
90.90%	90.90%	36.36%

Table 5.7 Music teachers' qualifications

Music therapists:		
*Music and music therapy qualifications	Teaching qualifications	Other qualifications
100%	33.33%	33.33%

*Music and music therapy are presented together as usually an honours degree in music (or a similar degree with high standard musicianship) is an entry requirement for a MT degree programme.

Table 5.8 MTs' qualifications

Community music therapists:		
Music therapy qualifications	Teaching qualifications	Other qualifications
100%	0%	0%

Table 5.9 CMT's qualifications

Some music therapists also have prior teaching qualifications and experience, which coincides with the literature that most schoolteachers train as music therapists as it is considered a 'more familiar' and natural setting (McFerran, 2010). Interestingly, while all music teachers and therapists have their training in their respective fields, presently there are no overlaps between the two training types.

However, music therapists who have teacher training stressed on the benefits of having experiences and professional qualifications in both disciplines (T1, MT3, MT11, CMT1).

Section A: Question 3: In what type/s of schools/settings do you teach/provide music therapy? (From all three types of questionnaires)

Music teachers:			
Mainstream schools	SEN schools	Self-employed	Other
72.72%	45.45%	45.45%	9.09%

Table 5.10 Types of settings music teachers work in

Music therapists:			
Mainstream schools	SEN schools	Self-employed/Private practice	Other (NHS and hospital settings)
66.66%	83.33%	75%	33.33%

Table 5.11 Types of settings MTs work in

Community music therapists:			
Mainstream schools	SEN schools	Private practice	Other types (Community and hospital settings)
0	0	100%	100%

Table 5.12 Types of settings CMT work in

Most of the music teachers who took part in the study were from mainstream schools. Interestingly, while music therapy as an intervention is more known to be conducted in special schools, it shows that 66.6% of therapists who took part in the study also provide music therapy in mainstream schools. This may be due to the more recent ‘mainstreaming’ views and policies in education. The only CMT who took part in this study practices privately but has previous experience working in schools ([CMT Questionnaire, Appendix 5a](#)).

Music therapists’ and community music therapist’s questionnaires consisted of an additional question regarding their private practice in addition to working in schools:

Music therapists' & community music therapist's questionnaires - Section A: Question 3a:
Do you practice privately as well?

% of music therapists with a private practice	
Yes	75%
No	25%

Table 5.13 MTs with private practice

% of community music therapists with a private practice	
Yes	100%
No	0%

Table 5.14 CMT with private practice

There was also a follow-up question to 3a in both types of questionnaires regarding the types of clients they work with. Summary for this firstly presented in a qualitative way (full detailed table can be found in [Appendix 13](#)) then quantitatively:

Types of needs of clients/patients - Music therapists and community music therapists	
MT1	Trauma (prior to adoption) and complex special needs.
MT2	Autism, complex social communication needs, acquired brain injury, anxiety and depression.
MT3	Children and adolescents with a range of emotional, behavioural and educational needs, including but not limited to ASD and PMLD.
MT4	Autism, EBD & LD.
MT5	Children and adolescents with an EHCP statement.
MT6	Communication issues, challenging behaviour, trauma, attachment issues, and ASD.
MT7	EBD, ASD, attachment disorder, cognitive and behavioural difficulties, poor emotional awareness.
MT8	SLD, PMLD, challenging behaviour, social and emotional issues and associated mental health issues
MT9	Young people with physical disabilities, non-verbal, emotional problems such as stress and anxiety, children with sensory needs.

MT10	Troubled family issues, anxiety, possible undetected safeguarding issues and coping with disability
MT11	Children with ASD
MT12	Children with ADHD, brain tumour, adult mental health.
CMT1	Mental Health contexts, end of life care, loss and bereavement.

Table 5.15 MTs & CMT – types of needs of the clients

This data above has also been represented in a pie chart below to illustrate the types of needs that are mostly dealt by music therapists:

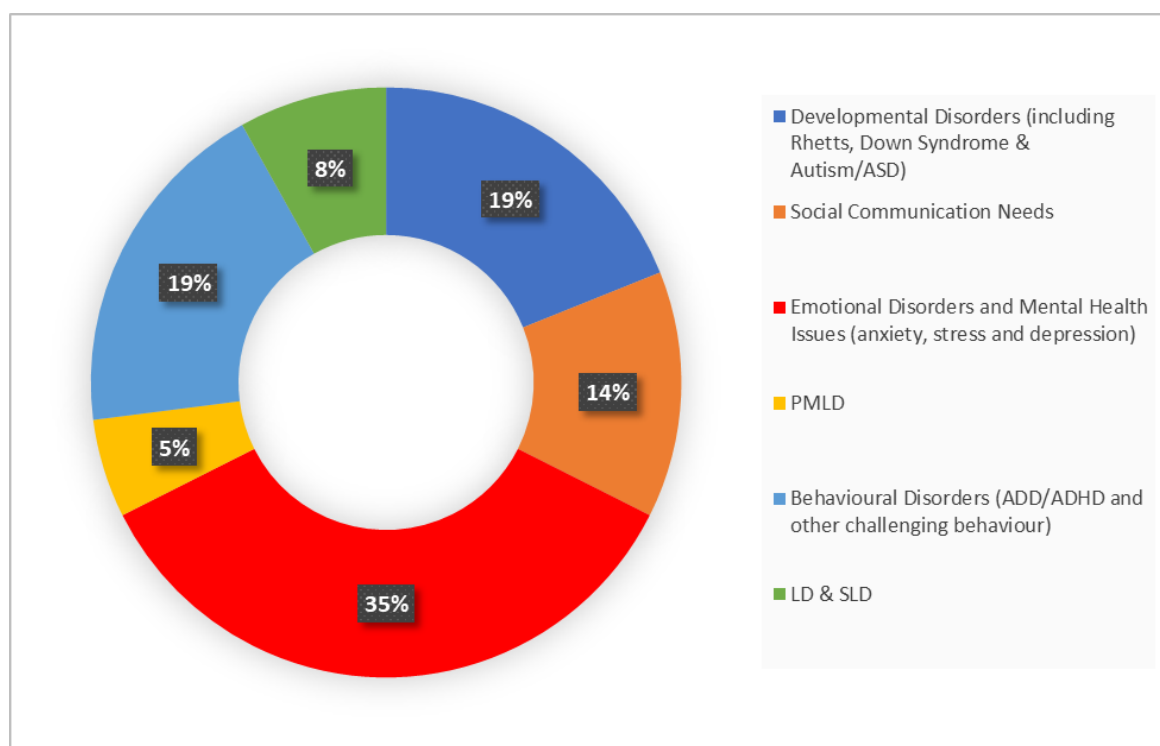


Figure 5.1 - Pie chart illustrating types of needs of clients as mentioned by MTs and CMTs

Emotional disorders and mental health issues are the most common (35.1%), This is followed by behavioural disorders and developmental disorders as ASD, Down syndrome and Rett syndrome (18.9%). Social communication needs (13.5%) are also referred to as speech and language difficulties, while LD/SLD (8.1%) range from dyslexia, dyspraxia to ADHD. PMLD (5.4%) is typically more than one or multiple disabilities and can be combination of any of the previously mentioned disabilities. It is important to note here that some of the disorders are linked to some others. For example, ASD is

often associated with challenging behaviours such as ADD and emotional disorders such as anxiety and stress also leading to difficulties in learning and studying (Avni, Ben-Itzhak & Zachor, 2018).

The next question in this section in all three questionnaires is regarding the participants' previous employment which is presented qualitatively below due to the varying ranges of responses:

Section A: Question 4: Please provide details of previous employment.

Responses from music teachers	
	Previous employment
T1	Teacher of music and drama; Head of Music; Form teacher; Head of Expressive Arts; Assistant Head Teacher (KS3 Curriculum and whole-school pastoral including student voice) and Deputy Head Teacher (whole-school responsibility for Pastoral Care, Staff Development, Departmental support; PSHE and citizenship etc.) Have worked in 8 different comprehensive schools altogether.
T2	Special needs schools – Primary and Secondary
T3	SEN schools since 2002 till 2018
T4	Playworker; play and music preschool tutor; self-employed songwriter and performer; Workshop lead.
T5	Music teacher
T6	Have worked at the present school for 32 years as a generalist teacher in the past.
T7	Worked as a music teacher in a number of high schools in the past.
T8	Worked as a peripatetic drum kit teacher – working both privately and in schools.
T9	Have worked in the private sector teaching music. Worked part time in a state secondary school.
T10	Teacher in a secondary school for 15 years; Deputy headteacher in a primary school for 5 years.
T11	Taught in a Church of England Secondary school and an independent school.

Table 5.16 Music teachers' previous employment details

T1, although a trained music therapist, took part in the study in the capacity of a music teacher. This is due to her self-identification as a 'music practitioner', which was described as they 'straddle the two kinds' of a teacher and a music therapist (T1, Interview, Appendix 7a). Apart from T1, all other teachers primarily teach music in schools and some also on a private basis.

Responses from music therapists

	Previous employment
MT1	Adoption and trauma related music therapy and consultancy work; sat on adoption panels as an independent member; operated as a consultant for referrals and waiting lists in SEN schools and have worked as a music therapist for following client groups: adults with learning disabilities, adult clients with dementia, <u>schizophrenia</u> and serious mental illness, adopted children with PMLD; young boys/men with serious offending behaviour, children and adults with mental health issues.
MT2	Used to work as a singing teacher for individuals and groups in the Netherlands for 27 years before specialising in music therapy.
MT3	Self-employed music tuition and a crisis line phone counsellor.
MT4	Dementia care and charity day centre
MT5	Worked as a day centre officer with adults with learning disabilities.
MT6	Worked as a music therapist in 2 SEN schools as well as in an adult learning disability day centre.
MT7	Worked in a children's home as a residential social worker.
MT8	Worked in 3 schools for children with SLD and PMLD.
MT9	Worked as an instrumental teacher and then Team Leader for a Music Service providing woodwind lessons in mainstream schools.
	Have also worked for Drake Music which provides music workshops for adults and children with physical disabilities using assistive technology.
MT10	Have worked for several Music Therapy organisations in the UK providing music therapy on a self-employed basis. Also worked in private practice since 1998 and in special schools offering individual and some group sessions to children/young people with a range of conditions, (mild – profound learning disabilities, ASD, communication disorders etc).
MT11	Music therapist in various settings, including hospital and hospice settings, primary and special schools, in a forensic psychiatry setting and a private practice. Music teacher in a secondary school. Lecturer in music, working with students training to become music teachers in schools. Programme Leader of Postgraduate Diploma in Music Therapy. Have worked with adults and children of all ages.
MT12	25 years singer-songwriter and musician. 20 years event <u>management</u> . Always self employed

Table 5.17 MTs' previous employment details

Responses from community music therapists

	Previous employment
CMT1	Community musician working in Special Schools throughout UK training staff in the use of music and intensive interaction when working with children who had profound and multiple learning difficulties. Music therapist in various special schools including Autism, ADHD, Emotional and Behavioural, PMLD, SLD. 15 years working in Hospice Care, NHS and private.

Table 5.18 CMT’s previous employment details

As mentioned before, all music therapists, including the community music therapist who took part in the study, currently work or have worked in educational settings. These include mainstream, special schools and pupil referral units (PRUs), while some also private instrumental teaching. From question 5 onwards, the questions vary according to each type of questionnaire. Therefore, each questionnaire’s data sets will be presented separately. The music teachers’ questionnaire’s data is presented first, then music therapists’ and lastly the community music therapist’s responses. The presentation of the data for these are also done quantitatively and qualitatively according to the open-ended or close-ended nature of the questions.

5.3 Music teachers’ questionnaire – Quantitative & qualitative presentation of data

5.3.1 Section A, Questions 5-8

As presented in the tables below, most music teachers who took part in this study specialise in teaching only music ([Table 5.19](#)). This is due to music being considered as a highly specialist subject that require specialist knowledge and skills. This is especially in the case of secondary schools, as music becomes an even more ‘exclusive’ subject. The tables also show that most teachers work between the age of 11 to 16 (Key stages 3 and 4), (while this study’s focus age is 11-17) ([Table 5.20](#)). Most number of students in the class, according to the responses were 1-10, which suggest small group classes when teaching music ([Table 5.21](#)).

Questionnaire for music teachers: Section A, Question 5: In what capacity do you teach? (Please tick):

Different capacities of a music teacher's role	% of music teachers
Generalist who teaches all subjects including music	9.09%
Music specialist who teaches only music	72.72%
Music specialist who teaches general subjects as well	9.09%
Non-teaching role	9.09%

Table 5.19 Different capacities of the role of music teachers

Section A, Question 6: What age group do you teach?

Key stages, age groups and year groups	% of music teachers
Early years foundation stage (ages 3-5) - Nursey and reception	18.18%
Key stage 1 (ages 5-7) - Years 1 & 2	45.45%
Key stage 2 (ages 7-11) - Years 3 to 6	54.55%
Key stage 3 (ages 11-14) - Years 7 to 9	90.91%
Key stage 4 (ages 14-16) - Years 10 & 11	90.91%
Key stage 5 (ages 16-18) - Years 12 & 13	54.55%

Table 5.20 Different age groups and key stages taught by music teachers

Section A, Question 7: How many students are there in a class?

Number of students in a class	% of music teachers' responses
1-10	81.82%
10-15	45.45%
15-25	27.27%
25-30	45.45%
30+	0%

Table 5.21 Number of students in music classroom

The general background information about the participants ends from this section. From here onwards, the questions primarily engage with the main researcher question, the sub-questions and related issues as discussed in the [methodology chapter](#). Question 8 corresponds to sub-question 2 (How can music lessons in the classroom support academic learning and adolescent mental health and

wellbeing?) and to the related issue of ‘What are the most common mental health issues and special needs among adolescents?’. The data responses for this are presented in the table below:

Section A, Question 8: What kinds of needs are there in your music class?

Types of needs	
T1	Mainly Neurodiversity (diagnoses of ASD, Asperger syndrome, ADHD) and Social, Emotional and Mental Health including clinical depression.
T2	ASD, Down syndrome / Asperger’s syndrome, PMLD and behavioural disorders.
T3	ASD, PMLD and ADHD.
T4	Various disabilities and special educational needs/neurodiversity. Autism, ADHD, speech and communication difficulties and physical disabilities.
T5	None in terms of special needs.
T6	Social, Emotional and Mental Health difficulties, including anxiety ADHD/ADD, ODD, PDA, ASD Social, communication and interaction difficulties Speech, Language and Communication needs
T7	ADHD and some ASD spectrum disorders.
T8	EAL, SEN students who can suffer from behaviour issues, and everything in between.
T9	SEN, EAL and differentiation in experience of music.
T10	Variety of SEND needs including ADHD, ASD, physical needs, emotional disorders
T11	Mixed ability Full range of EAL and SEN needs.

Table 5.22 Types of student needs in the classroom

The above data has been represented in a pie chart below to illustrate the type of needs that are most common and least common as mentioned by music teachers.

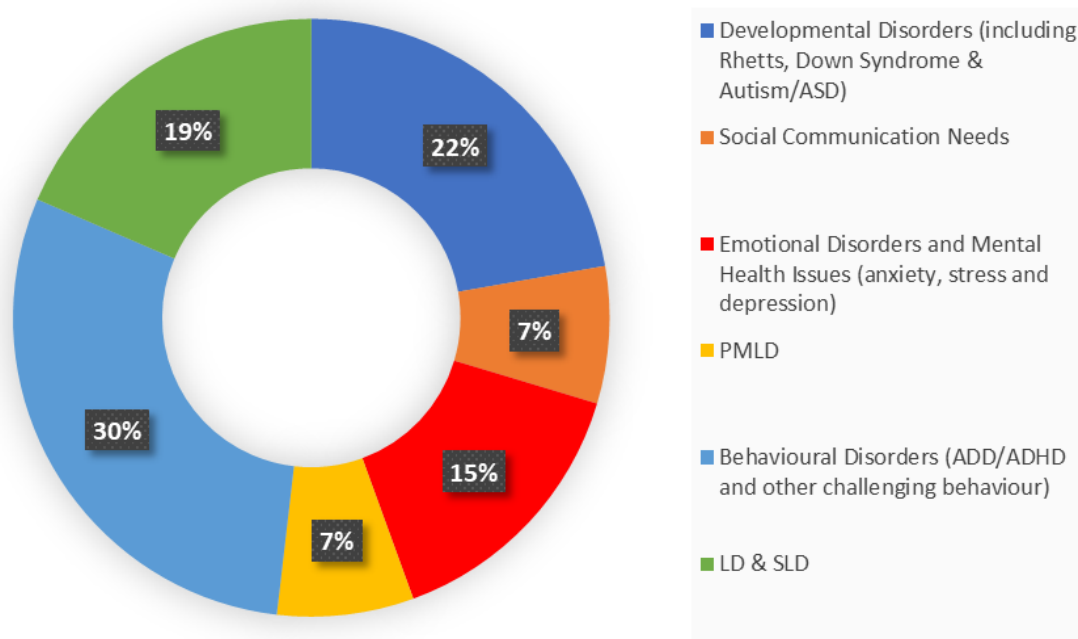


Fig 5.2 - Pie chart illustrating types of needs of clients as mentioned by music teachers

Behavioural disorders, including ADD/ADHD and challenging behaviour are the most common needs as stated by music teachers (29.6%), which is contrasting to the most common type of need as noted by music therapists which was emotional and mental health issues. This is also in contrast with the recent government report on SEN/D (2021/22) which identifies speech, language and communication as the most common type of needs among students with SEN support (Department for Education, 2022, ‘Special educational needs in England: Academic Year 2021/22’) It should be noted that behavioural disorders are not listed in the official statistics, this could be due to variation of definitions and how these are classified. For instance, studies show that there are direct correlations between ASD and some behavioural disorders (‘Approximately 1 in 4 children with ASDs have a comorbid disruptive behaviour disorder’, Kaat & Lecavalier, 2013). But as per my initial informal observations, which showed that music therapy is mostly provided to those who are identified as most disruptive in class, behavioural disorders (including disruptive and anti-social behaviour) were classified as its own category for the purpose of this study.

Developmental disorders such as ASD (22.2%) was the second most common need according to teachers followed by LD and SLD (18.5%), then emotional and mental health issues (14.8%). Social communication needs and PMLD (7.4%) were the least common types of needs as maintained by teachers. However, it should be reiterated here that some of these needs are often interlinked and

correlated to other disorders. For instance, a student with social communication needs such as speech, language and interactions challenges can also face emotional problems as anxiety and stress (Pickard, Rijdsdijk, Happé & Mandy, 2017). English as Additional Language or EAL was not taken into account, although it is included in students' education plans, however it is not recognised as a special need or disability.

Next, I will present the data from section B of teachers' questionnaire in qualitative and quantitative forms.

5.3.2 Section B, Questions 9-14

This part of the questionnaire addresses the [sub-questions 1](#) and [2](#) and the related issues. The purpose for this question is to find out the most popular music activities in music lessons and to determine if certain activities are given priority over others.

Question 9: What activities do you normally teach in a lesson? How much (approx. %) these feature in each lesson?

Approximate frequency and proportion of time that activities are taught			
Approximate frequency taught in lessons			
Activity	Every lesson	Most lessons	Some lessons
Singing *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 10.	30%	10%	70%
Composing *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 10.	0%	60%	40%
Improvising *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 10.	10%	10%	70%
Listening *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 10.	70%	20%	10%

Music history *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 9.	0%	55.56%	44.44%
Music theory *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 9	11.11%	33.33%	55.56%

*Some participants have not provided answers for this question; therefore, the total number of participants were counted accordingly and as noted in the above table.

Table 5.23 Approximate frequency of the activities taught in music classroom

Activity	Approximate proportion of lesson time when taught				
	Less than 10%	10%-30%	30%-50%	50%-70%	70%+
Singing *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 9.	22.22%	22.22%	11.11%	33.33%	11.11%
Composing *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 8.	25%	37.5%	12.5%	12.5%	12.5%
Improvising *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 8.	37.5%	50%	12.5%	0%	0%
Listening *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 8.	12.5%	37.5%	12.5%	12.5%	25%
Music history	37.5%	50%	12.5%	0%	0%

*Some participants have not provided answers for this question; therefore, the total number of participants were counted as 8.					
Music theory *Some participants have not provided answers for this question; therefore, the total number of participants were counted as 8.	37.5%	37.5%	12.5%	0%	12.5%

*Some participants have not provided answers for this question; therefore, the total number of participants were counted accordingly and as noted in the above table.

Table 5.24 Approximate frequency of lesson times taught in music classroom

The most common activity in music lessons is listening to music, followed by singing and music theory. The least common activities are improvisation, composition and music history. This corresponds with the literature and the argument which was made in ‘[Chapter 2](#)’ that creative aspects are under-practised in music lessons.

Question 9a is presented in both quantitative and qualitative forms as a number of reasons were listed by the teachers as to why they think the curriculum is not taught in balance. This is related to sub-question 1 and regarding the issue of present challenges in teaching music and problems within the curriculum. The full summary of Table 5.26 can be found in [Appendix 13](#).

Question 9a: Do you think the current content is taught in balance? Please explain your answer.

Quantitative analysis:

	% of teachers
Yes, the current content is taught in balance.	45.45%
No, the current content is taught in balance.	54.55%

Table 5.25 Music teachers on if the music curriculum is taught in balance

Qualitative analysis:

T1	“...Programmes of study at KS3 and teacher assessments allow enough flexibility to ensure a student-centred curriculum, whilst GCSE assessment requirements limit flexibility and inclusivity”. KS3 is generally inclusive. In GCSE music there is a demand for higher level of technical performing ability and music reading. Demands of assessment can be demotivating for students.
T2	The current curriculum does not take students with special needs into account.
T3	The current curriculum does not serve and address the needs of students with and ASD and PMLD mainly. Music theory which is embedded in a “non-explicit way”, excludes student with such needs.
T4	Not for all types of SEN groups. Particularly, music theory and history are not relevant for those with SEND.
T5	More composition and improvisation for better balance.
T6	Individual music sessions where students sing and perform.
T7	Depends on the key stage. Music lessons differ from KS3 to KS5 and “one specialises in certain tasks much more frequently than at KS3.”
T8	Mostly teach everything in balance, where “most of the curriculum is framed around music theory and history.”
T9	Significance placed on performing, listening and composing at KS3.
T10	Some areas such as composing require more focus in some lessons. KS4 lessons are more explicitly divided into listening, composing and performing.
T11	Has ensured an even balance in all music activities by creating a Statement of Work (SOW).

Table 5.26 Summary on if music curriculum is/is not taught in balance by music teachers

The imbalance of the music curriculum due to lack of emphasis on creative activities such as composition and improvisation, and the not addressing the learning needs of SEND pupils are some of the most highlighted responses to this.

The next questions address the issues pertaining to sub-questions 1 and 2 regarding teachers’ view on inclusion, their current teaching practices and the music activities done in the classroom to promote inclusion. These also inquire further if the current music curriculum supports adolescents with SEN and mental health challenges. A quote from DfE on inclusion in education was provided at the start of this set of questions as a brief, this was considered as a ‘generic’ quote so as not to hamper with the responses:

The concept of inclusive education embodies the rights of all children to be included in all aspects of education and the importance of the right not to feel excluded, while protecting the interests of individual children with special educational needs (Department for Education, 2001).

10. What is your perception of inclusion in the classroom?

T1	Child-centred in terms of content, delivery and assessment. Holistic by considering child's all needs (physical, psychological, social, academic and spiritual). "Focuses on process as well as skills and knowledge." Flexible, responsive and differentiated. Values individuality and diversity and does not make assumptions based on age, gender, ethnicity, cultural background, disability, neurodiversity.
T2	"An inclusive education includes every child, regardless of their needs and disabilities."
T3	Current music curriculum places too much emphasis on theory and outcomes, and does not address the needs of students with SEN appropriately. Music as a communication tool, enhancing students' ability to develop own voices and independence.
T4	In mainstream settings getting better. However, greater awareness and integration within mainstream settings are needed.
T5	Classroom music lessons are inclusive, however not inclusive for students from socially deprived backgrounds when it comes to private instrumental tuition.
T6	Music as a lesson became a "flashpoint" for many students, and was therefore taken off the timetable, so now offered on a voluntary basis.
T7	"Music is a very differentiated subject by ability and experience." "Proper scaffolding, explanation, modelling and support for those less able".
T8	Ensuring all students to have the same opportunities as music is considered a "fairly elitist subject". Simplifying the music syllabus as music theory is not the most accessible for all types of students and when considering inclusion.
T9	Answer not provided.
T10	"Music education is very inclusive on the whole and breaks down a number of socio-economic and ability barriers". Can be physically challenging for some.
T11	"All students should be able to take part and progress at a level appropriate for them."

Table 5.27 Music teachers' perceptions on inclusion

Child- and student-centredness, valuing diversity and individuality, and promoting independent learning by providing appropriate support are some of notions of inclusion stated by teachers. The next question also responds to [sub-question 1](#), which examines the answers to the music activities that promote or facilitate inclusion in music lessons.

11. How do you practice inclusion in the classroom when doing music-making activities?

T1	Teachers' attitudes towards students, valuing differences, diversity, abilities. Giving students a voice at every stage of the process. Providing all students with a range of resources. Valuing students' choices.
T2	“Taking into account what each class likes to do in terms of musical activities”.
T3	Music as an alternate language. Using students’ existing abilities as a starting point to further develop independence and communication. Placing high emphasis on transferrable skills.
T4	Using BSL, Makaton, dance, and adaptive movements to music – beneficial for those who are non-verbal.
T5	Group work involving the whole class is done.
T6	Answer not provided.
T7	Ensure that all students are included in the lesson by “proper scaffolding, explanation, modelling and support for those less able”.
T8	Using equipment that are available at school and not relying on students to complete work from school.
T9	By being aware of any learning barriers from student profiles. Modifying teaching, assessment, questioning and taking student needs into account.
T10	“Differentiation supports teaching and learning” and providing additional resources such as worksheets, with teaching assistants’ support. Pupil pairings to participate in music activities.
T11	“Full differentiation of all tasks”

Table 5.28 Music teachers’ practices and activities to promote inclusion (Full summaries in [Appendix 13](#))

The above responses show a variety of inclusive music-making practices that are currently employed by music teachers. Taking students’ needs, disabilities and abilities into account when *musicising* as stated by most teachers appear to be an important factor when practicing inclusion in the music classroom. Respecting student choices and interests, small group work, differentiation in teaching and learning are also emphasised by most music teachers. The purpose of the next question is to find out what specific teaching methods that are utilised to practice such inclusive practices in music-making and teaching.

11a. What teaching methods do you currently practice (or recommend) to promote inclusion when music-making in the classroom?

T1	Classroom organisation, lesson content and delivery – students self-selecting music from a culturally diverse range of resources and from difficulty levels; varied structured activities; presentation of resources in
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	different formats. A range of differentiated assessment methods; peer and self-assessments; student feedback.
T2	Playing instruments as part of a group - depending on what types of instruments the students like and are able to play, use of percussion instruments. Music listening for relaxation and singing.
T3	Music interaction based on Intensive Interaction approach. Free improvisation Call and response singing games Using students' vocalisations Music production techniques – recording and listening back in order to get instant aural feedback. Dance/movement to music.
T4	Exploring programmes as 'Singing Hands'. A range of songs to suit student needs. Engaging in multiple modes of learning.
T5	Small group work such as, learning a song in a full group. Splitting into smaller groups for call and response.
T6	Answer not provided.
T7	Music teacher should provide "proper scaffolding, explanation, modelling and support for those less able".
T8	Model all activities (performing/composing etc.) so students understand what to do. Have it written too for any students who need more time to process information. Regularly check in on lower attaining students, ensure any SEN students remain focussed.
T9	Differentiate group work Independent learning Peer assessment and support
T10	As answered in the previous question.
T11	Know your students and their prior knowledge Group students carefully for practical work Have a wide range of options available for practical and written tasks

Table 5.29 Current recommended teaching methods and practices to promote inclusion by music teachers

As presented in the above table the most recommended and practiced music teaching methods that promote inclusion in the music classroom are performing or singing as part of small groups, peer support, pairing, differentiated group work and using differentiated assessment methods such as peer assessment. Modelling the music activities to students and engaging a blend of methods, such as, dance and movement, music production and technology, multiple modes of learning in forms of aural, visual and kinaesthetic is also mentioned in the responses.

Question 12 involves the issue of issues within the music curriculum itself which pertains to [sub-question 1](#). This is to determine if the music curriculum is accessible by all students equally.

12. Do you think the current music curriculum take inclusion and students' entitlement to access to the subject content into account effectively? Please explain your answer.

T1	KS3 in general has been flexible enough to put inclusive values into practice. However, insufficient guidance ensure inclusion. Majority of teachers have their own inclusion schemes of work in place, but extra support and training is needed.
T2	It is more suitable for students in mainstream settings, not for those in SEN schools or settings.
T3	No, as the current music curriculum is very much outcome based. Focus is on learning theory which is not inclusive.
T4	The current curriculum is definitely more aimed for those who are "able bodied". Whole class teaching could be improved.
T5	In classroom teaching it does, but not in private instrumental teaching.
T6	Answer not provided.
T7	Yes, if it is taught well, in terms of delivery of the content.
T8	Curriculum places too much emphasis on classical music and the workings of 18 th century composers, questions the relevance of content. However, most curriculums have balanced scheme of work in history, performing, composing and listening.
T9	Yes, but it falls on the individual teachers and schools to ensure that student needs are met in delivery of the content/curriculum.
T10	Yes, providing effective support and differentiation so students are able to access the full curriculum.
T11	KS3 curriculum is carefully planned to do so. KS4 and KS5 follow an external syllabus.

Table 5.30 Music teachers' views & comments on if current music curriculum take student inclusion & accessibility to subject content into account

A wide range and a variety of reasons are stated as to how the curriculum take inclusion and students' entitlement to access the subject content into account effectively or not. While it seems to fall on teachers and schools to create an inclusive music curriculum, the NCM is seemingly utilised more as a guide to devise the curriculum and the content. On the other hand, some teachers have commented that the current music curriculum is more catered towards mainstream music education and not for those in SEN settings, as it is too outcome and theory based. This notion is extended towards the emphasis placed on European classical music from the 18th century, where T8 questions the relevance of certain music styles for adolescents.

The next question is in relation to if the music curriculum promotes inclusion when it comes to students with special needs:

13. Do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

T1	Assessment area is the most problematic for students with special needs. Contradictory purposes stated in the Programmes of study of the existing national curriculum and assessments.
T2	Not really, the vagueness of the music curriculum. Insufficient content (and music activities) for students with SEN, therefore having to use external resources.
T3	Current music curriculum is very much outcome and subject based. Focus is on learning theory which is not inclusive.
T4	Programmes such as “Sing Up!”, which are for primary schools, that KS3 is lacking.
T5	The current music curriculum does take students with special needs into consideration. Percussion work and rhythm work is commonly focused in most classroom music lessons.
T6	Answer not provided.
T7	It is mostly outcome focused in terms of what students should learn/experience throughout a course. “The gamut of special needs” which is “extraordinarily complex and nuanced” is not taken into consideration.
T8	The current music curriculum does not include and is inaccessible for pupils with SEN. It is a difficult subject and “(at GCSE level) requires being adept at an instrument and also having decent music theory knowledge before even beginning the qualification”. From a KS3 level, inclusivity goes beyond the curriculum. Insufficient space - “schools only have one room for all students to practise in”.
T9	Depends on the delivery in individual schools and teachers being aware of students’ needs.
T10	Yes, providing effective support and differentiation so students are able to access the full curriculum.
T11	Yes, but if not adapting according to the individual needs.

Table 5.31 Music teachers’ views & comments on if current music curriculum take students with SEN into account

In regard to the music curriculum not addressing or meeting the needs of student with SEN provision, the most common issue mentioned is that it is mostly outcome and assessment based. It is not only problematic and restrictive for students with special needs, but according to T1, is also contradictory to what is stated in the Programmes of Study, which notes the importance of promoting self-confidence, creativity and sense of achievement, while the aims in terms of progression are framed as

“next level of musical excellence” (DfE, Music Programmes of Study, 2021). Additionally, music teachers working in special needs contexts often use a variety of external resources, special frameworks and models (such as Sounds of Intent) and personalise accordingly to meet the students’ needs and disabilities. There are also comments on inclusivity going “beyond the curriculum” from KS3 level (T8) and the emphasis on music theory which can be exclusive.

Question 14 corresponds to [sub-question 2](#), related to the issue of the most common mental health and emotional challenges among teenagers.

14. What are your views on how the current music curriculum assist/support teenagers with emotional disorders and mental health challenges?

T1	The most significant factors are the teacher’s approaches and attitudes. Music lessons have been “havens and safe spaces” for young people. Main obstacles are: “over-prescriptive, demotivating assessment procedures and the lack of curriculum time available to allow teenagers with emotional and mental health challenges the necessary space to settle into the activities and teachers to encourage and support these students on an individual basis”.
T2	The current music curriculum is not very supportive and too vague.
T3	As the curriculum is outcome based it can increase levels of anxiety.
T4	More current and relevant music activities need to be included other than classical music composing which is particularly focused in GCSE music. A more balance between the “theory” and “creativity”.
T5	While music definitely helps in general with expression, the current curriculum does not necessarily support teenagers with mental health issues/challenges.
T6	Answer not provided
T7	Does not feel that it does, at source, “such support is given at school level, bespoke to/for those who require such support.”
T8	The curriculum does not support this at all. “It is a difficult subject which is stressful, and there is certainly no information on the therapeutic nature of music at a school level.”
T9	The school do well in order to support teenagers with these issues and there are some students who benefit hugely from music in school.
T10	“Music can support emotional and mental health in many ways.”
T11	Music is provided on a one-to-one basis as only students suited to take music take part in these sessions. “The current curriculum we teach would be of great benefit to the students if they came to the lessons. Sadly, many students are removed from Music to allow for one 2 one support sessions”

Table 5.32 Music teachers’ views on music curriculum supporting adolescents’ emotional and mental health

The majority of the group claimed that the current music curriculum does not support adolescents with emotional and mental health challenges. Some of the reasons provided include, the curriculum being over-prescriptive, the focus on the outcome-based assessments leading to demotivation to learn and create music. Most schools and teachers, who work with pupils with such challenges which affect their learning, often have to adopt the general curriculum in order to suit and meet the needs of those students. It is also apparent from the responses that some schools are confident in adapting their curriculum accordingly with their students' needs and abilities, while some struggle with this resulting in removing certain students from music and providing one-to-one sessions.

5.3.3 Section C, Questions 15-20

This set of questions correlate to the [sub-question 2](#), the most appropriate music therapy methods employed when working with adolescents. It was important to determine if music teachers are aware of music therapy and its approaches, and if so, how they perceive the benefits:

15. Are you aware of any music therapy approaches? & 15a. If yes, please name some of the methods/approaches.

Quantitative analysis:

	% of music teachers
Yes	40%
No	60%

*T6 did not provided an answer as alternate responses were provided in the follow-up email, therefore the total number of participants were counted as 10.

Table 5.33 Music teachers' awareness of music therapy

Qualitative analysis - Music therapy methods/approaches that music teachers are aware of:

T1	Yes. Psychoanalytic, Psychodynamic, mentalization, systemic; Music-centred, Nordoff-Robbins, Community music making / ' <u>musiking</u> '; Guided Imagery in Music. Neurologic music therapy and blended music therapy approaches
T2	Yes. Creative composition and improvisation.
T3	Yes. Non-verbal shared play; free improvisation.
T4	Yes. Culture-centred music therapy (community play and music), Nordoff-Robbins (composition)
T5	Not aware of music therapy methods.
T6	Answer not provided.
T7	No. No, we don't have students who would benefit from such support as we're a mainstream, academically selective school.
T8	Not aware of music therapy methods.
T9	Not aware of music therapy methods.
T10	Not aware of music therapy methods.
T11	Not aware of music therapy methods.

Table 5.34 Music therapy methods named by music teachers

16. Could they be of benefit to your students? Please explain your answer.

Quantitative analysis:

	% of music teachers
Yes	75%
No	0%
Possibly	25%

*T6, T7 and T11 have not provided answers as they are not sure or as they are not aware of any music therapy methods/approaches. Therefore, the total number of participants are counted as 8.

Table 5.35 Music teachers on if music therapy can be of benefit to students

Qualitative analysis:

T1	Most of the processes employed in music therapy "could beneficially be used in classroom music to a greater or lesser extent, for all students, including those with special needs."
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	Most appropriate music therapy approaches to be used within a classroom: “opportunity for choice-making; free-improvisation involving creative suspension of judgement.” These particularly contribute towards and support adolescent psychological development.
T2	Yes, music therapy is hugely beneficial for social and personal development of children with special needs.
T3	“Definitely”, focus on what the student can bring to the communication exchange taking place.” Have a significant impact on self-confidence.
T4	“The community aspect of our choir is fundamental”. Being with friends, socialising through music and creating a sense of belonging within the group.
T5	Using music as a way to help and support students emotionally.
T6	Answer not provided.
T7	Answer not provided.
T8	Mentions that one student who borrowed a guitar in her therapy sessions as she enjoys playing and singing, and that “has helped her tremendously.”
T9	“Possibly” Mentions that she needs more information about music therapy to be convinced.
T10	Could possibly be helpful to the students.
T11	Answer not provided.

Table 5.36 Music teachers’ views on how and why students can benefit from music therapy

T1, T2, T3 and T4 who seem to be well aware of and familiar with music therapy and its processes agree that music therapy is beneficial for their students. T5, although not aware of music therapy approaches, comments that music can be used as a way of addressing and supporting students’ emotional needs and that it is beneficial to incorporate them in music lessons. T6, T7 and T11, who are not familiar with music therapy methods appears unsure if it can be useful for their students. However, T8, T9 and T10 who have also noted that they are unfamiliar with music therapy processes have mentioned that it could be possibly beneficial for their students.

While questions 15 and 16 demonstrated how many music teachers are aware of music therapy methods, question 17 queries how many use such methods in the classroom. Question 17 and 17a also correspond to [sub-question 3](#) regards to the intersectionality of music education and music therapy from teachers’ perspectives.

17. Do you currently use any type of music therapy methods in the classroom? If 'yes', name them and explain how you use them. If 'no', would you like to be able to use some of these techniques? Please explain.

Quantitative analysis:

	% of music teachers
Yes	33.33%
No	66.67%

*T6 and T11 have not provided answers, therefore the total number of participants are counted as 9.

Table 5.37 Music teachers currently using music therapy in classroom

Qualitative analysis:

T1	<p>“I did use some of them, but the main aims were mainly musical and social rather than therapeutic.”</p> <p>For example: free improvisation in groups as an exploratory introduction to more structured work was used to promote creativity, turn-taking activities; follow the leader, call and response songs and instrumental pieces, rhythm games to develop listening skills, own choice of music for performing and listening to motivate students, group song writing.</p> <p>Recommends Dr Amelia Oldfield’s ‘Pied Piper’ resources - “a good example of how activities designed for music therapy groups are very similar to regular classroom teaching activities”</p>
T2	Not currently using any.
T3	Free improvisation with the students with more profound and complex needs. Students’ own sounds, movements and vocalisations are used to build a “piece” of music that feeds back from the student’s input – to improve communication skills and facilitate musical interactions.
T4	“See previous”
T5	No, but would like to as mentioned before.
T6	Answer not provided.
T7	“No, we don’t have students who would benefit from such support as we’re a mainstream, academically selective school.”
T8	No, but would like to be able to use in the classroom.
T9	No.
T10	No
T11	Answer not provided.

Table 5.38 Music teachers on using/not using music therapy in classroom

Some teachers have not provided answers because they are not sure or aware of the music therapy methods. As previously stated, particularly those who are working in mainstream settings (T7), may not have directly come across music therapy and therefore are not as well informed as those who work

in SEN settings. Having noted that there are some students with some form of learning or special need in their classroom in their mainstream schools, these music teachers may not be aware of music therapy’s wide range of benefits. Comparatively, music teachers working in SEN settings have more opportunities to have conversations and exchange information with music therapists working or visiting the school. Therefore, they are comparatively more aware of music therapy through association of its approaches, processes and benefits.

Question 17a further probes into the issue of the intersectionality between the two fields. This question was set to find out if and how music therapy fit in to the music curriculum, given the fact from personal observations, that music therapy is accessed by very limited numbers of pupils presently.

17a. What is your view on how music therapy fits in with the general curriculum for adolescents?

T1	“Music therapy can address all aspects of the SEMH curriculum. With the current emphasis on opening up discussion about mental health and feelings – music provides an excellent starting point if used with sensitivity. In most schools, “music therapy would not be considered as part of the entitlement curriculum but as a pastoral intervention.”
T2	“I’m not sure as I’m not a trained music therapist, but I believe such an approach will be hugely beneficial in terms of social and personal development.”
T3	“From my experience when teaching in schools, this was done in isolation: students would be taken to a separate room one to one with the Music Therapist and feedback had most times to be sought back by me. It was up to me as a practitioner to take these conversations and the information contained within them to blend them with the curriculum.”
T4	“It needs further development and integration. We could be reinforcing the ‘wellness’ factor more”.
T5	“I believe it is a great idea and would provide a great stress relief for many teenagers struggling but I do not know of any school that currently uses this in their curriculum.”
T6	Answer not provided
T7	Answer not provided
T8	“I love this in theory and support it fully – but Music is always going to be one of the first subjects that’s defunded in a time of crisis and I feel a lot of schools will not have the budget to support this.”
T9	“I don’t have much knowledge in music therapy in practise.”
T10	Answer not provided
T11	Answer not provided

Table 5.39 Music teachers’ views on how music therapy fits in with general curriculum for adolescents

The responses to question 18 confirm the issue of limited accessibility to music therapy by pupils and inspect as to why the intervention is not made more widely available.

18. If any, currently, how many and what proportion of students receive one-to-one music therapy (MT) sessions in the school? & 18a. What are the reasons why the other students do not receive MT?

T1	None. Lack of funding. Lack of awareness. “The severe pressure put on school leaders and staff to produce measurable improvements means that all too often a ‘quick fix’ is sought, and long-term therapeutic interventions are deemed not to be cost-effective.”
T2	10-12 students. “Students are referred to music therapy by SENCOs, not every student can have access to music therapy.”
T3	N/A currently
T4	N/A
T5	None. “I don’t believe the school has any facilities for this or any idea this exists.”
T6	Answers not provided.
T7	N/A
T8	None, but not sure. “It isn’t available at the school (to my knowledge).”
T9	None. “It has not been highlighted as a specific need.”
T10	None. “Funding and accessibility to therapy/therapists.”
T11	None.

Table 5.40 Music teachers on how many students currently receive music therapy

Question 19 feedbacks to [sub-question 3](#) and particularly to the related issue of employing music therapy as a supplementary tool to music education.

19. Do you think it will be beneficial to use music therapy methods as a supplementary tool in special music education in the classroom? Please explain your answer & 19a. What do you think are the problems and/or restrictions in this approach?

Quantitative analysis:

	% music teachers
Yes	90%
No	10%

*T6 has not provided an answer, therefore the total number of participants were counted as 10.

Table 5.41 Music teachers on using music therapy as a supplementary tool

Qualitative analysis:

T1	<p>Music therapy processes and techniques as an “integral part of the teacher’s toolkit, rather than supplementary to it.” Useful for both special and mainstream schools. Defines the methods more as “therapeutic” than “therapy”.</p> <p>Problems and restrictions: Considerable training implications for managements teams and problems with assessments.</p>
T2	<p>“Yes, music therapy as a toolkit in special music ed can be beneficial.”</p> <p>Problems and restrictions: Issues in teacher training.</p>
T3	<p>“Yes, they should be intertwined and explicitly mentioned in the curriculum for SEN students.”</p> <p>Problems and restrictions: Lack of coordination between multidisciplinary agencies, lack of training, lack of funding, current disregard to arts in education.</p>
T4	<p>“Definitely! It allows a safe, creative, expressive safe for those with SEN to be a part of something.”</p> <p>Problems and restrictions: Large class sizes where intense one to one support or focus cannot be provided, some responses could trigger another student in the class.</p>
T5	<p>“Absolutely. Both music therapy and special needs education would bounce off and benefit each other greatly and would be a great tool to use.”</p> <p>Problems and restrictions: Difficulty in adapting to use such methods as a teacher, lack of time due to an already packed curriculum and timetable.</p>
T6	<p>Answer not provided.</p>
T7	<p>“Some students would undoubtedly benefit from it in certain educational environments, but ours is not one of those.”</p> <p>Problems and restrictions: Lack of awareness.</p>
T8	<p>“Having music therapy as a tool in a collection of therapeutic methods can only be a good thing.”</p> <p>Problems and restrictions: Lack of funding, issues in finding experts to carry this out (training issues), lack of physical space in the school.</p>
T9	<p>It would be beneficial to know about methods, but not aware of any current need for specific MT support needs in general.</p> <p>Problems and restrictions: Lack of time, training and funding/financial challenges.</p>
T10	<p>“I would think so but don’t know enough about it to know whether it can be used as a supplementary tool.”</p>
T11	<p>“Yes as a tried and tested method.”</p> <p>Problems and restrictions: Lack of time and funding, requires a trained specialist (training issue).</p>

Table 5.42 Music teachers on challenges in using music therapy as a supplementary tool

Majority of the teachers supported the idea of using music therapy as a supplementary tool, emphasising on its benefits as an effective way to address student mental health needs, particularly teenagers, as a way to foster creative and safe spaces in music lessons to build confidence and self-awareness. The issue of training along with lack of funding and time were some the main challenges mentioned by teachers in relation to this.

Question 20 corresponds to sub-question 3, in particular to exploring the possibility of integrating certain aspects of the music therapist’s role to the music teacher’s role to support adolescents’ music-making practices. The purpose of this question is to find out if music teachers are aware the music therapist’s role and if they are, what are the specific benefits of it within a teacher’s role.

20. What are your views on integrating some aspects of a music therapist’s role to a music teacher's role to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

T1	<p>Using music as a means to an end and in contributing to the development of “the whole child”.</p> <p>Working collaboratively with pastoral staff.</p> <p>Music teachers and music therapists share similar holistic aims (development of communication skills, self-esteem, socialisation, developing relationships).</p> <p>The dual role of music teacher/music therapist is possible but it demands a level of skill and training.</p> <p>Issues and challenges: Being realistic about time pressures, assessment and reporting back.</p> <p>‘Music Therapist’ is a protected occupational title in law.</p> <p>Concerns over music therapist training and charging rates.</p> <p>The nature of teacher-student relationship is quite different.</p> <p>For a young person the nature of the relationship and the dual roles can be confusing.</p> <p>Recommendations for moving forward with the integration:</p> <p>Inform school leaders and governors about music therapy.</p> <p>Oversee collaborations between music teachers and pastoral staff and looking into local community-based music projects.</p> <p>Additional comment: “Although I do not currently work as a Music Therapist in schools, my conversations with colleagues who do would suggest that far more time than is currently available would need to be found to ensure that all these aspects of the role could be adequately fulfilled.”</p>
T2	<p>There are aspects of a music therapist’s role that could be beneficial for music teacher’s role.</p>
T3	<p>“not working together in a truly integrated way leaves the student not accessing a whole personal development”</p>
T4	<p>“I would love to see more of this work”</p>

	Challenges: Without funding and a clear plan this is difficult.
T5	“Yes great, reasons as mentioned above.” Challenges: “The curriculum in general is packed as it is, schools have little budget left to go onto music and the arts in general.”
T6	Answer not provided.
T7	“I’m sure it would prove useful, but as I’ve said, most likely to be so in the kind of educational setting which caters for students with the kind of learning needs”
T8	“I very much like the idea of this, and to make it more aware.” Challenges: “What I would be aware of is the issue of inclusivity again”
T9	“It could be useful but it would need to link into the other SEN provisions”
T10	Answer not provided.
T11	“Would welcome the opportunity for training.”

Table 5.43 Music teachers on integrating music teacher and music therapist role

Majority of the teachers were supportive of the notion as they stressed it can bring positive benefits for their own teaching practice. Although T6 and T10 did not provide answers, T6 claimed that the music lesson they provide have a ‘loosely therapeutic element’ where there are no set educational goals and are more of a ‘celebration’ of pupils’ talents and skills (T6, Interview, Appendix 7f), while T10 believed that music therapy in education can be beneficial but felt they do not have sufficient knowledge of music therapy to provide a response. There were reservations by some teachers regarding if such an integration can be beneficial for students in mainstream settings, however as shown in the data to previous questions, music therapy as an intervention is available in some mainstream schools. Problems in lack of awareness about music therapy, its approaches, and concerns over the differing nature of the relationships of student-teacher from student-therapist, lack of funding and teacher training issues were raised. Alternatively, working in collaboration with music therapists and other staff, making school leaders more aware of music therapy and its benefits were also mentioned. In the next section, I will present the data from the music therapists’ questionnaire.

5.4 Music therapists’ questionnaire – Quantitative & qualitative presentation of data

Responses from the music therapists’ questionnaires is presented here. The data is once again presented quantitatively (a statistical analysis) and qualitatively (for coding and developing themes) according to the type of question.

5.4.1 Section A, Questions 5-9

This set of question provides more contextual data to the music therapists’ practice and also address issues such as: why music therapy is only referred to a few students in schools?; what are the reasons for this?; and are there any age groups and gender responding best or worst to music therapy? They also address the personal observations of limited accessibility to music therapy in schools, which is one of the key reasons to pursue this study.

Music therapists’ questionnaire: Section A – Question 5. Currently, how many students receive one-to-one music therapy sessions in your school?

MT1	Not solely based in one school, therefore unsure.
MT2	In Special School – 6 pupils In mainstream schools – 2 pupils
MT3	8 pupils
MT4	Mondays – 4; Wednesdays – 6 (recently finished); Fridays – 2 Total of 12
MT5	Usually 10 clients per week.
MT6	15 pupils
MT7	EBD school – 10 students
MT8	Across all settings - 12 children and young people for one-to-one sessions.
MT9	At the Hospital - 5 to 6 patients per day (3 days per week). At the preschool setting - 4 or 5 children each day (1 day per week). In special schools – would generally provide 6 sessions per day (usually one school per day). The turnaround of clients would be around 12 weeks depending on their needs.
MT10	5 students
MT11	In a special school (2017-2019) - 4 children on an individual basis.
MT12	15 students

Table 5.44 MTs on how many students currently receiving music therapy

5a. What are the reasons why the other students do not receive MT? What are your views on this?

MT1	All children who are appropriate referrals should be able to access music therapy.
MT2	The reasons are often financial - parents having to be able to pay for it or find funds, such as Jessies Fund. “My view on this is that the choice whether a student gets music therapy or not therefore is often arbitrary, because it’s not based on the assessment.”
MT3	Referred by the teachers and pastoral team at the school. There might not be financial means to fund sessions for other students.

	“There is also the issue of having the capacity to provide support to a larger number of students from the perspective of the music therapist. This is why it is important for the staff at the school to be able to identify students who may have the greatest need for this type of support.”
MT4	Time restrictions and need for group work in schools. Issue of prioritisation for music therapy sessions - “...those deemed to be more suitable for MT are prioritised and a termly rotation employed.”
MT5	School prioritises the children with mental health difficulties for music therapy.
MT6	Students are referred for specific reasons - emotional communication, challenging behaviour, trauma, attachment issues, “so each child is referred as the need is identified.”
MT7	Referrals are processed within the team.
MT8	Students are prioritised by the school. “Demand often outstrips supply (mostly for financial reasons) so children have to be prioritised.”
MT9	Music therapy is limited at the hospital for patients. Limited due to funding.
MT10	Currently only students with the most complex conditions are referred. Preconceptions about music therapy by other professionals - “The organisation sends in trainees to work with students with emotional issues/family problems. There is a perception that music therapists work mainly non-verbally.”
MT11	Children who were considered to be presenting particularly challenging difficulties (mainly relating to communication and interaction) are referred for music therapy.
MT12	1:1 music therapy session is funded (usually through pupil premium). Due to various other referral processes. One to one music therapy is expensive however, “The increase in demand for this service is very positive.”

Table 5.45 MTs on why some students not receiving music therapy

From these responses it was understood that music therapy referral systems vary across the country. While some therapists claimed that referrals can be random or arbitrary, others stated that in their local authorities and schools, the referrals are well thought out and systematic (MT1). The variations in referral systems were considered as an issue in the present music therapy field contributing to its limited access and availability to students.

Question 6 is in relation to if or not certain age group/s and genders respond best or worse to music therapy and explanations in regard to this.

6. To which age group/range do you provide MT? Do you find that certain age groups or genders respond best?

Music therapists:

Early years (birth to 5 years old)	50%
Children (5 to 10 years old)	91.67%
Adolescents (11 to 18 years old)	100%
Adults (18+)	33.33%

Table 5.46 Age ranges that MTs provide music therapy

6. Do you find that certain age groups or genders respond best? Please explain your answer.

Music therapists:

MT1	To access unconscious memories and explore how these may be negatively impacting on their adoption placement.
MT2	Groups and individuals need different approaches. The work with children and teenagers is often complicated, but eventually just as important and beneficial. No differences between genders.
MT3	No markers in work to discern any difference in response with regards to genders or age group. Adapting each music therapy session to the specific needs of each individual attending and viewing the work in a person-centred way.
MT4	“Reponses varies child to child.”
MT5	“Each client is different.”
MT6	“Each child responds differently.”
MT7	Do not believe “music therapy has an optimum age or gender; the individual therapist, I would suggest, definitely does.”
MT8	“In my experience (of 22 years now), age or gender play no part in how clients respond in therapy.”
MT9	“Music can be a particularly effective way of making a connection with children and babies. Children who may be non-verbal or have a disability may not be able to express their feelings... but interactive music therapy can support and acknowledge their situation”. Music Therapy provides an outlet for children to express themselves either through play, singing or perhaps song-writing for older children. Children with sensory needs may need support in accessing ways to perceive sounds (using vibrations) and to develop an awareness of how they can use music as a means of expression, communication and interaction with others.
MT10	“I don’t sense any difference in engagement level depending on age or gender”. More determined by the level of need background factors.
MT11	“I would be inclined not to say that certain age groups or genders respond best more than others. It is essentially to do with the particular needs that people present and how music therapy might be a particularly appropriate medium through which to address these needs.”

MT12	“All ages respond equally well. I don’t think that age or gender is a barrier to accessing music therapy. The only potential barrier to music therapy being helpful is if the client does not want to be helped, or if they do not believe that they can be helped by music therapy.”
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Table 5.47 MTs on what age groups/gender that best respond to music therapy

The therapists’ responses suggested that no gender or age group react to music therapy in a best or worse way. The responses also suggest that the intervention is individualised to suit the needs of each client which are different and unique. However, it has been stressed that it highly effective when working with children and young people who are non-verbal, where music is utilised as a tool for communication and self-expression. Specific approaches such as free improvisation and songwriting were highlighted as more appropriate interventions for adolescents.

Question 7 and 7a are associated with [sub-question 2](#) (‘what are the most common mental health issues and special needs among adolescents?’). The responses helped in drawing comparisons with related literature which are on adolescents and music therapy.

7. What kinds of emotional needs do your clients present in your MT session?

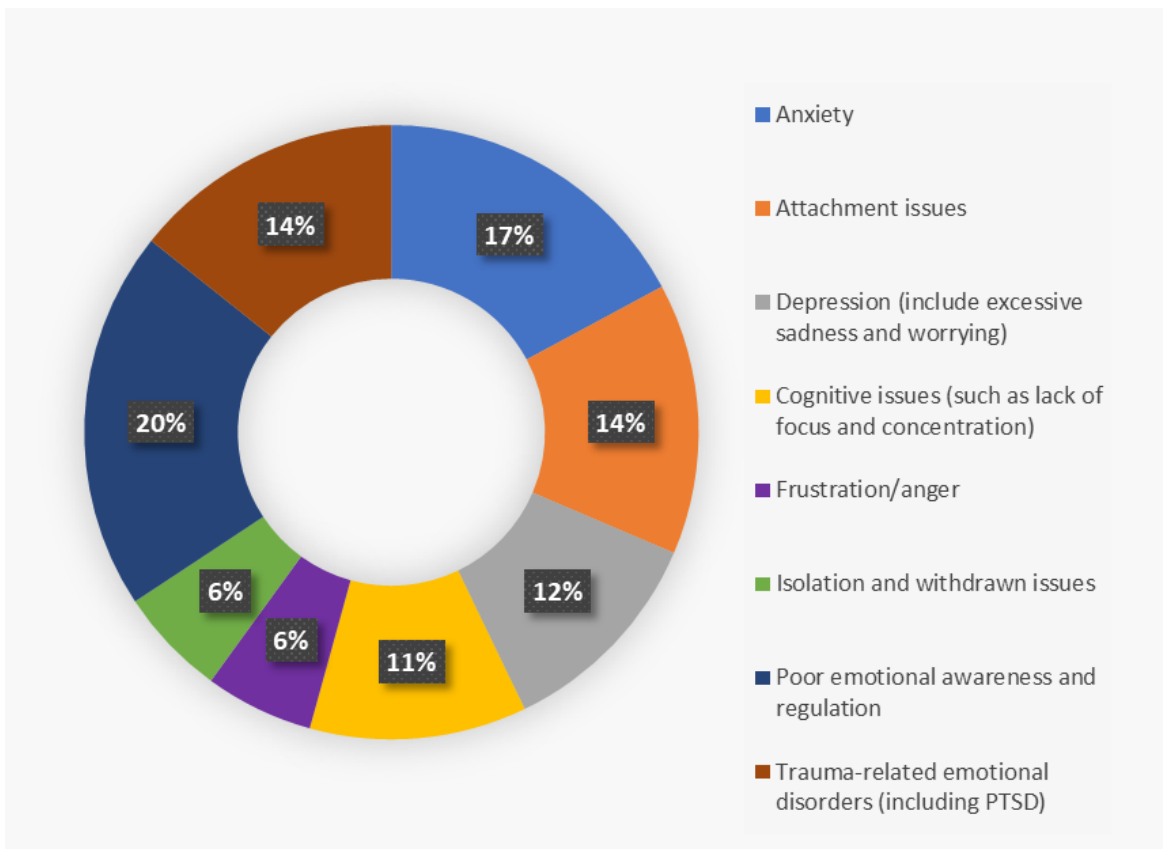


Figure 5.3 Types of emotional disorders among music therapy clients

It should be emphasised here that the term ‘client’ is a medical term and is typically used in music therapy. In this study ‘client’ will be used interchangeably with student, child, adolescent, teenager or young person which are mostly used in education. The most common types of emotional issue mentioned was poor emotional regulation and awareness (20%) followed by anxiety (17%). Most music therapists who took part in the study work with children and young people with a range of trauma-related emotional disorders such as PTSD. These also include emotional attachment issues (14%). This is followed by depression (12%) and cognitive issues (11%) such as difficulties in concentration, poor memory and impaired judgement. More specifically these can have direct effects on students’ academic as well as social and personal wellbeing. The least common emotional issues were frustration or anger management, and isolation (6%) that involves social withdrawal.

7a. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

Music therapists:

MT1	Leading therapy and go at the clients’ pace. Strongly believe that therapy should not be based around results, aims and objectives. “It is a relationship first and foremost wherein all sorts of complex and difficult material can arise”
MT2	<p>“-Clients with autism: Music therapy helps to find ways of self-expression and communication in a non-verbal way. It also helps to build more focus and emotional self-regulation.</p> <p>-Clients with mental health problems: Music therapy helps with processing difficult experiences in the here and now, and with processing events that happened in the past, by giving a medium to express and structure thought and feelings. Lyrics and the non-verbal qualities of music (rhythm, melody, sound and harmony, dynamics) are both relevant in this process.</p>
MT3	<p>“A successful outcome in music therapy is usually dependent on a variety of factors, such as state-dependent functioning.”</p> <p>Benefits can be seen as increased awareness of self/others, improved communication and social skills, reducing and regulating anxiety, tension and challenging behaviour. Increased self-esteem.</p>
MT4	“I find responses are not related to the type of problem – more the approach employed or the circumstances of the child.”
MT5	“Best/worst as with any therapy really, but with music therapy we don’t need to use words, which is great for clients who may not have language or a smaller vocabulary of language.”
MT6	“MT is relevant to all referrals – there is no one better or worse. There is evidence for ASD...”
MT7	“It’s far more about the quality of relationship between therapist and client than the pupil’s disabilities/emotions. Benefits of music therapy can be manifold, can be limited, can be minimal, can be profound!”
MT8	No types of disability or emotional problems that respond best or worst in therapy. Progress is dependent upon the skills and flexibility of the therapist

	to identify the needs of each individual client, and to consider how best to meet those needs. Benefits are a decrease in incidents of challenging behaviour, improved academic achievement, an upturn in self-esteem and improved relationships with peers and staff”
MT9	Music therapy can be useful for “non-verbal clients as they may be able to express themselves during a music therapy session by making sounds or playing where words are too difficult or not available to them”. Children with autism sometimes find musical interactions less threatening and easier to manage than language-based interactions. For older more able children talking about the music that they like to listen to and create music using loops or technology or encourage and support song-writing.
MT10	“Using music improvisation, it is possible to work with the hidden ‘young child’ while outwardly working with the teenager. Improvisation can be ‘cool’ and yet hit the developmental spot”.
MT11	“I personally find that children who have difficulties with communication find a ‘voice’ in music therapy. The non-verbal aspects of music-making afford such children greater access to vocal and instrumental expression”
MT12	“The more severe the disability the harder it is to determine the effects of MT. This work is generally slower than able-bodied pupils and often the child does not have the capacity to reflect on how the therapy is going. In this case, I often look to feedback from teachers and carers outside of the therapy session as another source of feedback. Changes in behaviour including reduction in self-harming, more settled general behaviour in the school environment, less ‘fall-out’ with friends.

Table 5.48 MTs on types of disability and emotional problems responding best/worst to music therapy

All responses from music therapists suggest that there are no types of emotional disorders responding identifiably best or worst to music therapy. Rather, each client’s progress is individual, and it may be minimal but profound to the client. It also depends on the reflexive practice of the music therapist (MT8) where different sets of skills and techniques are required for different clients. However, it has been mentioned by some music therapists that music therapy interventions can particularly be of great benefit for clients who are non-verbal where music is used as a tool and vehicle for communication. Shown benefits and outcomes mentioned are increase in self-regulation, self-confidence, improved communication and social skills, improvements in academic achievements, reduced anxiety and stress and decrease in challenging or disruptive behaviour.

Question 8 to 9 correspond to [sub-question 2](#) and the issue involving the most popular music therapy methods that are used with adolescents. These again was useful in making comparisons with the literature, which recommends certain music therapy approaches when working with teenagers (Tervo, 2001; McFerran, 2010; McFerran & Saarikallio, 2013; McFerran, Derrington & Saarikallio, 2019).

8. What types of MT methods do you currently use?

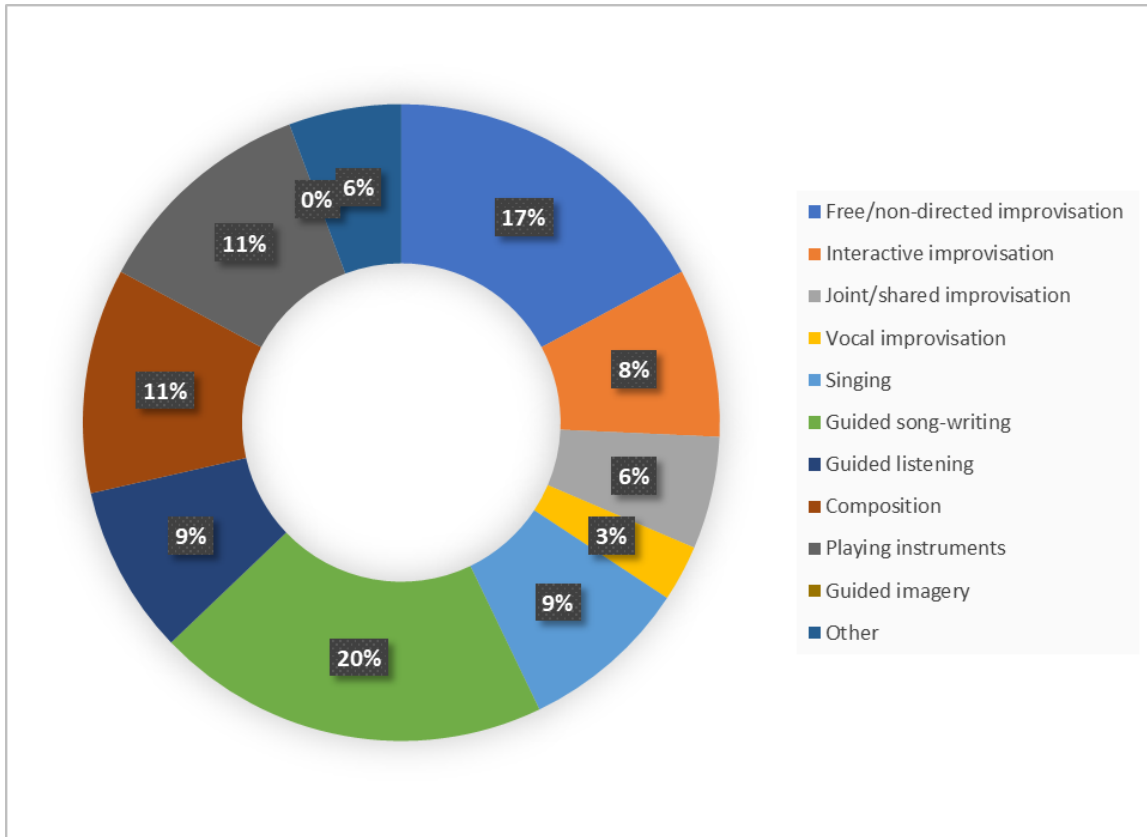


Figure 5.4 Types of music therapy methods presently used by MTs

8a. Do you find that different types of methods are best suited to different kinds of need? Or does it simply depend on the clients themselves? Please explain.

Music therapists:

MT1	Firm believer in non-directed free improvisation.
MT2	Depends on the individual client's preferences and possibilities. "The music therapist needs to have a bag full of possible methods available to react flexible on the individual's needs."
MT3	The types of therapy method should be directly linked to the therapeutic aims of each session. These methods will be adapted if appropriate along the journey, depending on the progress and relational health of the client.
MT4	Completely dependant on the individual – "person centred approach."
MT5	"Every client is different as different time. I mainly use improvisation to mirror an ongoing process."
MT6	Depends on the clients themselves, their needs, their abilities and their willingness to engage.

MT7	“Non-verbal clients often respond best to a basically musical approach, whereas those who are able to verbally communicate might use music only initially, in order to develop a sense of safety within the relationship that allows for reflective thinking.”
MT8	Each client’s therapy is unique. For adolescents “who will mostly repel from anything they consider beneath their age group” will need careful consideration, “so they will need access to instruments such as drum kit and electric guitar, and software such as garage band.”
MT9	For children with disabilities, trying to tune into their mood and “support them to express themselves either using their voice, assistive instruments (iPads can be useful for limited movement) or possible play for them. For older more able children offer a space to talk, play or listen responding through music or words to validate their feelings. All sessions are different.”
MT10	Depends on various factors. For example, “an ASD student, who doesn’t want to play music, but instead chooses to offload the build-up tensions from home. (Traditionally, music improvisation works well with ADS presentations) I find the appropriate method presents itself, as I connect with the young person, build a relationship, hear about their live, concerns, relationship to music etc.”
MT11	Depends entirely on the type of client. “Some clients, for example, may require an emphasis on structure and routine in their music therapy sessions; others may need a lessening of structure and are therefore provided with more open and free musical experiences”. Through the nature of music and musical exchanges balance of moods, feelings and behaviours which “can be both expressed and experienced”, can be achieved.
MT12	“Every child that I see requires a unique approach”. Ensuring that the child is fully engages and offer opportunities for self-expression is the main objective of music therapy. Also relying on personal intuition to determine where to take the session and which music therapy technique to use.

Table 5.49 MTs’ comments on if different methods are suited to different needs or not

The responses in Table 5.50 show that employment of music therapy methods is completely dependent upon the client as it has been described that each client, their needs and situations are different. However, it is recommended that careful considerations must be made when it comes to adolescents as they can be ‘put off’ in participating in the session by certain instruments or specific styles of music.

Question 9 is regarding the most popular music therapy approaches for young people, which correspond to [sub-question 2](#).

9. Are there any specific MT techniques that teenagers respond to better than other age groups?

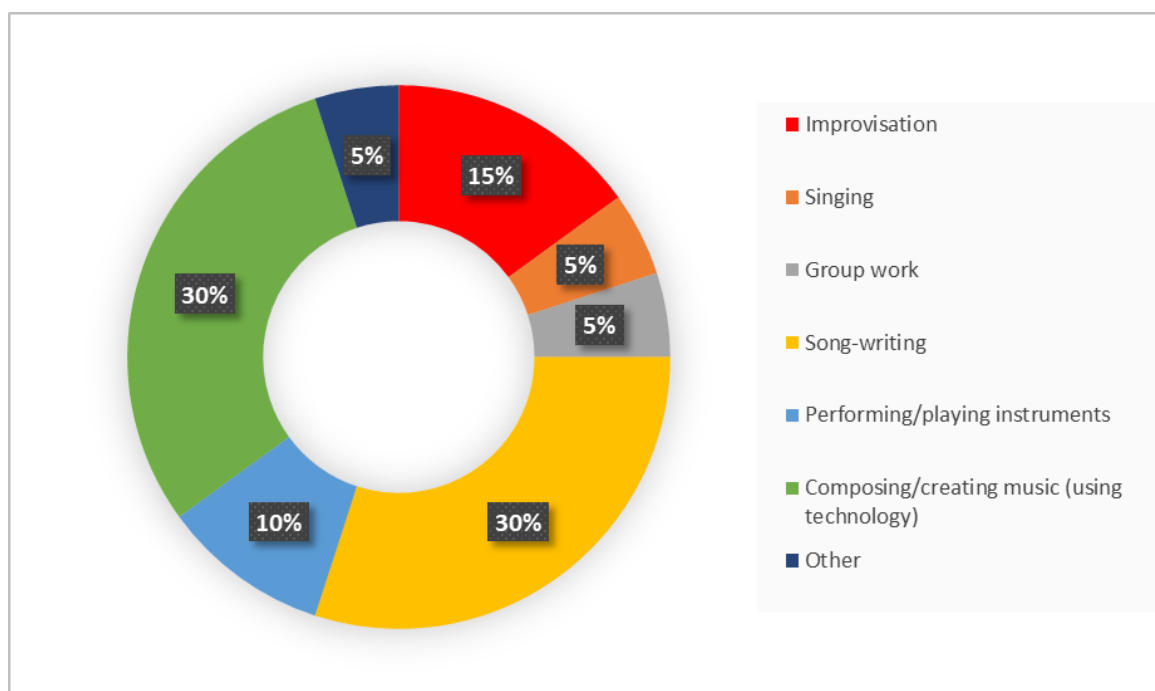


Figure 5.5 Music therapy methods best responded to by adolescents

Songwriting and composition (30%) seem to be the most popular forms of music therapy methods when working with adolescents. The composition element also includes employing technology, which is conventional for teenagers who are known for creating music using readily available and free programmes and software. Pertaining to this, digitally engaging in music practices is one of the most dominant activities of this age group (Brown & Bobkowski, 2011; Rideout, 2016). Improvisation (15%) was the second most popular activity, this included directed and non-directed or free improvisation. This is followed by playing instruments (10%), inclusive of turn-taking and sharing activities. Singing, group work and other activities as guided imagery and listening to music are some of the least common music therapy methods employed when working with adolescents. This could be because of elevated levels of self-consciousness and self-awareness among teenagers, especially in social settings (Rankin, Lane, Gibbons & Gerrard, 2004).

5.4.2 Section B, Questions 10-11

Question 10 responds to [sub-question 3](#), in particular to the issue of the possibility of a fusion between the two fields, where CMT (community music therapy) is considered as a field that can gap the bridge. A quote on CMT was provided as reference at the beginning of this section:

10. Community music therapy is considered as ‘a broad perspective exploring relationships between the individual, community and society in relation to music and health’ (Stige, Ansdell, Elefant, Pavlicevic, 2010, pp. 15-16)

Quote on CMT from Music Therapists’ questionnaire (Section B)

The literature review revealed that CMT, which is a social-psychological approach, is a model for re-aligning present music therapy practice and theory (Ansdell, 2002). Moreover, its group approaches and shared musical processes promote and facilitate musical democracy which was specified in the literature review.

Music therapists’ questionnaire, Section B: Your views on community music therapy, question 10. What are your views on community music therapy and what are its benefits to your students/clients?

Music therapists:

MT1	Believes that therapy, “in its true sense, (ie not just “therapeutic”)” requires therapeutic contexts such as time frame, a room and regularity. Also need for private space when working with clients, and not music alone helps the client but also the relationship which unifies “embodied responses’ as well. As a psychoanalytically trained music therapist, “struggles to understand the concepts” of CMT.
MT2	States that this form of therapy lies between education and therapy. “I think that all educational/therapeutic/agogic activities in all forms of art are extremely important to maintain our society’s health.”
MT3	Views it as an overall positive approach that adopts a more systemic approach than the traditional medical model. “can be used within the broader context of the client’s school/family and community the more makes change a possibility.”
MT4	NR trained and trained as a community music therapist. Consider the client as not as an island but influenced by friends, family etc. A holistic approach
MT5	Can be very effective and can help people feel safe and connected, and that “MT doesn’t happen in a vacuum.”
MT6	Sees music therapy only as a clinical intervention. “Like counselling. I would not do that in the community.”
MT7	Very pro CMT and identifies the benefits of it performative aspect and have made use of this approach.

	“Its performative aspect can be of great benefit for self-esteem, self-worth, fostering relationships and community and empowerment.”
MT8	Mentions that the performance aspect of CMT is very beneficial, but not very aware of the approach and its methods.
MT9	Stresses that CMT is extremely effective in group work and relevance. “Community music therapy can be extremely effective in providing relevance and purpose to a therapeutic process.”
MT10	Seems to have some reservations about CMT. Main concern is, “if music therapy is practised within social/group settings, clients’ needs may get eclipsed by the needs of others who are more powerful – eg carers, support staff, therapists etc. I have seen this happen often in learning disability groups where hard-pressed staff struggle to respect the needs of clients' autonomy.” However also mentions that “Perhaps there is room in the music therapy profession for both approaches – CMT and more psychotherapeutically based. It would be a shame if CMT eclipsed the other.”
MT11	Identifies with the approach of CMT. Considers it more open and “less boundaried”. Emphasis placed on “performance and the achievement of a musical product. In this particular environment this helped to foster positive working relationships and removed certain barriers in a helpful way.”
MT12	Notes that it is a valuable group experience through shared performances with other members. “It is an effective use of the music therapists time too as a wide number of people can benefit from one session compared to 1:1 work.” “Great consideration needs to be given to ensure that all group members can equally contribute to the session. This is tricky but possible when considering multiple disabilities.”

Table 5.50 MTs view on community music therapy

The contexts in which CMT take place was one of the issues which were mentioned, where it was stressed that music therapy requires a space, time frame and regularity (MT1). There were also concerns over conducting therapy in community spaces which was not recommended as music therapy is a clinical intervention and is similar to counselling. However, an array of social benefits was also mentioned by most music therapists. These include CMT’s holistic approach as opposed to the traditional medical model of clinical music therapy, that can be beneficial when considering clients’ broader contexts (school, family and community), its performative aspect and its effects on enhanced self-esteem, positive relationships and empowerment. CMT’s emphasis on group work was also highlighted as a positive as it can help with feeling connected, to remove social barriers and together achieve a final musical accomplishment.

Question number 11 finds out how many therapists teach music in or outside school, this provides further contextual data regarding if they have or had a teaching background. It also helps to understand if this has an impact on how they view if or if not an integration between the two fields and disciplines is possible.

11. Do you also currently teach music (in or outside the school)? Please explain your answer.

Music therapists:

Yes	33.33%
No	66.67%

Table 5.51 MTs teaching music

Music therapists who answered yes to teaching music in or outside the school:

MT3	"I currently teach violin and piano lessons in a private capacity outside the school setting. This is separate from my music therapy work, however the music therapy work has informed my teaching to the extent that I focus more on the state-dependent functioning of my students and set clearer expectations of what they might be able to achieve at any given points in time."
MT5	"Yes, I train music therapies and teach music at University MA level."
MT8	"Yes, I teach piano privately."
MT11	"I am a Visiting Lecturer of Music in a university. I deliver and assess a module entitled 'An Introduction to Music Therapy' to undergraduate students on a BMus course and a BA in Popular Music course."

Table 5.52 MTs teaching music in or outside of schools

Data shows that two therapists are involved in private instrumental teaching, while two therapists teach in higher education settings. The rest of the music therapists are presently only involved in music therapy work, while some are professional musicians performing either individually or in ensembles.

5.4.2 Section C, Questions 12-14

The next set of questions explore music therapists' views on the music curriculum and inclusion in music education. The [same quote from music teachers' questionnaire on inclusion](#) in education by DfE was provided at the start of this section. It was useful to find this out to compare the responses with the teachers' views on the curriculum and how inclusion is promoted. These feedback to [sub-question 1](#) and to the related issues on musical inclusion.

Music therapists' questionnaire: Section C: Your views on inclusion & the national music curriculum. Question 12. What is your perception of inclusion in the classroom?

MT1	“As I am not a teacher I don’t really have a view on this that would be helpful to you.”
MT2	Believes that the traditional classroom is not suitable for all children. “... children with light emotional or educational needs can be helped with some special support, such as music therapy, that will enable them to feel included again.”
MT3	The current classroom model is not suitable to meet the aims of inclusion. “Classroom sizes, or extra teaching capacity or both need to change in order to provide a relationally rich environment for children to grow and reach their full potential.”
MT4	Not a standard practice from experience.
MT5	Notes that inclusion in the classroom is a “human right”.
MT6	Answer not provided.
MT7	States that it should be “central to every school and every approach within education”.
MT8	The need to acknowledge the different needs of every child at every stage. “In my experience, schools spend huge amounts of time trying to ensure that every child reaches their potential.”
MT9	Views it as the “right theoretically for children but pupils and teachers often need to have additional support to make this happen successfully.”
MT10	Answer not provided.
MT11	Acknowledge diversity, needs and abilities of each child, and making available a wide range of appropriate resources “A good teacher is one who differentiates accordingly and engages flexibly with all the children in his/her classroom.” “Each child should not just feel included but that they are meaningfully contributing to something beyond themselves.”
MT12	Mentions the issue of the national music curriculum which focuses too much on results and graded exams. Lack of hand-on interaction, not enough singing and musical creativity within the school system. “In England, I feel we have lost a huge part of our cultural identity by not celebrating the simplicity and inclusivity of music.”

Table 5.53 MTs' perceptions on inclusion and the NCM

Overall perception of the music therapists on the NCM and inclusion is that the curriculum does not support all student special and learning needs. Classroom sizes exceeding teaching capacity and lack of additional support in the classroom were mentioned regarding this issue. Additionally, echoing some of the teachers' views, it was also stressed that the syllabus over-focus on results and graded exams and there is a lack of practice of creativity.

Question 12a is regarding the music teaching practices facilitating and promoting inclusion in the classroom, particularly from the therapists' who have previous and current experience in classroom teaching. These are also useful to compare with the teachers' responses.

Music therapists' questionnaire: 12a. What are your views on inclusion in classroom music lessons?

MT1	Answer not provided.
MT2	Music-making activities such as singing in a choir and working with music instruments can be provided in a generic, inclusive way. However, it is important to be aware of their challenges for students as they can have different technical levels of ability "I think that in every situation there needs to be a thorough assessment of the possibilities." "In my opinion there must be a clear distinction between compulsory generic lessons and optional lessons for those who are more interested in music making."
MT3	Unsure as not a music teacher. However, recommends small group sizes when doing music-making. "When I facilitate music therapy groups, I do not encourage more than 4-6 clients per group for this reason."
MT4	Inclusive music lessons are beneficial for all participants and integration of mainstream classes with children with additional needs. "Music is something everyone can access and can break down prejudices. Mainstream children can learn alternative communication skills to interact with children with additional needs and learn acceptance and celebrate what they 'can do'. Children with additional needs have good role models, feel included and have peer assistance."
MT5	Same answer as for question 12.
MT6	Answer not provided.
MT7	Same answer as for question 12.
MT8	Unsure as not a music teacher. However, notes the issue of music as a school subject been side-lined and that not enough time is given over to the arts generally.
MT9	Answer not provided.
MT10	Answer not provided.
MT11	Explains that music as a universal language evokes deep aesthetic responses and young people identify with music always in some way. "As a school subject, therefore, it has perhaps an unparalleled potential to bring people together through listening, creating and performing opportunities."
MT12	Answer not provided.

Table 5.54 MTs' perceptions on musical inclusion

Group activities such as singing and playing music together, specifically in small groups, were highlighted as inclusive activities. This is similar to the notions of music teachers. Making music opportunities available, in both general music education and music as an option for students who are more interested, were also specified. Music was also identified as a subject that naturally breaks down barriers and a way of bringing people together. On the other hand, issues such as time restrictions and art subjects being consistently side-lined were identified as challenges in achieving musical inclusion.

Questions 13 also provides context as to how many and how much the music therapists are aware of the NCM, particularly in relation to SEN/D education.

13. Are you aware of the current National Curriculum for Music?	
Music therapists:	
Yes	16.67%
No	83.33%

Table 5.55 MTs awareness of the NCM

13a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.	
Music therapists:	
MT1	The curriculum rarely meets the needs of those who have profound and multiple needs.
MT2	N/A as they replied 'No' to question 13
MT3	N/A as they replied 'No' to question 13
MT4	N/A as they replied 'No' to question 13
MT5	By law, every child has the right to music and education, but notes that this may not be in practice.
MT6	N/A as they replied 'No' to question 13
MT7	N/A as they replied 'No' to question 13
MT8	N/A as they replied 'No' to question 13
MT9	N/A as they replied 'No' to question 13
MT10	N/A as they replied 'No' to question 13
MT11	Although answered "No" to the previous questions MT11 is aware of the curriculum in Scotland (I.e., the Curriculum of Excellence). "At its heart is the focus on four capacities: successful learners; confident individuals; responsible citizens; and effective contributors. In principle, therefore, it does aspire to address those children who have additional support needs. Music is one of the subject areas of the Curriculum for Excellence. Although I am not directly involved in this, I personally know music teachers in schools who are meaningfully and creatively connecting with children who have additional support needs."
MT12	N/A as they replied 'No' to question 13

Table 5.56 MTs views on if the music curriculum takes student inclusion and special needs into account

A majority of music therapists answered that they are not aware of the music curriculum. However, in relation to the curriculum’s inclusiveness when taking students with special needs into account, the responses suggest that this is currently not in practice especially in meeting the needs of students with PMLD. Interestingly, MT11 providing a brief insight into the Scottish ‘Curriculum of Excellence’ (2022), underlined that its core values aspire educators and teachers to address and connect these values to meet the needs of pupils with additional support.

Question 14 also provides further data into how music therapists see the NCM and these can also be compared with teachers’ answers.

14. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression, and ADHD?

Music therapists:

MT1	Unsure as not the area of expertise however directed to the recently released book (July 2019) titled “Music Therapy and Autism: A Spectrum of Approaches”.
MT2	N/A as they replied ‘No’ to question 13
MT3	N/A as they replied ‘No’ to question 13
MT4	N/A as they replied ‘No’ to question 13
MT5	Should include those with such needs.
MT6	N/A as they replied ‘No’ to question 13
MT7	N/A as they replied ‘No’ to question 13
MT8	N/A as they replied ‘No’ to question 13
MT9	N/A as they replied ‘No’ to question 13
MT10	N/A as they replied ‘No’ to question 13
MT11	Varies depending on the resources of each school, and the skills and sensitivity of each music teacher towards those with such needs. “ <u>an</u> understanding of the importance of musical improvisation and an ability to ‘work from where the child is at’.”
MT12	N/A as they replied ‘No’ to question 13

Table 5.57 MTs views on if the curriculum support students with ASD and related mood disorders

Similar to question 13, as a majority of therapists were not aware of the NCM, limited views were collected. The general understanding was that the music curriculum does not support students with ASD and related emotional or mood disorders. Additionally, it was mentioned that it depends on the attitudes of the music teacher, in terms of sensitivity to this group of pupils and also upon the resources which are available in each school.

5.4.3 Section D, Questions 15-18

This last set of questions in music therapists' questionnaire correspond to [sub-question 3](#), involving the issues of the intersectionality of music education and music therapy.

Music therapists' questionnaire: Section D (Views on music education & music therapy) question 15. Do you think certain music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

Music therapists:

MT1	Shows "quite strong feelings about MT being something completely different to music education".
MT2	Identifies that there is a grey area between the two fields and that some techniques are already used in both fields.
MT3	Mentions that some aspects of music therapy can be beneficial in music education.
MT4	Would offer more flexibility and benefits would extend outside of the classroom.
MT5	Schools should have access to music therapy, however not everyone is suitable for music therapy.
MT6	Does not support as it blurs therapy.
MT7	There is a grey area between the two fields where one can learn from the other.
MT8	States that certain aspects of therapy are easily transferrable to a classroom setting.
MT9	Unsure as the two disciplines have different aims.
MT10	Does not feel equipped to answer this question.
MT11	Would allow a more child-centred approach to be adopted in the classroom.
MT12	Some elements of music therapy approaches can be used in music education. However, class size and the role of the music teachers music be taken into consideration when teaching larger groups as it can be "extremely chaotic" in the classroom.

Table 5.58 MTs' views on using music therapy as a supplementary tool

There is a general division in views on employing music therapy as a supplementary tool. Some music therapists claim that they do not recommend this as it 'blurs' the line between education and therapy, and as music therapy is 'completely different' to music education in terms of aims and objectives. Contrarily, some support this notion by acknowledging the grey area between the two domains and that some approaches can be beneficial for both fields. Within education, such an approach would allow more flexibility and child-centredness, and the benefits can extend outside of the classroom. However, challengers in this lie within the issue of classroom size and the role of the teacher in delivering this practice in a classroom space.

Question 16 also pertains to the issue of intersectionality, in particular to the types of music therapy methods that can be utilised in whole class music teaching.

16. What types of MT methods would you recommend to be used when teaching music for a whole class of students?

Music therapists:

MT1	Does not recommend this. Stresses that these are two different professions and that to become and remain a music therapist one has to meet a specific set of requirements. This training includes, psychotherapy among other special elements. “Music therapy training is not about learning a set of tools or techniques but rather about becoming a therapist.”
MT2	Singing, group playing/playing in bands, listening to music as a group and write reviews or create a poem, painting or drawing inspired by music. Having group discussions “about perceptions, impressions, thoughts and feelings provoked by the music, in order to give meaning to perceptions.” Small group improvisation
MT3	Drumming or singing along with breathing exercise and mindfulness for a whole class of students. “Any method which is employed has to always consider the following steps – regulation, relational and then cognitive after this.”
MT4	Give students the opportunity to choose activities. “Offer a basic structure and empower them to choose activities that fit the aims and objectives of the lesson.”
MT5	Does not recommend to use in the classroom. “I wouldn’t. That goes against what music therapy is. MT is not learning, it is therapy.”
MT6	Answer not provided.
MT7	Song writing and developing improvisation skills.
MT8	Improvisation, song writing, musical games encouraging social interaction.
MT9	Working collaboratively as a team to express ideas and feelings through music. Support and value each other’s work. Creating playlists as part of a thoughtful process.
MT10	Answer not provided.
MT11	Encourages music teachers “to do to the best of their ability what they would wish to do anyway” and respect each child’s abilities and contribution and to work creatively with it. Improvisation and sensitively adapting the music to accommodate the needs and responses. “In reality, this is difficult to achieve when working with a whole class but if a slight shift could be made from a curriculum-centred approach to a child-centred approach then, in time, each person will feel safe, valued and listened to as a person as well as a musician.”
MT12	Free improvisation and song-writing.

Table 5.59 Music therapy methods recommended by MTs to use for a whole class

Similar to the responses to Question 15, concerns were raised over the practicality of employing music therapy approaches in whole class music lessons. These were in relation to the differences in training, where it was stressed that music therapists are trained in psychological elements as a part of their courses. The differences in end goals, where music education is ultimately about learning was also maintained. Conversely, group activities such as singing, performing, drumming, songwriting, creating playlists together and free improvisation to facilitate creativity, thoughtfulness and valuing individual needs were featured in favour of incorporating music therapy to a whole classroom.

16a. Why would you recommend these MT approaches? How could these be of benefit?

Music therapists:

MT1	No answer.
MT2	The broader aims of all educational or therapeutic music activities should be aimed at growing awareness of the “meaning that music can have in students’ personal development concerning the expression of feelings and thoughts in a nonverbal way”. There should also be relevance to building social relationships.
MT3	Considering physical development as sequential. Regulating the response system at the start of the lesson “then more relational and cognitive activities can be explored with greater efficiency.”
MT4	“To build confidence and creativity. To consider the needs and abilities of others.”
MT5	Unsafe to practice this in a classroom.
MT6	No answer.
MT7	“Both empower and ask of the child to share and express who they are.”
MT8	Methods are accessible and linking the musical aspects of the lesson to the learning aspects. Song writing can lead to discussions about structure, contrast, building up a musical phrase, tension and release.
MT9	Provide opportunities for self-expression through creating and listening to playlists. Learning to use music for mood regulation and encourage talking about feelings.
MT10	No answer.
MT11	These methods make music more accessible. Playing a greater emphasis on improvisation for musical engagement and allow creative potential to be realised.
MT12	Allow self-expression and musical engagement. Song-writing can be used in schools more if the teacher has an understanding.

Table 5.60 MTs responses on why use these methods and how they can be beneficial

Responses to Question 16a explains why such music therapy methods were recommended. Making music more accessible, allowing self-expression through non-verbal ways and contributing to students’ personal and social development were maintained as benefits.

As stated in previous questions, music therapy is presently provided in some mainstream schools. Question 17 is in regard to if any music therapy techniques can be employed to teach music in a mainstream whole class.

17. What types of MT methods would you recommend to be used when teaching music in a whole class in a mainstream school?

Music therapists:

MT1	No answer as it is not recommended.
MT2	“Same as 16”
MT3	“Exactly the same principals apply in a mainstream school as in any other school. See answer to question 16”
MT4	“More listening and responding (call and response type) activities. Improvisation.”
MT5	Does not recommend this practice.
MT6	No answer as it is not recommended.
MT7	Same as 16.
MT8	“As above, and maybe include examples from pre-composed music, some of which the students would be familiar with and others that are new to the students.”
MT9	Same as 16.
MT10	Does not feel ‘equipped’ to answer this question.
MT11	“My answer here would be similar to question 16. At the heart of a music therapist’s responsibilities is the need to listen closely to the music a person is producing – and to consider the person behind the music. Why is he or she playing in that way and how might I adapt the music I am providing to reach this young person more meaningfully?”
MT12	Same as 16.

Table 5.61 MTs’ responses to what music therapy methods to use in mainstream schools

Question 17a explores the benefits of utilising music therapy for adolescents in a mainstream setting.

17a. How could your chosen methods be of benefit for adolescents in such a mainstream class?

MT1	No answer as it is not recommended.
MT2	Same as 17.
MT3	“See answer to question 16/16a. It is important here to distinguish between chronological age and developmental age. A 14yo might have the cognitive skills of a 12 y/o and the relational skills of a 4yo depending on their earliest developmental experiences and the way their brain has developed. Developmental history is something which often gets excluded when discussing how or why a behaviour manifests itself. Take the time to learn about how the students developed the way their did.”
MT4	“Would build confidence and encourage creative thinking.”
MT5	No answer as it is not recommended.
MT6	No answer as it is not recommended.
MT7	Same as 17.
MT8	“Help with development of identity (crucial to adolescents), with social bonding and cohesion, accepting of other’s music and therefore other’s views and opinions. Emotional regulation as well as self-expression.”
MT9	Answer not provided.
MT10	Does not feel ‘equipped’ to answer this question.
MT11	“I believe adolescents would value the opportunity to be creative in music regardless of their particular musical skills, knowledge and abilities. This enhanced feeling of identity and confidence could transfer to other curricular areas as well as to life outside of school. In so doing it could assist in the fostering of relationships with other people.”
MT12	Same as 16.

Table 5.62 MTs on why use these music therapy methods in mainstream schools

The answers were similar to the previous question. Additional benefits for adolescents mentioned were encourage creative thinking, enhance confidence, identity and help social bonding which is crucial for teenagers. Emotional regulation, self-expression and help them to transfer these to other curricular areas as well as outside of school were maintained.

Question 18 directly feedbacks to [sub-question 3](#) and the issue of integrating certain aspects of the music therapist’s role to music teacher’s role.

18. Do you think some aspects from a music therapist’s role can be integrated to a music teacher’s role to assist students/adolescents with emotional and wellbeing issues in music-making in the classroom? Please explain your answer.

Music therapists:

MT1	Sees these as two distinct professions, does not support and integration of the two role or fields.
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MT2	There are overlaps and both roles require broad and good musical skills and a deep understanding of social/psychological processes.
MT3	States that music therapists' training such as state-dependent functioning can be beneficial for music teachers when working with students with special needs and emotional issues.
MT4	Music teachers to give more space for students for emotional expression as music therapists do.
MT5	Notes that music education can be more creative and expressive and that musical abilities "can be facilitated more than a competitive module of education."
MT6	Does not support and mentions that it undermines the role of a therapist.
MT7	Both roles can learn from one another.
MT8	Agrees that certain aspects of a music therapists' role can be incorporated to a music teacher's role.
MT9	Mentions that therapeutic directed work might not be suitable in a classroom setting.
MT10	Mentions that it depends on the parameters of the music therapist's role agreed with the school, but that personally it would blur the lines of the professions.
MT11	Recommends a shift in emphasis, rather than making radical changes to the role of a music teacher's, for example: a greater emphasis placed on the whole person. See improvisation is at the heart of this.
MT12	Stresses that music teachers are under pressure in order to deliver the curriculum and to also start considering emotional wellbeing in addition to teaching responsibilities. Issues of training and feels that it is not something a teacher can "dip in and out of".

Table 5.63 MTs' view on integrating music teacher role and music therapist role

There are contrasting views on this matter, where some music therapists are supportive of this notion while some raised the issue of training as a primary concern for not supporting an integration between the two fields and the professions. It was added that music therapist is a 'protected health profession' and such a fusion can 'undermine' (MT6) and 'blur the lines' between therapy and teaching.

Contrastingly, a majority of the music therapists concur that certain aspects can be integrated with a music teacher's role. For instance, an in-depth understanding of socio-psychological processes, neuro-sequential training as 'state-dependent functioning' (MT3), placing a special emphasis on self-expression through music, creativity and activities as improvisation are specified. In comparison, the teachers unanimously support and welcome opportunities of training to address their students' special needs, as these aspects from a music therapist's role were stated to be certainly advantageous.

The main aim of the study is to evaluate if selected music therapy methods can be integrated into music education, more specifically in order to provide music therapy 'through' music education, where the primary goals are educational and the naturally emergent benefits that are health-oriented. In consideration of the challenges raised by teachers and therapists on their respective fields, I redefine this question to ask if the barriers and challenges faced by music teachers and music

therapists can be dismantled by offering a service that is ‘best of both worlds’? Moreover, from a music and special needs educator’s perspective, can issues and challenges faced by present music education, such as the assessment-focused nature, theory-over-creativity practice and gap in training for music teachers in relation to the SEN sector, be addressed by introducing selected practices of music therapy? By recontextualising the questions, I will still respond to the main research question: can introducing selected music therapy techniques to classroom music education address inclusion, mental health and wellbeing of adolescents? Next, I will present the data by the community music therapist.

5.5 Community music therapists’ questionnaire – Quantitative & qualitative presentation of data

The response from community music therapist’s questionnaires is presented here. The data is presented quantitatively and qualitatively according to the type of question.

5.5.1 Section A, Questions 5-10

The response to the question of the most appropriate music therapy for certain genders and age groups is similar to those from the music therapists’, which is that it is the role of the therapist to find out the most appropriate technique for the clients. Music therapy, therein, is a highly individualised intervention as established in the literature (Bunt, 2003; Carr & Wigram, 2009; McFerran 2010).

Community music therapists’ questionnaire: 5. To which age group/range do you provide MT? Do you find that certain age groups or genders respond best?

Community music therapist:

Early years (birth to 5 years old)	0%
Children (5 to 10 years old)	100%
Adolescents (11 to 18 years old)	100%
Adults (18+)	100%

Table 5.64 CMT’s response to the age group music therapy is provided

Community music therapist:

CMT1	Notes that all have the potential to respond powerfully to musical interventions, and that the therapist needs to carefully consider which approach is the most helpful for each client. “Age or gender is not a factor when determining efficacy of music therapy.”
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Table 5.65 CMT’s response to what age group/gender respond best to music therapy

As only one community music therapist took part in the study it is not necessary to present the statistical data in visual presentations such as pie-charts as it was previously done for teachers’ and therapists’ data.

6. What kinds of needs do your clients present in your group/community MT sessions?

Community music therapists:

Communication and verbal needs	100%
Social, behavioural, and emotional needs	100%
Learning and developmental needs	100%
Physical needs	100%

Table 5.66 CMT’s response to the kinds of needs of clients

There are no identified disability and emotional problems that respond best or worst to music therapy, which is similar to the responses by therapists. Communication, self-expression, emotional regulation and increase in self-esteem are some of the common benefits shared with therapists. However, there is an emphasis on students developing positive relationships by CMT1, as CMT methods are more group-oriented.

7. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

Community music therapists:

CMT1	“Music therapy is traditionally considered to be most helpful when addressing the communication needs of young disabled people; this in turn helps to address emotional issues such as anxiety and depression, self-esteem etc. Music therapy can also be used as a motivational therapy to help address a range of physical problems that might accompany the disability. Clients demonstrate responses by increase in attention and communication whether verbal or not; being attended to and being heard in new ways can often be a very powerful conduit to a stronger sense of self and the ability to form new and positive relationships.”
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Table 5.67 CMT's response to the types of disability/emotional disorders respond best/worst to music therapy and the benefits of music therapy

The rationale for the question below is to find out the latest CMT group approaches, which can be compared with music therapists' responses.

8. What types of group/community MT methods do you currently use?

Community music therapist:

Free/non-directed improvisation	100%
Interactive improvisation	0%
Joint/shared improvisation	0%
Vocal improvisation	0%
Singing	0%
Guided song-writing	100%
Guided listening	0%
Composition	100%
Playing instruments	0%
Guided imagery	100%
Other	%

Table 5.68 Group/community music therapy methods used by CMT

Free/non-directed improvisation, guided songwriting and composition in groups are mentioned here. Interestingly, interactive or joint or share improvisation was not mentioned initially however, it was commented that there were elements of these in their practice of CMT improvisation.

The response to the next question echoes with that of music therapists, that once again the therapist should be mindful of the most appropriate approach for each and individual client.

8a. Do you find that different types of group MT methods are best suited to different kinds of needs? Or does it simply depend on the clients themselves? Please explain.

Community music therapist:

CMT1	“All clients will respond differently to therapeutic interventions, this is a matter of personality and experience and doesn't fit into any particular group model. The therapist will always have to be extremely mindful of the nature of the disability and to tailor particular approaches to ensure that clients have the maximum opportunity to engage with the therapy.”
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Table 5.69 CMT's response to if different types of music therapy methods best suited to different needs

The next question can be compared with music therapists' responses to the same question.

9. Are there any specific group/ community music therapy techniques that teenagers respond to better than other age groups?

Community music therapist:

Improvisation	0%
Singing	0%
Group work	0%
Song-writing	0%
Performing/playing instruments	100%
Composing/creating music (using technology)	100%
Other	0%

CMT1 also mentions that: "the context of the music will always be one of the issues to consider although there are always many surprises."

Table 5.70 CMT's response to group/community music therapy techniques for adolescents

In comparison the music therapists' responses (Figure 5.5), showed that song-writing and composing/creating (including using technology) were the most popular activities among teenagers. Interestingly, group work was not initially mentioned by both types of professionals, however this was later commented on during the interviews. This could be due to teenagers' increase in self-awareness at this stage (Sandu, Pânișoară & Pânișoară, 2015).

10. What are your views on community music therapy and what are its benefits to your clients?

Community music therapist:

CMT1	Benefits mentioned are: "reduction of suffering, physical, emotional, spiritual: improvements in engagement time and the reduction of isolation; opportunities to develop a wide range of skills and strategies, the development of identity and self; the benefits of being part of a collective, skill sharing, community support, the tolerance of others, the shared communal experience, developing lasting friendships. All of these have tangible positive implications for our societies and the organisations that serve them."
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Table 5.71 CMT's response to view on community music therapy and its benefits

While some of the benefits of music therapy were common with the music therapists' responses, the 'shared communal experience', particularly stood out. This can also be coded under the deductive codes 'social development through shared musical experiences' and 'forming musical relationships through *musicking*'.

5.5.2 Section B, Questions 11-13

These set of questions were to find out if the CMT have or had any experiences in educational settings in relation to teaching music, awareness of the music curriculum, inclusive education and musical inclusion.

11. Do you also currently teach music or provide MT sessions in a school?

Community music therapist:

Yes	0%
No	100%

Table 5.72 CMT's response to if teaching music or provide music therapy in schools

12. Are you aware of the current National Curriculum for Music?

Community music therapist:

Yes	0%
No	100%

Table 5.73 CMT's on awareness of the NCM

12a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

Community music therapist:

CMT1	N/A as answered 'No' to 12.
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Table 5.74 CMT's view on if music curriculum takes student inclusion and SEN into account

13. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression and ADHD?

Community music therapist:

CMT1	N/A as answered 'No' to 12.
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Table 5.75 CMT's views on if music curriculum supports students with ASD and related mood disorders

5.5.3 Section C, Questions 14-16

When inquired about the use of music therapy as a supplementary tool, benefits that are more group-oriented (turn taking, mutual respect, listening to others) in comparison with music therapists' responses were mentioned.

Community music therapists' questionnaire: Section C (Views on group/community music therapy in a classroom setting) Question 14. Do you think certain group/community music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

Community music therapist:

CMT1	Notes that group therapeutic approaches can be “a valuable tool in educational settings.” as they encourage: mutual respect, turn taking, developing listening and creative skills and emotional intelligence.
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Table 5.76 CMT's views on using group/community music therapy as a supplementary tool

Improvisation, songwriting and listening in the form of guided imagery were mentioned as group CMT methods to be employed in a whole class music teaching. The rationales for using these aligned with the concepts of ‘communicative musicality’ (Malloch and Trevarthen, 2009) and music as a shared social experience (Dissanayake, 2012) which were accentuated in this study.

15. What types of group/community MT methods would you recommend to be used when teaching music for a whole class?

Community music therapist:

CMT1	Improvisation, Song-writing, listening (guided imagery)
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Table 5.77 Recommended group/community music therapy methods to use in a whole class

15a. Why would you recommend these MT approaches? How could these be of benefit?

Community music therapist:

CMT1	Notes that: “All of these approaches are rooted in our basis sense of being human. They encourage us to be creative, they enable us to express ourselves in new ways, they teach us the value of shared experiences, tolerance of others etc.”
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Table 5.78 Why these methods are recommended by CMT

15b. How could your chosen methods be of benefit to adolescents in a SEN classroom?

Community music therapist:

CMT1	“For all of the above reasons. SEN students should be offered all of the opportunities that are available in mainstream education; what changes is the design of the approach and the way in which it is delivered.”
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Table 5.79 CMT on why these methods are beneficial for adolescents with SEN

Regarding the notion of integrating certain aspects of a music therapist’s role into a music teacher’s, CMT1 maintained that teachers have mentioned significant changes to their teaching practice after training as a therapist. This is parallel with the responses provided by T1, who explained her current role as a ‘music practitioner’, having taught music in schools in the past and having trained as a music therapist afterwards.

16. Do you think some aspects from a community music therapist’s role can be integrated in a role of a music teacher to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

Community music therapist:

CMT1	Supports this notion and states that: ‘music therapists learn to be highly attentive to individuals needs, they have finely attuned listening skills and work in empathic and compassionate ways. They are not driven by standard testing and can celebrate musical achievements in wide forms. Many music teachers describe profound changes in their teaching practice post their training as therapists’
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Table 5.80 CMT’s view on integrating community music therapist role and music teacher role

5.6 Contextual presentation for analysis: Music therapists’ training and professional work

Initial analysis of the questionnaire responses showed that music therapists’ views of music therapy in different contexts, particularly in educational settings, differ significantly according to their professional training background. However, these findings could not be generalised before acquiring further responses from the follow-up semi-structure interview questions. Comparisons were drawn of the music therapists’ training, including the psychological frameworks of their training and practice, the settings they provide music therapy and the music therapy methods that they currently employ.

From a social constructionist point of view, this presentation of analysis regarding the participants' backgrounds, theoretical beliefs and practices are essential in understanding participants' experiences, beliefs and biases (Crotty, 1998; Kivunjal & Kuyini, 2017). Further in-depth analysis and discussion regarding this will be explored in next chapter (Analysis of findings). During the preliminary analysis it was found out that current music therapy practices are underpinned by two main psychological theories:

- 1) the psychoanalytical /psychodynamic practice which includes systemic and psycho-music therapy; and
- 2) creative music therapy which includes music-centred music therapy (Nordoff-Robbins music therapy)

Literature show that music therapy approaches can be typically classified within the theoretical frameworks of:

- 1) Cognitive therapy;
- 2) Behavioural therapy (presently cognitive and behavioural therapies are combined into Cognitive-Behaviour Therapy or CBT);
- 3) Psychoanalysis therapy (influenced by the works of Carl Jung and Sigmund Freud, also comprises of the psychodynamic approach) and;
- 4) Humanistic therapy (from Carl Roger's theory on empathy, compassion, acceptance and genuineness).

In accordance with the above information regarding psychological frameworks, table 5.81 illustrates the professional training and qualifications and the music therapists' practices which are based on their respective psychological frameworks. In a social constructivist context, this can be useful in understanding their personal practices, beliefs, biases and the relevance of their training and educational background, in relation to why they use certain music therapy approaches and not others. Moreover, the rationale for presenting the data in such a manner is because the polarity of views held by the therapists, whereas in the case of teachers, the views on the main issue of an integration of the two fields and disciplines were broadly uniform.

	Psychoanalytical/Psychodynamic Music Therapy	Creative Music Therapy / Music-Centred Music Therapy	Humanistic Music Therapy
Training / professional qualifications	<p>MT1 - RMN, BA, BSC, Dip Soc Pol, MA (music therapy), ATCL (violin), PhD candidate</p> <p>MT2 - Music teacher, Bc, since 1991 & music therapist, Bc, since 2017</p> <p>MT6 - Postgraduate Diploma in music therapy & systemic practitioner</p> <p>MT7 - Music therapy diploma, neurological music therapy training</p> <p>MT8 - Postgraduate diploma in music therapy (MA in music therapy)</p> <p>MT10 - PGCE in with music specialism for children (7-12). MA in music therapy</p> <p>CMT1 – MA in music therapy</p>	<p>MT3 - MSc music therapy, Bmus</p> <p>MT4 - MA in music therapy (Nordoff-Robbins trained music therapist)</p> <p>MT11 - Diploma music therapy (Nordoff-Robbins), D Health Soc Sci, MPhil, Diploma music education, PGCE (Music)</p> <p>MT9 - BA (hons) in music, PGCE in secondary music and instrumental teaching, MA in music therapy</p>	<p>MT5 – MSc Music therapy</p> <p>MT12 -MA music therapy, BA Hons psychology</p>

Table 5.81 Background information of music therapists and community music therapist (Training and professional qualifications)

Table 5.81 illustrates the participants' working contexts and settings, the theories within the practices and the music therapy/community music therapy methods which are used. Similar to the presentation of the data in table 5.81, the information is shown under the three psychological frameworks utilised by the music therapists who took part in this study, which are psychodynamic, creative music therapy and humanistic music therapy:

	Psychoanalytical/Psychodynamic/Systemic Psycho- Music Therapy	Creative Music Therapy / Music-Centred Music Therapy	Humanistic Music Therapy
Professional work settings and contexts	<p>MT1 - Educational settings / Schools (special and mainstream), Adoption agency, adult day care centres and residential homes.</p> <p>MT2 – Special and mainstream schools (outsourced from a music service).</p> <p>MT6 – NHS clinic.</p> <p>MT7 – Special schools.</p> <p>MT8 – Mainstream and special schools.</p> <p>MT10 – Mainstream schools</p> <p>CMT1 - Community mental health clinic, hospice, private practice.</p>	<p>MT3 – Special and mainstream schools (private practice).</p> <p>MT4 – SEND schools and mainstream schools.</p> <p>MT9 – Presently at a children’s’ hospital, has provided music therapy in schools.</p> <p>MT11 – Have worked past in special and secondary mainstream schools, private practice and freelance work, university lecturer.</p>	<p>MT5 – Special needs schools</p> <p>MT12 - Mainstream primary schools, special needs schools and schools for pupils requiring special emotional support</p>
Theories and approaches within the practice.	<p>MT1- Attachment theory, contemporary psychoanalysis and neurobiology/psychoanalytical.</p> <p>MT2 – Psychodynamic and psychoanalytical.</p> <p>MT6 – Attachment theory and psychodynamic.</p> <p>MT7 – Psychodynamic, neurological music therapy, relational and attachment theory, systemic, Logos therapy and CBT.</p> <p>MT8 –Psychodynamic.</p>	<p>MT3 – Neurosequential model of therapeutics (state-dependent functioning) and music-centred practice</p> <p>MT4 – Music-centred</p> <p>MT9 – Nordoff-Robbins music therapy trained</p> <p>MT11 – Nordoff-Robbins music therapy approach, person-centred with a musical emphasis.</p>	<p>MT5 – Compassion Focused Therapy (CFT)</p> <p>MT12 – Humanistic and music-centred philosophy.</p>

	<p>MT10 – Psychotherapy/music therapy.</p> <p>CMT1 – Psychodynamic music therapy.</p>		
<p>Music therapy/ group community music therapy methods currently used</p>	<p>MT1- Non-directed free improvisation.</p> <p>MT2 – Interactive & vocal improvisation, singing, guided song writing, guided listening.</p> <p>MT6 – Improvisation, child led.</p> <p>MT7 – Music reception, composition, songwriting, teaching pre-composed music, using music technology and playing instruments.</p> <p>MT8 – Improvisation, singing, songwriting, guided listening, musical games.</p> <p>MT10 – Improvisation, music-listening, songwriting.</p> <p>CMT1 - Songwriting; musical improvisation, guided imagery, creative composition.</p>	<p>MT3 – Joint improvisation, songwriting, playing instruments, using music technology, music-listening.</p> <p>MT4 – Shared improvisation.</p> <p>MT9 – Interactive play, singing, role play, playing instruments including assistive instruments and music technology.</p> <p>MT11 – Creative and clinical improvisation (instrumental and vocal), instrumental accompanied singing, playing (mostly percussion instruments), using pre-composed music (Greeting and Goodbye songs).</p>	<p>MT5 – Improvisation and songwriting.</p> <p>MT12 – Songwriting, improvisation using acoustic instruments, experimentation with music technology, music video creation, stock frame animation, dance and movement, poetry writing, drawing, singing to popular music and talking.</p>

Table 5.82 Work settings, theories within practices and MT/CMT methods currently in use by music therapists and community music therapists.

The above table shows that music therapists from all three psychological frameworks have experiences working in special and mainstream educational settings, and some in clinical settings such as hospitals and NHS clinics. Psychodynamically trained music therapists base their practice on theories and models such as the attachment theory, psychodynamic theory, neurobiology,

psychoanalysis and relational theory, while creative music therapists employ more music-centred approaches, which also include Nordoff-Robbins music therapy practices. Those within the humanistic framework utilises music therapy approaches that are compassion-focused. The overview shows a mixture of music therapy methods currently used by music therapists in both schools/practices.

Table 5.83 shows an overview of the data of music therapists’ perception towards community music therapy, the use of music therapy as a supplementary tool to music education and the integration of certain aspects of a music therapist’s role to the music teacher’s role, which are from [sub-question 3](#).

Issues	Psychoanalytical/Psychodynamic/Systemic Psycho- Music Therapy	Creative Music Therapy / Music-Centred Music Therapy	Humanistic Music Therapy
Views on Community Music Therapy	<p>MT1 – Struggle with the aspects and concepts of CMT.</p> <p>MT2 – Sees that this form of therapy lies between education and therapy.</p> <p>MT6 – Sees music therapy only as a clinical intervention.</p> <p>MT7 – Very pro CMT and identifies the benefits of it performative aspect.</p> <p>MT8 – Mentions that the performance aspect of CMT is very beneficial.</p> <p>MT10 – Seems to have some reservations about CMT.</p> <p>CMT1 – Mentions a wide range of benefits including reduction of suffering, physical, emotional, spiritual,</p>	<p>MT3 – Sees it as an overall positive approach that adopts a more systemic approach than the traditional medical model.</p> <p>MT4 – NR trained and trained as a community music therapist. Consider the client as not as an island but influenced by friends, family etc.</p> <p>MT9 – Stresses that CMT is extremely effective in group work and relevance.</p> <p>MT11 – Identifies with the approach of CMT. Considers it more open and “less boundaried”.</p>	<p>MT5 – Comments that it can be an effective approach for clients to feel safe and connected.</p> <p>MT12 – Sees it as an extremely valuable approach and an effective way for music therapists to work with a group of people in comparison to one-to-one sessions. Mentions that great consideration needs to be given to ensure that all member contribute equally to the session.</p>

	<p>improvements in engagement time, reduction of isolation, opportunities to develop a wide range of skills and strategies, develop and maintain positive relationships with others.</p>		
<p>Views on Music Therapy as a supplementary tool to music education</p>	<p>MT1 – Shows “quite strong feelings about MT being something completely different to music education”.</p> <p>MT2 – Identifies that there is a grey area between the two fields and that some techniques are already used in both fields.</p> <p>MT6 – Does not support as it blurs therapy.</p> <p>MT7 – There is a grey area between the two fields where one can learn from the other.</p> <p>MT8 – States that certain aspects of therapy are easily transferrable to a classroom setting.</p> <p>MT10 – Does not feel equipped to answer this question.</p> <p>CMT1 – Stresses that group therapeutic approaches can be valuable in educational settings and bring many benefits.</p>	<p>MT3 – Mentions that some aspects of music therapy can be beneficial in music education.</p> <p>MT4 – Would offer more flexibility and benefits would extend outside of the classroom.</p> <p>MT9 – Unsure as the two disciplines have different aims.</p> <p>MT11 – Would allow a more child-centred approach to be adopted in the classroom.</p>	<p>MT5 – Comments that schools should have access to music therapy and only for students who have referrals to music therapy.</p> <p>MT12 – Notes that there are certain elements of music therapy that could be used in music lessons. However, there are issues when it comes to class size, difference of end goals and the differences in the two concerning professional roles.</p>
<p>Views on integrating some aspects of a music</p>	<p>MT1- Sees these as two distinct professions, does not support and</p>	<p>MT3 – States that music therapists’ training such as state-dependent functioning</p>	<p>MT5 – Comments that music education can be more creative and expressive as</p>

<p>therapist's role to a music teacher's role</p>	<p>integration of the two role or fields.</p> <p>MT2 – There are overlaps and both roles require broad and good musical skills and a deep understanding of social/psychological processes.</p> <p>MT6 – Does not support and mentions that it undermines the role of a therapist.</p> <p>MT7 – Both roles can learn from one another.</p> <p>MT8 – Agrees that certain aspects of a music therapists' role can be incorporated to a music teacher's role.</p> <p>MT10 – Mentions that it depends on the parameters of the music therapist's role agreed with the school, but that personally it would blur the lines of the professions.</p> <p>CMT1 – Notes that there are many benefits in such an integration and that there are many music teachers who describe complex changes in their teaching practice post their training as music therapists.</p>	<p>can be beneficial for music teachers when working with students with special needs and emotional issues.</p> <p>MT4 – Music teachers to give more space for students for emotional expression as music therapists do.</p> <p>MT9 – Teacher needs to be skilled to do therapeutic work in a classroom, can be beneficial for music-making but unsure if both educational and therapeutic aims will be met.</p> <p>MT11 – Recommends a shift in emphasis, rather than making radical changes to the role of a music teacher, for example: a greater emphasis placed on the whole person. See improvisation is at the heart of this.</p>	<p>opposed to the competitiveness in education.</p> <p>MT12 – Feels that this is not something the teachers can “dip in and out of”. Also mentions the issue of differences in training of music teachers and music therapists.</p>
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Table 5.83 Music therapists' and community music therapist's views on community music therapy, music therapy as a supplementary tool to music education & integrating a music therapist's role to a music teacher's

There is a mixture of views and attitudes towards community music therapy by music therapists. Notably, music therapists who work within the parameters of music-centred and humanistic music therapy, view CMT as a positive and effective approach, while most adopt its methods in their own practice. Contrastingly, some psychoanalytically or psychodynamically trained music therapists claimed they are cautious about CMT, questioning its practices in open social contexts. To the issue of using music therapy as a supplementary tool to music education or considering an integration of the two fields, there is a mixture of responses ranging from strongly opposing this to fully supporting or recommending the proposition. Some therapists claimed that owing to the differences of aims and practices in therapy and education, an integration is not recommended. There was a variety of views from creative music therapy and humanistic music therapy, some supporting the notion while some noted the training and class size issue in implementing this. CMT1, from a community music therapy perspective, supported this notion by stating that group processes can be a valuable tool in music lessons.

Responses by the psychodynamic, psychoanalytical and systemic music therapy schools are mostly consistent with their responses to the issue of integrating music therapy with music education. MT1, MT6 & MT9 view these roles as two different professions, therapy directed work may not be suitable in the classroom and may undermine the work of a therapist. The responses by MT2, MT7 and MT8 to this issue is also consistent with their previous response to the question of employing music therapy methods as a supplementary tool in music education. They agree that there are overlaps of the two roles and both can learn from one another through collaboration, and that they require a deep understanding of social and psychological processes. It was also mentioned that certain aspects of music therapy can be beneficial in education, which can extend outside of the classroom and that some aspects of music therapist training, such as state-dependent training and intensive interaction (CMT1) can be beneficial for music teachers working with young people with special and emotional needs in order to give them space for emotional expression in the classroom (MT3 & MT4). Similarly, CMT1 was also consistent with their responses, supporting an integration and by emphasising that many teachers have transformed their teaching practice after training as a music therapist. MT10 who was unsure of using music therapy in music education due to lack of experience in music teaching, commented that the parameters of a music therapist's role might differ as agreed with the school, but personally sees it as blurring of the professional boundaries.

The contextual or background data of the participants was important in order to understand the therapists' perceptions and viewpoints on the issues raised in the study. For instance, if music therapists have commented that they support the notion of the fusion of practices and the disciplines of music education and music therapy, by examining the professional framework they are trained in and their work settings, can provide clarifications as to why they endorse this fusion. Importantly, it is also important to understand these contexts of those who do not recommend the integration.

5.7 Preliminary Analysis – Identifying initial codes and themes

Initial coding in CGT involves identifying and naming emergent codes and these are named accordingly with the researcher’s views and understanding of the codes (Charmaz, 2014). Some of the primary emergent themes in the initial coding phase were identified as:

Code 1 – Lack of teacher training for music teachers in SEN

Code 2 – The varied referral processes in music therapy

Code 3 – Assessment-focused nature of music education

Code 4 – Music therapists not seen as part of school staff

While these were the initial emergent codes, I employed a hybrid method of inductive and deductive coding (Xu and Zammit, 2020; Fereday and Muir-Cochrane, 2006), which enabled flexibility in understanding the descriptive meaning that from the deductive codes and the interpretive meanings from the inductive codes (Xu & Zammit, 2020). The deductive codes are from the main and sub-criteria from [Small-Dewey theoretical framework](#) (deductive codes examples: social development through shared experiences, process over final product and inclusion). Some of the data adhering to the deductive codes were:

Deductive code	Definition	Coded example from responses
Inclusion	Recognising the importance of the right not to feel excluded in education and protecting the interests of children and young people with special needs.	<p>“It’s also about giving students a voice in what happens at every stage of the process and giving everyone the resources, they need to achieve whether that is time, space, technological aids etc.” (T1, Questionnaire).</p> <p>“Inclusion is right theoretically for children, but pupils and teachers often need to have additional support to make this happen successfully.” (MT9, Questionnaire).</p>

Table 5.84 Deductive codes example

The full list of deductive codes can be found in [Appendix 11b](#). As an example, for the descriptive meanings by deductive codes and interpretive meanings by inductive codes the following can be illustrated:

Deductive code	Definition	Inductive code	Interpretive meaning
Emphasis on process over the final product	<i>Musicking</i> and music education as a continuous process of growth where students learn about their personal strengths, which contributes to their individual development and social growth.	Grading and assessment are the most problematic aspects of music education.	Assessment in music education can be demotivating and not inclusive especially for students with special learning needs.

Table 5.85 Deductive and inductive codes, descriptive and interpretive meanings

The full list of inductive codes can be found in [Appendix 11c](#). The deductive code, process over final product was taken from the Small-Dewey theoretical paradigm. Small describes that *musicking* should be a process of affirmation and celebration of values in relation to others in the society, while according to Dewey, emphasising solely on the final aims is a limitation in education and is restrictive to learners’ personal and social growth. Concurrently, it was stressed by several teachers and therapists that graded examinations and assessments in music education are widely exclusive, particularly for students with SEN. While this became an inductive code in the initial coding phase, it also offered an interpretive meaning to the deductive code of ‘Emphasis on process over final product in education’ and why this is crucial in the present context of rising numbers in special needs and mental health issues among young people. As anticipated the hybrid approach of coding was time consuming, as it required going back and forth between the data and codes. Special attention was given to not force any data into the deductive codes, which would have led to misinterpretation of the participants’ views. The deductive code descriptions were always referred to as the parameters of a code to avoid any mislabelling or misconstruing of the data. Further, through constant comparisons of incident with incident (Charmaz, 2014), and [concurrent data generation and analysis](#), then focused and axial coding these codes were further refined.

Issue 1 – The music curriculum favours assessment over creativity.

Issue 2 - The current lack or the gap in music teacher training programmes for working with students with special needs.

Issue 3 - The varying referral processes in music therapy.

Issue 4 – The lack of a generic form of assessment for music therapy.

Issue 5 – The polarity of views on CMT and an integration between music education and music therapy differ according to music therapists’ training, educational background, theoretical perspectives and practices.

While these provided the direction for the rest of the analysis, they also addressed some of the issues in the sub-question. For instance, the emphasis on assessment rather than the creative elements in the music curriculum and the lack of teacher training courses for music teachers in SEN contexts, address the current issues in the music curriculum and in teaching practices of [sub-question 1](#). It was also established that these are domain-specific issues of music education and music therapy and will be the first part of the analysis. In other words, the analysis will be divided into two parts, where part one will scrutinise the questions of ‘what’ and ‘why’ (domain-specific issues) and part two will consist of the analysis of the data concerning the integration of the two disciplines or the question of ‘how’.

5.8 Summary

In this chapter I have presented the data from the responses of the music teachers, music therapists and the community music therapist. These are illustrated quantitatively and qualitatively, in order to provide a logical flow of the data and to provide visual illustrations for any measurable data. The contextual analysis shows that music therapists’ training, professional background and work setting is important in understanding their views of the main concerns of the study. The preliminary analysis shows five main key issues. These issues, that emerged during the initial and focused coding will determine the direction of the rest of the analysis. A hybrid method of inductive and deductive coding is used for the coding process. It enabled the data stay grounded to the theoretical framework of the study, while also searching for emergent codes which are important in CGT analysis. Different perspectives when reviewing the codes would have been constructive. Given the aforementioned preliminary findings, I will now move on to analysing the data, focusing individually on domain-specific issues of music education and music therapy, leading to the main research focus: the intersectionality of music education and therapy, and considering CMT as an approach to bridge the two disciplines.

Chapter 6

Analysis of Domain-Specific Practices & Issues

6.1 Introduction

This chapter examines the analysis of the findings according to the data presented in the previous chapter (Presentation of Findings) and cross examines these with the literature review. The main aim of this chapter is to find out the domain-specific issues and practices that are laid out in the sub-questions in relation to the main research question, such as, what are music practices and issues within music education and music therapy and what are the boundaries, attitudes and issues within the roles of music therapist and music teacher. This will lead to the second section of the analysis ([Chapter 7](#)), which examines my proposal of ‘offering music therapy through music education and the possibility of providing this through a CMT framework. In this respect, this chapter will interrogate the questions of ‘what’ and ‘why’ of this study, while the next chapter will scrutinize the question of ‘how’ an integration of music education and music therapy can be put into practice.

The theoretical foundation for this study is underpinned by the philosophies of John Dewey and Christopher Small and hence employs [the Small-Dewey framework](#). As mentioned in chapter 3, the data will be analysed from a social constructivist perspective, which is the belief that external factors guide and influence the way we see our individual realities and our interactions with others (Kivunja and Kuyini, 2017). Hence, by understanding individuals’ circumstances and backgrounds, we are able to decipher their perceptions and interactions with the world. Additionally, my epistemological scope of the study includes the different ways of knowing (Moses and Knutsen, 2012), which encompass the different lenses for my research aims and questions, and these are: as a researcher, a SEN teacher and a musician. When arguing about the depth and complexity of qualitative research Denzin and Lincoln have stressed that:

All research is interpretive; it is guided by the researcher's set of beliefs and feelings about the world and how it should be understood and studied. Some beliefs may be taken for granted, invisible, only assumed, whereas others are highly problematic and controversial. (Denzin and Lincoln, 2005, p. 22)

The statement above is also applicable to the choice of research approaches and data analysis methods that were chosen for this study. Aligned with my social constructionist point of view, Charmaz's (2006) Constructivist Grounded Theory method (or CGT) was chosen to be employed when analysing the data. CGT studies emerging meanings and actions and how they affect each other from multiple viewpoints and sees truth as context-dependent or conditional (Charmaz, 2017). The methods which aided and were utilised for the analysis are a reflective journal (used from the start of the study), memo writing (an ongoing process from the start of the data collection phase), initial coding, focused and axial coding, concurrent data generation/collection and analysis, theoretical sampling, constant comparative analysis and theoretical integration.

6.2 Preliminary analysis

As discussed in Chapter 5, during the initial open coding phase, the five main key themes emerged from the data. These issues can be grouped into domain-specific issues, which are pertaining to music education and music therapy.

Issues pertaining to music education:

Issue 1 – The music curriculum favours assessment over creativity.

Issue 2 - The current lack or the gap in music teacher training programmes for working with students with special needs.

Issues pertaining to music therapy:

Issue 1 - The varying referral processes in music therapy.

Issue 2 – The lack of a generic form of assessment for music therapy.

Issue 3 – The polarity of views on CMT and the integration between music education and music therapy differ according to music therapists' backgrounds.

These issues which emerged in preliminary analysis during focused coding, enabled to decide which direction the research should take and what issues need further clarifications.

Additionally, there were two issues which were identified during the literature review ([Chapter 2](#)) in relation to the inclusive practices within music education and music therapy, these were:

- 1) The ‘pull-out’ method that is presently provided in the form of therapy, due to the movement towards professionalisation where therapies as such music therapy and other art therapies are becoming regulated by health professions.
- 2) The manner in which the present music curriculum is predominantly grounded in exclusion, as a result of its focus on Western European music, leading to the common misconception that music is not for the majority, but only for the gifted.

Both issues among other problems were raised by the music teachers and music therapists who took part in the study, confirming these as current prevailing issues within the respective fields. During the preliminary analysis, it was evident that the participants’ educational, training background and their own teaching or therapy work experiences determine how they perceive and address these issues. For instance, as briefly examined in chapter 5, the psychological frameworks that music therapists situate their therapy work in plays a significant role in how they view CMT and if they support an integration of education and therapy. Similarly, from a teaching perspective, a music teacher’s views from a mainstream school on how to address the issue of lack of diversity in the curriculum differs to that of a music teacher working in a SEN school. Next, in anticipation of the contrasting opinions and perspectives from the two types of professions, the main research question and related sub-questions are re-addressed.

6.3 Re-visiting the research question and sub-questions

6.3.1 Sub-question 1. How can the music curriculum be made more inclusive, accessible, and relevant in the classroom?

The concept of inclusion in education, as mentioned in the literature review, encompass the educational rights of all learners to be included in all aspects of education. According to

UNESCO (2021) an inclusive education ‘prohibit any exclusion from, or limitation to, educational opportunities on the basis of socially-ascribed or perceived differences, such as by sex, ethnic/social origin, language, religion, nationality, economic condition, ability’. Musical inclusion is a term that is significant in this study as it refers to enabling young people to fully access and participate in *musicking* without experiencing any exclusion in the classroom. This is on the grounds that music is an innate ability of humans and is part of our evolutionary social progress (Malloch and Trevarthen, 2009; Dissanayake, 2012; Lubet, 2011) and thus music education is a fundamental education right of every student. Hence, I have asserted, musical inclusion is to consider the ‘whole child’.

These notions of inclusive education and stances on ‘leaving no child behind’ are similarly echoed by the music teachers and music practitioners, working in SEN and mainstream settings in their responses to the study’s questionnaire and the follow-up interview ([Table 5.27](#)). When describing their perceptions and practices on inclusion and an inclusive education, participants highlighted terms such as child-centred education, holistic, flexible, responsive (T1), integrated (T4), tailored/modified teaching (T7 & T9), and practice of full differentiation (T11). Through the means of clustering (Charmaz, 2006), a mind or concept map, which offers a graphic and participant-centric way to ground data within theory (Wheeldon & Faubert, 2009), was employed in order to organise the data on inclusion into categories and concepts. At first, the concepts were clustered freely around the key notion of “Inclusion”, without remaining uncommitted to any cluster (Charmaz, 2006). Later during axial coding these were organised and re-organised into categories while drawing on their properties and relationships to the category and each other. Below is the final version of this concept map on inclusion in music education and teaching, which also available in [Appendix 12a](#) as it requires zooming in and expanding:

this while re-addressing the pertaining sub-question on inclusive music education approaches and practices.

- Properties and attributes of an inclusive education/inclusive music education

When explaining what entails an inclusive education or an inclusive music education, participants mentioned that it is holistic, accessible, balanced, flexible, child-centred and responsive ([Table 5.27](#) & [Table 5.28](#)). A holistic education, as explained by T1 ([Appendix 3a](#)) is ‘considering all the child’s needs: a physical education, emotional, social, academic, spiritual’. This concept is reflected in the SEND Code of Practice: 0 to 25 years (last updated 2020) (Department for Education & Department of Health, 2015). The importance of a balanced content within an inclusive curriculum or syllabus is also widely highlighted in the participants’ responses. In particular, T4 ([Appendix 3d](#)) noted that ‘there needs to be more of a balance between “theory” and “creativity”’. As to whether the current content is taught in balance, 45.45% of music teachers agreed that it is presently taught in balance, while the majority, 54.55%, stated otherwise. Issues of the over prescriptiveness of the syllabus and the over emphasis on assessments, outcomes and results were commented as reasons for the unbalanced content of the curriculum. This is further discussed in the current issues in relation to inclusion. Focusing on process over product (T1, T3, T4, T5 and T8) was another theme when describing what an inclusive music education is and is also one of this study’s deductive codes. Greater awareness of integrated learning environments (T4) is also important in fostering inclusivity and promoting equality, which supports the literature that shows students in integrated placements develop greater socialisation skills (Wilson, 1996; Case- Smith & Holland, 2009).

Compellingly, the music therapists’ responses to an inclusive music education are distinctly closer to the argument of musical inclusion of this study. For instance, MT4 ([Appendix 4d](#)) stated that ‘Music is something everyone can access and can break down prejudices’ and MT5 claimed that an inclusive music education is a human right. Further, MT11 ([Appendix 4k](#)) highlighted the socialising aspect of music as ‘an unparalleled potential to bring people together through listening, creating and performing opportunities’. From a community music therapy perspective, CMT1 also concurred that shared musical experiences ‘are rooted in our basis sense of being human’ ([Appendix 5a](#)), promoting creativity and self-

expression. Such responses are more in parallel with the notion of this study that *musicking* is an inherent ability of all humans because of its power to facilitate socialisation and in unifying social groups.

- Benefits of an inclusive education

Celebrating diversity, whether it is age, ethnicity, gender, cultural or neurodiversity (T1) was highlighted a key benefit of an inclusive music education. In teaching practice, employing a variety of music styles from different genres and cultures (T1) is noted as one way of diversifying the music curriculum. Similarly, from a music therapist's point of view, MT11 remarked that the ideal perception of inclusion is 'equality through diversity' where 'Each child should be acknowledged and valued for what they can do and sensitively assisted in areas that they may find challenging' ([Appendix 4k](#)). In this it can be argued that, centralising on neoliberal goals of developing and testing of musical skills (McFerran, Derrington & Saarikallio, 2019) is currently not sufficient, but an inclusive music education should also integrate social and emotional learning. Other benefits of inclusion were mentioned as improved social and communication skills through performing together in groups (T1, T3 and T5), enhanced self-confidence (T1), tool for empowerment and promotion of independence (T3).

Benefits which are commonly stated in the responses are that an inclusive education should consider the 'whole child' as it claims to be holistic ([T1, Appendix 3a](#)). T10 ([Appendix 3j](#)) stated that 'Music education is very inclusive on the whole and breaks down a number of socio-economic and ability barriers'. MT11 concurred that music as a school subject has 'an unparalleled potential to bring people together through listening, creating and performing opportunities' ([Appendix 4k](#)). This sits parallelly with Malloch and Trevarthen's theory on 'communicative musicality' (2009; Malloch, 1999) that underscores the essential parameters of music such as rhythm, melody and emotions are part of the intrinsic musical nature of human interaction. Making music is a natural social activity involving musical interactions and sharing of experiences (Dissanayake, 2012), therein music is traditionally an inclusive activity. A number of research studies also show that music is a popular leisure time activity among adolescents and is utilised as a tool to gain emotional autonomy (Laiho, 2004), socialise, develop interpersonal relationships (Hargreaves & North, 1999) and to

assist, regulate daily emotions which are important for daily wellbeing practice (Elliott, Watson, Goldman & Greenberg, 2004). These were echoed in the comments showing that music is used to ‘escape’ in their leisure time (T10) and to support and express feelings (T5). Music therapists also concurred with this but accentuated that given adolescents’ reluctance to share emotions and feelings openly. Music’s non-verbal quality to express feelings is a key feature of music therapy with teenagers in providing a safe space and opportunities for self-expression (MT2, MT9). Considering the rise of special needs and mental health among young adults in recent years along with the rise in demand for such services, the use of non-verbal qualities of music to address, these can be distinctly beneficial.

Remarking on the balance and inclusiveness of the curriculum, however, T8 ([Appendix 3h](#)) commented that the specific focus on 18th century classical music in the NCM, particularly centring around the workings of all white and male European composers opposes the notions of inclusion and diversity. This issue was also identified in the literature review of this study when exploring inclusion in present contexts of music education. Christopher Small’s conception of *musicking* (1998) underlined the importance of diversity in *musicking* in which one can study the music from different cultures. In furthering this notion, I also emphasise here the importance of not only studying but also the participatory element in *musicking* from a variety of cultures and styles. As such the issue within the current curriculum is that by placing a special importance on one style or genre of music, it inherently goes against one of the first aims stated in the Music Programmes of Study (Music Programmes of Study, Department for Education, 2021), which is to ensure that students ‘perform, listen to, review and evaluate music across a range of historical periods, genres, styles and traditions, including the works of the great composers and musicians’.

Adding to this, T5 and T8 ([Appendices 4e & 3h](#)) voiced their concerns regarding the elite nature of music as a subject. Private instrumental lessons in particular have been mentioned as inaccessible for those who are from socially and economically deprived backgrounds (T5) due to high costs of fees. Such conditions have also led a decline in the uptake of music, particularly in secondary schools in the recent years (Daubney and Mackrill, 2018; Whittaker & Fautley, 2021). Responses by music teachers also illustrate that being proficient in a music instrument is a requirement in GCSE music, therefore often most students who take up music in this level have already had private instrumental lessons from their primary years. Inopportunately, this makes music a less accessible subject in schools for those who are from less advantaged socio-economic backgrounds.

- Current inclusive music-making activities in the classroom

Group *musicking* and group music therapy have proven to be advantageous towards student mental health (Porter, Holmes, McLaughlin, Lynn, Cardwell, Braiden, Doran & Rogan, 2011; Higgins & Bartleet, 2012), as these contribute towards self-confidence, self-expression, socialisation and active participation (Daview, Richards & Barwick, 2015). Coincidentally, group music activities were commonly recommended by music teachers and music therapists as inclusive music activities (Table 5.29). Group singing (for example choirs) (MT2, T4), group composition (CMT1) and performing in groups (MT2, MT3, T5) seem to be mostly widely employed and recommended group activities in music lessons. Call and response singing games (T3) while utilising adaptive movements and assistive programmes such as British Sign Language (BSL) and Makaton (T5) were also especially referred. ‘Primal sounds’ (T4) or using students’ own vocalisations and sounds (T3) were noted simultaneously with group singing. T3 emphasised on free improvisation and intensive interaction, both which are popular methods in music therapy practice. ‘Intensive interaction’ is an approach developed by Dave Hewett and Melanie Nind in the 1980s and it is ‘designed to help people at early levels of development, people who have severe, profound or complex learning difficulties and people who have autism’ (Intensive Interaction Institute, 2022, online). Intensive Interaction also:

...teaches and develops the ‘Fundamentals of Communication’, attainments such as, use and understanding of eye contacts, facial expressions, vocalisations leading to speech, taking turns in exchanges of conversation and the structure of conversation.

Intensive interaction is also one of the practices of music therapy and is emphasised in assessment frameworks such as the Sounds of Intent framework for assessing musical interactions through music-making and to develop one’s overall musical development. In comparison with music-making processes in music education, interactive *musicking* in music therapy requires a more active role from the student and the therapist. Thus, the practice is more proactive rather than reactive as it is in traditional classroom music-making. Having primarily worked in SEN schools, T3 currently delivers bespoke private tuition for students with special needs. Given his specialised background in special music education, T3 seems to

be more aware of music therapy practices, actively integrating these methods to his own music lessons. Employing technology to produce music, movement, dance and ‘adaptive movements to music’ and group listening were also included in the responses. In comparison with the responses by music therapists, processes such as the call and response technique in group singing and group performances, the intensive interaction approach and free or non-directed improvisation are some of the common approaches shared by teachers and therapists. It also indicates that not only these approaches are already employed by music teachers, but also that they have an understanding of how these are able to contribute to an inclusive education practice, through the emphasis on the group processes.

- Considerations for an inclusive music education.

The current practices and processes on inclusive music education, as commented by T1 ([Appendix 3a](#)) ([Table 5.29](#)), fall within the following sections: Classroom organisation; Lesson content and delivery; Assessment. The other participants’ responses also fell within these categories, therefore are organised and presented accordingly in the mind map and are discussed here.

➤ Classroom organisation (*Considering the physical space and the ‘mental space’*)

In order to furnish an inclusive environment, T1 and T8 noted that the music classroom as a physical space should be taken into account, in terms of giving more than adequate space to avoid ‘sensory overload’, which is mostly common for students who have autism and also other special needs. On the other hand, T8 addressed the lack of space in schools by underlining the challenge that, ‘schools only have one room for all students to practise in – how can you work around that?’. MT3 ([Appendix 4c](#)) echoed this view by stating that ‘The current classroom model is not conducive to the noble aims of the inclusion aspirations’ as the ratio of teacher to student is above capacity, making it difficult to meet the needs of each student. Increasing classroom sizes and extra teaching capacity or additional support (MT9) were proposed ‘in order to provide a relationally rich environment for children to grow and reach their full potential’ (MT3, [Appendix 4c](#)). Varied groupings according to abilities (these could be teacher-directed or self/student-directed) and different

activities, buddying system and peer support were also recommended. Organisation of small group activities by playing instruments in a group (T2), splitting into smaller groups to practice call and response technique (T5), differentiated group work (T9 & T11) and careful pupil pairings for practical activities (T10 & T11) are also highlighted in grouping in music lessons.

In addition, to the physical classroom space, it was also noted that it is also important to consider the emotional or mental space. According to Pavlicevic (2003) this is explained as ‘tuning into’ students’ physical, social, mental and emotional spaces at the beginning of a session are equally important in order to be acquainted with the energy levels and emotional states of the group. It helps also to understand and be aware of how students can be physically present, however not emotionally present due to external factors. Thus, taking into consideration that *musicking* does not occur in a vacuum, students can bring their own experiences and understandings to their musical learning.

In their practice, MT3 described using state-dependent functioning, which is a neuro-sequential model training included within music therapy training. This encompasses being aware of the one’s emotions and mental state is important before starting a session. When applying to a group music-making session, it is also about being more aware of the external factors that students bring into the group that can influence the musical choices that they make. Not viewing the client as an ‘island’ or detached from external factors is a key feature of music therapy, particularly in community music therapy. The literature review demonstrated group *musicking*, particularly community group music therapy practices naturally promote inclusion through the social and group *musicking* processes (Ansdell, 2002; Stige, *et al.*, 2010; Higgins & Bartleet, 2012; Coffman & Higgins, 2012). While the participants’ responses widely agree that group music-making can actively promote inclusion in classroom music, conceivably the elements of physical space for music-making and considering the mental space or emotional state are also important for musical inclusion. However, stating the goals and establishing some ‘ground rules’ at the start of each session are important (MT2), in order to maintain a safe, musical space in group *musicking*.

➤ Lesson content and delivery

Taking students' musical preferences into account, to culturally diversify the music selection and having differentiated parts in an ensemble so students can select a part that is most suitable for them (T1) were noted in the matter of lesson content and delivery. Moreover, varied and structured activities in the lesson are explained, for instance, in group performances depending on the students' abilities splitting them accordingly to smaller groups (rhythm section, harmony section, melody etc.) or as T5 remarked, firstly learning a song as a group, then splitting into smaller groups for call and response, and dividing to even smaller groups to work on separate parts of a song. T4 mentioned using Makaton, BSL and exploring programmes such as 'Singing Hands'. Presenting resources in a variety of formats (T1), such as modelling the activities (performing and composing) for students to understand the task or activity, have written instructions for students who take more time to process information (T8) and differentiated work with a wide range of options available for practical and written tasks (T11) should also be considered according to the participants' responses. Additionally, teaching assistants to support on a one-to-one basis (T1 & T10) was also noted to ensure that each student is able to partake in the music lesson.

While group *musicking* is once more highlighted in these responses, it is notable to consider the delivery of such lessons where it is rendered as a collective experience together with physical and emotional engagement (Richards in Davies, Richards & Barwick, 2015), which can stimulate a combination of self- and musical reflection, collaboration and interaction within a peer group. From a community music therapy point of view, this can contribute towards the building group and individual identity, develop peer bonding and interrelationships through mutual empowerment and collaboration (Stige, Ansdell, Elefant & Pavlicevic (2010). In regard to how music is taught through group *musicking* and the role of the music teacher in such a setting is also explored.

➤ Assessment

The current education system as a whole is driven by assessments and standardised testing. Subject matter and lessons are developed in mind with certain set of criteria (usually set by the government) to be met by the student at the end, and this is tested through smaller assessments at the end of each module. This style of assessing and testing ensues in a linear fashion. Employment of a range of differentiated assessments methods (T1), including peer

assessment, self-assessment and student feedback (T1, T5 and T9) were mentioned when discussing music assessment forms. Certain areas of assessment are stated to be the most problematic in music education. This is also more in the case for learners with special and additional needs (T1, T3 & T7). For instance, T1 addressed the curriculum's prescriptive nature of the assessment element is due to the set national standards, and T3 concurred by stating that the current curriculum is primarily outcome based as well as the learning being too theory focused. T7 correspond to this by stating that the syllabus is outcome based with the emphasis is 'on what students should learn/experience throughout a course' ([Appendix 3g](#)). Incidentally, this also leads to other drawbacks, such as the under-practice of creative musical elements such as composition and improvisation (T3, T4 & T5), a primarily target-driven curriculum (T8) and thus inevitably side-lining the special needs provision.

In keeping with this study's theoretical stance and also set as one of the deductive codes, 'Process over final product', that education should not be seen as a means to an end, rather as a process of continuous growth, the assessment and outcomes focused nature of the current syllabus can be a chief obstruction for an all-rounded and well-balanced education. These ideologies and practices also validate the shortcomings which are outlined by Dewey (1916) and Small (1998) that education is yet fixated on 'producing results and grades', while students' personal and social growth are disjointed from the educational aims. *Musicking* as a social activity can go beyond developing musical skills and can naturally foster inclusion in the music classroom. Through consolidating different forms of assessments as peer or self-assessment, opportunities for student feedback can enable pupils to be active participants in their education.

- Music teacher's role in an inclusive music education

In this study, I advocate for the role of the music teacher in the form of a music facilitator and in the deductive codes there are two codes pertaining to this: 'Teacher as a guide to the way of knowledge' and 'Music teacher as a facilitator to promote musical, social, and personal growth of learners'. This is in line with Dewey's argument that the role of the teacher should not simply be restricted to instructing and teaching of the technical aspects of the subject content, rather, the teacher should be guiding pupils to take an active role in their education by connecting their learning to their own experiences and perceptions. Conjointly,

Small noted that schools and music teachers are simply concerned with the “discovery and selection of talented professionals” (Small, 1998, p.212). By stressing that projecting teachers’ values and interests onto the students can be detrimental to their individual musical development and progress, Small encouraged to view the role of the music teacher as a facilitator of *musicking*. Thereby, the teacher as a music facilitator should not only focus on developing students’ musical skills, but also promote social and personal growth, and guide the learners to understand themselves and their relationships with others through the act of *musicking*.

According to the participants’ responses, it was collectively agreed that in an inclusive music education, the music teachers’ role should primarily involve providing equal opportunities for every student and including every child irrespective of their needs and disabilities. T1 ([Appendix 3a](#)), when explaining her role as a music teacher commented that:

My aim in the classroom was always that every student should feel safe, listened to and valued in the lessons, so that there were no barriers to them being creative, making a contribution, learning new things, and enjoying the activities and that making music together in the lessons would be an affirming experience.

My hope was that students leaving my classes had a confidence in their own musicality to be able to continue to take music making forward in their lives in whatever form they wished and that they had a curiosity and an open mind about all styles of music in as wide a variety of cultures as possible.

It is important to note here that T1, prior to being retrained as a music therapist, has music teaching experience for 31 years in secondary comprehensive mainstream schools. Her unique role as what she described as a ‘music practitioner’ at her local music trust, involves providing music education for children, who are visually impaired and with PMLD. She further specified that her work ‘is not music therapy, although, in my opinion, there is a therapeutic element in what I do’ ([T1, Appendix 3a](#)). It can be construed from T1’s comments about her practice that these therapeutic elements essentially entail creating ‘safe havens’ or ‘safe spaces’ for young people when they are verbally challenged. By positively affirming students’ personal music preferences, T1 stated that music is employed as a vehicle for self-expression and thereby contributing to students’ self-esteem, to make them feel valued and ‘listened to’ ([T1, Appendix 7a](#)). Interestingly, as a former music teacher, her aim as she mentioned was to ensure that every student feel safe and positively engaged and this is

done by facilitating creativity, enhancing students' self-confidence in their own musicality, promoting curiosity and being open minded towards a variety of musical styles and genres. This response closely aligns with the practice of music therapy that is extensively based on creating safe and secure spaces (Tervo, 2001), and in which engaging in *musicking* activities can boost self-confidence, self-worth and self-discipline (Chin and Rickard, 2012 & 2013) particular for young adults. More notably, in T1's description of her aims in music lessons, her accentuation is more towards the wellbeing factors, such as feeling safe, valued, listened to, enjoying *musicking* together (positive socialisation), self-confidence by promoting creativity and music lessons as an 'affirming experience', over the academic goals as performing, composing or learning music theory and history.

T3's account when explaining their inclusive teaching practice was similar to T1's, in which the emphasis was also on attributes that contribute to overall wellbeing of students (communication, transferrable skills and independence) over subject based aims:

I teach music as a tool to empower individuals and as an alternative language. Transferable skills (are) another area of high emphasis within my lessons, using students existing abilities as a starting point (as opposed to subject based objectives) to further develop independence and communication. As the student and what he/she can already do is the point of origin, inclusion happens naturally. High expectations from this point of origin are applied to all (T3, [Appendix 3c](#))

For T3 the main aims of an inclusive music education are to employ music as a tool to empower students and to aid their communication needs by using it as an 'alternative language' (ibid.). As mentioned in the literature review, active engagement in musical activities is beneficial for students with special needs, in particular for those with ASD who have difficulties in communication and self-expression (Alvin 1978; Alvin & Warwick, 1992; Bunt, 1994; Hillier, Greher, Poto, & Dougherty, 2011). Music as a medium can be used to facilitate positive emotional communication (joint attention, eye contact and turn-taking) (Kim, Wigram & Gold, 2008) and can also be used as an alternate form of language as T3 suggested.

As noted in the personal observations, music is used to teach other skills. Essentially, in special education, music is used at the start and end of lessons, when transitioning between lessons (hello and goodbye songs, music and songs for 'tidying up' between lessons) and in

lessons themselves, for instance when teaching phonics and numbers. T3's notion of using music as an alternate language with a focus on teaching transferrable skills and develop communication skills is echoed in studies exploring collaborations between music therapists, speech and language therapists, and AAC specialists in clinical practice (Geist, McCarthy, Rodgers-Smith & Porter, 2008; McCarthy & Geist, 2014). This suggests employing music for education or teaching of skills, which are transferrable to other learning and developmental areas. AAC or Augmentative and Alternative Communication is also frequently used by music therapists as a choice making strategy, expressive communication in singing and instrument interventions and to assist in modelling (Gadberry, 2011). AAC is often employed when working with those with ASD and other special needs with communication or speech production challenges (Ogletree & Harn, 2001; Gadberry, 2011) by music therapists, making it a tool of music therapy. T3's awareness of music therapy and its application could be a reason why he views music as an alternate language, through which communication and transferrable skills can be facilitated, empowerment and independence can be promoted in music lessons. It can also act as a non-verbal tool, giving students an alternate voice to make them feel heard, listened and valued, which should be a main goal of inclusive music education (T1). Therein it raises the question that although generally an approach that is used for those with severe communication needs and speech difficulties, can the groundworks and theories of AAC be considered when facilitating inclusion in music lessons?

T3 stressed what the student can do should be 'the point of origin' and that high expectations and goals should be placed from that point (T3, [Appendix 3c](#)). However, as pointed out by some participants, the prescriptive nature of the curriculum, where academic goals are already firmly placed within the curriculum is a clear obstruction to this. Further, in a classroom setting in which the class size can range from fifteen to thirty, taking every student's ability into consideration to set a starting point could be infeasible. Contrarily, inclusive group music activities that can be differentiated and where students can play different parts according to their personal aptitudes can be stated as a starting point. This can ensure that students of all abilities to not only work together, but also withdraw 'on occasions to facilitate better access to the curriculum for some students' (T1, [Appendix 3a](#)).

The teacher's role also involves ensuring that all students can fully participate in all tasks in the music classroom by 'proper scaffolding, explanation, modelling and support for

those less able' (T7, [Appendix 3g](#)). This also encompass transforming and reimagining the music syllabus, in which there is less prominence placed on music theory as it is considered not the most accessible element to all students (T8, [Appendix 3h](#)). Written instructions for students who need more time to process information (T8) and bespoke support for those who need additional support (T7) were also suggested in relation to this. It is also necessary to consider a range of differentiated resources and options by the music teacher when promoting inclusion. These include time, space, technological aids, considering how to present music from an array styles and genres, and different types of voices and instruments (T1), additional worksheets that support differentiated teaching and learning (T10) and having a wide range of written and practical tasks available as options for students (T11). Also, using primarily school equipment, rather than relying on resources that may not be available or accessible at home was also stressed as a current practice of inclusion (T8). Comparatively, from a music therapist viewpoint, MT11 ([Appendix 4k](#)) reported that 'A good teacher is one who differentiates accordingly and engages flexibly with all the children in his/her classroom', by making a range of appropriate resources available. It was also stressed that 'Each child should not just feel included but that they are meaningfully contributing to something beyond themselves' (MT11). Moreover, in support of the statement of making school music more inclusive, accessible and diverse MT11 noted that:

I have not known a young person who does not in some way identify with music. It is a universal language and one which evokes deep aesthetic responses. As a school subject, therefore, it has perhaps an unparalleled potential to bring people together through listening, creating and performing opportunities ([Appendix 4k](#)).

While agreeing with MT11's view that music being naturally inclusive, I challenge the commonly held notion that music 'is a universal language'. This is in the view of music can be interpreted in more than one way, as *music* is a profoundly subjective activity, wherein the same piece of music can invoke different feelings or emotions for different individuals. Music also differs from culture to culture, in that western music major and harmonic minor scales can be different to Indonesian gamelan's Slendro and Pelog scales or classical Indian ragas. While there can be some basic similarities, to assume that all music can be interpreted or enjoyed in the same way by everyone, as a piece of music or song can mean differently even to two individuals from the same culture, is an obsolete notion. Thus, a greater awareness and appreciation of individuality and cultural sensitivity are needed in

music teachers' practice. Also, special attention and care should be taken when *musicking* and interpreting music from unfamiliar cultures to the teacher and students.

In terms of teachers' attitudes, it was noted that open-mindedness where assumptions should not be made based on students' age, gender, ethnicity, cultural background, disability, neurodiversity (T1), and that the teacher should be open to engage in multiple modes of learning including visual, aural and kinaesthetic (T4). Further regarding being open minded, it was also commented that being open to engage in different styles and genres of music is also essential in promoting inclusion in the music classroom (T1, T4 & T8). However, in KS3 and GCSE music it was mentioned that 'inclusivity goes beyond the curriculum' (T8, [Appendix 3h](#)) and the reason for this is that assessment is at a much higher level (T1) compared to the lower key stages. In particular, music theory, which is heavily focused across KS3 and up, which T8 ([Appendix 3h](#)) commented is 'heavily influenced by classical music'. This certainly coerces teachers to chiefly focus on the classical canon and therefore creates an imbalance in the music curriculum. This coincides with one of the two issues that emerged through the literature analysis of the present contexts of inclusion in general music education and special music education: The manner in which the present Western music curriculum is predominantly grounded in exclusion, as a result of its focus on one particular type of notation and composition, that leads to the common misconception of music is not for the majority, but only the 'gifted' few. When discussing the undemocratic and 'Un-Deweyan' practices in music education, Woodford (2005) observed that, 'Music education was a means of socializing or indoctrinating students to the works of the great masters. The goal was to develop musical taste along the lines of Western art music, . . . to propagate and socialize the musical tastes of the socially elite class among all classes' (p. 9). Evidently the exclusive nature which has been 'propagated' through music education is still preserved through its prerequisites of the curriculum. Described as a 'hidden logical chain' by Small (1998) and Lubet (2011), such dichotomies of what is taught in the classroom and music habits outside of school can create a disjointed learning experience.

To fully value individuality and to welcome and utilise learners' diversity, while acknowledging that all have differing abilities and individual aptitudes, a diverse curriculum not centred around the western classical canon is sorely needed. A syllabus that underscores only one style of music across its practices, assessments and outcomes is certainly not inclusive, nor does it allow music teachers to explore and engage the students in other music genres, which can be more accessible and more relevant in terms of how music-making is

practiced today. The role of the music teacher is to guide the students not only in acquiring musical skills but to also study the contexts in which the *musicking* take place, by exploring, affirming and celebrating (Small, 1998) the relationships that are built within these settings. Conceivably, teachers' responses illustrated that in employing music as a tool for non-verbal communication and music as an education but also music as an education for transferrable skills can promote inclusion. Further, musical inclusion can also entail making students feel valued by setting individual goals that origin from students' strengths as opposed to the overall aims set by the curriculum. This can also readdress the issue of the outcome or assessment focused nature at certain key stages, that are counterproductive to student engagement and musical inclusion.

- Current resources on inclusion/inclusive music practices

When discussing inclusion, the following resources were mentioned and are being currently in use by the music teachers in promoting and facilitating inclusive music practices in their classrooms.

- Government documents

The National Curriculum in England: music programmes of study (2014, revised in 2021), in particular KS2, KS3, GCSE, KS4 and KS5 programmes are referred to when commenting on what each key stage syllabus entails. The Performance or P scale (Department for Education, 2017) which is an official document that specifies performance attainment targets and performance descriptors for students aged 5-16 with SEN, who are working below the national curriculum standards and assessments was also cited. T1 discussed the P scales of assessment as:

In my mainstream school there were only a handful of students to whom this applied, but the scales seemed to work reasonably well and enabled these students to participate in classroom activities with everyone else.

This demonstrates a generally favourable view of the P scale assessment document and its practicality when implementing an inclusive music practice. For instance, under ‘Music’ as a subject, some of the performance descriptors listed are: Pupils encounter activities and experiences – passively, resistantly, showing simple reflex responses or with fully prompted participation; Pupils begin to be proactive in their interactions - communicate consistent preferences, perform actions by trial or improvement, cooperate with shared exploration and supported participation; Pupils begin to communicate intentionally – through eye contact, gestures or actions, request activities, participate in shared activities with less support with sustained concentration for short periods (Performance – P scale, Department for Education, 2017). Further, the scales and descriptors that are mentioned in the document are similar to the techniques mentioned in the ‘Intensive Interaction approach’ by Dave Hewett and Melanie Nind, which was mentioned by music therapists in their practice. This will be discussed in-depth in the second part of the analysis, which consists of the music therapists’ responses. The P scales replaced by “The Engagement Model” which was published in 2020 and to become statutory from September 2021 (Standards and Testing Agency, ‘The engagement model’, 2021). The current guidance document for the models states that, “The engagement model is an assessment tool to help schools support pupils who are working below the level of the national curriculum and not engaged in subject-specific study” (Standards and Testing Agency, ‘The engagement model’, 2021, p. 6). It consists of five areas of engagement: exploration, realisation, anticipation, persistence and initiation. These are interrelated but are not hierarchal in the sense that the student is not expected to show progress in all areas. Instead, each area provides the scaffolding to enable the pupil to fully engage in their individual development, to become independent and reach their best potential.

➤ Frameworks and other approaches

The aforementioned engagement model also has parallels to the Sounds of Intent framework, which is specially designed for assessing the musical growth of students with SEN. The assessment areas of SoI framework (Sound of Intent framework, <https://www.soundsofintent.org/soi.html>, 2002) are reactive, proactive and interactive, similar to the five areas of engagement of the Engagement model.

Notably, the Engagement model document also mentions AAC or augmentative and alternative communication when discussing different types of special needs among pupils and their dependencies on technology. Further, when involving other professionals in the assessments it mentions that this provision can enhance student development in many ways including, ‘allowing the pupil’s behaviour and alternative ways of communicating to be acknowledged and understood’ (Standards and Testing Agency, ‘The engagement model’, 2021, p.18). This is similar to the concepts which AAC is based on, as T3 clarified, where transferrable skills such as independence and communication can also be developed.

The ‘Revised Framework for Curriculum, Pedagogy and Assessment in KS3 Music’ (Fautley & Daubney, 2019) was also mentioned as one of the assessment frameworks in addressing musical inclusion by T1. In the overview of musical learning at KS3, it is stated:

Music is both a practical and academic subject. Musical learning is about thinking and acting musically. This means that music lessons should be about learning in and through music, not solely about music. Music lessons in school should be focussed on developing imagination and creativity, building up pupils’ knowledge, skills and understanding (Fautley & Daubney, ‘A revised framework for curriculum, pedagogy and assessment in key stage 3 music’, 2019, p.3).

In regard to this statement, T1 has commented that:

... the overview of the ISM document refers to the importance of learning in and through, not solely about, music. The idea of learning through music in some ways aligns itself with the concept of using music as a tool, or a means to an end, which is intrinsic to the music therapy approach.

The notion of using music and music therapy as a tool in music education is a common view held by some music teachers. For instance, as noted earlier T3 mentioned using music as a tool to empower and as an alternate language, while T1, T2, T5, T8 and T10 concurred that music therapy can be itself be a tool, furthering that some of its approaches can be used as a toolkit by music teachers or as a supplementary tool to special music education. T3 highlighted that music therapy in music education as a supplementary tool can ‘be an effective way of filling the gaps unable to reach the mental health needs of the students’ (T3, [Appendix 3c](#)). Moreover, in the backdrop of the mental health and wellbeing crisis post-Covid among school children and young people, there are criticisms that these are

not addressed in the new and updated music curriculum (Chapman, MEC, 2022). Utilising music as an alternate communication tool was a previously explored concept. Furthering this to develop transferrable skills such as independence, maintaining positive relationships, enhance self-esteem and confidence can bring unparalleled social and personal wellbeing benefits for adolescents. Active engagement in music is significantly associated with positive emotions for teenagers (Lull, 1987; North, Hargreaves & O'Neill, 2000, Tarrant & Hargreaves, 1999) and their overall wellbeing (Miranda and Gaudreau, 2011; Chin and Rickard, 2013). Thereby, engaging in presently under-practised activities as improvisation can also enhance creativity and imagination, and also draw out the practical elements of music education as outlined in existing frameworks.

➤ Online resources & resources from external exam boards

From my own professional experience, music teachers working in SEN schools regularly adopt and employ resources from external sources, particularly those that are found online. This coincides with the responses given that the music curriculum is not inclusive for students with special needs, given its requirements and criteria, especially in the higher key stage levels. 'Singing Hands' (<https://singinghands.co.uk/>), which employs Makaton and is based on the concept of AAC was mentioned in regard to inclusive singing (T4). This is used widely in SEN schools with children who are non-verbal or with limited verbal skills and is therefore effective for promoting active engagement in music through singing. Through gestures and Makaton signing, which is another form of AAC, this approach is considered as accessible and inclusive for small and large groups.

External exam boards such as ABRSM, Trinity and LCM were also mentioned, although these have recently come under criticism for their prescribed non-diverse syllabi, which highlights one dominant culture: western classical music (Batty, 2020, *The Guardian*, online; Donne Women in Music, 2022, online). Current calls to action for these exam boards stresses the importance of diversifying their curriculums by including the works of those who are under-represented and marginalised, including the works of female composers and of those who are from different cultures and ethnicities. This is in the view of empowering young students by their learning experiences and expectations, and where external exam boards can play a key role in shaping these through both their explicit and implicit values of

their ‘hidden curriculums’ (Duncan, Musicians Union, online, 2022). This also reinstates the issue of a decolonised curriculum which is needed to make the general music curriculum and its content more inclusive and relevant for present day students’ experiences. Evidently external exam boards are also used and considered by music teachers in their practice and thereby plays a major role in influencing the current music classroom and lessons. Hence, it is important that their content is proactively made inclusive, in order to meet special needs and is culturally diverse.

- Current issues in school music education

Finally, for this section of the analysis the current issues in inclusive music practices noted by music teachers are discussed. This readdresses one of related issues of sub-question 1: ‘What are the current issues in the music curriculum/in teaching music?’. While some of the key issues of current music education concerning inclusion, the present curriculum/syllabus and inclusive teaching practices are mentioned above in the discussion of the teachers’ responses ([Table 5.30](#), [Table 5.31](#) & [Table 5.32](#)) these are examined in-depth below.

- Current music education is primarily assessment, outcomes and results focused.

T1, T3 and T7 concurred that the area of assessment is the ‘most problematic’ (T1), the curriculum is very much result or outcome based (T3), where it focuses on ‘what students should learn/experience throughout a course’ (T7, [Appendix 3g](#)). T1 furthered on this issue, commenting the higher the level, the more ‘prescriptive’ and ‘restrictive’ ([Appendix 3a](#)) the assessment element becomes and this is due to the set national standards. Such prioritisation of the assessments and outcomes in the curriculum is cautioned in the Deweyan theory and is warned as one of the downfalls of the education system. In oppose to the value placed on the final product or the results, Dewey (1916) laid down that the educative process should be viewed as a continuous process of growth ‘having as its aim at every stage an added capacity of growth’ (p. 59). Higgins and Coffield (2016, p.33) concurred by stating that, ‘when academic standards are the main priority, and teachers are made responsible for ensuring the

successful performance of these standards, the development of students' analytical and critical thinking becomes secondary'. However, the responses revealed that the current assessment practice is a concern as it is embedded throughout the learning experience.

Consequently, the assessment-focused nature of the curriculum can precipitate other problems including teachers having to focus on teaching and training a very precise set of skills and aptitudes that are prescribed in the curriculum. In this, students with special and additional needs can be inevitably side-lined and this is a direct drawback according to the issue raised by MT8:

In a school, which I won't name, the SENCO was telling me that, basically they have a data meeting which is a load of concentric circles with the high achieving ones in the middle and of course in the outside one, the last ones are the SEN students. **One of the more senior teachers at this meeting has reported to have said "Of course we want results, we'll just ignore the SEN students and just focus on the other students to get our results up". And the SENCO said to me "Do you know what? Sadly, he's right". That's the system. That's what I'm fighting against"** (MT8, [Appendix 8e](#)).

Assuredly, this remark showcased the present education system is target driven and a 'knock on' effect is the adverse impact on pupils with special and additional needs. Presently, educational and teaching practices are naturally grounded in exclusion and are more catered towards those in mainstream education. By disregarding the SEN population, schools are categorically creating a learning and participation barrier, which contravenes against the current SEND Code of Practice (2015) and the national curriculum's inclusion statement. With no set targets and appropriate assessments, potential areas of difficulty cannot be identified or addressed for SEN students, and this can create major obstacles in achieving their full learning potential. Student with special and additional needs are also not given the full opportunity to engage with the national curriculum, giving them a different and arguably a 'lesser' learning experience to that of their more able peers.

The issue of an outcome or target-driven education can also be correlated to the prevailing concern of 'academisation' of state schools (Weale, The Guardian, 2019). As outlined in the literature review, 'academisation' is when underperforming state-funded schools that are classed as inadequate by Ofsted, are forced to cut ties with local authorities and become part of Multi-Academy Trusts or MATs. Schools under MATs are pressured to

generate swift results to secure future funding. Moreover, the curriculum and the teachers are micro-managed through lesson observations (Higgins and Coffield, 2016), where teachers are also put under pressure to produce ‘outstanding’ results. The micro-managing and governing styles of academies have arguably led to damaging of the interests of schools themselves and of the students. This is evidenced in MT8’s comment about the exclusion of students with special needs in their current school. Certainly, it also leaves less room for developing student creativity, self-expression and interpersonal skills, all which are considered as ‘soft skills’ but are important in day-to-day life.

Furthermore, according to MT8’s observation, although the school leaders have decided to focus on the ‘high achievers’ and the middle students this is driven by their sole aim of ‘improving the grades’ or produce the best results. Learning for the sake of passing tests, devoid of critical thinking or relating to current issues surrounding present contexts should not be the end goal of education (Dewey, 1916). In relation to present music education, ensuring pupils ‘perform, listen to, review and evaluate... sing and to use their voices’ (DfE, Music Programmes of Study: Key Stage 1,2 and 3, 2013) I refute is narrowing in terms of solely focusing on the technical aspects. Ultimately, what education means for, and in, a democratic society is to prepare for the future and to work cooperatively with others for the common goal of improvement of community and society. It should also be personally fulfilling. Music education, therefore, should concern how it can contribute to the betterment of the whole society through the discovery of individual strengths and aptitudes of each pupil. Hence, the question of how music education can be oriented towards the ‘common good’ of the society and personal wellbeing should be a question frequently asked by music educators when rethinking and reframing the current goals and aims of music education.

- Prerequisites and expectations within KS3 music and upwards.

The responses demonstrated that there are issues within the music syllabus, primarily concerning its expectations and content. T1 noted that the content balance in KS3 music is relatively flexible and can be achieved by integrating different attainment targets and designed activities. However, she commented that ‘in practice there was too much of a jump in expectations between KS3 and 4’ (T1, [Appendix 3a](#)) where the assessment demands are

also much higher, despite the GCSE syllabus intention to be inclusive. T8's response also coincided with T1's statement who also remarked that:

It is a difficult subject and (at GCSE level) requires being adept at an instrument and also having decent music theory knowledge before even beginning the qualification. From a KS3 level, I'd say inclusivity goes beyond the curriculum ([Appendix 3a](#)).

Seemingly, there are prerequisites which are implicit within the syllabi of KS3 and GCSE music. These include being proficient at an instrument and having a certain level of knowledge about music theory. According to teachers' comments, there also seems to be 'jumps' in expected outcomes between the two key stages, where inclusivity is outstripped, therefore making it difficult to meet the needs of students with special needs. T2 and T4 similarly stated that the syllabus is too vague and is mainly suitable for mainstream or more able students rather than students with special needs, and that there is insufficient content to meet the needs of SEN pupils. T4 stressed the importance of national programmes such as 'Sing Up!' (NPME, 2011), which includes SEND programmes and that these are lacking in KS3. Consequently, in some special schools music has become a 'flashpoint' according to T6 ([Appendix 3f](#)) wherein pupils with special needs feel 'uncomfortable with the subject' resulting in it been taken off the school timetable and is offered on a voluntary basis. While studies show that music is a popular tool among teenagers, utilised for socialisation (North, Hargreaves & O'Neill, 2000), coping, identity formation (Arnett, 1995) and self-regulation (DeNora, 1999), the practice of music in certain schools has resulted in precisely the opposite social outcomes. Further, it has led to music being a 'difficult' and 'stressful' subject with no information available on the therapeutic benefits of music at a school level ([T8, Appendix 3h](#)). Does this depict that music is currently not utilised in the 'right way' and its true and full potential has not yet been realised within music education and the classroom?

- Lack of diversity in the content of the music curriculum.

The issue of too much prominence placed on one music style, which is western classical music, was highlighted in the responses:

...music theory is heavily influenced by classical music but how relevant is classical music today to 11–18-year-olds (or even in the present in general)? You could argue that music is an elitist subject based purely on the workings of 18th century composers, all white and all male. That isn't particularly inclusive in my mind. However, I do believe most curriculums have a balanced scheme of work, in both history and the music they teach, as well as skills such as performing, composing and listening (T8, [Appendix 3h](#)).

The relevance of classical music to present day experiences which is argued in T8's statement is pertinent to this analysis, as it allows to explore Dewey's pragmatism on the importance of connecting the curriculum content to current experiences of students. This also reaffirms the relevance of Deweyan philosophy which does not view an education that is disconnected from what is taught at school and learners' experiences outside of school as effective. Similarly, Small when discoursing *musicicking* highlighted that present music education has hidden, implicit values that only identifies certain musical styles such as western classical, marching band music, jazz and choral music, thereby confining a student's choice of music. This also leads to deeming as to whether they are 'musical or not', which is chiefly about meeting the demands of the teachers rather than addressing the students' musical and social development. The issue of lack of diversity, particularly within the content of GCSE music, was also noted by T4 who primarily teaches singing. T4 ([Appendix 3d](#)) commented that music teachers, 'need to be using contemporary songwriting (not just classical composing as the majority of GCSE seems to focus on)' and this 'can be brilliant for those with trauma and mental health problems'.

Commenting on the overfocus on results and grades, lack of inclusion, diversity and a practical approach in the music curriculum, MT12 observed that:

In my opinion, the national music curriculum focuses too much on results and graded exams. Music can be extremely simple and accessible. However, it is too often over complicated. There is not enough hands-on interaction through music throughout the whole school system. Children rarely sing and music productions often rely on brought-in, pre-recorded music rather than live music created by staff and students. **In England, I feel we have lost a huge part of our cultural identity by not celebrating the simplicity and inclusivity of music** ([Appendix 4l](#)).

In addition to the lack of diversity in the music curriculum, MT12 also examined activities in a music classroom lack practicality and interactivity. This is echoed in the teachers' responses which show that listening is the most popular activity and comprises over 70% of the lesson time, while singing and music theory are the second and third most popular activities respectively ([Tables 5.23](#) & [5.24](#)). Composing, music history and improvisation are relatively given less importance as they seem occasionally practiced and not included in every lesson. According to Small, exploring, affirming and celebrating communal, social and cultural values are central to the practice of *musicking* and can be a way to understand human relationships as they collectively bring meaning to the music that is created in societal contexts.

In Deweyan terms, this is not only connecting learners' experiences to the subject material thus creating a conjoint learning experience which allows experiential and reflective learning, these conditions also aid in developing effective moral training contributing to individual character and social development, which is essential in functioning as a group in a democratic society. However, as noted in the teachers' responses in regard to the lack of diversity due to the fixation on western classical music, which can also be cross-referenced to the findings of the literature review (Small, 1998; Lubet, 2011; Woodward, 2000) music education today does not allow students a conjoint experience nor does it align with the practices and policies of inclusion. Meadows (2013) recapitulates the importance of Dewey's views on learning from other's cultures, 'learning about people different from ourselves and working towards improved life conditions for all are important because when one person suffers, we all suffer, when one person flourishes in his/her potentiality and capability, we all flourish'. Today's educational scholars and philosophers who have revisited Dewey's democratic education, reiterate that education should be envisaged as a mean for cultural reproduction and cultural development (Higgins, 2016). This not only suggests how the broader Deweyan framework is still relevant today but can also be overlaid to understand the current predicament of lack of diversity in school music education.

- The imbalance between theory and creativity within the music curriculum.

The present music curriculum is also criticised of being "theory heavy". T4 ([Appendix 3d](#)) commenting on the inclusiveness of the current curriculum and how it

supports teenagers with mental health issues, remarked that there is a need for more balance “between the ‘theory’ and the ‘creativity’”. In the follow-up interview she further explained this:

I guess what I was meaning here that particularly at GCSE level there’s a real push towards the theory side of music in performing and composing, utilising theoretical concepts such as structure, melody, harmony. **I feel we should have more of a blend between the emotional context of these in compositions and performances. I know it’s difficult to measure this in an objective way, but ideally the focus of composition and performance in music for me should be as an outlet for feelings.** We should (be) blending the model more. E.g: I used these chords because they fit in to this theoretical concept (structure/harmony/style) could also be reinforced with an emotional aspect (e.g tonality = mood = explanation of why they wrote this from an emotional perspective.) (T4, [Appendix 7d](#))

T4’s observation of theory over creativity can also be a contributing factor to the assessment-focused music syllabus (and vice versa). A curriculum that is too theory-focused will only assess the theoretical knowledge and understanding and overlook the overall emotional and social development. The notion of facilitation of discussions in the classroom around how and why they use certain chords, structures, styles and harmony, as T4 noted, reinforces an emotional aspect to the learning. This view corresponds with what is described by McFerran, Derrington & Saarikallio (2019) as engaging with music more intentionally and consciously. Supporting T4’s viewpoint, McFerran et al. (2019, p.7), acknowledging the important role of music in young people’s lives, stressed that, ‘Music can be used with intention, and if that intention is brought to consciousness, it can be a source of emotional strength’. In doing this, it was also shown that adolescents can play their role in music as an active agent rather than a passive recipient. Particularly for at-risk teenagers, who are likely to use music consisting of negative themes and lyrics to worsen their moods and isolate themselves (Scheel & Westefeld, 1999; Bunt and Stige, 2014), playing a proactive role can be beneficial when analysing their music with intention and consciousness. Moreover, such a practice can also promote reflective learning (Dewey, 1916), or rather I argue reflective ‘emotional’ learning, addressing adolescents’ emotional and mental wellbeing. Along similar lines to T4, T3 also maintained that:

Composition and improvisation are well underrepresented but the explanation to this is kind of easy to me... They both require analytical thinking as you know and they can't be fully comprehended out of a "manual" or a "book". They also thrive as the most creative entities in music so, if teachers ourselves are always playing safe and sticking to a very narrow curriculum ([Appendix 7c](#))

Certainly, improvisation requires high levels of creativity, analytical and spontaneous thinking. It also requires being familiar with a range of music styles, grooves, genres and also confidence to lead a session in an impactful way. The under-utilisation of creative activities such as composition and improvisation in the classroom have been already highlighted in a number of studies (Robertson, 2000; Hickey, 2009; Larsson & Georgii-Hemming, 2019). Similarly, literature has shown improvisation can successfully explore aspects of non-verbal communication, group cohesion (in group music therapy) and provide opportunities to develop imagination and creativity (Bunt, 1994). In specific, for teenagers through improvisation, therapists encourage freedom of expression and practice social skills through shared music-making (McFerran, 2010). Conversely, the challenges faced by music teachers pertaining to teaching improvisation and its assessment. While it requires analytical thinking rather than simply following an assessment criteria or checklist from 'a manual', it can also be flexible with free-flowing structures as conducted in free or non-directed improvisation in music therapy. The processes of free improvisation in music therapy will be further discussed in Chapter 7.

Studies have also shown that there is a need for rethinking of the aims and goals of teaching improvisation in schools, in terms of developing musical skills. Numerous benefits of improvisation such as improvement of self-expression, self-exploration, individuality (Boyce-Tillman, 2000) and more importantly group and social processes in improvisation have been extensively presented (Davies, Richard, Barwick, 2015; Porter, Holmes, McLaughlin, Lynn, Cardwell, Braiden, Doran & Rogan, 2011). While group *musicking* and group music therapy approaches include group improvisation, performances, singing and composition are mentioned by teachers and therapists to facilitate inclusion in the classroom, the end goals should also be oriented towards the promotion of positive emotional and social health to contribute to students' overall wellbeing.

Given the already existing government policies on student wellbeing and the importance placed on mental health and wellbeing in schools, there is a strong interest among teaching professionals and the education sector to address and meet such needs in the classroom. One such concept is including SEL education or Social and Emotional Learning, which is mentioned by T4 ([Appendix 3d](#)). This is a method wherein students develop self-awareness, self-confidence and interpersonal skills. The definition of SEL is as below:

The process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively. Social and emotional education is a unifying concept for organizing and coordinating school-based programming that focuses on positive youth development, health promotion, prevention of problem behaviors, and student engagement in learning (CASEL, www.casel.org, 2022).

While there are an increasing number of studies and programmes that explore the ways in which SEL education can be incorporated into everyday teaching and learning, however preventive techniques have not fully integrated into teaching and in-service programmes (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik & Elias, 2003). In particular to music education, it has been discussed that further training is required for music teachers to help them incorporate SEL into their teaching (Edgar, 2013). In view of teaching improvisation not only to develop musical skills, but also to contribute towards social and emotional wellbeing, SEL education as a concept can prove as a basis to fulfil both attributes. While doing so, for a 'theory heavy' curriculum it could also strike the right balance between theory and creativity through the facilitation of more expressive and creative activities such as composition and improvisation.

- Lack of teacher training and funding leading to other issues.

Other common issues that were raised by music teachers were the lack of training among teaching assistants or learning support assistants (LSAs) for supporting students with SEN in the music classroom, inadequate resources including instruments, space, extra support and insufficient curriculum time. These are primarily due to one issue, the financial restraints, which is one of the direct impacts of the existing controversial English Baccalaureate

(EBacc). By giving more prominence to STEM subjects and side-lining arts subjects, the EBacc is supposedly set to keep ‘young people’s options open for further study and future careers’ (DfE, ‘English Baccalaureate’, 2019). Adversely it has caused a steep decline in the uptake of creative arts subjects in schools. Recent reports such as the Durham Commission on Creativity and Education report (2021) have stated concerns including pupils missing out on a broad and balanced curriculum due to the focus on the narrow range of EBacc subjects and that secondary schools are moving towards offering music on a ‘carousel’ basis, where it is taught one day per year.

Agreeing with deteriorating conditions for the arts subjects, T1 stipulated an alternate way in which music can be preserved in schools:

...maybe there might be more support for music generally in schools if it could be argued how beneficial or you know, get it under the “mental health banner”? Because I’m afraid you know, the way the school leaders think, it’s really what the government is promoting at the moment, how can they get the funding, what is the latest “menu” and if it could be demonstrated. Because mental health I think will continue to get a high profile
(T1, [Appendix 7a](#))

The backdrop of financial restraints and government education policies that are indubitably causing damage across the school music provision, and the annual rise in mental health problems among school children and young people, were some of the original rationales for suggesting the integration between music education and music therapy. T1’s suggestion of bringing music ‘under the mental health banner’ supports this notion to some extent. With exhaustive waiting lists, young people in schools are currently at risk of worsening their conditions as there is a deficiency of early interventions. Thus, conceivably bringing music under the ‘mental health banner’ has perhaps become a necessity, in order to align with the current government policies and interests. At a challenging time where creative subjects are shelved and pitted against the EBacc and STEM subjects, foregrounding their health benefits is becoming the most viable way to retain these within the curriculum. On the contrary, this also brings to question whether music should be valued in and for itself (music for music’s sake) or music to serve other domains within education (music to develop literacy and numeracy).

6.3.2 Summary of analysis for sub-question 1

The above section revisits sub-question 1 of this study, addressing the issues related to the inclusion, inclusive music policies that are presently in place and how musical inclusion is put into practice by current professionals. The data also implied that while the NCM and other government documents acknowledge inclusion and the significance of an inclusive education, the values that are implicitly embedded in the curriculum are not inclusive. Music teachers and educators have often adopted external resources for differentiated lessons and music-making activities, modifying their teaching practice in order to meet the academic and social needs of their pupils. It is also apparent from teachers' responses that the content of the music curriculum and the present classroom model is not suitable for students with SEND. Music as a tool or a vehicle for communication and self-expression is a popular concept in the SEN provision but was also identified one of the ways to promote and facilitate inclusion in mainstream music education. Considerations should not only be given to the organisation of classroom space when *musicking*, but also to the learners' 'mental' or 'emotional' space, highlighting the importance of being mindful of students' mental state. Neuro-sequential training such as 'state-dependent functioning', which is a technique in music therapy can be introduced as a valuable tool in teacher training.

Music teacher's role in an inclusive education is to act as a guide rather than an instructor. Teachers' responses demonstrated that by utilising music as a tool for non-verbal communication can teach transferrable skills as self-expression and creativity. I assert that by employing music as a 'therapeutic tool' for self-expression can be a starting point to ensure musical inclusion, where it can enhance social skills as well as musical development. One main current issue in school music education was pinpointed as the assessment-focused and target-driven nature of the wider education system, this has an impact on certain areas within music education. The diagram below demonstrates these issues identified in the music teachers' responses can be overlaid with the Deweyan theory and Small's *musicking*.

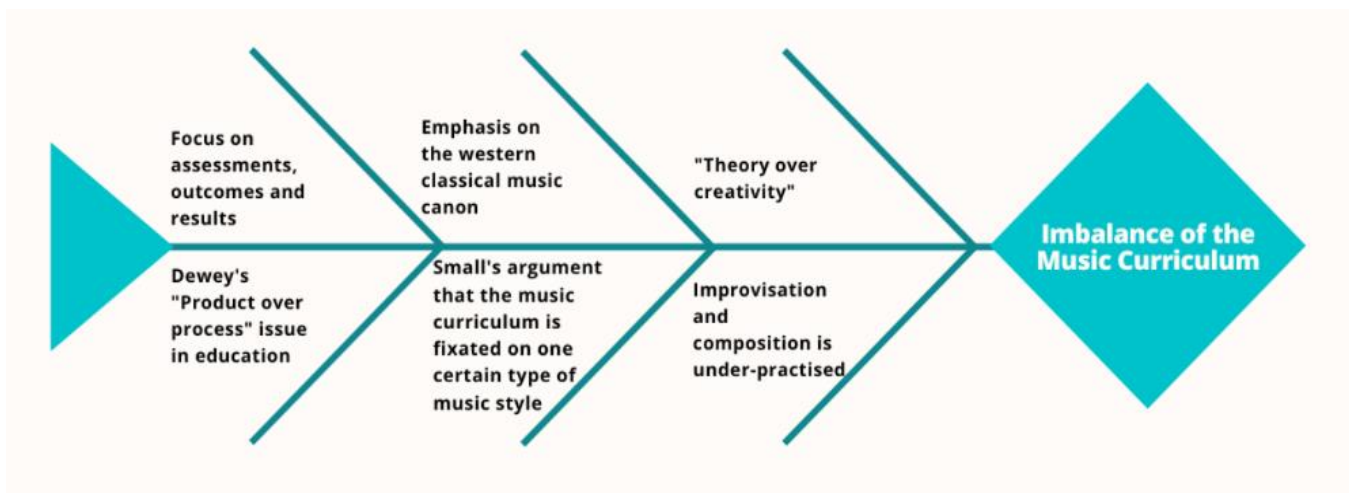


Figure 6.1 - Imbalance of the present music curriculum

The under-practice of creative activities such as improvisation, prerequisites and expectations such as being proficient in playing a musical instrument and ‘theory-heavy’ nature of KS3 music and upwards, and lack of diversity in the content were homogenously maintained in participants’ responses. Collectively, these have contributed to one key issue that is prevalent in music education presently, which is an imbalanced music curriculum. Lack of training opportunities for music teachers working with SEND students raises an issue of a gap in CPD. Financial restraints, leading to the side-lining of arts subjects, has led to a decline in the uptake of music as a subject in schools. Given the present the demand for early interventions for addressing and meeting the special needs and mental health challenges of young adults in educational settings, certain approaches and training in music therapy practice can certainly be invaluable when applied in music education.

The responses by music teachers, particularly those who work in SEN settings, stated that they currently integrate music therapy techniques and processes in their teaching. These teachers have come across music therapy potentially through the music therapists. Group music therapy methods such as free improvisation in group settings, group singing where approaches such as call and response, using students’ vocalisations as compositional material and songwriting for self-expression were mentioned in regards to this. Additionally, approaches such as intensive musical interactions which is based on the ‘Intensive Interaction model’, use of Augmentative and Alternative Communication (AAC) methods (BSL and Makaton) and technological devices were specified. Moreover, online models and frameworks for assessing musical development as Sound of Intent were also cited.

Integrating SEL education that promotes the development of positive mental health and wellbeing strategies through classroom teaching was also suggested when addressing students' musical and emotional needs. Music teachers working in SEN schools or students with additional needs claimed they 'trained on the job', revealing there is a gap in training for music teachers working in the SEN provision. This also corroborated with the responses by teachers who unanimously maintained that certain training aspects from music therapy introduced in teacher training can undoubtedly be valuable, having come across different special, additional, and mixed disabilities. This further supports the reason for the integration of music education and music therapy and showcases real-world evidence that some music teachers are presently employing therapy approaches in their teaching and collaborating with music therapists in the form of skill-sharing, to enhance the benefits of music-making in the classroom and in order to meet students' individual, social and academic needs holistically. In view of the recommendations and practices that are already in use, a perceptible point of origin for an integration can be employing music as a tool or a vehicle for communication to facilitate creativity and self-expression, which are currently the most under-practised elements in music education. The next section will revisit sub-question 2 and its related issues, while examining the key themes that emerged from the data.

6.3.3 Sub-question 2. How can music lessons in the classroom support academic learning and adolescent mental health and wellbeing?

- The most common mental health issues and special educational needs among adolescents

Music teachers have listed a range of special needs that are presently in their classroom. These include developmental disorders (including ASD), social communication needs, emotional and mental health disorders, profound multiple learning disorders (or PMLD), behavioural disorders, learning and severe learning disorders ([Figure 5.2](#)). Behavioural disorders such as attention deficit hyperactivity disorder and other challenging behaviours seem to be the most common type of special needs according to music teachers' responses. This is in comparison with the most common type of special need maintained by music therapists' as emotional and mental health disorders as anxiety, stress and depression

among their clients ([Figure 5.1](#)). One interesting theme that arose from music therapists' responses were that often pupils with behavioural disorders are more likely to be referred to music therapy than any other type of special need. It was stated that this is because those who are more 'aggressive', 'shouting' or 'disruptive' in the classroom are naturally more seen than those who are quiet or withdrawn (MT3). This brings into question if students with behavioural disorders who are possibly 'unmanageable' during classroom lessons are more promptly noticed by music teachers which is reflected in their responses regarding the special needs in their classrooms.

Mental health issues such as depression, anxiety and stress were commonly identified by both professionals, which were also in line with the literature that outlines as these disorders are more prevalent among the adolescent student population. According to teachers' responses 15% of their special needs comprised of emotional and mental health issues ([Figure 5.2](#)), while music therapists' (including community music therapist's) responses recorded 35% and also the most common type of special need among their clients ([Figure 5.1](#)). When probing into the more specific types of emotional needs that are treated by music therapists, poor emotional awareness and mood regulation (20%) was reported as the most common ([Figure 5.3](#)). Studies show that mood management and mood regulation skills have not yet fully developed during the adolescence phase (Dahl, 2001), making not only the transition from childhood to adulthood, but also academic transitions (Rice, Frederickson, Shelton, McManus, Riglin & Ng-Knight, 2015) more arduous and challenging.

As presented in the literature review, music is the second most regularly used mood regulation method after exercise (Thayer, Newman & McClain, 1994; North, Hargreaves & O'Neill, 2000), and is also used for coping unmanageable emotions (Arnett, 1995), self-regulation (DeNora, 1999), contributing to their overall wellbeing (Miranda & Gaudreau, 2011; Chin & Rickard, 2013). When providing music therapy for adolescents, music therapists specified that working towards identity formation (MT4, MT2, MT8, MT11), being creative through music-making (MT2, MT11), teaching resilience (MT2, CMT1) and self-expression through music-making (MT2, MT11 and CMT1) as the most focused areas in their music therapy work. Development of identity and self-confidence, resilience and socialisation are also some of the key aspects maintained in the literature regarding music therapy work with teenagers.

- Most popular music activities among adolescents

Music listening appears to be the most frequently taught and practiced music activity in the classroom, with 70% of music teachers having noted that it is included in every lesson (Table 5.23). Second most frequent activity is noted as singing, with 30% of music teachers having it in every lesson, followed by music theory (11.11% in every lesson) and improvising (10% in every lesson). In most music lessons, composition (60%), music history (55.56%) and music theory (33.33%) are included (Table 5.23). The under-practice of improvisation (70% of music teachers have noted it in some lessons and 37.5% of teachers including it less than 10% in lesson times) strongly corresponds with the literature which maintains creative entities as improvisation is widely undervalued in music education (Robertson, 2000). As mentioned before, T3 provided a possible reason for this being the resources and skills needed for assessing improvisation and creativity are distinctively analytical, while T1 maintained this:

I also think that it's probably not as easy when you have a large class to do improvise. Now I don't know what the class sizes are in special schools, but I imagine it would be easier than when you got thirty children to try and improvise. And I have done it, I have played like an ostinato or a ground bass or a little chord sequence and I've asked thirty children on glockenspiels, tambourines to improvise. And even give everybody a solo and that's like a nightmare. I think probably, had I known what I know now about improvising I'd found some way to better incorporate it into my lessons. When I was training as a music therapist, our cohort there were 19 of us. And in the second years we would always have to improvise for an hour or so a week together, as a group. In the first year we were split into two groups, but we were one big group and I said "Oh that'll never work. It would sound terrible". But actually, it worked really well. Okay, we were musicians, but we learnt how to drop in and out, and listen to others, we weren't all playing all the time. So, I think that kind of free improvisation would actually work quite nicely in a classroom and would certainly fulfil some of the criteria for listening and improvising. I've seen some of my colleagues, their case studies on improvising in a special school with children with quite profound difficulties and I think it works really nicely. **So, what is improvising? Is it listening,**

composing or performing? Well, it's all three, isn't it really? (T1, [Appendix 7a](#))

T1, who as previously mentioned, clarified her role as a music practitioner, defining that it 'straddle the two kinds' of professions of music teacher and music therapist. Explaining the advantage of studying and practising improvisation within a group, T1 noted that having trained as a music therapist provided a better and clear understanding of how improvisation and group improvisation can be led and the value of learning the group processes within the practice. Some of which as mentioned are, split into smaller groups, listening to one another, 'dropping in and out' of playing in order to leave 'space' for the others and not to play at all times. She also explained the challenge in leading an improvisational activity in a mainstream classroom setting, which is usually a larger class size in comparison to a classroom in a SEN school. Although this is a viable issue, a number of creative ways in which improvisation can be taught in the classroom have been presented. These include integrating music with other subject disciplines (Barnes, 2009), using structured and free improvisation (Evans, 2009; Hickey, 2009). Hickey (2009) shows that methodologies such as Orff, Kodaly and Dalcroze can lay the foundational steps in free improvisation. Intriguingly, when discussing free improvisation Hickey also noted that 'the process often requires more attention than the product' (2009, p. 294).

Considering the current music education's underscoring of 'theory over creativity' (T1, T3, T4, T5, T8) emphasising on 'product over process', free improvisation can evidently unlock creativity and many other benefits for children and young people. However, classroom improvisation has been narrowed down to: 'Create music with multiple sections that include repetition and contrast' (Key Stage 2, Year 6 Guidance, Model Music Curriculum, 2021) or 'Explore D minor and the pentatonic minor starting on D' (Key Stage 3, Year 7 Guidance, Model Music Curriculum) and 'Improvise melodies and riffs over chord sequences with a strong awareness of key' (Key Stage 3, Year 9 Guidance, Model Music Curriculum). While being restrictive, the new model music curriculum also fails to mention of the cultural and other wider contexts in the practice of improvisation. The overall focus of improvising is once again reduced to 'sounding good and correct', rather than simultaneously promoting the development of social and personal skills. In doing so, it does not initiate nor value the thinking of the child or student as a whole person. Pavlicevic (2003, p.23) who analyses the discourses in group music-making commented that:

Each of us bring our physical, mental and social experience of ourselves in the world; we bring the nuances and flavours of social culture and identities, our cultural cosmologies, our musical preferences and past musical experiences. We also each bring our propensity for human relationships and for creative engagements with life.

A ‘whole child’ approach is important whereby it goes beyond academic or educational goals and the subject knowledge. It takes into account a students’ social, cultural contexts, past and present musical experiences that are outside of the music room when *musicking*. In terms of the Deweyan theory, it conjoins students’ experiences with the lesson content, allowing pupils to critically reflect with the subject matter. In musical improvisation, I argue, this can be done by employing an array of music genres, playing styles, notation systems, instruments, and other resources from a wide range of cultural backgrounds that are familiar learners. In particular, adolescents whose informal music habits comprise of engaging in current musical styles such as Hip Hop, Grime, Pop and Rock, (Travis, Gann, Crooke & Jenkins, 2019), while many are more attuned to utilising technology for music-making. While there is a popular perception that some of these styles of music are known as ‘problem music’ (Dingle, Sharmen and Larwood in McFerran, Derrington and Saarikallio, 2019), the music classroom can be an ideal opportunity to explore the socio-cultural, political and other contexts of these music and lyrics where ‘conscious listening’ along with the music-making skills can be promoted. Further, as T1 mentioned it might be the perception of many music teachers today that whole-class improvisation is not practical due to the large class sizes (especially in mainstream) and hence it would ‘sound terrible’. However, through her experience in music therapy training, she has become more aware of how these skills can be easily transferrable to a classroom improvisation session. Additionally, she also stressed that the attributes in improvisation can also fill other criteria for listening, appreciation, playing, composing and creating that are in the NMC. Also, naturally musical processes such as listening to one another, performing together as a group, taking turns in playing, listening, creating, respecting other’s musical decisions and sounds are also the components in an inclusive music education approach. This also resonates with the Deweyan theory in terms of cultivating a process in relation to students’ personal experiences through active participation, creating ‘an experience of and with ourselves’ (Higgins in Higgins & Coffield, 2016, p.65).

Utilisation of music technology to compose and create music is another popular activity among young adults as mentioned by most music teachers and music therapists. T3

described this as another ‘forgotten’ activity in the classroom ([Appendix 7c](#)). T4, who is primarily a singing teacher and has studied her degree in songwriting emphasised on the importance of employing technology in music-making by commenting that:

Now, as nearly everyone has access in schools to things like iPads etc and high-quality software such as GarageBand. So I feel it’s really important that it becomes a part of the curriculum. **As music changes and evolves, the use of technology is more important than ever. The act of making beats etc can be very creative and inclusive in its simplicity, so I feel we need to be focusing on this more than ever.** As I mentioned in other answers, for students with limited vocal capacity (e.g only able to make intuitive primal sounds) the technology can then become a tool whether by proxy (another person helping recording) or they themselves using it, to build a piece of music. (T4, [Appendix 7d](#))

According to T4, music technology devices and software are more accessible and available at present more than ever. T4 also articulated the benefit of these for students with limited vocal abilities, to meet the musical needs of those with special needs and also for those who are less confident in singing. Acknowledging the changes in music and the evolution of technology, T4 also mentioned that it is highly important to include the use of technology for *musicking* in the classroom. Along similar lines, T8 underlined the relevance of music technology today:

... this is possibly a more subjective view point, theory is not as important in the classroom as it was even 10 years ago. With recent advances in technology with DAWs, music notation software and general music technology, theory is much less relevant in music today as so much is automated. Why do students need to know what crotchets and quavers are when using Logic Pro X for example? Or writing music into a piano roll? Things like being able to use a DAW and produce music are just as vital as the composition process itself, and with loops available to play chords and write drum parts, and scales automatically presented to you in a diatonic way, theory is being pushed aside more and more. (T8, [Appendix 7g](#))

The aforementioned practice of theory over creativity issue is raised in T8’s response in which he also challenges the relevance of music theory today due to the ever-growing trend between young people and their employment of technology to engage and immerse

themselves in music during their adolescent years. Presently, there is a disconnection between how music is employed outside of school, which amounts to their informal music learning (Green, 2008), and how music is taught in school by music teachers. The ‘product over process’ and the ‘theory over creativity’, therefore do not only hamper students’ creativity, but also leads to a disjoint learning experience where the subject matter is detached from real-life experiences. This disassociation between the ‘hidden or private musical world’ of students and the music studied in schools is described as a ‘a false dichotomy between so-called opposing cultures’ (Allsup, 2003, p.25). It interdicts opportunities for self-reflection and the training of the ‘faculties of power’ (discussing, reflecting, analysing by associating, perceiving, retaining) as argued in the Deweyan theory.

Technology has significant potential to democratise the environment for learning (Ruthmann & Steven, 2012) and according to the music teachers, can also facilitate inclusive music-making for students with additional and special learning needs with limited performing abilities. In particular, Soundbeam, the Skoog and Beamz are some of the popular assistive music-making software and instruments that are presently used in SEN schools. In addition, as a tool for self-expression, I argue that music technology can also ‘level out’ the music classroom, wherein mixed ability groups (pupils with ‘high music skills’ and ‘low music skills’) can perform together. By linking with the concept of musical inclusion, which is the central theme of this study, utilising music technology can also facilitate active music engagement and promote democratic music-making opportunities. The unique feature of technology that enables to create an ‘even playing field’, can be effective when integrating mainstream and special needs groups. Further, it can challenge and be a proposed solution for the current issue of the ‘pull-out’ method (Johnson in Wilson, 1996; Case-Smith & Holland, 2009), in which additional and special services and therapies such as music therapy are frequently offered in isolated settings, outside the classroom. As stated in the literature, group-based practices and activities can be used to create spontaneous, meaningful and shared musical experiences (Robertson, 2000, p.43). Concomitantly, improvisation is one of the most popular forms of music therapy interventions for adolescents, aiding in their development of self-identity, self-expression, communication and social skills (McFerran, 2010). Hence, an appropriate utilisation of technology in a modern music classroom, requires assimilation with group-based creative practices such as group improvisation, enabling young people to thrive upon collaboration with peers and promoting connectedness, belonging and inclusion. The practice of using notation-based software (for example Sibelius software,

which is widely used in most schools in England) in writing and composing music has become a basic requirement in relation to creating music using technology, although I argue it does not essentially reflect well with students' informal music practices. Paradoxically, as a consequence, the practice has lost its primary element, which is to facilitate individual creativity.

Musicking in the classroom 'can be very creative and inclusive in its simplicity' (T4, [Appendix 7d](#)), and also where student engagement is transformed through re-imagining some of the already existing practices by music teachers and music educators. More essentially, manipulating these practices in a way that stimulate self-expression, creativity and promotes students' individual voice should also be given a higher precedence. For instance, teachers' responses showcase that listening is the most common practice in the music classroom (Table 5.24). I supplement this with the practice of 'conscious listening' which is a practice within music therapy that promotes self- and mood-awareness (Stewart, Garrido, Hense & McFerran, 2019), where young people in particular can be active agents in their music listening (McFerran, Derrington & Saarikallio, 2019). It can encourage young people to take a more active role in a rather passive activity as listening, not only centring around educational aims (notation, style, texture etc.), but also promote active participation through connecting to their wider and individual contexts.

- Music therapy methods that are mostly employed when working with adolescents by music therapists.

In comparison with the activities in the music classroom, music therapists' responses mentioned that songwriting (30%) and composing or creating using music technology (30%) were observed as music therapy approaches that were better responded to by teenagers ([Figure 5.5](#)). Free or non-directed improvisation (15%), performing or playing instruments (10%), singing and group work (5% each) were also mentioned by music therapists and the community music therapist ([Figure 5.5](#) & [Table 5.68](#)). The choice of the music therapy method that is employed is directly linked to the individual therapeutic aims and if necessary, these approaches are adapted along the therapeutic process in relation to the client's progress (MT3). The methods can also be categorised to active music-making approaches and receptive methods (or active and passive approaches). As noted by music therapists, the

active music-making methods include non-directed free, interactive improvisation, vocal improvisation, guided songwriting, singing, performing or playing an instrument. Passive or receptive music techniques such as listening to music or guided listening, discussing the music, themes and, or lyrics are adopted for clients who are initially unable or does not feel safe to take an active role in the process. The most common therapeutic aims for young people noted by music therapists are to develop communication and social skills, self-regulation, self-expression, develop a sense of self (self-identity), manage emotions and moods, develop positive relationships with others and with music through in which to boost motivation and self-confidence.

It was underscored by all music therapists that all sessions are patient- or client-led. It was also uniformly stressed that age, gender, disability or ability do not affect the level of response or engagement in music therapy, as each music therapy intervention and approach is individualised to the specific needs of each individual and that the work of a music therapist is vigorously viewed in a person-centred way (therapists' responses in [Table 5.47](#), [Table 5.49](#), CMT's responses in [Table 5.65](#) & [Table 5.69](#)). Related to this, factors such as the client's background, the relationship between the therapist and the client (MT7), the skills and flexibility of the therapist to identify and draw out the needs and strengths of the client (MT8) are also instrumental in individualising a therapy session. It was noted by some music therapists that working with teenagers or young adults can at times be complicated as expressing through music to validate their feelings can be challenging for this age group due to increased self-awareness (T1, MT2, MT9), however eventually becomes 'just as important and beneficial' (MT2). The complexity of the relationship between the use of music by young people and their emotions, which have been highlighted in several studies can also be a contributing factor for the issue. Ensuring that the usage of and reliance on music for their wellbeing by adolescents is not a naïve process and that binaries is not useful in understanding the intersections of teenagers, music, emotions and wellbeing were also stressed (McFerran & Saarikallio, 2014; McFerran, Derrington & Saarikallio, 2019). Additionally, the issue of the referral process in music therapy, where music therapists are outsourced from a local music service or hub and are therefore not provided with sufficient information about the student's background (MT2) can be a barrier when understanding the full contexts and the needs of young people. This will be discussed further under the section 'Current issues in music therapy services' in chapter 7.

The popular choice of the music therapy methods when working with teenagers, which are songwriting, composing or creating music and improvisation closely align with the literature (Gold, Wigram, & Voracek, 2004; Sausser & Waller, 2006; McFerran, 2010; Tervo, 2001). For instance, live songs (including choosing, singing, playing and writing) and improvisation (instrumental and vocal) were noted in some literature (Hilliard, 2008; McFerran, 2010) and improvisation and songwriting (Tervo, 2001; Keen, 2005; Hilliard, 2008) were highlighted in others. Particular genres are more sought after than others in terms of songwriting.

Cognitively able (or mainstream) teenagers do seem to like writing songs/Rap. **Most enjoy the chance to perform or record and have a completed ‘product’ that signifies achievement** (MT4, [Appendix 4d](#)).

Expanding on this MT4 also commented in the interview that:

I think it’s about how they identify themselves and their peers. When they’re teenagers, they’re very aware of cultural influences and everyone wants to be cool. And it’s the same with music. And I know nothing about rap, so every time a teenage boy goes “Let’s write a rap song” I go “Oh no”. Teenagers are really trying. They’re testing their identities. And again, here we’re talking about mainstream and cognitively abled teenagers. I think it would be fair to generalise, **teenagers like to have something they can go “Look I achieved this”. Some sort of symbol of attainment, of achievement and writing something is like “Look I did this” and they can record it, share it** (MT4, [Appendix 8c](#))

MT4, who works in both special schools (students with PMLD) and mainstream schools (students with mental health issues, behavioural, emotional and mild learning difficulties), mentioned that songwriting in the style of Rap is popular among her mainstream teenage clients. The notion of having a ‘completed product’ at the end of session creates a sense of accomplishment or an achievement for adolescents. Typically, this can be a tangible product such as a recording or a CD or a song or lyric sheet. Creating a musical product such as these at the end of a music therapy intervention can also be a means to develop trust and confidence (Turry, 2005). Turry (ibid.) describes that performance and creative based activities naturally place an emphasis on the aesthetic element of product. This encourages the client to consider how the listener might perceive the product and reflect on their own

expressions within the song or music in order for it to be a successful product or performance. Creation of a final musical product, such as a song or a performance is also a prominent feature in most community music therapy projects which are considered to be ‘more radically democratic than conventional practice in a clinic allows for’ (Stige, Ansdell, Elefant & Pavlicevic, 2010, p. 281). In community settings, I further the argument, where the group factor is more accentuated, writing a song, creating a recording or taking part in a final performance can solidify the social and group cohesion. Moreover, being involved in creating something together that is of similar interest can help bond with peers, foster interconnectedness and facilitate reflection as a group towards the end of a project. Such processes can contribute towards group identity and also individual identity, allowing young people to experience, experiment and test boundaries of not only their musical styles of interest, but also their own musical skill set.

Improvisation was commonly referred to by the music therapists for when working with teenagers ([Figure 5.5](#)). It should be noted here that while creating or composing music and songwriting are shown as the two most popular forms of music activities with teenagers ([Figure 5.5](#)), improvisation is described to be a central practice of music therapy (Robertson, 2000). As such creating and composing music, with and without technology can also encompass improvisation within these practices. Joint improvisation, non-directed or free improvisation and creative improvisation were referred to as types of improvisation methods by therapists. More importantly, the interactive and active participation in the *musicking* process were recurrently stressed on in all these approaches. In outlining joint improvisation, MT3 noted that:

In terms of joint improvisation, it can be a useful way to explore difficult emotional feelings. So, we might base improvisation on a specific feeling whatever that might be, or it can be used in a way of roleplaying, different roles in their lives. **Sometimes what I would do, because I’m aware that work doesn’t exist in a vacuum, they got their family and stuff going on outside of the therapy space** (MT3, [Appendix 4c](#))

Addressing and expressing the most innate emotions and feelings through the music that is created spontaneously in the therapeutic space, that are otherwise inexpressible by the client is one of the distinct characteristics of joint improvisation. Acknowledging that therapy does not occur in a vacuum, MT3 further explained the process in selecting an instrument and

assigning a role or a family member to it in order to understand client's family background, to help understand and bring out the inner most emotions. Another feature of joint improvisation is how the music created in the space is shaped and structured jointly by the client and the therapist. Pavlicevic (2002) specifies that:

When the therapist and patient come to a point of sharing the shape of the improvisation, they jointly define the structure and fluctuation of the music and jointly explore its musical possibilities. It is now that the relationship is at its most intimate and its most dynamic.

Staying true to the fundamentals of clinical improvisation, joint improvisation in a music therapy session does not heavily fixate on a specific musical form or structure and both players 'trust in one another's responsiveness, share a reciprocity of intention, using one another's musical ideas to play' (Pavlicevic, 2002). Hence, the emphasis is on the musical relationship, in which the intimacy and trustfulness between the therapist and the client can develop over the course of the sessions. Within the process, complex and profound emotions can be conveyed and communicated, which can be beneficial for the therapist in understanding the client's finer emotions. However, pertaining to this study, in exploring the possibility of introducing music therapy methods to music education, one such as joint improvisation must be considered with caution due to its complicity in psychological processes. Particularly, in group contexts, boundaries and guidelines must be put in place at the beginning of each session to ensure not to create any false expectations (MT2). This can also be an opportunity to establish 'ground rules' for the group to ensure any ethical boundaries are not crossed, especially when discussing or exploring personal and sensitive issues.

In non-directed or otherwise known as free improvisation, the use of predetermined musical referents, such as tempo, rhythm, harmonics, form and phrasing are kept to a minimal (Pavlicevic, 2000). Free improvisation in a therapeutic setting also does not require practice, memorisation or improvement but explores the 'freely expressive capacity of music' (McFerran, 2010). From a psychoanalytical point of view, free improvisation is discussed as a means to access unconscious material that 'is expressed within the musical relationship that evolves between client and therapist if it is allowed to do so at the clients pace' (MT1, [Appendix 4a](#)). Using free improvisation as a psychodynamic and a psychoanalytical music therapist, MT2 noted that:

...in the improvisation, you can read a lot of things about the child. Is the child likely to play alone on the instrument? Or does he or she want you to get involved in the improvisation? So, does the child start a sort of a musical conversation? Does that child have regular timing? Is he or she trying to time with you as a therapist? Or is the timing chaotic? This is often the case with autistic children. Is the child sensitive not only to his own mood but also to your mood? So, these are the kinds of variables that you try to work with (MT2, [Appendix 8a](#))

Such information can be exposed through an instrumental or vocal improvisation and provide an insight into the client's inner world. From a psychodynamic point of view, this is particularly useful, as within this framework, becoming aware of one's inner states and communicating these through performed musical expressions is paramount (Metzner, 2016).

Creative improvisation appears to be most commonly associated with and employed by music-centred music therapists, usually those who are from the Nordoff-Robbins school of music therapy (NRMT). The NRMT approach is described as having a stronger musical emphasis and that the 'therapy is in the music in itself' (MT11). MT11 defines his training as a creative music therapist as:

At the heart of it is creative improvisation and while yes, we are mindful of psychodynamic, psychoanalytical principals, they are perhaps not given the same amount of emphasis as in some other of the training programmes of the UK. **So, the emphasis on the musical focus, person-centred is at the heart of the Nordoff-Robbins approach. I think, I would say that other approaches too will obviously have a strong musical centre, but particularly in Nordoff-Robbins that is very much where we feel with therapy is in the actual music itself.** So, in the choice of particular scales or modes or codes or styles the Nordoff-Robbins approach has a lot of emphasis on giving students the tools of the trade to work with in music and music therapy (MT11, [Appendix 8g](#)).

The strong focus on music in itself owes to the premise of the model for this approach which is 'the music child' that 'considers that every individual is musical, and regardless of

their abilities and diagnoses, they have the capacity to respond to music' (Clements-Cortés, 2019). In NRMT, the musical elements of tones, melody, harmony, rhythm, dynamics, tempo and others are explicitly used by the therapist in order to engage and stimulate the client's musical sensitivities in order to facilitate growth and development (Nordoff & Robbins, 1971; Guerrero, Marcus & Turry, 2016). The idea of NRMT's 'music child' is also in tune with some theories which have shown that music and musical skills are innate qualities that can be found in every child. For instance, Malloch and Trevarthen's (2009) concept of 'communicative musicality' which is based on the co-operative and co-dependent communications and interactions between infants and mothers. It can be also traced to Ellen Dissanayake's 'Evolutionary Aesthetic' (1988, 2000, 2012) wherein art and music is part of the evolutionary process in order to highlight certain rituals and special events in which cultural and social values are shared, and that newborn babies are 'born ready to become musical' (Dissanayake, 2012, p.7). The NRMT approach hence emphasises the universality of musical expression and that it can be found in every child.

Aigen (1998) described this method as 'improvisational, interactional, explorative, oriented to self-actualization, pragmatic, and finally, one in which the therapist never settles into a routine but is constantly evaluating musical tools and interventions to stimulate the client's growth' (p. 6). This is demonstrated in the response by MT3 who explained that it is difficult to explain how he adjusts his work to suit each client's needs as individuals get referred because of a myriad of reasons and each intervention is individualised accordingly. This was also echoed by MT4 ([Appendix 4d](#)) who noted that the methods are constantly modified during the process as a child's needs and abilities can develop and change during the course of the intervention, in which aims and objectives also have to be modified. Therefore, the intervention process is led by what is seen in the sessions depicting the need of being flexible, adaptive and resilient by the therapist and it is imperative to 'form a line of communication', in which the clients are able to 'get a sense that they are heard' (MT3, [Appendix 8b](#)). Moreover, in the creative music therapy or the NRMT approach as the focus is on the music in itself, there is less emphasis on 'insight analysis and talking' (ibid.) as it is in psychodynamic music therapy. Another distinct difference between the two approaches is that psychodynamic approach is more concerned with the client as an individual and in bringing their inner unconscious feelings and emotions to the surface through music and in NRMT such emotions are also brought up through the music but in the view that the client is not seen or considered 'as an island':

A person doesn't exist as an island, they have so many influences. Their family, their friends, their neighbours, their culture, their religion, their community, all of these have an impact on that individual. And you need to understand that person's community in order to help them effectively. It can also be very beneficial to involve that community or help provide them with another community, a musical community in which to attain better wellbeing. **It's about considering someone holistically and not just the person right in front of you. You work with that person in isolation and they can make positive progress with you by themselves, but then they go home and it's back to normal again.** In order to give them beneficial changes you need to appreciate their circumstances (MT4, [Appendix 8c](#)).

This response by MT4 presents that the NRMT method is in line with the practices of community music therapy, which is described as 'outward-and-around', involving family, peers, community and further background elements as culture, religion and socio-economic factors. This is in contrast to the psychodynamic or psychoanalytical MT which is 'down-and-within' (Stige, Ansdell, Elefant and Pavlicevic, 2010). Thereby, the popular music therapy activities which are employed when working with adolescents such as songwriting, composing using music technology, free or non-directed improvisation and playing instruments from a creative MT or NRMT perspective are conducted in compliance with development of the whole person. Further, it also foregrounds the contextual and situational factors of the individual through fully incorporating these into the therapy session. As one aspect of this study is to particularly explore the involvement of the whole child when *musicking* within an educational setting, I argue at this point, that the NRMT approach is more pertinent than the psychodynamic approach in the integration of music education and music therapy. Further, NRMT's theoretical underpinning of utilising the inner musicality that is present within all human beings, its emphasis on music-centredness and creativity through self-expression are in consonance with the theoretical groundwork of this study. Additionally, according to the social constructivist viewpoint which is a part of my research paradigm, where delving into a person's background and situational factors are important in understanding the way they perceive their world, I recognise with the NRMT method from a personal stance.

6.3.4 Summary of analysis for sub-question 2

Sub-question 2 addressed the issues connecting to how music education can support adolescents' mental health and overall wellbeing. Behavioural disorders were stated as the most common type of special needs identified by music teachers, while music therapists mostly work with teenagers with emotional and mental health issues. A possible reason why there was a difference in the types of needs mentioned by teachers and therapists were that behavioural challenges are often external (disruptions and challenging behaviour in the classroom) and are therefore immediately recognisable by teachers. In comparison, therapists work more with internal issues such as emotional, mood disorders and mental health issues. There is a setback within the referral system of music therapy itself, where students with behavioural disorders and who display challenging or disruptive behaviour in the classroom are more likely to be referred to music therapy than their peers who are socially withdrawn. This issue will be explored further in the next chapter, which examines present issues in music therapy, pertaining to [sub-question 3](#).

Listening is the most popular music activity done in the classroom. Creative practices as improvisation are undervalued, as reflected in the literature. This further adds to the issue of 'theory over creativity' which was highlighted in problems within music education presently. I propose 'conscious listening' as an approach to make music listening more active, where young people can be active agents in their listening, through helping them gain more control of their music practices and make informed decisions regarding musical choices, particularly in the case of 'problem music' (North and Hargreaves, 2008) that can have an impact on their subjective wellbeing.

Teachers who are familiar with music therapy and its applications, specifically those who work in special needs schools support the notion of integrating music therapy and music education. These teachers also stated that they currently use certain music therapy approaches that are viable in group contexts. Improvisation, in the forms of free improvisation, joint and creative, and creating or composing music using technology were some of the music therapy methods that were used by teachers. Incidentally, according to music therapists', utilising technology for *musicicking* is popular among adolescents. Adding to this, I argue that technology can serve as a way to 'level out' or 'even the playing field' in a classroom, where mixed ability group can equally participate in music-making. Re-imagining the ways in which technology is used in music therapy can unlock untapped potential in the classroom.

Music therapists detailed creating songs or recordings is also a popular form of engaging adolescents through technology. This can serve as a tangible or a completed product, where young people can have a sense of achievement in what they have created, and also have opportunities for self-reflections in addition to analysing the musical components and choices which they have made. In group contexts, creating or composing music together in this manner can also enable peer bonding processes and gain a sense of group achievement. The Nordoff-Robbins or the creative music therapy approach which is based on the concept of the 'music child' is more in line with the theories and concepts which were discussed in this study (theory of 'communicative musicality').

6.4 Summary

The first section of the analysis revisits the sub-questions one and two of this study, by discussing the issues that are pertinent to these. By examining the data in conjunction with sub-question one, it was discovered that the current classroom model and the content that is taught cannot promote musical inclusion, particularly in the interests of students with special needs. The assessment-focused and target-driven nature of present music education, the issue of theory over creativity emerged as the most problematic drawbacks within education. External factors such as undermining of the arts subjects and austerity measures leading to severe financial cuts were also raised as major concerns by both professionals. Music as a vehicle or tool for communication, to facilitate self-expression and creativity can be a point of basis in achieving musical inclusion. Music teachers who are familiar with music therapy or working in SEN settings are evidently utilising music therapy as an integrated practice in their teaching, and approaches such as the AAC technique, intensive interaction and the concept of SEL were mentioned in relation to this. Moreover, additional training in neuro-sequential methods as state-dependent functioning were also maintained to be useful for music teachers working with special needs students.

Sub-question two revisits the issues related to the most common special needs and mental health issues among adolescents, the most popular music activities and music therapy approaches for teenagers. Behavioural disorders are more commonly identified by music teachers in comparison with music therapists who maintained emotional and mental health issues as the most prevalent issues among their clients. This issue of students with behavioural challenges being referred to music therapy more than their peers with social

withdrawal issues will be further discussed in chapter 7, which examines referral systems within music therapy. While, listening to music is the most common music activity as maintained by teachers, I suggest by introducing the practice of ‘conscious listening’ can facilitate a more active and positive engagement for adolescents. Songwriting and creating using music technology were stated as the most popular music therapy activities with teenagers. I propose that by re-imagining and re-defining the ways in which music technology is employed in the current music classroom, such as utilising it in a way that can equalise the playing field, teachers can promote equal participation, especially when working with mixed ability groups. Using technology in creating a final product such as a song or a recording can help gain a sense of achievement and contribute to overall self-confidence of teenagers. This also tackles the issue of under-utilisation of music technology in music education today. NRMT or the creative music therapy approach seems to be a viable option when considering an integration between music education and music therapy, owing to its concepts based on inner musicality and the democratic music-centred practices which I have employed as the underlining theories of this study. The next chapter examines the data in relation to [sub-question 3](#) and also makes its case for bridging the gap between music education and music therapy through community music therapy.

Chapter 7

Music Therapy Through Music Education: Bridging the Gap Through CMT

7.1 Introduction

In this chapter I revisit [sub-question three](#). I will examine the data that concerns the crux of this thesis, which is to bridge the gap between music education and music therapy through community music therapy (CMT). While the previous chapter explored the questions of ‘what’ and ‘why’, this chapter will scrutinise the question of ‘how’. I will firstly discuss the issues within the field of music therapy as emerged through the responses by music therapists. I will then examine their perceptions and views on the grey area between the two concerning fields, a possibility of an integration where music therapy can be offered as an additional or supplementary service as argued in existing literature (Wilson, 1996; Pellitteri, 2000; Bunt, 2003). Finally, I will provide a critical analysis of the data in relation to providing music therapy through music education and CMT as a viable option in putting this to practice.

7.2 Revisiting Sub-question 3. How can music therapy be provided through music education?

- The present issues in music therapy practice.

During the analysis five main issues were identified concerning in current music therapy practice. These were:

- 1) Financial constraints;
- 2) Varied referral systems across the country;
- 3) Time restraints;

- 4) Music therapists outsourced by schools;
- 5) One-to-one music therapy in isolated settings.

Limited funding is one of the major barriers in accessing music therapy services (Table 5.45). This is also a shared barrier with music education, as noted in the previous chapter. Funding for music therapy is seemingly very limited and scarce, subsequently most students receive music therapy through local music service or hubs after varied assessments and referral procedures. MT2 provided a clarification concerning this issue:

The reason why students get Music therapy or not are quite often financial. The parents have to be able to pay for it, or have to find funds, such as Jessies Fund. **My view on this is that the choice whether a student gets music therapy or not therefore is often arbitrary, because it's not based on the assessment whether Music therapy is the appropriate instrument for this specific student or not, but on financial accessibility. I think that it would be beneficial to lots of students who just not get it because there are not enough funds.** (MT2, [Appendix 4b](#))

Adding to this MT2 also commented in the interview that while the longevity of music therapy intervention should wholly depend on the client's needs and the progress they make. Contrarily this is currently not the case, as the funding issue also determines the period of time the intervention is provided. These can widely vary from a few months to a year and to a few years. According to MT2, children's charities, namely 'Jessie's Fund' (<https://jessiesfund.org.uk>) and 'Momentum' (<https://www.momentumcharity.org/support-type/therapies/>), are some of the external funding sources for music therapy, while some funding can also be accessed through special status of the child in schools such as *Pupil Premium*, while the final resort being parents paying for the service. MT12 ([Appendix 4l](#)) corresponded that *Pupil Premium* is the main source of funding, condoning the positive increase in demand for music therapy, specifically by mainstream schools. MT3 ([Appendix 8b](#)) also concurred by stressing that the accessibility to extra funding, which is generally available for students with special or additional needs in their IEPs is a key determining factor for being referred to music therapy. MT9 ([Appendix 4j](#)) who is a music therapist at a Children's hospital, and has worked as a music therapist in schools in the past, similarly remarked that due to the scarcity of funding, patients are often placed on waiting lists. Consequently, the issue of funding leads to a very limited population of students receiving

music therapy in schools or being placed in exhaustive waiting lists, leading to worsening of their conditions, particularly in the case of young people with mental health issues. Additionally, complications in funding also determines the time period in which music therapy is provided for, resulting in the irregularity of the intervention wherein some students will not be able to continue with their progress.

The varied referral systems that are adopted by music services, which is also derivative of the funding challenge, was also maintained by music therapists as a current issue within the field ([Table 5.45](#)). There is a polarity in the views of the therapists' due to their work and experience on why and how these referral systems are effective or ineffective. Keeping to one of the research paradigms of this study which is social constructivism, asserting that realities are socially constructed and are created through the interactions that individuals have with their environments, it was essential to consider these backgrounds and social contexts when understanding and interpreting the therapists' perceptions of their work and the issues in hand. For instance, the psychological framework their practice is based upon and where they work (schools or clinical settings etc.). MT2 described the process or the 'choice' of whether a student should or should not receive music therapy as 'often arbitrary' ([Appendix 4b](#)). He maintained that this is on the account of music therapy being requested by the parents or by a school's staff member who will outsource a music therapist from a local service or hub. Similarly, all music therapists claimed that referrals are decided by teachers and the pastoral team and is generally for students with extra support or special needs in their IEPs and EHCPs. However, the determining factors for this largely vary, for instance, the availability of funding and the prioritisation of certain needs of the students. According to therapists, mental health and emotional disorders (35%) are seemingly the most noted types of needs that prioritised ([Figure 5.1](#)). Developmental needs (19%), behavioural disorders (19%), Social communication issues (14%), LD/SLD (8%) and PMLD (5%) are also maintained but these are prioritised differently in each school or unit. Due to these varying systems across the country (prioritisation of students and needs), some music therapists maintained only a limited number of students currently receive music therapy. Contrastingly, MT1 commented that music therapy is included in many students' education statements 'due to sterling work by a music therapist some years ago' (MT1, [Appendix 4a](#)). This suggests a disparity of how music therapy offered as a service and an intervention across the country. It can also be inferred that a referral to music therapy is ostensibly based on 'postcode lottery', which elucidates the view of MT1 who described the process as 'arbitrary'.

Time restraints was another barrier and an implication due to the financial constraints, where schools often have only one day per week provision (MT4, MT8). MT4 reported that group work is needed in some instances due to time restrictions, and MT11 corresponded that being employed for one half-day per week, group work was also needed as some students were only able to receive therapy on this basis. MT4 expanded on this, that due to financial reasonings in schools, where assessments and prioritisations are determined by school leaders and music therapists, music therapy is offered on a termly rotation. For instance, MT4 illustrated how one pupil will receive the intervention in the autumn term, while their peers would be referred for the spring term and the student from the autumn could return in the summer term to continue with the progress that were made. MT4 explained that this is because ‘children react, engage and benefit over various lengths of time’ ([Appendix 8c](#)). The inconsistency and irregularity of music therapy can have a negative impact on student progress. Interestingly, MT1 when discussing the differences between music therapy and community music therapy, stressed the importance of the therapeutic context in music therapy, including a room, the time frame and regularity. However, responses from other music therapists demonstrate that both the time frames, longevity of sessions and the regularity of the sessions are heavily dependent on the factors of availability (or lack of) funding, referral systems and time restraints. Moreover, according to McFerran (2010) schools are where young people spend most of their time and receive music therapy, however the above issues and underlining factors certainly pose a question concerning the effectiveness of music therapy interventions offered within schools.

Music therapists are often outsourced from local music services and music hubs by the schools. MT2 observed that this is generally done through a dedicated school staff member, usually the SENCO, contacting the local music service. Adding to this, MT4 explained the process as:

Given the choice, I want to sit in class and observe and assess, that’s what I want to do. However, some SENCOs or unit managers will have very different ideas who they want you to see, for a variety of reasons. Whether that’s the child that has the specialist funding, or that’s the one with the pushy parents or because they think that this child is really musical. **They got their agenda and I’ve got my agenda and through using diploma I try and get my way. But that can take time. It’s negotiation, because who I would consider appropriate and will benefit isn’t necessarily the same criteria**

that the school are working from. So, sometimes you just have to suck it up for the first term and then go and do the explaining of why this worked and that didn't work and why this child is making greater progress than that child and why it should be worth trying this etc. And not just the children, also whether it should be group work or individual, because they want you to see everyone, so they'll keep piling more and more groups on you, while that child is never going to benefit in this environment. If they've got a fear of noise, if they don't get on with their classmates and if they're living in a cupboard during class time, they're never going to benefit in that environment. It's negotiable, is the short answer I'd say. (MT4, [Appendix 8c](#))

The 'own agendas' as noted by MT4, seemingly comes back to the matter of specialist funding and also how SENCOs, who are responsible for the strategic planning of a school's SEN provisions and policies, prioritise the needs of students. In regard to the differences in criteria when considering the benefits and who is most appropriate for the intervention, this is also influenced by different motives by parents (seeing the child as 'musical' or 'musically talented', therefore should deservedly receive music therapy), SENCOs' and teachers' perceptions, which can be contrasting to the music therapists' views and recommendations. As briefly touched upon in Chapter 6, it was also underlined that in mainstream schools, students are sent to music therapy 'as a bit of rest for the class teacher or the rest of the class' (MT4, [Appendix 8c](#)), and this is typically offered to a student who is often described as 'disruptive', 'interruptive' or 'challenging' in the classroom. Such individual agendas are singularly detrimental to the very intentions of music therapy practice and its values. Moreover, students who are socially withdrawn, isolate themselves or described as 'quiet' in the classroom can indeed benefit from music therapy can be overseen. MT3 commented to this issue:

That can be a problem. **Because it's easier for the schools in the sense to see if someone is disruptive and is shouting or being aggressive in a classroom, it's easier to identify that, whereas if you have someone that's withdrawn or quiet, they are not really posing a problem for the school.** They would just sit there, and they won't really be communicating their needs, but it doesn't mean they don't need help. (MT3, [Appendix 8b](#))

Evidently, students who are usually defined as ‘disruptive’, ‘aggressive’ and ‘loud’ in the classroom are among the first to being referred to music therapy. It can also be inferred that those with behavioural problems, which are more visible tend to be swiftly referred to music therapy, rather than those who are emotionally vulnerable and socially withdrawn. MT8 confirmed this:

I think schools are under pressure by all sorts of bodies and the government. And the ones that present the most immediate problems tend to be the ones that are referred to the services quickly. Luckily the schools that I work in, they do tend be aware of those ones that are more withdrawn as well. They do refer, what I call “the chair throwers”, they do tend to get referred first. But like I said, luckily, I work in schools where other students are referred to me as well, the more withdrawn ones. When I first started work, this was 20 years ago, I think things may still be like this, but I think it has decreased. It’s like “Well we don’t know what to do. Oh music therapy!”. **Rather than music therapy being a result of a carefully thought-out referral, it tended to be “We don’t know what to do with this child. Let’s give him music therapy.** (MT8, [Appendix 8e](#))

This response supports that, current referrals for music therapy interventions are largely centred around prioritising pupils with behavioural issues or challenging behaviours over those with isolated, socially and emotionally withdrawn behaviour. Moreover, it also corroborates with MT4’s claim regarding the differing perceptions and opinions of who and what needs should be prioritised for receiving music therapy as an intervention in schools. Often these individual ‘agendas’ among school leaders, administrators, teachers and music therapists are conflicting and therefore compromises have to be reached through negotiations (MT2, MT4, MT8 & MT11). As depicted, such matters also lead to undermining of the authentic goals and intentions of music therapy, wherein some cases it is not referred as a rational and appropriate intervention for students to meet their needs. Rather it has become one of many ‘quick-fix solutions’, and a result of schools and school leaders being pressurised to produce measurable outcomes and improvements by government bodies.

Another drawback of outsourcing services (music therapists not directly employed through the school, but ‘brought in’ by a local music service) is that music therapists often

feel disconnected from the school as they are not essentially viewed as part of the school. Often due to this, they are left out of key decision-making proceedings and staff meetings. MT2, who is an outsourced music therapist from a music hub and working in several schools, stressed the drawbacks of having disconnected and incoherent relationships with schools and staff:

What I find is, I've done it now in about 3,4,5 different schools, and **there's never a kind of standard procedure to welcome me, to give me explanation about the school, about the details of the child, what they have tried to do to address the issues, nothing like that.** So, no cooperation. Like "Okay, here's the child, go on". I do get some written explanations, referrals, and the referral kind of explains okay these are issues that the child has to deal with, but I don't find that enough. **I think it's better to form a team around the child. But if you just give me the child and I'm just supposed to take the child to a room to work then I'm working in the dark. I do believe that kind of teamwork is really essential** (MT2, [Appendix 8a](#)).

MT2 also underlined the importance of knowing the full contexts in terms of family, school and community backgrounds of a student which are paramount in music therapy work, and these are often not detailed in referral forms. According to MT2 without the full necessary background information of the student, it is difficult to make progress and described the process as 'working in the dark' (MT2, Appendix ***). It was also noted that, in such situations the work with adolescents can be even more complicating as teenagers do not often 'open up' or communicate their feelings and emotions. MT3 concurred to the issue regarding the lack of student information provided from schools and the need for consistent communication between music therapists and school staff. MT8 similarly voiced that:

That is a real issue, not feeling part of the team especially if you're from an outside agency coming into a school. There're two groups, there's the school and there's you. Then there's also the agency that provides you, so there's three. There's you caught in between the agency and the school and having to go between the two. And that's a real issue and it does take a lot of work. And even then, there's no guarantee you'd be remembered for every meeting and everything that would have been helpful for you to either

attend or provide a report or even phone in to or something. So yes, I absolutely recognise that issue. (MT8, [Appendix 8e](#))

The outsourced nature of employment through schools and general contract issues (such as zero-hour contracts) is comparable to the precarious work conditions faced by peripatetic music teachers in the present climate (Underhill, ISM, ‘The Case for Change: The music education workforce in 2022’). The general feeling of being undervalued and treated poorly or differently in school are also similar to the experiences of peripatetic music teachers (ibid.). Therein, these are persistent barriers experienced by both professionals. Additionally, music therapists often feel that they are not seen as part of the team, and therefore are not included in the decision-making processes or the referral procedures. Music therapists’ employment was also explained as a ‘mix’ (MT4, [Appendix 8c](#)), as some work as freelancers, as part of music therapy services and charities, as part of music hubs, freelance musicians and music teachers. It is also apparent that this is most common and to which MT4 referred to being employed directly by a school ‘is like gold dust’ ([Appendix 8c](#)). As a result of being externally hired, therapists are not included in most staff meetings, and have limited communications with SENCOs and other school staff. In such circumstances, the music therapists would have to work with insufficient background information of the student and is also likely not to be completely aware of how the student is faring in school. As indicated by music therapists, this can impede student progress and not knowing the ‘full picture’ can also lead to ‘guess work’ in therapy, which can be detrimental to the progression that is already being made through the intervention. It can be even more challenging if the pupil is emotionally withdrawn, non-verbal or in the case of a teenager who is less likely to be verbally expressive about feelings and emotions. Hence, teamwork and collaborative work in music therapy where school leaders, teaching staff and music therapists are collectively involved in the decision-making process is imperative. Furthermore, open communications with the school staff enabling music therapists to gather all integral information about the student before each session and actively involving music therapists in internal staff meetings is essential in forming ‘a team around the child’ (MT2, [Appendix 8a](#)). It will also facilitate addressing of the ‘whole child’, which can inclusively achieve the best potential of students in every music therapy session.

Typically, music therapy sessions in schools are one-to-one where only the music therapist and the client are present (McFerran, 2010). As maintained by most music therapists who took part in this study, the ‘pull-out’ model in which the student is extracted from the

classroom setting for a purpose of an individual therapeutic intervention (Johnson in Wilson, 1996; Case-Smith & Holland, 2009), is still currently in practice. The model has been increasingly challenged and questioned for its nature of practice, which is commonly conducted in an isolated context and therefore inherently contradicts the concepts of ‘normalisation’, ‘partial participation’ and ‘naturalisation’ that are prominent in the movement towards ‘mainstreaming’ in special needs education (Johnson in Wilson, 1996; Adamek, 2001). Mainstreaming is ‘how social programmes should be organised; that is in education providing a system that allows disabled students to be educated in regular schools rather than in a separate provision’ (Armstrong, Armstrong & Spandagou, 2009, p.68). MT4 elaborated a mainstreaming experience in a mainstream school with an autism unit, that she currently provides ‘adapted music lessons’:

...the mainstream primary school that I’m usually in on Fridays has the mainstream school and the autism unit. They are, for the most part, pretty much separate. But the inclusion unit, the idea is that these children can access some of the mainstream classes. **Even the youngest children can have some degree of prejudice against children with special needs, it’s just one of those things.... It’s really hard for them to engage with them in a meaningful way. So, having them in music together which is something they can all participate in, helps the mainstream children engage with those with additional needs, which is a life skill really for dealing with all sorts of people when they get older. It’s quite empowering for them actually to assist as well, to appreciate that everyone is different.** And also, not just consider people with additional needs, not just to focus on what they can’t do but to consider what they can do ... Again, it’s helping the community and to engage with itself. **Children in school learn in whatever way through music in this instance, tolerance and patience. Surely that’s going to filter out, ripple out into other aspects of their life as they get older, whether it will be colour, race, religion.** (MT4, [Appendix 8c](#))

This response aligns with the literature on benefits of mainstreaming and integration which are promoting non-discrimination against those with special and additional needs, advocating equal accessibility to educational opportunities in a natural classroom setting and promoting inclusion through active participation in classroom activities (Wilson, 1996; Case-Smith & Holland, 2009; Armstrong, Armstrong & Spandagou, 2009). Tolerance, patience

and open-mindedness were also highlighted as by-products that students can acquire in such an integrated setting, that can ‘ripple out’ to their other personal and social facets.

Interestingly, these social factors are also some of the key features of an ideal democratic society as Dewey (1916) has argued, in which it has been stressed should be the ultimate goal of education. It affirms that integration and mainstreaming in music education facilitate meaningful engagement in music-making in a natural group setting, and this can positively contribute towards students’ socialisation and group skills.

While acknowledging certain benefits and practicalities of one-to-one music therapy, which is argued to be more appropriate for students with serious challenging behaviours (for example those with PMLD and SLD) and are more individualised, goal-oriented, it raises questions concerning the lack of socialisation opportunities due to its isolated nature.

Musicking is essentially a social activity that often takes place in a social, cultural context, wherein musical meaning is created between participants through musical sounds (Small, 1998; Lubet 2011; Davies, Richard & Barwick, 2015). Thereby, this disputes the effectiveness of individual interventions such as one-to-one music therapy, in relation to the aspects of socialisation and communication skills and other social processes. On the other hand, group music therapy readily includes and promotes collective experiences, group cohesion and mutual awareness (Annesley in Davies, Richard, Barwick, 2015). Group music therapy through its unique processes naturally bring the socialisation aspect to the forefront and can be especially beneficial for adolescents who uses music as a ‘social lubricator’ (Roe, 1999 in McFerran, 2010, p.71). Hence, I propose and argue for the application of group music therapy in the classroom when working with more mild and less severe special needs and more specifically for those who are socially withdrawn can greatly benefit from collective group work to develop their social skills along with the musical aptitudes. This should not however overshadow the existing one-to-one model, where students with more challenging behaviour, severe, profound disabilities and at-risk clients can certainly benefit from having individual spaces to safely conduct these sessions.

- By identifying the grey area between the two fields, is there a possibility of a fusion between the two disciplines: a) as an integration; b) by providing music therapy as a supplementary tool; or c) by bridging the gap through CMT?

a) As an integration

Recent and past literature have shown that there are overlaps between music therapy and music education. While some have shown that although the primary goals differ in the two disciplines, the grey area lies within the process, in which an individual who receives music therapy can acquire musical skills during the process, while an individual who takes music lessons can also enhance certain aspects of their health (Wheeler, 2015). Therefore, what elements exactly line in this grey area and how can this benefit teenagers? This was articulated in MT2's response in utilising music therapy in music education:

I think that all educational or therapeutic music activities in a broader class setting must be aimed at growing awareness of the meaning that music can have in students' personal development concerning the expression of feelings and thoughts in a nonverbal way and the relevance of music in building social relationships and societal networks, including political and spiritual networks (MT2, [Appendix 4b](#)).

MT2 furthered this explanation in relation to the wider impact of music in societal, political and historical contexts, where music plays a substantial role in conveying thoughts in ways that are nonverbal. He also stressed that similarly music also has a key part in special and more personal moments or events in life such funerals, marriages and such, and this may be a starting point in exploring students' personal understanding of the meaning of music. In doing so, by linking to my arguments of musical inclusion and democracy, music activities within an academic setting can be made educational and therapeutic in which not only musical skills and competencies, but also the value of music in societal systems and personal relationships can be examined. As an example, I propose that attributes such as 'conscious listening' (McFerran, Derrington & Saarikallio, 2019; Stewart, Garrido, Hense & McFerran, 2019), where 'problem music' can be openly and reflectively addressed in group discussions, through the exchange of views of individual meanings to music, discussing the contexts and connecting personal experiences to the subject content for further critical reflection. This can be beneficial particularly for young people who are in the process of developing a self-identity.

It has also been pointed out that making music or *musicking*, which is considered as a multidimensional activity involving physical, emotional, social and intellectual aspects, itself is the sole domain of music education and music therapy (Bunt, 2003). For instance, according to T1, improvising involves all three key musical elements, performing, composing or creating and listening which involves the active engagement of physical, intellectual,

social and emotional facets. Improvisation hence in itself is a multi-layered and multidimensional music activity, that entails components from the field of education as well as from the music therapy practice. From an opposing view, MT5 ([Appendix 4e](#)) responded contrarily to the practice of such an integration, stating that it ‘goes against what music therapy is’ and adding that music therapy is solely therapy and not learning. This view can be challenged accordingly with Wheeler’s (2015) argument of how music therapy, while fulfilling the therapeutic aims, can bring academic and educational benefits through the learning and acquiring of musical skills.

Alternatively, from another viewpoint, it has been argued that a slight shift in perspective by those who offer music therapy and teaching services is what is required to integrate the two fields, in order to bring benefits that are both educational and therapeutic simultaneously (Duerksen and Darrow, 1991; Pellitteri, 2000; Robertson, 2000). However, given one of the main drawbacks of music education and music teaching is that they are result-oriented (primarily focusing on educational aims, rather than personal, social goals), I claim that the shift in perspective should be one that is fundamental. Echoing the view of the ‘slight shift in perspective’ when integrating the two fields, MT11 accentuated the importance of context wherein the music teacher does not have the opportunity to work in small groups or on one-to-one basis, while music therapists exclusively work in such settings. However, he stated the starting point of the music lesson should focus on what the student ‘can do’ rather than upon the prerequisites, which, as shown earlier is a restriction in the present music curriculum. Providing an example from experience, MT11 explained:

I remember working with children and there was one boy who had behavioural issues and he was not able to understand what ascending and descending meant. He was able to play it, but he couldn’t explain it. So, by starting from his own playing we were able to then reflect on what he’d done and for him to repeat it or start from a different note or whatever it was. So, it’s the experience of the musical concept being our starting point and working from that rather than “I’m going to inform you about the musical concept”. **So, the musical experience I think, is something that if we can keep at the heart of our work, it will allow more people to engage, to understand what is that actual concept is about** (MT11, [Appendix 8g](#)).

Interestingly, musical experience as a process is highlighted in the above statement, in that experience is seen as the starting point and is to be kept as the crux of the practice. It not

only allows active engagement when *musicking*, but also enables the student to understand a musical concept through experience, as opposed to learning it as a prerequisite. Furthering on this idea, my take on the Deweyan perspective which underlines that education is solely not about bare reception and storage of information but should also concern the formation of personal faculties such as attention, memory, observation, abstraction and generalisation. When describing the ‘shift in emphasis’ where the ‘whole child’ is taken into account in the teaching practice, interestingly, MT11, similar to Robertson’s ‘educational music therapy’ (2000) also highlighted the notion that the core of this practice is improvisation. This is done by directing the student into areas of musical learning as a result of the musical experience acquired through therapeutic interaction (Robertson, 2000). Additionally, MT11 referred to the works of Keith Swanwick, John Paynter, David Elliott and Thomas Regelski, as those whose pedagogical theories were implicitly embedded with the concepts of musical experience in the learning process. I, therefore, argue that not only a fundamental shift in perspective is needed, but the process also entails centring around student musical experience. Certainly, improvisation as a practice involves performing, listening and creating and can promote a range of musical skills. More importantly, by giving more focus to student experiences through the improvisatory process can facilitate and develop additional skills.

Pertaining to this, Duerksen & Darrow (1991) examined that, the process of music therapy becomes educational when music therapists ‘help students master content or skills found in the music curriculum’ (P.47) through the therapeutic experience and interactions. Hence, the viewpoint of a shift in the perspective to bring both educational and therapeutic benefits argue for the case of music education through music therapy. As such, through music therapy techniques such as creative improvisation, which is incidentally under-practised in the music classroom today, music teachers and educators are able to utilise the uniquely adaptable traits of music to facilitate creativity, addressing and enhancing students’ individual skills and aptitudes. While there is criticism and arguments against such ‘borrowing’ of music therapy methods and merging education with therapy is to misconstrue the principles and complexities of music therapy (Woodward, 2000), the music therapy principles of centralising the process rather than the end goal, personal growth through creativity and self-expression and the emphasis placed on the whole child are commonly held in the pedagogical theories of inclusive education. However, music education has presently come to focus more on end goals, assessments and results, thus overlooking other aspects, such as those concerning the development of the whole child and personal growth.

MT1, who is a psychodynamic music therapist, expressed critical concerns similar to Woodward (2000) when discussing an integration of the two fields:

I have quite strong feelings about music therapy being something completely different to music education. This is because I do not use “tools” as such in my own approach, but rather work on the relational aspects within a one-to-one therapy setting which is appropriate to adopted children.

As music therapists we are trained to Master's level in our profession and also have to meet specific requirements to become and remain therapists. Music therapy training is not about learning a set of tools or techniques but rather about becoming a therapist. As part of the process, we have our own psychotherapy amongst other therapy specific elements of training.

Therefore, I don't believe you can simply remove a “technique” out of its context which, for me at least, is always relational. (MT1, [Appendix 4a](#)).

The main issue, MT1 stressed, was the relational aspects that must be taken into account in a music therapy session. This is in regard to the various contexts and situational factors of the clients when music-making in a session, these are typically related to emotional, physical, social and learning needs. These needs are stated in students' EHCP statements which are typically referred to, updated and modified termly and yearly collectively by teachers, teaching assistants and school SENCOs. Similarly, these IEPs are also referred to by music teachers, who continuously adjust and adapt their teaching practices to meet the needs of their students, in that music teachers are also typically aware of their students' situational and relational aspects. While acknowledging the difficulty in meeting the needs of all students when teaching a whole classroom, wherein a music therapist is able to fully address these in a one-to-one setting, I argue that there are common issues that adolescents typically experience in this age. In particular, given the mental health issues that are currently on a steady rise among young people (Mental Health Foundation, Children & young people, 2016) that can impact identity development and self-confidence (Carr, and Wigram, 2009; McFerran, 2010; Porter *et al*, 2017) can be addressed through an approach that is more inclusive and flexible.

MT1 also argued that the 'tools' or techniques in music therapy cannot be simply removed and applied out of context due to the relational nature of the practice. Contrastingly, T1 who is a trained music therapist and a music teacher, who described her role as a music practitioner detailed certain music therapy methods she employs in the classroom, in which

she listed group improvisation, turn-taking activities, call and response songs and instrumental pieces, rhythm games, own choice of music for performing and listening and group song writing. Moreover, she underscored the benefits of using such approaches that included promoting creativity, developing listening, group and social skills and motivation. Additionally, T1 also stressed on free improvisation as a means to meet other criteria in the NCM such as listening and performing. Correspondingly, MT3 highlighted certain practices such as state-dependent functioning which can be a useful tool in music teaching in understanding and to be aware of the stress responses of students who needs regulation before the learning process. MT9 concurred by stating that engaging in and learning to utilise music for emotional support and improvement of moods can be beneficial for students and that this can be practically employed in a music classroom. Additionally, T3 who is aware of music therapy approaches and utilises these in his practice mentioned that integrating music therapy tools is effective as these are directly student-focused and centralise on the communication exchanges of *musicking*.

The above responses illustrate that music therapy techniques are not merely taken out of context and are applied in a non-relational context but are employed in contexts that are in fact that students are more familiar with, which are educational and learning settings. Moreover, these are applied in ways to emphasis students' musical experiences. By considering that, music therapy in schools is more effective as young people typically spend most of their time in schools and classrooms (McFerran, 2010), I further this notion that offering music therapy through education can be even more practical and beneficial as it reinforces inclusive values and practices through the process. Moreover, contrary to music therapy sessions which are usually conducted one-to-one and in isolation, introducing and applying such methods in a classroom setting allows young people to engage in music-making not only in a natural setting, but also in an environment that enables socialising and bonding with friends. This contributes positively to their social bonding and the development of self-identity. Intriguingly, music teachers' responses collectively demonstrated that music therapy can be beneficial for their students ([Table 5.39](#)). In particular, by addressing mental and emotional blocks (T1 & T3), for their social and personal development (T2), in improving self-confidence and self-expression (T3) and certain features of music therapy, such as the client- or student-focused approach (T3) and the community aspect which enables young people to socialise though music and create a sense of belonging within the group (T4) were recognised and highlighted by music teachers.

As I anticipated, there is a polarity of views concerning the integration of the two disciplines, in which some music therapists showed a concern in employing methods from one field in the other (MT1, MT5 & MT6) or uncertain of the practicalities of such an approach (MT10) (Table 5.63). Music teachers, however, unanimously agreed that an introduction of certain music therapy methods in music education can be beneficial for their students, distinctively when working with those with SEN and additional needs (Table 5.42). This can be derived from the fact that teachers often claimed that they ‘train’ or ‘learn on the job’ (T2) due to the lack of training for working with students with special needs, lack of music teaching resources for SEN students and lack of awareness in teaching practices or pedagogical approaches when teaching SEN pupils. Moreover, there is a lack of awareness in what music therapy can offer. Certainly, while this is a welcoming opportunity by the teachers, there currently is an ongoing debate among music educators, teachers and music therapists, regarding the practicalities, issues in training, the issue of blurring the boundaries between the two fields that raises ethical concerns. Karkou (2010) presented that most therapies initiated in schools, however the contemporary movements towards professionalism has led to the regulation of art therapies as health professions. For instance, the initial alignment of the British Art Therapy Association was with the Union of Teachers, which was abandoned allegedly due to interprofessional conflicts and was thus regulated and re-aligned with the National Health Service (Karkou, 2010). Along such parallel lines, T1 commented regarding her training and work experience as a music therapist and a music practitioner:

...someone said, apparently that **speech therapists were in the same position in the 90s, but now everyone know what speech and language therapy is. You get speech and language therapists who work on quite a didactive level with children, developing their reading and understanding skills and nobody gets confused as to what they do or who they are. So, maybe it’s just the stage that music therapy has reached at the moment in its recognition. Because it is becoming to be more widely recognised, but in broad brushstrokes and the distinction of what is it that the music therapist does that the teacher doesn’t do.** It’s still a difficult one. If you go back to the fact that the music therapist, it’s that music is a means to an end and it’s the relationship and the psychological development, the emotional, social wellbeing, that is much more important and musical development is not. Whereas, the music teacher, the music is to a certain extent an end in itself,

although you might hope that through your lesson the child will be listened to, will get self-esteem and all that. But your role is still very music-focused. (T1, [Appendix 7a](#))

Orienting with Wheeler's (2015) argument that while there are cross-over benefits in teaching music and music therapy, T1's understanding is that music therapy is perhaps currently in the transformative position similar to that of speech and language therapy in the past. Presently, many speech and language techniques are adapted and embedded within teaching. Strategies and techniques such as AAC (Alternative and Augmented Communication), written instruction and visual cues for additional support (Bauer, Iyer, Boon & Fore, 2010) have become common standard practices in the classroom today. Certain communication observational tools that are employed by speech and language specialists are being currently utilised by classroom teachers and have proven to foster better collaborations between teachers and speech and language therapists (Law, Tulip, Stringer, Cockerill & Dockrell, 2019). Further, in the teaching of phonics and pronunciation of key academic words classroom teachers and teaching assistants now employ certain practices that are from speech and language therapy. For example, encouraging the student to look for contextual clues surrounding the key word, identify morphological patterns and refer to a dictionary to clarify or confirm their understanding of the words (Nippold, 2011). Such approaches have now become common practices in teaching but can be traced back to the field of speech and language therapy. Moreover, speech and language therapists and specialists have also become familiar with the curriculum content and the subject matter that is taught in the classroom, which enables them to 'encourage students to talk about this information using appropriate words, syntactic structures, and organizational frameworks' (Nippold, 2011, p.394). I stress the importance that through the skill-sharing of such interventions, students are not only able to gain a comprehensive understanding of the subject content (ibid.), but also bridge the gap between what is taught in the classroom and what is conducted in a therapy session.

In music therapy, being a relatively new field, this gap or void is yet to be bridged through an approach which fulfils both educational and wellbeing aspects. It must also be stressed here that while individual or one-to-one music therapy should certainly be available for those with more complex and challenging learning and behavioural needs, as it is in the case of speech and language therapy which is still conducted in individual, settings for students with more profound challenging speech and language disorders. Hence, the proposal for integrating music education and music therapy is in no means suggesting that music

therapy is a subsidiary field, nor that individual music therapy should altogether be abandoned. Rather, as evidenced by some of the music therapists, music practitioners and teachers of this study, who have demonstrated that certain music therapy methods can be employed and is practical in the classroom, akin to some speech and language therapy methods, which is now a commonplace practice by classroom teachers. Additionally, in the light of issues such as the lack of training available for music teachers for working within SEN settings, teaching pupils with additional needs and the year-on-year rise of students being referred to mental health services in schools, colleges and universities, an integration of the two fields can be invaluable for both young people and music teachers.

b) Providing music therapy as a supplementary tool:

While again a polarity of views by both professions was observed regarding this, teachers unanimously agreed that music therapy can be a valuable supplementary toolkit to music education and teaching ([Table 5.58](#) & [Table 5.42](#)). Music teachers who are more familiar with the processes and are already utilising such techniques in the classroom stated these can be used principally as ‘therapeutic’ rather than as ‘therapy’ (T1), bridge the gap and meet the mental health challenges of students (T3), while allowing a ‘safe, creative, expressive space for those with SEN’ (T4, [Appendix 3d](#)). T5 ([Appendix 3e](#)) is also aware of such methods and is currently utilising these in her singing lessons mentioned that both music therapy and special education can ‘bounce off and benefit each other greatly’ and can be an invaluable tool to facilitate self-expression through music in the classroom. Music teachers who are not currently familiar with music therapy methods and maintained that it could be beneficial but was unsure of its implementation in the classroom stressed the need for training and as a tried and tested method (T7, T9, T10 & T11). As regards to the restrictions and limitations of providing music therapy as a supplementary tool, lack of funding, time, the issue of training, awareness and resources were commonly stated. Assessment challenges, large class sizes, lack collaborations and coordination between multidisciplinary agencies, and current policies disregarding arts education were also viewed as challenges.

Among music therapists the main concerns are in how music therapy approaches were used within relational aspects in individual settings (MT1) and the differences in educational goals from therapeutic goals, therefore difficulties in achieving both (MT9 & MT12). From

alternative viewpoints, it was mentioned that activities such as group singing, group improvisation, performing in bands, creating using music technology, guided songwriting and activities which facilitate social interaction can achieve both educational and therapeutic goals (MT2, MT8). MT3 stressed that as a music teacher being aware of neuro-sequential model of therapeutics such as state-dependent functioning can be helpful when implementing such an approach in an educational setting. The stated benefits of utilising music therapy as a supplementary tool to music education were the ability to work around the deficits of students, while offering flexibility and the benefits which can extend beyond the classroom (MT8), promote positive socialising skills (MT8), allows a more child-centred approach (MT11) and small group work that encourage individual/self-expression (MT12).

c) by bridging the gap through CMT:

- By emphasising on the group performance aspect.

According to CMT1 ([Appendix 5a](#) & [9a](#)) focusing upon the group therapeutic processes can be beneficial in educational settings, encouraging ‘mutual respect, turn taking, developing listening and creative skills and emotional intelligence’. CMT1 who identified as a creative music therapist, also promoted song-writing and creative writing, where young adults are given the opportunity to be reflective of their feelings and facilitate creativity. Equipping students with appropriate tools and ‘with ways of actually being able to be in the world, be safe, be empowered’ (CMT1, [Appendix 9a](#)) were mentioned as some of the skills that can be developed through the processes of community music therapy. The prominence of shared experiences that can arise within a music therapy group was also discussed by CMT1:

there is the big group work which can often be very powerful in music therapy. Big group composition, where you work with a group of young people who are very disfranchised and come into a room being pretty anxious and hateful to each other. There’s all sorts of stuff going on. **What a powerful experience it can be for them to actually get to a point where we can encourage them to write something together, in that they notice that they can listen to each other and actually tolerate each other. And many of the things that they are talking about are actually shared experiences, there**

are commonalities. Again that's one of the real powers of music, music holds the commonness of us together. When you think of football crowds or nightclubs, music has a very wonderful way of saying “we're all in this together”. So when you're working with different franchise, often very damaged people it's a very powerful way of to get them think about themselves and others (CMT1, [Appendix 9a](#)).

The ‘commonness’ and the feeling of belonging when being a part of the group while *musicking* naturally cultivate a sense of self and identity (Stige, 2010), which are important for adolescent development. When conducting group music therapy, CMT1 discussed that in his practice tapping into the natural purpose of music and music-making is the key. Similar to Malloch & Trevarthen’s theory of ‘communicative musicality’ (2009) and Dissanayake (2012), CMT1 also highlights the natural social processes, interactive and self-expressive dimensions of music.

Processes such as listening to each other, tolerating and respecting others’ opinions and values, as mentioned by CMT1 come under the participatory ethos of CMT (Stige, Ansdell, Elefant & Pavlicevic, 2010). This is also characterised by the willingness to listen, connect with others, to accept and be accepted, and to be and perform together in different and better ways. Incidentally in Deweyan ideology, ‘reciprocal communication interaction in the classroom’ makes learning more productive and impactful (Baumfield in Higgins & Coffield, 2016). Such interactions between the teacher and students, and also among students themselves ‘exemplify democracy in the immediate social life of the classroom’ (ibid.). This also corroborate with the statement that CMT is ‘more radically democratic’ than conventional music therapy practice (Stige, Ansdell, Elefant & Pavlicevic, 2010, p. 281) as it not only enables to work with pupils of different needs and capabilities, but also reinforces the democratic values within a group, going beyond the aims and goals of a music lesson. As Ruud stressed (in Stige 2002) ‘the relevance and importance of music therapy goes beyond the scope of conventional individual and health specific goals’. By utilising community music therapy and centralising on the notion of its group performance aspect can achieve musical inclusion and thereby also promote democratic practices.

- Working towards producing a ‘final music product’ wherein the process is also equally important.

When describing his practice, CMT1 explained the importance of methods such as improvisation, songwriting, guided imagery and group composition:

In song writing, typically we play for 5 mins and I'd say "so how does that feel" and they'd say something like "It felt weird, made me think, you know, when I was with my dad..." and the next thing we're talking about a place or an experience, an event. And I might write down the words and say "Maybe this is a song? Maybe this is a song called ..." **So the music becomes the framework for actually being able to begin to talk about and frame your own thoughts about experiences. Song writing is a very ancient and again a very modern way of thinking about how to tell your truth.**

In guided imagery, that's where we take some particularly chosen pieces of music and we help people to get in to a very relaxed place and then we use the music to help them to journey. We don't overdo the dialogue, we allow that journey to be whatever it is." (CMT1, [Appendix 9a](#))

Community music therapy often works towards a final performance, typically a live group concert or as recording. Music therapists and clients work together to achieve this end goal or 'final product'. As examined in the previous chapter, adolescents are more likely to engage in music therapy work if it involves a tangible, physical end product (T3) such as a lyric sheet, a CD or form of digital recording. Similar to T3 who views the importance of having an end musical product, MT4 in her work with teenagers, who frequently is requested to do Rap and Hip-Hop music, recognises the significance of working towards an 'end product', as it gives them a sense of achievement and an accomplishment. Particularly, living in a high-tech era, it allows young people to record, listen, re-record and share their work with peers. As discussed before, during the creative process it also allows them to be reflective of how a listener might perceive their music or song lyrics. In such work, CMT1 illustrated that taking clients' experiences into account is extremely valuable in reflecting on personal thoughts and accounts, employing the music as a 'framework' or a basis to communicate feelings and guiding them through the process.

It can be essentially argued that although community music therapy does have a primary focus on the final musical product or performance, it naturally and equally accentuates on the process as well. It enables musical dialogues (Elefant in Stige *et al.*, 2010) and in the process be with others in an expressive space, maintain a feeling of togetherness while collaboratively *musicking*. For adolescents, a setting that is not only a physical space,

but also a social, mental and an emotional space (Pavlicevic, 2003), can allow self- and emotional-expression through ‘getting them to step into an unknown territory and making it very safe’ (CMT1, [Appendix 9a](#)). More emphasis should be placed on the process, which according to Dewey is the most important as there should be opportunities for continuing growth through joint explorations. In a group *musicking* session, specifically improvisation that is interactive, will encompass features as musical interactions, partnerships and interrelationships. As maintained earlier, improvisation also comprises of performing, listening and composing, all which are highlighted in the NCM. By working towards an end goal, such as a group performance, a song or a recording, upon completion, group and individual reflections can be done. The by-products or secondary or emerging goals through the process will be improvements in confidence levels, self-esteem, social skills and value-based skills that are along the lines of democratic thinking.

- As a holistic approach

Although only one community music therapists took part in this study, all music therapists were familiar with the approach and its methods. Most music therapists claimed to use its processes, especially in their group music therapy sessions and identified with its many psycho-social benefits for their clients, families and communities. Community music therapy is celebrated for its practice of not viewing a person as an ‘island’ and is heavily context dependent. This is not to say that in conventional music therapy it is not the case, however CMT is substantially more context-dependent, primarily relying its practice on the ties and social bonds of an individual, which are family, school and community. It boasts to be ‘culture-inclusive’ (culture-centred music therapy is one of the many branches of community music therapy), epitomised by a group participatory ethos by drawing on inspirations from the ‘community’ (Ansdell, 2002). As social ties are paramount, it also recognises the ‘rippling effects’ from the individual to the family, to the community and then the wider society (Stige et al, 2010). It identifies that *musicking* cannot be an isolated activity and that it is always in some way social as musical experiences are shared and individuals are linked. This is resonated in CMT1’s ([Appendix 9a](#)) statement:

If you think about music, what we do know about music is that we can’t identify a civilisation that never had it. Even in the earliest discoveries we have found pictures of people banging drums and blowing in bits of bamboo

with holes in it. So, our communities have always used as a music as a way of establishing and forging links with each other. **In many ways, regardless of whether you consider yourself musical or not, music is the way we define ourselves. We define ourselves as individuals, groups, families, societies, cultures, you can't look anywhere without finding music at the heart of it. So, music of course is massively involved in how we as individuals and groups to develop a sense of who we are.**

This coincides with the notion that music is innately social, and its origins are from collective activities (Richard in Davies, Richard & Barwick, 2015). It also affirms that social contexts such as family, community, culture, religion and socio-politics defines how we do *musicking*, and that music is at the heart of these as well. The act of *musicking* is rooted in individual experiences and self-expression, but is also shared socially and communally through common musical experiences simultaneously. It therefore involves a whole bodily experience, including physiobiological, psychological and spiritual facets. Research studies have also widely shown academic benefits such as development of general intelligence, improvement of concentration, enhancement in mathematical insight and creativity (Koopman, 1996). Although *musicking* has proven to be a 'whole person' approach, as shown earlier music education currently is exclusive by nature and is viewed as an 'elitist' subject.

These views and perceptions are consistent with past and present literature which highlights that community music therapy thrives upon collaborations, making connections, inclusion and belonging (Ansdell, 2002; Stige *et al.*, 2010, Mitchell, 2019). Moreover, explaining the importance of music's role in every civilisation 'as a way of establishing and forging links with each other', CMT1's account ([Appendix 9a](#)) illustrated that by connecting with others and working together is a process that is natural when making music. While this once again coincides with Malloch and Trevarthen's (2009) and Ellen Dissanayake's (2012) theories on the function of music which is for socialisation, communication and interaction, it also aligns with the NRMT approach that exploits the notion of 'musical child', essentially tapping into the inner musicality of its clients built on the idea that all beings are inherently musical.

As remarked by majority of music teachers, competently meeting all the needs of students whether it is psychological, physical, social, academic and spiritual, is paramount in an inclusive music education. As CMT1 stressed, music plays a pivotal role in creating a sense of belonging and 'is massively involved in how we as individuals and groups to

develop a sense of who we are' (CMT1, [Appendix 9a](#)). In particular for adolescents, CMT1 commented that one of the challenges that is faced during this stage is the question of self-identity or sense of self which also affects confidence and self-esteem. In view of this, CMT1 promotes active and creative music-making along with a special accent on group music-making focusing on the shared experiences and group commonalities. While working holistically (viewing the client as a 'whole person'), CMT1 also stressed the importance of the group therapy in terms of identity development for adolescents. He underlined specifically for teenagers already struggling with common mental health conditions such as depression and anxiety, an additional stress could also be caused by self-identity and self-awareness that is heightened at this stage. Explaining how creativity is the heart of his work, CMT1 ([Appendix 9a](#)) also noted that for adolescents, the music they engage with 'define who they are' and is therefore a part of their identity. Building on this he explained simple activities 'like talking about the music that they like' allows individual reflection and exploration. The passive relationships some adolescents may have with music can be severely detrimental to their mental health, especially in terms of reinforcing negative emotions through music in oppose to regulating them. I re-state here the importance of the practice of 'Conscious listening' (McFerran et al., 2019) (to engage with music intentionally and actively, acknowledging the differing intents that teenagers use music in their lives). Transferring this to a classroom setting, conscious listening can be useful to facilitate group discussions about music, its attributes and features. For example, this can include the kinds of emotions music provoke, the negative or positive themes that is conveyed through the music and/or the lyrics, then exploring key musical features as key, tempo, timbre, texture, form or structure in relation to the emotions provoked and themes conveyed. This facilitates self- and group-reflective learning and interactional education, by connecting subject content to the learners.

CMT's special emphasis on the psycho-social approach, active group processes that facilitate equal participation, active engagement and collaboration through the most democratic ways, makes it unique. More importantly, it showcases the ability to successfully conduct therapy work in 'normal', social spaces that are typically open and values the individuals' ties to their wider society. Thus, its concepts and approaches prove to be easily and effectively transferable into an educational setting and thereby bridging the gap between music education (includes special music education) and music therapy.

- Is there a possibility of a fusion between the two professions of music teachers and music therapists?

In the analysis of this section, the training backgrounds and professional experiences of music teachers and therapists were extensively brought into the foreground in order to understand and determine what are the premises for their comments and remarks. Music teachers unanimously agreed that music therapy can be beneficial for their students (while some were not sure how due to their unfamiliarity with the approach and its processes). Among the music therapists, some positively agreed and some argued against such a fusion of the fields and the professions. For instance, MT1 who detailed her training as from the psychoanalytical speciality, previously commented that all music therapy work is context-dependant and requires a physical space, timeframe and regularity also disputed that the two professions have “distinct obligations” ([Appendix 8g](#)). MT11 had a contrasting view:

I like that idea of not having music therapy as something so ‘precious’ that is only to be done by music therapists in a certain way, in a certain room etc. **I quite liked the opportunity to take risks, to be more open, perhaps to be less confidential. For example, we see community music therapy in hospital cafes or in environments that would have really been felt to be not safe or not sufficiently ‘boundaried’.** While there is absolutely the need for ‘boundaried’ rules to be in place if you’d like, I think there are occasions when people can be freer and more natural in a setting that is perhaps not such a kind of we’re going to have a clinical music therapy session (MT11, [Appendix 8g](#)).

MT11 based this statement in the view that ‘therapy’ as a word could be intimidating and demoralising for some. Adding to this, it can also hold certain negative views and stigma (more so in some communities and cultures), hence being open and conducting these in free spaces as much as possible and whenever possible can get rid of those prejudices and preconceptions. An educational context, which has less boundaries and is more a natural, familiar setting for a young person, also provide more opportunities of socialisation and peer interaction. Within these, by promoting active and equal participation, music teachers can act as ‘facilitators’ (Small, 1998; Higgins & Bartleet, 2012) to create a more democratic musical experience among music groups and the classroom.

MT6 stated that fusing the two roles undermines the role of the therapist while MT10 similarly argued it blurs the lines of the professions. MT12 also concurred that music therapy is more effective when delivered by qualified individuals and that it is not ‘something a teacher can just dip in and out of’ ([Appendix 4l](#)). MT9 correspondingly stated that the therapeutic directed work by music therapists might not be appropriate in a class setting, due to the different objectives. Contradictorily, it has been argued that the overlaps of the two fields and the roles (MT2) and that certain specific techniques and processes (MT3, MT4, MT5 and MT8) from music therapy can be introduced to a music education setting. MT2 ([Appendix 4b](#)) while acknowledging that some music therapy approaches are already being employed in the music classroom stated that ‘teacher and therapist, require broad and good musical skills, and a deep understanding of social/psychological processes’. He further articulated that in Scandinavian countries the grey area of the two professions is increasingly recognised and accepted. Given the consistently growing interest in music therapy, most music teaching courses now include a music therapy module. Contrastingly, he also stated that being mindful of the end goals of the two professions and how music teachers manage student emotions and behaviour in class and music therapists work with such challenges are very distinctive features of the roles. MT3 noted that his training as a music therapist in state-dependent functioning training can be beneficial for music teachers when teaching students with mental health and emotional disorders alongside managing challenging behaviours.

Conjointly, T1 who is a music teacher of 31 years, also a trained music therapist and is currently working as a ‘music practitioner’ articulated an array of ways in which it can be beneficial for students. The music teacher adopting the attitude of teaching music as a means to an end (as in the case of music therapy), being open to work beyond the music curriculum by opening up discussions on mental health and attending to student personal, social, cultural and emotional (whole child approach) aspects were noted. Furthering on this topic T1 also remarked that:

There are a few case studies which describe how that a dual role of music teacher / music therapist has been successfully integrated, so I do not think this is impossible, but it would demand a level of skill and training for those undertaking this role that would be problematic to roll out over a significant number of schools as a viable model. In my view, the practitioner would have to be qualified and registered in both teaching and

music therapy, although I know some schools do employ unqualified music teachers at Instructor level ([Appendix 3a](#)).

This certainly calls for teacher training to have an embedded music therapy module within such courses. T1 also viewed certain toolkits utilised by music therapists can also be an ‘integral’ (T1 [Appendix 3a](#) & [7a](#)) part of the music teaching. By giving current examples of how music therapy can also be goal-oriented and music-focused, T1 maintained that these notions can be transferred into the music classroom. Certainly, small group music-making along with state-dependent functioning and ‘somatosensory activities’ as noted by MT3 can also be included in such music teachers’ toolkit. A music therapist’s attitudes towards their client can be part of such a toolkit, for example, focusing on what the student can do, instead of what they cannot do to draw out their best potential (MT4) and creating a safe space for self-expression that does not rely on speech (MT8).

From a different perspective MT11 argues that making radical changes to how music is being taught is not feasible. However, I argue that a shift in emphasis by the music teacher where a greater focus is on the ‘whole person’ can make a substantial difference. MT11 also maintained that improvisation should be the at the heart of this, as it is in music therapy practice:

In some ways it may not require a huge adaptation in what a music teacher does, but maybe just a slightly different way of thinking, of listening and of working with a young person’s response. So, I think just that noticing what someone is doing and thinking ‘oh I could work with that particular melody or rhythm that the young person has initiated’ and just giving them scope to as I say, think slightly differently about the musical responses that as a teacher they are witnessing, hearing and thinking how ‘I could do something with that’ and ‘rather than making that child play the notes on the page, why don’t I just work creatively with what they are giving me?’. **I often find or what I have found in the past is that sometimes people are surprised at just how much a child is giving and how much we can work with that. So, it’s that slightly different way, I think music teachers do that, but I think it’s thinking with a little more depth about that and working with their responses** (MT11, [Appendix 8g](#)).

This notion of ‘working with what is already given or created by the young person’ is parallel to the view in teaching pedagogy of child-centred teaching, in which the student is acknowledged and respected as an individual. It also gives them the opportunity to make creative decisions in the lessons. It also ‘breaks’ the cycle of the teacher passing down their own music preferences and biases, decidedly dismissing pupils’ musical choices and musical rights (Small, 1998; Woodward, 2000). This also goes against the view of not seeing the students as ‘empty vessels waiting to be filled’ or as passive receptors who do not have an impact on their own learning process. MT11’s belief that the ‘slight shift in perspective in the way we teach music’ therefore begins from centring the learning around students’ experiences, individuality and identity. Realising students’ strengths and potential from the start facilitate musical growth and creativity, and this shift in teachers’ perspective can enable students to realise their full potential.

Along the lines of a similar argument MT2 stated that:

music teachers do often have also this empathy and a kind of natural psychologic understanding. So quite often for them it’s not really that challenging to grow that extra competence. But on the other hand, I have done an extra study of 4 years, parallel to my work as a music teacher, it was really heavy, but it was worth it. **Because for me the most important difference was that your attitude has to change. Your attitude as a therapist has to be unconditional acceptance.** That’s the humanistic approach as Carl Rogers described, this unconditional acceptance. It is so vital in the work as a therapist ([Appendix 8a](#)).

The extensive and meticulous training required to be a music therapist should be acknowledged. Thorough grasping of psychological theoretical frameworks (Carl Roger’s humanistic approach or the psychoanalytical approach) and adopting these to be constantly ‘in tune with’ clients’ emotions and feelings, while offering continuous and unconditional acceptance, showing empathy, patience and resilience are some of the crucial features of the role of a music therapist. As maintained by MT2, however it is not exceptionally challenging for teachers, who daily work with students and young people and are already attuned to their special and academic needs to adopt this in their role. Tying in with MT11’s approach of adjusting the thinking to ‘how to work with what is given at the time’, with a focus on working towards creativity and individual growth irrefutably requires attributes such as empathy, patience and resilience.

On the other hand, it is also vital to take heed as therapy work involves addressing and bringing into light the material that is not yet known by the clients themselves through a relationship developed by the music and its 'embodied responses' (MT1). Working and dealing with unknown, spontaneous factors, emotions and feelings especially within group settings undeniably require special and specific training. However, when scrutinising the responses by teachers that unanimously state that they have 'trained on the job' when it comes to meeting students' special needs and mental health challenges, such training can become invaluable to their role. With the mental health catastrophe among school population that teachers and educators currently face, particularly post Covid-19 pandemic, certain concepts and applications can be adapted and integral in teacher's toolkit. Better equipping teachers to not only to academically enhance their students, but also coequally address and meet special needs and emotional issues have also become essential at present. Through personal experience, it is known that teachers and teaching assistant are very much in tune with pupil learning and special needs, given they frequently refer to student EHCPs and are also involved in the process of regularly updating these. However, there is a gap in current teacher training, specifically in music teacher's training, in relation to the SEN sector. Therefore, an embedded module focusing on the acquisition of attitudes and viewpoints that are within the NRMT framework, as mentioned in the previous chapter, to the teaching profession can be proposed. The reason for suggesting the NRMT framework is because of its concept of the 'music child' and its music-centred practice which 'is closer to that of a specialized application of music rather than a specialized form of therapy' (Aigen, p.18). This music-centred practice involves considering the client's social, emotional, physiological, neurological and motor functions (Aigen, 2014). I supplement this with the concept of musical inclusion which refer to that every individual has the right to *musicking* and musical democracy referring to every learner has a say in their music education.

While the issues of training, ethical code and statements that music therapy is a protected occupational title were common remarks among some music therapists, there were definite overlaps that were stated and acknowledged by those who have previously been music teachers and/or those who work in educational settings. More importantly, in the view of the fact that all music teachers unanimously reported that from their experience, music therapy can add value to their own teaching and can be beneficial for many of their students facing personal, social and emotional challenges. This suggests not only there is an active call for a change in the way that music is being taught in schools, but that it is also an urgent need

in consideration of the recent government statistical reports on adolescent mental health and wellbeing. In the case of fusion of the two roles, the analysis demonstrates that a full integration of a music therapist's role to a music teacher's role can present challenges such as the appropriate training required when dealing with the emotional and mental health facets and the perplexity of such a dual role in the mind of a student. This signifies that special care need to be taken in dealing with the relationship dynamics (therapist-client and teacher-student) in such a situation. Nonetheless, the analysis of the teachers' and therapists' responses does indicate that although a full integration is not supported, specific elements of music therapist training can be incorporated into teaching.

At present being equipped with music therapy attitudes and practices can be particularly valuable as teachers are more likely to come across students with such needs and disabilities. I propose that by adopting such methods from the music therapy field in the role and practice of music teaching in this extent, teachers are able to essentially guide their pupils towards the learning and application of musical concepts through a therapeutic interactivity. For this, there should be a fundamental shift in the perspective in the way music is taught, emphasising on students' musical experiences and psycho-social processes, in which through therapy approaches utilised in the classroom educational goals can be met. I also examined CMT, owing to its communal and group processes, as a way to bridge the gap between the fields of education and therapy, and can be valuable within the toolkit of music teaching (CMT1). Particularly its elements of accentuation on the final, completed product, where the process is also equally important, emphasis on group *musicking* and identified as a holistic approach (individuals have social and communal ties to the external world). This also supports my proposal of music therapy through music education. For instance, improvisation does not start with an anticipated end nor is created by reading notation. Rather the fixation is on the process itself which requires musical interconnectedness, critical listening and group cohesion. The process allows performers to openly engage with one another's music through active participation, facilitating musical reflection and open interaction. Thus, not only it is a recommended way of offering therapy through the process of education, but it also nurtures democratic aspects as equal participation, collaboration and intergroup processes by the promotion of student-centred learning.

7.3 Summary

By revisiting sub-question 3 which concerns the main argument of this study, I have cross examined music therapists' responses. In doing so I have identified some key issues faced currently by the music therapy field. These issues and shared barriers corroborate with my argument of the need for making music therapy more inclusive and accessible. The polarity of views regarding the integration was dependent on the different training backgrounds and their workplace settings (educational and clinical) of the music therapists.

In my proposal of offering music therapy through music education, I suggest CMT as a way to bridge music education and music therapy, because of its psycho-social and group processes, and the democratic values that are embedded within these. Finally, regarding the issues in music education as maintained in [Figure 6.1](#), leading to the imbalance of the current music curriculum, rectification should start in the process and musical growth where these elements should be accentuated. Moreover, students' experiences and musical preferences should be in the heart of the process to connect subject knowledge to their own musical experiences. Student-centred and creative activities as improvisation and composition should also be given more prominence. The rectification is illustrated in the diagram below:

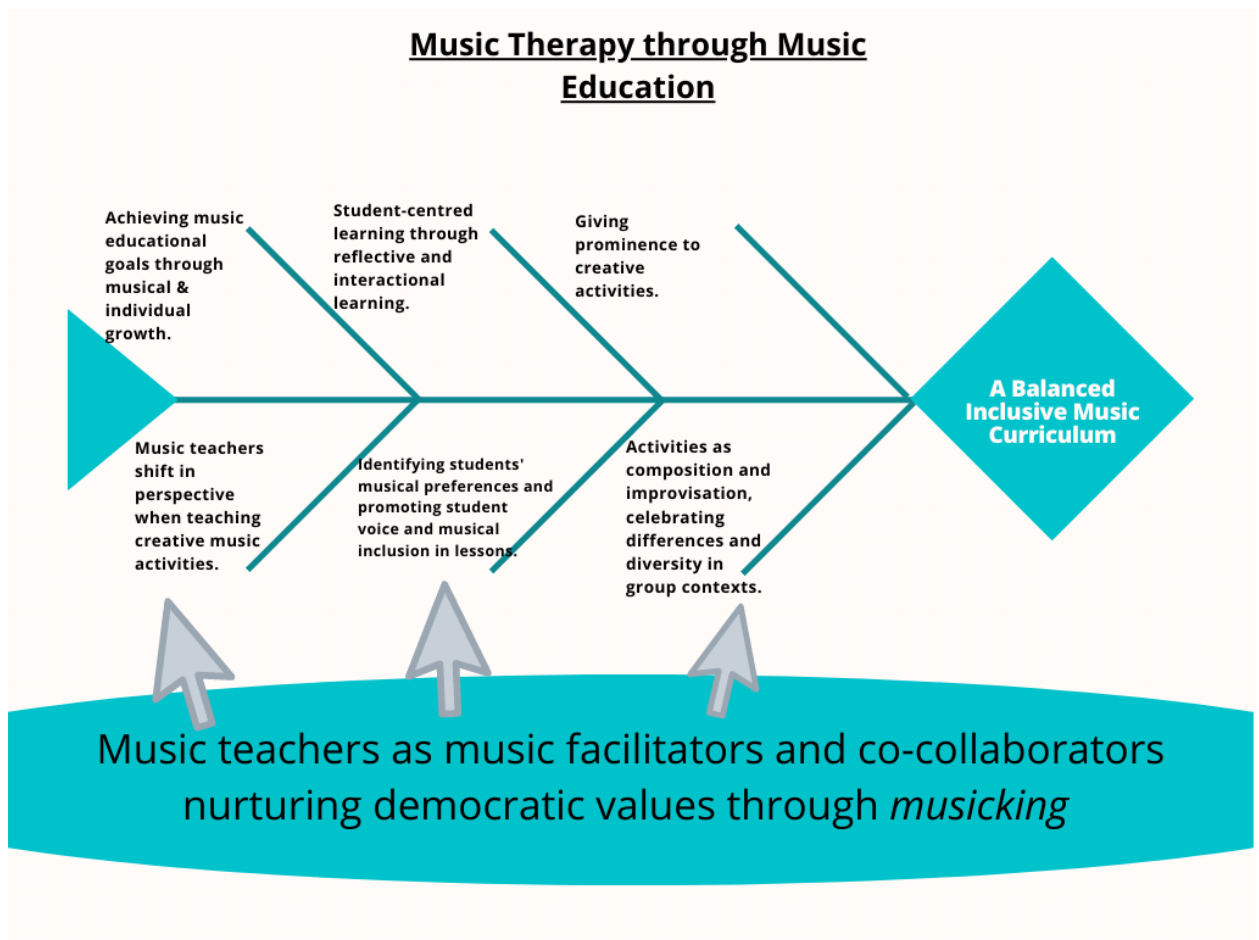


Figure 7.1 Music therapy through music education

The above diagram demonstrates the comprehensive process of offering music therapy through music education. It does so by rectifying the issues that lead to an imbalanced curriculum which were identified as (Figure 6.1): the target-driven nature of the music curriculum, emphasis on the western classical music canon and the practice of theory over creativity.

Chapter 8

Conclusion

This study was inspired by my personal experience as a music and special needs educator as I observed how music lessons are delivered in classrooms and the extensive benefits of music therapy and its client-led practices, but how it is accessed by very few students. This drove me to pursue to find an approach in which the music curriculum and music-making in the classroom can be made more inclusive and integrate music therapy in order to meet educational aims and as well as special learning and emotional needs of adolescents ages 11-17. This final chapter aims to notably offer an overview of the findings, question the limitations of the study and reflect on the next lines of research questioning in this new field. I have examined music therapy methods that can be and are already utilised in music lessons in order to promote active music-making, teach musical skills and enhance overall student wellbeing. I recommend the approach of ‘music therapy through music education’, in the view of educational goals as the primary aims, and by employing music therapy methods as an instructional and teaching approach, the secondary goals can be health-oriented. In this section, I provide a model that follows the notion of ‘music therapy through music education’ through a CMT framework. Finally, I will also provide a conceptual framework for providing an inclusive and democratic music education through the CMT model. This proposal is in conjunction with the contextual diagram, which illustrates the rectification of the current music curriculum ([Figure 7.1](#)).

John Dewey’s (1916) educational philosophy of democratic education and Christopher Small’s (1998) *musicking* were employed as theoretical bases for this study. The theoretical framework, created merging the two theories, provided the criteria (the deductive codes) for identifying inclusive educational and teaching practices in the analysis of the participants’ responses. The data analysis was approached from a social constructivist view, in which my positionality as a music education researcher, SEN educator and a musician provided me with an amalgamation of three different lenses simultaneously. Moreover, Charmaz’s (2006 & 2014) CGT method was employed in the process of data collection and analysis, allowing me to look in depth for the context-dependents, while continuously

interrogating the data. A hybrid method of deductive and inductive coding was also adopted. In the case of this study, it was imperative to understand music teachers' and music therapists' backgrounds, particularly their educational and professional contexts when interpreting their beliefs and experiences. The final framework was developed by cross-referencing the responses and professional experiences of music teachers and music therapists who took part in this study and current literature and studies on music therapy approaches and music teaching practices.

8.1 Limitations of the methodology

A single truth or one solution could not be derived as this was a qualitative research study (Aigen, 2014) and, as anticipated multiple findings emerged from the study. In fact, more questions and issues are posed now that a new framework has been introduced, in relation to its implementation in actual educational settings, which can be a part of future action research. Parts of research methods were time consuming, particularly the hybrid approach of deductive and inductive codes. Decisions had to be made as to which theoretical directions the study would lean towards during the initial inductive coding process. It would have been useful to gain multiple perspectives from different experts in the field to review and recheck the codes (Fereday & Muir-Cochrane, 2006).

The hybrid method of using inductive and deductive codes was a rigorous approach to collect, systematically organise and concurrently analyse the data. However, it was time-consuming and a laborious process for one person to do. Given the deductive codebook which was based on the theories and the inductive codebook created on the basis of complex and nuanced data that were obtained during the data collection phase, I note again that diverse viewpoints would have been beneficial and constructive, particularly when it comes to theoretical integration. Code revisions, rearrangements of the codes, codebooks and themes, and how these are interpreted and presented would have been distinctly different depending on the experience of the researcher or researchers.

Initially, the data management software NVIVO was decided to be employed only for reviewing and revision of codes and themes. The decision for not using it from the start of the data analysis, is because as anticipated the amount of data (questionnaires and interviews from 24 teachers and therapists) was manageable. However, in the future, in the case of

expanding this study where more participants will be employed, NVIVO for managing and analysing data, will be utilised, along with its features for creating diagrams, maps and other data presenting tools.

Moreover, my insider status to the field, with the biases and prejudices I carry to the study has already been addressed and acknowledged in Chapters [3](#) and [4](#). This has been tackled by adhering to the theoretical frameworks and concepts, research methods of keeping a reflective journal and the practice of ‘radical listening’, where I give prominence to the participants’ voices over my own. However, this is only to a certain extent as my closeness to the field and my insider knowledge means that I cannot be fully objective when interpreting the participants’ views and perspectives. Hence, the research decisions taken during the course of the study and the final presentation of the data were guided by my own experiences as a musician, special needs educator and a researcher.

Some of the original participants who agreed to participate in the study dropped out during the Covid-19 pandemic, this was initially perceived as a challenge as new participants had to be contacted. However, this turned out to be a positive aspect as it provided a more diverse group of participants as I had to employ national databases, for example the BAMT website, to reach out to potential participants. Initially, whereas all music teachers and music therapists were based in my local areas of Kingston-upon-Thames, Richmond and Surbiton, the use of national websites and databases granted the opportunity to collect views of participants from across the country. Another impact of Covid-19 was my plan to attend in-person music therapy workshops, however some of these were later delivered online, one of which was prepared and led by myself for the BAMT teaching and education committee, in addition to recording a session for the BAMT podcast series (Wedamulla, 2022, BAMT Podcast series). Through these connections I also hope to peer review and share my work and expand my research within this new field.

At first sight, seemingly only one community music therapist has taken part in the study, although most of the music therapists are aware of CMT, its approaches, and employ these in their practice. It can be deduced from this study and also existing ones, that this is due to music therapy being an established and protected profession, whereas CMT has loose and flexible boundaries to itself as a field and a profession. Therefore, music therapists who use a mix of clinical and CMT approaches or primarily use CMT methods as part of their practice, often identify as music therapists, rather than CMTs. Nevertheless, there was no

deficiency of information collected, as both broad and in-depth views and outlooks were provided by the participants in respect to CMT.

8.2 Barriers in music education and teacher-facing issues

Lack of training for music teachers in relation to special educational needs:

The lack of training for music teachers when working with pupils with special and additional needs was an anticipated problem, as this was observed and mentioned during my own work as a special needs educator and a music teacher. I was also aware that some music teachers are utilising music therapy to supplement their music lessons, having had conversations and suggestions by school music therapists. What was found out in this study was the specific music therapy approaches and even music therapist attitudes, for instance such as empathy, resilience and placing a special emphasis on students' strengths as a point of origin) which were integrated into their teaching practice. It was collectively declared by all music teachers who took part in this study that music therapy can be immensely valuable in some form within their teaching practice. Even those who were from mainstream, selective schools who are lesser aware of music therapy maintained that music therapy can only positively impact teaching and bring benefits for students.

Given that some teachers maintained that they 'learnt and trained on the job', the dearth of training opportunities in relation to working with SEN and additional needs is a concerning issue, on the grounds of increasing special needs and mental health issues among the young student population (National Statistics, DfE, 2021; Public Health England and Department for Education, 2021; PSHE Education, 2021). University of Roehampton currently offers a postgraduate programme, 'Music and Children with Special Needs: Sounds of Intent', which states as 'the only one of its kind in the world', serving as a 'professional development for music practitioners interested in working with children with learning difficulties' and offering an introduction to the Sounds of Intent (SoI) framework (University of Roehampton, 'Music and Children with Special Needs: Sounds of Intent. Postgraduate degree'). While new programmes such as this course are essential in addressing student learning, wellbeing and academic needs, training opportunities for practising music teachers, perhaps as part of their CPD, should also be made available. These can take place in the forms of collaboration and skill-sharing workshops with music therapy professionals.

Results-focused and target-driven nature of the music curriculum:

Another primary issue that was identified during the analysis and highlighted by teachers was the results-focused nature of the current music curriculum. A major contributing factor for this is the academisation of state schools that amounts to pressure on schools to demonstrate ‘the best results’ for securing funding through local governments. A music therapist who participated in this study spotlighted the adverse consequence of this has led to school leaders and teachers to overlook pupils with special learning needs, and focus on the ‘middle-level learners’, in order to boost grades and marks. The precedence of academic performance has overtaken the practices of inclusion and student-centred learning, thereby I argue that current government inclusive education policies do not sit within the practicalities of school policies and procedures. Students are essentially obstructed from achieving their ‘full learning potential’, as those who are categorised as ‘low-level students’ and SEN pupils are disregarded to benefit the ‘middle-level’ and ‘high-level’ students. Reflective and creative thinking has become secondary in current music education, where there is also a clear discrimination of what is offered to whom on the basis of ability and disadvantage.

The practice of theory-over-creativity:

The practice of theory-over-creativity in current music education (in fact this is an issue present in all areas of the education system) is an implication of the target-driven nature of the curriculum. It was apparent in the analysis that the present music curriculum is in imbalance and is viewed as ‘theory-heavy’ by the participants of the study. Creativity based activities such as improvisation and composition are under-practiced in music lessons. It was understood that this is mostly due to the hardships of assessing these creative music activities and cannot be assessed through a checklist or a manual. The limitations of an assessment- and a theory-focused education is the teaching and assessing of solely theoretical knowledge, and practical knowledge including social and emotional learning can be completely outstripped. Group music composition and group improvisation can bring numerous benefits as self-exploration, individuality (Boyce-Tillman, 2000) and enhance socialisation skills, which is particularly beneficial for teenagers who use music for socialising with peers. I also propose employing technology for music-making, another under-practiced activity in the classroom, as a tool to ‘even the playing field’ where mixed ability groups can take part in *musicking*. While I acknowledge the varying conditions of technological tools and software in schools (some are well-equipped with new instruments and updated computers with music-making

software, while some lack the basic physical spaces as a room for music instruments or computers), I bring attention to some of the *musicking* practices of young people that happen through mobiles, smartphones, tablets and other hand-held devices, where free music-making applications are widely available today. This can not only connect teenagers' informal *musicking* practices to those of the classroom (Green 2008), but address and resolve the problem of the disjointed learning experiences of students as Dewey argued in his democratic education philosophy. Connecting the subject content to student experiences can facilitate opportunities for critical and reflective thinking, foster analytical inquiry through class dialogues and discussions, and ensure the subject matter and content are relevant and are in line with current world views and practices.

Prerequisites and requirements of some key stages' music programmes are not inclusive:

Prerequisites and expectations such as being able to read music notation and to play an instrument at a specific level are implicit requirements in KS3 and higher music. There are also 'jumps' in expectations in terms of performing, knowledge of theory and notation in higher music syllabi. This can contribute to the already poor uptake of music as a subject in GCSE and A/L's, as music has been perpetually seen as an 'exclusive' subject, requiring 'musical talent' and only for the 'musically gifted'. Contrastingly, examination of theories such as 'communicative musicality' (Malloch and Trevarthen, 2009; Dissanayake, 2012) compellingly demonstrated that *musicking* is not only a social activity but is also naturally embedded within all individuals. While concepts such as 'communicative musicality' or music as a communication tool (music as a tool of AAC) and *musicking* for socialisation are intricately embedded in the practices of music therapy and special music education, I posit that mainstream music education can also indubitably benefit from this line of thinking, opposed to its fixation of 'producing' and 'discovering' the musically talented and gifted students. A well-rounded music education should therefore acknowledge, address, and meet the musical needs of all students, without singling out or favouring one student over another. High expectations should be in place, but all these should be centred around student learning needs and individual strengths, where every student can succeed and develop musically, individually and socially. I recommend SEL education, a process that is becoming increasingly popular in education to develop student self- and emotional-awareness, as a gateway intervention for this.

Lack of diversity within the music curriculum:

The current music curriculum predominantly centres around the western classical canon, chiefly involving the works of ‘the Greats’. This suggests that music teachers often typically approach the subject and teaching from a perspective of western music, with the implication that solely western art music propagated in the classroom. Certainly, it projects the teacher’s musical inclinations and perceptions onto the students and arguably, it may also still be utilised as the only ‘yardstick’ to measure and assess other styles and genres. Rather, a student-centred music curriculum should be based on music preferences and styles of pupils in order to negate the prevailing disjointed learning system. This means to connect student informal learning and music practices which occurs outside of school, whether it is *musicking* with their peers or individual music listening. In Deweyan theory, a reflective and interactive learning does not separate method from the content, rather it is about striking the right balance between formal and informal learning (Baumfield in Higgins & Coffield, 2016; Greenberger, 2020). However, I argue that a music repertoire with a variety of musical styles and genres is not sufficient, students must critically engage with the musical content, wherein even the most common music activities such as music listening, which is deemed rather passive, can be transformed into a more active practice. In order to do this, I recommend the approach of ‘conscious listening’ (McFerran, Derrington & Saarikallio, 2019; Stewart, Garrido, Hense, McFerran, 2019), where music listening can be done more intentionally, not only to identify forms, structures, textures and time signatures, but also to increase awareness in terms of self- and emotional awareness and mood modification. This approach can cultivate positive listening habits, where young people can increase their awareness about music and its impacts, both negative and positive. It will also enable them to be more active agents in their *musicking* habits especially when it comes to music and songs that can impact their mental and emotional states.

8.3 Barriers in music therapy & music therapist-facing issues

Financial constraints & the varying referral systems that are currently in place:

The issue of limited funding is a major barrier within the music therapy field, which is also shared with music education as it faces its own austerity cuts, both collectively showcasing the defunding of the arts. The financial restraints in music therapy have led to implications such as the irregularity and impacts on the longevity of the intervention offered to students.

Ramifications of these are hindering of the students' or clients' progress that has already been made and students being constantly placed in exhaustive waiting lists, where their conditions can further deteriorate. The referral systems of music therapy, which varies across the country, is also attached to the problem of funding. This is due to the limited funding available for music therapy that can be accessed by families through music therapy charities. Moreover, while some music therapists stated that current referral systems in the schools that they work in are appropriately referring the intervention for those who can benefit mostly from it, some declared that it is offered as a quick-fix solution and not as a well thought out process and depends on the self-agendas of school SENCOs and leaders. This is similar to my experience, particularly as a special needs practitioner, where I noticed that pupils who are identified as 'shy', 'quiet' and socially withdrawn are less likely to get referrals to music therapy, while students who present challenging and disruptive behaviours are almost immediately referred to music therapy. Another outstanding comment by a music therapist was that students are referred and sent to music therapy as a 'rest for the class teacher' and for the class, adding further to the proof that the referral systems are not always systematic and procedural. More importantly, I propound, this goes fundamentally against the goals of music therapy, which is an intervention that brings long-term positive inner changes within the clients. Especially as music therapy is a well-known device for communication and self-expression (Tervo, 2001; McFerran, 2010), and is therefore a powerful healing therapeutic tool draw out individual creativity, even within those who are socially isolated.

Time restraints resulting in the effectiveness and impact of music therapy in schools:

Time restraints is another shared barrier with music education (limited curriculum time for music) and music therapy. Due to limited funding, that music therapy is offered on a termly rotation, where the same pupils may not receive a referral the following term. This leads to irregularity and inconsistency, which can certainly have drawbacks on student or client progression. It can also have an adverse impact on the nature of the relationship between the therapist and the student, that has been built over time and is fundamental in music therapy. As asserted certain aspects such as, a space, a dedicated time and regularity are what differentiates music therapy from community music therapy (MT1), and these are essential in the clinical intervention. Contrarily, the issue of time and regularity emerged as primary barriers when providing music therapy presently in schools.

Outsourced music therapists by schools feeling disconnected from school staff;

Majority of music therapists who took part in this study are outsourced by the school through local music hubs and music services. Drawbacks of these are that music therapists often do not feel nor are treated as a part of the school staff. It was also stated by therapists that there was inadequate communication and cooperation between school staff and therapists, where limited information is passed on to the therapist. This highlights a lack of standard procedure in some schools when passing on student information, progress reports and details on a day-to-day basis, which can have negative effects on the music therapy work with the students, as some music therapists may not be given the most up-to-date information of their students and their families. There certainly is a need for more open communication systems in place between school leaders (including SENCOs), teachers, teaching assistants and especially music teachers and music therapists. Music therapists' recommendations on which types of needs and disabilities should be prioritised when making referrals should be taken into account, this to a great extent can resolve the issue of arbitrary referrals. Music therapists should be included in school staff meetings in order to keep them updated of the latest student information and should be viewed as part of the school team. Additionally, they should be invited for collaborations, lead workshops, CPD sessions especially for music teachers, who can be equipped with certain music therapy techniques such as group improvisation (including, joint, free and interactive improvisation) and group composition, along with music therapy group processes and certain elements from music therapists' training such as state-dependent functioning and conscious listening.

One-to-one music therapy: Isolated settings versus current inclusive notions and practices:

Majority of music therapy sessions are conducted in isolated settings currently in schools (McFerran, 2010). As previously argued, this clinical model goes against inclusive concepts such as 'mainstreaming', 'normalisation', 'partial participation' and others. There was a clear division of music therapists on whether music therapy should be offered in mainstream settings to a whole class. Concerns were raised on training, class size and ethics due to involving psychological processes that are involved in therapy. While these are certainly viable concerns, some therapists presented how they use certain music therapy approaches in mainstream settings. More interestingly, therapists who were previously music teachers and continue to teach music alongside their therapy work, stated that their music therapy training has improved their teaching practice significantly. For instance, in the employment of approaches as improvisation and how this can be done in a classroom (listening to one another, learning to leave space for others and continually develop musical ideas within the

group). There was a clear division of views regarding integrating music therapy in music education, in regard to the therapists from the psychodynamic/psychoanalytical approach and those from the music-centred or NRMT approach. This study has shown that the music-centred approach is more fitting in the proposal of integrating selected music therapy techniques in classroom music lessons. This is specifically due to its emphasis on the ‘music child’ concept (Nordoff & Robbins, 1971; Aigen, 2014), which aligns with music-centred processes and the use of musical elements (melody, harmony, rhythm, dynamics etc.) to stimulate the client’s musical sensitivities and experiences. Hence, I put forward my proposition of the music-centred approach along with CMT due to its wide-ranging psycho-social benefits can bridge music education and music therapy.

Having recommended this, I also assert that this is in no way undermining individual therapy nor stating that the proposed approach should eclipse or overshadow the existing one-to-one model. This is because the clinical approach is still very much necessary especially in the case of the more challenging pupils and those who in particular pose threat to themselves and others in the classroom. Hence, there is an indisputable need for the one-to-one therapeutic intervention, given its offering of a ‘safe space’ for the client to be vulnerable and express themselves without being judged. As such, individual music therapy should still very much be in place and decisions for the most appropriate approach, whether individual or group therapy, should be made in partnerships with music therapists, school staff and leaders.

Collaborations and open communication systems are essential for moving forward in the case for both music teachers and music therapists. There are opportunities for skill-sharing and career growth for both professions and the fields. The shared issues between the two disciplines as, timing constraints and limited funding, are even more greater reasons for forging stronger collaborative relationships and to take active measures together in order to keep music cultures in schools more relevant and inclusive. In consideration of all the above issues and barriers, in the following section I showcase how the two fields can be bridged by CMT.

8.4 Bridging the gap between music education and music therapy through a CMT framework

Music therapists’ training and their working contexts (educational, clinical or both) have a considerable impact on how they view the practicalities of therapy in the classroom. In

general, according to the responses, it showed that music therapists from the NRMT or creative music therapy stream were more supportive of the notion of utilising MT methods in music teaching comparably more than those who are with a psycho-dynamically trained background. A rationale for this was drawn based on the theoretical and psychological underpinnings of the two schools of music therapy. The NRMT approach describes itself as more music-centred and it considers a ‘whole person’ approach, relying on the inner musicality which is accepted as a universality. The psycho-dynamic or the psycho-analytical method is rooted in the works of Sigmund Freud’s psychoanalysis and Carl Jung’s analytical psychology. It concerns dealing with the client’s inner emotions, bringing these to the surface through unconscious communications. According to the relevant literature and music therapists’ responses, the psycho-dynamic approach appears to work centralising exclusively on finding the ‘true self’ of an individual by uncovering past experiences, while the NRMT or the creative MT method aspires to social outcomes of an individual as well as with an emphasis towards musical outcomes. Studies have although demonstrated that clients do develop musical skills at the end of music therapy regardless of the approach. However, what is the most effective and promising music therapy approach that can accentuate more on the development of musical skills along with personal and social benefits?

In the view of my perception of inclusion, which is to consider the whole child, I proposed community music therapy as a way of ‘bridging’ the disciplines of music education and music therapy. This is due its psycho-social approach, that systematically considers an individual’s ties to family, culture, community and society. In view of these communal aspects, CMT heavily relies on group-centred processes, specifically group improvisation and group performances. Specifically, its use of democratic procedures (turn-taking, foster unity through collective listening, open interactions, respecting individuality, active participation, co-operation and awareness of others) fundamentally align with Dewey’s theory of democratic processes in the classroom. Community music therapists widely view themselves as music facilitators who guide their clients and music groups by making positive and meaningful relationships with *musicking*. Terms such as director, co-musician, co-creator, collaborator and leader are also used to describe community musicians and community music therapists characterising their work as flexible and spontaneous, as they often take place in social and open spaces. This is also built on Small’s theory of *musicking* which articulates that a music teacher should act as an enabler, a guide or a facilitator with a broad knowledge in an array of musical styles and genres in oppose to specialising in one specific, limited

style. To restrict to a particular music genre which the music teacher is familiar with is to propagate their musical values and experiences onto the students. Rather promoting multiculturalism and individuality through *musicking* which contributes towards students' own musical identities in music lessons should be given precedence. On these grounds I assert my proposition that CMT should be the primary approach when providing 'music education through music therapy'. The diagram below illustrates the aims, processes and boundaries of the music education and music therapy fields and how CMT practices can bridge the gap of the two disciplines:



Figure 8.1 - Bridging the gap between music education and music therapy through community music therapy.

The above framework is created in the aim of bringing together 'the best of both worlds' of music education and music therapy through CMT. It does so by drawing comparisons between the individual and group practices, educational and clinical goals, emphasise on the

process and product of the concerning fields. Goals not only include individual and academic aspects, but also extend to social and personal wellbeing of the learners, thereby addressing the ‘whole child’.

8.5 A conceptual model for providing a democratic & an inclusive music education through a CMT framework

Prevailing problems within the teaching practices and the music curriculum itself were raised by music teachers and music therapists. While interrogating these issues, it was perceived that the psycho-social framework that CMT primarily sits within, the social group processes along with the naturally democratic practices, organically resolves when bringing in CMT as the ‘bridging’ approach. The issues which emerged during the analysis and how each can be individually resolved by adopting a CMT framework approach is demonstrated below:

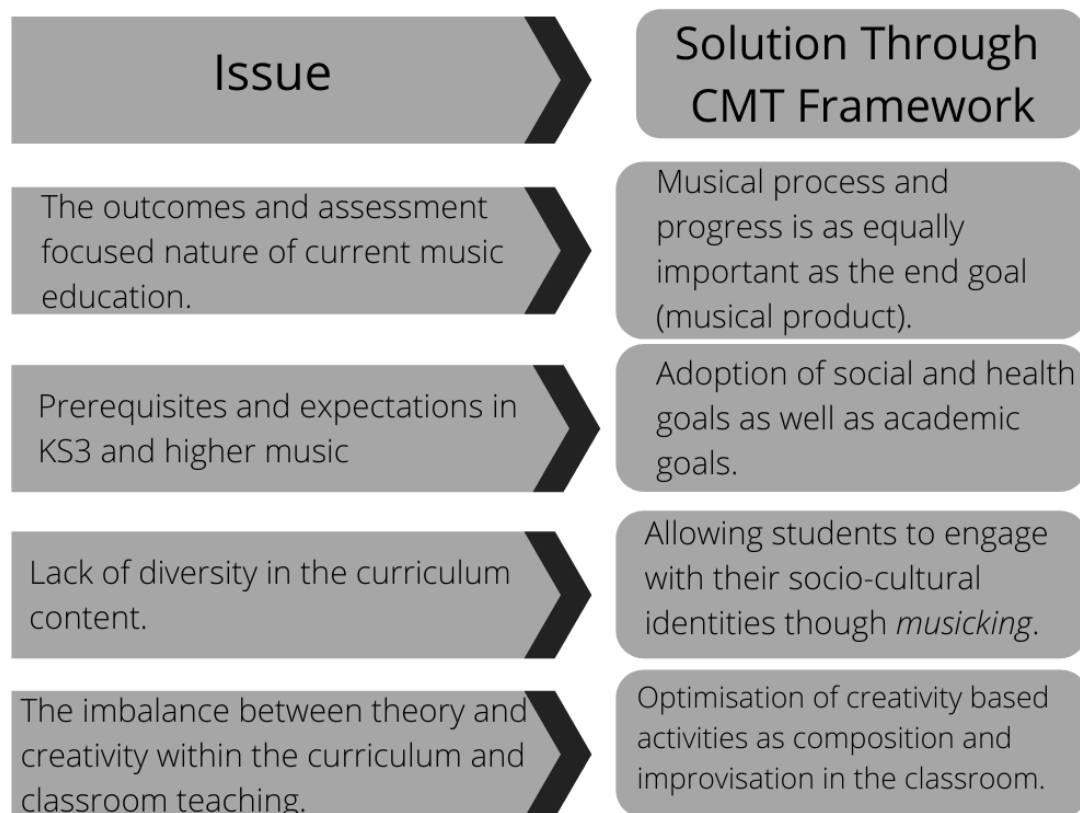


Figure 8.2 - Resolving issues in the present music curriculum by adopting a CMT framework as a basis.

A solution to the outcomes and assessment focused nature and the prerequisites/expectations issue:

CMT exclusively works within the parameters of group engagement, active participation, collaboration, open musical interactions and music-centred practices. The musical process involves *co-musicking*, promotes equal opportunities and is resource-oriented where clients' as well as communal musical strengths and preferences are given prominence. Case studies also show that typically a CMT group project initiates and ends with a common goal, usually a final performance or a composition in the form of a recording or written lyrics. As commented by music therapists, in the case of adolescents the sense of achievement and having a tangible product at the end of a musical process reinforce self-confidence and individual identity. Moreover, during and after the process it provides them the opportunity to be reflective and critical of their musical product as a group and through individual reflection.

Clinical music therapists maintain an overarching approach that attends to individual and social needs, although community music therapists extend this to a more holistic continuum ranging from individual, communal and cultural facets. The CMT approach indicates that its goals are set to benefit not only the individual and one's immediate environment, but also these benefits ripple out towards one's community and wider society (Stige *et al*, 2010). CMT is typically music-centred, adopting the NRMT techniques, primarily its notion of 'musical child' that centralises on the inner musicality. Here I reassert, the importance of engaging in approaches such as SEL and conscious listening, which be utilised to meet students' academic, emotional and social needs in the classroom in a more proactive and holistic manner.

A solution to the problem of lack of diversity in the music curriculum:

The CMT framework signifies the client's socio-cultural identity, and in that an individual belongs to an outer setting such as a culture and a community and therefore brings these external experiences and associations to the collective *musicking* experience in a community music therapy session. Further, in CMT practice clients' individual musical preferences are given prominence wherein the therapist acts as a music facilitator, utilising music as the means to *musicking*. The ultimate goal of CMT is to 'move clients from therapy to community', to be independent individuals (Ansdell, 2002), which I note coincides with Dewey's view that the ulterior motive of education is to prepare students in becoming socially responsible citizens contributing to a better functioning democratic society. A wide-

ranging repertoire, but also cultivating and equipping young people positive *musicking* habits, through processes such as conscious listening to promote active agency can bring far-reaching benefits that extend beyond their school lives.

A solution to the issue of theory over creativity:

In the view of my argument of utilising technology for creating and composing music, and to ‘even playing field’, where mixed ability groups can work together in the music classroom, and to conjoin the formal and informal learning experiences of teenagers, I further emphasise the importance of the most creative entities in music, which are improvisation and composition. Particularly in group improvisation, creativity can arise from spontaneous music-making along with shared and meaningful musical interactions and these cannot be assessed from a manual. It certainly requires advanced levels of skills, knowledge and confidence from the music teacher that is seemingly lacking within the boundaries of the role. Improvement in self-expression, creativity, communication skills, appraisal and increase in levels of confidence (Wigram, 2004; Strange 2013) are some of the stated benefits of improvisation. Group improvisation distinctively enables mindfulness towards others and create a sense of belonging through the impromptu music-making (Davies, Richard, Barwick, 2015) and hence can be a highly appropriate and effective approach of music-making with adolescents in consideration of their identity development and in maintaining positive peer relationships. Moreover, group processes as mutual musical awareness, group cohesion, develop tolerance and learning to respect similarities and differences are all not only attributes of group improvisation, but are also essential elements of a democratic education. In dissemination of these notions when *musicking* in the classroom, teachers can act as facilitators of music, themselves engaging in continuous learning, adjusting and reflecting. A teacher’s role as a music facilitator is to musically empower, including promoting healthy *musicking* habits and attitudes and create opportunities for the growth of skills for students as leadership, autonomy and emotional resilience. Augmentative Alternate Communication or AAC, ‘conscious listening’ and state-dependent learning are some of the practices employed by music therapists and can be valuable tools within teachers’ practice. In particular, for music teachers working in SEN schools, who claimed to have ‘trained on the job’ and those who work in mainstream schools, having encountered pupils with special learning needs and emotional issues, can indeed benefit from such approaches being embedded in their teacher training courses.

The above offers a summary of the issues that were raised in this study pertaining to music education. It also provides propositions on how these can be resolved through the CMT framework. In this I also endorse the use of certain methods taken from the CMT practice in the music classroom, in order to offer health and academic benefits. I have also outlined what practices and actions can be taken by music teachers in order to address and meet student needs more holistically in terms of academically, socially and emotionally through active and group music-making processes. Presented below is the conceptual model and I have created this to show the individual impacts of the actions and practice of offering music education through a CMT framework:

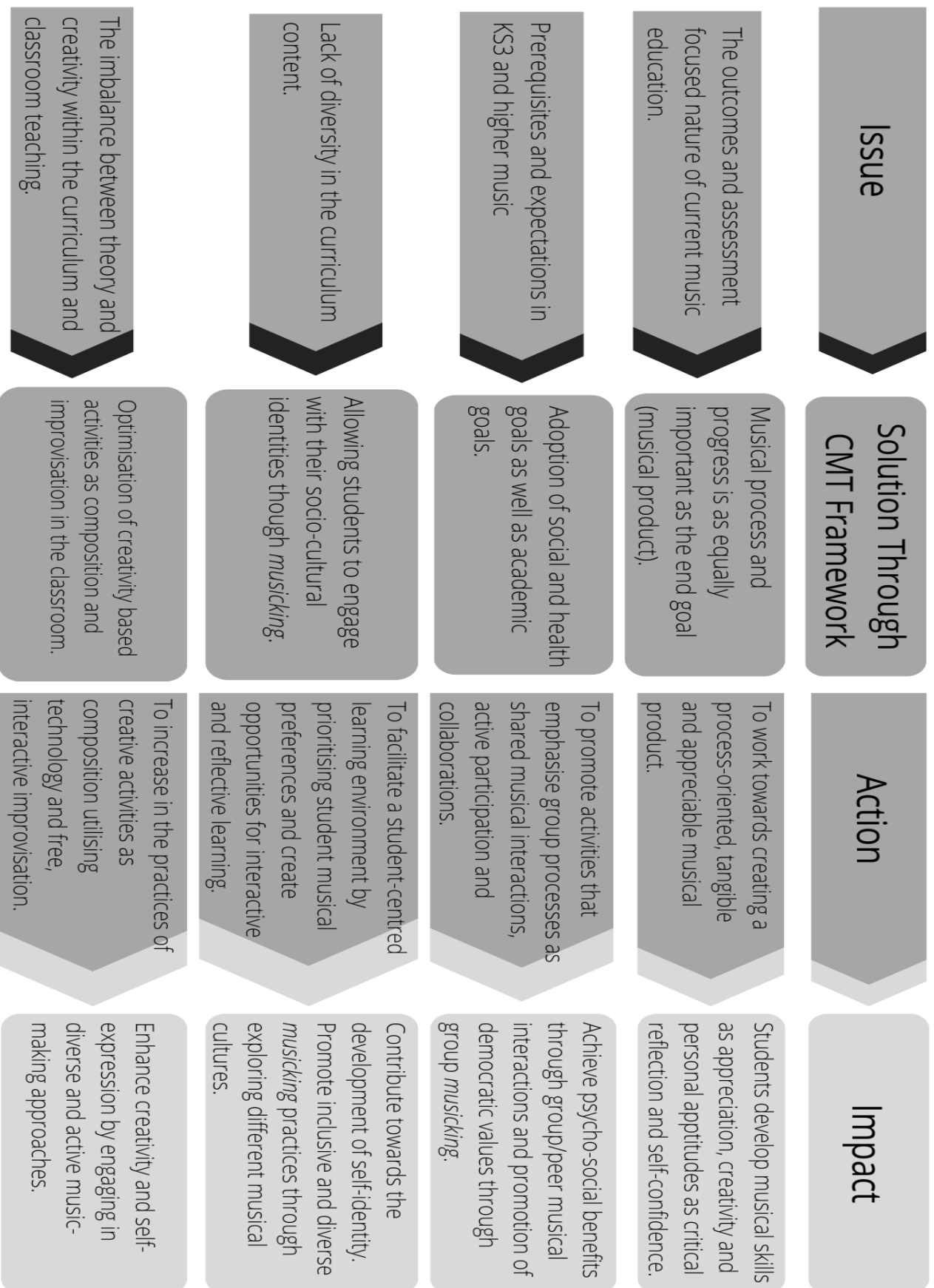


Figure 8.3 – Conceptual model for offering music therapy through music education utilising a CMT framework

The above conceptual model is created with the intention of offering music therapy through music education utilising a CMT framework. This is created accordingly with the issues and problems that were identified in present music education and the music curriculum that arose during the analysis. Further this model will be able to advocate for change in the way that music is delivered in classrooms and to secure funding by budget-holders filling the need of present financial restraints to arts education given today's national policies. I call to mind here McFerran's (2010) discussions on the four main outcomes that music therapy interventions typically work towards with adolescents from the 'Literature Review' chapter, these were: resilience, identity formation, competence and connectedness. These were described as outcomes of the existing theoretical frameworks or orientation that music therapy sits in which are psychodynamic, humanistic, behavioural and ecological (McFerran, 2010). The above conceptual model and its impact has similar parallels with McFerran's outcomes in that it also consists of inter-personal implications that are social and intra-personal results as identity formation, self-confidence and self-awareness. Additionally, encapsulated are the academic facets and musical skills such as critical reflection which is developed by linking past and present experiences to the subject content, shared experiences through group *musicking* and interactive music-making, promotion of inclusion and diversity through pupil musical preferences.

Further, through identifying the shared barriers and challenges in music education and music therapy, I have made these the fundamentals to build on the model, rectifying the present challenges and setbacks of both disciplines. For example, the fixation on assessments, outcomes, prerequisites and the lack of diversity in the syllabus, while the fundamentals of music therapy are process-oriented and client-centred. On the other hand, the issues of music therapy are that it is accessed by a few in schools due to financial and time restraints, and that referral systems widely vary across the country. Moreover, it was also found out at times music therapy is offered as a 'quick-fix solution' by school leaders, mostly to students who display challenging and disruptive behaviours than those who are socially withdrawn, as opposes to a systematically evaluated therapeutic intervention as it should be. While such shortcomings in the current practices of music therapy should be urgently acknowledged and rectified to preserve its original and true intentions, it also unfolds a new rationale and purpose in making music therapy more accessible and to bring far-reaching benefits to many as possible.

It must also be stressed here that this study is in no way undermining the methods and benefits of clinical, one-to-one music therapy. In consideration of current literature, studies and ongoing music therapy projects, along with the responses by participants of this study, the benefits of conventional music therapy substantiate even more so. This upholds particularly in the case of those with moderate and severe learning disabilities, those with physical disabilities (including limited mobility), and those with severe emotional, communication and social challenges. Rather, the study aimed to extend the widely known benefits of music therapy and its active music-making approaches to a student population that are continually demonstrating year-on-year rise of mental health issues. Further, the study also took the academic transition stages, primary to secondary and secondary to further education into account, setting the age range for the study as 11-17. Previous research has shown the importance of well-planned academic transitions and integrations into new educational settings to avoid developing mental health problems as anxiety, stress and depression which are on the rise among this school age students. The blurring boundaries of music education and music therapy, while integrating music therapy with education and offering it as a supplementary or a complementary service has been a subject of debate not only in recent years. This is evident from Brian L. Wilson's 1996 book titled 'Models of Music Therapy Interventions in School Settings: From Institution to Inclusion'. However, in present times it is being increasingly deliberated by music educators, music therapists, SEN educators and other health professionals with the intentions of, 'mainstreaming', which is to place students with SEN in least restrictive learning environments and inclusive, integrated education, which values the notions of non-segregation and non-discrimination. Despite this, there is an issue of time sensitivity and delivering necessary training or skill-sharing in putting such interventions into practice in classroom settings.

8.6 Future Research

Answering the main research questions and the sub-questions (originally stated in Chapter 1 Literature Review) of this research study, has brought many other questions and possible research pathways into light. One of the first is a need for assessing creative entities such as composition and improvisation for music teachers, this could be in the forms of assessment models, assessment frameworks with a list of criteria to be met by students when engaging in these activities. Additionally, the issue of the under-practice of these activities in

the music classroom as shown in this study can be determined is primarily due to the lack of experience by music teachers themselves. Therefore, CPD training in addition to highlighting these in initial music teacher training courses can contribute to developing teachers' skills and confidence, particularly in the areas of group *musicking*, involving group improvisation and composition.

Some of the key suggestion and recommendations of this study also include diversifying the music curriculum and the content, which has been brought to limelight in the discussions of decolonising music education. Pertaining to this, can the [conceptual model](#) be adapted to break barriers in *musicking* through its reinforcement of process and musical experiences? If so, how can it work towards the decentralisation of western classical music, breaking the tradition of homogeneity within the syllabus and its practices? How can the model be adapted or re-modelled bring similar changes in higher education contexts?

Social & Emotional Learning or SEL which is being increasingly promoted by educators and health professionals, along with neuro-sequential training such as 'state-dependent training' has been underlined in this study by music therapists. Embedding these and other similar concepts in music teacher training can be useful in providing benefits for pupils in thriving beyond the classroom and school. While CMT as an overall framework was the focus of this study, other branches within the therapy method presently exist, such as culture-centred CMT, music environmental therapy, ecological music therapy, music milieu therapy and music socio-therapy. Future studies can examine the particular frameworks used in these approaches that can lend to and be adaptable in music education and music pedagogy. Supplementing this, collaborations between music therapists, music teachers, educators, researchers of music education and community musicians can also be future considerations. Covid-19 and its implications on music-making in virtual spaces and how these have affected the *musicking* practices of adolescents in terms of their academic, social and emotional development also deserve further explorations.

8.7 A Time-Critical Appeal: Why music therapy through music education?

Given my experience as a SEN educator and my past projects ('Taking Race Live' - 2017, WMLON - 2019 and 2022, EDIMS – 2020-2022) and current projects ('Fair and Inclusive Midlands Music' – 2022 to 2023) that I am a part of, I advocate for inclusion in a

variety of contexts and forms. Considering the drastic funding cuts to arts education, among other issues underlined in this study, it has become a time-critical issue to reinstate music education in the national curriculum, so it does not become accessible only to a few. An extensive number of past and present studies have shown the array of benefits of engaging in active music-making, including positive social-wellbeing (Faulkner, Wood, Ivery, & Donovan, 2012; Chin & Rickard, 2013; DeNora, 2016), improvements in interconnectedness, positive relationship building (Miranda and Gaudreau, 2011; Chin and Rickard, 2013) and enhancement in self-confidence, self-discipline and self-worth (Chin and Rickard, 2012 & 2013). Despite these proven benefits, music education continues to be one of the first to be considered when facing financial cuts and budget restraints across primary, secondary schools, further and higher education institutions.

During the unprecedented Covid-19 global pandemic and lockdowns, videos and images of people engaging in music-making constantly circulated through social media, further displaying it as a powerful form of self-expression and creativity. While the lockdowns and prolong isolation periods were a severe blow to music groups and live music events, new ways of *musicking* in virtual spaces and an increase in amateur musicians making and performing music via online platforms with whatever resources available to them were seen globally. The online collaborations and musicianship further reinforced the notion that music is a means to bring people together, to stay connected without being physically present. More recent studies on uses of music during Covid-19, reported that listening to music for mood regulation and effectively lessen stress and anxiety levels (Hennessy, Sachs, Kaplan & Habib, 2021). More importantly, given the profound impacts of the pandemic on a global scale, including psychological, emotional, social and physical, there is a call to action on arts and music education in schools being more health-focused as a way forward. Rethinking pedagogy, rebuilding teaching and learning has currently been proposed as a top priority in reviewing and enhancing teacher training courses (Bruillard, 2020). There is also a time-critical appeal for developing educational models as preventative measures and in supporting students in schools who have been socially, psychologically and academically impacted by Covid-19. This ‘explicit focus on educational models that are tailored to the specific issues associated with COVID-19’, with a specific emphasis on music therapy and music-oriented medicinal sciences (Mastnak, 2020) further implies that therapeutic interventions such as music therapy are required to go beyond the boundaries of its discipline and profession.

In these settings, the music teacher's role can assume a music facilitator's position with an emphasis on active engagement, equal opportunity and commitment to diversity, all of which as previously mentioned in this study are within the skillsets of community musicians and community music therapists (Higgins and Bartleet, 2012). Moreover, given the recent demands for health-oriented learning, it should also be extended to support student individual health and wellbeing, not solely focusing on academic achievement. Thereby, the future role of a music teacher relies not only facilitating music-making but also, I argue, as health-facilitators who will deliver context-dependent music lessons, while regarding the classroom as what Higgins and Bartleet (2012) described as a 'miniature social group' or a 'community'. This further supports my notion of 'offering music therapy through music education' and reinforces the rationale for considering skill-sharing, collaborations and working together of the two professions of music teaching and music therapy.

8.8 Coda

The study examined the intersectionality of music education and music therapy, in order to provide music lessons that are more inclusive. By considering adolescents' *musicking* habits and the proven benefits of active *musicking* to their identity development, self-expression, socialisation and many other life aspects, I have made a case for 'music therapy through music education'. In this, inclusive and democratic music education not only addresses and respects students' educational and *musicking* rights, it also actively engages the learner in every stage of their education process. Music teachers, acting as music facilitators, should be wary of any exclusive conceptions and precepts, and this should be carried out in the stages of pre-planning, planning and designing of any curriculum. More widely, educators and policymakers should take note that while modifying and updating of syllabuses are crucial, a system which is entrenched in exclusive policies and practices upon which the curriculums and syllabuses are built on, will perpetually reinforce the same, conventional ideologies implicitly. This is evident in the manner that current music education in the UK is incessantly rooted in the European western classical tradition. Music therapy, a health intervention, is currently at the crossroads of therapy and education, with the aims of being more accessible and providing wider benefits. In considerations with the latest drastic financial cuts to arts and music education, a feasible way to preserve music education is by bringing it under the umbrella of 'student mental health and wellbeing'. Dynamic and active

conversations, collaborations, skills- and resource-sharing should continually take place across the sector between music teachers, music therapists, educators, researchers and policymakers, to explore the far-reaching benefits of this new field of 'music therapy through music education', which is at its initial stages.

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Some appendices have been redacted due to the presence of identifying information

Appendices

Appendix 1: Contacting Participants: The Information & Consent Form for music teachers and music therapists

Appendix 1a: Information & Consent form for music teachers

Dear (name).

Study of “The use of certain music therapy techniques in music education to provide benefits for adolescents with special needs, emotional and mental health issues”

I am hoping you would assist me with a study which involves completing a questionnaire and, if necessary, engage in some further discussions. The follow-up discussions will be in the form of a semi-structured interview via email. I am conducting this study to find out if certain music therapy techniques can be used in special music education to create an inclusive music curriculum to support adolescents with emotional and mental health issues. You have been selected because of your experience of teaching music to adolescent students with these problems. If you agree, I would send you the initial questionnaire via email around February 2020. The further discussions (if necessary) will take place 4-5 weeks after I have received your responses. You need not take part in this study and you can leave it at any time without affecting your relationship with me or my faculty or institution in any way.

All information I gain from you will be maintained in a strictly confidential manner and will be securely stored on my password-protected computer. The only people who will have access to the information will be myself, my supervisor (Dr Helen Julia Minors) and my two examiners. You are advised to avoid sharing any information that involves students' names or incidents of your school/institution. After the completion of the project (September/October 2022) all raw data that can identify individuals will be destroyed. In the case of publishing the study, the data will be stored securely on my password-protected computer and all file names will be coded. In the reporting of the project, no information will be released which will enable any reader to identify who the respondents were or the identity of your school. If you have any questions or problems, please contact me. My telephone number is and my email

Yours sincerely

Chamari Upeksha Wedamulla

Contact details:

Researcher contact details in case
of query:

Deans' contact details in case of complaint: Professor Simon Morgan
Wortham, Dean, Faculty of Arts and Social Sciences -

WRITTEN CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Statement by participant

- I confirm that I have read and understood the information sheet/letter of invitation for this study. I have been informed of the purpose, risks, and benefits of taking part.

Title of Study: Study of “The use of certain music therapy techniques in music education to provide benefits for adolescents with special needs, emotional and mental health issues”

- I understand what my involvement will entail and any questions have been answered to my satisfaction.

- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.

- I understand that all information obtained will be confidential.

- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

- Contact information has been provided should I (a) wish to seek further information from the investigator at any time for purposes of clarification (b) wish to make a complaint.

Participant's Signature-----

Date -----

Statement by investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator -----

Signature of investigator -----

Date -----

Appendix 1b: Information & Consent form for music therapists

Dear (name),

Study of “The use of certain music therapy techniques in music education to provide benefits for adolescents with special needs, emotional and mental health issues”

I am hoping you would help me with a study which involves completing an online questionnaire and, if necessary, engage in some further discussions. The follow-up discussions will be in the form of a semi-structured interviews via email. I am conducting this study to find out if certain music therapy techniques can be used in special music education to create an inclusive music curriculum to support adolescents with emotional and mental health challenges. You have been selected because of your experience of working with adolescent students with these problems. If you agree, I would send you the initial questionnaire via email around February 2020. The further discussions (if necessary) will take place after 4-5 weeks after I have received your responses. You need not take part in this study and you can leave it at any time without affecting your relationship with me or my faculty or institution in any way.

All information I gain from you will be maintained in a strictly confidential manner and will be securely stored on my password-protected computer. The only people who will have access to the information will be myself, my supervisor (Dr Helen Julia Minors) and my two examiners. You are advised to avoid sharing any information that involves students'/clients' names or incidents of your school/institution. After the completion of the project (June/July 2021) all raw data that can identify individuals will be destroyed. In the case of publishing the study, the data will be stored securely on my password-protected computer and all file names will be coded. In the reporting of the project, no information will be released which will enable any reader to identify who the respondents were or the identity of your school or institution. If you have any questions or problems, please contact me. My telephone number is and my email

Yours sincerely

Chamari Upeksha Wedamulla

Contact details:

Researcher contact details in case of query:

Deans' contact details in case of complaint: Professor Simon Morgan Wortham, Dean, Faculty of Arts and Social Sciences -

WRITTEN CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Statement by participant

- I confirm that I have read and understood the information sheet/letter of invitation for this study. I have been informed of the purpose, risks, and benefits of taking part.

Title of Study: Study of "The use of certain music therapy techniques in music education to provide benefits for adolescents with special needs, emotional and mental health issues"

- I understand what my involvement will entail and any questions have been answered to my satisfaction.

- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.

- I understand that all information obtained will be confidential.

- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

- Contact information has been provided should I (a) wish to seek further information from the investigator at any time for purposes of clarification (b) wish to make a complaint.

Participant's Signature-----

Date -----

Statement by investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator -----

Signature of investigator -----

Date -----

Appendix 2: The Questionnaires

Appendix 2a: Questionnaire for Music Teachers

Questionnaire for Music Teachers

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive music study programmes for children and adolescents with special needs (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music curriculum currently support adolescents with emotional and mental health issues; how specific techniques in music therapy and community music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your school are not revealed.

Section A: Your background & your work

1. Gender (please tick):

- Male
- Female
- Non-binary

2. What teaching/music/other subject qualifications do you have?

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3. In what type of school do you teach?

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4. Please provide details of previous employment.

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5. In what capacity do you teach? (please tick):

- Generalist who teaches all subjects including music
- Music specialist who teaches only music
- Music specialist who teaches general subjects as well

6. What age group do you teach?

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7. How many students are there in a class?

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8. What kinds of needs are there in your music classes?

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Section B: Your views on current music education practices & inclusion in the classroom.

The current music national curriculum for England states that main aims for the students are: to perform, listen, review, evaluate, create and compose music.

9. What activities do you normally teach in a lesson? How much (approx. %) these feature in each lesson?

Approximate frequency and proportion of time that activities are taught					
Approximate frequency taught in lessons				Approximate proportion of lesson time when taught	
Activity	Every lesson	Most lessons	Some lessons	Less than 10%; 10-30%; 30-50%; 50-70%; 70%+	
• Singing					
• Composing					
• Improvising					
• Listening					
• Music history					
• Music theory					

9a. Do you think the current content is taught in balance? Please explain your answer.

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The concept of inclusive education embodies the rights of all children to be included in all aspects of education and the importance of the right not to feel excluded, while protecting the interests of individual children with special educational needs (Department for Education, 2001).

10. What is your perception of inclusion in the classroom?

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11. How do you practice inclusion in the classroom when doing music-making activities?

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11a. What teaching methods do you currently practice (or recommend) to promote inclusion when music-making in the classroom?

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12. Do you think the current music curriculum take inclusion and students' entitlement to access to the subject content into account effectively? Please explain your answer.

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13. Do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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14. What are your views on how the current music curriculum assist/support teenagers with emotional disorders and mental health challenges?

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Section C: Yours views on music therapy.

15. Are you aware of any music therapy approaches?

- Yes
- No

15a. If yes, please name some of the methods/approaches.

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16. Could they be of benefit to your students? Please explain your answer.

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17. Do you currently use any type of music therapy methods in the classroom? If 'yes', name them and explain how you use them. If 'no' would you like to be able to use some of these techniques? Please explain.

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17a. What is your view on how music therapy fits in with the general curriculum for adolescents?

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18. If any, currently, how many and what proportion of students receive one-to-one music therapy (MT) sessions in the school?

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18a. What are the reasons why the other students do not receive MT?

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19. Do you think it will be beneficial to use music therapy methods as a supplementary tool in special music education in the classroom? Please explain your answer.

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19a. What do you think are the problems and/or restrictions in this approach?

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20. What are your views on integrating some aspects of a music therapist's role to a music teacher's role to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

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Thank you for your time.

Appendix 2b: Questionnaire for Music Therapists

Questionnaire for Music Therapists in Schools

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive music study programmes for children and adolescents with special needs (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music in special education currently support adolescents facing emotional and mental health wellbeing issues; how specific techniques in music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your school are not revealed.

Section A: Your background & your work

2. Gender (please tick):

- Male
- Female
- Non-binary

2. What teaching/music/other subject qualifications do you have?

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3. In what type of school(s) do you provide Music Therapy (MT)?

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3a. Do you practice privately as well? Can you briefly explain what kind of clients you have?

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4. Please provide information about your previous employment/positions.

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7. What kinds of needs do your clients present in your MT sessions?

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7a. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

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8. What types of MT methods do you currently use?

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12. The concept of inclusive education embodies the rights of all children to be included in all aspects of education and the importance of the right not to feel excluded, while protecting the interests of individual children with special educational needs (Department for Education, 2001).

What is your perception of inclusion in the classroom?

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12a. What are your views on inclusion in classroom music lessons?

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13. Are you aware of the current National Curriculum for Music?

Yes

No

13a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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14. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression and ADHD?

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Section D: Your views on music education & music therapy

15. Do you think certain music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

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16. What types of MT methods would you recommend to be used when teaching music for a whole class of students?

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16a. Why would you recommend these MT approaches? How could these be of benefit?

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17. What types of MT methods would you recommend to be used when teaching music in a whole class in a mainstream school?

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17a. How could your chosen methods be of benefit for adolescents in such a mainstream class?

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18. Do you think some aspects from a music therapist's role can be integrated to a music teacher's role to assist students/adolescents with emotional and wellbeing issues in music-making in the classroom? Please explain your answer.

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Thank you for your time.

Appendix 2c: Questionnaire for Community Music Therapists

Questionnaire for Community Music Therapists

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive music programmes for adolescents with special needs (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music in special education currently support adolescents with emotional and mental health issues; how specific techniques in music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your institution/organisation are not revealed.

Section A: Your background & your work

1. Gender (please tick):

- Male
- Female
- Non-binary

2. What teaching/music/other subject qualifications do you have?

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3. In what type of setting(s) do you provide Music Therapy (MT)?

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4. Do you practice privately as well? Can you briefly explain what kind of clients you have?

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5. Please provide information about your previous employment/positions.

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6. To which age group/range do you provide MT? Do you find that certain age groups or genders respond best? Please explain your answer.

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7. What kinds of needs do your clients present in your group/community MT sessions?

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7a. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

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8. What types of group/community MT methods do you currently use?

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8a. Do you find that different types of group MT methods are best suited to different kinds of need? Or does it simply depend on the clients themselves? Please explain.

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9. Are there any specific group/ community music therapy techniques that teenagers respond to better than other age groups?

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10. Community music therapy is considered as ‘a broad perspective exploring relationships between the individual, community and society in relation to music and health’ (Stige, Ansdell, Elefant, Pavlicevic, 2010, pp. 15-16).

What are your views on community music therapy and what are its benefits to your clients?

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Section B: Your views on current music education practices & inclusion in the classroom.

11. Do you also currently teach music or provide MT sessions in a school?

Yes

No

12. Are you aware of the current National Curriculum for Music?

Yes

No

12a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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13. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression and ADHD?

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Section C: Yours views on group/community music therapy in a classroom setting.

14. Do you think certain group/community music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

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15. What types of group/community MT methods would you recommend to be used when teaching music for a whole class?

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15a. Why would you recommend these MT approaches? How could these be of benefit?

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15b. How could your chosen methods be of benefit to adolescents in a SEN classroom?

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16. Do you think some aspects from a community music therapist's role can be integrated in a role of a music teacher to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

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Thank you for your time.

Appendix 6: Semi-structured follow-up interview (example questions)

Appendix 6a: Music Teachers - Semi-structured follow-up interview (example questions)

Semi-structured interview question framework for music teachers

- 1) Follow-up question (for questions no. 9) to the issue of why is this music activity given more priority than other music activities?

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- 2) Follow-up question (for question no. 9b) to the issue of is the curriculum content taught in balance, what are your suggestions on how the curriculum content can be taught in balance?

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3) Follow-up question (for questions no. 11 and 11a.) to the issue of: why did you suggest these approaches in promoting inclusion when doing music-making activities in the classroom?

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4) Follow-up question (for question no. 14) to the issue of how the current music curriculum can be improved to assist/support teenagers with ASD, do you have any suggestions or further comments on this?

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5) If answered “yes” to question no.17, please explain further how your chosen music therapy approaches can be integrated into special music education in a classroom.

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6) Follow-up question to Question no. 17a: Why do you feel this way? Please explain your answer further when you commented...

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7) Follow-up question (for Question no. 19a) to the issue of how do you think the problems/restrictions you have mentioned in the questionnaire can be overcome when using certain music therapy methods as a supplementary tool to special music education in the classroom?

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8) Follow-up question to Question no. 20: Please further explain/give reason to your answer for question no.20, when you commented... (Do you think some aspects from a music therapist's role can be integrated in a role of a music teacher to assist student with special needs in music-making in the classroom? Please explain your answer).

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Thank you for your time

Appendix 6b: Music Therapists - Semi-structured follow-up interview (example questions)

Semi-structured interview question framework for music therapists in schools

- 1) Follow-up question (for Question no.5a) to the issue of why some students are not referred to MT (Music Therapy). Please explain your answer further when you commented....

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- 2) Follow-up question (for Question no.7) to the issue of what types of needs do you clients present in your MT sessions, how do you adjust your MT approaches to different types of clients? Please explain.

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3) Follow-up question (for Question no.9) to the issue of the specific types of MT techniques that teenagers respond to better than other age group: Why do you think these methods work best with this age group?

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4) Follow-up question (Question no. 10) to the issue of community music: Why do you think these community music therapy techniques are useful to your students/clients?

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5) Follow-up question (for Question no. 13 & 13a) to the issue of the current national music curriculum and its inclusion practices, please further explain your answer when you commented....

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6) Follow-up question (for Question no. 15) to the issue of using certain music therapy approaches in the classroom, please further explain/clarify your answer when you commented....

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7) Follow-up question (for Question no. 17a) to the issue of how your chosen therapy methods could be of benefit for adolescents in a mainstream class, why do you think your chosen music therapy approaches can be beneficial to adolescents?

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8) Follow-up question (for Question no. 18) to the issue of integrating certain aspects of a music therapist's role to a music teacher's role, in your view, what are the issues/restrictions when doing this? How can these be overcome? Please explain.

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Appendix 6c: Community Music Therapists - Semi-structured follow-up interview (example questions)

Semi-structured interview question framework for Community Music Therapists

1) Follow-up question (for Question no. 3), could you explain more about your role when you mentioned that you teach in this type/s of setting/s?

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2) Follow-up question (for Question no.6), to the issue of this age group responding best to music therapy, why do you think that is?

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3) Follow-up question (for Question no. 7 & 7a.) to the issue of what types of needs and emotional problems do your clients present, how do you adapt you approaches to each client?

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4) Follow-up question (for Question no. 8), could you explain more when you mentioned these community/group music therapy approaches in your sessions?

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5) Follow-up question (for Question no.9), to the issue of certain group/community music therapy methods that teenagers respond better, why do you think this is?

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6) Follow-up question (for Question no.12 &12a), if you answered yes to the issue of current inclusion practices in the music curriculum for students with special needs, please further explain your answer when you commented...

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7) Follow-up question (for Question no.14) to the issue of using group/community music therapy methods in the classroom, please explain your answer further when you commented...

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8) Follow-up question (for Question no.16) to the issue of integrating some aspects from the role of a community music therapist to the role of a music teacher, what are the restrictions or issues when doing this? Please explain.

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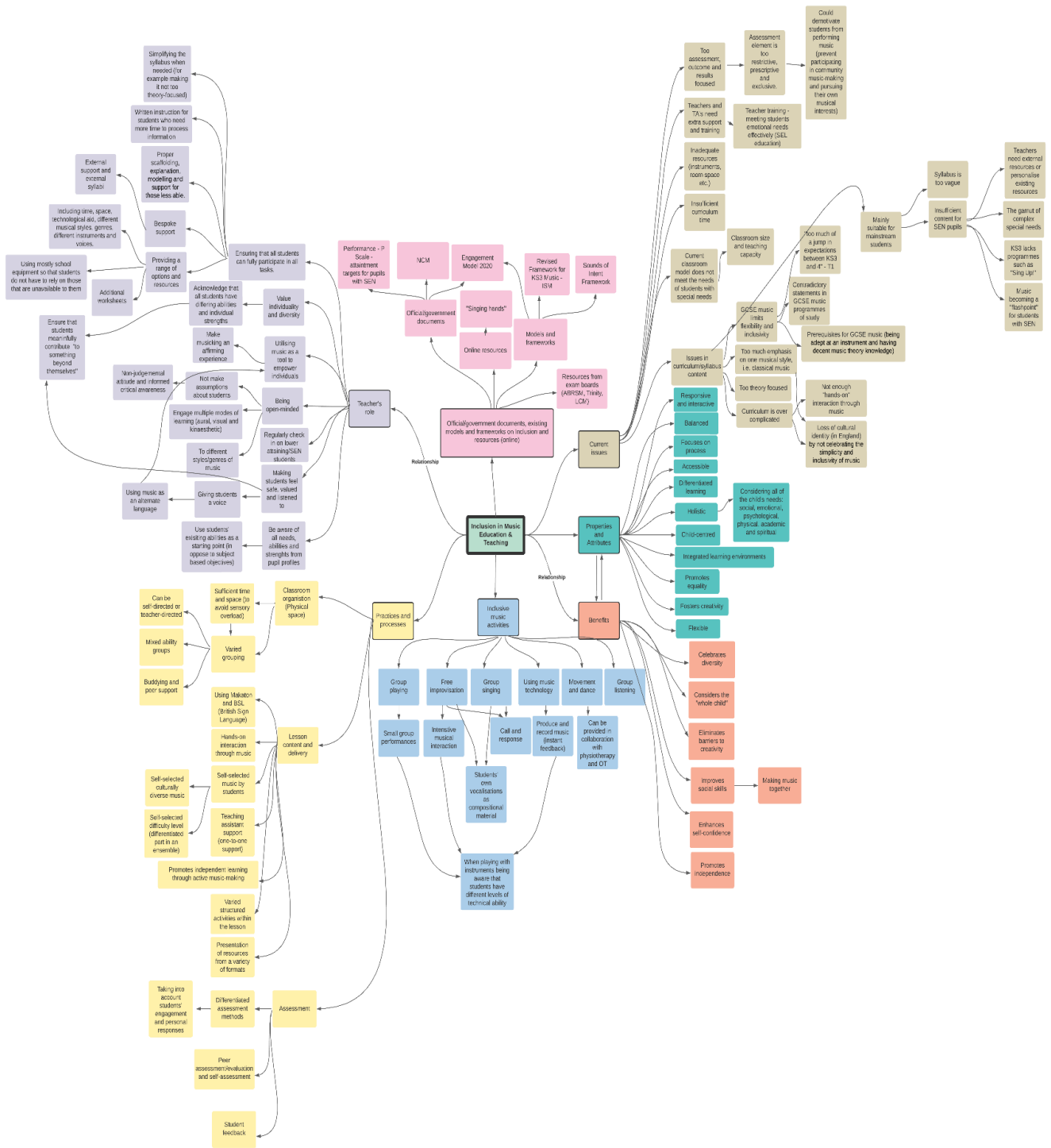
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Appendix 12: Mind/Cluster maps

Appendix 12a: Inclusion cluster map



Appendix 13: Full table versions of data from Chapter 5 - Presentation of Data

Full version of [Table 5.15](#)

Types of needs of clients/patients - Music therapists and community music therapists	
MT1	Trauma (prior to adoption), and complex special needs.
MT2	Autism, complex social communication needs, acquired brain injury, anxiety, depression, grief and mental health issues due to terminal illnesses such as advance cancer.
MT3	Children and adolescents with a range of emotional, behavioural and educational needs, including but not limited to: ASD, trauma, foster care system, PMLD (Profound & Multiple Learning Disabilities). Young adults with PMLD and older adults with dementia.
MT4	Autism, EBD (Emotional and Behavioural Disorders) & LD (Learning Disabilities).
MT5	Children and adolescents with an EHCP statement.
MT6	Communication issues, challenging behaviour, trauma, attachment issues, ASD, ADD and family relational difficulties.
MT7	EBD, ASD, complex-PTSD, attachment disorder, cognitive and behavioural difficulties/dysfunction, poor insight and emotional awareness.
MT8	SLD, PMLD, challenging behaviour, social and emotional issues, associated mental health issues, attachment disorders, difficulties associated with trauma and abuse.
MT9	Pre-school children with sensory impairments, young people with physical disabilities, non-verbal, emotional problems such as stress and anxiety, children with sensory needs.
MT10	Troubled family issues, anxiety, possible undetected safeguarding issues, coping with disability, friendship problems, insecurities around the opposite sex and attachment disorders
MT11	Children with ASD
MT12	Supports clients and their carers with dementia facing end of life, children with ADHD, child with brain tumour, adult mental health.
CMT1	Mental Health contexts, end of life care, loss and bereavement.

Full version of [Table 5.26](#)

Question 9a: Do you think the current content is taught in balance? Please explain your answer.

T1	<p>“...Programmes of study at KS3 and teacher assessments allow enough flexibility to ensure a student-centred curriculum, whilst GCSE assessment requirements limit flexibility and inclusivity”.</p> <p>KS3 is generally inclusive. In GCSE music there is a demand for higher level of technical performing ability and music reading.</p> <p>Demands of assessment can be demotivating for students.</p>
T2	The current curriculum does not take students with special needs into account.
T3	The current curriculum does not serve and address the needs of students with and ASD and PMLD mainly. Music theory which is embedded in a “non-explicit way”, excludes student with such needs.
T4	Not for all types of SEN groups. Particularly, music theory and history are not relevant for those with SEND.
T5	More composition and improvisation for better balance.
T6	Individual music sessions where students sing and perform.
T7	Depends on the key stage. Music lessons differ from KS3 to KS5 and “one specialises in certain tasks much more frequently than at KS3.”
T8	Mostly teach everything in balance, where “most of the curriculum is framed around music theory and history.”
T9	Significance placed on performing, listening and composing at KS3.
T10	Some areas such as composing require more focus in some lessons. KS4 lessons are more explicitly divided into listening, composing and performing.
T11	Has ensured an even balance in all music activities by creating a Statement of Work (SOW).

Full version of [Table 5.28](#)

11. How do you practice inclusion in the classroom when doing music-making activities?

T1	<p>Child-centred in terms of content, assessment and delivery.</p> <p>Holistic and flexible.</p> <p>Values individuality and diversity and does not make assumptions based on age, gender, ethnicity, cultural background, disability, neurodiversity.</p> <p>Gives opportunity for students of all abilities to work together whilst allowing for special facilities or withdrawal on occasions to facilitate better access to the curriculum for some students.</p>
T2	<p>Taking into account what each class likes to do in terms of musical activities.</p> <p>Musical activities such as group performances with accessible music instruments, listening to music for relaxation and singing or vocal performances.</p>
T3	<p>Teach music as a tool to empower individuals and as an alternative language.</p> <p>Emphasise on the transferrable skills in the music lessons.</p> <p>Musical activities to promote inclusion: musical interaction, free improvisation, call and response singing games, using music technology, dancing/movement to music.</p>
T4	Greater awareness and integration with mainstream settings.

	<p>Thinking about a range of songs to suits the needs of children (diverse ages). Engage multiple modes of learning, visual, aural, kinaesthetic so all can partake.</p> <p>To promote inclusion in the music classroom: using BSL (British Sign Language) and Makaton, dance, adaptive movement to music, using “primary sounds” in songs that are easy produce, percussion and sensory movement.</p>
T5	<p>Incorporating a lot of group work.</p> <p>“Learning a song in a full group. Splitting into smaller groups for call and response. Small groups then the other groups can critique other performances. Smaller groups and working on separate parts of one song.”</p>
T6	<p>Individual music lessons are provided because music lessons became a “flashpoint” for students in the schools that T6 is currently working in.</p>
T7	<p>Properly tailored tasks can and should be available to all students.</p> <p>Make sure that all students can fully participate in all tasks by proper scaffolding, explanation, modelling and support for those less able.</p>
T8	<p>Using equipment at school and not relying on students to complete work from home.</p> <p>“Have it written too for any students who need more time to process information. Regularly check in on lower attaining students, ensure any SEN students (or any student generally) remain focussed and that they are working on the task.”</p>
T9	<p>Being aware of any learning barriers from pupil profiles.</p> <p>Modifying the teaching practice and assessment taking into account any prior needs.</p> <p>Differentiation group work, independent learning, peer assessment and support as activities to promote inclusion in music lessons.</p>
T10	<p>Differentiation supports teaching and learning.</p> <p>Using additional worksheets.</p> <p>Teaching Assistant support and careful pupil pairings allows all students to learn and participate in music making activities.</p>
T11	<p>Full differentiation of all tasks.</p> <p>Know your students and their prior knowledge.</p> <p>Group students carefully for practical work.</p> <p>Have a wide range of options available for practical and written tasks.</p>

Appendix 14: Final framework and conceptual model

Appendix 14a: CMT Framework

Music Education

- Educational goals such as developing musical skills, reading music notation.
- Educational/school setting.
- Classroom sizes varying from 20-30.
- Over emphasis on assessments, academic targets due to standardised testing.
- Under-practice of creative activities such as improvisation.
- Underemployment of technology for music-making.
- Hegemony of Western classical music in the curriculum

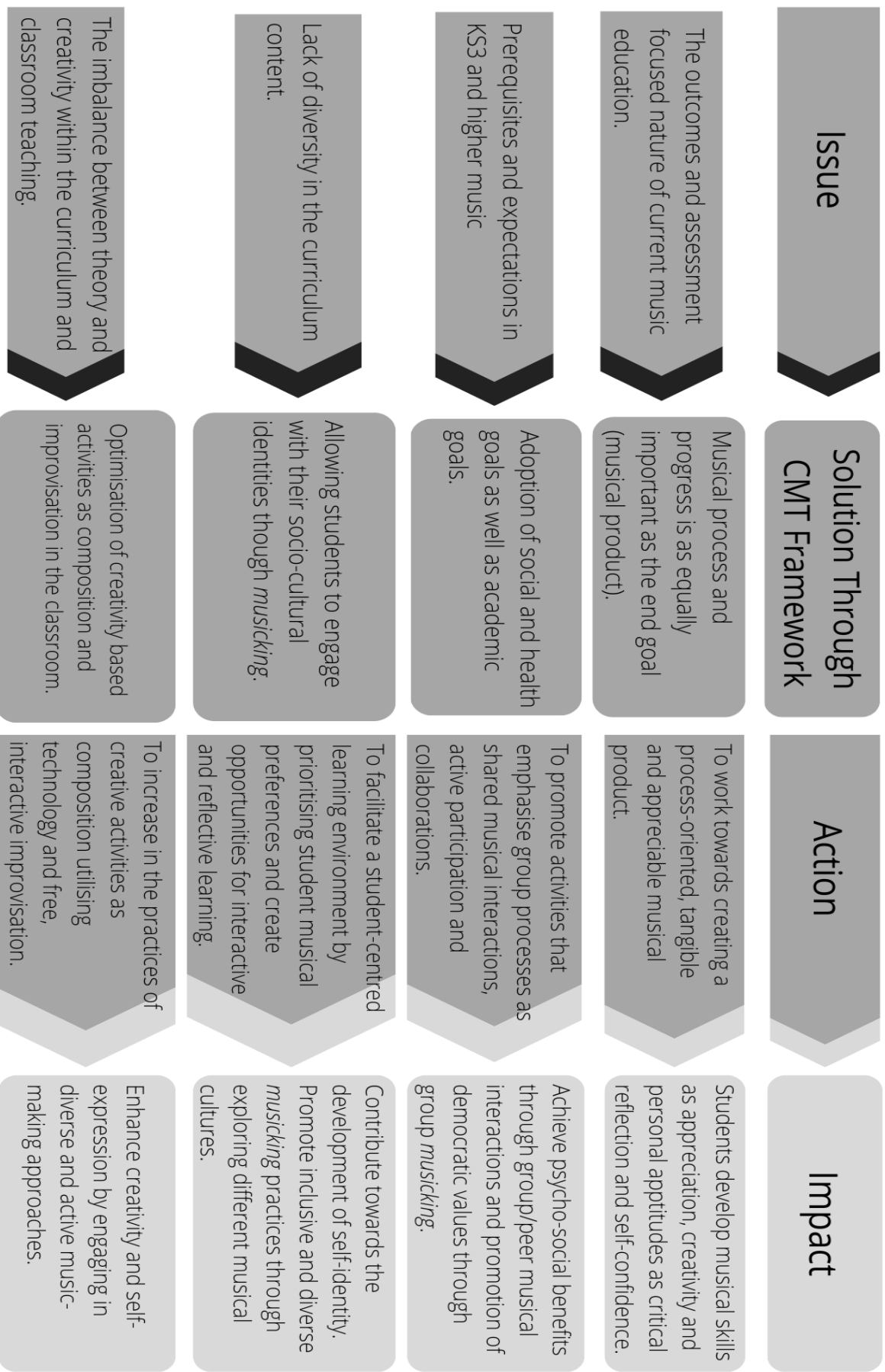
Community Music Therapy

- Individual health and social goals.
- Conducted for groups in social settings.
- Emphasis on the group performance element.
- Emphasis on a whole group working towards a musical and tangible goal (often a performance, song lyrics, a recording) wherein the process is also equally accentuated.
- Use of diverse approaches and practices centering individual needs (interactive, free improvisation, group

Music Therapy

- Individual health and social goals.
- Clinical contexts mostly.
- One-to-one and small group music therapy.
- Flexible process to suit changing individual needs.
- Improvisation is at the heart of the practice.
- Use of active approaches and practices centering individual needs (Augmentative Alternative Communication or AAC, Intensive interaction method, state-dependent functioning, conscious listening).
- Values clients' musical preferences.

Appendix 14b: Conceptual framework



Appendix 15c: Documents submitted for the Ethics Clearance

INFORMATION AND CONSENT – For head teachers of the schools

Dear (name),

Study title: The use of certain music therapy techniques in special music education to provide benefits for adolescents with ASD

I am hoping you would assist me with a study which involves two music teachers and one music therapist from your school to complete an online questionnaire and, if necessary, engage in some further discussions. The follow-up discussions will be in the form of a semi-structured interview via email. I am conducting this study to find out if certain music therapy techniques can be used in special music education to create an inclusive music curriculum to support adolescents with ASD and associated emotional problems. If you agree, I want you to be fully confident that the questionnaire is acceptable. I will ask you look at the questions I plan to ask your staff in advance of the research process and make your own comment on them. Should you wish changes to be made, I will make every amendment you advise. You have the right to withdraw your staff from this research process at any time without affecting your relationship with me and the Faculty or University in any way.

All information I gain from your staff will be maintained in a strictly confidential manner and will be securely stored on my password-protected computer. The only people who will have access to the information will be myself, my supervisor (Dr Helen Julia Minors) and my two examiners. The staff will be advised to avoid sharing any information that involves students' names or incidents. After the completion of the project (June/July 2021) all raw data that can identify individuals will be destroyed. In the case of publishing the study, the data will be stored securely on my password-protected computer and all file names will be coded. In the reporting of the project, no information will be released which will enable any reader to identify who the respondents were or the identity of your school. If you have any questions or problems, please contact me. My telephone number is and my email

Yours sincerely,

Chamari Upeksha Wedamulla

Contact details:

Researcher contact details in case of query:

Deans' contact details in case of complaint: Professor Simon Morgan
Wortham, Dean, Faculty of Arts and Social Sciences -

WRITTEN CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Statement by participant

- I confirm that I have read and understood the information sheet/letter of invitation for this study. I have been informed of the purpose, risks, and benefits of taking part.

Title of Study: The use of certain music therapy techniques in special music education to provide benefits for adolescents with ASD

- I understand what my involvement will entail and any questions have been answered to my satisfaction.
- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.
- I understand that all information obtained will be confidential.
- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
- Contact information has been provided should I (a) wish to seek further information from the investigator at any time for purposes of clarification (b) wish to make a complaint.

Participant's Signature-----

Date -----

Statement by investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator: Chamari Upeksha Wedamulla

Signature of investigator -----

Date -----

INFORMATION AND CONSENT – For music teachers

Dear (name).

Study of The use of certain music therapy techniques in special music education to provide benefits for adolescents with ASD

I am hoping you would assist me with a study which involves asking two or three music teachers and one music therapist from your school to complete an online questionnaire and, if necessary, engage in some further discussions. The follow-up discussions will be in the form of a semi-structured interview via email. I am conducting this study to find out if certain music therapy techniques can be used in special music education to create an inclusive music curriculum to support adolescents with ASD and associated emotional problems. You have been selected because of your experience of teaching music to adolescent students with these problems. If you agree, I would send you the initial questionnaire via email around August 2018. The further discussions (if necessary) will take place 4-5 weeks after I have received your responses. You need not take part in this study and you can leave it at any time without affecting your relationship with me or my faculty or institution in any way.

All information I gain from you will be maintained in a strictly confidential manner and will be securely stored on my password-protected computer. The only people who will have access to the information will be myself, my supervisor (Dr Helen Julia Minors) and my two examiners. You are advised to avoid sharing any information that involves students' names or incidents of your school. After the completion of the project (June/July 2021) all raw data that can identify individuals will be destroyed. In the case of publishing the study, the data will be stored securely on my password-protected computer and all file names will be coded. In the reporting of the project, no information will be released which will enable any reader to identify who the respondents were or the identity of your school. If you have any questions or problems, please contact me. My telephone number is and my email

Yours sincerely

Chamari Upeksha Wedamulla

Contact details:

Researcher contact details in case of query:

Deans' contact details in case of complaint: Professor Simon Morgan
Wortham, Dean, Faculty of Arts and Social Sciences -

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Statement by participant

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- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.
- I understand that all information obtained will be confidential.
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Participant's Signature-----

Date -----

Statement by investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator -----

Signature of investigator -----

Date -----

INFORMATION AND CONSENT – For music therapists

Dear (name),

Study of The use of certain music therapy techniques in special music education to provide benefits for adolescents with ASD

I am hoping you would help me with a study which involves asking two or three music teachers and a music therapist from your school/institution to complete an online questionnaire and, if necessary, engage in some further discussions. The follow-up discussions will be in the form of a semi-structured interviews via email. I am conducting this study to find out if certain music therapy techniques can be used in special music education to create an inclusive music curriculum to support adolescents with ASD and associated emotional problems. You have been selected because of your experience of working with adolescent students with these problems. If you agree, I would send you the initial questionnaire via email around August 2018. The further discussions (if necessary) will take place after 4-5 weeks after I have received your responses. You need not take part in this study and you can leave it at any time without affecting your relationship with me or my faculty or institution in any way.

All information I gain from you will be maintained in a strictly confidential manner and will be securely stored on my password-protected computer. The only people who will have access to the information will be myself, my supervisor (Dr Helen Julia Minors) and my two examiners. You are advised to avoid sharing any information that involves students'/clients' names or incidents of your school/institution. After the completion of the project (June/July 2021) all raw data that can identify individuals will be destroyed. In the case of publishing the study, the data will be stored securely on my password-protected computer and all file names will be coded. In the reporting of the project, no information will be released which will enable any reader to identify who the respondents were or the identity of your school or institution. If you have any questions or problems, please contact me. My telephone number is and my email

Yours sincerely

Chamari Upeksha Wedamulla

Contact details:

Researcher contact details in case of query:

Deans' contact details in case of complaint: Professor Simon Morgan Wortham, Dean, Faculty of Arts and Social Sciences -

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Participant's Signature-----

Date -----

Statement by investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator -----

Signature of investigator -----

Date -----

Questionnaire for Music Teachers

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive study programmes for children with ASD (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music in special education currently support adolescents with ASD and related mood disorders; how specific techniques in music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with Autism and affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your school are not revealed.

Section A: Your Background

Gender (please tick):

- Male
- Female

2. What teaching/music/other subject qualifications do you have?

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3. In what type of school do you teach and for how long have you taught in this school?

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4. Details of previous employment.

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5. In what capacity do you teach? (please tick):

- Generalist who teaches all subjects including music
- Music specialist who teaches only music
- Music specialist who teaches general subjects as well

Section B: Your work

6. What age group do you teach?

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7. How many students are there in a class?

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8. What kinds of needs are there in your music classes?

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Section C: Your views on current music education practices in the classroom.

9. The current music national curriculum for England states that main aims for the students are: to perform, listen, review, evaluate, create and compose music.

What activities do you normally teach in a lesson? How much (approx. %) these feature in each lesson?

Approximate frequency and proportion of time that activities are taught					
Approximate frequency taught in lessons				Approximate proportion of lesson time when taught	
Activity	Every lesson	Most lessons	Some lessons	Less than 10%; 10-30%;	

				30-50%; 50-70%; 70%+	
• Singing					
• Composing					
• Improvising					
• Listening					
• Music history					
• Music theory					

9a. Why are some activities given more priority than the others?

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9b. Do you think the current content is taught in balance? Explain your answer.

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10. The concept of inclusive education embodies the rights of all children to be included in all aspects of education and the importance of the right not to feel excluded, while protecting the interests of individual children with special educational needs (Department for Education, 2001)

What is your perception of inclusion in the classroom?

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11. How do you practice inclusion in the classroom when doing music-making activities?

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11a. What teaching methods do you currently practice (or recommend) to promote inclusion when music-making in the classroom?

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12. Do you think the current music curriculum take inclusion and students' entitlement to access to the subject content into account effectively? Please explain your answer.

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13. Do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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14. What are your views on how the current music curriculum assist/support teenagers with ASD?

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Section D: Yours views on music therapy.

15. Are you aware of any music therapy approaches?

Yes

No

15a. If yes, please name some of the methods/approaches.

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16. Could they be of benefit to your students? Please explain your answer.

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17. Do you currently use any type of music therapy methods in the classroom? If 'yes', name them and explain how you use them. If 'no' would you like to be able to use some of these techniques? Please explain.

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17a. What is your view on how music therapy fits in with the general curriculum for adolescents?

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18. Currently, how many and what proportion of students receive one-to-one music therapy (MT) sessions in the school?

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18a. What are the reasons why the other students do not receive MT?

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19. Do you think it will be beneficial to use music therapy methods as a supplementary tool in special music education in the classroom? Please explain your answer.

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19a. What do you think are the problems and/or restrictions in this approach?

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20. Do you think some aspects from a music therapist's role can be integrated in a role of a music teacher to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

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Thank you for your time.

Semi-structured interview questions framework for music teachers

Follow-up question (for questions no. 9 & 9a) to the issue of why is this music activity given more priority than other music activities?

Follow-up question (for question no. 9b) to the issue of is the curriculum content taught in balance, what are your suggestions on how the curriculum content can be taught in balance?

Follow-up question (for questions no. 11 and 11a.) to the issue of: why did you suggest these approaches in promoting inclusion when doing music-making activities in the classroom?

Follow-up question (for question no. 14) to the issue of how the current music curriculum can be improved to assist/support teenagers with ASD, do you have any suggestions or further comments on this?

If answered "yes" to question no.17, please explain further how your chosen music therapy approaches can be integrated into special music education in a classroom.

Follow-up question to Question no. 17a: Why do you feel this way? Please explain your answer further when you commented...

Follow-up question (for Question no. 19a) to the issue of how do you think the problems/restrictions you have mentioned in the questionnaire can be overcome when using certain music therapy methods as a supplementary tool to special music education in the classroom?

Follow-up question to Question no. 20: Please further explain/give reason to your answer for question no.20, when you commented... (Do you think some aspects from a music therapist's role can be integrated in a role of a music teacher to assist student with special needs in music-making in the classroom? Please explain your answer).

Questionnaire for Music Therapists in Schools

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive study programmes for children with ASD (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music in special education currently support adolescents with ASD and related mood disorders; how specific techniques in music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with Autism and affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your school are not revealed.

Section A: Your Background

20. Gender (please tick):

- Male
- Female

2. What teaching/music/other subject qualifications do you have?

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3. In what type of school(s) do you provide Music Therapy (MT)?

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3a. Do you practice privately as well? Can you briefly explain what kind of clients you have?

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Section B: Your work

4. Please provide information about your previous employment/positions with dates/years.

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5. Currently, how many students receive one-to-one music therapy sessions in your school?

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5a. What are the reasons why the other students do not receive MT? What are your views on this?

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6. To which age group/range do you provide MT? Do you find that certain age groups or genders respond best? Please explain your answer.

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7. What kinds of needs do your clients present in your MT sessions?

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7a. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

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8. What types of MT methods do you currently use?

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8a. Do you find that different types of methods are best suited to different kinds of need? Or does it simply depend on the clients themselves? Please explain.

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9. Are there any specific music therapy techniques that teenagers respond to better than other age groups?

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10. Community music therapy is considered as 'a broad perspective exploring relationships between the individual, community and society in relation to music and health' (Stige, Ansdell, Elefant, Pavlicevic, 2010, pp. 15-16) What are your views on community music therapy and what are its benefits to your students/clients?

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11. Do you also currently teach music (in or outside the school)?

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12. The concept of inclusive education embodies the rights of all children to be included in all aspects of education and the importance of the right not to feel excluded, while protecting the interests of individual children with special educational needs (Department for Education, 2001)

What is your perception of inclusion in the classroom?

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12a. What are your views on inclusion in classroom music lessons?

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13. Are you aware of the current National Curriculum for Music?

Yes

No

13a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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14. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression and ADHD?

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15. Do you think certain music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

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16. What types of MT methods would you recommend to be used when teaching music for a whole class of SEN students?

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16a. Why would you recommend these MT approaches? How could these be of benefit?

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17. What types of MT methods would you recommend to be used when teaching music in a whole class in a mainstream school?

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17a. How could your chosen methods be of benefit for adolescents in such a mainstream class?

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18. Do you think some aspects from a music therapist's role can be integrated in a role of a music teacher to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

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Thank you for your time.

Semi-structured interview question framework for music therapists in schools

Follow-up question (for Question no.5a) to the issue of why some students are not referred to MT (Music Therapy). Please explain your answer further when you commented....

Follow-up question (for Question no.7) to the issue of what types of needs do you clients present in your MT sessions, how do you adjust your MT approaches to different types of clients? Please explain.

Follow-up question (for Question no.9) to the issue of the specific types of MT techniques that teenagers respond to better than other age group: Why do you think these methods work best with this age group?

Follow-up question (Question no. 10) to the issue of community music: Why do you think these community music therapy techniques are useful to your students/clients?

Follow-up question (for Question no. 13 & 13a) to the issue of the current national music curriculum and its inclusion practices, please further explain your answer when you commented....

Follow-up question (for Question no. 15) to the issue of using certain music therapy approaches in the classroom, please further explain/clarify your answer when you commented....

Follow-up question (for Question no. 17a) to the issue of how your chosen therapy methods could be of benefit for adolescents in a mainstream class, why do you think your chosen music therapy approaches can be beneficial to adolescents?

Follow-up question (for Question no. 18) to the issue of integrating certain aspects of a music therapist's role to a music teacher's role, in your view, what are the issues/restrictions when doing this? How can these be overcome? Please explain.

Questionnaire for Community Music Therapists

Music education in the UK currently face a challenge in supporting the increasing number of students with special needs (Department for Education, 2016). While many government-supported documents stress the importance of inclusion (The National Plan for Music, 2011; *Music Manifesto*, 2006), presently due to the lack of inclusive study programmes for children with ASD (Pollard & Prendergast, 2004), and the noticeable gap in research in how to achieve this in a classroom setting, educational prospects for this particular group are considerably limited.

In this questionnaire my main aims are to investigate how music in special education currently support adolescents with ASD and related mood disorders; how specific techniques in music therapy can be integrated in classroom music education to promote inclusion; how the health of adolescents with Autism and affective mood disorders can be improved by using certain music therapy methods as a supplementary tool to music education and to create new lesson plans for music teachers. All information given will be completely confidential, and no one other than myself, my supervisor and my two examiners will have access to it, therefore you are encouraged to be as honest as possible. It is also of vital importance that the identities of any of the other participants in this research, members of staff or students at your institution/organisation are not revealed.

Section A: Your Background

15. Gender (please tick):

- Male
- Female

16. What teaching/music/other subject qualifications do you have?

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17. In what type of setting(s) do you provide Music Therapy (MT)?

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18. Do you practice privately as well? Can you briefly explain what kind of clients you have?

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Section B: Your work

19. Please provide information about your previous employment/positions with dates/years.

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20. To which age group/range do you provide MT? Do you find that certain age groups or genders respond best? Please explain your answer.

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21. What kinds of needs do your clients present in your group/community MT sessions?

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7a. What types of disability/emotional problems respond best/worst to MT? How are the benefits shown in the students/clients?

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22. What types of group/community MT methods do you currently use?

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8a. Do you find that different types of group MT methods are best suited to different kinds of need? Or does it simply depend on the clients themselves? Please explain.

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9. Are there any specific group/ community music therapy techniques that teenagers respond to better than other age groups?

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10. Community music therapy is considered as 'a broad perspective exploring relationships between the individual, community and society in relation to music and health' (Stige, Ansdell, Elefant, Pavlicevic, 2010, pp. 15-16) What are your views on community music therapy and what are its benefits to your clients?

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Section C: Your views on current music education practices in the classroom.

11. Do you also currently teach music or provide MT sessions in a school?

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12. Are you aware of the current National Curriculum for Music?

Yes

No

12a. If yes, do you think the current music curriculum take inclusion for students with special needs into account? Please explain your answer.

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13. What are your views on how the current music curriculum assist/support students with ASD and related mood disorders such as anxiety, stress, depression and ADHD?

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Section D: Yours views on group/community music therapy in a classroom setting.

14. Do you think certain group/community music therapy approaches can be used as a supplementary tool in classroom music education? If so, how could this be done? If not, why couldn't this be done? Please explain.

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15. What types of group/community MT methods would you recommend to be used when teaching music for a whole class of SEN students?

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15a. Why would you recommend these MT approaches? How could these be of benefit?

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15b. How could your chosen methods be of benefit to adolescents in a SEN classroom?

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16. Do you think some aspects from a community music therapist's role can be integrated in a role of a music teacher to assist students/adolescents with special needs in music-making in the classroom? Please explain your answer.

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Thank you for your time

Semi-structured interview questions framework for Community Music Therapists

Follow-up question (for Question no. 3), could you explain more about your role when you mentioned that you teach in this type/s of setting/s?

Follow-up question (for Question no.6), to the issue of this age group responding best to music therapy, why do you think that is?

Follow-up question (for Question no. 7 & 7a.) to the issue of what types of needs and emotional problems do your clients present, how do you adapt you approaches to each client?

Follow-up question (for Question no. 8), could you explain more when you mentioned these community/group music therapy approaches in your sessions?

Follow-up question (for Question no.9), to the issue of certain group/community music therapy methods that teenagers respond better, why do you think this is?

Follow-up question (for Question no.12 &12a), if you answered yes to the issue of current inclusion practices in the music curriculum for students with special needs, please further explain your answer when you commented....

Follow-up question (for Question no.14) to the issue of using group/community music therapy methods in the classroom, please explain your answer further when you commented....

Follow-up question (for Question no.16) to the issue of integrating some aspects from the role of a community music therapist to the role of a music teacher, what are the restrictions or issues when doing this? Please explain.