

Less Comfortably Numb, More Meaningfully Occupied

Steve Hooper¹ & Simon Procter

Steve, a singer songwriter, and Simon, a music therapist, met and worked together at a community mental health centre in London. Some years later, the two of them are sitting on a beach in southwest England, reflecting on the work they did together. It's the first time they have met up since they worked together and Simon is keen to hear how Steve feels his period of music therapy fitted into his life as a whole, and to what extent music is still a coherent thread through Steve's life.

Simon: We started working together about seven years ago, but music had been important for you long before that, hadn't it?

Steve: Oh yes. As a child I was always into music. Even at junior school I can remember being really into music, singing along to stuff and mucking around and showing off. And I remember going into school the morning after *Top of the Pops*², you'd talk about who had been on and what they'd sung.

Simon: So music was something social for you even then—you were performing before you'd learned to play!

Steve: Ha, yes, that's absolutely right! But I guess it is for most people—I mean, that's what music is, isn't it—something social, something you do with other people?

Simon: And what about making music yourself?

¹ Steve Hooper is a pseudonym.

² *Top of the Pops* was a weekly television programme broadcast by the BBC from 1964 to 2006, showcasing live performances of current hits and always finishing with the latest "Number One". In the 1960s and 1970s it was essential viewing for young people who wanted to know what was "in". For more information, see its archive website: <http://www.bbc.co.uk/totp/history>

Steve: Well, I played air-guitar for years! When I was growing up I had an older cousin who had some guitar lessons at his school, and the idea was he was going to show me what he'd learned but that's easier said than done really. So I learned a couple of chords on the guitar and that was it. And I was very shy really—I never really had the confidence to do anything. I didn't actually learn to play the guitar until I was eighteen, maybe nineteen. I must have had about a dozen lessons, and that gave me the tools to go away and learn more of the guitar myself.

Simon: And how did you get on with that?

Steve: Well, I think I'd already got the hang of strumming from all those years of playing air-guitar! I needed to learn much more about what to do with my left hand. And then there was finger-picking: one thing I really remember learning when I was young, it must be one of the first songs guitar players everywhere learn, was *The House of the Rising Sun*. That basic finger-picking pattern is the same on so many songs. So yes, I'd always been into music. I was just too shy to do anything about it until I was about 18 or 19.

Simon: So what happened then?

Steve: That's when I joined a band, which is of course what I'd really wanted to do. I think most people do who learn the guitar. We ended up moving away from here to London to 'make it', but that fell apart quite quickly and my music died away with it really, like it does.

Simon: Hmm, yes. People tend to think of music and playing in bands as something for teenagers really, don't they?

Steve: Yes, that kind of attitude seemed normal to me then—that when you grow up you leave things like music behind. But now that seems daft!

Simon: So what happened in London?

Steve: Well, from about my mid-twenties to my mid-thirties I did very little musically. I worked in a dole office³ for years: I was a union rep and it was all very pressured. Things got out of control: I was drinking too much, smoking too much dope, taking too many pills to try to cope with everything, and it all ended in a breakdown. And it was round about that time that I started writing songs. It sounds funny now but I'd never really written songs when I'd been in bands years before, and looking back it's clear that each time I had a breakdown—there were two—I got back into music. I think it was a way of dealing with all those pent-up emotions and chaotic things

³ A dole office is where unemployed people go to seek work and to collect their unemployment welfare benefit payments.

going on inside. I suppose some people run marathons and things like that but I found myself writing songs a lot of the time.

Simon: What were they like?

Steve: Well, they weren't really songs so much as bits of ideas scribbled down on bits of paper – fragments which I'd then try to piece together into proper songs.

Simon: Yes, I remember those bits of paper from when we started working together... but that was later, wasn't it?

Steve: Well, I did try music therapy for a couple of sessions after I had that first breakdown. But it just seemed like a lot of banging and crashing to be honest. It wasn't what I wanted to be doing: I knew that we were supposed to finish banging around at a certain time and I worked out the signals of how that happened but beyond that it didn't seem to make much sense really. The therapist was nice but I couldn't see any point in that kind of thing.

Simon: So you didn't stick with it?

Steve: No, I tried to sort myself out by doing stuff really: I was at home a lot and my next door neighbour had started working with a homeless charity and she said "Why don't you come down and do a bit of volunteering? It's better than sitting around" - she knew I was depressed. So I ended up doing some volunteering and in the end I got a job working in their office. And I was still trying to write songs then, so they suggested I come and do some sessions in one of their hostels. We did some great jamming sessions, but I was lost myself as well. And being in that environment didn't help. Once again I was drinking and smoking and taking too many pills and it all spiralled out of control.

Simon: And you were writing songs all this time?

Steve: Yes—well, as I say, they were more fragments than songs. Sometimes they came out straightaway but quite often I just got fragments of words, fragments of phrases, you know—a little thing on the guitar or a tune in my head: it was all very chaotic! Trying to make songs out of those fragments was a way of trying to make order out of the chaos.

Simon: So what brought you back to music therapy?

Steve: To be honest I was desperate. Desperate for any kind of help from anywhere, desperate for some meaningful contact with someone—just desperate to get my life back together really. I wasn't thinking about putting it back together though: very often I really felt like it was the end. It sounds dramatic now, but I had suicidal thoughts: life didn't feel worth living. There's not been a darker time in my life. Looking back now, I think

I needed an outlet but some kind of structure too—someone or something to help me get organised, to feel organised and be organised.

Simon: And that's what music therapy did?

Steve: Yes, definitely. I didn't really have high hopes after my previous experience of music therapy, but when I realised that you were up for anything, that we could do singing and recording and performing and all of that, it made sense. I think I realised I'd turned back to music and especially songwriting to try to start being me again after the first breakdown but then I'd put it on hold again while I was working with homeless people, and I was often gripped by panic: everything seemed so chaotic. Working with you meant I could finish songs that I'd had on the go for ages. It was something to get out of bed for in the morning: coming to sessions was a big deal. I'd be at home all the time and I found it really hard to leave the flat. Just getting to sessions was a major undertaking—I'd have to plan the whole day around it, pack my bag and cycle over with my guitar on my back. I needed something that meaningful to go out for.

Simon: And what about the time you spent with me in the room? Was it any different to playing and singing on your own at home?

Steve: Oh yes, massively different. I sang and played differently in the room. For a start you were there, and that made it very different. I came to do music with you, not just in another room. But also there was something special about the room: I could sing as loudly or as raucously as I wanted there, whereas at home I would have felt inhibited because of the neighbours in the flats: the walls were like paper in that place! So I could be more me with you there than on my own at home. Because even if people overheard us, and I know they did, it didn't matter somehow, because there it was legitimate, because of you.

Simon: I noticed you talked about 'working' with me, just as you had 'worked' with homeless people. Did it feel like working?

Steve: Yes, definitely. But in a good way! I mean, I didn't come to mess around—I was serious about what we were doing, and it mattered that you were serious about it too. And once I'd got my audio recorder, I used to go straight back home and listen back to what we'd recorded in sessions, so that was like doing my homework.

Simon: Often when people talk about music therapy, they think of the therapist doing the work and the client being 'treated'. Did you feel 'treated'?

Steve: Well, I knew you were a trained professional and I presumed you were being paid... but I still felt we were working together. I think our relationship was based on working together.

Simon: So did you not come to 'get better'?

Steve: I suppose in a way I did—and I did 'get better' as you call it. But I would have been too desperate and chaotic at the time to say that.

Simon: So how did the 'getting better' happen?

Steve: Oh, by me getting to grips with my music. By moving away from it being chaotic and towards it opening up possibilities for me, like I have now.

Simon: So it was all about musical work?

Steve: Totally.

Simon: And the nature of that work changed, didn't it? I mean, I remember that when you first came you would come with your bits of paper with chords and lyrics and sing songs to me. I remember hardly doing anything: I would set the room up, then record you and just listen.

Steve: Yes, I suppose that's all I could cope with then. But the recording was great. I would go home and listen back to the recordings we'd done. It gave me a feeling of some kind of resolution, of some kind of outcome. And then I bought my own digital recorder and I brought it to you—I didn't even know how to turn it on really—and we spent a session twiddling with it, and afterwards I felt, "Oh, great, wonderful, I can do this for myself now!" I needed that practical help and then I was much more capable.

Simon: Again, some people might question whether showing someone how to use an audio recorder is part of therapy, but for you it was?

Steve: Of course—I needed that to go forward. It made me more able to do things for myself. You didn't have to make CDs for me all the time then—in fact I made some for you, didn't I?

Simon: You did. And by that time we'd started playing together.

Steve: That's right. You'd play the violin or the accordion usually. It made all the difference playing with you—it put some kind of stamp on the music for me and it brought the songs alive. I felt they must be proper songs because someone else could play along on them. And they were alive because they kept changing—they could happen in so many different ways. I stopped being so fixed about how they were supposed to be and enjoyed them more.

Simon: And then you had the idea of doing gigs.

Steve: Was that my idea?

Simon: Yes, I remember you talking about a pub that you used to go to sometimes—that was when you talked about it for the first time.

Steve: That's right—someone I knew was running it. That's how I found out about those pub nights where you could just turn up and play.

Simon: So we worked up a set for the first one, didn't we?

Steve: Yes, I remember it was going out live on the internet: I don't suppose many people were watching but I completely froze up! I couldn't even remember the first chord to the first song!

Simon: But you still wanted to do it? Again, some people might say that performance has no place in music therapy?

Steve: I don't see why not—I mean, it's what I wanted to do, and it's what music is all about for me now. I don't think I'd be where I am now without those gigs then. And I couldn't have done them on my own. I needed someone I could really trust, someone really reliable, to do them with me. I'm not saying it would be the right thing for everyone, but it was right for me.

Simon: So what did playing in public do for you that you didn't get just from playing with me?

Steve: Well, you say 'in public': there might have been only half a dozen people there at some of those gigs but they were still public performances. And it made all the difference to me not playing on my own, but playing with you, and later playing with other people too. Then later we did bigger gigs: that was quite incredible, because I'd been happy enough just to get a gig, but there they gave us free food and a drink as well! I felt like a musician because someone was sort of paying me to be a musician. And that was an incredible thing, you know. And it was great that you were there. And even now when I've been playing around here for a couple of years and someone says, "Oh, you get a free drink", it feels amazing to be given that kind of recognition. And sometimes you get a free meal as well! It's not so much the free food and drink, it's like a really nice pat on the back. You're being validated. Someone's said "This is a musician, otherwise why would we look after them?"

Simon: Another thing that might raise eyebrows amongst music therapists is that we were playing together with your friends. And I never really knew whether they knew that I was a music therapist. Did you tell them? Did you want to tell them?

Steve: I can't remember actually. But there wouldn't have been an issue anyway. I probably would have told them how I knew you, but I wouldn't have gone into detail. I wouldn't have had to go into detail because they

were all musical people—not necessarily trained, but musical—they would all understand how music therapy makes sense, and they would have been pleased to be part of it.

Simon: So it wouldn't have been an issue for you had they known?

Steve: No, they were my friends and musical people too, so why would I have minded?

Simon: And they knew you'd had a breakdown?

Steve: Most of them, yes, and that's kind of the point, isn't it? The gigs were me getting back to my best—I wanted them to be there and it was great that I could play with them more and more.

Simon: Some people would say that any form of therapy should be confidential and properly boundaried, which means keeping other people out.

Steve: Yes, but I know what a lack of boundaries looks like—that's what happened when I was working in the homeless shelter and there was no difference between unhealthiness and healthiness. I lost all sense of who I was and what I could do because of that. But you didn't get chaotic like me: you helped me back into a way of using music that was healthy and which I could build on myself. That's healthy, not unhealthy.

Simon: So healthiness has to do with the way we were using music, the way you were using music, not your psychiatric state?

Steve: You know, I'd been diagnosed with anxiety, depression and some kind of 'OCD tendencies' or 'personality traits' or whatever—different people kept using different words. But my kind of compulsiveness wasn't like people who have to turn round three times in a doorway—I can see how that can really affect your life. For me, it's not like that .. do you remember, I was a bit obsessed with the idea that songs shouldn't go over three and a half minutes? That's not really going to damage anyone, is it? It's a matter of degree, and I think some obsessional traits are just a way of wanting to get things right, you know. And that's useful sometimes. And now I can even cope with seven-minute songs!

Simon: So, despite your diagnosis, you didn't come to music therapy to reduce your symptoms or de-diagnose yourself in some way?

Steve: No, I came to play music! I think somehow I already knew that music was my route to getting better.

Simon: And part of that way was working with me, but part of it was also the way you started engaging other service users in that place in music-making.

Steve: Yes, that was something I hadn't expected, but they asked me about it and I was really surprised when you said "Go for it"—you had such faith in me! It was a really nice place—you didn't need a medical referral to go there so it wasn't stigmatising like a hospital or a social services place. Many people used it socially as a drop-in centre, and they enjoyed the music groups you did and they knew I could play guitar so they started asking for lessons. So with your encouragement I had a go!

Simon: I'd always tried to build up a musical culture there and it was brilliant to have someone who could teach people the guitar.

Steve: A few of them joined in with a couple of our gigs, remember? At first I wasn't very confident about what I was doing, but after a while it felt so good to think "I can really do this", and to feel I could give something. And you were always there to help out or ask advice from if I needed it. It also got me connected with other people there: a couple of the people I gave lessons to had spells in hospital so I'd visit them there too, which was nice for them but good for me too because I was so isolated.

Simon: And I think you ended up improvising with people as well, didn't you?

Steve: Yes, one chap would just start singing anything and I'd just have to find a way to play along with him. And funnily enough, sometimes I'd find myself playing a riff which I'd had hanging round in my head for ages and it just seemed to fit, so we found a way of playing together. But for me to do that came out of me coming to you in the first place.

Simon: And perhaps in some ways you were doing with him what I was doing with you—being there for him musically.

Steve: Well, in some ways yes. I mean I wasn't trained or anything, and I can't talk any of the theory or whatever...

Simon: But you were doing it practically.

Steve: Yeah. Yeah, definitely. But I wouldn't have been doing it if I hadn't have come to do it with you in the first place. I would never call myself a guitar teacher: I think what I did was a very informal kind of music facilitating, but I would have felt a bit grandiose calling myself a 'volunteer' and claiming the free meals they offered to volunteers, because I was happy to do it—I was really so happy to do it. Finding I could contribute something musically as well as getting those experiences with you, that was really something. And the staff treated me differently when they saw me doing things: I remember one of them asked my advice about buying an audio

recorder for recording meetings or something and it felt amazing that someone would ask me for my advice!

Simon: So you worked on two fronts at least: working with me on the songs and working by teaching people and I suppose befriending them musically. And that seems to be something you've built into the life you have now down here.

Steve: Yes, well, the better I felt, the more time I spent down here: I mean, I'd never imagined moving back down here before. And probably I would have drifted back to London again if I hadn't found musicians here and started playing music here. I found it hard to make contact with people in London, even though I'd been there for years. I think the pubs are different: in London there are plenty of open mics⁴ where you turn up and play a few songs but it's not the same as sitting around unplugged and playing with each other, which is what happens in the pubs here.

Simon: So what's the difference between turning up to an open mic and taking part in the sort of sessions that might happen in a pub down here?

Steve: It's a whole other experience—it's not always easy because it's hard to accommodate people who always play too loud or too fast or whatever. And there are people who love singing but always forget the words or sing off-key. But I think I've learned from music therapy that you can play with anyone—so everyone can sit round and play. And sometimes it feels as though we are part of a family round here: no one openly argues but you can tell that there are factions. There can be black looks or rolled eyes! But playing music changes how you feel about people: there might be someone I'm really not sure of but we've both come to play music so we'll say hello and shake hands, and if he's playing certain songs then I'll play along with him and if I'm playing certain songs he'll play along with me. And you know, that's not bad for two people who wouldn't otherwise feel that they liked each other. And that is like a family—you might not always like people, but you do what you can to get along with them.

Simon: So music is a way of getting along with people?

Steve: Yes, it is. It's an amazing way. If you're doing a session or a performance with someone, then you're there for the music or the performance so you make sure you don't fall out. It's a great way to get along. After living in London for years I thought I'd find it really hard to be back in an area where

⁴ An "open mic" is an event (usually held in a pub) where anyone present can do a short performance: participating in these is often how performers on a pub circuit first become known.

your life is so open to scrutiny: I thought I wouldn't want people knowing my business, but I've ended up choosing to share my business with other people to a certain extent by making music with them. No one makes you go out and sing—and I laugh when I find myself screaming some kind of country rockabilly like a lunatic in front of a packed pub—I imagined that wasn't the kind of thing I'd do, but of course it is!

Simon: So is music a way for you to discover different aspects of yourself?

Steve: Yes, it turns out that I am the sort of person who enjoys living in a place like this after all! And without being big-headed, I think that's partly because in the sort of music-making I do here I know it makes a difference whether I'm there or not. Someone might think "Ooh, there's a gap in this song, I could do with a bit of guitar"—well, they know that I'm going to be able to supply something. I can improvise with people quite easily really. So I think it does make a difference when I go to a session or play a gig with someone in the same way I know they would make a difference to me. So I'm worth something. Not long ago I would have felt arrogant saying that—in fact I feel a bit big-headed saying it now, but I think it's true. It's been a very long journey to get there, and music therapy was a major part of it, especially in showing me what was possible. But I can't imagine going back to not having music in my life.

Simon: And it seems to me that your life is now remarkably full of music!

Steve: I do a lot of playing and singing, yes. And the more I do, the more opportunities come along. Last week I played in a pub gig on Friday, and then at a local carnival on Sunday and then a charity gig on the Monday.

Simon: All with the same band?

Steve: Oh no, it's all different combinations: and that's the nice thing. I don't do just one kind of thing and I play with different people. One of the bands I play with—it's just me, my girlfriend and a friend who's a singer and songwriter—we did a session on the local BBC radio station a couple of weeks ago. I was really nervous: I thought they'd find me out for being not a proper musician, but it was great and gave me such a buzz. And everyone said they'd really enjoyed it, which is the best sort of feedback you can ask for. And we get to travel around a bit too—all over the county and sometimes even beyond, which is fun, and something I otherwise couldn't afford to do, with being unemployed.

Simon: How do you feel about that? I mean, you've done some really responsible, high-pressure work in the past. And it sounds as though you're

busy, even though you're not getting paid for your work, especially with all these charity gigs and so on.

Steve: I don't like being unemployed at all: I don't have a lot of money. I've applied for various jobs down here, working with the homeless and so on. But on some level I've been relieved not to get them: I think that kind of work made me ill before and I don't want to end up like that again. And in a strange kind of way I feel really lucky. I'm 51 and unemployed and pretty much penniless yet there's never been a better time in my life than now. And I couldn't even have ever envisaged living back down here because I always thought "Well, what would I do?" And I could never have imagined that what I could do down here is what I've always wanted to do anyway, which is music. And even though I don't have a job, I feel I contribute through my music—I've done some gigs for cancer charities and the RNLI⁵, I play at carnivals and so on, and I'm about to start doing volunteer work for a local organisation that promotes diversity here in Devon and helps people integrate.

Simon: So in a sense you are working, using music with people, aren't you? You've found a way of working with people in which you are most able to help them—which is a bit like me as a music therapist, I guess.

Steve: Yes, I think that's right. When I was unemployed in London I used to just sit and watch television all day long. And now it's like being employed again because I don't have time for that any more: it's nice to have a night off sometimes and just relax in front of the telly! You know that Pink Floyd song about 'I have become Comfortably Numb'⁶? Well, I have become 'Meaningfully Occupied'—ha ha! It's great—I couldn't have predicted it. I am meaningfully occupied thanks to music. And part of the meaningfulness is that I know I am making a contribution.

Simon: That's quite a testament to what music can be. And there's one more thing I want to ask you about. I'm really struck by the fact that in our work together you were a folky, punky, rock and roll-y guitarist and singer playing with me—a classically trained violinist. And now your girlfriend, with whom you do lots of playing, is a classically trained violinist! What's that all about then?

Steve: Well, I wasn't in love with you, if that's what you mean!

⁵ The Royal National Lifeboat Institution is a charity which provides the lifeboat service around the UK.

⁶ *Comfortably Numb* first appeared on Pink Floyd's double album *The Wall* in 1979.

Simon: Ha! No, probably not! But does it make a difference that she's a musician, and does the way she plays with you impact on you? I'm interested because so many musicians end up with musicians...

Steve: Well, there's definitely a difference between being with someone who's not into music, or who's into music a bit, and someone who actually plays music, because they know much more what it's all about. We go to sessions together, we do gigs together, we rehearse together, we listen to music, we talk about music, we know the same kind of people. And if we go to see other people's sessions or someone else comes to an open mic or something, we appreciate the same things. When a song's gone on too long we kind of look at each other as if to say "This song should finish" or "They shouldn't have done that extra chorus". We're 'in sync' on those things.

Simon: So is it simply a question of being the same kind of people?

Steve: No, we're quite different in some ways: before we perform I'm the one who gets really nervous. I might get a bit snappy and impatient but it really makes me realise when I come through it afterwards how lucky I am: it makes me appreciate the life I've got and the life we've got together now. I'm with someone who understands me, and the differences between us, both musically and personally, contribute to that as well as the similarities. Our musical backgrounds aren't the same but we listen to each other, and I learn from her and she learns from me. It's rich, and it's good, and it's satisfying.

Simon's Reflections on Our Conversation

As a music therapist my attention is most often focussed on the here and now: I try to be as attentive as possible to the musical moment. Much of my training and subsequent professional development has been about cultivating an acute awareness of what is happening within musical interactions, both within sessions and on the basis of reviewing recordings afterwards. This matters because it is in the minutiae of moment-by-moment musical interaction that we experience the quality of another's presence and attention and hence the potential for transformation of self-experience. This is often linked with the notion of communicative musicality (Trevarthen & Malloch, 2000) and hence to the formative musical interaction that occurs between infants and their caregivers.

But Steve reminds me that there is more to music than the immediately interactional and dyadically relational. Music isn't just communicative—it is also social.

This is something that ethnomusicology, musical anthropology and the sociology of music demonstrate over and over again—see for example Torino (2008). And likewise health and illness aren't just individualistic, they are also socially observed, codified and understood (Morgan, Calnan & Manning 1985, p. 29). Health isn't just the absence of disease or pathology (as if this were in any case possible): it is also the building of a life which is satisfying and sustainable, not least in terms of its social ecology. This is a lifelong undertaking: the question for music therapists must be how their work with their clients contributes to this process. Any attempt to answer this question must firstly acknowledge that this is generally an area of lay expertise: most people do this perfectly well without the aid of a therapist—for most musicians, music is a means of living life and they work out how to do this for themselves. And even people who don't consider themselves musicians make use of music in a variety of health-promoting ways which contribute to their sense of self, to their self-regulation, to their ability to deal with ill-health and social disadvantage, and to their capacity to manage relationships and the world around them (DeNora 2000; Batt-Rawden, DeNora & Ruud, 2005). This, then, is not an area compatible with claims of professional exclusivity.

Steve was not a 'typical' client—but then there is no such thing as a 'typical' client. Steve's particular situation was that he came to music therapy with a highly developed skill as a musician and songwriter: this was not anything that I taught him. Indeed, as a guitarist he is considerably more skilled than I am ever likely to be. In the earliest phase of our work together, I contributed nothing in terms of active music-making: I simply listened to Steve singing his songs and sometimes talking about them, and also acted as a kind of basic recording engineer, setting up the room to facilitate recording and operating the mp3 recorder and microphone. Later, I started to join in on violin or accordion, and my active involvement inevitably meant that the songs were realised differently: this in turn led Steve to think about alternative ways of conceiving his own songs. From a psychiatric perspective this might be thought of as a way of 'working on' Steve's diagnosed pathology of 'OCD tendencies' as well as providing meaningful, motivating, aesthetically rewarding engagement which could offer something other than the unremitting experience of 'depression'. Throughout, however, everything we did was led by and posited on Steve's skills and strengths, and in this sense our work fits well within the resource-oriented approach described by Rolvsjord (2010), with its non-acceptance of pathologisation, its emphasis on collaboration rather than intervention, and its understanding of music as a resource for health.

Later I encouraged Steve in his willingness to share his musical abilities in his interactions with others at the mental health centre: in so doing he discovered strengths and capacities of which he had previously been much less aware. And of course we made the step out of the room and onto the stage, playing at gigs in pubs together.

This paved the way for Steve to do much more of the same but without me—with existing friends and with new friends he would meet through exactly this kind of social music-making. Ultimately this set the tone for the life he has built for himself since—a life founded not only on music-making as an activity of daily life but also on a recognition of Steve’s musical skill and ability coupled with a clear understanding, eloquently expressed, of how music ‘oils the wheels’ of the negotiations inherent in all everyday social interactions and transactions. It is, as he says, a way of being (and making it possible to be) with other people as well as a means of discovering different aspects of oneself in the process.

In all of this, I see a constant thread of Steve’s *work*. He is explicit about this himself and his description matches exactly my own perception. From our earliest tentative sessions to our latest public performances, Steve invested heavily in the music therapy process, not simply by getting himself to sessions or performances (itself no mean feat for him in those days) but also by always coming with an attitude of actively ‘working together’ rather than passively ‘being treated’. This recalls the centrality of the concept of work to the practice of music therapy pioneers Paul Nordoff and Clive Robbins, as discussed in detail by Aigen (1998, pp. 283-287). Perhaps most pertinent here is Aigen’s observation that “the ability to engage in meaningful work is a necessary component of psychological health because it gives meaning to life” (p. 284). And our work was unquestionably musical. Sometimes we would talk about the difficulties of everyday life, or about the challenges of living on benefits. But the real work, the reason for our spending time together, was not to talk psychologically, but to work musically. Our relationship, which became so strong and productive, was unquestionably a musical relationship forged in the demanding atmosphere of musical collaboration. I encouraged Steve to work harder and achieve more, but likewise he demanded that I go beyond my areas of musical comfort. The styles in which I found myself playing were new for me: this was a process of musical endeavour and musical discovery for me too. Turning our attention to the present day, Steve is unemployed—our market-driven society, centred purely on money growing money, is unable to furnish him with meaningful work which might promote his psychological health, but music is an area of life in which Steve has learned to take the initiative for himself, creating meaning, connection with others and hence a sense of worth and purpose.

Steve’s work has of course continued and continues still. It is the same process of work with which we engaged in music therapy sessions that I see being followed through into his building of a satisfying and rewarding life. Something of our collaboration can be traced in his engagement in performing, in music group facilitating and of course in his relationship with his partner. To say this is not at all to claim credit for myself: on the contrary, I wish to underscore that the benefits Steve is enjoying

are down to his work, and that this work extends from the time of our early music therapy sessions through the more public work into the present day.

So what of my role in our sessions? Some readers might object that my role does not sound like that of a music therapist at all. As Stige (2010, p. 10) points out, despite the fact that many music therapy pioneers started out with very broad practices encompassing open and performative modes, their followers have subsequently tended to imitate 'specialists' in psychotherapy, medicine, psychology or special education by restricting their practices to increasingly narrow, pathology-focused and privatised modes, and all the more so in recent years with the pursuit of professionalisation (Procter, 2008). But to a casual observer our sessions might well have looked simply like two middle-aged men jamming together. Nevertheless, as I have already tried to make clear, the notion of 'musical work' is as central to this therapy process as it was to the case studies of Nordoff and Robbins, as discussed by Aigen (1998, pp. 283-287)—on my side as well as Steve's. Nor was I in any way a teacher for Steve. Rather, as in any music therapy session conceived of from a music-centred perspective, I sought to help Steve to extend his range of musical possibilities, understanding these as personal and social as well as musical. Thus Steve's ideas that he could teach people at the centre to play guitar or that we could try performing together were clearly the way to go, and it seemed to me that it was my responsibility as a music therapist to support him in this. This was Steve finding his own way: my role was simply to accompany him supportively (again, both musically and personally, and in whatever way was appropriate at the time).

A theoretical objection to this might come from those therapists whose thinking is rooted in psychoanalytic traditions—that therapy by definition has to occur in maximally privatised spaces and within maximally boundaried therapeutic relationships (where the therapist reveals as little as possible about themselves) in order that an exclusive relationship can be developed which permits adequate opportunities for transference, countertransference and the like. But for Steve, and for me too, such an objection would be to deny the nature of music-making and in particular musical collaboration, and the opportunities for relationship and self-experience that these offer.

Music can be many things for many people, but for Steve it was (and is) vividly and unequivocally a potential means of social interaction, of building relationships, of feeling an ability to contribute to society and of receiving approbation from others. My role as a music therapist was therefore to accompany him on this journey: such accompanying demands not a blank non-revelatory withholding of self, but a genuinely personal engagement. To play Steve's songs with him in a non-committal or reserved way would have been to betray the trust he was placing in me, or to prevent that trust developing in the first place.

Steve talks of needing someone he could trust to perform with—I understand this as a personal-musical trust, developed through genuine engagement in social collaboration. It is a truism of contemporary therapy culture that a therapist is there to accompany a client on a journey: usually this is predicated on first reconfiguring the landscape for the projected journey as a psychological one, thus transforming the social into the emotional (Furedi, 2004, p. 24). But my task seemed to be not a metaphorical accompanying, but a real musical accompanying. As in the musical accompanying I do outside music therapy, I had to apply all of my musicianship, spark and ability to the task of accompanying this stage of his much longer musical journey. And this notion of accompanying is what, from my perspective, means that what some might see as the flagrant violation of therapeutic boundaries required to permit me to show Steve how to use a recording device, to encourage Steve to teach and to perform with him—not only in public but in pubs where we would of course drink beer together—was not only justified but absolutely necessary. I confess that I thought about this long and hard at the time—it was not and is not my usual practice to do this with music therapy clients. But I judged that this was a necessary part of Steve’s journey, and our conversation confirms this for me. Steve points out what is for him the most important boundary of all—the boundary between chaos and order. It was important for Steve that I didn’t just do what he did. I was able to offer him a different experience of himself because whilst supporting him I didn’t get drawn into his chaos, but instead actively offered experiences of structure within which he was able to take risks and experience his own capacity for creativity, relationship and wellness.

Sociologist Erving Goffman, in his dramaturgical account of social interaction (1959), describes ‘back regions’ and ‘front regions’ of activity. To summarise his thinking crudely, the back region (or backstage) is where we rehearse—where we try out aspects of being ourselves in the company of only those whom we most intimately trust—whilst the front region is the public arena in which we perform ourselves for the consumption of the world at large. Whilst often this is a solitary transition, in this case I was able to bridge the gap for Steve at exactly the time when he needed this. We worked backstage (in private in the music therapy room) on Steve’s musical (and hence social) repertoire, and then I accompanied him (musically, physically and personally) into the front region (the world out there, starting with his teaching of others and later performing in a pub) so that he could safely and assuredly try out this repertoire in public. Having done so, his need for me lessened and he was able to engage in performances without me. This was a particular accompanying role at a particular time in Steve’s much longer journey: it is perhaps a mark of its therapeutic nature that it led to its own redundancy.

This observation seems valuable as a means of conceptualising how music therapists can be of use to their clients in such situations, but it also sits well with Paul Atkinson's critique (2006) of the general interest in performativity within sociology since Goffman's work appeared. Atkinson points out that study of performance (in the sense of musical, dramatic or artistic performance to an audience) has been neglected in favour of more general (and often metaphorical) conceptions of performativity in everyday life and that simultaneously studies of 'high art' (where performance *per se* is more likely to be focused on) tend to neglect "the practicalities of production and its collective negotiation" (p. 67). Perhaps this kind of music therapy work can provide sociology with fresh understandings of the nature of such performance.

Conversely, Atkinson's own ethnography of opera (2006), along with Cottrell's ethnography of professional music-making in London (2004) and Berkaak & Ruud's ethnography of a rock band (1994) might well be considered models for how music therapy itself might be researched and explored as a social health performance milieu or as a form of cultural intermediary (after Bourdieu, 1984 and as discussed by Wynn, 2012). The social practice of music-making for well-being is a well-established one, dating from well before the creation of any modern profession (Horden, 2000): surely we could learn much from examining how this practice gets done and how sense gets made of it and value attached to it, not by swallowing professional rhetoric whole and pre-conceiving of it as 'clinical' in advance, but by observing it in its natural contexts, in all its messiness and with all its vicissitudes. This is what ethnography has to offer⁷.

Finally, it seems important that in our music therapy work together, music was 'the real thing'. Neither of us was treating it as symbolic or representational of something else: we were being fully musical together and therefore fully ourselves. And so Steve has been able to continue the work himself in collaboration with others, most powerfully with his girlfriend, but also more loosely with others, thus providing him with the range of bonds (bridging as well as bonding) which social capital theorists recognise both as so essential to living well and also as effectively generated by musical collaboration (Putnam, 2000; Saguaro Seminar on Civic Engagement, 2000). In this sense, then, our musical work together can be seen as proto-social, enabling Steve to use the 'cultural toolkit' he had added to in his work with me in order to establish a 'strategy of action' (both concepts are from Swidler, 1986) which entails taking musical-social opportunities to construct a network of friends and musicians in whose company he is able to lead a fulfilling life. Connecting this back to Putnam's work on social capital theory, therefore, the element of risk-taking which characterised our work together

⁷ For an extensive overview of what ethnography might have to offer music therapy, see Stige (2005).

seems particularly significant. Through taking a risk (whether in sharing his songs with me, in being prepared to teach others or in performing in public) Steve experienced reciprocation which encouraged him to continue taking such risks in pursuit of personal and aesthetic satisfaction in life more generally. This is a fundamental tenet of Putnam's social capital theory here observable on a musical and hence, I would argue, proto-social level (for detailed argument on this issue see Procter, 2011⁸).

This then is music-centred music therapy. The work is the music, and the music is the work. And whilst sometimes it was hard work for either or both of us, much of it was also highly enjoyable, and the genuine sharing of fun and joy was an essential element. As Aigen notes (2005, p. xxii), "the joy of listening to, composing and creating music is at the heart of all processes in music therapy": whilst there are all sorts of reasons why professionals might want to couch music therapy in other terms, this is what we keep coming back to. It is a privilege to work musically with people: Steve and I worked hard together. I too was challenged and have consequently developed as a musician, person and music therapist as a result of playing with him and accompanying him on a part of his musical journey.

Steve's Concluding Remarks

As people we need to make order out of chaos. And music's one way of doing that—it's the way that works for me. Everything was chaotic for me, and music helped me to order things. Even the music I was doing back then was chaotic, and music therapy helped me get it back into order. And that way my life has order too. I've got some control back and the life I'm living now thanks to that—well, it's full of music and it's amazing. I feel lucky.

References

- Aigen, K. (1998). *Paths of Development in Nordoff-Robbins Music Therapy*. Gilsum, NH: Barcelona Publishers.
- Aigen, K. (2005). *Music-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers.

⁸ For broader considerations of the relevance of social capital theory to mental health and illness see Webber 2005 and McKenzie and Harpham 2006.

- Atkinson, P. (2006). *Everyday Arias: An Operatic Ethnography*. Lanham, MD: AltaMira Press.
- Batt-Rawden, K. B., DeNora, T. & Ruud, E. (2005). Music listening and empowerment in health promotion: a study of the role and significance of music in everyday life of the long-term ill. *Nordic Journal of Music Therapy* 14(2): 120-136.
- Berkaak, O. A. & Ruud, E. (1994). *Sunwheels. Fortelling om et rockeband*. Oslo: Universitetsforlaget.
- Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. London: Routledge.
- Cottrell, S. (2004) *Professional Music-Making in London: Ethnography and Experience*. Aldershot: Ashgate.
- DeNora, T. (2000). *Music in Everyday Life*. Cambridge: Cambridge University Press.
- Furedi, F. (2004). *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*. London: Routledge.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Anchor.
- Horden, P. (Ed.) (2000). *Music as Medicine: The History of Music Therapy since Antiquity*. Aldershot: Ashgate.
- McKenzie, K. & Harpham, T. (Eds.) (2006). *Social Capital and Mental Health*. London: Jessica Kingsley Publishers.
- Morgan, M.; Calnan, M. & Manning, N. (1985). *Sociological Approaches to Health and Medicine*. London: Croom Helm.
- Procter, S. (2008). Premising the challenge. *British Journal of Music Therapy* 22(2): 77-82.
- Procter, S. (2011). Reparative musicing: thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy* 20(3): 242-262.
- Rolvjord, R. (2010). *Resource-Oriented Music Therapy in Mental Health Care*. Gilsum, NH: Barcelona Publishers.
- Putnam, R.D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.
- Saguaro Seminar on Civic Engagement (2000). *Better Together: Report of the Saguaro Seminar on Civic Engagement in America*. Cambridge, MA: John F. Kennedy School of Government, Harvard University.
- Stige, B. (2005). Ethnography and ethnographically informed research. In B. Wheeler (Ed.) *Music Therapy Research* (2nd edition). Gilsum, NH: Barcelona Publishers.

- Stige, B. (2010). Introduction: music and health in community. In B. Stige, G. Ansdell, C. Elefant & M. Pavlicevic (Eds.), *Where Music Helps: Community Music Therapy in Action and Reflection*. Farnham, Surrey: Ashgate.
- Swidler, A. (1986). Culture in action: symbols and strategies. *American Sociological Review* 51(2): 273-286.
- Trevarthen, C., & Malloch, S. (2000). The dance of wellbeing: defining the musical therapeutic effect. *Nordic Journal of Music Therapy* 9: 3-17.
- Torino, T. (2008). *Music as Social Life: The Politics of Participation*. Chicago, IL: University of Chicago Press.
- Webber, M. (2005). Social capital and mental health. In J. Tew (Ed.) *Social Perspectives in Mental Health: Developing Social Models to Understand and Work with Mental Distress*. London: Jessica Kingsley Publishers.
- Wynn, J. R. (2012). Guides through cultural work: a methodological framework for the study of cultural intermediaries. *Cultural Sociology* 6(3): 336-350.