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Interview with Feminist Music Therapy Pioneer, Dr. Sandi Curtis

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Sandi Curtis (PhD) is Professor Emeritus in the Department of Creative Arts Therapies at Concordia University. With more than 30 years' experience as a clinician, educator, and researcher, her work has spanned from feminist music therapy and community music therapy to working with women and children survivors of violence and adults with disabilities, as well as the Deaf Community. She is the founder of the music therapy graduate programs at Concordia University, including the first Canadian online master's program in music therapy. Dr. Sandi Curtis takes a reflexive look at her career as a music therapy practitioner, educator, researcher, and advocate of women's rights in this interview conducted by Annabelle Brault, her former student and colleague at Concordia University.

Can you tell us about the early developments of your music therapy career?

To pursue a career in music therapy, I had to go to the United States to get my education and training as there was no university-level program at all in Canada during the 1980s. After leaving Montreal to study in the United States at Florida State University, I came back and got my first professional music therapy position in Toronto in 1983, working in palliative care/gerontology. My workload was split between two hospitals—the Toronto Grace Hospital and the Riverdale Hospital. Both hospitals had one unit in palliative care and several units in gerontology. I really enjoyed the work. At that time, I was purely focused on getting started in my career. Then, an opportunity came up to teach in the United States. Although I was very satisfied with my work and life in Toronto, I was young and, as some say, unencumbered, so I thought, why not try it? I applied for the job and got it. It was a music therapy teaching position at the Cleveland Music Therapy Consortium. This consortium included five universities and colleges—Baldwin Wallace College, Case Western Reserve University, Cleveland State University, Oberlin College, and Wooster College.

Teaching undergraduate students in Cleveland was a new and very exciting experience. One of the delights of working full-time in teaching is that you can also do some part-time clinical work on the side, and you are not restricted to a single facility or a single type of population. I started doing some music therapy work with developmentally disabled adults and, because it was an interest of mine, I focused on such issues as facilitating friendship networking, community building, and connecting with the community. That was my first experience in this area and I quite enjoyed it as well.

After several years, I took a teaching position in Georgia. The program at Georgia College was almost non-existent at the time I arrived, with only three students. I stayed there for quite some time, about 13 years. I was able to build up the undergraduate program and develop a master's program there before I left. During that time, I did some more clinical work with developmentally disabled adults, but I also began to get some connections working with women survivors of violence. My initial experience working with women survivors was while I was working at a maximum-security women's correctional facility; many of the women I saw there revealed that they had been previously abused in their lives. I was struck by the importance of this work and followed up with other work at local battered women's shelters.

After this 13-year adventure in Georgia, I began thinking about returning to Canada. I had missed it a lot. I enjoyed the different cultural experiences that I had in the United States, but I thought it was time to get back to my own roots. A Canadian job opportunity came up that I took, teaching in the undergraduate music therapy program at the University of Windsor. In this position, I was again able to do clinical work at the same time. In this case, I had the opportunity to work at women's shelters and rape crisis centres, collaborating with social workers as well as working in palliative care.

Throughout this stage of my career, I never thought my life would bring me back to my hometown

of Montreal. Then, quite unexpectedly, a music therapy faculty position opened up at Concordia University in Montreal, and I jumped at it, thinking, “wow, this is wonderful.” It seems my life has taken me on a very long, circuitous journey, bringing me all the way back to where I started in Montreal.

Social justice has certainly been central to your work as a music therapy clinician, educator, and researcher. As a past student of yours myself, I can attest to the power of your embodiment of social justice and advocacy for women victims of male violence. How did this central theme of social justice emerge throughout your music therapy career?

It evolved for me out of grassroots experiences. There was no official social justice or feminist training in my music therapy education, with the exception of my doctoral program. I was interested informally in feminism and social justice when I was in high school. So, I got involved in personal readings and personal experiences of protesting as an activist for women’s rights. It first felt very separate, compartmentalized from my music therapy career. Then when I was working in Cleveland with developmentally disabled adults, I began to think about how so many were often being kept isolated and ghettoized. This led me to think more explicitly about social justice issues for developmentally disabled adults; and then of course, when I started working in Georgia with women survivors of violence, there was a clear connection.

In 1993, while in Georgia, I was given an opportunity to take a year of absence to pursue a doctoral degree. Having reviewed a number of programs, I found the one at Concordia University the most appealing—it was an innovative program that allowed me an unprecedented opportunity to combine my unique interests in feminist therapy, music therapy, and social justice.

When I first started looking at feminist therapy, I was doing readings outside of music therapy as feminist therapy was non-existent in the music therapy literature at that time. I started reading in social work and in psychology, where they had much more to offer. They were about 20 years in advance of us in music therapy. When I got my opportunity to study my doctoral degree at Concordia, I wondered if violence against women

was still an issue. I thought surely it had been resolved. But I learned, of course, that it absolutely had not. That is when I began to really look into the area of feminist music therapy for women survivors of violence.

I should add that I began to understand that, for me, I can’t possibly be a good therapist if I only deal with people within the confines of the music therapy room. If you help women recover from the harm of violence, but then send them out into a world that is horribly violent against women, that devalues and objectifies women—it is irresponsible. We need to take moral responsibility to change the world. No matter how idealist that might seem, it’s important. It really is practically, critically important.

So that is where the social justice piece originated more explicitly for me. I then took that further, from reading and learning more about feminist therapy, the grass roots movements, and how that was being seen in music therapy, to realizing that it was our responsibility. Understanding not just that we could be social activists, but that we should be social activists.

And what form did that take for you?

It took place both within my therapy work and within my personal life. In my personal life, I was involved in organizing candlelight vigils and “Take Back the Night” marches. I was in small enough towns in Georgia and in Ontario that I could be actively and readily involved in probably the only event of this kind going on in each city at the time. But it also took place in my therapy work, where I began to see that as therapists, we can be facilitators and coaches working with our clients, but we also have to allow the door to open so that our clients can speak for themselves and be their own activists for their own lives and then for other women too. So, it was a two-pronged process: personal and professional.

A major achievement in your career is the development of the music therapy training programs at Concordia University. Can you tell us more about how that unfolded, as well as your motivation for engaging in program development?

It was quite a challenge! My understanding was that Concordia had been trying to develop a graduate music therapy program for about 15 to 20 years and had

not been successful. But there was such a commitment to make it happen. I was impressed with this commitment, which was so great that, at a certain point, they put their money where their mouth was and created a new tenure-track position in music therapy for someone to come and develop the program. I applied for it and got the job. I was very excited. You know, you wonder, when it takes this long, if it is going to work. I think certainly that having a full-time person dedicated to creating the program was a positive step for Concordia. Then, it was a matter of completing a huge amount of paperwork, making connections, re-assessing the market place, and seeing if there was still an interest. I was pleased to see that there was still a great interest. It was going to take a bit of a change, because the undergraduate program that had historically been in Montreal for some time had been in French only. So suddenly, to bring in an English-only program, we were very mindful to ensure that the program, although hosted within an English university, would be as supportive as possible for both anglophones and francophones, and of course, for the allophone population as well.

The first year was a bit lonely without any music therapy students or anyone making music in the hallways! Within a year, I successfully established the graduate diploma; I realized that everywhere else in Canada had a bachelor's degree, and we had to have something that would serve in that place, since the one that we had in Quebec no longer existed. Then, in the second year, the master's degree was approved; this was quite a long process, since master's programs must go through various institutional and provincial approving agencies. Within two years, we had secured full program approval and had welcomed our first cohort, which was very exciting. We had people from all walks of life—people who had been waiting around for years to do a master's, people who were just fresh out of school, ready to start. And the hallways were now filled with the sounds of music! Within that second year, we hired Guylaine Vaillancourt, which was wonderful. Her support as a full and active member of the team was critical to the success of our programs. She had deep roots in the Quebec music therapy community, great expertise, and an unbridled enthusiasm for growing our practicum/internship program. A couple of years later, we were able to open a third tenure-track position and subsequently hired Laurel Young. And that completed

our invincible music therapy team! Each of us brought our unique skill set and music therapy perspectives, making a rich and diverse combination.

As Professor Emeritus of music therapy, you have established a significant and powerful legacy: the first online music therapy master's program in Canada, an interactive e-book on music for women survivors of violence, a social justice award in your name for music therapy students, and a wealth of high calibre research studies and book chapters. What are you most proud of?

Thank you for your kind words. Actually, there are a few things of which I am really proud. Since we just talked about the programs, I'll mention first that I am really proud that I was able to establish, working hand-in-hand with Laurel and Guylaine, such well-solidified, well-founded music therapy programs—ones that embrace a diversity of perspectives and innovative approaches. I am excited about not only what the faculty do, but also about what our students and graduates do. I hope that this has and will continue to contribute, at least in a small measure, to the Canadian music therapy landscape.

The next most important thing, or equally important thing, is the book that I have just written on music for women survivors of violence. I have a lot of other publications, but this one was closest to my heart. First of all, of course, it was a full book; but also, I wanted to be sure it was not just for music therapists. I really think it is important for music therapists to get the word out to the public about what it is we are doing, and what music and music therapy can mean, what powerful resources they can be for anybody. For me, the time I spent on it was a real labour of love. Everything I read [in preparation for the book] was delightful, just exactly what I wanted to read in the moment. As I'd be writing a chapter, another book would get published and, each time, I would have to go back, read it, and add it in. Eventually, I had to stop once I got to the end of the book. Ultimately, it was so rewarding for me to be able to write about what I had researched and learned, to include my own reflections, and to support this with the music of so many strong women singer/songwriters, all the while making it accessible for all. That is why this book is closest to my heart.

Moving forward, what are your hopes in terms of the development of music therapy in Canada?

I know there are many different ways and exciting places where the field of music therapy will go. For me, I'd love to see feminist music therapy break out more from the silo of those interested in feminism and feminist music therapy. I'd like to see a point where everybody begins to realize that all women's lives are impacted by the socio-political culture in which they live, in which the therapists live, and in which the therapists and clients work together. Of course, it's not only all women, but all men, and everyone along the gender continuum; we are all impacted by this. I'd love to see intersectional feminism going more mainstream into the work of everyday music therapists. We will be better able to meet our clients' needs if we have a deeper understanding of how this plays out in their lives and in our own. And it does whether we know it or not, or whether we recognize it or not; it does. Therapy is not neutral; it is embedded in our culture, and we live in a particular culture.

Building on intersectional feminism again, I would like to see greater diversity amongst music therapists. Not all, but many do work very hard to embrace an understanding of cultural diversity in their practice, but I would also like to see the actual diversity of our music therapists reflect the diversity of the people with whom we work. I am hoping that Concordia's online master's will contribute to that by making music therapy education and training accessible to people who might live in remote areas, so that they can serve the people who live in their community.

Closing Words by the Author

Thank you to Dr. Sandi Curtis for her incredible dedication and countless contributions to the field of music therapy in Canada and around the world. Particularly, I would like to encourage you to consult Sandi's extensive publication list using the Google Scholar link provided in the reference list. Free access to her articles can also be found on Concordia's Spectrum Research Repository (2020). Her relentless passion and advocacy for the importance of feminist views in music therapy is a precious legacy for us all. It also seems appropriate to end this article with a call for action: I would like to encourage everyone to read Dr. Sandi Curtis's new interactive e-book entitled *Music for Women (Survivors of Violence)* so that, together, we can spread awareness of how music, music therapy, and each of us can challenge the oppressive systems that impact women's lives.

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