A Historical Study of the First Year of the Canadian Association of Music Therapists

[Une étude historique de la première année de l'Association canadienne des musicothérapeutes]

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Abstract

This study presents a historical narrative of the inaugural year of the Canadian Association of Music Therapists (CAMT). The purpose of the study is to place music therapists' lived experiences of the first year of the CAMT in conversation with primary source historical documents published between the first two CAMT conferences (August 3, 1974 and May 2, 1975). Using phenomenological and historical methodologies, this article focuses on open-ended, semi-structured interviews with three Canadian music therapists who were active during 1974–75. The experiences they shared in their interviews are examined in relation to primary source historical documents obtained from the CAMT historical archives. Three primary themes emerge from the analysis of the interviews and primary source documents: "development of identity," "defining music therapy/music therapist," and "emergence of an alternative profession." This study offers new information about significant conflicts, issues, and developments in the early CAMT, providing important insights into the history of music therapy in Canada.

Keywords: Canadian Association of Music Therapists, CAMT, music therapy, Canada, history, identity, alternative professions

Sommaire

Cette étude présente un récit historique de l'année inaugurale de l'Association canadienne des musicothérapeutes (ACM). Elle vise à faire le lien entre l'expérience vécue par les musicothérapeutes durant la première année d'existence de l'ACM et les documents historiques de sources primaires publiés entre les deux premiers congrès de l'ACM (3 août 1974 et 2 mai 1975). Pour y parvenir, l'auteur applique des méthodes phénoménologiques et historiques et se fonde sur des entrevues ouvertes et semi-structurées avec des musicothérapeutes canadiennes exerçant la profession en 1974-1975. Les expériences décrites durant les entrevues sont analysées en conjonction avec des documents historiques de sources primaires tirés des archives de l'ACM. Trois thèmes principaux se dégagent de l'analyse des entrevues et des documents, soit le développement de l'identité, la définition de la musicothérapie et du musicothérapeute, ainsi que l'état de profession alternative émergente. L'étude apporte de nouveaux renseignements sur les conflits, enjeux et développements d'envergure ayant marqué les premières années de l'ACM et met en relief des éléments importants de l'histoire de la musicothérapie au Canada.

Mots-clés : Association canadienne des musicothérapeutes, ACM, musicothérapie, Canada, histoire, identité, professions alternatives

Introduction

Music therapy is evolving quickly in Canada.[1] Since the Canadian Association of Music Therapists (CAMT)[2] formed in 1974, its membership has increased from 63 to 1197 as of 2023 (Sharpe, 1977; P. Lansbergen, personal communication, April 25, 2023). Canadian music therapists have used diverse clinical approaches including humanistic, behavioural, psychodynamic, and psychoeducational since the CAMT's inception (Moffitt, 1993). More recently, feminist music therapy, the Bonny Method of Guided Imagery in Music, neurologic music therapy, community music therapy, and music therapy in the neonatal intensive care unit have contributed to an expanding clinical landscape (Aigen, 2018; Curtis, 2006; de L'Étoile & LaGasse, 2013; The Academy of Neurologic Therapy, 2016). Further, the prevalence of online music therapy practice has increased since the beginning of the COVID-19 pandemic, and efforts to regulate music therapists under provincial regulatory counselling/psychotherapy colleges are gathering momentum (Agres, Foubert, & Sridhar, 2021; Summers, 2019). As these developments propel the evolution of the profession, further knowledge of and reflection on the history of Canadian music therapy is needed to provide a referent foundation for Canadian music therapists to contextualize future decisions and changes.

This article is based on research completed for my master's thesis at Concordia University, the primary aim of which was to deepen Canadian music therapists' self-knowledge through historical inquiry of the inaugural year of the CAMT. I interviewed three Canadian music therapists who were active between August 3, 1974 and May 2, 1975, the time period between the opening day of the inaugural CAMT conference and the second annual conference (Sharpe, 1975). In this article, I seek to answer two interrelated questions: 1) What are the experiences of Canadian music therapists who were active during the CAMT's

[1] This research was supported by the Social Sciences and Humanities Research Council of Canada. This study was approved by the Research Ethics Board at Concordia University.

[2] The CAMT was originally named the Canadian Music Therapy Association (CMTA). For the sake of simplicity, it is referred to by its current name, the "Canadian Association of Music Therapists" throughout this article.

inaugural year?; 2) How does primary source historical information from the first year of the CAMT relate to the experiences of music therapists? After offering some context on the existing literature and historical approaches to music therapy, I will examine these research questions through an integrated phenomenological–historical study of both the interviews and primary source materials (Jackson, 2016; Wheeler & Bruscia, 2016).

Historical Research on Professional Music Therapy

For centuries, communities around the world have used music for its health benefits (Davis & Hadley, 2015). Long before European contact, and continuing into the present day, Indigenous Peoples of North America have maintained diverse, holistic healing practices in which music is used therapeutically (Archibald, Dewar, Reid, & Stevens, 2012; Davis & Hadley, 2015). Ancient literate traditions in China, India, and the Middle East have also documented practices of the therapeutic use of music (Horden, 2000). In this article, "music therapy," will denote a professionalization of the therapeutic use of music. Although the profession of music therapy was built on decades of work by pioneering music therapists in England, the United States, Canada, and elsewhere, it owes a larger debt to global communities that have, over millennia, illuminated the potential of many physical, spiritual, and emotional gifts of music making.

There has been a recent groundswell of historical monographs published on music therapy (Bibb, 2013; Davis, 2012; Garrido & Davidson, 2013; Im & Lee, 2017; Intveen & Edwards, 2012; Reschke-Hernandez, 2011). A focal point in the recent research has been the history of the professional development and reputation of music therapy (Kim, 2009; Moore, 2015; Register, 2013). Literature of larger scope, like Hryniw Beyer's (2016) book on the history of the music therapy profession, is more difficult to find.

Scholars outside the music therapy discipline have criticized the historical literature on music therapy for having an agenda to legitimize music therapy practice (Ruud, 2000). Gouk's (2000) theory that the traditional purpose of historical research is to "hold up individuals,

groups, or nations as examples to propagate moral and religious values" (p. 5) offers context for this criticism. Solomon and Heller (1982) have suggested that a more desirable purpose of historical research on music therapy is to better understand, rather than justify, the present by studying the past.

Early Music Therapy in Canada

The first music therapy programs in Canada began in the 1950s, led by music therapy pioneers Fran Herman, Norma Sharpe, and Thérèse Pageau, respectively (Green, Charboneau, & Gordon, 2014). Music therapy became a recognized profession in Canada at the inaugural CAMT conference in St. Thomas, Ontario in 1974 (Sharpe, 1977). This early history has primarily been narrated through autobiographies by prominent music therapists, or through historical pieces presented by music therapists who participated in the history they studied. The only exception I found to this is a biographical chapter about the life of music therapy pioneer Norma Sharpe (Im & Lee, 2017). Through primary source material—including personal correspondence, case studies, clinical notes, and archival material related to Sharpe's work with the CAMT—Im's study (2015) explored Sharpe's personality, examined her clinical interests, and offered illustrations of relevant issues of her time.

The three-volume series *The Lives of Music Therapists: Profiles in Creativity* offers several autobiographical chapters written by pioneering Canadian music therapists (Mahoney, 2017; Mahoney, 2018; Moreno, 2017). Of relevance are chapters by Fran Herman and Nancy McMaster, who were active music therapists during the CAMT's inaugural year in 1974–75 (Herman, 2017; McMaster, 2017). These chapters contain historical information that may help us to identify common characteristics among early Canadian music therapists. For example, Herman, Sharpe, and McMaster were all classically trained pianists who decided not to pursue careers in performance, and who initially worked with children (Herman, 2017; Im & Lee, 2017; McMaster, 2017).

These trailblazers faced challenges as they sought to develop music therapy in Canada from the 1950's to the 1970's, partially because the small number of practicing music therapists was spread across Canada's vast geography (Buchanan, 2009). Although the size of Canada continues to be a significant obstacle to the development of music therapy today, the geographical isolation of music therapists in the 1970s contributed to the development of many unique approaches to the practice (Buchanan, 2009). This diversity, however, created challenges in negotiating the values and priorities of the CAMT in its early years (Howard, 2009).

Existing Literature on the History of the CAMT

All three published articles on the history of the CAMT were written by current or past presidents of the association (Alexander, 1993; Ivy, 1983; Sharpe, 1977). Historical literature about an association that is produced by that association should be read with Gouk's (2000) theory in mind. Despite their potential biases, the authors' insider position allowed them to offer detailed timelines of important events and descriptions of pertinent issues that illuminated the inner workings of the early CAMT. These articles serve as starting points for further research on the CAMT by researchers with less vested interest in the association.

Inaugural CAMT Conference

The inaugural CAMT conference was held August 3–4, 1974 at the St. Thomas Psychiatric Hospital in Ontario, and was organized primarily to unify Canadians involved in music therapy (Sharpe, 1977). Sixty-three people attended from across Canada (Sharpe, 1977). Delegates drafted a constitution for the association with four principal goals: to improve music therapists' status in the workplace, to develop and assess university music therapy courses in Canada, to support the creation of provincial music therapy associations, and to be a central resource for music therapy information (Sharpe, 1977). The conference's banquet consisted of a fried chicken dinner on the front lawn of the St. Thomas Psychiatric Hospital while Norma Sharpe provided musical accompaniment on a pedal-organ (Shugar, 2009).

Canadian Music Therapy Identity

Diversity is commonly identified as a crucial characteristic of Canadian music therapy (Curtis, 2015; Gross & Young, 2014; Howard, 2009; Moffitt, 1993). Dibble's (2010) unpublished master's thesis, the only literature available that examines Canadian music therapy identity as its primary focus, cites "commonality" and "diversity" as the two most salient characteristics of this identity. The literature's use of the term "diversity" usually refers to the varied clinical training, experiences, and musical backgrounds of pioneering music therapists (Alexander, 1993; Sharpe, 1977). Today's social discourse emphasizes the importance of race, gender, sexual identity, and (dis)ability when considering a community's diversity. I was unable to find data on racial, gender, sexual identity, or (dis)ability demographics amongst Canadian music therapists. In 2017, 81.6% of music therapists worldwide identified as female, while 0.2% identified in a category named "other" (Kern & Tague, 2017). 82.4% of the respondents for Kern & Tague's survey were North American or European. In the United States, 86.4% of music therapists identified as female, 0% as trans women, and less than 1% as trans men. 88.3% of American music therapists identified as Caucasian, while the next largest racial group was Black/African American at 2.39% (American Music Therapy Association, 2021). Although this data is not Canada-specific, the significant North American representation in the data suggests it is safe to assume that Canadian demographics would be comparable, if not virtually the same. According to the available data, the Canadian music therapy community appears to lack diversity in each of these categories—making it clear that "diversity" in the music therapy literature is not referring to race, gender, sexual identity, or (dis)ability.

Solomon and Davis (2016) have argued that the study of music therapy history can "increase [music therapists'] collective sense of identity and purpose and to ensure our future and the continued progress and evolution of our discipline" (p. 2442). Following this argument, further study of Canadian music therapy history would buttress the literature examining identity among Canadian music therapists.

Methodology

Situatedness

As a new music therapist familiarizing myself with the culture and history of the profession, I have less of a personal investment in the history of music therapy than its future. This is an important difference between my relationship and the participants' relationship to the topic: while this narrative is an integral part of each participant's existing identity, I examined this narrative as a basis from which to develop my future identity. In part, my motivation to examine this history was to identify a place for myself in the narrative. The participants' places are long solidified. I prioritized being as transparent as possible about my biases and assumptions throughout this study.

Interviews

I conducted semi-structured, open-ended qualitative interviews with three music therapists who were active in 1974-75. Each participant agreed to have her name published in this study. I included the participants' names so the reader can populate the historical narrative with identifiable people, and to emphasize that the perspectives in this study are not generalizable, but the unique experiences of the participants: Susan Munro, Colleen Purdon, and Bernadette Kutarna.

Initially, participants were recruited by compiling a list of names and contact information of attendees of the conference obtained from the CAMT archives in London, Ontario. One eligible participant was recruited. After expanding the criteria to include English-speaking music therapists active in Canada during the CAMT's inaugural year, and adjusting the research question, I recruited two more participants through snowball sampling. Because the "Music Therapist Accredited" accreditation did not exist until 1979, I used three criteria to define an active music therapist. Between the dates of August 3, 1974 and May 2, 1975, participants had to meet at least one of the following criteria:

1. Was a graduate of a music therapy training program.
2. Was enrolled in a music therapy training program.
3. Was doing work that they and others in the Canadian music therapy community considered music therapy.

Each participant received an electronic invitation to participate including a description of the study and an informed consent agreement.

Interviews were conducted virtually and lasted approximately one hour. I transcribed each interview in a minimally reconstructive style by cleaning up messy or confusing utterances and eliminating non-verbal words for legibility and comprehension (Brinkmann, 2013). Participants were given the option to review or change their transcripts.

Historical Documents

I collected primary source documents from the CAMT archives in London, Ontario on two occasions. During the first trip my primary research question focused on the CAMT conference in 1974. I made a second trip after expanding the scope of the study to the CAMT's inaugural year. During both trips, I copied and obtained primary source documents including newspaper articles, journals, photographs, personal correspondences, conference proceedings, official CAMT materials, and other material.

Data Analysis

I began the analysis by listening to the interview recordings while highlighting significant statements using the following criteria:

1. The statement relates to the primary research question.
2. The statement provides unique information in the context of the interview.
3. The statement summarizes recurring information.
4. The participant identifies the statement as significant.
5. The statement changed the way I think about the primary research question.

The first criterion needed to be met for a statement to be highlighted. Additionally, at least one of the subsequent criteria needed to be met. After reviewing each interview, I assigned preliminary codes to the statements to sort them into thematic groups. Through data-driven coding, I then formed three final thematic categories from the significant statements (Brinkmann, 2013).

During the next stage I looked for information in the primary source historical documents that related to the themes I identified from the interviews. I culled the documents during this stage by eliminating any that were not related to the three themes. I grouped the remaining documents with the significant interview statements under each thematic category.

Finally, I considered the grouped data to elucidate the essence of the phenomenon according to my analysis, the participants' responses, and the primary source historical documents.

Transcription Legend:

Italics: Signify verbal emphasis, usually an increase in volume or pitch.

. . . Ellipses: Signify omitted material between the beginning and end of ellipses.

[Square Brackets]: Indicate that I replaced a non-descriptive word (e.g., it, that, or this) or a silence with descriptive words to provide context.

~ Tildes: Indicate a pause in speech of roughly 1-2 seconds. A double tilde "~ ~" indicates a pause of three seconds or more.

>> Double Arrows: Indicate the following material was taken from a part of the interview at least one paragraph after the previous phrase.

Results and Analysis

The three core themes that I identified in participants' interviews were the development of identity, definitions of music therapy/music therapist, and the emergence of an alternative profession.

Development of Identity

> Susan: I think "music therapy in Canada" happened much later than 74'. . . it became more Canadian when [Capilano] had their program, and then a bit more Canadian as we moved the conference from place to place. . . And if you look at Canada and music therapy now, it has its own face in each province. (S. Munro, personal interview, April 23, 2018)

Susan suggested that an identity for Canadian music therapy was not established before conferences were held in multiple provinces, signifying the importance of distinct provincial philosophies in forming a national identity. The following section will highlight two significant discussions that were crucial in the early development of a national identity for Canadian music therapy.

Behaviourism and humanism, psychology-centered and music-centered

> Daniel: So [behaviourism] was prevalent at the conference?
>
> Colleen: Oh yeah, that was *the* mainstream, behavioural therapy, in the 70s. . . In the Canadian scene it was not so much [about] that, but certainly it was present. It was more people like Fran Herman who were expressive, fun, creative, and child-focused. . . that was one of the things from the conference that struck me, was that there were all these different ways that music was being used. (C. Purdon, personal interview, October 10, 2017)

Colleen was brand new to music therapy when she attended the inaugural conference, so her observation that the Canadian music therapy scene was distinct from mainstream

psychology suggests that a preliminary national identity was already visible, even to a newcomer. She saw that Fran Herman's emphasis on expression and creativity was more common in Canada; however, Herman's approach was not universally accepted.

> Colleen: [The variety of approaches] was confusing for someone like me who didn't know anything. It was a bit like a smorgasbord! (Laughs). . .
>
> >> Daniel: Was that smorgasbord harmonious? Was it all working together?
>
> Colleen: No. No, it wasn't harmonious and it certainly wasn't working together. There was a lot of competition and ~ jockeying, in a way. . . there were very clear positions on types of music, like recorded music, or live music, or what instruments [should be used]. . . There were some people who would *never* use recorded music. >> I could never figure out why people get dogmatic about this stuff. Even at that time it was like ~ Come *on.* (C. Purdon, personal interview, October 10, 2017)

The presence of dogmatic belief in subjective debate does not make the early history of Canadian music therapy unique. However, the participants' emphasis on "diversity" as a crucial component of Canadian music therapy identity suggests the result of the early tension in the profession was significant. There was no winner—no approach was discredited or eliminated—nor was there a coup within the community. Instead, from the participants' perspectives, contrasting approaches engendered a level of acceptance, respect, and mutual admiration.

> Daniel: What do you think contributed to that diverse culture being fostered?
>
> Bernadette: I think it has to do with the debate turning into dialogue and the dialogue continuing. . . Canadian music therapists brought people who had differing perspectives on music therapy to conferences, and we all *listened* to them. . . I think [the diverse culture] comes from that. (B. Kutarna, personal interview, April 16, 2018)

Music therapy was a nascent profession in 1974–75; therefore, the evolution from dogmatic debate to dialogue may have allowed myriad new ideas about music therapy enough breathing room that they were eventually understood and respected. Bernadette's

comment suggests that combative debate, rather than dialogue, was the more common method of idea-sharing during the CAMT's first year. Conflicting philosophies and therapists were often treated as threats to each other, rather than as mutually augmentative.

> Susan: When [music therapists] mentioned a name you always had the feeling they were talking about enemies. And with Fran [Herman] we started to say, "Where can we work together?". . . And then [we] started to work together. (S. Munro, personal interview, April 23, 2018)

As a diverse landscape of approaches to music therapy began to develop, common priorities also emerged amongst Canadian music therapists.

> Susan: In that first year I think a lot of discussions went on with the approaches . . . do you go from a psychologically-based approach or do you go from a musically-based approach? . . . What do we want in Canada as a philosophy? . . . we decided early on that music's at the center. The person's in the center. >> Psychology is important too, but the key issue is: "Where's the music in the person?". . . That's what differentiates us from other therapies is *music*. (S. Munro, personal interview, April 23, 2018)

The juxtaposition of Alexander (1974) and Korsen's (1974) articles in Vol. 2 no. 2 of the *Canadian Music Therapy Journal* illuminated the music versus psychology-centered discussion Susan described. Alexander argued that music *in* therapy is a more effective approach than music *as* therapy.

> I cannot view music as the therapy, per se, for the music is essentially the basic "tool" of the therapist within a therapy, especially within behaviouristic modalities. It appears to me that the important question to ask is not "How does music therapy bring about desirable changes in behaviour?" but "How do the roles of music within, for example, a behavior modification treatment modality affect behavior and why?" (Alexander, 1974, p. 7)

Fran Herman's article–who was Frances Korsen at the time–followed Alexander's article in contrast. The therapeutic goals for Korsen's (1974) work with children living with muscular dystrophy were:

> 1. To encourage the child to express himself through music and to provide him with mental stimulation.
> 2. To reduce the child's isolation and to give him a sense of group participation and a feeling of achievement.
> 3. To help the child develop his latent potentialities and to broaden his creative experiences.
> 4. To promote function wherever possible in the hope of counteracting atrophy from [muscle] disuse. (Korsen, 1974, p. 10)

I encourage the reader to re-read each of these goals with the following question in mind: Can this goal be achieved by music-making alone, or does it require something extramusical? A music-centered therapist would likely answer that the goals can be achieved with music alone, while Alexander's music *in* therapy approach would require a modification of extramusical behaviour to achieve the goal.

Behavioural psychology and psychology-centered approaches consider music to be a tool, whereas humanistic and music-centered approaches consider music to be an end. According to all three participants, the emphasis on humanistic and music-centered approaches was a key component of the early Canadian music therapy identity.

Diversity

> Bernadette: At that time, the [training] at Michigan State University was behaviourally oriented. . . I think people in Canada immediately began to develop music therapy in different ways. We had Carolyn Kenny and Nancy McMaster here . . . Carolyn and Nancy didn't do their training in behavior-oriented models. >> I don't know if they used the term "humanistic perspectives," but certainly, from a model perspective, their models were improvisatory. The model that I learned [at Michigan State] was more concrete. . . There was no such thing as improvisation. Never heard of the word when I was in that class. (B. Kutarna, personal interview, April 16, 2018)

Canadians had two options if they wanted to become an accredited music therapist in 1974: obtain a music therapy degree in the United States, or a "licentiate in music therapy" in England. Colleen and Susan elected to study at the Guildhall School of Music in London while Bernadette completed a National Association for Music Therapy (NAMT)-approved training in the United States. The difference between NAMT-approved trainings in the United States and the Guildhall School of Music in England mirrored the distinction between behavioural/psychology-based models and humanistic/music-centered models.

> Susan: I trained in England. The English training was much more musically, person-based. . . English training was very much based on improvisation. NAMT, I don't think they ever talked about improvisation. (S. Munro, personal interview, April 23, 2018)

NAMT-approved training programs required students to take 160 hours of courses in music, psychology, sociology, English, the biological sciences, and statistics (Schoenberger & Braswell, 1974). After finishing their coursework, students completed a six-month clinical internship in an NAMT-approved psychiatric hospital supervised by an approved music therapist. Bernadette completed her internship at the Douglas Hospital in Montréal under Canadian music therapist Bill Shugar, a member of the NAMT in 1974–75 (National Association for Music Therapy Inc., 1975; B. Kutarna, personal interview, April 16, 2018). Susan and Colleen described the Guildhall School of Music program as improvisation-based and heavily influenced by the Nordoff-Robbins method; they also mentioned that internships did not have to take place in psychiatric hospitals (S. Munro, personal interview, April 23, 2018; C. Purdon, personal interview, October 10, 2017). The difference between schools requiring students to intern in a hospital versus schools allowing flexible internship settings is significant and will be discussed in the following section.

Defining Music Therapy/Music Therapist

> Bernadette: [There was the idea of] *clinical* music therapy. "Oh, what *you do* is not music therapy, but working in a hospital *was.*" . . . There were lots of conversations

> about that. >> Doing performances as music therapy. . . lots of people said, "Oh that's not music therapy". . . Of course, Fran [Herman] was one of the *biggest* ones who did performances. . . her model [was] so clearly music therapy to me, and yet there was a whole whack of discussion [about whether it was] because it didn't look *clinical*. . . (B. Kutarna, personal interview, April 16, 2018)

At the time, it was difficult for music therapists to forge an identity that was distinct from that of a performer or educator. The clearest way to differentiate music therapy from performance was surely to eliminate the possibility of performance in treatment. Separating music therapy from music education was a subtler task. One might start by ensuring that music therapy took place in a setting—a hospital, for example—where healing takes priority over education. Colleen also spoke of the blurred lines between music therapy, performance, and education at that time.

> Daniel: Were music educators considered music therapists?
>
> Colleen: Well, everybody was. There was no accreditation. . . So, if you were doing music education, and doing it in a setting where you're working with say, handicapped kids, then you were a music therapist. (C. Purdon, personal interview, October 10, 2017)

Offering insight into the developing definition of "music therapist" in 1974–75, the list of active Canadian music therapists in 1975 (Canadian Association for Music Therapy, 1975) contains 31 names divided into nine categories, including the music education approaches Orff and Education Through Music (ETM). In the fall of 1974, the CAMT hired two music education specialists to offer workshops on using the Orff and ETM methods with "handicapped children" **(**Sharpe & Wright, 1974). Thus, there appears to have been significant overlap between the roles and definitions of music therapy and music education in 1975.

A 1975 newsletter published by the Ontario Music Therapy Association summarized a panel discussion the association had hosted to discuss the difference between music therapy and music education (Brooks, 1975). The panel concluded that "it is not what you do but

why you do it." The editor of the newsletter invited readers' input "regarding this somewhat controversial topic" and suggested that the next panel discuss the difference between music therapists' and music educators' intentions. Colleen echoed this foggy distinction.

> Colleen: I didn't really know what music therapy was, so how could I know about being a music therapist? I just knew that I had worked for years with music and people and really liked it, and it wasn't education. . . So, it was ~ it was *different,* but I didn't really know what the difference was. (C. Purdon, personal interview, October 10, 2017)

Two differences between music therapy and music education that Susan and Colleen mentioned were a heightened focus on the intention behind musical activities, and an emphasis on the importance of the person for whom the activity was planned, rather than the animator of the activity.

> Susan: The music therapist is not the most important person in the room. . . Yes, [the music therapist] will have skills and things, but how can [the music therapist] fit their skills to the [client] and the situation? (S. Munro, personal interview, April 23, 2018)
>
> Colleen: I remember *thinking* about. . . what we were doing with people. Before [the first music therapy conference] it was more like you're just thinking about what *you're* doing. ~ it was more focused on *us* or on the *mechanics* of the thing. (C. Purdon, personal interview, October 10, 2017)

The participants and primary source documents both suggested that the definitions of "music therapy" and "music therapist" were emerging during the CAMT's first year. At the time, the most salient discussions were about the differences between music therapists' and music educators' intentions and the distinction between clinical music therapy and music therapy that involved performance.

Emergence of an Alternative Profession

> Colleen: [Music therapy] was so ~ *new*. . . what was most important for me is that this is a *profession*. . . and that in Canada there was a group of people who were coming

> together to form an association to make it a reality. That was impressive to me. It gave some legitimacy to this whole thing, and it was something you could attach yourself to. (C. Purdon, personal interview, October 10, 2017)

Colleen's statement suggests that the CAMT's formation provided a boost to the public profile of music therapy in Canada. Universities seemed to be particularly aware of and involved in the development of Canadian music therapy. Colleen heard about the inaugural CAMT conference from a co-worker, who had heard about it on Western University's campus (C. Purdon, personal interview, October 10, 2017). Dr. Paul Green, chair of the Music Education Department at Western University at the time, attended the first CAMT conference and was involved in developing a never-to-be-realized undergraduate music therapy program at Western in the 1970s (Canadian Music Therapy Association, 1974; Smuckler, 1975). Bernadette also heard about music therapy through her university.

> Bernadette: I was in third year university, looking at what to do in my life with music. And a professor of mine. . . had gone to the first conference in St. Thomas, Ontario. . . And she called me [from the conference] to excitedly tell me about music therapy. . . She talked for a good hour about what she had heard and what was going on, and I think that's when I decided I would pursue music therapy. (B. Kutarna, personal interview, April 16, 2018)

The professor Bernadette referred to is Dr. Shirley Sproule, who was elected Second Vice President of the CAMT at the inaugural conference (Canadian Music Therapy Association, 1974). Evidently, Dr. Sproule and Dr. Green's involvement in the CAMT was helpful in spreading the word about music therapy to music students searching for alternative careers to performance or education.

> Colleen: I really wasn't sure what I wanted to *do* with music. I was not a performer. . . or a composer, so education was what was left. I liked teaching, but I wasn't sure if it was for me. . . and then I heard about a conference coming up in music therapy through my friend who worked with me. (C. Purdon, personal interview, October 10, 2017)

> Bernadette: I knew I couldn't be a teacher. . . I went into music education first and changed to performance because teaching didn't appeal to me. It still doesn't. (B. Kutarna, personal interview, April 16, 2018)

Music therapy offered Colleen and Bernadette a new option for a musical career outside of education or performance at a time when careers for women were proliferating. It seems likely that the participants' expanding career options reflected the effect of the second-wave feminist movement in the 1970s, a context that I was surprised they never mentioned. There was a significant increase in the percentage of Canadian women in the workforce in this era, including a 70% spike between 1965 and 1975 (Robbins, Luxton, Eichler, & Descarries, 2008). In 1971, 64.2% of working women were limited to twenty professions. Among these, teacher and nurse were the only professions in which employees had significant responsibility and upward mobility (Robbins et al., 2008). I imagine this context made music therapy—a profession with similarities to both teaching and nursing—an exciting new professional option, particularly for women.

While looking over the printed proceedings of the inaugural conference with Colleen during our interview, I noticed an advertisement for free childcare for conference attendees.

> Daniel: Babysitters on request!
>
> Colleen: Which is good! (C. Purdon, personal interview, October 10, 2017)

Colleen sounded surprised that I would find such an advertisement novel. This type of advertisement was not commonplace during the 1970s, as workplaces rarely offered support for childcare. It was common for women to withdraw from the workforce once they were married, or after their first pregnancy (Robbins et al., 2008). With this context in mind, of course babysitters needed to be available for attendees of a conference who were mostly women.

> Bernadette: I remember music therapists bringing their *babies*! Their babies were part of the conferences and the board meetings and stuff like that. (B. Kutarna, personal interview, April 16, 2018)

While Bernadette noticed that music therapists could participate in the profession while balancing family life, Colleen remarked that one of the profession's leaders chose to devote her life to her career rather than create a family.

> Colleen: And Norma [Sharpe]! . . . She was a real mover and shaker to get [the CAMT] organized. >> She was very *individual*. I don't think she had a husband, or children, or anything like that. Her life was *this.* (C. Purdon, personal interview, October 10, 2017)

Colleen and Bernadette were both attracted to a new profession that was led primarily by women, in which women could participate whether they had families or not, and in which childcare was already considered a legitimate concern. It is difficult to imagine such a profession being possible without the social and economic climate created by second wave feminism.

Discussion

Personal Perspectives

I noticed similarities and differences between my experiences as a new music therapist in the mid 2010's with those of the participants in 1974–75. My music therapy education reflected the music-centered, humanistic approach that the participants identified as an important part of early Canadian music therapy's identity. My training focused less on psychological theory than it did on clinical musicianship, clinical improvisation, self-reflection, and therapeutic relationship-building. My professors distinguished music therapy from music education by differentiating between musical activities intended to achieve non-musical goals versus musical goals. Based on the results of this study, it appears that the difference between music education and therapy has been elucidated since 1974–75, and that the humanistic, music-centered approach to music therapy continues to be emphasized in at least one of the Canadian music therapy training programs.

The third theme of the results, "Emergence of an Alternative Profession," remains an accurate description for Canadian music therapy. The adoption of music therapy into

mainstream Canadian culture is still nascent. It is more common for me to explain what music therapy is to people who have never heard of it than it is to meet people who have experience with or an understanding of it. During my training, significant time was devoted to discussing and practicing how to explain music therapy to people for whom it is unfamiliar. Although the music therapy community has solidified its definition of the profession since 1974–75, a broader, cultural understanding of it is still emerging.

Limitations

The historical literature on Canadian music therapy is mostly written by those with vested interest and longstanding involvement in the community. I was hoping my fledgling involvement in music therapy would allow me to approach this research with a less biased lens. However, I often considered how my music therapy colleagues would receive this research. My desire to create research that would be well-received by the community limited the degree to which I explored some of the more sensitive topics discussed during the interviews. For example, I decided not to address the conflicts between English-speaking and French-speaking music therapists, even though this topic was mentioned several times in the interviews. I did not consider the information in the interviews and the primary source documents adequate to tackle this issue with grace or precision.

I changed the eligible pool of participants and the primary research question midway through this study because I had difficulty recruiting participants with the original inclusion criteria. The original research question focused solely on the inaugural CAMT conference. When I was only able to recruit one eligible participant—Colleen Purdon—I decided to expand the inclusion criteria and adjust the research questions because I felt the historical narrative would be richer with multiple perspectives. I conducted Colleen Purdon's interview before the primary research question and inclusion criteria were changed, so we primarily discussed the inaugural CAMT conference. This likely limited the extent to which Colleen felt able to comment on her experience of the CAMT's inaugural year in its entirety, which was the focus

of this study. If I had interviewed each participant with the same research question in mind, it would have increased the validity of the data and the themes I identified from the interviews.

I identified significantly more material from the data that related to the first theme, "Development of Identity," than the other two themes. This discrepancy caused an imbalance in the results. Part of the reason for this imbalance is that I did not identify any material in Susan Munro's interview that related to the theme "Emergence of an Alternative Profession."

After having informal conversations with music therapists who were active in the 1970s, I began this project expecting to produce knowledge of the many conflicts and challenges of the CAMT's inaugural year. When participants brought up conflicts or challenges during their interviews, I pursued this material avidly. I believe this tendency affected the results of this study.

Recommendations for Future Research

While accumulating primary source documents from the CAMT archives, I found ample material about the development of the first Canadian music therapy programs, the establishment of the music therapy accreditation, and several of the CAMT's annual conferences. Historical research on any of these topics would be a valuable contribution to the literature.

Future historical research could explore the common historical narrative about the first university music therapy training in Canada. The literature routinely identifies Capilano's program as the first Canadian training (Alexander, 1993; Howard, 2009; Ivy, 1983; Moffitt, 1993). Corneille's (2008) article about the history of music therapy education in Québec, however, states that l'Université du Québec à Montréal offered a music therapy specialization as part of their music education degree in September 1975, one year before Capilano's program opened. While the definition of "music therapy training program" may come down to semantics in this case, a greater emphasis on French Canada's role in the development of early music therapy education would offer a necessary and overdue addition to the historical narrative. The history of music therapy training in Canada could be a starting point for

historical research examining the relationship between English-speaking and French-speaking music therapists in Canada.

Future research could examine the narrative of diversity in Canadian music therapy through a critical lens. This narrative could be nuanced by examining various elements of diversity among music therapists and music therapy clients, including neurodiversity, race, gender, (dis)ability, sexual orientation, and socio-economic status.

Although the participants did not name the connection between second wave feminism and the development of early Canadian music therapy, the data in this study suggests that further research on this relationship is needed.

Lastly, there are problems with relating a music therapy identity to a nation-state. Describing a music therapy identity as Canadian could exclude Indigenous communities of Turtle Island, as well as other communities who are excluded from or forced to assimilate to prevailing definitions of being Canadian. Can we find an alternative to emphasizing nation-states in our discussion of music therapy identities? If not, at the very least, we need to recognize how the violent, colonial legacy of this country affects the narratives through which we understand our profession. It would enrich future examination of music therapy identity and history if we were to explore how the discussion changes if we avoid using nation-states as the borders of our investigation.

Conclusion

This study identified three significant themes in music therapists' experiences of the CAMT's inaugural year in 1974–75: the development of identity, definitions of music therapy/music therapist, and the emergence of an alternative profession. The historical documents included in the study contain information related to each theme. The development of Canadian music therapy identity was characterized by debates around the validity of behavioural, humanistic, psychology-centered, and music-centered approaches to music therapy, from which the beginnings of a diverse clinical culture emerged. The primary

challenge in defining "music therapy" and "music therapist" was to separate music therapy from music education and performance. Music therapy provided an alternative profession for musicians who were not interested in pursuing a career in performance or education. Finally, music therapy developed in the context of the second-wave feminist movement in Canada. The historical narrative offered in this study should help music therapists and the Canadian public understand the history and identity of the profession. This study represents a small portion of the historical narrative of the therapeutic use of music in Canada. The value of this study will increase as future research highlights unexamined voices in the narrative, and as we explore identities outside of nation-state boundaries.

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