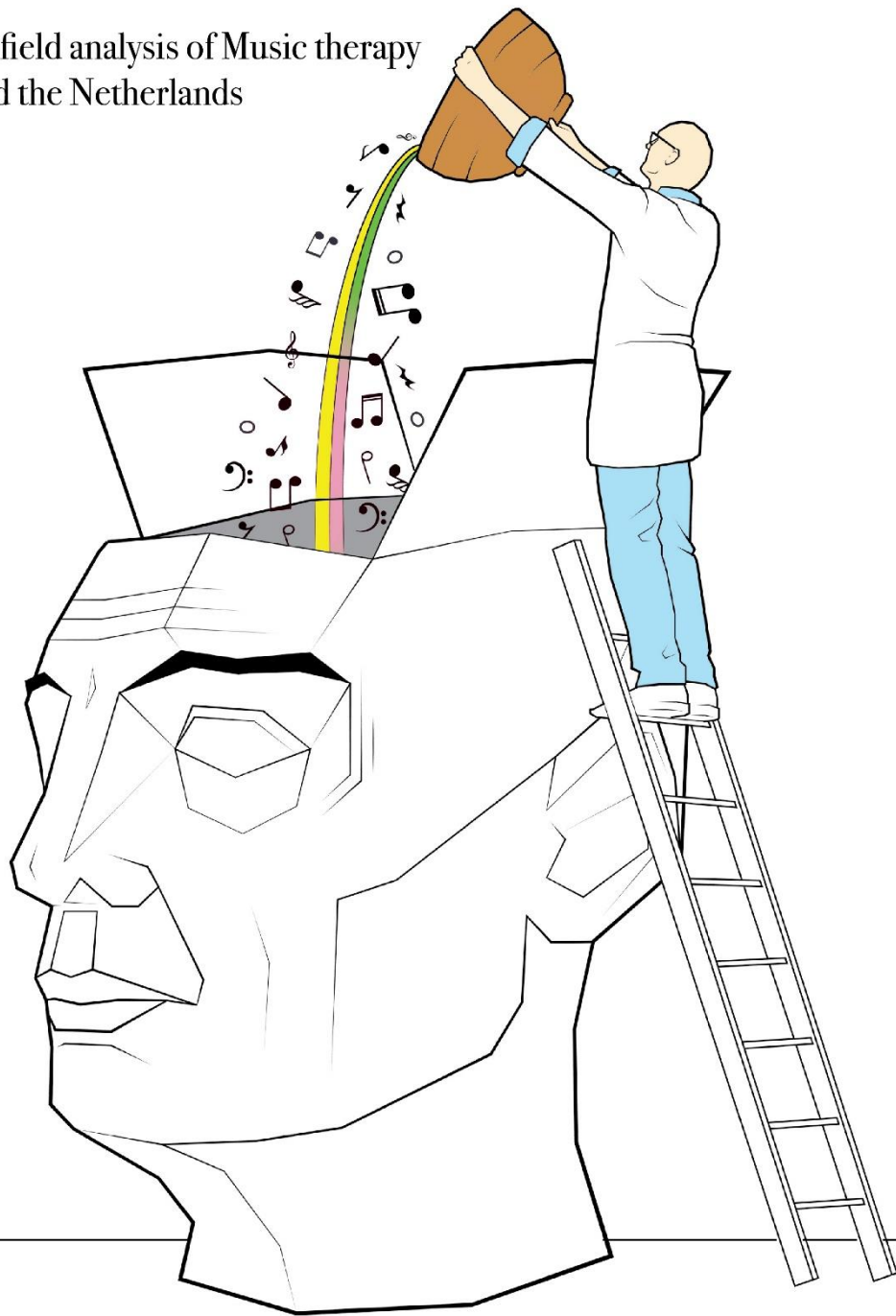


in the light of uncertainty:

a Bourdieusian field analysis of Music therapy
in Lithuania and the Netherlands



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ABSTRACT

Music therapy is a treatment that uses the combination of music, science, and communication to achieve therapeutic goals. Because it is a relatively new discipline most research conducted on music therapy addresses the complexity of the new field and its relation to medical and art fields. In the prevailing scientific society, the field is challenged by the notions of legitimisation within the frame of other medical fields. Hence, the history and the current state of the music therapy field influence the professional identity construction of music therapists. This research aims to look into the relationship between the present state of the music therapy field in Lithuania and the Netherlands and overview professional identity development in educational institutions. Hence, the main research question is as follows: *To what extent does the current state of music therapy field influence the development of a music therapists' professional identity?* In order to answer the research question a method of constructivist grounded theory was used. In addition, a hybrid utilisation of constructivist GT together with Bourdieu's field theory as a theoretical framework was adopted to answer the research question. The data was collected through nine semi-structured in-depth interviews, five days of participant observation and document analysis. Initial and focused coding of data with additional information from research memos was used to conceptualise findings into the theoretical themes of studied phenomena. The study showed that professional identity development is influenced by context specific medical paradigm that music therapy follows. The upcoming therapists in both countries reflected on external pressures on the field. The main struggles of the field were identified as political and economic changes, scientification and clinification of the field(s), and split inside the therapist community. Hence, based on the external pressures, field(s) seek(s) to identify themselves with more established medical fields to gain a better public image, influence policies in relation to job opportunities, and feel equal to members in the healthcare system. Consequently, the professional identity development is affected by a focus on science-based research and the scientification of the field. It implies that the primary purpose shifts from the ground values and purpose of the profession to the process of legitimisation.

KEYWORDS: Music therapy, Bourdieu's field theory, Constructivist grounded theory, Legitimation, Professional identity

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1. Introduction

The longevity and spirituality of art from ancient times gained the status as "food for our souls"; something that helps to understand the world and heals. Hence, music has been used as a therapeutic tool since ancient times (Horden, 2000). Various research shows that music addresses problematic aspects of people living in the postmodern environment – emotional development, social life, self-esteem, mood-management, empowerment and general quality and satisfaction of life (Zillmann, 1988; DeNora, 1999, 2000; Hesmondhalgh, 2013). Thus, the discipline of art is also widely discussed and researched in psychology and medicine, as a mood regulator, a useful tool to help concentrate or create therapeutic settings to solve different emotional and physical problems. The diversity of scientific approaches to music perception shows that it is a very relevant and important part of our lives.

Music therapy is one of the treatment modalities which uses music as a tool to intervene and accomplish individualised therapeutic goals defined by therapists and clients (American Music Therapy Association [AMTA], 2013). In order to improve clients' physical or mental health therapist can use music experiences for various aspects, namely, emotional, mental, aesthetical, spiritual or physical (AMTA, 2013). Remarkably, the music therapist profession developed only at the end of the twentieth century (Horden, 2000). Accordingly, music therapy as a university discipline was established less than a hundred years ago. To date, this developing field has been placed within the areas of health, education and the social system (AMTA, 2000; Bruscia, 1987).

The field of music therapy tries to emphasise the specific role of music in health care. Consequently, various researchers notice the complexity of music therapy, by addressing music, science and communication together (Ruud, 1980, 1998; McNiff, 1998; Bouchard, 1998). The variety of different theoretical concepts and methods created for various purposes or therapeutic goals makes it hard to systemise central issues of music therapy as a field and offer possible solutions (Bunt, 1994; Bruscia, 1987; Ruud, 1980, 1998; Stige, 2002). Therefore, amorphous subject determines developments depending on different social and cultural environments (Bunt, 1994; Ruud, 1998; Stige, 2002). Hence, each country has a different therapy "model" or "tradition" related to the local context and culture.

Nowadays the music therapy field is constantly challenged by legitimisation process within and in relation to other fields. The structure of the field is shaped by agents' struggles for legitimisation and identification as qualified therapists and equal members in the traditional health care community. Moreover, music therapists have to be aware of external

pressures and influences, such as political and economic changes in healthcare, the clinification of art therapy positions, the attitudes of other members of healthcare community (Allen, 1992; Johnson, 1994). There is a continuous struggle for the relevance and respect from the prevailing scientific community (Ruud, 1980). Therefore, the ways the music therapy conceptualises itself in relation to other fields, for example, science field, reshapes its clinical practice, political discourse on community or organisation level and influence the development of professional identity (Rolvsjord, 2004).

The professional identity is a term used to define collective identity in relation to the specific profession field and individual self-sense inside the professional role (Wadeson, 1977; Feen-Calligan, 2005). The professional identity development starts at the beginning of the educational path, usually through obtaining a degree in music therapy. Constructing the professional identity means adopting an official role and knowledge of the particular profession, as a result of belonging to a community with a certain professional code, rules, and history of the field (Rosaen & Schram, 1998). Therefore, the history and the current state of the field with its struggles and legitimisation processes actively shape and influence professional identity construction and development at all stages.

Agents and groups of agents inside the music therapy field are engaged in the struggles of identifying themselves within the field and their profession in relation to other fields. Sociological insights contribute as an identifier of unreflective and uncritical presumptions about the discourses inside the music therapy field. Therefore, it tries to analyse beyond the field and place it in a proper social context. This study aims at looking into the link between the current state of the music therapy field – how it developed historically, the main struggles of and within the field and how professional identity is developed during the Master's studies of music therapy. Therefore, it strives to understand how these aspects influence each other. Thus, my research question is formulated as follows: *To what extent does the current state of music therapy field influence the development of a music therapists' professional identity?*

Uncertainties instead of being a limited space in the game of power are influential factors for the music therapy field to evolve, constitute and legitimise itself. This case is highly characteristic for the times of fluid modernity when boundaries between structure and agents are being challenged, rewritten and blurred. Hence to instrumentalise the core problem, I divided my main research question into three sub-questions:

1. *How did the music therapy field develop historically and what are the current struggles inside the field in Lithuania and the Netherlands?*
2. *How do music therapy students develop their identities as music therapists?*
3. *How do agents within the music therapy field justify and legitimise themselves in relation to other fields?*

Analysing how people are acting in the music therapy field, how they formulate it in relation to their professional identity or status in the field can provide insights of the structure-agent interrelation, especially in the light of uncertainty.

As mentioned above, the professional identity starts being shaped and created at the educational level. Students gain self-awareness and professional identity through relationship with the art therapy programme, other students, and supervisors (Elkis-Abuhoff, Gaydos, & Goldblatt, 2008). Therefore, the issues pertaining to the development must be analysed from personal and institutional perspectives. This research focuses on two educational institutions in Lithuania and the Netherlands.

In Lithuania, music therapy or therapeutic music opportunities have not been widely discussed or used. Therefore the first educational programme was established only in 2015 - Vilnius University Medical Faculty, along with Master programme in Music Therapy launched at the Lithuanian Music and Theatre Academy. The expectations and the programme are established on a medical basis, meaning that prospective students need a medical background in order to enroll in the master. A year later, in 2016, a new Master programme for Music Therapy started at Codarts in the Netherlands. This programme is unique because it offers an art-based programme which is designed for students with a musical background. That provides not only diverse social and cultural contexts; that emphasises the differences between the fundamentals on which the programmes are hoping to develop professional identities. The decision to choose these particular academies was also based on my own social context. I come from Lithuania, and I am associated with the music world. This pushed me forward to formulating the research from the beginning. Furthermore, the fact that I am based in the Netherlands provides me with the distance necessary to interpret the specifics of the Lithuanian Academy and *vice versa* – the differences of the socio-cultural contexts enable me to analyse the Dutch Academy through required distance.

To conduct my research and answer the research questions I have chosen a qualitative approach to grounded theory. It is an inductive study, which provides a systematic method of analysis and shows social processes in a particular social context, within reoccurring data

patterns (Creswell, 2007). A constructivist grounded theory approach was identified as an appropriate method to develop insights and gain perspectives inside the music therapy field(s). It was used to shed light on experiences and settings in the music therapy field and to understand its influence on professional identity development, including the aspects of participants' experiences and views on music therapy in local and global context. The decision to use the constructivist grounded theory methodology is supported by the lack of theory regarding the music therapy and its relation to other fields and by its influence on the professional identity development of the field. Due to a fluid methodology, transformations and adaptations of the research allowed gaining more knowledge about the field. During the research process, it was decided to adopt a hybrid utilisation of the constructivist grounded theory together with Bourdieu's field theory as a theoretical framework - using Bourdieusian thinking tools, adapting the author's theoretical framework and his notion of the field. As suggested in the Bourdieu's field theory, three levels of analysis were applied to the collected data. The first level of analysis applies the concept of habitus to music therapy field and compares the habitus of agents in the field. The second level of analysis observes the inter-relations between agents, such as music therapy programme coordinators, students; and institutions, such as students and educational establishments, music therapy associations. And the last, third level of analysis examines the field in relation to other fields and the field of power. The study examined two different socio-contexts, as it took place in two distinct countries – Lithuania and the Netherlands. The data was collected through semi-structured in-depth interviews, participant observation, and document analysis.

The paper is structured according to the research plan. First I introduce the problem statement, why it is relevant to research and how I have done it, followed by the second chapter where the theoretical framework has been introduced. There I introduce the Bourdieu's field theory and describe music therapy in the notion of the field. In the third chapter, I guide the reader through the chosen methodology and periods of research, including the literature review. The fourth chapter is dedicated to the detailed analysis, discussion and interpretation of the data gathered about the music therapy field in Lithuania and the Netherlands by adapting three levels of analysis suggested by Bourdieu. Starting with the emergence of the field(s), followed by the current state of the field(s), professional identity construction and legitimisation of the field(s). In the fifth, and last chapter, I detail my conclusions, discussion and limitations.

2. Theoretical framework

2.1 Bourdieu's field theory

One of the most influential sociologists of the 21st century was Pierre Bourdieu (1930-2002). A useful approach for researching various areas of cultures through sociological perspective is one of Bourdieu's core concepts - field theory. It provides a very useful theoretical framework as it tries to portray culture, or fields, in an organised, regulated and structured way.

Therefore, certain rules, discourses, narratives, agents, institutions or specific capital can be identified within the field (Webb, Schirato, & Danaher, 2002; Friedman, 2009). To understand this concept, I would like to start by defining field theory and Bourdieu's concept of capital.

As suggested by the theorist, social fields are semi-autonomous, with the main struggle circulating power, with every field having its rules and values. However, at the same time, it can not be entirely separated from the context of other fields. Individuals, thus, participate in a number of fields simultaneously (Tulle, 2009; Friedman, 2009). Field(s) contain power struggles with the dominant agents maintaining control (Bourdieu & Wacquant, 1992). The structure of individual fields is defined by the relations between the positions occupied by the agents within that field. Fields are under the influence of economic, political and demographic changes, depending on the particular logics of the field (Bourdieu, 1993). The characterisation of the field is hence, a dynamic one (Ohara, 2000).

A field is not a physical expression, more a symbolic setting, where agents hold social positions. This position is dependent on the amount of capital they have in regards to the necessary capital one needs for the field in question (Bourdieu, 1993). According to Bourdieu, a field is a network or set of positions between external relations, or systems of relations. (Bourdieu & Wacquant, 1992). He emphasises the objective space in the definition of the field – the position where the agent is placed, hence the subjective space is defined by the habitus of the agents.

A field is like a game where different rules apply to different agents of the field depending on their social position. The position of the agent depends on the type and amount of the capital that he/she inhabits and that is necessary for that particular field (Bourdieu, 1993). According to Bourdieu's theoretical approach, these rules are called *doxa*; something that agents of the field do not question. *Doxa* regulates battles for better positions in the field. Each field has a different hierarchy of capital which is necessary to guarantee a dominant position in the field (Bourdieu & Wacquant, 1992; Ohara, 2000).

There are three fundamental types of capital: *economic capital*, *social capital* and *cultural capital*. If viewed traditionally, one's social position within a field is defined by one's economic capital, social capital (social connections and networks) and cultural capital (cultural knowledge). The latter has three subdivisions: embodied cultural capital (knowledge which is passively inherited and consciously acquired through inculturation and socialisation), objectified cultural capital (the agent's property that could be converted to economic profit) and institutionalised cultural capital (institutional, formal recognition of cultural capital, for example, academic credentials, professional qualification etc.) (Bourdieu, 1986).

Even though in each field different capital has a different value (for example, in cultural production field the most significant is cultural capital), there is one capital sustaining its value. As the most effective capital, economic capital is considered because it is readily convertible to the other types of capital (Maanen, 2009). From conversion perspective, social capital comes handy when fighting for power or prestige, status – if used expediently, it can be converted into economic.

Symbolic capital, which concerns recognition, value, and status, is paramount within a field. According to Bourdieu, symbolic capital works as an extension of other types of capital (Bourdieu & Wacquant, 1992). If an agent holds a significant amount of capital necessary in the field he is acting in, it will transform to the symbolic capital as well. Therefore, each position of the field is determined by the amount of the capital the agent holds.

To conclude, a field is a (symbolic) space where everyone is struggling for power. Hence, as has already been observed, fields provide frameworks for the analysis of the relations between the positions of agents rather than those between the agents themselves (Ohara, 2000). This implies the intentionality of acquisition of the power, perceives people as acting individuals while creating relations (network) as well as emphasises the determination of a field through its social and cultural context (structure).

Each fight for power shapes the boundaries of the field, or how Bourdieu describes it, *nomos* – fundamental principles of "vision and division", certain rules that regulate experiences and practices within the field (Bourdieu, 1996). Agents do not act blindly while in the game – each of them follows a certain rationale, the *Illusio*, which describes "player's" commitment to the game inside the field, "taken in and by the game" (Bourdieu & Wacquant, 1992). The *illusio*, as a form of routine and actions, reveals un-reflexive commitment to maintaining and enforcing the rules of the game (Bourdieu & Wacquant, 1992). Each field generates a particular form of *illusio* (Bourdieu, 1996).

Agents entering the field are pre-equipped with certain tools for the upcoming power play. Bourdieu called these tools as the *habitus* and explained it through social and cultural contexts, which predisposes agents' positions. According to Bourdieu, power is something culturally and symbolically created and reshaped because of the dynamic interaction between agency and structure. This is established through habitus, or, as Wacquant put it, "the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them" (Wacquant, 2005, p.316).

Hence, habitus is a process of repetition of social patterns relocating and shifting in a different context over time. It is not something fixed, as it can transform in various situations and "over an extended historical period" (Navarro, 2016, p.16). According to Bourdieu, it is also not an outcome of free will, since it is caused by overtime formulated dispositions, shaped by structures and past events, forming existing structures and practices and predisposing our perception of these patterns (Bourdieu, 1984). The field generates a particular habitus which is accumulated by practices, while itself cannot exist without agents. The definitions of field and habitus are relational because they formulate each other through interaction. Therefore, the mutual relation between a certain field and habitus is inherent, since they constitute each other: a field provides and structures the system of dispositions and habitus maintains the meaning and value of the field (Bourdieu & Wacquant, 1992).

Bourdieu suggests three different levels of field analysis (Bourdieu, 1996; Bourdieu & Wacquant, 1992):

- Understanding the position of the field in relation to other fields and the field of power and how this position developed throughout the history.
- Examining the inner structure of the field and inter-relations within the agents and institutions.
- Comparison of the habitus of the agents, disposition systems.

It is important to note, that the field theory is not an uncontested postulate. According to Kurt Lewin (1943), it is primarily a method rather than a theory. He states: "It can hardly be called correct or incorrect in the same way as a theory in the usual sense of the term. Field theory is probably best characterised as a method: namely, a method of analysing causal relations and of building scientific constructs" (1943, p.4). On a similar note, Grenfell and

Hardy (2007) argue that it is not compulsory to conduct all levels of analysis or follow the particular order, it is also possible to apply it partly or use the synthesis of analysis levels.

Watson and Grenfell, while researching British Occupational Therapy students' applied Bourdieusian approach to improve the study of processes of learning and education (2016). Although the analysis was broadened via adapted ethnographic methods, authors suggest to apply Bourdieu's theory with caution, as it can "lead to a weak form of constructivism, where anything can be shown to influence process" (Watson & Grenfell, 2016, p.27).

Weak implementation of Bourdieu's ideas is an issue also according to Nick Prior, who has written a study about the Glitch music, Bourdieu and Actors Network Theory (2008). The author notes that only a partial phenomenon is captured due to failing to investigate how relations in a field form patterns of consumption while speaking about cultural capital or taste. As well, Prior is missing more criticism towards Bourdieu's concepts, especially testing their boundaries and inadequacies. The main basis on which Prior criticises Bourdieu, is his unwillingness to include technology into discussion about the agents. According to Prior, technology is an influential player within contemporary music field, hence it should be treated accordingly as an actor (2008).

Even though the question of technology as an agent will not be reviewed in this paper, it is a relevant note – the lack of consistent interpretation on who/what is an agent can lead to distorted constructivism. Thus, Bourdieu's theoretical approach enables one to analyse relations in a structured way but at the same time, it can lead to an overzealous constructivism while searching causations and influences without implementing a critical thought.

2.2 Music therapy as a field

The structure of the music therapy field can be described as a field of struggles for legitimisation when agents want to be identified as therapists and their service as a legitimate healing service (Heise & Tudor, 2007). The fight for the legitimisation becomes more apparent when music therapists are fighting for the definition of music therapy or proper approach to the research of effects of music therapy. The more fighting there is, the more *nomos* is shaped, which then defines what therapy is and by doing so controls the entrance to the field.

The music therapy field is a social context and is specific population-wise. According to Randi Rolvsjord (2004), there is an ongoing debate in academia about the role of music therapy in the communities and institutions.

Even Ruud, a well-known professor in the music therapy field, was one of the first researchers who noted that music therapy must be adapted to a certain context; and political and prophylactic dimensions, for him, were crucial to this process (1980). Accordingly, the agents of the music therapy field had to be aware and sensitive to the "social field" that they belonged to (Ruud, 1980). Political and social forces shaped the development of the music therapy field. Therefore, Ruud (1980) warned about the danger of unreflective professionalisation, proclaiming the importance of the field awareness in relation to other fields. He argued that music therapy should be an open field where "different models of understanding are given the possibilities to collaborate with each other" (1980, p.81). In his later work, *Music Therapy: Improvisation, Communication and Culture*, Ruud (1998) expresses concerns about the definition and conception of the field, as the word therapy in traditional medical thinking is often linked to illness, and the client is put into the "sick" role. By noting that, Ruud emphasises the need of different definitions independently of the field's relation to other fields. This concern reflects the broadness of the range of problems music therapy tries to solve and the struggle for a legitimate public image of the field.

While testing the boundaries of the field, music therapy is constantly being challenged within the field of therapy. In addition, there is a continuous struggle for the relevance and respect from the prevailing scientific community (Ruud, 1980). However, according to Ruud, creating science in music therapy has won scientific credibility, but lost its role as a prime source of knowledge about how to use the music in order to understand "how to live and relate to the universe" (1980, p.56). Additionally, the ways the music therapy conceptualises itself in relation to other fields, for example, science field, reshapes not only clinical practice, but also political discourse on community or organisational levels (Rolvsjord, 2004)

According to Ruud (1998), there is no precise definition of the discipline and the profession. The habitus of agents is defined by appropriation of a certain musical culture, its mode of shaping values that are communicated and which could differ from the clients' perception of life (Ruud, 1998). Each agent's work represents him/her as a therapist and defines the relationship between his/her position in the field and his/her habitus (Bourdieu, 2003). However, according to Bourdieu, it is not possible to explain the relation between position and disposition if "*space of possibles*" is not taken into account. It is a(n) (un)certain dimension, challenging (pre)determined structure via imagined alternatives. It appears in

between the field and habitus and it is open for interpretation of social structure, therefore, it creates uncertainty (Burawoy, 2010). "*Space of possibles*" can differ over time, environment, career or social trajectories; and can include schools, working styles, techniques, manners, etc. (Bourdieu, 1996). Since habitus also defines disposition, through which agent understands the potential space, the development of the music therapy field is highly influenced by agents' reflectivity – knowing the *space of possibles* and history of the field (Bourdieu, 1996).

Within the music therapy field, there are agents who are orthodox and heterodox followers. They try to challenge the dominant theory and approach and gain a better position in the field, status or acceptance (Ruud, 1998). Nonetheless, paradigm shifts that challenge power relation within the field are only possible with the support from the outside, from potential clients or scientific community, whose demands are expressed (Bourdieu, 2003). The changes of the requirements can be expressed not only from within but also outside of the field, in case of social, economic, political or other changes.

Named factors is just a blunt frame of what can be called as music therapy field. As a field it is challenged by many uncertainties – lack of structure creates a void of usable tools (habitus) for agents to position themselves within the field. Even if *nomos* can be traced to other fields, it does not provide a unified *illusio*, hence practices cannot be carried out, leaving the habitus and the field itself in a state of limbo – being there and not. Uncertainties instead of being a marginal space in the game of power are influential factors for the music therapy field to evolve, constitute and legitimise itself. This case is highly characteristic for the times of fluid modernity, when boundaries between structure and agents are being challenged, rewritten, blurred and etc. Analysing how people are acting in the field, how they are formulating the music therapy field in relation to their professional identity, or status in the field, can provide insights of the structure-agent interrelation, especially in the light of uncertainty.

3. Research design

The effects of music are widely discussed in different academic, scientific and popular contexts. The issue is not only how it reflects people but what it arouses in them, how it shapes time, space and the individual. According to Frith (1996), an aesthetic music experience reflects ourselves differently and helps to describe "the social in the individual and the individual in the social, the mind in the body and the body in the mind" (p.109). Music, like identity, is a matter of both ethics and aesthetics. The understanding that music is a powerful tool is not a new concept. Since ancient times music has been used as a therapeutic apparatus, although an institutionalised educational approach to music therapy was only developed at the end of the twentieth century (Horden, 2000). I first entered the music therapy field with the idea to investigate how music therapy deals with the music and identity discourses in their studies. However, after having a frank discussion about music therapy at Codarts, I noticed different interesting issues in relation to the music therapy field. By looking into the link between the current state of the music therapy field – how they developed historically, the main struggles of and within the field and how professional identity is developed during the music therapy master studies – this study aims to understand how these aspects influence each other. Thus my research question is formulated as follows:

To what extent does the current state of music therapy field influence the development of a music therapists' professional identity?

To instrumentalise the core problem, I divided it into three sub-questions:

4. *How did the music therapy field develop historically and what are the current struggles inside the field in Lithuania and Netherlands?*
5. *How do music therapy students develop their identities as music therapists?*
6. *How do agents within the music therapy field justify and legitimise themselves in relation to other fields?*

3.1 Methodology

To conduct my research and answer the research questions I have chosen to use a qualitative approach to grounded theory. This was mainly due to the first encounter with the field; this pilot study actively reshaped my whole research. Grounded theory (GT) is a systematic method of qualitative research that is often used in social sciences (Strauss & Corbin, 1990).

It can be described by two main features: first, continuous comparison, that helps generate codes which can be translated to concepts and themes through data analysis; secondly, theoretical sampling, which includes selecting and identifying sources of rich data which reveal the social phenomenon (Charmaz, 2006). It is an inductive research, which provides a systematic method of analysis and shows social processes in a particular social context, within reoccurring data patterns (Creswell, 2007). The approach is useful as it enables you to assume the relativism of multiple social realities, recognising the mutual creation of knowledge by the viewer and the viewed. It aims towards an interpretive understanding of a subjects' meaning (Charmaz, 2000). Thus, the results arrive through collaboration, interaction and take place in relation to a particular cultural and structural context (Charmaz, 2000). A constructivist grounded theory approach has been identified as an appropriate method to develop insights and gain perspectives. It was used to shed light on experiences and settings in the music therapy field and to understand its influence on professional identity development, including the aspects of participants' experiences and views on music therapy in local and global context. Acceptance of multiple social realities gives space for the researcher to interpret findings reflecting on his/her enculturation. Hence it allows you to analyse data without imposing a subjective and unified perception. The constructivist grounded theory methodology serves to explain the phenomena being studied from the research perspective and includes features such as theoretical sensitivity and theoretical pacing (Hartman, 2014). It aims to increase the awareness of gathered data and bring more creativity into the research process (Hartman, 2014).

In addition, the decision to use the constructivist grounded theory methodology is supported by the lack of theory regarding the structure of the music therapy field, its relation to other fields and how it influences the professional identity development of the field. It compensated for the areas that are unknown about the topic, and as a fluid methodology, it allowed for the transformation and adoption of the research to gain more knowledge about the field.

During the initial coding processes, while breaking data into conceptual components, the main themes appearing were related to Bourdieu's notion of the field. After the literature review, the data collection and coding, it was decided to adopt a hybrid utilisation of the constructivist grounded theory with the addition of a Bourdieusian thinking tool, by adapting the author's theoretical framework and his understanding of the field. Bourdieu saw a field as a set of objective, historical relations between positions, thus, making his thinking tools a useful theoretical platform for sociologists interrogating various fields. According to Lewin

(1943), the approach is more of a method, rather than theory, but it can be utilised for examining causality of actions in analysed relations and for introducing scientific constructs. Following Bourdieu's field theory, three levels of analysis were applied to collect the data:

1. First level of analysis – compare the habitus of a range of music therapists (individuals);

The habitus is a relational concept; hence it should be seen in relation to particular fields in which it operates. The structure of the field, in other words, is defined by the habitus. In this part, the habitus of music therapy field in Lithuania and the Netherlands was investigated. Firstly, I started by describing and comparing the habitus of a range of music therapy master programme students and programme curators by using the collected interview data. To identify the agents' habitus, the following focused codes were applied:

- Previous education; personal background – to understand what the institutional and personal background the agents are coming from.
- The rationale for applying to the music therapy course; the rationale for the involvement into the music therapy field – to understand their reasoning for applying to the Master of Music Therapy programme and the Bourdieu's described *illusio* for willingness and interest in involvement into this field. It will shed light on their motivation in relation to their background and their future goals.
- The relation to music in artistic practice; relation to music in personal life; music preferences - to understand the importance and current state of artistic practice in informants' present life.
- Identification with the field; identification with the profession; engagement with the music therapy community – how the interviewees feel and identify themselves in the music therapy field, how the identification correlates with the engagement with their community.

2. Second level of analysis – examine the inter-relations between agents (programme coordinators, students, music therapy associations) and institutions (students and education institutions);

During the second level of analysis, the field was investigated from the current logic of the field perspective; how interrelations between agents and between institutions and agents work in the field. In addition, the rules of the field were analysed: *doxa* (Bourdieu &

Wacquant, 1992). In relation to the habitus of the field, the space of possible (alternative approaches towards the music therapy field) and *illusio* (visions and hopes for establishing the field) are taken into account. The constructivist GT approach seeks data that observes participants' experiences and feelings, and their perspectives on the phenomena (Charmaz, 2006). In analysing the data collected through interviews, document analysis and notes made through the process of participant observation, these focused codes were used:

- Details about the music therapy in the local context; feelings about the music therapy in the local context; feelings about music therapy (general) – to understand the current state of the context of the particular field and to investigate agents' perspective about the *doxa* of the field.
- Details about the study programme; feelings about the study programme; expectations from the institution – to examine the inter-relations between music therapy students and education institutions.
- Music therapy associations; music therapy community – to understand inside community and engagement within the community of music therapists.
- Personal goals; personal struggles – more in-depth knowledge about personal experiences and expectations inside music therapy field, *illusio*.

3. Third level of analysis – examining the field in relation to other fields and the field of power;

The structure of the music therapy field can be described as a field struggling for legitimisation. Agents in the field battle when trying to identify themselves as therapists and verify their practice as being a legit healing service (Heise & Tudor, 2007). The struggle for legitimisation becomes more apparent when music therapists are seen to be fighting for the verification of the definition of music therapy and struggle to find the proper research tools to prove the effects that music therapy can have. In addition, *nomos* – fundamental principles of "vision and division" – which regulate experiences and practices within the field, were investigated. These are the thematic code groups that were used for all the gathered data at this level:

- Future perspectives; the importance of music therapy – to examine personal and community attitudes towards the importance and future goals of the field in relation to their current status in society.
- Music therapy in relation to the art field; music therapy in relation to the science field; research in music therapy – to investigate the tendencies of applying scientific or art-based studies in the field and how agents of the field identify themselves in relation to medical or other fields.
- Politics in relation to music therapy; legitimisation of the field; struggles for power – to investigate the field in relation to power fields, current political situation and its influence on the way the agents operating in the field.

3.2 Data collection and analysis

Grounded theory suggests using forms of purposive sampling, or theoretical sampling, which allows you to select participants according to criteria defined by the initial findings and researcher's specification. During the early phases of data collection, certain issues arose which needed to be further explored (Strauss & Corbin 1990; Charmaz, 2006). Initial findings of the first ethnographical observation shaped the on-going data collection. The study examined two different socio-contexts, as it took place in two distinct countries – Lithuania and the Netherlands. The first stage of the research in Lithuania included five in-depth interviews, three days of participant observation and document analysis. The same methods were used afterwards in the Netherlands with four in-depth interviews, two days of participant observation and document analysis. Data analysis will be discussed in detail in the following sections: 2.4 In-depth interviews; 2.5 Participant observation; 2.6 Document analysis; 2.7 Memos. Interviews were made in a semi-structured manner, leaving the questions as open as possible to allow participants to talk about what is important for them in the given context (Bryman, 2016). Interviews were transcribed and coded with assigning conceptual labels and then grouped in order to make a frame for further research and to understand what information is still needed.

During this research, initial and focused coding was used with the help of the qualitative analysis software "Atlas.ti". Codes were assigned to transcriptions of the interviews, memos, participant observation notes, and documents. To make sense from the data instead of putting codes into strict themes and labels, a less formal way for connecting

topics was adapted. After codification of the data, it was possible to identify the key issues and the important themes in the music therapy field and develop categories.

Although scholars of the grounded theory have different views on when is the right time to review the literature –as it can influence the researcher with biased ideas about the field – this research followed Charmaz (2006) approach. Here the initial consideration of the theory can be carried out before the data collection. This was done to explore the previous research in the area to get acquainted with the already gathered knowledge of struggles within the field of music therapy.

3.3 Academies under the scope of the study

In order to research how the justification of the music therapy field influences the development of a professional music therapist identity and how it is reflected in the development stage, it was decided to investigate two different music therapy fields, in various social contexts: Lithuania and the Netherlands. Different education institutions with Music therapy master programmes were chosen as they represent the institutional approach. They are the entry points into the field of music therapy as they (should) provide people with the needed tools to develop the professional identity of music therapist. The chosen master programmes are freshly off the boat; the one in Lithuania was founded in 2015 and the one in the Netherlands in 2016. The comparison of the two study programmes and the opposing social contexts that they provide gives a rich knowledge about the music therapy field and the different contextualised expectations in relation to the development of professional identity.

In Lithuania, music therapy or therapeutic music opportunities have not been widely discussed or used, although interest has been increasingly growing. It was this interest that sparked the launching of Masters programme in Music Therapy at the Vilnius University [VU] Medical Faculty together with the Lithuanian Music and the Theatre Academy [LMTA]; this programme has been the only one in this field in Lithuania to date. According to the description of the programme, the study area is biomedical science, in the field of "medicine and health" (2016, p.4). Thus the expectations and the programme are established on a medical basis. In the courses, there are mostly scientific subjects, like neuroscience and psychology, etc. (LMTA & VU, 2016). Although the music, musicking, and musicality play a substantial role in the music therapy, this course has been designed for people with scientific, medical background. An alternative is offered for people with an artistic background, as people can finish additional courses just before entering the programme to gain extra credits to fill the gap of medical knowledge.

A year after, in 2016, a new Master programme for Music Therapy started at Codarts in Netherlands. This programme is unique because it offers an art-based programme which covers "main areas in contemporary music therapy and methods, clinical training, and research" (Codarts, 2016, p.3). It is significantly different from the Lithuanian one, as it is designed for musicians and music teachers, concentrated on educating musicians to become music therapists. That provides not only various social and cultural contexts; it emphasises the differences between the basis on which the programmes are hoping to develop professional identities. It is also important to mention that the legislative situation of music therapy in the two countries is not identical, as in the Netherlands it is already quite well addressed in laws, while in Lithuania there is still a lot of space to expand, and legislation is just being prepared.

The decision to choose these particular academies was also based on my own social context. I come from Lithuania and I am associated with the world of music. This pushed me forwards to formulating the research from the beginning. Furthermore, the fact that I live in the Netherlands provides me with the distance necessary to interpret the specifics of the Lithuanian Academy and *vice versa* – the differences of the socio-cultural contexts enables me to analyse the Dutch Academy through required distance. My geographic disposition gives some limitations considering data collection in Codarts, as I am not well equipped with the Dutch language. That meant that interactions were limited to the English language. This might have contributed to a certain amount of meaning being lost in translation. However, whereas the Dutch programme in Codarts has been designed as an international course, a high level of English was maintained throughout. This meant that there is confidence that the essential information has not been compromised by this issue.

3.4 In-depth interviews

In this study, nine in-depth interviews of about one hour were conducted. I used semi-structured interviews to give the informants a lot of space to elaborate on their answers and to guide them through the interview without imposing my own thoughts or point of views (Bryman, 2016). Purposive sampling and snowball sampling was used to conduct the interviews. Firstly both master programme curators were contacted through email as the gatekeepers of the field. It was expected that they would gain me the entrée into the community and provide me with the relevant information of prospective interviewees.

Gaining access to the Codarts Music Therapy programme was rather complicated as the programme curator was busy. She also expressed concern about me wanting to interview

Codarts students, claiming that it was an infringement of the intellectual property of the course. Hence, the communication through emails took approximately three months, and the entrance to the student community was found through a network of artists who were studying at Codarts in a different discipline. However, at the very end of the research, the interview with the head of Arts Therapies department was also conducted, in order to gain additional institutional perspective and information about the arts therapy field in the Netherlands.

Fortunately, the research in Lithuania went smoothly with the help of the Music Therapy Master programme curator and students who referred to their classmates and encouraged them to participate in the research. Hence, this phase of the investigation was conducted during an eleven days visit in Vilnius in early April of 2017. The interviews were transcribed using an online platform oTranscribe and coded using Atlas.ti software. The demographic data about the informants is presented in Table 4.1.1. (under the 4. Analysis section) and is also used in the analysis process, to illustrate the background of the music therapy fields agents.

3.5 Participant observation

Participant observation was used to gain familiarity and a close connection inside the particular group of individuals, such as music therapy field agents (Bryman, 2016). The involvement in the field enabled me to gather rich data to understand actors' environments and inter-relations in the field. While trying to keep the balance between the "insider" and "outsider" role, I chose to be a moderate participant (Spradley, 1980). The first participant observation was held during the meeting to discuss the research and collaboration with the Codarts MA Music Therapy curator Meertine Laansma and Head of the Arts Therapies Department Nicki Wentholt. It was followed by me participating in the lecture and in the conference for the Arts Therapies professionals, organised by Lithuanian Health Science University in Kaunas (Lithuania) at seventh of April, 2017, where I was invited by LMTA & VU MA Music Therapy curator Vilmantė Aleksienė. In addition, one more meeting as a participant observation with Vilmantė was organised to get more insights about music therapy development in Lithuania, as she is also the head and founder of first Music Therapy Association in Lithuania. In addition, I also attended a music therapy session held by one of the Codarts master students Eline, who had already started a private practice. This was done to understand the music therapy process from an insider's perspective and gain more knowledge about the role of therapists in the therapy process.

3.6 Document analysis

To strengthen the already gathered data, document research was also included in the study. The documents were selected according to the criteria defined by initial findings that suggested the need for more accurate knowledge of the phenomena. The sources that were used in this research:

1. Lithuanian Music Therapy Association website – understanding the main goal and purposes of the association in relation to music therapy field positioning in the current context.
2. A study guide of LMTA & VU Master of Music Therapy programme – examining the relationship between institution and students, their admission criteria, expectations and the main goals of the study programme, in relation to student professional identity development and the contribution to the local music therapy field in Lithuania. This document analysis is limited, as I do not have access to a private source document, for example, a full course guide. Hence, the analysis is based on the digital output of the official document.
3. Study guide Codarts Master of Music Therapy programme – examining the relation between institution and students, their admission criteria, expectations and the main goals of the study programme, in relation to student professional identity development and the contribution to the local music therapy field in the Netherlands. Analogically to the previous source, this analysis is limited due to the same reasons.
4. The programme of "Conference for Arts Therapies professionals" organised by Lithuanian Health Science University – understanding the discourse about arts therapies in the local context.
5. Official law project for Ministry of Health of the Republic of Lithuania submitted by Music Therapy Association – understanding about the goals of the local music therapy community in relation to power fields, as policy makers.
6. Email exchange – the process of gaining the entrée into the music therapy field from the institutional perspective provided additional information about the current situation in the institution, their struggles, and expectations from researchers.

3.7 Memos

According to Charmaz (2006), memos as an analytic tool helps the researcher to reflect on the data and data collection procedures. Therefore, during this research, the informal memos were

written during the early and later stages of data collection and analysis. Two types of memos, containing reflections on the process, concepts, and categories, were employed – analytical and descriptive. Graphic memos helped to understand the whole context of interview transcripts, while analytical ones contributed to conceptualising transcripts and reflecting on interviewees.

3.8 Research periods

The research was done in three phases which occurred simultaneously – preparation, data collecting, and analysis with document research.

The preparation period was meant to conceptualise the research with the important aspects, which at the end turned around giving way for the data to formulate the research question. Nonetheless, the literature review provided operational insights on what has been already done regarding scientific research aimed towards the field of music therapy. As it was mentioned above, it took me three months to get inside the Codarts Academy, which talks volumes about the fragility of the field identity formed in the school.

The data collection took a relatively shorter time, with a couple of weeks of interaction in the Lithuanian Academy and almost a couple of months in the Dutch Academy. Data analysis was the third and final stage of the study when after picking all the possible pieces of information I put them into one picture. After codifying the interviews, they were analysed alongside with the notes from the participant observations. Where needed, data from documents and memos was included to fill in the blank spaces or rather the matters concerning legislation questions. The analysis was done based on the core concepts of Bourdieu's field theory (*habitus, nomos, illusio, doxa, space of possibles*), which are discussed in the theoretic framework.

4. Analysis

4.1 Emergence of music therapy

My analysis starts by exploring the development of the music therapy field. The first chapter will discuss how music therapy historically developed as a discipline and how the profession of music therapist was established in the global context. This section will also include an insight into the habitus of the music therapy agents in Lithuania and the Netherlands and will analyse how their background reflects upon the field's logic.

When looking at the history of music therapy, it is hard to decipher the prominent moment when the healing features of music developed into the discipline of music therapy that we see today. Hence, I will firstly try to briefly map out the main events that happened in the timeline of the music therapy field. It is believed that the first primitive usage of music as a healing tool was part of religious, magical and spiritual rituals, often relating to the expulsion of demons and ghosts (Aggarwal, 2006). More articulated ideas surrounding it emerged with the writings of Aristotle and Plato. Discussing the healing influence of music they showed how it could affect human behaviour (Aggarwal, 2006). However, it wasn't until 1806 that the first publications contributing to the field of music therapy in relation to the medicine and science fields were published. Written by Benjamin Rush, who is regarded as the "father of American psychiatry" and his student Samuel Matthews it discusses the beginning of the medical discourse in music therapy (Akombo Otieno, 2006). Consequently, in 1875 Hector Chomet released the first book, "The influence of music in health and life", about music and its healing powers. In this book, Chomet (1875) reflects how particular melody and harmony characters are used in different nations and how it can influence various health conditions.

The formal application of music therapy as a profession, however, did not start until the mid-twentieth century. Deriving from the famous case of veterans from World War I and II when musicians came and played for patients in hospital suffering emotional and physical traumas after the war (Schullian & Schoen, 1968). After positive results from patients and doctors, scientists began to develop music therapy studies and programmes in various hospitals (Schullian & Schoen, 1968). Hence, this led to an interest in trying to create educational programmes which would develop music therapy into a profession. This resulted in the beginning of the first music therapy programme at Michigan State University in 1945, with other American universities such as Chicago Musical College, the University of Kansas following shortly after. According to The European Music Therapy Confederation, the first

training course of music therapy in Europe started in the United Kingdom in 1958 (European Music Therapy Community [EMTC], 2010). It was launched by two professors, Clive Robbins who had finished his music therapy studies in the US and, after meeting Paul Randoff, moved to the United Kingdom where they created and started Nordoff-Robbins approach to music therapy. In the Netherlands the first educational programme was established in 1965 and in Lithuania in 2015 (EMTC, 2010).

However, no matter how long and popular it was to use music as a form of communication or a mood-management tool, there was no certain field that would regulate certain rules, and how to communicate or use it as a tool. Therefore, the first associations established in America in the early 1950s tried to control the process of music therapy development. According to the World Federation of Music Therapy (2011), right now the primary emphasis of "research, practice, education and clinical training in music therapy are based on professional standards according to cultural, social and political contexts" and there are two main forms of music therapy: receptive, when patients are treated with music by listening practices; and active, when patients compose, sing or play the instrument. Hence, it is always possible to mix them and use it individually or in the groups, according to the treatment and particular needs of the case (World Federation of Music Therapy [WFMT], 2011). However, the traditions of music therapy developed differently depending on the location and specific social and political contexts. The fact that music therapy is considered local, contextual but at the same time global and universal, creates a lot of struggles of how to inform society about it and how to legitimate it in the current medical world.

4.1.1 Music Therapy and Habitus

In the first level of analysis of the music therapy field, Bourdieu's concept of habitus was used. According to Diane Reay (2004), this concept can be used in an empirical research context by focusing on four elements – embodiment of habitus, agency and habitus, habitus in relation to past and present and individual and collective trajectories. These aspects help to determine how agents negotiate their position in society in relation to their disposition. Therefore, it is important to understand the influence of their individual and collective history in the field. The way habitus works at the present state is influenced by information from the past (Reay, 2004).

Table 4.1.1

Interviewee name	Age	Gender	Country of Residence	Previous education	Present role
Austėja	24	Female	Lithuania	BA Jazz (singing)	Student/singing teacher
Reda	25	female	Lithuania	BA Music Education	Student/singing teacher
Evelina	42	female	Lithuania	BA Classical singing BA Music Ecology	Student/music therapy practice
Vaiva	25	female	Lithuania	BA Music didactics	Student/singing teacher
Vilmantė	59	female	Lithuania	BA Piano teacher PhD Social Science MA Music Therapy	Programme curator/teacher
Albert	36	male	Netherlands	BA Physics BA Jazz (guitar)	Student/guitar teacher
Michelle	47	female	Netherlands	BA Piano BA Singing	Student/singing teacher
Eline	27	female	Netherlands	BA Music therapy	Student/music therapy practice/artist
Nicki	62	female	Netherlands	BA Dance BA Dance Education	Head of the department/teacher

The table 4.1.1. Illustrates demographic data about all agents in the music therapy field(s) that were analysed in this research. The data about the interviewee's background is divided into age, gender, place of residence, previous education and current job or position. It is visible that all the respondents came from the artistic background, as they all gained a degree in arts, only one of the participant had both, artistic and scientific background, as he graduated from Physics and then Jazz guitar. Habitus influences how they participated in the music therapy field now, hence, it affects interaction between agency and structure

(Wacquant, 2005). In addition, it shapes their perception of music therapy and the way that they participate in the field. Habitus is a relational concept; it should be seen in relation to particular fields in which it operates, as the structure of the field is defined by the habitus. Therefore, the investigation of the habitus will be divided into two sections about Lithuania and the Netherlands.

Lithuania – LMTA & VU

Although the programme at the Lithuanian Music and Theatre Academy in collaboration with Vilnius University has designed a master programme for students with a medical background, all students from their current courses came from the artistic background. The interviewed students Austėja (hereafter A), Reda (hereafter R), Evelina (hereafter E) and Vaiva (hereafter V) all referred to their childhood experiences of musicians and how their parents influenced them, from "punk parents" to a "pianist mother" all respondents had some early relationship with music. Austėja finished her Bachelor of Singing Jazz at the Lithuanian Music and Theatre Academy (LMTA) with an additional Pedagogy of Music studies. She currently works with preschool aged kids as a music teacher. She explains that after finishing her bachelor studies, she realised that "there is no perspective for me in singing" and to have more than only an educational path she decided to study music therapy as an "additional alternative for my future" (resp. A). Thus, her *illusio* in the field is rather passive as she is not willing to get involved in the community.

Another interviewee, Evelina, finished M.K.Čiurlionis School of Arts as a choirmaster after that obtaining a Bachelor degree in Classical singing at LMTA and a Master degree in Music Educology at the Lithuanian University of Educational Sciences. Currently, she works at the Vilnius Residence for Infants with developing disorders as a music therapist. This, however, is not the official title of her position, she states that her "job description can't refer to music therapy as it is still not an official profession in Lithuania" (resp. E). The respondent talked passionately about the benefits of music therapy and saw a lot of potential in the field. Thus her *illusio* as a form of commitment to the field is rather active.

The third interviewee, Reda who finished a Bachelor of Music Pedagogy at Kaunas Music Academy, explained that her parents are doctors. Hence she always saw herself in the field medicine. However, during the last year of school the respondent decided to study music, so now she is trying to connect her previous plans in medicine with already obtained knowledge in the arts. The respondent actively engages in the current discourse of the field in relation to the scientific research and is willing to take part in it.

The last interviewee, Vaiva, came from a punk family and finished M.K.Čiurlionis School of Arts, choir conducting discipline. Despite the fact that her parents wanted her "to study a more normal subject than music" (resp. V), she finished her Bachelor of Music Didactics at LMTA – a new study programme in Europe about Music Pedagogy along with the choir conducting.

To conclude, from all the interviewees, two are engaging with the music therapy field in order to gain additional institutionalised status, to pursue their career plans as a music therapist. The others explain their involvement in the study programme by a combination of interests in medicine and their artistic background. Hence, they are actively engaged in the field "game" as their *illusio* correlates with the current state of the field.

Vilmantė is the initiator and programme coordinator of the first Master of Music Therapy in Lithuania. In addition, in 1997 she established the first Music Therapy Association in Lithuania. Her previous degree is Bachelor in Piano Educator at LMTA, Master of Music Therapy and PhD in Social Sciences. For many years she has worked at the museum, under certain circumstances. At one point the respondent started to work as a teacher. Vilmantė refers to herself as "different than other teachers" as she has always been more interested in "less talented but more weird kids", this was the reason to be invited to work with children with mental disabilities and after that pursued a PhD degree in that discipline. However, after Lithuania regained its independence in 1991, Vilmantė found "very warm and amazingly helpful" (resp. V) connections in Norway and conducted part of her research there. This led to the decision to become a music therapist. After obtaining her PhD, she moved to Norway and finished her Master in Music Therapy. According to the interviewee, even though she moved with three kids, and her husband already had a job in Norway at the University, she promised herself to come back and "become a therapist in Lithuania, just do something here, I don't know why but I just wanted to become a really good therapist and work here" (resp. V). Since then she has been actively involved in all the activities in relation to the music therapy field in Lithuania - opening the first and the only music therapy association in 1997, the first Master programme in 2015 and is lobbying for laws in relation to the music therapy status in the legal system.

As a rationale for getting involved in the music therapy field, interviewees referred to, a combination, passion for music and artistic and medical background. Respondents saw the music therapy field as a bridge between science and art, "after this new programme (*music therapy*) I thought, hmm, this is where I could connect music and my current interest in psychology" (resp. R), or as a way of empowering and exploring music as a tool to help

people, "it is interesting what and how it is possible to help people, as music is such a universal thing" (resp. V). In addition, they see music therapy as a very "new and perspective discipline" (resp. E) and an opportunity to gain institutional recognition or more status in the field. One of the interviewees shared a story about an embarrassing situation when she was told: "you can't be a music therapist because even if you are applying music therapy principles, you don't have the education for it" (resp. E). This illustrates the importance of qualification and recognition in the field in order to maintain and enforce the rules of the field.

Although all interviewees had similarly positive feelings about applying to the master programme, the references about the future of music therapy in Lithuania were more diverse. They mainly referred to its upcoming popularity, calling it as a "future profession" or saying "that it must become popular very soon" or expressed doubts about the future of the field– "I doubt about myself in the field... and in music therapy field in general (pause) I mean you can't *actually* heal people with music" (resp. A).

As all the interviewees had a strong and institutional musical background from their childhood, all their musical preferences were related to the scene they were involved in. Participants reflected on genres such as jazz, baroque, opera, classical music or stated that they liked a very broad range of music. "I used to like old school rock, then opera and now I am open to everything, classical and even pop music sometimes. So it really varies, from twerk to Kpop" (resp. V). All the interviewees emphasised the role of music in their everyday lives. Saying that it is something they can not live without, now, however it is also noted as becoming a "working tool" (resp. R, V, E).

Even though students are only starting to get to know the music therapy field, they already try to engage with the community. During the interviews, they all referred to people inside the field like "us" and said that they build a lot of hopes on working together "to create a bright future" (resp. V). However, the identification with the field is more institutionalised, as students of the music therapy programme rather than therapists. It could be related with the insecurities in relation to the image of the field, as "some people think it is a really nice initiative (...) as it could be used as a supplementary tool (...) but I think I am more among the sceptics who believe that this field is still lacking its own face, clear purpose, and vision. Everything seems so messy; I don't know how *they* will connect into a whole" (resp. A).

To conclude, despite, or because of, their artistic background all interviewees were mainly interested in the medical role in the music therapy field. Even though, one of the respondents expressed her doubts about the "healing powers of music" (resp. A), the majority articulated their willingness and commitment in the field, by believing in music as a powerful

tool to help people medically. The music therapy field in Lithuania generates particular habitus accumulated by practices inside the field which is adopted scientific tools to prove the relevance of music therapy in doing so gaining more power in the field in relation health care and medicine.

The Netherlands - Codarts

In 2016, Codarts started the first Master programme of Music Therapy designed for people with artistic backgrounds. In the scope of this research, three students were interviewed – Albert (hereafter A), Eline (hereafter E), Michelle (hereafter M) and the Head of the Arts Therapies Department – Nicki (hereafter N).

Albert got his bachelor degree in physics but has never worked as a scientist. Directly after these studies, he started his Bachelor in Jazz guitar at the Conservatory in Barcelona. After moving to the Netherlands, he started to work as a guitar teacher. In addition, he works as a freelance artist "play solo gigs, duo's or trio's" (resp. A) and takes part in the music therapy programme at Codarts. Another interviewee, Eline, started her path in the music therapy field already from her bachelor studies. Currently, she works as a music therapist in her private practice and as a musician in various "dance or creative" (resp. E) workshops. Eline started her artistic practice when she was three years old, as already at that age she realised that her dream was to play the violin. Therefore, music has always been her hobby and at the end of her bachelor studies, she started to call herself a professional musician. The interviewee compares the experience in bachelor and master studies of music therapy as very different. The bachelor was mainly concentrated on techniques about how to play various instruments and the development of the human body. At Codarts it is more scientific and medically orientated. The last interviewee from Codarts, Michelle, also comes from an artistic background. She finished her bachelor in piano but has "never really felt it in my heart". Thus, in addition, the respondent has obtained a singing degree and currently works as a singing teacher with various age groups. The interviewee mentions that she has been through some stuff, "myself, like all musicians". She feels that it is not only her who is dealing with things in her life. This is why she emphasises the importance of creating a safe space for her students and how happy she is to get more information about this in her current studies.

The Head of the Arts Therapy Department in Codarts, Nicki, also comes from an artistic background. She was trained to be a dancer at Rotterdam Dance Academy and then performed professionally with various dancing companies. After a while, the interviewee came back to the educational path by doing a second bachelor in dance education. It was

during this period that she started to work at Codarts "for years and years with teaching students who wanted to become performing artists, dance educators, high school children, choreographing and all that". Therefore, her active engagement within the dance community in and outside of Codarts led to an offer to become the head of the Arts Therapies masters programme (before it was Dance Therapy, after adding Music Therapy programme in 2016 it was changed).

All interviewees who tried to rationalise their decision of getting involved in the music therapy field referred to a certain personal experience relating to music, coming from their background as musicians. They see music in a communicative form "music as a language" (resp. M, E) and as a "very powerfully tool" (resp. M, A, E). Hence, involvement in the music therapy community is seen as something "beyond the artistic practice". It is considered to be a practical choice to expand the knowledge of what is possible with music to help people. The same as Lithuanian students, Dutch students see it as a way to gain symbolical recognition, to have a more "impressive CV because there aren't that many jobs in the field, so you have to stand out" (resp.E). For better status inside the field, it is also important to learn "how to do proper research" (resp. E, M). On the other hand, only one interviewee saw herself continuing her academic education – a PhD, the rest of the interviewees felt that they had just started on the path of music therapists. Hence, they felt less confident about a future in academia.

The respondents from LMTA & VU showed a very similar music preference – they were all related to music of their artistic background. Therefore, they try to be open to different musical influences as a professional one has to be open and "it helps to like different sorts of music" (resp. M). Accordingly, all interviewees called music an essential aspect of their lives and reflected music in all facets of their lives. For instance, one respondent said that he does sports only "to reinforce my back as I am often carrying the guitar and amp" (resp. A). All interviewees agreed that their artistic practice changed after they entered the music therapy field. First of all, music became a "working tool" (resp. M, E) and my "musical experience and understanding" (resp. A). Being curious about all aspects of music therapy led to "some interesting things in perspective" (resp. A), on the other hand, the studies are more time consuming than expected. Hence, it leaves less time to spend on their artistic practices.

The respondents did not identify themselves with the profession yet. Hence their engagement with the local music therapy community is relatively small (except one interviewee who already has a music therapist practice of her own). One of the interviewees described music therapy as "everything about the inner experience" (resp. A), which means that it could get a lot of scepticism around it. Therefore, music therapists have to be aware that

it is "very tricky (...) for us it's very obvious that it works but for others, it is not an external reality" (resp. A), and it is a "different kind of human knowledge" (resp. A), even if people have a tendency to compare it with science instantly, or that it must be "equal to science" (resp. A). Hence, respondent excludes himself from the community explaining that I don't want to "make this mistake, trying to make science out of it... yeah, it's knowledge, it's human experience, it's refined human knowledge, valid human knowledge, but it's not science because they are different disciplines". However, later on, the same respondent states that "we should be aware of this external pressure about proving it", as it is connected with healthcare, future job opportunities and the feeling of not wanting to be related to "astrologist, doing horoscopes and that kind of things..."(resp. A). This thought illustrates the whole discourse around music therapy in relation to other fields and how the field sometimes produces misleading *illusio*. However, Eline who has been in the field for longest period of time seems confident that she has a good feel for the "game" that takes place inside the music therapy field. The interviewee planned to obtain this degree in order to get the scientific background. In combination with her previous anthroposophical degree, she will be able to belong to both music therapy associations that are active in Netherlands and gain more symbolical status and social capital. This she hopes will later transform into economic capital.

Respondents from both countries enter the music therapy field with musical background. Therefore, their habitus is formulated from the previous field experience. It was indicated by all the interviewees that they felt a certain connection to the power of music. On the other hand, looking at the historical development of the field – as it started from medical practices – music therapy also followed a medical paradigm, thus sticking to the current rules of the game – adapting scientific tools in order to get the approval of therapy officials. This then stimulates the habitus of the field and its structure. Only one interviewee from both countries, who had a scientific background, identified it as a mistake, as he had the knowledge to compare science and art-based research.

4.2 Current state of the field(s)

In the second level of analysis, the inter-relations between agents and institutions inside the field were examined in order to understand the current logic of the field and its relation to the professional identity development for a student in a master programme.

As mentioned in the research design chapter, the field was investigated from the Bourdieusian field theory perspective. Therefore, how interrelations between agents and institutions influence the professional identity development of music therapists, also, the rules

of the field were analysed: *doxa* (Bourdieu & Wacquant, 1992). In relation to the habitus of the field, the space of possible (alternative approaches towards the music therapy field) and *illusio* (visions and hopes for establishing the field) are taken into account.

To begin with, research based on the current development of music therapy and professions inside the field often starts with concerns and doubts. For instance, in Solomon's (2007) research about music therapy models applied in Africa, he found that people in the profession feel insecure and not stable, as there is not enough peer-to-peer support between art therapists. In addition, it is thought that in general, the music therapy professional practice is not grounded enough and these things take a while (Solomon, 2007). Consequently, many research talks about the issue of supporting music therapy as a medical field, as private health insurance schemes do not offer benefits for art therapy. This then consequently leads to the lack of jobs inside healthcare and possible positions for music therapy students (Solomon, 2007).

These circumstances influence the *illusio* of the field. In addition, it shapes how the field works and how agents engage with the local music therapy community. As already mentioned, there is only one Music Therapy Association in Lithuania. Its founder noted that although at the beginning (when it was established in 1997) there were more than a hundred members it is less active today. Now we see only thirty members left and "not all of them engaging enough in the music therapists community" (resp. V). The upcoming therapists (the students) felt that there is a relatively small music therapy community, as this is a very new field. However, one of the interviewees shared her doubts about how the community operates, expecting more division in the field - "there are a lot of charlatanism, various relaxations, east philosophies and other stuff which is just not scientific, so we, as therapists, must be more aware with whom we should be friends (...), and I am quite annoyed that Vilmantė (programme curator) is way too open to everything" (resp. A).

However, personal expectations inside the music therapy field in Lithuania were quite positive, almost all interviewees in five years saw themselves working as music therapists. Three of them also wanted to try out a research path and go on to do a PhD somewhere abroad (as it is still not possible in Lithuania). Only one interviewee mentioned that she has some doubts about the music therapy field in a local context, so it was harder for her to see herself working as a therapist (resp. A).

Meanwhile, in the Netherlands, there are two leading music therapy associations. Therefore, the division of the community already exist. According to the respondents, the community is split in two according to the association's therapists belongs to. Both fighting

for their own "better" policies "the holistic (anthroposophical) gets really good deals with insurance because they are like alternative health care (...) and scientific one... is not alternative and not scientific enough" (resp. E). Accordingly, during the conversation with Codarts Head of the Art Therapy department, it was easy to feel slight irony when she was asked about different communities and approaches used in music therapy: "we don't exclude but... well, we do exclude anthroposophy (laughs) Yeah, well, we're not into the soft holistic, new age stuff" (resp. N). However, personal expectations in relation to music therapist career were positive - all students saw themselves in the field working as music therapists in addition to their current artistic practice. On the other hand, only one student saw herself continuing academic studies and saw herself as a PhD student (resp. E).

4.2.1 Professional identity construction in the music therapy studies

At the educational level students start to create their professional identities. Hence the issues in relation to the development must be seen from personal and institutional perspective. Various research has focused on how students from music therapy reflect on themselves as therapists and what their approach to the profession is. In the research about the impact of education and exposure on art therapist identity and perception, it was discussed how students gain self-awareness and professional identity through relationship with the art therapy programme, students, and supervisors (Elkis-Abuhoff, Gaydos, & Goldblatt, 2008). Hence, it was assumed that the supervision of the students is the primary factor in the successful "let go of old perceptions and exploring a new professional identity" (Elkis-Abuhoff, Gaydos, & Goldblatt, 2008, p.125). Therefore, the education institution is imperative for the growth and development of the music therapy profession as a whole, as it is formulating the upcoming generation of therapists and the definition of art therapy in the society (Elkis-Abuhoff, Gaydos, & Goldblatt, 2008). Hence, the inter-relation between students and institutions in Lithuania and the Netherlands influence their professional identity construction and the current and future state of the field.

Lithuania

According to the study guide, that describes the discipline and primary goals of the studies, LMTA & VU programme has been designed for both, prospective students with medical or artistic background. Accordingly, if student is missing certain credits from music or medical studies, there is a possibility to take an additional course and then an exam in order to get into the programme. The programme started in 2015, right now in the first course there are four

students and in the second course, which began in 2016, five students. During the conference about arts therapies in Kaunas, the importance of the institutional recognition of the professional identity was emphasised. One of the presenters talked about the professional identity development of the music therapy, arguing that prospective and current students must be aware of their identity about the professional identity. The personal background, self-awareness and willingness to engage with the community and research was emphasised as the main goals to achieve proper role in the music therapy field.

When asked about personal feelings of belonging to the institution of their studies, all interviewees mentioned that they feel lost and a few referred to miscommunication between two faculties who are organising the programme – Vilnius University Medicine Faculty and Lithuanian Music and Theatre Academy Music Faculty. It seemed that they do not know the exact roles of each faculty in the programme, which causes inevitable confusion. In relation to the goals of the programme, all respondents said that they feel that their main purpose is to "prepare professional music therapists who could continue expanding the field" (resp. R) or "create researchers so we could prove medically that music therapy actually works and somehow measure it" (resp. E). The main expectation from the institution, according to the students, is prepare trained professionals who would be able to use scientific tools to prove and investigate the effects of music therapy, as "still not a lot of things happen in Lithuania in relation to music therapy" (resp. R). Therefore, the students get a role as continuers, or even pioneers, of the music therapy practices in the local context. Accordingly, from the institutional perspective, the programme curator and teacher confirmed student feelings as she described the main expectation as "hope that they will become motivated professionals and will open the door to healthcare institutions as equal members of the team" (resp. V).

Netherlands

According to the Codarts study guide, MA Music Therapy is designed for artists who want to become professionals in music therapy. The programme started in 2016, and nine students are enrolled in the first course. Like in Lithuania, students feel that the main goal of the studies is to prepare them as researchers "and to publish and research and all together make the profession a scientific thing, this is what they expect" (resp. A). However, not all the interviewees feel comfortable with that, according to one of them "they are going directly, they are making this mistake, because they believe in it (music therapy effects) (...) and they want to make science out of it, yeah it's knowledge, refined human knowledge but it's not science..." (resp. A). In addition, students feel that it is not structured enough because the

study programme is still "searching for themselves" (resp. E). From the institutional perspective, the head of the Arts Therapies Department confirmed that their main goal is to prepare students who will know how to do research, set up their projects and some "continue to more scientific research" (resp. N) and manage to balance between being artists and music therapists.

4.2.2 Professional identity development

Nonetheless, after leaving education institution environment, the identity is still being shaped by other institutions and powers in relation to this profession. According to Ruud (1998), music therapy is closely related to the social interaction, hence by integrating musicological, sociological and anthropological discourses into music therapy, he states that the concept of music therapy must be defined without putting the patient in the sick role. As Western medicine often relates definition of therapy to sort of illness (Ruud, 1998). Accordingly, he points out that music therapy deals with a very broad range of "medical and life problems" and sometimes it works with attitudes and challenges influenced by the economic and political structure of society, rather than "by their objective biological constitution" (Ruud, 1998, p.51). Therefore, thinking about therapy as something dealing with sickness only would be not adequate, and that is why Ruud (1998) refers to it as "an effort to increase the possibilities for action" (p.52).

According to the literature review, the main themes in relation to the construction of professional identity in music therapy takes into account more accurate motifs. To begin with, professional identity is a term used to define collective identity in relation to the specific profession field and individual self-sense inside the professional role (Wadeson, 1977; Feen-Calligan, 2005). Hence, it includes personal choices, social circumstances, and network which formulates and helps to understand the traditions and certain rules of the profession (Feen-Calligan, 2005). Finally, the self-sense inside the profession adopts an official role and knowledge of the particular trade, as a result of belonging to a community with certain professional code (Wadeson, 1977; Feen-Calligan, 2005; Rosaen & Schram, 1998). According to Feen-Calligan (2005), there are six main themes in relation to art therapist professional identity: 1) Personal identity; 2) Values and purpose of the profession; 3) External influences on the profession; 4) The arts therapist's expertise; 5) Professional development identity; 6) Challenges to developing professional identity. To begin with, personal identity discourse is important in relation to the self-awareness inside the profession.

According to the McNiff (1986), music therapists should be able to reflect on their behaviour and how it affects therapy. Moreover, the understanding of themselves inside the profession creates better understanding and respect for different values from one's own as music therapy work includes various populations. Furthermore, constructing professional identity means building art therapist's expertise (McNiff, 1986). There are many different approaches and schools of thought in music therapy practice, and the profession is still growing, hence different interpretations make one believe that it became fragmented or too broad (Levick, 1995; Rhyne, 1994). However, according to Hodnett (1973), it is important that despite the differences of approaching and reaching for the positive effects of music therapy it has to have certain level of cohesion. Therefore, expertise is a major factor in constructing the skills in a coherent way, as it is also critical for a continuously growing field. According to Feen-Calligan (1996) a profession like psychology or social work legitimise themselves when it has defined what kind of services it could provide, and the competencies start growing. Values and the purpose of the profession reflect how these competencies of music therapists could help society and what is the shared vision of the field. Gonzalez-Dolginko (2000) argues that the main purpose of art therapist is to provide treatment by using art as a central process in connection with psychology and clinical abilities. However, arts therapists have to be aware of external influences, as political decisions in relation to healthcare that strongly influence their working environment – "the "clinification" of art therapy positions, and the attitudes and behaviours of other professionals contribute to the image the profession has of itself" (Allen, 1992, p.27; Johnson, 1994).

Despite external factors, image, self-awareness and reflection, according to Rene R. Bouchard (1998), in relation to the professional identity there are various problems inside the professional community. The major difficulties in growing community of art therapists are destructive politics and passivity (Bouchard, 1998). Bouchard (1998) argues, that the latter stems from the lack of engagement with the professional community. Hence, therapists often feel isolated and "out of the loop". Since music therapy represents the arts, science and community, therapists often feel underestimated by "shame-inducing cutbacks or layoffs" (Bouchard, 1998, p.160). Hence, Bouchard (1998) sees this battle as an attack towards self-esteem and deeper values. Firstly, the current traditional mental health care is science-focused and sometimes the connection with arts takes away the scientific legitimacy of the field. In addition, this struggle for power in some cases takes away the enjoyment of the original experience of producing art, as most of the therapists are drawn to the field because of their artistic background, at the first place. Finally, according to the Bouchard (1998), unconscious

envy inside the community increases the determination of legitimisation, although additional registrations, licenses or certifications should not be considered as main markers of actual status. Even though it compensates the feeling of being an outsider among health care providers, it is crucial to consider what therapists "lose by gaining supposed status" (Bouchard, 1998, p.164).

The findings about the current state of the field from agents' perspective in Lithuania and the Netherlands correlates with the literature discussed in relation to the field struggles and its relation to the professional identity. Understanding the *doxa* of the contextual field shapes the way agents behave and what they expect from the field.

Lithuania

The situation of music therapy in Lithuania according to the students is complicated, the interviewees often refer to the problems of the field. The status of music therapy in the local context is seen as "complicated and unclear" as it has been negatively "regulated as alternative medicine, which means that it does not belong to the official medical plan, so it is complicated..." (resp. A). In addition to destructive policies, the image of music therapy field is viewed by the society with scepticism as "comparing to traditional psychotherapy it seems that music could be only additional implement but not the main thing which could heal" (resp. A). Partly, it is likely that this opinion has been formed as a result of confusion caused by the name of the music therapy for the services in "SPA centres, where they just play relaxation music, but it is not therapy" (resp. A) or "sanatoriums think that they will play music and it is music therapy" (resp. R). In order to get more clients, different unqualified institutions use music therapy as a marketing trick, the use it as "popular thing but they don't do anything like normal music therapy" (resp. V). According to interviewees, it is happening because "in Lithuania, there are still only few therapists and more fakers and charlatans, and that is why we need real therapists" (resp. R). In addition, all respondents mentioned, "the lack of information" (resp. R, V, E) in the society about what music therapy is. Two of the interviewees emphasised that "Lithuanians (music therapy professionals) do not have a specific model" (resp. V), hence "all knowledge and approaches" (resp. R) used to study music therapy come from "abroad, mainly from Norway" (resp. V). That it is why they feel that music therapy in Lithuania does not have its "own face" (resp. A). Despite all the concerns about the current state of music therapy in the local context, students who are still developing their professional identity, define music therapy as "very potential" and "future profession" (resp. E, R, V). Only one interviewee said that she does not believe in this

profession and its future because it is not "serious enough" (resp. A), comparing it with medical field. The Master of Music Therapy curator Vilmantė, who is actively engaged in the development of the music therapy field in Lithuania, also noted that the current situation of the field was not very promising. She compared it to 1994 when it was just the beginning of the music therapy practice when there "was no literature, nothing" and now "still today we don't have any music therapy library or proper literature" (resp. V).

The respondents' insights about the field from a more personal and emotional perspective is similar to those described in the previous section – slightly negative, although containing hopes about the "brighter future for the music therapy in Lithuania" (resp. R, E, V). It was often mentioned that they feel that "music therapists abroad work in medical institutions and participate in the team as equal members of the team but I doubt that anytime soon that will happen here (Lithuania)" (resp. A) and "there they have more advanced methods more approaches" (resp. E). Meanwhile, in Lithuania "sometimes doctors don't accept you in the team or feel competition that you will take their money away" (resp. E), referring to additional salaries to music therapists in healthcare institutions after (if) the law of music therapist qualifications gets adopted in 2018 thereby creating an additional job position in the public sector.

However, other interviewee noted that it is common for the new field "to go through this phase and prove its existence importance by results and research (...) also we have to show off ourselves more, as it is still new and the future is unclear" (resp. R). Respondents feel that society "doesn't know anything about the therapy" (resp. A, R, V, E) and get annoyed that people often ironically ask what they do in their master programme, "sometimes I just answer that I will learn how to use Tarot cards to foretell what kind of music patient should listen in order to heal" (reps. R). Hence, it is visible that the respondents often feel that they are not taken seriously by the society and the health care system. Nonetheless, students think that the need for the music therapy in Lithuania is high as "we live in a very frustrating environment and Lithuanians are quite closed and hide their problems" (resp. V), hence music therapy can be a good option for people "who are too scared to see a doctor or a psychologist because people will think that they are really sick" (resp. V). In addition, one interviewee highlighted the importance of music therapy in tackling more serious problems: "because of Lithuanians very high level of depression and a lot of social issues so it could help" (resp. V). The programme curator feels "tired and frustrated as we are constantly facing so many changes in Lithuania" and noted the impact of political and economic changes on the music therapy field in her constant lobbying and doubts - "we have to lobby over and over again and

it is still so much to do (...) and when you think about it, like globally, what is that music therapy (laughs)" (resp. V).

Netherlands

The current situation of the music therapy in Netherlands, according to the agents of the field, is rather well established, yet at the same time "we are struggling to survive" (resp. N). As already mentioned before, there is a certain split within the community as there are two different music therapy federations, one scientific and one anthroposophical, or "more holistic one" (resp. E). Hence, they are separately lobbying and seeking for "better policies and insurance conditions" (resp. N). This situation developed from the fact that there were "two different educations" (resp. E). However, a new law has been approved stating that everyone who graduates after 2017 shall be equal.

The respondents mentioned that the society and healthcare should be informed more about the benefits of music therapy (resp. E, M), as the policy makers "cut a lot of music therapy so apparently, there's not that much properly paid jobs..." (resp. A). When it comes to the image of music therapy in the general society, the respondent's opinions differed: two saw a lot scepticism around it because the effects are "very hard to prove to have like an objective external prove what it can do" (resp. A) and felt annoyed that people do not understand what they study: "they are like, you are what? What do you do? do you prescribe CD's?" (resp. E); others thought that people are rather enthusiastic and they are keen to know more about music therapy (resp. M, N). Thus, one of the interviewees described the individuals who are interested in music therapy as "new age hippies" and expressed concerns that "people who do yoga, like just more open people (...) them liking music therapy, creates the cliché to the rest of society" (resp. A). All the respondents agreed that music therapy is useful for general society and linked it to the same problems as the Lithuanians – fast living style, stress and depression prevention.

The *doxa* of both national fields seems similar because they are face, or identify, the same struggles inside and outside the field - destructive policies and passivity, as illustrated in the literature review.

4.3 Legitimation of music therapy field

As discussed in the previous chapters, since the beginning of formulating the official profession as music therapists, the agents of the field constantly felt the pressure to justify the importance of being part of the medical health care. Therefore, the main focus shifts from the

ground values of the profession to the process of the legitimisation. However, it is a natural process of developing music therapy as a discipline in the education or health care institutions. The standard approach to the art-based research in various arts therapies is usually adopting scientific methods of investigation. However, according to the Shaun McNiff (1998), that kind of methodology should not be the only form of enquiry, hence he promotes deeper understanding of differences between artistic and scientific forms of knowing and the need of research methods which are developed through creative experience and its appliance in the therapy. Hence, he emphasises the importance of defining the purpose of the research and changing the paradigm that art therapists must use "accepted" measures to prove their efficacy. The legitimisation process, however, should not work through the values and criteria of other fields because it affirms a lack of confidence in artistic inquiry (McNiff, 1998). Therefore, new professional language, tools of thinking and researching would establish their collective actuality. Herewith, scientific methods in combination with that kind of approach would create a balance between fields, as McNiff (1998) describes it "the application of one-sided scientism to the creative process is an attempt to fly with only one wing and the same applies to a disregard for scientific understanding" (p.31). Nevertheless, creative therapies by using research still move towards justification, as there is still the need to justify the work to external agents who understand reality based on the outcomes of scientific evidence. Hence, McNiff (1998) suggests moving from justification within the science field as the main goal of research and concentrate on emerging natural interaction and collaboration between science and art, when needed.

Nonetheless, the demarcation of the intellectual element is unclear and no tools of translating it into a system of knowledge, aside from adapting scientific strategies to create a causal relationship between social system and intellectual milieu (Maasine & Weingart, 1995). According to Solleveld (2015), the essential duplicity in the rhetoric of rendering a certain field to more "scientific" exists, certification requires both accumulations (that is, continuity) and breaking with the past (that is, rupture). Therefore, the process of music therapy justification applies to the professionals within the process of certification and historical self-reflection supported by the field's scholarly past (Solleveld, 2015).

As discussed in the theory chapter, the structure of the music therapy field can be described as a field struggling for legitimisation. The agents in the field are trying to justify and legitimise it, aiming for better status and symbolic recognition. The struggle for legitimisation is visible when music therapists struggle to find the proper research tools to prove the effects of music therapy. Therefore, it regulates and is regulated by *nomos* –

fundamental principles of "vision and division" of the field. Hence, I will start by portraying personal perspectives and insights about the importance of the music therapy field in relation to its current status and context.

In relation to the current status of music therapy field in Lithuania, half of the students felt a little bit insecure about the future of this profession as they do not think it is becoming "popular that fast" (resp. R) and "the future of this profession is doubtful, at least here...(Lithuania)" (resp. A). On the other hand, the interviewees saw it as something in progress and really potential and engaged more with the role within the community to help the field to develop "if all people who are in the music therapy and along with students write and work, like collaborate, write projects, as we do now, I think it's going to be bright future" (resp. V).

Accordingly, in the Netherlands, all students saw a high potential for the profession and hoped that in the near future it would be "easier to get paid jobs in health care system" (resp. E). Almost all respondents linked the successful future with the medical system and scientific research, only one respondent saw it as a terrible mistake of trying to legitimise the field inside another field, by trying to prove something not scientific with the scientific tools, as "music is all about the inner experience" (resp. A). One of the interviewees argued that they must follow the scientific paradigm because we live in the "scientific society so if it's not proven then... I don't know" (resp. M). However, the music therapy is seen as very useful as "the body and mind split is changing a bit, and people see that the body really matters and you see all this mindfulness business (...) to be resilient you need the arts, I think the arts can help to achieve these goals and you don't need to be an artist you don't need to be knowledgeable about arts in general" (resp. N). Although they referred to music therapy as a tool from artistic perspective, there is a need to prove it scientifically – in order to gain more power and stability, as it correlates with certain policies and image of the field.

4.3.1 Science based research

Respectively, the investigated music therapy fields try to legitimise themselves in scientific community. Thus, *space of possibles* is defined by symbolic power for scientific tools to be applied in order to research phenomena of the field.

In the Lithuanian Academy case, all the interviewees saw the research possibilities scientifically, based on traditional medicine tools. This vision is stimulated by the need to become equal members in the health care. Accordingly, in the Netherlands the students and

the institution also claimed that scientific research would be the way to gain better insurance policies and legitimise the music therapy field. As mentioned before, they all have artistic background, accordingly they see themselves in the art context as being "the most scientific department here (in Codarts), way more scientific than just individual artistic practice" (resp. N). Only the interviewee with a scientific background was critical about the legitimisation approach through scientific research. He argued that, even though it is important to make people realise the value of what music therapy can do, but it is a mistake to create "pseudo-scientific thing out of it" (resp. A) because "precisely science, philosophically it's exactly the opposite, it's not about the inner experience, it's precisely about an external reality, so how the fuck do you match these two worlds?" (resp. A). On the other hand, he agreed that in order to create a serious objective discipline there is a need of external reference but saw the scientific or medical approach in research being "very tricky" (resp. A).

4.3.2 Struggles for power

As mentioned before, agents in the music therapy field argue from the institutional or individual perspective that the best way to get more power in relation to the other field is through gaining acceptance from scientific based research. Therefore, it can be concluded that they would like to be identified as a medical rather than artistic field and the main struggle comes from there. However, the complexity of the phenomenon reveals that it is mainly related to external pressures. The field is fighting for power with other fields – medical, scientific, political.

The struggle for power with regard to other fields re-shapes the still very "young" music therapy field in Lithuania. Two of the interviewees thought that music therapy should be viewed like psychology in the traditional health care system. However, at this moment the music therapy field fights for the legitimisation from the government, as there are no law regulations which would help establish the qualification and profession as a music therapist. Therefore, the public image of music therapists is affected by people who actually do not practise conventional music therapy but use its name for other services. The Music Therapy Association has been established "in order to get a legal status and start lobbying and organising conferences and everything, just for operating legally with a view to creating the music therapy field in Lithuania" (resp. V). Students feel that as long as there is no law establishing the profession of music therapist, there is the lack of professional identity as they "study something that does not exist yet" (resp. R). Therefore, the main struggles are related

to politics outside the field, in addition, that influences how the agents act inside the field – they try to identify themselves with more traditional, medical field to gain better public image and less destructive policies.

As it has already been mentioned by one of the interviewees, the status of music therapy in Lithuania is rather complicated and not transparent as it is seen as an alternative medicine in the health care policy. According to the documents that the association of music therapy submitted to the Ministry of Health of the Republic of Lithuania, their main goal to be achieved is to have a precise definition what music therapy is and define the therapist and her/his qualifications. They suggest that this qualification must be achieved through LMTA & VU Master degree, in addition, "after master studies students must gain a degree not as a medicine and health care specialist but it must specify the qualification as a music therapist, how it is done in other European Union countries" (doc.5, p.8). In addition, it is considered that music therapy must be understood in the broader sense, not only in relation to mental health, as has been suggested by the Ministry of Health to date.

While in the Netherlands the policies in relation to music therapy are more established, agents of the field also fight for better position in the health care:

“All the verbal therapies are mainstream, and the arts therapies are sometimes covered by health insurance, but they fall under the alternative health care, they are not mainstream yet, and it would be great if that changed at some point, you know like physiotherapy is not alternative either (...), so it's really lobbying, so the federation for the arts therapies is really lobbying to get us to the registration where nurses and doctors and physiotherapists are in, so then it would become more mainstream, I don't know if it will immediately have an effect on health insurances but it is a step, and so far it has been refused, so they keep lobbying to do that, so that's the situation here..." (resp. N).

This quote illustrates that the main struggles are more related to the insurance coverage and, accordingly, legitimisation inside the medical community. All the answers from the students correlated with a similar opinion about the external pressure to be legitimised as a medical field and saw it as the only way to get better salaries and introduce themselves properly to the general society. However, one respondent thought that even though "we need to legitimise ourselves, yes, but I think it would be a huge mistake try to legitimise in a way we can't (...) even if it's more accepted as a tool (scientific research) but this is a much weaker kind of knowledge compared to a pure hardcore science, it's not electron hitting another which you can actually measure" (resp. A).

In addition, as mentioned before, there is a certain split inside the community, as there is more than one music association and they fight for the same matters, and that creates competition. One of the respondents, who first finished bachelor in music therapy with the

anthroposophical approach told that "when there are jobs available they mostly ask to be registered with scientific one and if you are not registered or you have the holistic education they will say no before reading your letter" (resp. E). On the other hand, the anthroposophical music therapy association has better insurance policies and other benefits. During the studies, students are taught how to introduce their profession. Therefore, it shapes the public image of the profession and helps in their professional identity development. Naturally, it is introduced from their institutional perspective, in Codarts case it follows the scientific paradigm in relation to music therapy.

5. Conclusions

This study aimed to look into the link between the current state of the field and professional identity development. The emergence of music therapy in Lithuania and the Netherlands to certain extent differs because of different social and political contexts, and different historical circumstances. Nonetheless, the fields in both countries are in different development phases. Both fields are facing similar struggles – destructive policies, passiveness of the community and (lack of) legitimisation of the field in relation to other fields.

The habitus concept was used to determine how agents negotiate their positions in different social contexts and social structures in relation to their disposition. It has been revealed that, irrespective of the fact that the respondents from both countries have entered the music therapy field with a musical background, all of them also follow the medical paradigm and stick to the current *doxa*, or the rules of the game. Actors in both fields adopt scientific tools in order to get the approval of the music therapy scene while identifying themselves as part of the scientific society. This phenomenon is what Bourdieu called an interaction between habitus and the field – musical background and scientific legitimisation stimulates each other while creating a specific structure of the music therapy field (Bourdieu & Wacquant, 1992).

The music therapy field in Lithuania applies scientific tools to prove the relevance of music therapy and gain more power in the field and in relation to other fields, such as medicine and health care. Since the field is relatively young and the *illusio* along with *nomos* are not yet set in stone, the agents note their active engagement in the community and share the same vision of a bright future for establishing music therapy as a profession and a discipline in Lithuania.

Meanwhile, in the Netherlands, where the field has been more established, there is a division in the community. They tend to use both art and science based research to try and legitimise the practice of music therapy, going against power fields such as healthcare, insurance policies, and medical fields. Nonetheless, Codarts Academy follows the same traditional medical paradigm as Lithuania does. Therefore, despite their artistic background, agents in both countries focus on the scientification of music therapy. The rationale of getting inside the music therapy field in both countries is related to symbolic and institutional recognition and the hope for a new status, gaining a better position in the field.

In both researched communities, one of the substantial issues of the music therapy field in the context of the medical field is the lack of support from medical insurance. Other issues include the lack of job positions inside the healthcare and possible positions for current

music therapy students. This echoed Solomon's concerns about the field – this profession feels unstable, hence insecure, as there is not enough support outside and within the community (Solomon, 2007).

The impact of the current state of the music therapy field(s) on professional identity development is significant. The educational programme plays an important role in the exposure and perception of a music therapist identity as a professional. Students entering the academy also enter the local art therapists' community. In both countries, young professionals are aware of the novelty of the programmes and are reflective enough to identify flaws and confusion from the institutional perspective. However, the respondents are also informed of external influences such as healthcare policies, the process of clinification, scientification and attitudes of other professionals in the field. All the students follow the institutional articulated *doxa* concerning the traditional medicine paradigm and their professional identity construction echoes in respective manners. Only one young professional articulated the same concerns as scholars who have already been in the field for a long time – the importance of different approaches with certain level of cohesion, as profession, is becoming too fragmented and broad (Hodnett, 1973; McNiff, 1998; Bouchard, 1998). The science-focused paradigm takes away a scientific legitimisation from music therapy because of the connection to music and inner experiences, therefore it is crucial to consider what therapist lose by gaining their status.

The struggle for legitimisation shapes the structure of the music therapy field(s) in Lithuania and the Netherlands. It is visible that *nomos*, the fundamental principles of "vision and division" in these fields are based on the justification and legitimisation of the field and agents within. Hence, it is reflected on various layers inside the field, as well as in the most important factor in the professional identity construction and development for students – in Codarts and LMTA & VU programmes. The students are encouraged to concentrate on research to prove that music therapy approaches are "scientific enough".

It implies that the primary focus from the ground values and purpose of the profession shifts to the legitimisation. On the other hand, it can be seen as a natural process in the still developing field. Based on external pressures, the field(s) seek(s) to identify itself/themselves with better established medical fields to gain a better public image, influence policies in relation to job opportunities and feel as an equal member in the healthcare system. Consequently, the professional identity development is influenced by a focus on science-based research and the scientification of the field. The tendency that all students who come only from artistic background and do not question this approach as well as believe that it is

the only way to legitimise the field, most likely stems from the lack of scientific knowledge in their previous practice. As McNiff (1998) suggested, the focus should switch to a deeper understanding of differences between artistic and scientific forms of knowledge.

Legitimation process should not affirm the professionals' lack of confidence in artistic inquiry, thus, through artistic experience, the needed research methods could be developed and applied in the music therapy (McNiff, 1998).

It can be concluded, that currently the field(s) is/are driven not by power relation, but by uncertainty. The music therapy field has been expanding its borders between music and medicine, so far creating uncertain identities within uncertain possibilities with uncertain rules of conduct for uncertain outcomes. The absence of basis or certain boundaries to keep actions in line builds up pressure towards establishing the field itself.

Bourdieu's field theory has enabled me to analyse and understand the (inter)relations of the music therapy fields in Lithuania and the Netherlands in a structured way. The music therapy field(s) relationship with other fields was examined in relation to the historical changes and habitus of its agents. Identifying these relationships helped to understand the struggles of the field and its professional identity development process. It is important to note that this theoretical approach has its limitations. Due to Bourdieu's views on power as a result and causation of a constant interplay between agency and structure (Wacquant, 2005, p.316, as cited in Navarro, 2006, p.16), it is possible to presume that there is an unquestionable inter-relativity and influence between all the studied subjects. That is why this research was more focused on analysing processes' and agents' interrelations rather than causality, since, according to Foucault, power is somewhere beyond the structure and agency (Wacquant, 2005).

Whereas the field(s) is/are still formulating its legitimisation, additional insights would be welcome by following the process. The research could be followed up by interviewing the same respondents after they finish their studies in order to investigate what kind of the career path they have chosen and how their professional identity has developed after completing the studies. It would give more insights about the educational institutional role in the professional identity construction. A broader approach towards the music therapy field, including more than the entrance level (Academy), would provide more insights about the dynamics between habitus and *doxa* and about the role of *space of possibles* when uncertainty is not the main player anymore.

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Appendix A

Interview guide

Introduction

Thank you very much for taking the time to help me conduct my master thesis research. During the next hour, I would like to ask a couple of questions. I hope you don't mind if I record this interview and transcribe it later. Furthermore, I will share your answers in my research project but your name can be left out to guarantee your anonymity. You don't have to respond to a question if you don't want to and you may end the interview at any time without explanation. Please take your time to think if you need it!

Do you have any questions?

Introduction

Interview date

Gender

Name

Age

Hometown

Personal background

Previous studies

What kind of music do you like? (Daily consumption, concerts, etc.)

What is the role of music in your life?

Why did you choose to do the Music Therapy course?

Tell me about your musical/scientific practice before this course? How/if it has changed now?

Music therapy in local context/institution

Could you tell a little bit about your Music Therapy programme – what are the main learning objectives and/or goals of the programme?

What do you think about Music Therapy practice in the Netherlands/Lithuania? Is it popular?

How do you see the importance of music therapy in the current society?

Music and identity

Could you tell me about music selection during music therapy?

With what kind of music would you prefer to work? (genres, styles, emotions, live music etc.)

Music therapist identity

What do you expect to develop through the music therapy course? Personal goals

Would you like to concentrate more on the musical (artistics) or medical (scientific) development?

What do you think the school expects from you?

How do you see yourself in five years?

Thank You very much for your answers! If you want to ask or add something feel free to contact me.