

Community music as a vehicle for tackling mental health-related stigma

Debra Rodgers*
Canterbury Christ Church University

Abstract

This paper seeks to highlight some of the key issues of the social stigma associated with mental health-related issues, to present examples of some existing anti-stigma concepts found within mental health literature and, in turn, to begin to suggest ways in which the personal and social experience of participation within community music activities may provide a means of challenging and resisting such stigma. The research involved a literature review of existing theoretical concepts surrounding mental health stigma interventions and sought to link such concepts with examples from community music and music sociology, examining concepts such as identity construction, removal and refurbishment activities and tachytopian experiences. The work of the Me2/Orchestra (Vermont, USA) is presented as a case study, with use of some supporting preliminary interview data. While hypothetical in nature at present, the article discusses the potential of community music for addressing and erasing mental health stigma.

Keywords: community music; mental health; stigma; identity; musical space

Introduction

Existing research has highlighted the potential application of music within the field of health and well-being, and a reliable foundation of evidence is starting to emerge regarding specific benefits to mental health and well-being (Staricoff, 2004; Secker *et al.*, 2007), in particular when considered within the 'recovery' approach within mental health care. However, as Rüscher *et al.* (2005) note, people with a mental health condition not only have to manage the individual symptoms of their condition, but also have to tolerate and navigate discriminatory behaviour (and its further consequences) within society as a result of having a mental illness. The United States government suggests that social stigma is the leading impediment to health promotion, treatment and support (US Department of Health and Human Services, 1999), but also the least understood barrier (UNAIDS, 2004). Recent findings published in an editorial in *The Lancet* (2016: 1,027) suggest that stigma surrounding mental illness is now seen as a global health crisis and the main contributing factor in the premature death rate of those with severe mental illness. This is not because of suicide or self-harm, but through physical symptoms of other illnesses being attributed to existing mental health conditions and therefore being dismissed.

Figures from mental health advocacy campaign Time To Change suggest that 87 per cent of surveyed people with a mental health condition felt that they had experienced discrimination as a result of their condition at some point in their lives (Time To Change, 2008: 6). With as many

* Email: d.rodgers169@canterbury.ac.uk

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as one in four adults within the UK experiencing at least one episode of mental ill-health within their lifetime (Department of Health, 2011), there is a high probability for people to encounter and experience discriminatory behaviour first hand.

In the light of such findings, this article aims to diversify from the more established role of music in a health and well-being research context, and examines whether there is potential for community music-making initiatives to aid in tackling the inherent social stigma associated with mental health issues. An extended literature review constructs a hypothesis about how it may be possible to integrate potential applications of music with observations and theories from within other sociological and health disciplines. The article discusses literature surrounding the origins and formation of stigma as well as the specific types of stigma, and how in turn musical interactions may help with tackling them. The characteristics and social ethos of community music-making activities, as well as the social environment and ecology of such groups, are evaluated. Key findings are discussed within the context of the work of the Me2/Orchestra (Vermont, USA) in a bid to begin to construct insight into how community music activities may have a role to play in the drive to erase mental health stigma.

Further research is currently underway as part of the author's ongoing PhD study. This research is using existing sociometric tools to investigate potential impact upon stigmatized attitudes, and an ethnographic approach to build a more detailed depiction of individual experiences within the Me2/Orchestra. Although the author recognizes the lack of experiential data from orchestra members as a limitation to the research presented here, she hopes that this article sets out the basis for further discussion surrounding the potential of community music in tackling stigma.

What is stigma?

The word 'stigma' derives from a noun found in Ancient Greek meaning 'marked' or 'branded' (Whitley and Campbell, 2014: 1) and that was representative of a physical sign that separated designated groups of people from the main body of society (Simon, 1992). The term has since evolved and has been applied within the social sciences disciplines, notably in the work of Erving Goffman. Goffman uses the term 'stigma' to describe 'undesired differences' in contrast to expected characteristics or behaviour (Goffman, 1963: 5); these may be easily visible to an observer (termed by Goffman as 'discredited') or invisible ('discreditable'). Once certain behaviours or characteristics are noted by an observer, Goffman suggests that stigma can mark the affected person out to be targeted by criticism, discrimination, ridicule and undue scrutiny (Whitley and Campbell, 2014: 1), and makes comment about the 'deeply discrediting' nature of stigma, which reduces the bearer 'from a whole and usual person to a tainted, discounted one' (Whitley and Campbell, 2014: 3).

Goffman's research set out a taxonomy of stigma that defined three key areas: (1) 'abominations of the body', which referred to physical deformities; (2) 'blemishes of individual character, weak will, passions, treacherous and rigid beliefs, and dishonesty', which encompasses mental health, addiction and unemployment within its scope; and (3) 'tribal identities', referring to issues surrounding race, religion and national identity (Weiss *et al.*, 2006: 279). Primary criticism surrounding the application of Goffman's definition of stigma within a present-day health-care context is centred around the use of outdated language and his anthropological argument that stigma is homogeneous across all contexts, regardless of the heterogeneous circumstances or conditions that may influence different social interactions. This lack of flexibility is highlighted by Weiss *et al.* (2006: 279) as reducing the utility of Goffman's definition

in a present-day health-care system, as it fails to recognize the diverse circumstances that may influence individual experiences of stigma.

Contemporary research recognizes that stigma is a phenomenon by which certain groups, such as those with mental illness, are marginalized and devalued by society because their values, characteristics or practices differ from those of the dominant cultural group (Ali *et al.*, 2012: 2123). This process occurs through a combination of stereotyping, prejudice and discrimination (Rüsch *et al.*, 2005) in the presence of an imbalance of power between different groups, which are subsequently influenced by various social, economic and political forces (Link and Phelan, 2001). Several forms of stigma exist within the literature, defined as 'public', 'self' and 'courtesy' (Corrigan, 2005; Angermeyer *et al.*, 2003). These are described below.

Public stigma

Public stigma is the endorsement of prejudice by society, and the subsequent development of discriminatory behaviour towards people with a mental illness (Corrigan *et al.*, 2005). Research has noted that stigmatized attitudes within society often create a barrier for those with a mental illness seeking help, as they do not wish to identify with the inherited stereotypes and subsequent prejudicial behaviour that they have already experienced in everyday life. While usually a negative experience, Orkibi *et al.* (2014) note that occasionally experiences of public stigma may actually lead to an increased level of personal empowerment, as victims of stigma use their experiences as the motivation to seek treatments, or actively to campaign to improve mental health services within their broader community. However, this is a rare phenomenon, and the barrier to seeking help posed by public stigma increases the likelihood of the internalization of stigmatized beliefs, which may also lead to self-stigma.

Self-stigma

Internalized stigma, or self-stigma, is the experience when negative stereotypes surrounding mental health are adopted into the personal identity or beliefs of the individual. This may influence future beliefs about personal capabilities or qualities, or about the personal abilities of another with a similar mental health condition. Self-stigma has been shown to have a negative effect upon personal efficacy, hope, empowerment, quality of life, social support and self-esteem (Livingstone and Boyd, 2010), which, in turn, creates what Lamb (2009: 57) describes as a perpetuating 'vicious cycle of stigma'. The adoption of stigmatized beliefs into personal identity may lead to the eventual 'invisibility' (Hauenstein, 2003) of those with mental health issues within society, who will then potentially be subject to decreased social status and diminished access to social resources through withdrawal from society and adoption of risk-averse behaviour.

Courtesy stigma

Stigma may also affect those who are closely associated with a person with a mental health condition, such as members of the family, friends and even professionals that work with the person. This is known as courtesy stigma (Birenbaum, 1970; Birenbaum, 1992; Angermeyer, 2003). Courtesy stigma may result in such people being teased, abused, blamed or considered responsible for the person in question's mental illness (Larson and Corrigan, 2008). Faced with the impact of courtesy stigma, those affected may also develop negative self-perceptions and negative emotions to the extent that they may withdraw or conceal their negative status from others. This process of self-stigmatization in family members has been described as 'affiliate

stigma' (Mak and Cheung, 2008). It is important to note that the prejudiced actions of family members may also be one of the most frequent forms of mental health stigma experienced by those with mental health issues. A study by Wahl (1999) found that a survey of those who had experienced mental health stigma first hand cited members of family as one of the most common sources of stigma.

Discriminatory behaviour and social justice

Mental health stigma can be construed as a social cognitive process in which the public perceives certain cues about an individual's mental health status. These cues activate the stereotypes of the group in question and may lead to prejudice and discrimination (Sickel *et al.*, 2014: 204). They also relate to signs including *symptoms* (as demonstrated through individual behaviour), *social skills deficits* (for example, poor eye contact), *appearance* (for example, personal hygiene deficit) or existing *labels* used in conversation, such as 'deviant' (Corrigan, 2005). Discriminatory behaviour as a result of stereotyping may lead to restricted access to social resources for stigmatized individuals (Lamb, 2009).

Green (1998) discusses the concept of social justice, suggesting that the phenomenon incorporates full social and economic equality for all members of society, who in turn have equal access to treatment, public goods, resources and opportunities in life. Green extends this insight by suggesting that democracy also directly responds to inclusive principles, where every class of people participates in control and decision-making processes through institutions such as families, schools and workplaces. The shame and fear created by mental health stigma leads to social distancing, which in turn, driven by experience of prejudice, results in: [social isolation](#), self-stigma, lack of employment opportunity and self-determination, avoidance of help-seeking, poor adherence to treatment and overall poor health (Cheon and Chiao, 2012; Linz and Sturm, 2013). The impact of mental health stigma could therefore be said to diminish the capability for social justice for stigmatized individuals and groups, as the discriminatory behaviour generated as a result of prejudiced views restricts or prevents access to the social resources described above.

Strategies for reducing stigma

Growing awareness of the devastating impact of the stigma surrounding mental health issues has prompted investigation into how to tackle the problem. Corrigan and Penn (1999) suggest three potential change strategies in order to combat mental health stigma: protest, contact and education.

'Protest' involves an element of social activism, which highlights the social and personal injustices caused by stigma. It draws attention and criticism to the misdemeanours of those who have resorted to discrimination and stereotyping. Anecdotal evidence suggests that this approach may prove beneficial in tackling ingrained negative representations of mental health issues in the media (Wahl, 1995), but may also risk triggering a 'rebound' reaction (Macrae *et al.*, 1994). This reaction may actually increase negative responses. It is also possible to suggest that negative or unsuccessful experiences with protest may also subsequently have a negative impact upon levels of self-stigma experienced by the individual protester. This is because the protester has been unsuccessful in challenging their stigmatized status, and therefore may end up adopting stereotypical beliefs about their own ability or status into their own identity.

The opportunity for 'contact' between members of the general population and those with mental health issues has been shown to be an influential factor in reducing levels of personal prejudice (Corrigan, 2005). Contact that encourages engagement through shared interests or

common goals provides the potential for friendships to develop and the chance for everyday interactions to help minimize commonly established stereotypes surrounding erraticism and violence (Reinke *et al.*, 2004). This successful contact and discovery of mutual shared interests and goals may help to reduce the power difference noted by Link and Phelan (2001) as being essential to the deployment of stigma.

'Education' is a strategy that relies on building understanding of mental health issues by challenging commonplace stereotypes with factual information. This is achieved by displacing misconceptions with reliable evidence, often through the use of leafleting, books, media advertising, or campaigns in schools or educational facilities. Some anti-stigma education programmes have focused on explaining the biological symptoms and effects of different mental illnesses in a bid to raise public awareness. Subsequent research (Corrigan *et al.*, 2002; Corrigan *et al.*, 2005) has shown that such initiatives have raised levels of sympathy for those with mental health issues. Criticism of this approach surrounds the dramatization of the experiences of those with mental health issues, which may exaggerate what people with mental health issues are seen as being incapable of doing. There is a danger, therefore, of perpetuating existing stereotypes and myths surrounding those with mental health issues. Brockington *et al.* (1993) refer to this as 'benevolent stigma'. Raising public awareness through knowledge of purely biological features may only aid in tackling part of the complex issue of mental health stigma and approaches aiming to arouse 'pity' may further emphasize existing problems surrounding stereotypes.

It is possible for anti-stigma initiatives to combine methods from these three approaches. Twardzicki (2008) established a project in a college in Surrey where sixth-form students were encouraged to work with local mental health service users in a collaborative educational and drama project. Contact and educational strategies enabled participants to investigate and explore current attitudes towards mental health. They subsequently developed increased levels of empathy and decreased levels of stigma through participation in the project.

As Sartorius (2007) notes, research since the late 1980s has revealed several key strategies that have had success in addressing mental health stigma, including talking specifically to mental health service users and their families about future targets, and their own subsequent involvement in initiatives for challenging mental health stigma. To further develop such strategies, Sartorius suggests that the adoption of a more widespread approach to include all stakeholders, such as mental health service users, their families, government, health sector workers and the media may be more effective in addressing the fact that stigma is a long-term situation that 'needs to be tackled from all facets of society' (Sartorius, 2007: 810). Initiatives that avoid being too generic and choose to focus upon specific problems that stem from stigma have been shown to have increased potential for success.

Despite the prevalence of stigma and the devastating impact that it can have, it has been shown that it is possible to challenge and change existing stigmatized attitudes within society, predominately through the use of strategies of contact, protest and educational change. As discussed previously, stigma surrounding mental health issues is a social cognitive process, which also prevents access to both social and economic opportunities through discriminatory behaviour and prejudiced attitudes (Sickel *et al.*, 2014: 204). Therefore, it could be said that the work of anti-stigma campaigns is seeking to restore social justice and create equal opportunities within society for those with a mental health-related issue. Social justice issues have also been expressed and challenged through various interdisciplinary media forms, including music. This has resulted in growing interest from researchers in both the creative and humanities disciplines (Green, 1998). With these observations in mind, the next section discusses how community music-making may play a part in anti-stigma campaigns. The example of the Me2/Orchestra makes a case for the role of music in challenging and changing perceptions of mental illness.

Utilizing community music to tackle social stigma

Lee Higgins (2007) believes that the 'community' in 'community music' could be seen as referring to, or being associated with, an act of hospitality in line with the open-ended nature of community music groups and their inclusive nature with regard to participants and musical styles. That this malleability, or openness to change, both within the individual and within the group, is central to community music is reinforced by Webster (1997: 69), who states that 'Community Arts is, if nothing else, about change, and about using the Arts to achieve change'. It is also, as Koopman (2007: 154) notes, the very flexibility of community music, both musically and socially that makes it an ideal tool for use in other social and educational projects as individual, tailor-made approaches can fit the needs and requirements of participants, for example, fulfilling the differing needs of individuals, families, friends and other members of the community who come together in order to tackle social stigma surrounding mental illness. Higgins agrees, stating:

Music is a democratic form of hospitality promoting equality and access beyond any preconceived limits. The notion of conditional hospitality provides touchstones through which openness, diversity, freedom and tolerance flow. These sentiments reflect Community Music's commitment to access and equality of opportunity.

(Higgins, 2007: 284)

Community music practitioner Kari Veblen (2007) outlines a more extensive proposal for a definition of community music, suggesting five key areas of focus: (1) kinds of music; (2) intention; (3) participants; (4) teaching; and (5) context. I will discuss each of these categories and their potential application for campaigning against mental health stigma.

(1) Kinds of music

Community music is inclusive of all genres and styles of music, with a focus upon active music-making activities such as performance, composition and improvisation. As Koopman (2007: 153) notes, activities surrounding music theory, music appreciation or music history are less common within community music activities. The inclusive nature of the musical approach enables all people to take part and to benefit from a variety of shared experiences and potentially develop a musical identity or other interests, which may in turn provide a means of personal resistance against self-stigma. (This will be discussed later.)

(2) Intention

Community music places an emphasis on lifelong learning and open access to participation for all, and believes that the social and personal well-being of participants should be on an equal footing with the musical learning and output of the group. It serves to bring people together and fosters the opportunity for the development of both personal and group identity.

(3) Participants

Being deliberately open and inclusive, community music welcomes all participants from a wide range of social backgrounds and statuses in pursuit of aesthetic experiences, including the marginalized, disadvantaged, immigrants and refugees. Through inter-group contact between different societal groups, community music actively encourages the 'contact' approach advocated by Corrigan and Penn (1999), which helps to dispel prevailing myths surrounding mental health.

(4) Teaching

Community music sessions place an emphasis on self-directed learning through participation. This leads towards developments in personal satisfaction and self-expression, and a degree of fluidity in the identities of individuals in the group, who may act as observers, participants, composers or leaders, depending on the type of activity being undertaken. Facilitating an environment where individuals can take control of their own learning and potentially influence or lead others establishes the potential for developments in personal autonomy and creative expression, which act as a public (and private) demonstration of personal capabilities. These qualities are often diminished or negatively affected by encounters with stigma.

(5) Context

Community music strikes a balance between informal and formal contexts, and is defined by Veblen as acting in an expansive manner to include 'geographically situated, culturally based, artistically concerned, re-created, virtual, imagined' settings (2007: 13). It is this flexibility in both learning style and contextual approach that leads Koopman (2007) to suggest that community music is particularly suitable for adapting to individual and group needs.

The Me2/Orchestra and its contribution to tackling social stigma

While the potential benefits of community activities for reducing mental health stigma have been discussed, there still remains the question: why music specifically? To address this question, I refer to the concept of music ecology discussed by DeNora (2013). By considering how music influences the surrounding social space, or indeed acts as a central force within a setting, it is possible to consider how these qualities suggest that communal music-making may be an effective force in addressing mental health stigma. Theoretical examples are supported with insights from preliminary interview data with the Me2/ executive director, Caroline Whiddon. As this article primarily aims to set out a hypothesis surrounding the potential of community music in addressing stigma, the quotations presented form a snapshot of ongoing research and set out grounds for further discussion.

When discussing the concept of asylum (either a refuge from hostility or a space to play with one's surrounding environment, both individually and within a group) DeNora is quick to note that asylum is not dependant merely upon the traditional definition of bricks and mortar. Social space can be constructed by a variety of interactions with the surrounding environment (physical or imagined). This in turn can have an impact upon personal well-being and social functioning. In contrast to Goffman's discussion of asylums, DeNora (2013) demonstrates the potential for acts of removal from, and refurbishment of, one's social surroundings as asylum-creating activities. Removal activities may include a physical retreat from a certain place or situation, or forms of mental relocation as a means of 'blotting out' a situation, for example, the harsh impact upon personal functioning caused by experiences of mental health stigma. Removal may use forms of displacement activity, such as reading, watching television, private diary writing or use of food or medications as a distraction from, or means of displacement from, a social environment.

In contrast, refurbishment activities do not involve retreating from an unwanted, unwelcome or difficult social environment. They seek to redress the environment (even in a small way) that both the individual and others encounter, for example, actively employing a 'stigma-free' area where people can interact without fear of judgement against existing values of society, or modifying the physical appearance of the space or the persons involved. Removal and refurbishing

activities may also provide a catalyst for social change, even if the shared views are only held by a small group. McCallum (2011) suggests that the voices that make up the broader public sphere could actually be said to be representative of the many smaller micro public spheres.

Examining this concept from the very smallest potential (that is, an opinion shared between two individuals), DeNora (2013) uses Hauser's (1998) suggestion that a public sphere can in fact exist when two people discover a shared set of alternative views and values, and therefore establish a small form of mutual empowerment. By joining together through a shared, alternative perspective, it is therefore possible for a counterculture movement to eventually evolve and grow. Goldfarb (2006) argues that the personal relationship between those in the sphere does not directly influence the success of the ideas. Goldfarb highlights the fleeting interactions between strangers that can develop and evolve into shared political action in a bid to raise public consciousness of social conditions. Therefore, it can be suggested that community music activities could be successful in tackling mental health stigma, as they offer the chance for both removal (distraction from personal worries and difficulties through immersion in music) and refurbishment activities (acting collectively within a public sphere to challenge and change existing social attitudes towards mental health and establishing an alternative, accepting and non-stigmatizing set of shared social values).

The Me2/Orchestra is the brainchild of conductor Ronald Braunstein and his wife, Caroline Whiddon. Following his unfair dismissal from the Vermont Youth Orchestra in 2011 when struggling with his own mental health, Braunstein set out to create an orchestra that was free from stigma. Me2/Orchestra set out not only to create music together, but also to make a social statement, to raise awareness of mental health-related issues and to provide a space where members could be themselves without fear of rejection or judgement (Me2/Orchestra, 2016):

Well, it [Me2/] basically started because Ronald [Braunstein] came to me and said, 'You know, I've had this many decade-long career of highs and lows, and conducted many highly respected orchestras, but I've also had a lot of times when I've worked with people who didn't understand me, discriminated against me. ... So, I want to work with people like me! So, let's create a bipolar orchestra!

(Whiddon, 2015: n.p.)

Based in Burlington, Vermont, the diverse orchestra currently consists of approximately fifty members, aged between 12 and 88, of varying levels of musical experience and training and from a wide variety of backgrounds, including students, health-care workers, professional musicians, school teachers and retirees. Another two groups have since been created, one in Boston and one (started in late 2016) in Oregon. As well as being all-encompassing, the multigenerational aspect of the project provides the chance for younger, less experienced players to learn and develop their skills alongside seasoned professionals. To remove any potential barriers that might prevent people taking part, there is no participation fee, and no audition is required. Although the central theme of the orchestra is mental health and related issues, Me2/ has a fully inclusive network of members, approximately half of whom live with a mental health condition (whether formally diagnosed or not) who play alongside their friends, family members, mental health professionals and advocates. By recognizing that mental health affects everyone – whether through direct personal experience, caring for a friend or family member, or working in the health-care services – and by bringing people together from all forms of social backgrounds, a mutually supportive musical space such as Me2/ may facilitate tackling various forms of stigma. Whiddon attributes the lasting success of the group to two key factors: (1) the fact that the orchestra consists of members with and without mental health issues; and (2) the power of active music-making for supporting members' recovery and reconnection with society:

I think the fact that Me2/ consists of both individuals with mental illnesses and those who do not have a diagnosis is a key element to our success in erasing stigma. If we only invited musicians with a diagnosis to join the ensemble, then Me2/ would look more like a traditional support group. Support groups are great, but we strive to take the 'support' one step further by creating an integrated group that, in some cases, can help those who are struggling with an illness to build their confidence when it comes to participating in community life. The success these individuals have within the safe environment of Me2/ rehearsals can give them the confidence needed to be a part of the greater community.

One of our musicians told us that Me2/ gave him the self-confidence to re-connect with his family after many years apart. For too many years he had been ashamed of his behaviour stemming from his illnesses, so he wasn't in touch with his family. When he looked around the room at Me2/ and saw that all of these people accepted him, he decided that maybe it wasn't unrealistic to think that his family still loved him. This is one of the most powerful examples of the impact of Me2/, and I think it was made possible by the fact that the people surrounding this man in the orchestra were not all necessarily living with a diagnosis. He'd participated in many support groups before joining Me2/, but they hadn't had the impact that the orchestra had on him.

(Whiddon, 2015: n.p.)

Me2/ show many of the qualities of community music in their work. First, they have an incredible awareness of the individual needs of each of their group members, providing the chance to immerse themselves in music (removal) as a distraction from everyday life. Second, they work as a group to refurbish social spaces and alternative social attitudes towards mental health with music. Their own portable 'microsphere' is facilitated by performing in varied locations, such as schools, shopping centres, hospitals, prisons and airports, alongside more conventional venues. Several of Me2/'s approaches could also be said to fall under the banner of the anti-stigma initiatives previously discussed.

Contact approaches (Corrigan and Penn, 1999) allow members of the public to interact directly with members of a group, and allow for a public demonstration of capabilities that may combat commonly held behavioural and appearance stereotypes surrounding mental health. The inclusive nature of the Me2/Orchestra also allows for intergroup contact and the chance for people with a mental health condition to directly challenge factors surrounding self-stigma, avoiding 'invisibility' by maintaining contact with other social groups and by developing additional musical identities. The development of multiple role identities, such as a musical identity, may act as a 'resistance resource' against the damaging effects of stigma upon personal efficacy by reducing the position held by a stigmatized identity in an individual's order of salience (Thoits, 2011). The successful creation and sustaining of a successful (or valued) identity such as 'performer' (Procter, 2004) not only provides grounds for future social interactions, but also has a positive impact on personal confidence and self-efficacy.

It could also be said that several of Me2/'s methods of tackling stigma are broadly representative of an education approach (Corrigan and Penn, 1999). This is best illustrated by two examples. First, they use written inserts inside concert programmes that discuss the main aims and activities of the group in addressing social stigma. Second, they address the audience and try to provide the chance for a question and answer session. Members of the orchestra are often encouraged to take questions and to speak about issues pertaining to mental health or music, therefore helping to combat misconceptions about mental health, particularly because it is impossible to identify from appearance which members of the orchestra are living with a mental health diagnosis at any given time. Me2/ concerts typically begin with a verbal request from Caroline Whiddon that everyone see the performance space as a 'stigma-free zone', where, at least for the duration of the performance, there are no existing stigmas and stereotypes relating to mental illness. She also emphasizes that everyone is free to act as they want, without

the worry of encountering negative repercussions. This verbal request initiates a temporary alternative set of social expectations and allows members of the space to fully engage with non-stigmatized values, encourage conversations and ask questions without fear of judgement, a feat that would be very difficult to engineer in everyday life.

Public performance is central to the Me2/ ethos. This led to further consideration of the dynamics of the social spaces created by musical performance and the potential for impact upon attitudes towards stigma for both performers and audience members. Thoughts about the potential of this mutual experience and its impact are centred upon the phenomenon of 'tachytopia', as described by Saffle and Yang (2010).

Tachytopia describes a fleeting, real, lived experience: the establishment of an ideal, occasionally disruptive (that is, opposed to some existing social norms), short-lived utopian community, typically within the setting of a music concert or performance event. 'Tachy' is drawn from a Greek word meaning 'fast' or 'rapid', and this in turn refers to the concept of a fleeting, transient experience of utopian values offered by participation within a musical performance environment. Tachytopia provides an alternate social space, which allows the chance to temporarily experience and interact with a different set of social norms and ideals in the present moment (rather than as aspirations for the future), outside of existing social beliefs.

While philosophical discussion of utopian values often uses a future tense, and therefore presents such values as being plausible yet inaccessible in the present moment, it is possible to suggest that experiences of tachytopia give audience members the chance to interact with such alternative values in a temporary form of social space that operates fleetingly in simultaneous time with (but outside of) existing views and perspectives held within present dominant belief. Within the context of music and mental health, the social space created by the public performance of a community music group (especially centred on a theme of mental health stigma) could be said to enable a form of tachytopia. Members of the audience and performers are united in the opportunity to explore alternative societal values, such as acceptance and non-stigmatization surrounding mental health issues, reinforced levels of personal and group support, empathy, valuing of individual actions and appreciation of individual strengths and skills, in an alternative but parallel space and time. Experience and interaction with these values may subsequently impact upon the future social and political actions of individuals following interaction within this domain, demonstrating the potential for music to inspire acceptance and support, and directly to influence or break down existing stereotypes and inherited myths surrounding mental health issues.

In the long term, the construction of this fleeting social space, devoid of stigmatized attitudes, makes it possible to study the impact of musical interaction on public attitudes towards mental health stigma by allowing audience members to explore and examine alternative utopian values surrounding mental health. This transformative power of the creative arts is also noted by Dolan (2005: 21), who suggests that 'people come together, embodied and passionate, to share experiences of meaning-making and imagination that can describe or capture fleeting intimations of a better world'.

Conclusion

The examination of sociological, philosophical, musical and health literatures has revealed the devastating impact of stigma on individuals and society, and the prevalence of prejudiced attitudes that impose severe social barriers and obstacles to social justice in the lives of those who experience stigma. Happily, some research has shown promise in terms of developing

approaches to challenge and change public and personal attitudes towards mental health issues, but this is still a field very much in development.

This paper has: (1) set out to establish the potential for community music activities in the bid to change attitudes and dispel myths surrounding mental health; and (2) begun to consider how these approaches may work in terms of identity, ecology, community psychology and musical performance. While further research into the specific work of the Me2/Orchestra will provide more illumination into the level and nature of impact of the project, initial comparisons between proposed philosophical and theoretical models and the practice of the Me2/Orchestra has provided interesting grounds for discussion, particularly regarding the orchestra's use of an inclusive model and 'stigma-free zone' performance spaces.

Consideration of the concept of tachytopia proposed by Saffle and Yang (2010) can provide a start to the discussion of how musical performance and experience of concert spaces might open up the chance directly to experience the idealistic form of mutual support, respect and understanding advocated by the Me2/Orchestra. Musical performance can also move anti-stigma initiatives into the broader public consciousness by providing the chance to temporarily experience and interact with alternative values, rather than relying upon presenting a valuable (yet currently inaccessible) vision of proposed future ideals through other, more traditional mediums.

With regard to the impact of self-stigma, the opportunity for identity development provided by such projects may produce a personal resistance resource against the impact of stigma, which is still currently prevalent in everyday society, as well as a means of building self-efficacy and personal confidence, and reducing the isolation and loneliness often caused by public encounters with stigma or the adoption of stigmatized beliefs into personal identity.

While the potential impact of community activities, in particular community music, have been a previously untapped resource of potential in aiding the reduction of stigma associated with mental health issues, it is the belief of the author that there are certainly theoretical grounds to suggest that community music groups may well provide a means to tackle different forms of stigma. An early examination of some of the practical applications of these proposals (visible in the work of the Me2/Orchestra) suggests that there is a case for further investigation of the full extent of the transformative power of music within attempts to challenge and change stigmatized attitudes towards mental health topics.

Notes on the contributor

Debbie Rodgers is a part-time PhD student at Canterbury Christ Church University and also works as a peripatetic music teacher for Surrey Arts. Her research interests include the sociological and philosophical applications of community music, music education and analysis. She recently completed her master of music degree with a distinction, and has established international links with the Me2/Orchestra (Vermont, USA), who are forming the basis of a case study in her PhD research.

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