

## REVIEW

# Music and global health (Allison, Reed & Cohen, Eds.)

Reviewed by Michael B. Bakan

Florida State University, USA



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### REVIEWER BIOGRAPHY

**Michael B. Bakan** is Professor of Ethnomusicology in the College of Music at Florida State University, USA. He is the author of *Speaking for Ourselves: Conversations on Life, Music, and Autism*; *World Music: Traditions and Transformations*; and *Music of Death and New Creation: Experiences in the World of Balinese Gamelan Beleganjur*. Bakan serves on the Board of Directors of the Society for Ethnomusicology and as series editor for the Routledge Focus on World Music Series. He has performed as a percussionist with leading symphony orchestras, jazz artists, and Balinese gamelan ensembles, as well as with the legendary funk band Parliament. [mbakan@fsu.edu]

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This important double issue of the *Journal of Folklore Research* emerged from the 2013 Society for Ethnomusicology preconference symposium, *Music and Global Health: Seeking New Paradigms*. The one-day symposium, which was held on the campus of Indiana University-Purdue University Indianapolis, convened some 70 academics, artists, and activists from a wide range of disciplines: ethnomusicology and folklore; music therapy, performance, and composition; medical arts and sciences; public health and palliative care.

Five articles derived from papers presented at the symposium, along with the issue's introductory essay by symposium organisers and volume co-editors Theresa Allison, Daniel Reed and Judah Cohen, comprise the collection. Taken collectively, these six articles address "persistent questions underlying the role of music in public health advocacy and intervention efforts" (p. 1) while confronting the inherent challenges of interdisciplinarity more broadly.

In recounting the events of the 2013 symposium, Allison, Reed and Cohen observe that a single theme presented itself "with particular clarity" across all sessions and discussions; namely, that prospects for success on the part of ethnomusicologists in their music and global health ventures rely heavily "on full collaboration with our colleagues in the health sciences". Therefore, "team science" approaches – collaborative, interdisciplinary, and multidimensional – will be essential to ethnomusicology's achievement of a vital role in future research.

Invoking David Huron's claim that, "Regrettably, most cognitive scientists are ill-equipped to do remote field work, and few ethnomusicologists know how to do an experiment" (Huron, 2008, p. 457), Allison, Reed and Cohen offer an invitation and a challenge to prospective takers on all sides. They state that "...it is time to begin a partnership between those who can design a research

experiment and those who can successfully conduct fieldwork” (p. 3). At one level or another, the authors of the issue’s five main articles answer the call.

André de Quadros gets the ball rolling in splendid fashion with *Music, the Arts, and Global Health: In Search of Sangam, its Theory and Paradigms*. This is the article version of his symposium keynote presentation. The Sanskrit term *sangam* is invoked by de Quadros “as a metaphor for collaboration and confluence.” He explains that the term is generally used in Indian culture “to refer to the meeting point of rivers, a spiritual space,” but that it is “increasingly used for referring to emerging movements, concepts, and objectives” as well, most especially in connection with those that bring unity across disparate spaces in their ability to foster “newness, innovation, and harmony” (p. 16).

*Sangam*, de Quadros proposes, is therefore a word that crystallises the proper spirit of interdisciplinary research conducted at the intersection of music and global health studies. Going one step further, he claims that “music” itself is too limiting a frame for the type of interdisciplinarity called for, since what we in the West conceptualise as music is often inseparable from related forms of cultural expression (dance, theatre, painting) in other world cultures, making “the arts” more germane than “music” as a catch-all moniker. (Another Sanskrit term, *sangita*, which encompasses music, dance, and drama as inextricable elements of Indian performing arts genres, might have been usefully employed here by de Quadros as well.)

As the article progresses, de Quadros uses case studies from his own research and activism to illustrate his *sangam* concept. We journey from a women’s prison in Boston to a women’s community theatre programme in Brazil, from the activities of a folk theatre troupe in India to those of a health literacy programme in Peru. These varied examples provide models of efficacious, arts-centred public health initiatives that serve to “mobilize poor communities and to provide meaningful contexts for health education and empowerment” (p. 20).

Michael Frishkopf’s impressive and lengthy contribution to this volume takes the creative tack of treating popular music as a “public health technology”. His case study is a highly ambitious public health programme, “Sanitation,” which aims to provide clean and safe water for drinking, washing, and hygiene – along with safe, private locations for urination and defecation – in Liberia, a West African nation decimated by two civil wars in the late 1990s through to the early 2000s.

Frishkopf’s virtuosic synthesis of a wide range of theoretical and methodological components in the project, which he describes as constitutive of his “Music for Global Human Development” approach, brings to the fore one modality in particular: participatory action research, or PAR. As he explains,

Crucial to [the Music for Global Human Development] approach is the establishment of dynamic, open, intersubjective networks of participatory action research (PAR), comprising bundles of personal, adaptable, music-infused relationships that challenge the formidable barriers posed by differences in culture, language, and religion, and the yawning gaps in income, education, and living standards. (p. 42)

Pivotal to those music-infused relationships in “Sanitation” have been local popular music stars such as the Liberian producer, singer, rapper, and composer Shadow (aka Samuel Morgan). Shadow and other local music celebrities that he recruited were featured in two major video productions that

have served as the dual centrepieces of the project's public outreach efforts to date: the music video "Sanitation and Safe Water" and the documentary film "Sanitation".

Using popular music (which Frishkopf characterises as "the mass socio-cultural cognitive-affective system par excellence") as the primary medium for communicating crucially important messages on sanitation-related public health has proven highly effective, and the participation of Shadow and other Liberian pop stars has been invaluable to this effort. Since these musicians are "opinion leaders whose behaviors (observed or inferred) are widely admired and emulated," they have done more to spread the message and get local Liberians to buy into it than any number of official pronouncements could have. Moreover, the employment of local pop stars rather than global pop superstars, Frishkopf argues, has brought its own advantages, since the local musicians are relatable to, and more trusted by, the members of their local communities.

Austin Okigbo's brilliant study of the relationship of music and disease in South Africa from the early 18<sup>th</sup> century to the present, *South African Music in the History of Epidemics*, is unique in this issue on account of its incisively critical historiographical approach. Okigbo offers compelling evidence in support of his basic argument that if we wish to understand "the meaning that people make of their experiences of diseases", paying close attention to their musical responses to epidemics is key.

This point of departure prompts Okigbo to give close analytical and semiotic readings to selected songs representative of Black South African musical responses to three epidemics: the smallpox epidemic of the 18<sup>th</sup> century, the influenza epidemic of 1918, and the current HIV/AIDS pandemic. Through these readings and the historiographical trajectory of the project, Okigbo shows that musicological study can offer invaluable insights regarding how "sociocultural factors such as race and ethnicity, economics and spirituality, comprise important frameworks for constructing meanings around the issue of health and in the context of epidemics" (p. 87).

Along the way, Okigbo provides a powerful corrective to the rampant ahistoricism of so much scholarship on music in global perspective: the narratives and issues of racism, distrust, political and economic inequality, and stigmatisation that animate present policy and discourse in South Africa vis-à-vis the HIV/AIDS crisis are shown to have strong historical roots and continuities relative to the epidemics of centuries past. This article is an object lesson for all engaged in global public health initiatives, teaching us yet again that those who do not learn from history are doomed to repeat it, and that such learning requires paying close attention to sources of knowledge – like local songs – that are not likely to appear in refereed journal articles, official reports, and the like.

Niyati Dhokai's thoughtful and well-conceived article *Mediating Music and Culture in Medical Rehabilitation Settings* moves readers from the historiographical breadth of Okigbo's piece to a narrowly focused, case study-based, reflexive ethnography. Bringing her dual background in ethnomusicology and music education to her work as a postdoctoral fellow in a rehabilitation programme for military veterans with traumatic brain injuries in Washington, D.C., Dhokai expands out from her specific experiences to address a broad question: "What can an ethnomusicologist offer to healthcare settings?" Her experiential findings and reflections suggest that an ethnomusicologist, at least one as sensitive and committed as Dhokai herself, can offer a great deal indeed.

Premising her perspective on a 2014 article of mine that appeared in the Canadian ethnomusicology journal *MUSICultures*, Dhokai quotes the following passage from that work: "Ethnography is first and foremost about listening, and it is from listening to the people whose lives,

cultures, musics and the rest we endeavor to understand that we learn more than anything” (Bakan, 2014, p. 150). She then applies this priority to her own work in the veteran rehabilitation programme, and in reflecting upon the outcomes observed, arrives at the following conclusion:

Listening to music together became a favorite music activity for a core group of participants and continues to be a highlight of their week. During rehabilitation, many participants often have a hard time relating to each other or even communicating with each other, because their post-injury cognition and communication problems cause challenges when they try to engage in conversation with each other. Sharing music often provides participants with an opportunity to participate in an activity together [...] By engaging with music through ethnomusicology, where the relationship between music and people is of primary focus, the participants have found camaraderie and support through the musical culture that they have developed for themselves and for each other as they have come together to share, and learn about, music. (p. 128)

Sceptical readers might question Dhokai’s at least implicit claim that ethnomusicology holds some kind of unique purchase on “the relationship between music and people” as a “primary focus”. Is that not at least equally true of music therapy, one might reasonably ask. A fair question, to be sure; and the correct answer is probably yes.

Yet Dhokai is on to something here, and something important. While both ethno-musicologists and music therapists might be said to do what they do with a primary focus on the relationship between music and people, they do so through fundamentally different lenses, since their aims are different and the expectations placed on them are different as well. This is a core distinction that affects theory and practice on both epistemological and pragmatic grounds, and one that I have wrestled with in some of my own publications, including a chapter in *The Oxford Handbook of Applied Ethnomusicology*, titled *Being Applied in the Ethnomusicology of Autism*:

The field of music therapy is highly diverse [...] Yet for all the ways in which they differ [...] I would contend that there is a unifying thread binding together the endeavors of music therapists on the whole: put simply, they are committed to using music for therapeutic purposes, and therapy, by at least one standard definition [from Oxford], is “treatment intended to relieve or heal a disorder.”

As an ethnomusicologist [...] my framework is ethnographic rather than therapeutic, musicological rather than pathological. I am not trying to provide treatment or to cure autism through musical methods or any other. Instead, I am trying to better understand and communicate with people identified as autistic by hanging out and making music with them, having conversations and listening well, and getting to know who they are and what matters to them (Bakan, 2015, pp. 280-281).

But how does Dhokai, as the lone ethnomusicologist in an interdisciplinary group of clinicians working at a veterans’ rehabilitation centre, relate to such categories? It might be said that she inhabits a liminal space between my “music therapist” and “ethnomusicologist” types, placing her at a unique location in terms of both testing limits and fusing horizons as she attempts “to delineate a role within

a collaborative team [while] simultaneously facing ethical reporting boundaries of Federal guidelines such as HIPAA" (pp. 120-121).

Measurable outcomes of therapeutic interventions are both expected and required in Dhokai's work environment, which presents her with a basic challenge: how to be both *the* ethnomusicologist on the team and *an* ethnomusicologist committed to the tenets of the discipline in which she was trained. It is precisely such challenges that make this work (and that of the other contributors to the volume as well) so significant; for, in carving out new ethnomusicological paths in health science and global health terrains, scholars like Dhokai are helping to reshape both their own field and those with which it is becoming integrated.

The way in which such integration is – and is not – occurring is the focal point of the final article in the issue, Muriel E. Swijghuisen Reigersberg's *Collaborative Music, Health, and Wellbeing Research Globally: Some Perspectives on Challenges Faced and How to Engage with Them*. Writing from an applied ethnomusicology vantage point, Reigersberg bases her article on two years of fieldwork covering multiple locations in several countries (the United Kingdom, Austria, Finland, the United States, and Australia) and involving interactions with colleagues across multiple disciplines: (neuro) music psychology, music therapy, and the sociology of music. The findings of her research suggest that while practitioners in all of these fields, including ethnomusicology, share many of the same concerns and are asking similar questions, several obstacles must be overcome by ethnomusicologists "before increased interdisciplinary collaboration on a more global scale can occur" (p. 135).

Reigersberg identifies three principal areas of challenge in particular: (a) understandings of "what ethnomusicologists *do* and what ethnomusicology *is*" tend to vary considerably among prospective research collaborators; (b) there has, to date, been little cross-fertilisation involving scholars from the different fields – for example, in attending each other's conferences, publishing in each other's journals, and receiving training in each other's disciplines; and (c) discipline-specific terminologies have had a limiting effect on interdisciplinary collaboration, since the "ways in which researchers describe their work through language and research cultures vary, not just between disciplines, but also between countries and even institutions" (p. 136).

This list of challenges forms an excellent jumping-off point for the constructive critique that Reigersberg lays out through a critical examination of her own research experience. In her view, the critique is not only pertinent to scholarly and academic priorities but to ethical ones as well, for she asserts that "collaboration among a variety of disciplines" – most especially psychology, music therapy, and ethnomusicology – "is necessary for ethical reasons if we are to employ music to improve wellbeing and, indirectly, health" (p. 135).

This statement would seem to give explicit articulation to a two-part theme that unifies all of the articles in the volume: first, an ethnomusicological purview on matters of music, culture, health, and wellbeing is essential to music and global health research; second, ethnomusicologists acting alone are ill-equipped to meet the formidable challenges of conducting such research.

Reigersberg's list of challenges also provides a useful node of articulation for the final point I would like to make in this review, which seems especially germane given its venue of publication: a music therapy journal. In this case, I will take the liberty of flipping Reigersberg's list on its proverbial head a bit by challenging my fellow ethnomusicologists -including the ones who have contributed

articles to this important collection – to gain a deeper understanding of the one music and global health field with which they arguably share the most in common: music therapy.

We ethnomusicologists need to dedicate ourselves to better comprehending what music therapists do and what music therapy is at this critical historical juncture and moment of transformation in the music therapy discipline. We need to attend music therapy conferences, publish in music therapy journals, and receive training in the discipline's theories, methods, and techniques. We need to dedicate ourselves as much to mastering the discipline-specific terminologies of the music therapy lexicon as we have to mastering those of cultural anthropology, social theory, and cognitive psychology. Finally, we need to acknowledge in our own presentations and publications the interdisciplinary work that is already happening at the crossroads of our two fields, and in particular that which is being spearheaded by our forward-thinking music therapist colleagues: the 2015 special issue on medical ethnomusicology and music therapy in *Voices: A World Forum for Music Therapy* (co-edited by Jane Edwards, Gregory Melchor-Barz, and Bussakorn Binson); the 2016 Clive Robbins research symposium on neurodiversity, music therapy, and the autism spectrum at New York University (organised and hosted by Kenneth Aigen); and a substantive and ever-growing body of work by music therapists that demonstrates their deep immersion in ethnomusicological theories, methods, and epistemologies, as evidenced, for example, by Aigen and Edwards, as well as Karen Wacks, Brynjulf Stige, Even Ruud, Randi Rolvsjord, Rune Rolvsjord, Mercédès Pavlicevic, Susan Hadley, and Helen Loth.

I define ethnomusicology as “the study of how people make and experience music, and of why it matters to them that they do” (Bakan, 2018, p. 58). The eight contributors to the special issue of the *Journal of Folklore Research* reviewed here have made a most convincing case, both individually and collectively, for the notion that two of the principal reasons music matters to people is that it can enable health and wellbeing, on the one hand, and can combat the forces of marginality, poverty, oppression, and disenfranchisement that preclude health and wellbeing, on the other. This same cohort of contributors makes another compelling case as well, namely, that it is by working together-across disciplines, across professions, and across divides that have conventionally separated those who do research from those about whom research is done—that research on music and global health stands to make its greatest advances.

It is important that the *Journal of Folklore Research* published a special issue on music and global health, and it is perhaps no less important that the editor of a music therapy journal, Giorgos Tsiris, made a special effort to solicit the present review of that publication. These are the kinds of developments that give cause for great optimism regarding the future prospects of interdisciplinary research in this growing area of endeavour.

## REFERENCES

- Bakan, M. B. (2014). The musicality of stimming: Promoting neurodiversity in the ethnomusicology of autism. *MUSICultures*, 41(2), 133–161.
- Bakan, M. B. (2015). Being applied in the ethnomusicology of autism. In S. Pettan & J. T. Titon (Eds.), *The Oxford handbook of applied ethnomusicology* (pp. 278–316). New York, NY: Oxford University Press.
- Bakan, M. B. (2018). *Speaking for ourselves: Conversations on life, music, and autism*. New York, NY: Oxford University Press.
- Huron, D. (2008). Science and music: Lost in music. *Nature*, 453, 456–457.