Book review

Music Therapy: A Perspective from the Humanities
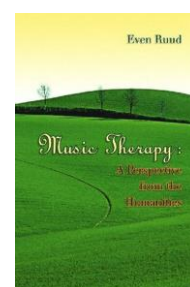Even Ruud

Reviewed by Mariko Hara

Mariko Hara, Ph.D., is a music sociologist specialising in the field of music and health and a member of the Sociology of the Arts research group at the University of Exeter. Her main research interest is the use of music as a means for sustainable care in ageing societies (Japan, United Kingdom and Norway) and how music use can be integrated into everyday life as health resource to adapt to changes in people's socio-health lives.

Email: mariko@marikohara.net

This book, as its title implies, is aimed at the music therapy field, one particular discipline in music and health. However, as a music sociologist working broadly in the field of music and health in Japan, United Kingdom and Norway, I found the theoretical perspectives discussed in this book beneficial and comprehensive.

In fact, in a later publication (Ruud 2012, p. 95), the author pointed out that the field of music and health is increasingly becoming a mixture of different disciplines; music therapists, community musicians and music educators; collectively referred to as *"health musicians"*. In this publication, Ruud (2012) suggests that in order to carry out the health-musicking projects practitioners need musical and performative skills, methodological equipment, and theoretical familiarity as well as personal, ethical, and political values. In this age of information and technology the forms and ways of musical engagement are becoming more multifaceted every day; from participating in music therapy sessions in various formats, listening to MP3 players, attending concerts, participating in choirs and bands, "attending concerts" online, sharing music with others online, and so on. Along with these general changes, the ways and means of carrying out such health-musicking projects are also becoming more diversified. This can, for instance, range from individual music therapy (e.g., Ridder & Aldridge 2005), guided imagery and music (GIM) therapy sessions (Bonny 2002), community music (therapy) projects that involve people with different disabilities and/or in different situations, with varying skills (e.g., Pavlicevic & Ansdell 2004; Stige et al. 2010), action research to help support the use of music as self-care (Batt-Rawden 2007) to facilitating the creation of musical narratives (Skånland 2012; Pavlicevic & Ansdell 2004).

The roles of so-called *health musicians* are not fixed and have to be adjusted according to how the different health-musicking projects are run. The roles for one project are not necessarily fixed either and have to be responsive to the conditions and situations of the 'here and now'. Under such challenging circumstances the various perspectives discussed in this book, I believe, can provide some core foundations for various health-musicking projects. They can be as important as the acquisition of musical techniques, skills and research methods that are necessary to undertake the practices and studies of such projects. Below, I discuss several perspectives introduced in this book in line with my own speciality; the use of music in dementia care.

When the health benefits of music in dementia care are discussed in media, for instance, music is often discussed as if it is a magic pill to be prescribed to people with dementia (BBC TWO 2009; Pritchard 2012). The problem with such a simplistic view is the absence of the embedded social and cultural dimensions of musicking. In such a view, furthermore, people are objectified as passive and/or captive clients who are the target of musical interventions and display 'effects' that can be measured, based on a pre-given hypothesis.

The perspectives discussed in this book help us to approach these issues. For instance in chapter 1 and 2, the author warns us about a drifting away from the very communicative strengths of music and emphasises how musical events are relational experiences by examining the example of singing lullabies. These perspectives are important for us to be able to explore the meaning of *experience* of any musical events (not necessarily ones aimed at people with dementia). This is difficult to evaluate using the simplistic causal/linear model, as the author points out.

Another issue of concern in music and health is discussed by Sakashita (2007, 2008) with regards to the use of music in dementia care and group-oriented music therapy sessions in nursing homes. Sakashita points out that there is a distinct possibility that residents (or day-care users) are forced to sing or listen to songs against their will for caring 'efficiency' purposes. Hence, the dignity of the participants is not prioritised. This is where Ruud's emphasis in this book (in chapter 1) on respecting individuals as a socially and morally motivated being when involving them in music therapy sessions becomes very important. More specifically, the author stresses that the musical identities of individuals should be respected as a sign of their dignity and he discusses in some detail the role of music in the formation of a sense of self in chapter 3. From his point of view, the musical engagement allows clients to transform their identities; this transformation can permeate into their life outside of the musical engagement and (hopefully) have a positive influence on them. This is particularly important for those who have a negative self-image due to their illness (e.g., dementia). As the author points out, the type of music people prefer and/or enjoy may change over time. Musical tastes can also change due to physical and cognitive deteriorations (Hara 2013). Therefore, as Ruud emphasises, sensitivity on behalf of the health musician is necessary to facilitate the transformation of identities through music.

In the following chapters (4 and 5), the perspectives on musical meanings and different dimensions of aesthetic in music therapy are discussed. The author, once again, warns us not to objectify people's musical experiences; by prescribing a certain musical culture without careful consideration, otherwise it becomes a colonisation of the individuals' musical life world. Instead, as Ruud discusses, the experience of music is affected by many factors and the music to use should not be decided upon based on any disembodied analysis. The value of music in health musicking projects has been further investigated by DeNora (2010); how 'goodness' in music is not self-evident, rather it is produced and nurtured among the participants in relation to a range of contextual factors. The collaboratively elaborated meaning of music is therefore not bound to a single event, instead it is carried into different times and spaces (Willis 1989). These perspectives further remind us how important it is to consider various contextual factors when collaboratively crafting musical events so as to help nurture the positive musical experiences.

Chapter 6 discusses the empowerment approach where empathy becomes indispensable when trying to learn about the resources of individuals and how such resources can be mobilised. With this approach the author argues that individuals who are marginalised can obtain equal formal rights. However, I would suggest that the acquisition of social capital through collective musicking can involve a struggle, and is not necessarily a given outcome of merely participating in a musical event as Daykin (2012) has discussed: thus musical events require careful consideration and crafting in order to reduce social inequalities. Only with the necessary crafting and through the micro negotiations among the facilitators and participants during the collective musicking, participants can increase possibilities of actions through cultivating reciprocity and trust in and out of these collective aesthetic realization processes as Procter (2007) discussed in relation to his community therapy practices with mental health patients ,

In chapter 7, Ruud introduces his perspectives on health; how this has to do with a sense of balance and harmony in life. This perspective is important because by using music we can craft a social-spatial environment where participants regain a sense of coherence (Antonovsky 1987) and at the same time transcend the bodily experience of illness (e.g., dementia) as discussed by Freund (2001). In a similar vein, the author also discusses how illness can be redefined as a condition caused not only by biological factors but also by societal factors (in chapter 8). Therefore, as Ruud suggests, it is possible to change the material and structural conditions of being ill. Music does allow people to perform a number of roles, some that may be able to dominate, usually temporarily, their experience of being sick. This obviously resonates with the discussion in chapter 3 where the author discusses roles of music in the formation of a sense of self.

In the tenth and concluding chapter, the author highlights how music can be an everyday technology of health, by suggesting that music activities can manage and/or prevent discomforts, such as asthma, depression and sadness, and to some extent provide comfort. The author also argues that music may function as a 'self object' that maintains, supports, and confirms the individual. These perspectives are useful when we explore the various roles that music has in everyday life as we shift the focus from music as a 'cure' or a 'treatment' of a disease to a more social and discursive role in health promotion in everyday life. Finally, the author regretfully points out that music became an art form after the eighteen century, a change that disentangled it from everyday life. Because music can afford people to embark on new actions it is an important factor in social change. The author therefore emphasises the necessity to reclaim the original functions of music in our culture and this is where the *health musicians'* roles can be found.

The perspectives discussed in the book are important both for practitioners and scholars working in the field of music and health especially under current challenging circumstances where the role of health musicians are increasingly becoming complex as discussed earlier. In fact, Ruud's perspectives (e.g., 1998; 2008) have been closely connected with the emergence of community music therapy practices (Pavlicevic & Ansdell 2004; Stige et al. 2010), therefore, the discussion developed in this book should also bring further positive impacts on the emergence and development of a wide range of health musicking projects.

The use of these perspectives is not bound to a specific culture, instead it can support various forms of health-musicking projects and the use of music in many different cultural settings.

References

Antonovsky, A. (1987). *Unraveling the Mystery of Health: How People Manage Stress and Stay Well*. San Francisco: Jossey-Bass.

Batt-Rawden, K. B. (2007). *Music and health promotion: the role and significance of music and musicking in everyday life for the long term ill*. Doctoral thesis, University of Exeter.

BBC TWO. (2009). The Alzheimer's choir: Wonderland. *BBC Two*. Retrieved on 9 June 2013, from: www.bbc.co.uk/programmes/b00pdv0w

Bonny, H. L. (2002). *Music & Consciousness: The Evolution of Guided Imagery and Music* (L. Summer, Ed.). Gilsum, NH: Barcelona.

Daykin, N. (2012). Developing Social Models for Research and Practice in Music, Arts, and Health: A Case Study of Research in a Mental Health Setting. In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, Health, and Wellbeing* (pp. 65-75). Oxford: Oxford University Press.

DeNora, T. (2010). Good music: Aesthetics, sociology, and the concept of community musicking. Paper presented at the 8th *International Symposium on the Philosophy of Music Education*, 9-13 June 2010, Helsinki, Finland.

Freund, P. (2001). Bodies, disability and spaces: The social model and disabling spatial organisations. *Disability & Society, 16*(5), 689-706.

Hara, M. (2013). We'll meet again: Music in dementia care. Doctoral thesis, University of Exeter.

Pavlicevic, M., & Ansdell, G. (Eds.), (2004). *Community Music Therapy*. London: Jessica Kingsley.

Pritchard, S. (2012). For dementia sufferers, music unlocks door for real personality to shine. *The Guardian*. Retrieved on 9 June 2013, from: www.guardian.co.uk/society/2012/apr/15/power-song-helping-people-dementia

Procter, S. (2007). What are we Playing at? Social Capital and Music Therapy. In R. Edwards & J. F., & J. Holland (Eds.), *Assessing Social Capital: Concept, Policy and Practice* (pp. 146-162). Newcastle: Cambridge Scholars Publishing.

Ridder, H. M., & Aldridge, D. (2005). Individual music therapy with persons with frontotemporal

dementia. *Nordic Journal of Music Therapy, 14*(2), 91-106.

Ruud, E. (1998). *Music Therapy: Improvisation, Communication, and Culture*. Gilsum NH: Barcelona.

Ruud, E. (2008). Music in therapy: Increased possibilities for action. *Music and Arts in Action, 1*(1), 46-60. Retrieved on 9 June 2013, from:www.musicandartsinaction.net/index.php/maia/article/view/musicintherapy

Ruud, E. (2012). The New Health Musicians. In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, Health, and Wellbeing* (pp. 87-96). Oxford Univ Press.

Sakashita, M. (2007). Discourses around professionalization and institutionalization of music therapy: What had been discussed the music therapy world. *Core Ethics, 3*, 165-181.

Sakashita, M. (2008). Positive effect of 'familiar music' on demented elderly: Intervention taking account of narrative. *Ritsumeikan Human Science Research, 16*, 69-79.

Skånland, M. M. (2012). A technology of well-being: a qualitative study on the use of mp3 player as a medium for musical self-care. Doctoral thesis, Norwegian Academy of Music, Oslo.

Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *Where Music Helps*. London: Ashgate.

Willis, P. (1989). Art of Culture? An Inquiry. In R. Simon & H. A. Giroux (Eds.), *Popular Culture: Schooling and Everyday Life* (pp. 131-146). Westport: Bergin & Garvey Paperback.

Suggested citation: