

Foreword: To Music's Health

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Recently I was on a panel suggesting career options for music students at a London university. The other panel members talked about working in music education, broadcasting, events management, and digital media. (Performing was strangely absent – presumably because most musicians can't make a career out of this now!) I talked about music therapy for ten minutes, and the students seemed interested. But when the discussion part of the evening arrived I wasn't asked a single question. At first I felt embarrassed, but then I remembered some previous occasions... and sure enough, after the formal event finished there was a line of students waiting to talk to me. Most of them didn't have a question as such; rather, they wanted to tell me their 'musical life stories'. An Indian student had been traumatically summoned to her mother's deathbed in India, but by the time she got home the mother was in a coma. The student was an expert in traditional singing, inspired by her mother's love of this style. When the daughter sang the mother came out of coma enough for mother and daughter to have vital hours of farewell. Another man simply looked me in the eye and said, "My life just fell apart – and music saved me. When I looked around with new eyes and ears I realised that it saves many other people too, so I now feel this is my vocation. What do I do?"

These musical life stories were too intimate for the public forum that evening. But although the people who wanted to talk to me had particularly intense musical stories, I felt that these 'musical miracles' were just the tip of the iceberg of a spectrum of more everyday experiences, uses, and understandings about how music helps people in and through their lives. They also perhaps illustrated a distinct and strengthening area of interest and understanding for a generation of people for whom 'music and health' or 'music therapy' are not strange associations of words and experiences (as they were perhaps up to twenty years ago in the modern West). There seems to be a new and serious interest to understand, and to make available, the musical basis of wellbeing.

Signs of this are appearing both in academic and popular culture. Conferences are springing up around the world on themes linking music, health and wellbeing, whilst

cultural organisations such as orchestras are promoting musical events for their well-being as well as their aesthetic value. Reality TV shows present choirs tackling social issues, whilst films, plays, and novels increasingly use this trope as a plot device. To cite just one recent example, no less than Vanessa Redgrave stars in *Song for Marion*, a film where a woman with cancer experiences the therapeutic value of a local community choir, whilst her husband (played by Terence Stamp) continues to experience the personal and socially redemptive powers of musicking after her death. It seems that music and musicking have become both a metaphor and an enactment of the complexities and dramas of social life – its harmony, discord, and ability to hold many contrasting things at the same time – but also a symbolic location for the possibilities of personal healing and social hope.

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But of course this link between people, music, and health/wellbeing is hardly new. It is a perennial knowledge that has been understood and practised in very varied ways across history – and varies still across contemporary social and cultural sites and traditions (Horden, 2000; Gouk, 2000; Gioia, 2006). The appreciation that music helps has been – and still is – either too obvious to mention, or else something forgotten and strange; is either central to normal cultural practice, or else marginal; is either mostly a professional expertise, or else an everyday lay practice. And *how* is this link made between people, music, and health? Again there is as broad a cultural variation as it's possible to imagine: gods, angels, heavenly spheres, humours and emotions, chemicals and brain regions.

The main popular revival and formulation of the music-health link in the modern West in the mid 20th Century quickly became a professionalised territory with the name 'music therapy' (or at least this is how the text-books have presented it). For a variety of social, cultural and political reasons 'music as therapy' was put into a discrete box that was neatly separable from 'music as entertainment', 'music as education', or 'music as personal passion'. To put it crudely, music therapy in its early days was for 'others' (the sick and the needy). Of course, from a perspective of social justice it was exactly these people who had the greatest need of music's help at the time, and of the specialist attention of the first generation of music therapists. Up until relatively recently it was usually only music therapists who were willing to work musically with the most deprived and forgotten people in our society.

There were, however, also downsides to this professional sequestration of 'music therapy'. In its anxiety for professional legitimation the 20th century music therapy profession was often seduced into pursuing a theoretical and practical agenda based

more on 'therapy' than 'music' (or, rather, missing the chances to genuinely link these phenomena rather than shoe-horn them into alignment). Because its formulations of music and health were largely in relation to pathology and 'special cases' the whole broader landscape of how music helps most people in most places remained relatively unremarked, under-researched and under-theorised (part of implicit rather than explicit knowledge and practice).

One of my gradual realisations as a music therapist (and I am embarrassed at how late this came) was that there is a fluid continuum between how music helps in everyday life and how it helps within the specialist field of music therapy (and other professional and semi-professional practices which harness music's healthful affordances). I needed patients to point out to me how they had already been engaging in musical practices that were health-promoting before they knew about or engaged in music therapy (often their illnesses had stopped this lay practice, and music therapy was a way of re-engaging with music again, and therefore with its help for them). With other less verbal or able clients I came to also appreciate the continuity of their musical lives outside music therapy with what happened inside it. Various movements in music therapy in the last decade or so – Community Music Therapy (Pavlicevic & Ansdell, 2004; Stige, Ansdell, Pavlicevic & Elefant, 2010; Stige & Aarø, 2012), Culture Centred Music Therapy (Stige, 2002), Resource-Oriented Music Therapy (Rolvjord, 2010; Ruud, 2010) – have illuminated and increasingly capitalised on the social, cultural, and everyday aspects of music in relation to professional music therapy practice. They have taken music and healing out of the 'for others only' box.

A parallel story of neglect and renewed discovery is found in how traditional academic disciplines that studied music (music psychology, sociology of music, musicology, music education) all traditionally kept clear of the themes of music therapy / music healing – presumably lest they contaminate the seriousness of scholarship with touchy-feely New Age vagueness. Ethnomusicology was an honourable exception to this, although its own tendency was to see 'music healing' in terms of cultural 'others'. It took until relatively recently for a new current in interdisciplinary scholarship to notice, research and theorise the richness of the music, health and wellbeing link on our everyday Western front-door. Even Ruud (1998, 2010, 2012) and Tia DeNora (2000, 2003, 2011, in press) were particular pioneers of this approach, bridging scholarly and professional territories. Others have subsequently helped to map this broader practical, theoretical, and professional territory of 'music and health' (Ansdell & DeNora 2012; Bonde, 2011; Higgins, 2012; McPherson, Davidson & Faulkner, 2012; Pitts, 2012; Trondalen & Bonde, 2012), and to suggest more succinct theoretical descriptors, such as Brynjulf Stige's (2012) 'health musicking' – which importantly expresses the link as a situated practice, not just a theory.

It seems now that there is no stopping this trend! Fat compendiums such as MacDonald, Kreutz & Mitchell's *Music, Health & Wellbeing* (2012) now provide increasingly comprehensive interdisciplinary perspectives on music, health and wellbeing. To an extent such collections (and the current one you hold in your hand) are manifestations of the coming-together of previously disparate professional and scholarly endeavours that have been developing practice, theory and research for some time along separate but parallel vectors. An interesting question then is: What will be the impact of the growing consilience on the currently separate practices, disciplines, and professions (such as music therapy, community music, music education?). Are we on the brink of a 'field-shift', one that would re-orientate each of the separate players into a more shared territory and direction for the future? It seems to me that the over-arching academic and practice-based field of 'people and music' has certainly been shaken up in the last ten years – but that it is yet to settle in any clear way yet. We will need to wait and see.

For those students at the careers evening who told me their 'music and health stories' the idea of 'music therapy' seemed to provide a legitimating device to further explore the music-health link in relation to their own everyday lives, and those of friends and family. They made fresh connections between their curriculum material in ethnomusicology, music psychology, music sociology, and music education, and beyond this to a variety of interdisciplinary patterns. This is different from putting music therapy into a sealed box. I came away feeling that the music-health link was, well, more *healthy* – by which I mean, more accessible and more applicable to a wider spectrum of reflection and action.

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Musical Life Stories makes an important and significant contribution to this refreshing and remembering of practice and theory that is currently taking place in the area of music, health and wellbeing. Its contributors are precisely the kind of inspirational interdisciplinary scholars and practitioners that I have mentioned in the previous section. Interestingly, they are about half music therapists, and half other professionals (musicologist, educationalist, nursing researcher, psychologist). Together they present crucial empirical confirmation of key dimensions of the broader picture that is rapidly assembling, which could be summarised as showing how:

- Music is intensely personal for most people – they experience music (in relation to their personal preferences and activities) as infusing, accompanying and guiding their everyday lives in temporal, spatial and action-based dimensions.

In short, music is often the soundtrack to a life, and therefore a means of 'giving voice' to, performing, and narrating a life.

- Because of this intimate personal link, for many people music is quite naturally linked to wellbeing (whether they are 'well' or 'ill' in an objective sense, or somewhere between – as indeed most of us typically are most of the time).
- People often personify music in this way as a kind of 'lay-therapist' within their everyday lives – or, alternatively, they themselves are the lay music therapist using music as a tool for their own self-care in areas of energy and motivation, emotion and emotional regulation, identity, relationship, socialisation, restorative 'asylum', and self-reflective work in relation to everyday problems and challenges.
- Music is therefore as much a health-promoter and illness-preventer as a 'treatment' (a 'cultural immunogen' in Even Ruud's phrase (2010, p.158)).

The key importance of *Musical Life Stories* is that this people-music-health link is presented not as theoretical speculation, but as something established and substantiated through a 'delicate empiricism' consisting mainly of ethnographic-style studies that search for, identify, trace, and follow the link within specific actions and occasions (this is the vital lesson that Tia DeNora, Bruno Latour and the ethnomethodologists have drummed into us – *show the links at work!*). And this is just what the authors of this compendium try to do. On the one hand we read detailed studies that probe the music-everyday life link, seeing how the complex web of relations between music, age, class, ethnicity, situation, health/illness, life-course and love of music underpins its potential for becoming a practical resource for 'therapy'. A second group of studies then describe in detail such help: showing how people who are long-term sick; coping with mental health problems; grief and life-crisis; social exclusion through disability... are able to use music and musicking as a powerful resource for creating, maintaining and restoring wellbeing at personal, social and existential levels. Importantly, music helps in these very different contexts not primarily by directly 'fixing' a problem, but by 'musicalising' it: vitalising and enhancing experience, reframing difficulties and challenges, helping people find oases of health *within* illness or struggle. Music helps *change* life stories, and therefore changes lives.

These studies, and other converging research now available, seems to me to be providing a new broad-based practical and theoretical platform from which we can begin to talk more usefully about both interdisciplinary and inter-professional differences and shared agendas and concerns. I suggest that this platform implies the following key 'principles' concerning the people-music-health link:

1. A '*continuity principle*' – that there is an essential continuity between music in everyday life, and music in 'specialist life' (by which I mean special situations, specialist professional uses, etc). The previous denial or lack of attention to this basic continuity has prevented a more comprehensive understanding of how music helps in general.¹ A 'continuous understanding' could really help develop it in the future.
2. A '*paramusical principle*'² – that music does very little (if anything) on its own. Music has no natural powers, despite the myths and legends that would tell us so. Rather, people do things with music's help in many different situations, and in relation to personal preferences, and situated and shared meanings. 'It' (music) acts only in relation to *our* acting – its affordances are relative to our situated appropriations, as Tia DeNora has usefully formulated. Previously in music therapy/music and health theory the tendency has been to separate the 'musical' from the 'extramusical' (implying that music 'causes' movement, emotion, social action etc, but that these phenomena are *non-musical*). A more accurate formulation would again involve a smoother continuity within human musical experience – such that '*paramusical*' phenomena accompany or work-beside the musical, whilst not being purely musical themselves. Rather, the musical and the paramusical substantiate each other – the 'musicality' of a movement, communication, or style of identity shows up for us within musicking. But these aspects are not necessarily separable *from* the music; they are an aspect *of* the musicking and not just a result of it (and as such are para-musical rather than 'extra-musical'). A paramusical phenomenon is always wrapped up in the immediate ecology and need of a situation, and is never an abstract entity that you could isolate – either during or afterwards. Take away the music and the paramusical feature can also disappear, even if an echo often remains (Ansdell, in press).
3. A '*salutogenic principle*' – music does not usually treat illness; it helps health. A biological model will need balancing by a psycho-sociocultural one. But equally, whilst musicking in everyday life is mainly about *health*, the practices of music in 'specialist life' will also need to take illness and pathology into account. People's relationships to music can be complicated, and can involve pathology and pain. This is where music therapy as a profession and discipline comes in,

1 I take the idea of a 'continuity principle' from the philosopher John Dewey's work. Don't separate out things, he advised; if in doubt opt for continuity over discontinuity! I develop this idea in detail in a forthcoming book *How Music Helps: In Music Therapy & Everyday Life* (Ansdell, in press).

2 This formulation has been appearing in several studies recently (Stige, Ansdell, Elefant & Pavlicevic, 2010; DeNora, this volume; Ansdell (in press)).

as it trains people to think about people, music, health *and* illness together. But music's aim is always towards *health*.

4. An '*ecological principle*'³ – music helps not just inside brains, or psyches; not just within dyadic relationships; not just within 'social structures'. In fact it's usually unhelpful to dissect human musical experience into 'psychological', 'social', 'existential'. Rather the level of attention should be at the ever-flowing total ecology that is the pattern which dynamically connects musical people, musical things, and musical situations. When this living pattern aligns, connects, mobilises, quickens and transforms... *this* is both when and how music helps.

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This emerging perspective I have briefly sketched here has implications for practice, theory, research and professional politics. It might be assumed from what I've written above that I'd de-throne music therapists and create a free-for-all in the area of music and health. Far from it! What I hope that I, and the book you are about to read, can convince you of is that there is an important continuity between music's therapy in everyday life, and within 'specialist life'. From this it follows that we also continue to need a spectrum: from lay and informal practices through to highly skilled and specialist professional applications. What I *am* strongly advocating is that this practice spectrum is increasingly fluid, and is based on a more shared foundational understanding of the people-music-health link. Working from this could help prevent retreat into esoteric languages and theories by each sub-group, which in turn prevents effective collaborative working. Is this possible?

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Allow me a brief utopian fantasy: that on 1 January 2014 the current order dissolves: no more are the varying brigade of musical performers, teachers, therapists, community workers, psychologists, academics... each with their historically-created theory and practice, their professional inertias and vested interests. Instead just one type is newly created: *musicianists*.

Musicianists are people who are educated through craft practice, reflection and experience to understand and appreciate the basic links between people, music, health and wellbeing. They work, however, in a wide variety of ways – with the young, and

3 Such an ecological perspective on this subject is explored in detail within an upcoming triptych of books about music, health, and wellbeing (DeNora, in press; Ansdell, in press; Ansdell & DeNora, in preparation).

old; in everyday, and in specialist settings; for fun, and for very serious purposes. But there's a smooth continuity between educational, therapeutic and social aims and results in all this work. All aspects are assumed to be in the overall service of a set of core human needs: personhood, relationship, community and transcendence. Musicianists address these needs musically. How and where they choose to work is related to their personality, vocation, preferences and musical/personal skills.

If this is too utopian (at least by 2014!), then what would be the next best thing? Perhaps just a growing consilience in knowledge and practice between musicians who work in all the current music professions; perhaps just a willingness to appreciate the common source of their work and its fruits – the musical basic of wellbeing.

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I've come to think that music's health itself is reliant on this broader, more comprehensive, and more liberal understanding of what music is, and what it can do; why it matters; and how to best use it in the service of basic human needs and human flourishing. And yes, this agenda means that we can still reserve a space for all kinds of *recherché* musical styles, performance practices, and their accompanying aesthetics of polished performance and interpretation, or anarchic action. But it places these varied possibilities within a more fundamental and inclusive value system that links people, music, health and wellbeing together as the primary reality, and social priority. Seen this way, all musicking is necessarily part of a political conversation about human rights, ethics and human justice (Stige & Aarø, 2012; Ansdell, in press). This view of music could keep music healthy, as it in turn helps keep us healthy.

Inspired by this collection of chapters, and the important message that they collectively convey, I offer now a toast to music's healthful work – in whatever professional, lay, formal, informal circumstances or forms it takes or operates within. To toast is to celebrate, to honour. And so...

To music's health!

Cheers! Skål! Santé! Prost! L'Chayyim! Kanpai, Na zdrowie! Budmo! Iechyd Dda!

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