Collaborative Music, Health, and Wellbeing Research Globally: Some Perspectives on Challenges Faced and How to Engage with Them

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Abstract: This article explores the ways in which the relationships between music, health, wellbeing, medicine, and ethnomusicology are being researched internationally. It shows that while there is a widespread global interest among a variety of disciplines in studying these relationships, there is still an absence of disciplinary and international collaboration. This absence of collaboration, I argue, is caused by a variance between disciplines and countries in epistemologies, modes of dissemination, professional jargon, and national languages. This diversity of professional practice influences the sharing of information about music and wellbeing, often slowing down the creation of new knowledge, potentially to the detriment of those receiving musical care. Here I present the results of a short participatory action research study investigating the professional practices of ethnomusicologists, (neuro)psychologists, and music therapists researching the links between music and wellbeing. My findings are based on observations made in the United Kingdom, Austria, Finland, the United States, and Australia. I conclude by urging researchers to examine their practices and epistemologies reflexively, and not to assume other disciplines are homogenous. I also suggest that, for ethnomusicologists, grounded theory and community music therapy might be areas for future collaboration and that a proactive approach is needed to ensure knowledge about the links between music, health, and wellbeing are examined at a faster, more collaborative pace.

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Introduction

By way of introduction, it might be useful to clarify what I currently perceive to be music's relationship to health and wellbeing. Firstly, based on current medically-derived, Western research evidence, I am not convinced music is capable of physically curing ill-health or disease. I do believe, however, that music can lighten the load of the suffering, calm those in pain and in distress, communicate information and concepts of health and wellbeing, and promote these ideas in culturally appropriate ways to those listening to or performing or generally experiencing music. Secondly, I fully understand that definitions of what music is vary globally. In Africa or Indigenous Australia, for example, the term may include the Western concept of dancing. I also know that what "being in good health" means will vary across and within different cultural groups.

Thirdly, over the past five to seven years, interest in studying the relationship between music, health, and wellbeing has suddenly increased significantly. I suggest this new interest has been fueled by, among other things, the realization that it is not possible to answer all there is to know about the relationship between music, health, and wellbeing using either biomedical or social science approaches alone; the economic downturn which has necessitated the need for cost-effective approaches to improving wellbeing; a further decrease in the availability of funding for "blue skies" (ethno)musicological research; and an increased strategic emphasis on interdisciplinarity and collaborative research across (inter)national funding bodies. This new research interest has surfaced gradually and globally and, as such, I term it a "movement." This movement is certainly not a *unified* one, and I do not advocate for it to be, as will become clear. This may contradict the views of those working in, for example, Western clinical music therapy, where evidence-based, medically-informed approaches that need to conform to the gold standard have led to a desire to systemize music therapy research and practice in order to encourage its broad application and the generalizability of research findings. Tony Wigram and Christian Gold (2012) refer to this as "the religion of evidence based practice," which they argue has both pros and cons. The reasons I do not advocate striving to achieve uniformity are based on my own fieldwork background and training, described below.

I shall base this article on applied ethnomusicological research undertaken in the past two years, which has involved speaking to

colleagues from other disciplines such as (neuro) music psychology, music therapy, and the sociology of music. My geographical areas of engagement have been the United Kingdom, Austria, Finland, the United States, and Australia. I have discovered that researchers and practitioners in all the disciplines named have similar questions, but that there are still a few challenges that ethnomusicologists need to engage with constructively before increased interdisciplinary collaboration on a more global scale can occur.

I believe increased collaboration among a variety of disciplines is necessary for ethical reasons if we are to employ music to improve wellbeing and, indirectly, health. Through increasing cross-cultural comparisons and interdisciplinary inquiries, we will be able to refine the data we have available on how music can improve wellbeing. Such data should show which aspects of wellbeing are determined by human physiological make-up and psychology and which responses are related to in- and enculturation and lived musical experiences. Much good work is already taking place in pockets of research and practice, but these pockets have not yet become the norm and their knowledge base is not yet embedded or taken for granted in what Bruno Latour and Steve Woolgar label "type five" statements: facts no longer disputed, and understood to be "common knowledge" among specialists (1986, 76). Therefore, I will not focus on the commonalities between disciplines and practitioners, not least because these too vary from country to country and project to project on the micro level. Instead, I will restrict myself to discussing the issues at a more global, meta level, exploring the challenges I have identified thus far. Nor will I enter into a general discussion on what interdisciplinarity is and how it differs from cross-, multi-, and intradisciplinarity. Such discussions have already taken place elsewhere, for example, in the *Oxford Handbook of Interdisciplinarity* (Frodeman et al. 2010) and in the work of Joe Moran (2010). Instead, I ask that readers think of what I describe as collaborative research into the relationship between music, health, and wellbeing and what challenges we need to overcome in order to facilitate more frequent collaborations internationally.

These challenges include: (a) The *perceived* domains of inquiry of ethnomusicology by other disciplines: Understandings of what ethnomusicologists *do* and what ethnomusicology *is* tend to vary considerably. (b) Lack of collaboration: There is as yet little cross-fertilization where scholars attend each other's conferences, publish in each other's journals, and train in different disciplines. I argue for a change

in educational models in music, health, and wellbeing, and for ethnomusicologists to engage in continued professional development themselves. (c) Discipline specific terminologies: 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. I argue that through reflexively examining these practices and differences, we will be better able to foster fruitful collaborations on a more global scale.

Background

As an applied ethnomusicologist, my training was undertaken in the United Kingdom and, to date, has been qualitative, ethnographic, reflexive, and certainly not statistical in nature. The ethical need for collaboration among music, health, and wellbeing professionals became apparent to me when I returned to Australia in 2010 to follow up on my applied ethnomusicological doctoral fieldwork undertaken between 2004 and 2005. My work at the time was based on an applied, collaborative ethnomusicological approach whereby I facilitated the Aboriginal Hopevale Community Choir for a year, exploring how Christian choral singing negotiated the construction of Indigenous identities. The chorus became a mechanism by which its members sought reprieve from the social problems that Indigenous Australian people face; the ensemble toured and visited a prison and Indigenous rehabilitation center as part of the research project. The applied ethnomusicological approach I used therefore came to develop strong similarities with what might be defined as culturally appropriate community music therapy (see Stige 2002; Swijghuisen Reigersberg 2010). When I returned to the rehabilitation center in 2010 and entered into a discussion with its Indigenous Australian manager, he mentioned that although a music therapist had been available, very few people had continued their engagement with music therapy after a few sessions, feeling that the therapist's approach was not sensitive enough to Indigenous ways of engaging with music or Indigenous ways of interacting. The approach was too "medicalized'" and, as the manager put it, "too white." At the same time, he acknowledged that somehow, justification was needed to continue treatment or even the music therapist's continued employment via the center. In his opinion the only way to support such a justification was "with numbers and figures" as this was, he thought, the "only evidence that the

government was likely to believe." Australian music therapists, including Kate Williams and Vicky Abad (2008), have discovered the same emphasis on quantifiable data.

To an ethnomusicologist like myself, current evidence therefore suggests that music does have an effect on wellbeing, but that this effect is as much determined by cultural constructs as it is by human physiology. In order to facilitate wellbeing through music, culturally appropriate methods must be used and new research methods designed that take into consideration humanity's diversity. Scholars such as Georgina Born are of the same opinion:

> It follows that any reconfiguration of subdisciplinary boundaries, and any redistribution of legitimacy between the music subdisciplines [here Born includes music psychology and ethnomusicology], cannot be accomplished by appealing solely to the politics of the public sphere. Rather, they necessitate the presentation of cogent and compelling intellectual and creative justifications for a redistribution of attention to new objects of study, new perspectives on old disciplinary objects [the quantitative and qualitative debate in our case], and new conceptual and methodological resources relevant to all musics [here she stresses musical diversity]. (2010, 208)

My own "creative and compelling intellectual justification" (to use Born's language) for addressing the shifting boundaries and disciplinary divides is an ethical one. If we marry music with health and wellbeing approaches, it is important that we begin collaborating in order to provide better care for those with whom we work, while trying to understand music and its impact on human physiology and society from multiple angles. These angles all intersect and interact, for no human exists in a vacuum and neither does music.

As a result of my wish to address disciplinary boundaries and offer suggestions on how to overcome them, this article is designed to highlight the collaborative, often positive, challenges that I have faced to date when working with music therapists and psychologists. Little has yet been done to examine these difficulties, although publications produced by Michael Bakan (2009) and Benjamin Koen (2008) indicate this to be a burgeoning field full of promise. My aim is not to incite or inflame debates unnecessarily, but to engage with them constructively and reflexively. If my picture seems somewhat gloomy at times, it is not because my work has been unproductive. I have had many fruitful engagements with music therapists

at, for example, the Nordoff-Robbins Centre and British Association for Music Therapists in London, in Graz, Austria, and with music psychologists at the Music, Mind, and Brain Centre, Goldsmiths, University of London.

Lastly, I should explain that I have, quite deliberately, laid out this article in a semi-scientific style, using headings such as "background," "methods," and "results" to demonstrate, through my writing practice, what interdisciplinarity might look like. This may not be a conventional method of representing ethnomusicological research, but I use it here to exemplify a potential way in which ethnomusicologists might engage more fruitfully with health scientists: through adapting their style of written communication to suit the needs of journals and reviewers rooted in health-science disciplines. This, I hope, might overcome some of the difficulties in disseminating interdisciplinary research.

Methods

My methods were participatory action research,[1] participant observation, and professional engagement with my own discipline and those of music therapy and psychology. For my small pilot study, I identified suitable settings for my inquiry, in this case, conferences. I organized an interdisciplinary conference in October 2013 and attended several myself, including conferences attended by music therapists, music psychologists, ethnomusicologists, and mixtures of scholars from these fields.

I first went to one of these conferences as a delegate in Folkestone, at the Sidney de Haan Research Centre for Arts and Health, Canterbury, Christ Church University, United Kingdom.[2] Here I was one of three ethnomusicologists in attendance, along with Caroline Bithell and Julie Rickwood (both researching community choral work). I spoke with my music therapy and psychology colleagues and generally engaged in conversations and the workshops while lobbying for my collaborative cause and encouraging colleagues to join the British Forum for Ethnomusicology. I also met music therapist Giorgos Tsiris and, at his request, authored a 2,500 word analytical conference report based on my ethnomusicological observations for his online music therapy journal *Approaches*. This was the first time I had actively collaborated on a piece of writing with another music, health, and wellbeing practitioner (Swijghuisen Reigersberg 2011).

Having found a mission (namely advocacy for my discipline based on ethical grounds), I became a little bolder and thought I ought to present something at a non-ethnomusicological conference. So I signed up to go to Austria to present at the Mozart and Science conference in Krems in 2012. The conference was mostly attended by music psychologists and therapists. At Mozart and Science, I became familiar with the concept of doing a poster presentation and having to stand up in front of said poster, talking about my hypothesis, my aims and objectives, my methods, and, of course, results. I also disseminated, as part of my poster notes, a reading list of ethnomusicological texts which I believed might prove useful to other music and health professionals. The poster presentation format was new to me, as by and large this method of dissemination is not frequently used by British or American ethnomusicologists.

This is the point at which I began a more systematic inquiry into modes of knowledge transmission in disciplines different than my own as I embarked on a comparative study of methods used by non-ethnomusicologists researching the relationship between music, health, and wellbeing. Heartened by my favorable reception in Austria, I plowed onward. Next on the list was the Society for Education and Music Psychology Research (SEMPRE)'s Fortieth Anniversary Conference, in London. Here I was allocated only five minutes to present the main thrust of my research. I speedily regaled my audience with details as to why I thought it necessary that they should start collaborating with ethnomusicologists, promoting the merits of practice-based knowledge and ways of working. As in Folkestone and Krems, I extended invitations to colleagues to join learned ethnomusicological societies.

I also attended a conference organized by the Nordoff-Robbins music therapy center, in London on September 20, 2013, titled "Music and Communication: Music Therapy and Music Psychology."[3] The day centered on the question, "What three things should we know about music and communication?" and the aim was to engage researchers in cross-disciplinary discussions that facilitated the sharing of concepts, definitions, and methodologies. I was able to contribute to discussions on what communication entails from an ethnomusicological point of departure, both musically and socially.

Consistent with my participatory action research approach, I organized my own interdisciplinary conference on October 19, 2013, based on Music, Health, and Ethics, via the Music, Mind, and

Brain Centre.[4] I invited music therapists, music psychologists, and ethnomusicologists to engage in interdisciplinary panels on themed discussions: (a) Music, Stress, and Trauma: Bio-Medical and Social Approaches to Inquiry; (b) Inculturation, Enculturation, and Musical Wellbeing; and (c) Experience, Quantifying Outcomes, Ethics, and Government Policy/Research Funding. Where possible, I put representatives from music therapy, music psychology, and ethnomusicology together on panels, and panel chairs also represented the three disciplines. The keynote panel consisted of an ethnomusicologist (Caroline Bithell), a music therapist (Gary Ansdell, who co-wrote *Where Music Helps* [2010]), and a music psychologist (Ian Cross). The aims of the conference were: (a) to explore whether any collaborative work was already happening; (b) to foster interdisciplinary links between colleagues and lobby for a more critical mass (i.e., advocacy for the field and indeed inclusion of ethnomusicologists); and (c) to observe and record the engagement that occurred and the types of debates that arose or the questions that were asked. The conference also included workshops on singing, movement, and yoga in order to support the premise that if we are to value practice-based, musical, and embodied knowledge, we should directly engage in those practices in some way at our conferences.

My other opportunity for comparative engagement was at the Society for Ethnomusicology (SEM)'s preconference in Indianapolis in November 2013. The preconference aimed to address both new and existing collaborative projects between ethnomusicologists and health researchers. To this end, SEM members were invited to present on comparative methodologies and agendas, project design, data collection, grant writing and funding, and publication venues, where possible, in collaboration with health science partners. Here I was able to test drive some of my ideas before a critical but friendly audience, and to further develop discussions as a disciplinary "insider." It is through these fruitful and engaging debates that I am now able to present my article here.

The keynote given by André de Quadros at the SEM preconference (a version of which also appears in this issue) tied in nicely with my invited presentation at a conference in Helsinki in December 2013. In his presentation, de Quadros explored the social determinants of health as outlined by Wilkinson and Marmot (2003) in their report to the World Health Organization and the importance of this report to ethnomusicologists interested in music, health, and wellbeing. This

helped me prepare for my next event in Helsinki, where I had been asked to speak about the social determinants of health in relation to Australian Aboriginal music-making and wellbeing (Swijghuisen Reigersberg 2013). Interdisciplinary discussions from the SEM pre-conference in Indianapolis allowed me to furnish conference attendees in Helsinki with new knowledge from the United States and myself with another comparative angle to my small study.

Depending on the disciplinary focus of events, I positioned myself either as a cultural and disciplinary insider reflexively analyzing engagements with interdisciplinary perspectives, or as a cultural insider, but disciplinary outsider. While I am schooled in Western modes of thought production, I am an ethnomusicologist trained in qualitative methods and theory. In order to record my observations, face-to-face discussions, and interdisciplinary engagements, I used written field notes, conference proceedings, and email exchanges to document research developments. The sensitivity raised by the matter of disciplinarity meant that at conference presentations I announced my intention of recording interactions for fieldwork purposes, and with email exchanges I sought permission to use the text as the basis of my research and, subsequently, this article. Professional sensitivities also lead me to keep most of my personal interactions (data/results) anonymous; I identify by name only those scholars who made public statements or whose statements were neutral in character and/or related to their own work.[5]

Results

The results might be grouped in to three overarching themes: (a) Perceived homogeny, diverse domains of inquiry, and the "academic other"; (b) Lack of collaboration and need for further training; and (c) Modes of knowledge transmission, research cultures, and language. I will address these below. As can be seen, this small pilot study, if expanded, could lend itself quite easily to a grounded theory approach in future.

Perceived homogeny, diverse domains of inquiry, and the "academic other"

Understandings of what ethnomusicologists *do* and what ethnomusicology *is* tend to vary considerably among ethnomusicologists

globally. These intra-disciplinary debates, distinctions, and developments do not always filter through to music therapists and psychologists. As a result, the latter two disciplines often adhere to outmoded descriptions of the discipline of ethnomusicology or definitions of what ethnomusicology is in their specific locale. Only just recently, in December 2014, I attended a student music psychology lecture in London where the lecturer described ethnomusicologists as studying non-Western musics only. At another event in Austria I gathered that perceptions of ethnomusicology's "usefulness" were based on older Germanic forms of ethnomusicology that historically have focused on a more musicological approach to studying non-Western musics. Austrian and German music therapists and psychologists were not familiar with ethnomusicology's anthropological and performative strands developed by Alan Merriam (1964) and Mantle Hood (1960) respectively, which, in fact, are crucial in collaborative projects. Instead, "music ethnology" is what German and Austrian music and health practitioners find most useful. Music ethnology however, is not believed to be part of ethnomusicology and is an outmoded term in Austrian ethnomusicological circles. As an Austrian ethnomusicologist colleague of mine described it:

> Ah, yes . . . "Ethnomusikologie" vs. "Musikethnologie." The latter is definitely the older, more German-rooted term and only therefore somehow shu[nn]ed at the moment in Germany/Austria/Switzerland. People ten[d] to cal[l] themselves ethnomusicologists, and who's really hip does transcultural musicology or the cultural study of music. For me [it's] all the same, [the] labelling around [merely serving the purpose] . . . to appear modern and up to date.
>
> In theory, "ethnomusicology" should be a musicology (in terms of methods) of all that's "ethno"; while a Musikethnologie should be an ethnology of all what is "music" (somehow like Merriam). However, this does actually not apply, I'd say, in tendency, it's vice versa in practice. (Personal Communication, January 20, 2014)

Additionally, when we discuss medical/applied ethnomusicology, there are multiple ways in which researchers engage with music and health. In the Liberian water sanitation project presented at the SEM preconference by Michael Frishkopf, ethnomusicologists used local musical idioms and musicians to communicate important scientific knowledge effectively, thereby promoting health and wellbeing to Liberians.[6] Outcomes of this type of work are perhaps more easily

measured quantitatively, and results far more immediate and lifesaving. Researchers such as Niyati Dhokai and myself try to engage with other researchers, disciplines, epistemologies, and research methods in order to change the ways in which interdisciplinary research into music, health, and wellbeing occurs in the music and health and wellbeing sciences.[7] The results of this type of engagement will take time to gestate and may not be immediately quantifiable in any form or shape. All of us, however, are advocates for our discipline's strengths, applied researchers to some degree, and willing to take on board new research methods and knowledge. To a non-ethnomusicologist, however, these distinctions might not be immediately evident, and so ethnomusicologists might do well to clarify them when forming new collaborations in order to find new ways of engaging with an "academic other."

At the Nordoff-Robbins conference on music and communication, I felt very much an "academic other" due to the emphasis placed on engaging music therapists and psychologists specifically. This feeling of otherness was compounded when I learned that a music psychologist delivered a presentation on ethnomusicological theory, after which audience members faulted ethnomusicologists for throwing wrenches into therapy research with their cultural this, that, and the other. What my conversations at Nordoff-Robbins also brought home to me was the fact that ethnomusicologists, for all our reflexivity, can view other disciplines as somehow being homogenous. For example, clinical and non-clinical music therapists have very different approaches to studying music, health, and wellbeing. Music therapists themselves have not quite yet settled on a definition of what (community) music therapy might be and what form its practice might take, just as ethnomusicologists have different notions of what their discipline is and does.

Ethnomusicologists must therefore engage with this diversity and assess which form of music therapy best lends itself to collaborative projects, as some forms might not. In the Austrian research context, for example, considerable national debate surrounds the work of leading music, health, and wellbeing scholar Gerhard Tucek, currently heading the Krems institute (see Schöpf 2009; Tucek 2004) who, earlier in his career, practiced what he termed *altorientalische Musiktherapie* (old oriental music therapy) with Oruç Güvenc. Austrian ethnomusicologists have felt uncomfortable with Tucek's research because of his past empirical eclecticism and avoidance of

standardized measures and models. According to my personal communications with Austrian music therapists and ethnomusicologists, others have felt that he has appropriated non-Western methods in order to make his brand of music therapy more exotic and sought after by Austrians. Through his research group and the Mozart and Science conference in 2012, however, interesting papers were presented by anthropologists, practitioners, and music therapists that very much reflected current ethnomusicological thinking on music and health. Of note were papers about Korean, Indian, and Chinese music therapy approaches. For example, the then Krems-based speaker Dr. Sumathy Sundar, having been quite clear in her presentation that traditional thinking surrounding music and wellbeing would never be replaced by Western models, was exceptionally keen to see the development of hybrid models which were sensitive to classical Indian understandings of the relationship between music and wellbeing. These approaches however, were packaged as anthropological rather than ethnomusicological ones.

Further diversity in Austrian music therapy and psychology practice can be found at the University of Graz, where a colleague taught a course titled "Music Therapies of the World." Using a syllabus based on extensive fieldwork in the Amazon, the course considers indigenous concepts of health and wellbeing and includes sections on shamanism, altered states of consciousness, and herbal and natural intoxicants. The music department in Graz also has connections with a music therapy clinic and hospital. Lastly, there are the more "traditional" music therapy courses in Vienna, which use clinical methods. Thus, even within a small country like Austria, an enormous diversity of practice exists. I suggest ethnomusicologists would do well to explore this diversity in greater detail prior to developing new approaches and theories.

Lack of collaboration and need for further training

Caroline Bithell, in her panel presentation at the conference I hosted in October 2013, asked: "Why are ethnomusicologists late in joining the [music, health, and wellbeing] party?" Certainly in the United Kingdom ethnomusicologists have engaged less vigorously with music, health, and wellbeing research than in the United States and Australia. At Folkestone I decided that some room ought to be made for ethnomusicological modes of inquiry as per some of

Therese West and Gail Ironson's work in Koen's 2008 *Oxford Handbook for Medical Ethnomusicology* (West and Ironson 2008). The British cohort of music psychologists and therapists had not yet arrived at this same conclusion, however, despite the occasional reference to John Blacking who argued that making music is "an innate, species specific set of cognitive and sensory capacities which human beings are predisposed to use for communication and for making sense of their environment—that is, music as a human capacity" (1990, 71). Blacking's notion that music is "humanly organised sound" (1973) receives a frequent mention by music therapists and psychologists (e.g., Stige 2002, 88; Pavlicevic and Ansdell 2004, 69; Hodges 2009, 126). His research in relation to healing is also mentioned in John Janzen's work on music and health in Venda Ngoma healing (2000, 62–64). I find, like Bithell, that Blacking's work appeals to music psychologists and therapists alike. Like her, however, I wonder why more recent work has not had the same appeal and why in the United Kingdom ethnomusicologists have been less inclined to forge interdisciplinary research partnerships. Part of the answer, I believe, lies in the fact that in the United Kingdom there is a smaller cohort of researchers working in applied and medical ethnomusicology than in the United States. Creating a critical mass in this area has also been difficult due to the scarcity of positions in ethnomusicology generally and the emphasis on teaching popular music studies, music technology, and musicology instead. Most research in the health and wellbeing sector is undertaken by music psychologists, educationalists, and an extremely small but active group of music therapy researchers. This group, however, although frequently referencing ethnomusicological work, to date has failed to seek out ethnomusicological support, which is why I have been proactively engaging with them.

This proactive approach was received positively during SEMPRE's Fortieth Anniversary Conference. Here, quiet nods from the audience seemed to indicate that my nugget of interdisciplinary advocacy, rapidly delivered during my five minute slot, was reasonably well received. It was also at the Fortieth Anniversary Conference, during the roundtable discussion, that SEMPRE's committee chair, Prof. Graham Welch, stood up and suggested that music psychologists and educationalists might do well to engage more regularly with ethnomusicologists. My own subsequent engagement with SEMPRE members and its board have been productive.

Similarly, the conference I hosted demonstrated there was a desire to collaborate, but that this enthusiasm emanated from music psychology and therapy quarters. Many delegates I spoke to afterward were pleased and surprised at the high quality of the presentations of those outside their fields, of the relevance of these same papers to their own research inquiries, and of the diversity of the attendees. Many commented that they had not expected to learn as much as they did, and that, for the most part, they were able to understand their colleagues well. One delegate at the end commented that, in order to move forward, it would be necessary to create an interdisciplinary critical mass, which could publish more freely. Another observation was that often music therapy practice does not inform music therapy research and that a research culture was generally lacking in music therapy and the number of lecturing positions few. Lastly, it was observed that many methods and instruments in the biological sciences are now able to measure the physiological impact of music in non-invasive ways, thus lowering the barriers for engagement by ethnomusicologists and reducing ethical compliance hurdles. The testing kits required for these experiments are also more portable, allowing research to occur in context (i.e., the field), as opposed to in laboratory settings. These developments are very promising and will no doubt provide the impetus for future interdisciplinary collaborations between researchers from various backgrounds. Music psychologists especially, also enjoyed the participation elements of the day, despite some being less familiar with this approach and therefore initially somewhat tentative in their participation in the yoga and singing sessions. Proportionally speaking, fewer ethnomusicologists were present, however, which may have been a reflection of the fact that British ethnomusicology does not have a strong applied/medical focus and contingent.

The situation in the United States is slightly different. The financial and other support received by the SEM preconference is testimony to the fact that on the American ethnomusicology and music therapy scene, interdisciplinary collaborations are more common, although still not regular or numerous. The SEM preconference looked at various research topics including an applied project in Liberia co-researched by Michael Frishkopf, Samuel Morgan (a.k.a. Shadow), David Zakus, Earle Waugh, Ari Mastoras, and Camilla Hermann. Their session was titled "Giving Voice to Health: 'Sanitation in Liberia.'" In this project, local musicians worked together with

researchers to improve local knowledge about sanitation and the importance of clean water through music-making. My fellow panelist Niyati Dhokai presented an eloquent paper on "Translating Musical Ethnographic Skills in a Cross-Disciplinary Setting," examining how psychological experiments might be modified to better suit ethnomusicological palates. These two examples, and others presented at the conference, represent productive ethnomusicological approaches to engaging with music, health, and wellbeing. Unfortunately, as far as I gather from audience responses at the preconference, there are few opportunities to pursue combined degrees that include ethnomusicological approaches to studying music, health, and wellbeing in the United States. In short, I discovered that true collaboration is only happening in limited, and often widely scattered, spaces. Our worldwide music and health movement is not yet as unified as we might think. There is as yet little cross-fertilization where scholars attend each other's conferences, publish in each other's journals, or train in different disciplines.

I am not the only one, it seems, who has had these experiences. A friend of mine, who trained to become a music therapist after earning a PhD in ethnomusicology in the United Kingdom, found that initially she had some difficulty in adjusting to music therapy practice due to an absence of both ethnomusicological theory about music therapy, and theory on culturally sensitive approaches in music therapy practice and training. Nonetheless, she argues strongly that her training as an ethnomusicologist has stood her in good stead over the past five years:

> [During m]y music therapy training there was no mention of ethnomusicology and only one lecture on "cultural difference" that basically tried to emphasise the importance of being sensitive to and working flexibly with diverse musical expressions and customs that resulted from connections to "other cultures."
>
> However, with five years' post-qualification hindsight, I can see that what often informs my music therapy . . . is a reflexive approach that constantly questions and investigates my work, role and profession as a cultural phenomenon. The mere fact of music therap[y] becoming a state registered profession in the UK and the emphasis on evidence-based practice can be understood and researched as a cultural phenomenon. I see my role as a "professional" seeking to make a beneficial intervention through music with people who are "diagnosed" and being paid money to do so through the lens of cultural phenomen[a].

> Many of the clients I work with could in many ways be seen to be in a mono culture due to the extremity of their conditions, and much of the music therapy work I do is about mutually creating a "culture" and musical language between myself and clients that is conducive and safe for therapy work. This musical culture will inevitably be shaped to differing degrees by cultures outside of the music therapy work. (Personal Communication, January 25, 2014)

Further training in each other's disciplines will allow us to successfully develop new methods that will suit our new theories and desire to collaborate, while allowing us to gain valuable skills in both qualitative and quantitative research.

Modes of knowledge transmission, epistemologies, and language

In order to create my first poster for the Mozart and Science conference in Krems, Austria, I had to establish what it meant to do a poster. I tenaciously harassed my poor colleagues at the Music, Mind, and Brain Research Centre in the Goldsmiths, University of London Psychology department for advice. For ethnomusicologists in the United States, attempts to integrate poster sessions into their society conference have received mixed results at best, and had largely petered out by the time I had completed my degree. In the United Kingdom, I cannot recall seeing many poster sessions at the British Forum for Ethnomusicology either. I needed to understand how disciplinary practices are performed and how this shapes disciplinary boundaries. Additionally it was necessary to explore the ways in which scholarly communities and practitioners in different countries and disciplines engage with questions of music, health, and wellbeing through a new format—the conference poster. Conversely, I discovered at the 2013 SEM preconference that other disciplines, equally, have to familiarize themselves with ethnomusicological disciplinary practices. One of the panel chairs mentioned that she had to adjust to the length of the presentations, from five to fifteen minutes in her own discipline of music therapy, to ethnomusicology's standard of twenty minutes.

There is also a difference in how music and wellbeing researchers communicate their findings in writing. Many music psychologists and therapists do not write monographs or what ethnomusicologists think of as full-length five to eight thousand word articles, or circa ten

thousand word book chapters. In their fields, conference proceedings and short pieces have considerably more value than in ethnomusicology. For example, this article is an extended version of one I gave at the Society for Ethnomusicology's preconference, "Music and Global Health: Seeking New Paradigms." Because conference papers of twenty minutes do not extend to five thousand to eight thousand words, the normal length of an article in my discipline, this article also includes a reflexive analysis of that one-day event, combined with some further research I undertook before and after. These different communication approaches, combined with differences in definitions of disciplines and methods, mean that publishing in each other's journals or coedited monographs becomes problematic in terms of peer review and readership, and thus cross-fertilization of knowledge is impeded.

Epistemologies also differ between disciplines and countries. It was at Mozart and Science that I discovered that in Austria and Germany it was quite a new and radical idea to look toward fields such as Philosophy of Science or History of Science to demonstrate how medical research too, is context and time sensitive. These two fields argue that research methods are a product of our times, and that the ways in which we acquire and adapt our knowledge are also culturally and historically defined. In a similar vein, the closure of the conference consisted of a roundtable discussion featuring a historian who pointed out that if we look across medical history, what we are doing now would have been to our ancestors impossible, or tantamount to sorcery. This strand of thinking, again, has long been part of American and British discourse. The challenge here is that this mutual lack of knowledge across disciplines and national boundaries means that few reviewers will be well-placed to assess the merits of interdisciplinary work globally or to support publication activities internationally. Similar problems arise when trying to secure research funds. Our knowledge bases, linguistic *modus operandi*, and methodologies vary not just between disciplines, but between countries as well.

While many researchers now do use mixed-method approaches, many still do not acknowledge the diversity of viable approaches that exists within qualitative research. My personal experience has shown this to be the case. At the Helsinki conference, numbers (or, in my case, the absence of them) became problematic while discussing my work in relation to Richard Wilkinson and Michael Marmot's quantitative

study conducted for the benefit of the World Health Organization. During my presentation, I drew on interviews and observations from my doctoral research that were not based on grounded theory or statistical inquiries and, therefore, did not adhere to the strict interviewing techniques prescribed by fields such as sociology. In my use of qualitative methods, I realized it was not possible to be entirely impartial, objective, or unbiased. My applied doctoral research could never be those things, and neither can most research if we are being truly reflexive. My research took into full consideration the relationships I had built up with the Hopevale Community Choir singers, was based on local Indigenous preferences for informal conversation, and made allowances for the local discomfort with direct questioning.

After my presentation concluded, a senior, well-respected sociologist critiqued my methodology and my interjections during the interview samples I had used and queried whether my thesis had a "methods section" at all. I answered that it did and explained then, and subsequently by email, why I had chosen the methods used and why these probably were not in keeping with approved Western sociological practice. I went on to say that I believed I had achieved better outcomes through applying culturally appropriate methods not based on Western preferences, as I was working in an Indigenous Australian context. However, there may be ways in which suitable, more quantitative methods might be designed to help facilitate interchanges between music sociology, therapy, and psychology in the future, as my concluding remarks will show. This task will be by no means easy, as literature in the Australian social science and health context has already shown (see Brady 2004; Trudgen 2000; Tatz 2005; Phillips 2003; Carson et al. 2007; Ranzijn, McConnochie, and Nolan 2009).

Disciplinary jargon varies, and disciplinary canons of suitable or valued research texts diverge too. From colleagues in Krems, I learned that few ethnomusicological texts from the United Kingdom and United States on music, health, and wellbeing have made it to the canon of European inquiry. Linguistically, it is national languages that obstruct the formation of a global music, health, and wellbeing movement. My Krems visit, for example, led to an interesting engagement with a German music therapist who was keen to interview me. Using my rather limited German I attempted, as best as I could, to explain to him the concept of reflexivity, the problems of reification, and the dangers of essentializing musical approaches to wellbeing and health

based on that nebulous concept we call "culture." It was difficult using technical terms in a different language. Discipline specific phraseology also affects scholars' willingness to collaborate. I discovered, for example, that words such as "patient," "intervention," and "client" are de rigueur in music and health research, and that studies regularly posit "hypotheses" and take on "investigations." "Lacking," "deficit," and "abnormal" remain persistent terms describing both patients and medical and psychological conditions. I felt that all these phrases had been specifically designed to annoy my postcolonial ethnomusicological sensibilities, as they somehow paint negative verbal pictures of those affected or being written about. I soon came to understand though, that my non-ethnomusicological colleagues might be just as allergic to ethnomusicology's specialist terms, if they even grasped them. I discovered this when my music psychology collaborator made such comments as, "if you say so" or, "What does this vague term mean in your field?" when assessing the merits of my interdisciplinary research proposal. It must not be expected that non-ethnomusicologists miraculously acquire six years' worth of doctoral level ethnomusicological jargon in one sitting.

Conclusion

Regarding successful collaboration, a fellow conference participant astutely noted in late 2013, "Sometimes you have to compromise, and cut things out that you might think are hugely important." The personal question for all of us then becomes, "To what extent do we compromise, in what ways, and why?"

It might also be worthwhile for ethnomusicologists to explore their intra-disciplinary diversity as well as commonalities in other music, health, and wellbeing disciplines, to seek out the most amenable avenues for interdisciplinary projects and to clarify their own points of departure. If our potential collaborators have such a diverse set of views on what ethnomusicology is, and they themselves have a variety of practices, how can we persuade them that collaboration might be a worthwhile exercise with at least some of us? As Born notes, "All research on culture, including music, exists at the interface of two dimensions of ontology: not only the ontology of the embedded musical or cultural object, but the analytical ontology that we bring to our analysis and which, through projection onto the object, can either enable us to recognize the startling diversity of music's existence in

the world, or obstruct that recognition" (2010, 210). Perhaps it is time we ventured out of our comfort zones and made contact with music therapists and psychologists to "talk ontology." Commonalities between approaches and ontologies may also already be in evidence. For example, my own work and that of community music therapists is responsive to local needs, input, and feedback. It is practice-based, sensitive to cultural context, and based on working toward the shared goal of improving wellbeing. Such commonalities might be used as springboards for future collaborations.

Additionally, we should consider engaging with other disciplines in a team format. Certainly in the United Kingdom, award-making practices by the Arts and Humanities Research Council, for example, have rapidly changed in this direction over the past few years. Co-investigators have become mandatory, and funding stream titles such as "science in culture" appear more frequently. This type of collaboration is quicker than retraining, although retraining might factor as part of the grant.

A promising way forward might be the use of refined grounded theory approaches.[8] Presently, I do not think grounded theory sophisticated enough to examine the effects of music on wellbeing cross-culturally (Swijghuisen Reigersberg 2009, 60–66). Grounded theory suggests that techniques such as interviewing, note-taking, and triangulation are appropriate ways of obtaining and consolidating information. These methods, however, may not be the most suitable ones when in the field. In many contexts, such as those in some parts of Indigenous Australia, for example, it is inappropriate to engage in direct questioning, as one might during interviewing. In Australian Indigenous contexts, local knowledge systems and kinship affiliations mean that every person is only entitled to reveal a certain amount or type of information. The information that can be provided is determined by an interviewee's age, gender, marital status, and place in the kinship system, for example, and would include information on how music is related to localized understandings of wellbeing. Especially in cross-cultural contexts, therefore, the researcher risks asking questions which do not reflect local needs or concepts of what music, health, and wellbeing are and how these relate. Answers given are also likely to vary considerably from one person to another which might make coding extremely difficult and results potentially less homogenous, and therefore generalizable, if the researcher is unfamiliar with cultural protocol.

That said, given that my work on which this paper is based has thus far, by and large, been in Western, higher education settings, I am developing a new research approach in collaboration with music therapists which is based on refining grounded theory methods and analysis techniques so that they might become more palatable to ethnomusicologists like myself while remaining convincing to those in other health sciences and disciplines. I anticipate that the modifications will be based on constructivist approaches such as those developed by Kathy Charmaz (2013) and used in gerontology research (see Wetle et al. 2005; Schoenberg, Miller, and Pruchno 2011; Anderson, Kools, and Lyndon 2013). Based on preliminary theorizing, it is likely we will advocate that triangulation and analysis up to the point of saturation must include indigenous concepts of health, wellbeing, and music if they are to be used more effectively by music, health, and wellbeing professionals across the globe and that they ought, for reasons of representation, to include non-Western researchers or respondents. This will help generate results which reflect multiple needs and understandings of how music relates to health and wellbeing and how best to approach new research questions and real life problems.

Retraining or Continued Professional Development (CPD) is also desirable as it will allow ethnomusicologists to sit down and grapple with the methods music psychologists and music therapists use to "investigate" the effects of music on wellbeing and how they measure the impact of those methods. It will make collaboration easier. The implications of complementary, substantive training in other disciplines are potentially wide-ranging and beneficial. How are we to effect true collaboration otherwise? What would it mean to normalize training in another discipline as a standard part of professional development for ourselves and our students? This study does not have answers to these questions, mainly because CPD varies in length, scope, and nature, and because training materials have not yet been designed collaboratively. In future, it might be useful to tease this idea out further in order to advocate for changes in syllabi (inter)nationally and to collaboratively design CPD courses based on researcher, student, and practitioner needs.

When approaching quantitative and qualitative debates, ethnomusicologists must also recognize that researchers from other music-based disciplines may well be protecting their disciplinary ground for historical reasons. As a panel chair at the SEM preconference observed,

numbers have lent legitimacy to disciplines, including music therapy and music psychology. This, I imagine, is because music therapy and music psychology have increasingly linked with medicalized undertakings since their inception. The discipline of music therapy has had to fight long and hard to become established and recognized as a discipline and an alternative, valid means to promoting wellbeing. Even today, practitioners and researchers struggle for recognition, funding, and other support. Presenting their research outcomes using the culture that is prevalent in the "hard sciences" such as chemistry and biology, and using positivist methods and numerically-based evidence, have been ways in which some (not all) music therapists have sought to rid themselves of the stigma attached to studying a transitory, contextually and culturally specific phenomenon that also has real physiological, social, and quantifiable impact. Relinquishing the notion that numerical studies might not always be the only or best research approach, therefore, has the potential to weaken modes that have proved reliable for some researchers. Shifting to a mixed media approach, trendy as that may be in the current interdisciplinary climate, might indirectly open them up, once again, to the critics of old. Ethnomusicologists should be sensitive to this sentiment, while perhaps acknowledging that quantitative studies have a meaningful role and can provide new insights if used appropriately.

These new understandings will take time to develop. In the meantime, by hosting conferences, bravely treading unknown paths, and putting ourselves out there at risk of rejection, together with less frightening things such as peer reviewing on music psychology and therapy journals where possible, inviting people to our conferences, and trying to publish in accessible formats using jargon-free language, we can find our way forward. Ethnomusicologists might also usefully communicate their practice-based research theories and methods to music therapy practitioners, to help raise an awareness of the value of practice-based research and the need for new and more reflexive methods. Co-authored pedagogical materials, university courses, and new research methods in collaboration with music therapy educators and researchers might find a way forward here.

This brings me to my third and final theme and suggestion toward improving interdisciplinary engagement. Perhaps some translation work is in order so that we might share our different approaches to see where we might fill in each other's gaps. The Society for

Ethnomusicology's recent establishment of a translation series for key works in our discipline shows great promise here. I wonder, though, whether we should translate our English-language ethnomusicological texts into other languages as well, in order to facilitate a more global interaction; English reading knowledge should be not assumed for everyone in these fields.

Other ways of engaging might be to entice non-ethnomusicologists to be more specific about research outcomes, and not to generalize too much. Joseph Henrich, Steven Heine, and Ara Norenzayan (2010), for example, argue that too many inferences are made about human psychology generally by drawing on results obtained using American student test subjects only. The authors show that American university students are consistent outliers when cross-cultural studies are conducted in visual perception, fairness, moral reasoning, and self-concepts, among other areas. This they find problematic and therefore argue in favor of longer, cross-cultural, comparative studies in social psychology using a more diverse group of participants. They posit this will ensure that generalization is in fact warranted and supported by research results. The same holds true for music psychology research. More cross-cultural work is necessary in order to establish to what extent it is possible to extrapolate from experimental results obtained using small subject groups to the rest of the world's population and its musical practices in relationship to human wellbeing. Like Suvi Saarikallio (2012, 486), I believe collaboration between experimental psychologists and anthropologists (or ethnomusicologists) to be necessary because experimental psychologists are experts in controlled experiments, while ethnomusicologists will have a better understanding of what key elements to control and examine in cross-cultural experimental settings.

We are only at the beginning of these interdisciplinary explorations. It is unrealistic to expect fully formed methods and theory to have developed overnight as if by magic, despite what some critics might wish. It will be as much up to ethnomusicologists as it is up to others to form constructive dialectical research relationships. This, in the long term, will musically and ethically benefit those people with whom we engage during our explorations on how music might promote health and wellbeing.

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Notes

1. A useful working definition of Participatory Action Research or PAR is given by Robert Trotter and Jean Schensul:

> [PAR is the] continuous interaction of research with the action through joint researcher/ actor data collection, analysis, reflection; and use. In other forms of research . . . the means (research) leads to an end (an evaluation, a program, a policy change, etc.). In participatory action research (PAR), the means is the end, and the conduct of research is embedded in the process of introducing or generating change. PAR is, first and foremost, locally specific and is intended to further local goals with local partners. (1998, 693)

2. "Striking a Chord: Music, Health, Wellbeing; a conference exploring developments in research and practice." Sidney de Haan Research Centre for Arts and Health, Canterbury, Christ Church University, University Centre, Folkestone, United Kingdom, September 9–10, 2011. View the Centre's website for more information: http://www.canterbury.ac.uk/Research/Centres/SDHR/

3. See the Nordoff-Robbins website for more information on the charity and its work: http://www.nordoff-robbins.org.uk.

4. See the Centre's website at http://www.gold.ac.uk/music-mind-brain/ for more information.

5. It must also be acknowledged that, given that my research context was very similar to my normal professional interactions, some colleagues may not have fully understood or may have momentarily forgotten the nature of my engagement with them. Many exciting interdisciplinary discussions occurred in non-bracketed, informal sessions in restaurants or over coffee. They also took place during grant-writing sessions and article writing and editing. I therefore have decided to keep some exchanges out of publication until I have been given full permission to use them by colleagues after ensuring once more they have fully understood the nature of my work.

6. Co-researchers were Michael Frishkopf, Samuel Morgan (a.k.a. Shadow), David Zakus, Earle Waugh, Ari Mastoras, and Camilla Hermann. Their session was titled, "Giving Voice to Health: 'Sanitation in Liberia.'" A version of their presentation also appears in this issue.

7. Dhokai presented on "Translating Musical Ethnographic Skills in a Cross-Disciplinary Setting," at the SEM preconference in 2013. A version of her presentation also appears in this issue.

8. Grounded theory is an approach which seeks to systematically analyze qualitative data such as transcripts of interviews, video footage, and field notes in order to generate theory through techniques such as coding, making notes, or "memoing" (notes made by a researcher to help him/her identify links and overarching themes between codes), and analyzing texts "up to the point of saturation" (the point when no further themes can be identified, usually done by a group of researchers). The grounded theory method was originally developed in the 1960s by Barney Glaser and Anselm Strauss (see 1967), when qualitative methods were considered to be unscientific. It achieved wide acceptance for its academic rigor. Especially in American academia, qualitative research in some disciplines, such as gerontology, has become synonymous with grounded theory

methods. In ethnomusicology, grounded theory has been used sparingly, if at all, mainly because ethnomusicologists, until recently, have not engaged themselves with music, health, and wellbeing research; what research exists emanates from the United States. Additionally, many other forms of qualitative research exist which are not based on grounded theory, my own included.

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