

Exploring music and disability

Music for health promotion and an inclusive society

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ABSTRACT

During the last decades, a new understanding of concepts such as «health» and «well-being» has emerged. The responsibility that earlier lied with the health department, has shifted and concerns a much broader spectrum of fields. Cultural and lifestyle factors are in an increasing degree seen as promoters of good health. While the view on health is expanding, we are more and more concerned with establishing an inclusive society. Statistics and reports show that people with disabilities generally participate less in society than fully capable people. They are in big risk of experiencing depression, isolation and similar conditions caused by stigma around their disability. This article will try to understand what it means to have a disability, and how music, as an accessible, everyday tool, can provide more inclusion and better health to society.

KEYWORDS: Health Promotion, Musicking, Music, Empowerment, Disability, Identity, Salutogenesis, Health, Sense of coherence

1. INTRODUCTION

“The group has been working with creating a dance. They have been working for several hours. Finally, everybody sits down in a circle. They are going to reflect over today’s session and everybody is going to find a word that they feel describe the exercise.

“One by one comes forward with different adjectives that tells about their experiences, like work, music, nice, drama, perfect. One of the peers thinks it’s hard to find a word, and doesn’t want to talk out loud. She is visibly uncomfortable and looks down. The peer by her side puts an arm around her and says: “Do you want us to say it together?”

Many similar observations were done of this kind of “empathic sequences” where the peers either help each other and encourage each other into the dance or correct each other. This also happens at the scene. It is generally a lot of friendliness and positive reflections associated with contributing to each other. It generates pride in their own achievement. This kind of actions was consistent amongst the

youths and it illustrates how the project also facilitates for the youths to work with empathy and mutual respect towards each other as part of the dance exercises.” (Haugen, 2018, p. 25-26)

This is an extract from an evaluation done by NTNU Samfunnsforskning on the project “Er det plass for meg?” (“Is there room for me?”). The project is for disabled youths who make little use of existing cultural and leisure facilities and might find it difficult to participate generally in society because of both physical and mental reasons. A research done in Norway in 2015 shows that while 75% of the overall population consider themselves happy with their life and feel they are meaningful, only 40% of youths with disabilities say the same (SSB, 2017).

The goal with this article is to get a broader understanding of what it means to have a disability and how that affects health and everyday life. Through a literature review, music will be discussed as a mean for better health for

people in general, and people with disabilities in particular. Questions of interest would be:

- How can music contribute to better health amongst people?
- How can music contribute to a more inclusive society?

First of all, the article will shortly describe the methods used to gather insight. The following section introduces and discusses briefly what health promotion is, and who people with disabilities are. The discussion part concentrates around how music is involved in people's everyday life, in therapy and generally how music can be used as a tool for health promotion and an inclusive society.

2. METHOD

This article is based on a literature review on articles from mainly three different academic fields: Health promotion, expressive therapy and disability studies. However, areas such as sociology and pedagogy are also highly relevant. In search for relevant articles and studies, keywords like "health promotion", "empowerment", "music", "musicking", "disabilities" etc., have been used alone or in combination with each other.

The reviewed literature was found mostly through Google Scholar and Oria, the online university library at The Norwegian University of Science and Technology. Some statistics come from Governmental Green Papers, and some definitions from the webpage of WHO.

The keywords "empowerment", "musicking", "salutogenesis" and "disabilities" in different combinations, yielded the most relevant articles. It turned out, however, to be few studies focusing mainly on the use of music in everyday life as a type of behavioural immunogen and a way of empowering the lives of people with disabilities and long-term illnesses. Because of this, some of the reviewed literature are written before 2000. This also counts for historical information or definitions where the publish year has been considered less important.

3. BACKGROUND

3.1. Disabilities

To be able to facilitate for a healthy and good life for people who are disabled, one needs to know who we normally refer to as disabled. Historically, having a disability has in the Western Industrialized societies been regarded as an individual failing and a personal tragedy. In the 1960s, activists in North America, Scandinavia and Western Europe initiated campaigns against this view, and since then the attitudes toward disabled people have changed (Barnes & Mercer, 2010). Nevertheless, we still see statistics that imply that disabled people struggle to take part in society at the same level as the so called "normal", or, the fully capable people. For example, people with disabilities report that they have substantially greater difficulty participating in various types of social and physical activities, good nutrition, regular access to medical care and so forth, because of different social and physical barriers (Rimmer & Rowland, 2008).

Understanding what makes one person disabled and another person not, is, however, not always easy. The World Health Organization (WHO) has calculated that the group of disabled sums up around 15% of the world's population, and the number is constantly increasing with the aging population (WHO, 2018). This is based on The International Classification of Functioning, Disability and Health's definition: "Disability is an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports)" (WHO, 2001). In Norway, one assumes that around 17% of the population are disabled. The number varies some, however, from one year to the next because it is based on data from Arbeidskraftundersøkelsen (AKU) (SSB, 2018), where individuals themselves answer the question:

"Disability means physical or mental health problems of a more lasting nature that can cause limitations in

daily life. For example, there may be greatly impaired vision or hearing, reading and writing difficulties, intellectual disabilities, heart or lung problems, mobility impairments, mental illness etc. In your opinion, do you have a disability?" (Bufdir, 2018)

The Norwegian Association of Disabled (NAD) works to prevent discrimination of people with disabilities. They argue that ignorance, prejudices, lack of knowledge and myths are significant reasons for why people with disabilities are prevented from participating in society, getting a job and education. Constantly being put into specially designed solutions only based in a disability and not an ability, in many cases leads to unhealth, passivity, depression and a division between them and the rest of society (Norges Handikapforbund, 2018). In Per Solvang's book "Annerledes – uten variasjon, ingen sivilisasjon" ("Different – without variation, no civilization"), he argues that the term "disabled" is unfortunate, and that in a big extent, it is constructed by the welfare state where the abled contributes to society so that the worthy needing can get the support they need (Solvang, 2002, p. 103).

There are many models on disability, however, in Norway today, one normally talks about seeing disabilities as a result of interaction between individuals and society. Nevertheless, there are strong indications that Mike Oliver's "Personal tragedy theory" (Oliver, 1990) still is somehow present. One still uses the medical names to address people with disabilities. This might contribute to a maintenance of stigmatization, but also be good in the sense that it gives those who might need it, the right to different kinds of support and help through the welfare state. These two views on disability co-exist, and finding the perfect balance is difficult (Saur, 2015). Inclusive design is currently a criterion for most new solutions in society. The goal is a world made for everybody, not containing tailored solutions.

3.2. Health promotion

Since the 1970s, the focus on global health for everybody, has increased world-wide. Today's most

common definition of health was elaborated through the Alma-Ata declaration of 1978. There, health was defined as "not merely the availability of health services and absence of diseases, but as a state of complete physical, mental and social well-being." Health was addressed as a fundamental human right. Achieving the highest possible level of health requires the action of many other social and economic sectors in addition to the health sector (UNICEF & WHO, 1978). This definition marks a shift from a primarily pathogenetic approach to a more salutogenetic approach to health. While the focus area earlier had been mainly to avoid problems, the new approach focuses on factors that support human health and well-being.

Salutogenesis was coined by the sociologist Aaron Antonovsky in 1979 and was the first real introduction to health promotion (Antonovsky, 1996). 7 years later, the World Health Organization (WHO) initiated on organizing the first official international conference on health promotion, which resulted in the Ottawa Charter for Health-agreement (Eriksson & Lindström, 2008). This new understanding of Health Promotion was built on these principles:

- Health Promotion must address health impacts in people's everyday life and not specifically to high-risk groups.
- Health Promotion should help to reduce the differences in health between individuals.
- Health Promotion must combine different approaches and methods.
- Health Promotion must stimulate active participation by the population.

WHO's official definition says explicitly that "health promotion aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (this includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices)" (WHO, n.d.).

"Empowerment is a goal, a method that suits the professional as well as the non-professional, and a

pedagogical, social and health promoting strategy. Empowerment is about power and powerlessness, considering that the powerlessness is not just an individual problem, but highly socially, economically and cultural. Empowerment is to strengthen the power the individual or the group may have in order to change and affect inappropriate conditions. The goal is that people more effectively can direct their lives against their own goals and needs. There is a direct connection between empowerment and liberation” (NOU 1998:18, p. 274). The extract is retrieved from a NOU report from 1998. We use empowerment to strengthen what, from the theory of salutogenesis, is called the “sense of coherence” (SOC). Antonovsky explains SOC as “a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected” (Antonovsky, 1979, p. 132). In other words, the ability every individual has to utilize one’s total situation and capacity to use available resources and find meaning in moving in a healthy direction (Tellnes, 2007). The concepts of health promotion, empowerment and sense of coherence, all go together in order to obtain and define good health.

4. MUSIC AND HEALTH

4.1. Music and health – introduction

Music is a phenomenon people all over the world have created and listened to for as far back as there has been found trace of human life on earth (MacDonald, Kreutz, & Mitchell, 2013), but what exactly is music? The question might seem simple and possibly naïve: even the least musical person would recognize music as music. We hear it every day, whether it is our own Spotify-list that is playing, we visit the university café or we go to choir practice. Of course we know what music is. But do we really? In 1998, the New Zealand-born musician and author Christopher Small, insisted that no one will ever find out what the meaning of music is or what function it has on human life, because music is not an object. He introduced the concepts «to music» and

«musicking» (Small, 1995), by making the word “music” into a verb, he had defined it as something very complex, an activity or a process.

So, what are, if any, the special reasons to consider music, or musicking, in the context of health and health promotion? Since as far back as 4000 BC, artists and scholars have been documenting the social, mental and physical effects of music (Spintge and Droh, 1992). However, throughout the years, music has also been explained and understood as an art, a philosophy and a science (Rice, 1875). In other words, music is under no circumstance on tangible thing, however, we know that the impact music has on human beings is significant, and that is what has made scholars from all fields investigate the phenomenon. Most research papers on music and health, understand health from an ecological perspective and music as an engaging, easily accessible and affordable tool. The benefits described from musical experiences amongst people are largely connected to how one, within salutogenesis, not focuses on medicine and treating of illnesses, but rather tools that help health (Bonde, 2013).

Being able to understand and take control over a situation can be difficult for anybody, especially for those who experience low self-esteem and less inclusion in everyday activities because of the physical and psychological barriers their disability might cause. Through participation, we build skills and competencies which are important finding purpose and meaning in life (Law, 2002). Based upon modern devices such mobile phones and other music players with access to Spotify, YouTube and so forth, music can function as an all-the-time available tool to overcome everyday challenges and be in charge over one’s own situation. Being in control over events in one’s own lives involves being able to take care of energies, bodily states, emotions, cognitive orientations, memories, moods, in short, our physical and emotional well-being. Musical decisions provoked by certain assessments of the situation in which one finds oneself, can result in a change of environment and the psychological states of oneself and other individuals who are present (Ruud, 1997). For people with Down Syndrome, Williams

Syndrome, and other atypically developed individuals, music listening can reduce cognitive deficits (Batt-Rawden, DeNora, & Ruud, 2005), and contribute to establishing a coherence in surroundings and everyday life. Because music can have such powerful impact on our mind, wrong choices in critical and stressful situations might provoke aggression or uneasiness instead of comfort (Hesmondhalgh, 2008).

4.2. Music as therapy

An obvious link between music and health is music therapy. Music therapy has existed as far back as we know, and with the emergence of a more holistic outlook towards health, music therapy has gained noticeable attention. Nevertheless, we still don't recognize this form for therapy professionally. Even Ruud is a Norwegian musicologist who has written numerous books and papers about music therapy, music education and music and cultural studies. He suggests defining music therapy as an effort to "increase the possibilities of action". Because music therapists normally work with a broad range of different life problems and handicaps, the idea of music therapy would be to not only empower the person in question, but also alleviate some of the material or psychological forces which keep the person within the handicapped role (Ruud, 1997). A more precise picture of what a music therapist does might for example be given by the World Federation of Music Therapy's definition:

"Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and well-being. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts." (WFMT, 2011)

Even Ruud also points out the need to define music therapy in such a way that people are not put into a "sick" role (Ruud, 1997). This mindset is similar to

Antonovsky's explanation of generalized resistant resources (GRR's), which are "any characteristic of a person, a group, or an environment that can facilitate effective tension management" (Antonovsky, 1972) and contribute to the development of the individual's level of SOC. In the literature, music is more or less exclusively presented as a tool for happiness and motivation. Disabilities, on the other hand, are rarely mentioned as a strength, it would rather be seen as a generalized resistant deficits (GDR's). The GDR's are forces that hold you back and bring you down. People living with a disability are in danger of being put into the "disability" box where their disability more or less becomes their identity, and the individual's abilities are almost invisible. With the lack of GRR's, one might lose the feeling of management and the sense of belonging to the surrounding society (Mittelmark et al., 2017). Active engagement with music can support the development of both musical and general identity and have an impact on a person's self-belief. For children and youths with disabilities, music therapy has shown to have a positive impact on self-confidence through using music to obtain recognition from society for their, sometimes extraordinary, and different abilities (Hallam & Council, 2015).

4.3. Music and emotions

Positive emotions such as joy, inspiration and pride make people feel good. Negative emotions such as anxiety, fear and anger, can make us feel bad. This does not, however, mean that negative emotions cannot be useful. It's when the negative emotions take over that they become a problem. Feeling bad for long periods of time can result in for example depression, anxiety and stress-related physical disorders (Fredrickson, 2000). Research show that people with learning disabilities are more likely to develop mental disorders because of lower self-concepts, less social acceptance and greater frequency of anxiety. They are also in big risk of experiencing higher external locus of control, which means feeling unprepared and not in control over events that occur in life (Maag & Reid, 2006).

“Empowerment is to strengthen the power the individual or the group may have in order to change and affect inappropriate conditions” (NOU 1998:18, p. 274). On an emotional level, music has shown to be an efficient and common tool for mood and emotional self-regulation, both on an individual and on a communal level (Saarikallio, 2011). Within most cultures exist universal emotional reactions and feedback to certain types of music which makes music excellent for creating an excited mood before a big football match or to set the creepiness in horror movies. However, music and musical taste is indeed highly personal and deeply connected to our individual and social identities (Batt-Rawden et al., 2005). Some musical experiences might provoke deep human emotions and involve listening, watching, feeling, moving and coordinating, remembering and expecting. These experiences are frequently accompanied by profound emotions resulting in joy, happiness, sadness, or even in bodily reactions such as tears, laughter and goosebumps (MacDonald et al., 2013).

Practicing music together with others in a choir or an orchestra, has shown strong emotional impact on people. Many studies indicate that singing or practicing music together makes us happier and provides a sense of emotional self-regulation. Singing or playing instruments can itself help to resolve negative emotional states and problems such as pain and anxiety. The group aspect of a choir and an orchestra provides a social identity in addition to an individual identity (Dingle, Brander, Ballantyne, & Baker, 2013). For members who strongly identify with a group, the group can provide stability, meaning and purpose, and have a positive impact on a person’s mental health (Tajfel, 1974). The community created can for people with disabilities be experienced as a place for contribution where music making together can support co-operation, pro-social behaviour, belongingness, relationships, collaborative learning, social advancement, group identity, solidarity, taking turns, teamwork and the feeling of being helpful (Hallam & Council, 2015).

4.4. Communicating with music

Music is, by nature, a social activity. In the animal world, the song amongst birds and whales is not only used as a pleasurable melody, but also as a mean for communication (Schulkin & Raglan, 2014). Human beings are, as far as we know, born as the only living creature on earth with the ability to perceive music as music. Already from the early stages of life, we make spontaneous connections with music as a natural part in our development (Bunt, Hoskyns, & Swami, 2013), what we could call “an inborn rhythmic coherence of body and movement and modulation of effective expressions” (Trevanthen & Malloch, 2000, p. 4). This means that our brain manages to process a wide range of different pieces such as rhythm, pitch, melody, volume, speed, repetition and harmony in an instant. Musical communication provides a means by which people can share emotions, intentions, and meanings in a way that words cannot (Miell, MacDonald, & Hargreaves, 2005).

Music therapy is based on musical communication. To develop a trusting and effective relationship with the client, the therapists need a deep and sophisticated understanding of the process of musical communication (MacDonald et al., 2013). Through history, people who were different, disabled, were placed in institutions and lived isolated from the “able people’s community”. The last years’ shift in attitude in politics and in society in general, attempts to open up for a more diverse and inclusive community. Musicking and music therapy has shown to help people with difficulties expressing and understanding emotions or who lack language, skills that are important for self-confidence and a sense of belonging. (Bunt et al., 2013).

Whether one-to-one, in groups or through technology, music often leads to social contact and works as an ice breaker between people (MacDonald et al., 2013). Being in contact with others and making meaning out of situations together, are important factors for well-being and a good health (Schulkin & Raglan, 2014). Many studies show positive social development in people from being exposed to music in groups, especially amongst children and youths. It

can lead to higher self-esteem, which again often results in increased motivation and a better self-image (Hallam, 2010). It is fair to draw the conclusion that main benefits as a result of membership in musical groups might increase the well-being of people with special needs by facilitating for social bonding and cultural coherence. Similar taste in music creates social groups and a social identity, a sense of belongingness and affiliation (Hallam & Council, 2015). Collaborative musicking, especially practiced through improvisation, is particularly effective for self-development (Aigen, 2013). Whether through singing, dancing, playing etc. improvisation increases the creative thinking and it provides a more accurate processing of complex musical information (Hallam & Council, 2015).

4.5. Music and the brain

Although knowledge about how the brain works still is limited, one has, through recent advances in the study of the brain, enhanced more understanding of the way that active engagement with music influences development. Fundamental knowledge concerning learning can be seen from active interaction between different areas in the brain (Hallam & Council, 2015). Musical activity has a powerful stimulus on the young and developing brain, however, also the adult brain is significantly affected. It increases brain plasticity: the ability the brain has to change and adapt to activities and demands imposed by the environment. People who create or play music have bigger, better connected and more sensitive brains. Only listening to music awakes multiple parts of the brain including areas responsible for motor control, auditory processing, and spatial coordination (Wan & Schlaug, 2010).

Music making leads to a strong coupling of perception and action mediated by sensory, motor, and multimodal integrative regions distributed throughout the brain by placing unique demands on the nervous system (Thaut, Altenmüller, & Schlaug, 2010). To play an instrument will, for example, require skills such as reading and understanding musical notation by translating it into sequential, bimanual motor activity dependent on multi-sensory feedback, execute fine motor skills with the right

beat and pace, memorizing musical passages, and improvising within given musical parameters (Wan & Schlaug, 2010). Through all these actions, multiple parts in both hemispheres are active, and the connections between them grow.

The brain is the centre for all human functions. Injuries in the brain can cause multiple disadvantages in a person's motor functions, language, cognition, sensory processing and emotion disturbances, something that are likely to lower the person's quality of life significantly (Bradt, Magee, Dileo, Wheeler, & McGilloway, 2010). Musicking through listening, dancing, playing and improvising has in many studies shown to improve impaired skills. Examples on this are people with Alzheimer's disease and severe dementia who show significantly improved cognition after daily music based dance over a relatively short period of time (Van de Winckel, Feys, De Weerd, & Dom, 2004). We also know that the rhythm in music can provide time information to the brain and help gaining better control over bodily movements (Thaut, 2013).

5. CONCLUSION

Living a healthy life is more than just the absence of illness and disease. Health promotion aims at empowering people by giving them tools to take control over own health and well-being. This might, from a salutogenetic point of view, result in a high sense of coherence (SOC). People with disabilities report more frequently than fully capable people that they feel less in charge over their own lives and that they are less capable of participating in society. A disability is generally seen as a defect, something pitiful that increases the risk for a person to be, or feel, excluded from society.

Music, or musicking, has qualities that goes beyond other art forms in the sense that it does extensive impact on people's brain. As far as scientists can tell, this impact is unique for human beings to experience - music can be described as highly human. Literature on the field characterize music almost exclusively as a generalized resistant resource (GRR) because it facilitates for tension management, it is motivating, and it can generate and manipulate moods and

emotions. In a therapeutic situation, however, the therapists need to be careful and select and exercise musical communication according to their particular client. This is important because of the powerful emotional impact music can provide.

Music is not a medicament and cannot be a health provider on its own. It has showed, on the other hand, significant health promoting qualities by playing an important part in our constantly evolving and socially negotiated identities. It represents a meeting point between private and public, providing encounters of self-identity with collective identity which can open doors for those who might struggle to find a meaningful position in society. Music show indeed effects in the development of self-confidence, self-expression and the ability to collaborate and contribute. It is fair to consider music a noticeable assessment for social inclusion across potential disabilities and abilities.

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