Faith in music:

Perspectives on music healing by traditional healers and music therapists

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Abstract

This study explores music therapists' and traditional healers' understandings of their roles and relationships in the South African healthcare context with the hope of contributing to an emerging and fruitful dialogue. Interviews were held with two groups of participants: four traditional healers (TH), and four music therapists (MT), in this multiple case study. Thematic analysis was used to interpret the data. While the THs were mostly unfamiliar with MT as a discipline, THs and MTs converged in their views that musicking is a salient therapeutic approach in South Africa, as it is non-verbal and, therefore, crosses language barriers. The THs and MTs in this study acknowledged that the biomedical approach to mental health is valuable in relieving symptoms, but often does not approach the deeper cause(s). Therapeutic musicking, however, was thought to create opportunities for reflection, offer consolation and a safe environment to navigate difficulties or trauma. MTs diverged from THs in their focus on clients' personal agency. THs diverged from MTs in their use of music to perform spiritual healing. While MTs recognised the value of spirituality for some clients, they believed it was beyond their scope of practice. Both sets of practitioners described TH as a marginalised perspective that should be valued more in light of advancing social justice. According to the MTs, validating marginalised perspectives is part of the greater therapeutic work of healing the effects of colonisation. The MTs hoped to learn from THs and gain a more cultural grounding in music, as well as indigenous knowledge systems. Both groups of practitioners envisioned a future healthcare system as having multiple modalities, with scopes of practice in mind, whilst developing more trust among disciplines, in order to better serve South Africa's diverse population.

Keywords

bio-psycho-socio-spiritual health, community music therapy, cultural-attributes of health, decolonisation, ecological health, holistic health, societal healing, social health, social justice

Abbreviations

TH - Traditional healers; MT - Music Therapist; MP - Medical practitioners; WMP - Western medical practitioners; HCS - Health care system

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CHAPTER 1

Introduction

1.1 Introduction and Background

Music therapy as a regulated profession in South Africa has its theoretical foundation in Eurocentric conceptions of culture, health and disease (Pavlicevic, 2002), which is also true of broader psychotherapy and allopathic healthcare practices in the country (Nwoye, 2015). Most music therapists in this country are white and serve a majority indigenous client population (Dos Santos, 2005a). Research spanning recent decades from Hammond-Tooke (1989), Muller and Steyn (1999), Sandlana and Mtetwa (2008), Edwards (2011) and Nwoye (2015) shows that the European and traditional South African notions of health are different in many ways. Since cultural conceptualisations of health play an important role in treatment efficacy (Sodi et al., 2011), health practitioners in South Africa, including music therapists may not be entirely equipped to meet some of their clients' needs.

Healthcare trajectories are also affected by socio-political justice movements such as *Rhodes Must Fall,* which began in 2007, called for decolonisation of not only universities, but all institutions operating according to the Western knowledge system. This thought system is argued by such movements to operate as vestiges of colonialism and apartheid (Jansen, 2019). Acting as though universally sanctioned, "empiricism" is purported to be a value-free epistemology, where in fact, it is guided by Western values and principles. This system continues to exert dominance over African knowledge in Africa today.

The proposed National Health Insurance Bill envisions greater access to healthcare for all, yet critics say that this is idealistic, as rural districts are under-resourced. Traditional healing has filled, and may continue to fill, this vacuum as it plays a role in preventative, promotive, rehabilitative and psychosocial care of patients (Sodi et al., 2011). In recognition of this, the *Traditional Health Act* of 2007 was passed to legitimise and regulate the practice. Regulation is seen by many traditional healers (THs) as both beneficial and exclusionary, especially for rural THs who may not meet the requirements, as one requires a minimum matric education, an identity document, and need to pay fees (Street, 2016). Nevertheless, the current proposed system of regulation has progressed significantly from that which was included in the *Witchcraft Suppression Act* of 1957 and the

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Witchcraft Suppression Amendment Act of 1970, which outlawed the practice altogether during colonisation and apartheid.

While South Africa's THs are not integrated into national healthcare strategies as yet, there is increasing pressure on Western health practitioners (WHPs) to acknowledge their patients' rights to access TH alongside, or instead of, Western medical treatment (Zingela et al., 2019). Collaborations between WHPs and THs in Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) treatment show positive outcomes (Colvin et al., 2002; Peltzer, 2009). Yet, these studies involve THs learning and applying Western methods, with WHPs knowing and applying few practices from traditional healing (Zingela et al., 2019).

Collaboration has been welcomed by some practitioners on both sides, but there are challenges, including mutual suspicion between the two health care systems and concerns by WHPs about the "unscientific" and unorthodox practices of THs (Patel, 2011). Many South African patients, however, express a preference for accessing both WHP and THs simultaneously. This is irrespective of whether such methods are backed by Western scientific research or not (Kahn & Kelly, 2001). This is even more so the case in the realm of mental health (Zingela et al., 2019). These preferences place the onus on healthcare providers in the South African context to familiarise themselves with both systems of health care. Through this study I hope to contribute to this endeavour, through the case studies of the perspectives representing two kinds of music healers operating in South Africa: music therapists and traditional healers.

Conducting research from a decolonised perspective can involve more relevant and just research methods (Kessi, 2017), more accurately portraying and including marginalised communities such as traditional healers. This context-specific research includes epistemic justice - in other words, giving credence to TH cosmologies and holding a critical stance towards the dominance of western knowledge and expertise in a non-western context (Jovchelovitch, 2007; Kothari, 2006). It is a bottom-up approach where the rationale, course and outcome of the research is participatory. In this way, South Africa may also generate insights for other countries where partnerships between WMPs and THs could be useful.

1.2 Terms

Although there are differences across cultural groups, the Traditional Health Act (2007) defines four categories of traditional healing practitioners, namely, diviners (*izangoma*), herbalists (*izinyanga*), traditional birth attendants (*ababelethisi*) and traditional surgeons (*ingcibi*). This study focuses on *izangoma* specifically as they may incorporate music into their healing practice.

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1.3 Aims of the study

In this study I aimed to explore how music therapists and traditional healers conceive of their own roles and each other's roles within the South African health care system, as well as how they conceive of their potential relationship(s) with one another in the context of serving South Africans' health care needs. I also aimed to investigate how music therapists and traditional healers perceive the role that music therapy plays and could play in South African health care, as well as what the future of music healing in South Africa could look like. Through exploring these questions I hoped to contribute to an emerging and fruitful dialogue between MTs and THs.

1.4 Research questions

This study was, therefore, guided by the following research questions:

1. How do music therapists and traditional healers describe and understand their roles and each other's roles within the South African health care system?

2. How do music therapists and traditional healers describe and understand their potential relationship(s) with one another in the context of serving South Africans' health care needs?

3. According to music therapists and traditional healers, does (and should) music therapy have a salient role to play in South African health care and, if so, what is (and should) that role be?

4. According to music therapists and traditional healers, what does the future of music healing in South Africa look like?

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CHAPTER TWO

Literature Review

Spreading the seeds of music therapy to produce healing "fruit" in Africa is a lush vision portrayed by dos Santos (2005a) and shared by many others, for example, dos Santos and Lotter (2016), Aluede (2011) Kigunda (2003) and Pavlicevic (2001). Yet, concedes dos Santos, there may be some who do not wish for such "seeds" at all. Music scholar Nzewi (2002) and late traditional healer and scholar Mutwa (1969) viewed globalised cross-cultural practices as threatening the integrity of indigenous practices. The current call to decolonise institutions and practices (Jansen, 2019) is an opportunity to plant music therapy mindfully, aware of intercropping amongst traditional and religious musical healing practices that have developed in a unique cultural biome. This review begins by delineating varied conceptions of music as therapy (MT), and music in therapy (as in TH), followed by a comparison of cosmologies and health taxonomies. Next, the synergism between community music therapy and communal healing for the South African context is reviewed. Finally, reflection on medical ethnomusicology is discussed as a recent culturally-apposite cross-disciplinary trend in healthcare.

2.1 Music as therapy, and music in therapy

Music healing has been practiced for thousands of years in Africa, although its efficacy is based on experiential knowledge passed down through generations orally in contrast to the dominant model of empirical testing that professionalised music therapy ascribes to. African experiential healing knowledge is still systematic and structured, however (Nzewi, 2002). In many countries, music therapists are required to practice according to empirically tested methods and are certified for practice by a board or health council. Ethnomusicologists Kigunda (2003) from Kenya and Aluede (2011) from Nigeria report that, while music healing is prolific in these countries, the term "music therapy" is not readily viewed as a designated profession. They acknowledge that this is partly a semantic problem, and that the establishment of institutions for research and study of Music Therapy is needed to apply contemporary rigour to age-old African music healing. Nzewi (2002) argues, however, that music therapy as a profession is a colonial import and Akinyela (2002) stresses the need for Africans to bring forth their knowledges and practices on their own terms.

Musical healing has conventionally been associated with divination in African contexts. In Africa, music is known for alleviating mental and spiritual suffering (Aluede, 2011; Kigunda, 2003;

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Mbaegbu, 2015). Music is a means of appealing to spirits, who are then considered to accomplish the healing (Kigunda, 2003). Music is thus a vehicle for spiritual communication, facilitating a trance-like state in which the communication takes place. Some music therapy scholars (Kenny, 1998; Moreno, 1988; Ruud, 2001) have drawn parallels to traditional healing saying that music may alter brain states for accessing unexplored transpersonal parts of the client. Yet other branches of music therapy like Nordoff Robbins' Creative Music Therapy, would place the therapeutic agency solely in the properties of the music itself (Aigen, 2014); and still others view music primarily as facilitating a therapeutic relationship (Priestly, 1975; Stige, 2002; Sobey & Woodcock, 1999) akin to other forms of psychotherapy. A notable difference in the use of music between MT and TH, is that music is the main "tool" used in MT, while in TH music is used in combination with dance, arts, divination, administering medicinal plants, counselling, and invoking spirits (Winn et al., 1989).

MT and TH's perspectives on one another's disciplines may reflect a lack of information, misinformation, suspicion and even pejorative beliefs (Kigunda, 2003). More generally, allopathic medicine and TH are sceptical of one another (Patel, 2011). Traditional healing was labelled as "witchcraft" by the Apartheid government, and this propagandised view is still held by some South Africans today, as well as some medical practitioners (Edwards, 2011). Most traditional healers describe themselves as in opposition to the forces of witchcraft (Ivey & Myers, 2008). Since MT is a relatively young discipline in Africa, it may be unknown to THs, or there may be confusion as to how it operates - especially since music in healing is synonymous with spirit invocation (Kigunda, 2003). Pavlicevic and Cripps (2015) pointed to the uncomfortable "strangeness" of encounters with TH, but also proposed that each MT and TH practitioner may become enriched through these encounters, learning from one another. They cite Linda Smith's directive not to try to "resolve" ambiguities inherent in these meetings too quickly, but to sit in their complexities. This study seeks to describe and hold some of the divergent and convergent views on music healing from TH and MT perspectives in South Africa.

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2.2 Cosmologies

Traditional African healers see the world as being influenced by material and spiritual forces (Sandlana & Mtetwa, 2008) working in symbiosis (Nzewi, 2002). Everyday life is regarded as influenced by the unseen forces of one's ancestors, as well as the actions of witchcraft. Witchcraft may involve potions and curses motivated by malicious intentions, but the malicious thoughts themselves, whether motivated by jealousy or greed, may be powerful enough to cause harm (Ivey & Myers, 2008). These views are rooted in a strong emphasis on relationships, where life is predicated on interpersonal dynamics. Interoception and intuition also play an important part of the world view, as traditional healers have to interpret communications from ancestors. In contrast, music therapists in general work in secular institutions that are sceptical of notions like the spirit world (Pavlicevic & Cripps, 2015). The biomedical-derived models of behavioural MT and neurologic MT identified music as a powerful auditory stimulus. In the former model, music is purported to condition behaviour through the rewarding and motivational properties of music, while the latter theorised music as activating brain pathways and neurotransmitters, thereby bringing about change. The change is viewed as material in nature. An important orientation included within MT training in South Africa is the Nordoff-Robbins Creative Music Therapy approach that is client-centred and where cognitions and behaviours may be altered through a relational musical encounter with the therapist (Aigen, 2014). Psychodynamic MT models are derived from psychodynamic therapy. Psychodynamic therapy has been described as sharing features of shamanism as it values rites of passage, archetypes, and the collective unconscious and transpersonal processes. Edwards (2011) took this view further by explaining that modern psychotherapy, although appearing to emerge from western science, can be traced back to perennial African beliefs, since psychology is as old as humanity, and Africa is the cradle of humanity.

In review of the above approaches to music therapy, we see that music therapists thus straddle two worlds: in the bio-medical setting there is increasing recognition of their empirical discipline (Pavlicevic & Cripps, 2015) yet, as they engage in this client-based endeavour within the humanities, they are also interested in the subjective meaning-making of their clients, using the phenomenological, experiential and metaphorical capacities of the arts. In light of this interest, a cosmology of "improvisatory listening" is valued, which is based on deep listening of shared music-making. Improvisatory listening, as a practical stance, positions the therapist as not knowing all the answers, nor is the therapist the only expert in the room; rather, the client is the expert of their own experience. Thus the subjective knowing of the client is valued and the client's cosmology informs the therapeutic direction.

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Bringing the subjective meaning making of the client to the fore, may act as a bridge between cosmologies. Since the therapeutic arts are not concerned with producing something factual, but rather finding personal meaning and resolution for the client, cosmologies and beliefs may be welcomed as a meaning-making tool, replete with rich symbolism which could aid the client in telling their healing narrative. Finally, even though it would appear that while western and South African cosmologies are divergent, it is important to note that cosmologies are not static in nature, and are subject to change and expansion, especially as the trend of globalism is toward fusion of ideologies, concepts, and practices (Akinyela 2002; Pavlicevic & Cripps 2015).

2.3 Taxonomies of Health

The Western view of health, particularly in bio-medicine, has tended to be pathology-based and this pathology is located in the individual, although shifts have emerged over time that incorporate a broader bio-psycho-social model. This change is reflected in The World Health Organisation's (2000) bio-psycho-social model of health, where health is defined as a state of complete physical, mental, and social well-being.

Traditional healing focuses on the individual-in-context and in-relationship, and restoring health holistically (Nwoye, 2015). TH falls under the bio-psycho-social-spiritual model, which views health as the optimal functioning and integration of various systems of which the individual is a part (Sulmasy, 2002). Since the 2007 Traditional Health Practitioners Act 22 advocated for the inclusion of THs, collaboration with THs have been steadily increasing in contributing to major public health concerns. In particular regard to HIV/Aids, THs have been successful in locating the ultimate or distal causes of ill-health, as well as providing primary healthcare, and holistic management of client's contexts, relationships, and subjective experiences of well-being (Davids et al., 2014). This integrative conception of selfhood has also been the hallmark of a later movement in music therapy now known as community music therapy (Pavlicevic & Ansdell, 2004). Working with clients from different cultural populations, music therapy expanded its remit to include broader perspectives of how music may be healing in other cultures. Pavlicevic initiated two projects in a South African context intentionally framed as 'Culture-centred' music therapy lens (Stige et al., 2010). Ruud (1998) advocated for an ecological focus that Flower (2019) employed in her research involving family members in music therapy. These approaches are sometimes described as falling under community music therapy, as practitioners operating in community settings need to employ culturally-situated and context-sensitive methods, while at other times, are used as approaches in

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their own rite. Whether while working with individuals or a community setting, the culture and ecology of the client have become increasingly important to global music therapy practice.

2.4 Community Music Therapy

Community music therapy is an ecosystemic approach to music and health that focuses on a number of levels: individual, group, community and society. At the individual level, participants develop capacities to relate to their community (Stige & Aaroe, 2012). At the group level, participants decide upon the norms and rules for the therapeutic group sessions, distribute resources and engage in group processes effectively. Healing the collective psyche, or healing at a societal level, has salience for South Africa, given our history of cultural segregation and subjugation. Healing at the level of society in a group session would typically welcome a multiplicity of cultural expression, where various cultural identities may be validated, and intercultural solidarity can develop (dos Santos, 2005b). Community music therapy is considered an ethical and well-aligned approach to music therapy in South Africa, as it focuses on healthcare as participatory, preventative, culturally-apposite, empowering, communal, and focused on well-being (Tsiris, 2014).

2.5 Cumulative Music Healing

Similar to a community music therapy focus, many African cultures practice societal healing through ceremonies, social music-making, rites of passage, and annual cleansing rituals (Nzewi, 2002; Kigunda, 2003; Akombo, 2009; Aluede, 2011). These are preventative measures aiming to reduce life stressors and to strengthen communal ties and well-being. South African community music therapists have found that reinforcing and mobilising everyday forms of music for ill and isolated individuals can afford connection to community which is vital to well-being (Dos Santos, 2005b; Oosthuizen, Fouche & Torrance, 2007; Pavlicevic, 2013). Music therapists Pavlicevic and Fouche (2014) have worked in health- and resource- challenged arenas such as children's homes for children who are HIV positive where strengthening existing musical resources in group music scenarios was empowering for communities as it was their music, and their actions that brought about a change in their daily experience of illness. Cultural factors are increasingly thought of as vital to treatment in a music therapy setting.

2.6 Integration and Collaboration

Internationally, traditional healing systems and modern music therapy have been integrated in some contexts in recent decades. Creative Pansori, for example, was developed by Hyunju Kim in 2014, blending shamanic artistic performance and modern Korean music therapy. This approach finds its

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efficacy in the essentializing of both disciplines' common element of creative expression to promotes catharsis. The benefit of using a historic art like Pansori is that its ritualised, performative and process-based form developed over thousands of years (Hyunju Kim, 2014). In India, Sundar (2007) reports that having an integrated practice is rich and meaningful for clients. Integrated systems are easily accepted in hospitals due to the scientific endorsement of Indian traditional healing systems of yoga and Ayurveda. Although no formal collaboration as such is found in music therapy or other healthcare settings in South Africa, a study was conducted among the buTonga people in Zambia by Moonga (2019). Moonga found that participants' existing understandings of masabe, a a traditional music healing ritual, can inform music therapy practitioners in designing a culture-centered music therapy process with Butonga patients. In the field of psychiatry, a study by Zingela et al. (2019), found 78% of South African patients receiving psychiatric treatment for mental illness had also consulted a traditional healer in the past year. In a study in Uganda patients were found to be 80% more likely to access both TH and psychiatric treatment, and seemingly showed better outcomes than those who only accessed one system of care (Abo, 2011). Part of this study asked traditional healers and music therapists living in South Africa what kind of cross-over or collaboration they would desire, if any.

In African music therapy discourse, scholars' views vary on the degree to which MT and TH overlap. Aluede (2011) and Kigunda (2003) have called for music therapy to expand to include all extant forms of music healing, while Nzewi (2002) claims that there is no need for music therapy when endemic music healing already exists. Pavlicevic and Cripps (2015) highlighted key differences suited to exclusive scopes of practice, depending on the orientation of the client/service-user (secular, urbanised, spiritual, traditional or modern). However, they also suggested that clients/service-users may change their views over time, and speculate that "fusing" of cosmologies and disciplines is inevitable with multicultural cities on the rise.

2.7 Xenophilic Orientation

Diop's (1955) seminal work entitled *Two Cradle Theory* described the Afrocentric paradigm as one of xenophilia; embracing diversity and coexisting with difference. Unlike xenophobia wherein the stranger or cultural "other" is viewed with suspicion and as an object to oppress, xenophilia views contact with the stranger as an opportunity to form new relationships that affirm mutual self-interests and respect (Schiele, 2017). Rather than viewing Music Therapy and Traditional Healing in opposition or comparison (asking which may be more "superior", for example), this study drew on the rich multiplicity of their parallel endeavours.

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2.8 Medical Ethnomusicology

In an increasingly multicultural world, medical ethnomusicology is emerging as a field that disseminates health through the lens of culture. It draws on the work of ethnomusicologists, medical anthropologists, medical doctors and music therapists. Horden and Gouk's (2000) *Music Healing In Cultural Contexts* offers a seminal perspective within this field that jointly presented the contributions of medical music therapy with the musical healing arts. As a number of scholars have emphasized, the domains of medicine and spirituality or religion were not separate in most of human civilisation (Burnett 2000; Janzen 2000; Lind, 2007). Pavlicevic and Cripps (2015) agree with this field's attempt to marry the "aspirin with the ancestors" (p. 1) and that cultural and cosmological fusion is necessary for contemporary practice, but question the "othering" that takes place through the discourse of largely Western scholarship that seeks out distant people to study. Primary contributors within medical ethnomusicology include Barz (2006), Koen (2008), Janzen (2000) and Roseman (2008). Stige (2008) criticised medical ethnomusicology for appearing under the guise of collaboration, while still being imperialistic. Often "collaboration" involves training THs in Western medicine, while paying homage to the social and cultural resources of the community in question to advance public health messages. Western health doctors seldom receive training in conceptions of disease underpinning traditional healing.

Berman (2015) also notes that most of the work in medical ethnomusicology is done by those culturally oriented in Western medicine. Yet in the same article, she argues for ethnomusicologists in other contexts to research according to empirical standards – without apparent cognisance that this too, is a Western standard.

What is sparse in research, is an approach that takes situated music healing seriously, as Pavlicevic, Dos Santos and Oosthuizen have begun to pave the way for in the South African context (2010). This road may be extended by asking traditional healers and music therapists how this process may unfold within the context of South Africa and with South African clients in mind.

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CHAPTER THREE

Research Methodology

In this section I described the research approach, design and paradigm. The research approach was qualitative and the design was a multiple case study. The paradigm was embedded in indigenous and transformative perspectives. These research orientations are the remit of a qualitative approach to research.

3.1 Research paradigm

This study was rooted in both indigenous and transformative paradigms. The former promotes the perspectives, customs and knowledges of a people in relating to their local natural environment (Hart, 2010). A transformative paradigm seeks to dismantle the hegemonic lens that tends to crowd out indigenous and other points of view. Historically, academia in South Africa has been Eurocentric and has effectively silenced African cosmologies (Jansen, 2019). Hence, there is an expedient call for decolonisation of research efforts (Kessi, 2017). The impetus of this study is to explore and value Afrocentric ways of knowing, specifically the knowledge of traditional healers, as well as the knowledge of those trained in the discipline of professionalised music therapy.

The ontology of these paradigms is pluralistic, acknowledging multiple realities (Mertens, 2009). Since realities are contingent upon the perceivers, both music therapists and traditional healers' opinions were valued in this research.

The epistemology of an indigenous paradigm is subjective and experiential. Knowledge is derived through an "inner-standing" (Hart, 2010, p.8) of external happenings. Elders' intuitive processing is refined over a lifetime and is, therefore, highly regarded. Knowledge is passed down orally, using metaphor and stories. Intuition and emotional ways of knowing are prized as much as rational processes (Nzewi, 2002). The transformative paradigm seeks to open research up to different ways of knowing in order to serve epistemic justice (Mertens, 2009). Qualitative case study methodology ensures that the topic is not explored under one lens, but a variety of lenses (Baxter, 2008). This allows multiple facets to be co-present, without one presiding over another. Multiple data sources also enhance credibility (Yin, 2003). In this study, an additional source of direct observation of *izangomas'* music in context, was used. It was important to one participant as she expressed that it was not enough to describe her views verbally. The participant had agency in presenting her views

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through an experiential lens which aligned with her own epistemology. However, this data was still subject to researcher-observation and thus my own interpretation. I brought my observation and interpretation of the experiential data to the participant in the subsequent interview, where we reflected on the data together by checking my inferences and assumptions. My own experience was important in some cases, as I was also part of the ceremony as witnesses are also participants. At other times, however, my inferences and assumptions about the meaning behind the proceedings needed to be checked and clarified. I will be discussing reflexivity further in the analysis section.

3.2 Qualitative methodology

With these ontological and epistemological foundations considered, a qualitative methodology was used. Qualitative researchers seek to describe the subjective views and perspectives of key stakeholders (in this case, music therapists and traditional healers) and to explore research questions from within the subjects' frames of reference. In this way, the study did not promote or malign a specific view, but rather presented various perspectives in relation to each other.

Qualitative research is an approach that emphasizes the descriptive nature of human experiences rather than quantification of data (Bryman, 2016). It focuses on the perceptions, emotions, and actions of participants. This is especially salient when studying health professionals involved with caring, communicating and interacting with the public (Holloway, 2005). In qualitative methodology, the phenomenon is studied within its context. That is, the subject cannot be understood outside of its social and cultural surroundings. Thus, this study is interested in the context of healthcare in South Africa. The limitation of this methodology is that South Africa is varied in terms of healthcare contexts, with diverse social, cultural and economic factors at play. Furthermore, the views expressed by participants are not necessarily representative of all traditional healers or music therapists.

This method was ongoingly reflexive in order to not impart my personal beliefs upon the reflections of participants, but rather to remain true to their points of view. Yet the my role also undoubtedly impacts the findings of the study, as I cannot extricate myself from the inquiry (Maxwell, 2009). Thus at every stage I acknowledged and recognised the influence that my outlook, motives and imperatives had on the findings.

3.3 Design of the study

The research design was a multiple case study. Case studies offer an in-depth exploration from multiple perspectives of a specific yet complex unit situated within a real-life context (Simons,

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2009). Complete cases may then be treated as units which exemplify the phenomenon in question. The cases were the experiences of the phenomenon of music healing for multiple participants, necessitating a multiple case study design. I am interested in exploring the commonalities and divergences among participants' perspectives. The advantage of a multiple case study design is that it is explorative and generative for nascent fields of research, such as music healing perspectives in South Africa. Bromley (1986) has argued that the disadvantage of case studies is the extraneous contextual factors upon the phenomena. Yet later authors (Mills et al., 2012) found this to be a strength, as one is able to understand cases more in context. For example, traditional healers living in poverty may practise differently due to certain economic constraints than a more affluent traditional healer for whom money is not a concern. Thus it is important to report on the contextual information present in the findings.

3.4 Participants

A multiple-case study design is suited to a small sample in order to hone in on the stories being presented (De Vos, 2005). Eight participants were invited to take part: four traditional healers, specifically, diviners (*izangoma*), and four music therapists. Participants were selected through quota, snowball and convenience sampling. Quota sampling set the number of participants in each category (as explained by Fritz and Morgan (2010)). Convenience sampling meant I worked with individuals who are readily available. Participants were accessed through personal contacts and snowball sampling. Snowball sampling was used by asking one participant to identify further potential participants (De Vos, 2005). Once potential contacts were identified, an invitation was offered to them to participate in the study.

Sampling criteria included, firstly, communication ability in English, as there were no resources nor access to a translator. Secondly, anyone who identified as a traditional healer (isangoma) or music therapist and who had more than two years of practice experience in their field was included. Each participant received an information letter (see appendix C). They were then asked to sign a letter of informed consent (see appendix D).

3.5 Data Collection

I conducted semi-structured interviews with the music therapists and the traditional healers. These interviews invited participants' descriptions of their roles, identities and experiences. Each interview was approximately one hour in length. The interviews were conducted at a time and venue that was convenient for the participants.

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The interviews were semi-structured and the questions were broad and open-ended enough to illicit stories, yet were still guided by the research questions (as Murray (2018) urged). As Green and Thorogood (2004) advised, the schedule was designed to cover certain topics but the interviewees' responses determined the information produced about those topics, and steered the interview in terms of follow up questions. Topics were underpinned by the research questions, and therefore included the following domains: 1) roles and identities of music healing, 2) how the participant related to "other" type(s) of healer and potential relationships with other healthcare professionals; 3) the place and "fit" of music therapy in the South African context, relating to historical, social, political, and cultural factors, as well as service users' needs and interests; 4) and the outlook of music healing in the country. (See appendix A for the interview schedule for the THs and Appendix B for the interview schedule for the MTs.)

The interviews were conducted in English due to aforementioned constraints. Given the importance of decolonising research, which includes language hegemony, this was a key disadvantage of the study. Although all participants were conversant in English, it was not the primary choice of language for all participants. This may have restricted their capacity to convey meanings fully, since ideologies and values arise within a certain language and may lose resonance in another language (Alvares & Faruqui, 2011). It is imperative for future research in this field to pursue this topic in multiple languages. The interviews were transcribed verbatim using Temi software.

3.6 Data analysis and interpretation

Thematic analysis was used to interpret the interviews. This method provided a way to systematise the data across participants, so that meaningful data could be linked and collated (Joffe & Yardley, 2004). By organising data, themes were derived, and interpretation was possible (Matthews & Ross, 2010). This method was relevant to the study as it sought to identify themes within the perspectives of the traditional healers and music therapists. Sentences from the transcripts were assigned codes. Codes are units of meaning that underscore the essence as interpreted. Coding is both a process of simplifying and expanding data and making links to theoretical concepts to answer the research question (Coffey, 1995). The codes were then grouped into categories, subthemes and finally themes. Categories are higher order codes that link codes together under broader groups. Sub-themes are higher order categories that group categories under larger sub-themes. Finally, sub-themes are stratified into the last level of possible ordinance, called themes. Convergences and divergences among participants' perspectives were then described in the discussion. This method was made credible by engaging in reflexivity and supervision.

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3.7 Research Quality

The quality of this research depended on its truth value, that is, capturing what participants consider to be true for them. If this research was able to convey the intended meanings of these messages, without manipulation, then the findings of the research may be transferable and applicable to further studies. As the researcher, it was important for me to engage in critical reflexivity, especially in terms of power differentials (Finlay, 2002). Analysing my interest in the topic was important in bringing biases into awareness. Acknowledging my whiteness, I realised the danger of exoticising the 'other' (traditional healer). The desire to assuage my own white guilt may have led to my interest in "disenfranchised persons". The positive aspect of this interest was the valuing of social justice but the potential negative aspect was a strong agenda to become an ally, and a tendency to see alignment between two disciplines (music therapy and traditional healing) that may not need to be aligned in any way. Furthermore, my power and privilege to convey these findings to a university institution may even harm participants, as their knowledge faces possible co-option or misrepresentation. To address this, answers were checked with participants in order to confirm the interpretation of the text. This is a member-checking approach designed to increase trustworthiness (Birt et al., 2016). Also, within the interviews, I reflected the participants' responses back to them, rewording phrases from my point of view. This was useful as sometimes I had misunderstood their intentions behind the responses, or my interpretation needed to be fine-tuned. Often a participant would add a clause contextualising the response, for example, in one interview, I asked, "So am I correct [in understanding] that you are saying that music is used in creating a healing atmosphere?" to which the participant responded,"Yes, mostly before the healing even begins; to prepare myself, before the client arrives". Thus the quality of interpretation was optimised. Interview question domains remained consistent for dependability.

3.8 Ethical considerations

Each participant received and signed an informed consent form, detailing confidentiality and privacy. No identifying information was included in the study. Participants were asked for consent to have the interviews audio recorded, with freedom to withdraw at any point with no adverse consequences. Data is archived at the music therapy unit of the University of Pretoria for fifteen years in an electronic, password protected format. Participants were informed in the consent letter that future researchers can use the anonymised interview transcripts for future studies.

The six ethical principles for Afrocentric research were strived for in this study, encapsulated in *ubuntu* according to Asante (1990). The first relates to the researcher being responsible for

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transformative healing. Thus I approached this study and the participants by developing an authentic interest in indigenous knowledge systems. Many participants who were traditional healers remarked that it was refreshing or unusual to meet a white person who was willing to listen to them. Given the historical oppression of traditional healers, this may have played a small part in transformative healing. Furthermore, speaking to music therapists gave them a chance to take cognisance of their healing role in South Africa, as they put forward their resolve to contribute to collective healing of past trauma. Secondly, Asante's ethics are built on a deep respect for spirituality, religious beliefs, and the practice of others. I endeavoured to show this deep respect toward each of the participants, even if I did not share their beliefs, through listening intently and showing an interest and curiosity. Ethics built on dialogue, particularity, individuality, and historicity is the third principle. Indeed each interview was unique and consciously tailored to engage with the views espoused by the individual in front of me. Historicity as a topic featured in each interview in terms of how the participant engaged with the aftermath of oppression, and current oppression in South Africa. Fourthly, ethics were built on an iterative dialogue and circular reflection. Fifthly, cooperation and solidarity were shown in the act of centralising voices that remain on the margin of health discourse, whether music therapist or traditional healer. Lastly, ethics that promote self-determination and rebirth were present as each interview allowed participants to take a moment to reflect upon their role and the future of their profession. Many of them remarked that it was interesting for them to think about the questions. As the questions were designed for participants to explore their motives and values, this interview offered possibilities for them to reflect on and even strengthen their resolves for continuing the work of healing.

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CHAPTER 4

Data Analysis and Findings

4.1 Introduction

This chapter begins by summarising relevant information regarding the participants as well as a description of the interview process. I then give a thorough account of the data analysis process. I describe how I went about preparing the transcripts and becoming familiar with them as well as the coding process. Once coding was complete I began linking codes to broader categories. Sub-themes emerged from these categories. Finally, main themes were derived. Examples of statements, codes and corresponding themes are given in tables to outline the process of analysis. The themes that were identified in the process of data analysis are briefly described at the end of this chapter and will be discussed further in the following chapter.

4.2 Participants

Eight participants chose to take part in this study, half of whom were music therapists and half of whom were traditional healers. Details of participants' contexts are detailed in table 1, utilising pseudonyms. Additionally, traditional healers' relationship to music therapists, and music therapists' relationship to traditional healers are described in table 2, in terms of the information they had access to, and in relation to their encounters.

Table 1

Participant Contexts

Name	Practitioner	Cultural group	Years of experience	Work context
Kelly	MT	English	3	Private practice
Marilise	MT	Afrikaans	17	Private healthcare institution
Susanna	MT	Afrikaans	4	Private practice & cross-culturally
Ncedo	MT	buTonga	3	Private practice & cross-culturally
Mpilo	TH	Zulu	30	Private practice & university research collaboration
Esihle	TH	Zulu	7	Private practice

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Lindelwa	TH	Xhosa	10	Private practice
Thembeka	TH	Xhosa	8	Private practice

Table 2

Relationship to alternative music health practitioner

Name	**Practitioner**	**Relationship to alternative music health practitioner**
Kelly	MT	Colleagues with THs (who work as psychologists)
Marilise	MT	Some knowledge of global shamanism. Attempted contact.
Susanna	MT	No direct contact. Anecdotal information.
Ncedo	MT	Information through cultural upbringing, professional consultation.
Mpilo	TH	Has had some conversations with MTs, performed music in front of and described practice
Esihle	TH	Never heard of MT
Lindelwa	TH	Never heard of MT
Thembeka	TH	Never heard of MT

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4.3 Steps in Analysis

4.3.1 Preparing the data

Interviews were recorded and then transcribed using Temi software. Thereafter, I spent time reading the text whilst listening to the audio recording. This was done to check the veracity of the transcription. Approximately three hours were spent per interview checking transcriptions. This check also allowed me to initially immerse myself into the text. This laid the ground for recognising meaning in relation to the research questions. Patterns began to emerge within and between interviews.

For the last TH participant interview, questions were based on a performance I was invited to that was given during an initiation ceremony (*ubukithi*). An in-depth analysis was not completed on this event itself, due to this study's focus on data collection through interviews, but a description is provided below to offer context:

> I am a white research student who was invited to witness a traditional izangoma ceremony of amaXhosa cultural group. Nine *izangomas*, four of which are elders, two are practitioners, and three are initiates, gathered to perform music and dance at the head sangoma's house. Approximately ten members of the community were gathered in a small living room. Their children played outside, but the door was left open for children come in, while others popped their heads in occasionally. The ceremony was to commemorate an initiate's completion of the first phase of her journey towards becoming a sangoma. This phase included going to the Eastern Cape (traditional amaXhosa homeland) and performing certain tasks. The purpose of the ceremony was to announce to the ancestors that she is back from her journey, as she must always keep in communication with them in order to build relationship to them. It was also to let her family and friends in community know that she has completed the first phase. They were present to witness and honour her. Various props were present which have symbolic meaning: two sticks/wands were presented to the initiate to dance with. The other sangomas also held these, but their sticks were more embellished than the initiates, with beads and animal skin. The costume colour was important as white symbolises the first level of training. Each sangoma wore a skirt with the emblem of their clan. The dance and musical elements told the story of the task the initiate had to face. She sang a song that she had been given by the ancestors during her task. This song was to motivate her to complete her task. Through other songs, the sangomas thanked the ancestors and showed appreciation. The chief sangoma added bells to her feet at certain times to amplify the 'sound of appreciation'. The music was dynamic and included different songs, some of which appeared well-known by everyone as they took part in singing. A large cow-hide drum propelled the music, which two sangomas took turns to play. I felt it as part of my body, as if the music was part of me. For the duration of the ceremony I sat on the floor next to a community member. Members of the public joined in singing and clapping but did not dance. Some of the songs raised the energy, while others were subdued. The energy level seemed to rise and fall consistently and simultaneously among participants. Sometimes the sangomas and people gathered were ecstatic and jubilant, and other times tired and solemn. The head sangoma appeared particularly affected by something, whether it is the music alone or the spirits I was not sure. Once or twice she was shaking, and came over to me to ask if I am ok and apologised, saying "It is difficult to speak English, as there is a spirit inside me right now". Later I was told that the spirits may inhabit the sangomas at any time, arriving at their will. Otherwise, the group of sangomas and the witnesses seemed united in their experience, although my presence as a white outsider may have affected the group's concentration and connection, as

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they stared at me occasionally. The sangomas took less note of me during the proceedings, as they were quite focused. They seemed proud to perform their ceremonial music and dance to me, as they took care to explain their traditions beforehand and afterward (even without my asking). I was told later that they are used to hiding their identity of sangoma from white people, as they think that white people do not like sangomas. So, it came as a surprise to them that I was interested. I stayed for two hours to watch the music and dancing. The music continued for six hours and into the night - with a few breaks in between. I was invited to drink *umqumbothi* (traditional beer) afterwards but I declined as I had to drive home.

4.3.2 Data Familiarisation

After checking the transcripts, I re-read the interviews to enhance my familiarity with the content. I made notes of content that appeared striking in regard to the inquiry of the study. I then drew diagrams for instances of patterns or potential relationships between ideas. This preparatory work helped me to begin to conceptualise the data, raise questions, and discover potential in relation to the research questions (as recommended by Strauss, 1990).

4.3.3 Coding

Reading through each transcript again, I analysed each sentence carefully to remain as faithful as possible to the description offered by the participant. All eight interviews were completely coded. These codes were then organised into two separate documents, one for traditional healers and one for music therapists. This would allow me later to see the commonalities and divergences of themes between groups. Further, each document was subdivided into data related to each research question. Relevant codes were gathered together under each research question. Some codes were repeated in multiple sections as they answered more than one question. Extracts of the coding process are provided in Table 3.

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Table 3

Assigning Codes to Data

Interview Extracts (Mpilo)	Codes
"One patient […] he's having a pain and maybe he's limping. But sometimes there is a person who is spiritually injured […] and then sometimes you need some songs [...] or some beating of drums."	Music alleviates spiritual problems
"Emotional problems, spiritual problems [...] they differ from one patient to another. When you play music, you will see different behaviour as well. One will cry, one will stand up and dance, you know, and need some movement or some dance of some kind."	Emotional and spiritual problems need individualised treatment Different clients appropriate the affordances of music in different ways
"I think different types of healing are needed, [...] especially in this particular crisis where we are having different problems"	Pluralism of treatment needed

4.3.4 Subcategories

Codes were read and clustered together into subcategories, under the respective research questions. Structuring codes into subcategories required basic interpretation. Some codes were repeated under multiple subcategories, as they pertained to more than one topic. This overlap is characteristic of qualitative data mapping, as topics in real life conversation tend to run into each other (Coffey, 1995). Subcategories were named according to the participants' descriptions, but also through linking these descriptions to theoretical concepts in the literature review. Coffey (1995) suggested this grounds the responses in the research questions. For example, the code "treating illness before it reaches pathology" fell within the remit of preventative health as a theoretical concept in the healthcare research. Thus "preventative health" was placed within this category. Reflexive engagement in the text was important so as not to import my own values or ideas onto the respondents' concepts. Due to my own interest and knowledge in Western shamanic derivative concepts, it was tempting to use this language as a bridge from psychology to traditional healing. To my best ability, I tried to avoid this bridging, and rather stay true to participants' contexts of meaning. By grounding analysis strongly within the overall context of the data, therefore, rather

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than from my own frames of reference, I attempted to avoid importation. There were 125 subcategories altogether.

An example of subcategories derived from various codes for the music therapist participants are given in Table 4.

Table 4

Deriving Subcategories from Codes (Examples from Music Therapists Group)

What does the future of music healing in South Africa look like?	
Subcategories	Codes
Bridging difference	Tolerance Facilitating connection across differences Develop awareness of one another and empathy
Integrating into community	Heals personal and collective Group work a return to community healing circles as metaphor for inclusion building bridges, connecting
Preventative	Remediating social illness Producing a non-violent society Treating illness before it reaches pathology

4.3.5 Categories

Subcategories were then grouped into broader categories. Subcategories that did not closely link to any other subcategories remained stand-alone and were included as categories in their own right. From this iterative process of segmenting and reordering (codes to subcategories to categories), patterns or trends in the data across participants were developed. It also became possible to speculate on the relationships between the two groups' answer sets. Identifying comparisons and contrasts was now possible when reviewing the categories. What was important to one group was not necessarily important to another group, and this was visible from the broader standpoint of categories. Strauss (1990) calls this the "consequences" of the text. This marked a move from

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factual data to more interpretative work. In order to make inferences and conduct deeper analysis, the recontextualised data was displayed in a way that made it easy to read and accessible (as recommended by Miles and Huberman (1994)). Thus I created separate documents for codes, subcategories, categories, and themes. However, it is possible to trace the path of categorisation across documents as they are clearly grouped under the research questions.

There were 56 categories altogether, which are listed in table 6. An example of categories derived from subcategories is given in table 5.

Table 5

Deriving Categories from Subcategories (Examples from Traditional Healers Group)

Does (and should) music therapy have a salient role to play in SA Healthcare?	
Categories	Subcategories
Client-empowered	Client may appropriate the affordances of music Client has creative choice in their response Client may find it useful to apply symbolic meaning to their problems
Music common to every culture	Although cultural differences do exist in music, there is also universality in music Finds no problem with MTs working cross-culturally Emotion conveyed by music is cross-culturally similar
Music may work deeply to navigate the subconscious causes of pathology	Music may safely navigate unconscious Need to address cause Explain reason beyond suffering Need to go beyond symptom relief Sees Western Medicine as allaying symptoms only

It is important to note that TH responses to the second research question, “How do participants describe and understand each other’s role?” related their understanding of the general effects of music, or an aspect of psychotherapy, rather than that of music therapy per se, as most of them had never encountered music therapy as a clinical discipline.

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Table 6

Categories derived per research question

How do participants describe and understand their role?	
Music Therapists	Traditional Healers
Addressing difficulties Enhancing wellbeing Facilitating connection	Enhance wellbeing Ritualise important life events Mediate spiritual guidance Specialise in unknown ailments Supported by tools such as music
How do participants describe and understand each other's role?	
TH viewed with caution / conditional value TH is culturally situated TH emphasises spirituality TH is valuable and should be used more Range of exposure: yet, no direct experience of TH TH overlaps with MT	Not familiar with MT Music primes the client for healing Mental and spiritual illness helped by music Music elicits guidance from spirits Resonates with relational psychotherapy
How do participants view potential relationships with each other?	
Colleagues Cross-over in careers Barriers to relationship Learn from each other Learn from TH Academic training to include SA indigenous paradigm Collaboration perimeters	Should be formally coordinated Proximal encounters necessary MT may refer spiritual cases to TH
Does (and should) music therapy have a salient role to play in SA Healthcare?	
Yes, on condition MT serves psychosocial needs - in SA great Uniquely reaches non-verbal clients Effective in mental health Patients and professionals see benefit Strengthens social relations in communities Culturally situated Preventative Empowerment Dependent on adoption by SA healthcare	Unsure, unfamiliar with MT Role to play in Mental Health Client-empowered Music common to every culture Multiple modalities needed Music may work deeply to find cause of pathology
What does the future of music healing in South Africa look like?	

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Improving treatment in Mental Health Empowering clients, especially vulnerable Sharing between knowledge systems Fostering connection and cohesion in society Multiple ways for music to enhance wellbeing	Music is specialised for spiritual & mental problems Music used to build resilience Music strengthens social bonds Music guided by indigenous knowledge systems Incorporation of TH in mental health Integrated healing system

4.3.6 Themes

Finally, preliminary themes were developed from categories. While it was useful to cluster categories under research questions up until this point, it became clear that the categories could not be collapsed any further within the research question perimeter. So in order to identify overarching themes within the overall perspectives of the groups, I listed all categories sequentially, and then gave each a label that would describe a potential theme. An example of this list of categories with theme labels is outlined in table 7 below.

Table 7

Examples of Categories Developed into Preliminary Themes

Research Questions	Categories	Preliminary Themes
Their role/MT	Enhancing wellbeing	supporting wellbeing
Their role/MT	Connection	relationships, connection
Their role/TH	Enhancing wellbeing	supporting wellbeing
Their role/TH	Ritualise important life events	emphasis on the importance of culture
Their role/TH	Mediate spiritual guidance	importance of spirituality
Their role/TH	Music is a support rather than agent of healing	supportive role of music

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Other’s role/MT	TH viewed with caution / conditional value	caution and/or unfamiliarity
Other’s role/MT	TH is culturally situated	emphasis on the importance of culture
Other’s role/MT	TH emphasises spirituality	spirituality
Other’s role/MT	TH is valuable and should be used more	value
Other’s role/MT	Range of exposure: yet, no direct experience of TH	establish connections
Other’s role/MT	TH overlaps with MT	supporting wellbeing
Other’s role/TH	Not familiar with MT	establish connections
Other’s role/TH:	Music is the primer to healing	supportive role of music
Other’s role/TH	Mental and spiritual illness helped by music	addresses psychosocial needs

With the preliminary themes clustered in this way it was possible to see recurrences in the themes across research questions. It was also possible to link it back to the research questions which were included on the left hand column for ease of reference. Ten overarching themes were identified from the above, and arranged in a table according to the two groups represented, traditional healers and music therapists. This table is presented in table 8.

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Table 8

Final themes derived

Themes	MTs	THs
Practices support wellbeing, with music as a tool	According to MTs	According to THs According to MTs
General-to- specialised scope of practice	According to MTs	According to THs
Focus on relational connection	According to MTs	According to THs
Emphasis on the importance of culture	According to THs According to MTs	According to THs According to MTs
TH emphasises spirituality		According to THs According to MTs
Curious yet cautious regarding each other's practices	According to MTs According to THs	According to THs According to MTs
MT may aid in addressing psychosocial need in SA	According to MTs According to THs	
Pluralism of approaches welcomed	According to MTs According to THs	According to THs According to MTs

4.3.6.1 Practices support wellbeing, with music as a tool

Both TH and MT participants described their practices as supporting wellbeing. Music was described as being used flexibly, although MTs used music more than THs. Both groups of participants saw the value of music being used in psychiatric settings. THs described music as addressing mental, emotional and spiritual needs. MTs described addressing mental and emotional needs.

4.3.6.2 General-to-specialised scope of practice

Both groups of participants described their service as enhancing general wellbeing, but both felt they had specialisations. THs specialisation was spiritualism, and MTs also felt that this is an area that may be lacking in their own practice, as well as mental healthcare generally. THs explained that difficult-to-diagnose diseases were often referred to them. They maintain their important role in the healthcare system, although it is unofficial and under-recognised. MTs specialisation related to the ability of music to cross cultures and language barriers. This is particularly salient for settings

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where therapist and client have differences in culture/language, which is particularly the case in South African contexts (van der Watt et al., 2019). Music therapy is also particularly relevant with with non-verbal patients.

4.3.6.3 Focus on relational connection

Both groups of healers focused on the importance of relational connection and wellbeing in their practice. MTs described fostering connection through music, while THs also described fostering connections, not only through music. Another divergence was that THs highlighted the importance of maintaining connection to the ancestral lineage to ensure health and protection. MTs generally regarded the importance of connection to living relationships only.

4.3.6.4 Emphasis on the importance of culture

THs described the importance of ancestral practices and rituals as necessary to health. MTs explained that working with the cultural attributes of clients' understandings of health was important. Music and music healing was described as having both culture-specific and universal applications.

4.3.6.5 THs emphasise spirituality

THs described how music created a sacred space, a space with music for connecting with oneself, in social gatherings, and to ancestors. According to THs, maintaining harmonious relationships with one's family, community and ancestors is vital to spiritual health. Most MTs expressed that it would be valuable to explore the spiritual aspect of health, to better understand and work with their indigenous clients' expectations.

4.3.6.6 Curious yet cautious regarding each other's practices

Mutual curiosity regarding elements of one another's practice was observed, and both groups showed an interest in networking and interdisciplinary collaboration. However, much was unknown about MT as a discipline by the THs, although music was appreciated as a healing modality. More information, proximal encounters and relationships were desired by both groups. Mutual suspicion was also identified. MTs were suspicious of unregulated THs. They also may have residual historical biases from apartheid, some of whom, identified these as influences in childhood. THs described a willingness to work with other health practitioners, but were weary of co-option, and were most concerned with the directives of their ancestors in their activities.

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4.3.6.7 MT may aid in addressing psychosocial need in South Africa

THs were mostly unfamiliar with MT but described an appreciation for music's therapeutic affordances such as consolation and deep reflection. THs also described a need for deeper healing modalities in mental health that can identify root cause(s) in the subconscious. THs view themselves at adept at finding root causes, but also point to other modalities that are successful because they create the necessary safe environment, for the patient to confront the original traumatic event(s). MTs highlighted this safety-inducing feature of music therapy, and thus viewed it as a salient approach to addressing trauma. Both MTs and THs found music therapy to be a diversity-affirming therapy that crosses language and culture. MTs felt that music therapy may address psychosocial needs in South Africa in a variety of domains. These were described as preventative health, including working on social issues such as violence and rape; human potential and development; community and clinical settings, such as psychiatric health. Addressing the effects of oppression was seen by MT participants as important in healing society. Part of this work should be affirming clients' cultural identity, which may have been inferiorized, as a result of colonisation. In a music therapy session, this is done through music; validating the client's music. Societal healing was seen as an important approach to music therapy. Incorporating indigenous views and marginalised points of view such as TH in healthcare was seen as important to addressing psychosocial needs in South Africa.

4.3.6.8 Pluralism of approaches welcomed

Both groups of participants described the necessity of incorporating many different approaches to health, in order to serve the multicultural population, within different contexts, to tailor therapy to different needs of clients. Both groups of participants expressed a desire to learn different knowledge systems. Both groups hoped for greater inclusivity, better coordination of efforts, and trust among, professionals in healthcare.

4.4 Conclusion

The analysis and findings have been described in full in terms of the process of coding, categorisation, and final themes that were derived. The discussion section in the next chapter will elucidate the implications of these findings for the field and the health profession.

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CHAPTER 5

Discussion

In this chapter I discussed the findings of the study. Firstly, the four research questions were addressed, guided by the subthemes drawn from Table 6. Lastly, the final themes from Table 8 of the findings, were discussed in terms of the patterns throughout the interview data overall.

5.1 How do participants describe and understand their own role?

5.1.1 Music Therapists

5.1.1.1 Addressing difficulties and enhancing wellbeing

Music therapist participants described their role in terms of remediating biopsychosocial problems. Participants highlighted the safety-inducing aspect of music as vital when working with the sensitive nature of difficulties or trauma. Ncedo (TH) referred to music in this way: "[Music] can provide a buffer between the perceived threat and the person" and spoke of "the comfort that the non-invasive nature of music offers".

Not only did MT participants describe their role in terms of addressing difficulties, but spoke of health as enhancing wellbeing in positive terms. Providing musicking experiences that lead to personal expansion and growth, is a view that ascribes to humanistic psychology. This aligned with strengths-based approaches in community music therapy literature (by authors such as Pavlicevic, 2004; Ansdell, 2004; Stige et al., 2010; dos Santos, 2005). Strengths-based approaches emphasise using the affordances of music to discover personal competencies and improve social interactions (Stige et al., 2010). As participant Ncedo stated, "While providing the remedial support, while that is valuable, I think there's far more scope in exploring with people, how they want their lives to expand and grow." Another trend in the data from the music therapists was the emphasis on client's subjective definition of wellbeing. For example, Marilise explained, "Healing for me is really about enhancing the whole, the wellbeing of a person...however the person might define that."

Facilitating experiences of human connection was seen as part of enhancing wellbeing. This aligns with trends in the World Health Organisation (2000) to value social aspects of health. Recent findings in music therapy research, such as by Flower (2019) highlighted the benefits of an

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ecological approach, involving family members in therapy. This social aspect of health resonates with many African cultures who practise social music-making for individual-in-community integration and sense of belonging (Akombo, 2009; Aluede, 2011; Kigunda, 2003; Nzewi, 2002). Participants emphasised the way music opens avenues for social connection for those who do not communicate in conventional ways, whether due to verbal incumbencies, neurodiversity, or language or cultural differences. As MT Marilise described, "Music is a way for people to connect, in their own unique way." Thus music therapists described their role as remediating difficulties, enhancing wellbeing, especially through experiences of connectedness, through the unique affordances of therapeutic musicking.

5.1.2 Traditional Healers

5.1.2.1 Enhancing wellbeing, facilitating ritual, and mediating guidance

TH participants described their role as addressing the bio-psycho-socio-spiritual aspects of wellbeing. This aligns with the description of traditional healing found by Sulmasy (2002) as holistic, or focused on the whole person, as comprised of various aspects of being which must all be attended to. As Thembeka described, "Some people get sick from the ancestors." The focus on relational causes, whether familial, communal, or ancestral causes, is found in various studies on traditional healing (Ivey & Myers, 2008; Sodi et al., 2011; van der Watt et al., 2018). It may be important for music therapists, and researchers of traditional music healing, to understand that clients may focus on external events or relationships as causes of suffering rather than intrinsic mental problems.

Similarly, music was described by the TH participants as being used to cope with difficult life events. Mpilo, for example, reflected, "Historically, during difficult times, especially for black people, one of the consolations was music." THs may perform rituals for commemoration and rites of passage. The pervasiveness of music in the lives of South Africans was clear, as Mpilo described its use, "during the happier times, and during difficult times". And, "if you listen to the lyrics [of songs] they are talking about bitter environments, joy... different things." Music therapy research such as that conducted by Kenny (1998) and Moreno (1988) pointed to the salience of ritual in coping with life events. Music therapists working with clients with this cultural worldview may draw on this historical convention to use music to commemorate, express and disseminate circumstances.

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TH participants saw themselves as mediators of spiritual guidance from ancestors to the community. They spoke of the primacy of providing a spiritual point of view of life. Invoking the ancestors, according to TH Esihle, allows you “to understand your highest purpose better” and that “the circumstances you find yourself in, is teaching you a certain kind of lesson, however painful”. Attributing difficulties to existential or spiritual reasons is a factor that appears to motivate some South Africans to access TH alongside or instead of psychiatric services, as outlined by Zingela et al. (2019). The spiritual orientation of clients may be a reason for MTs to refer to or work alongside THs.

While traditional healers explained their role as healing general everyday ailments, they also specialise in “strange syndromes” that are persistent or appear to be without organic cause. Participants described their role in the South African healthcare system as treating certain psychosomatic and culture-bound syndromes such as *amafufunyane,* which have spiritual causes. Thus they fulfil a function in the healthcare system after biological causes have been ruled out. Sometimes, according to participants, clients are misdiagnosed and medicated when “ancestral practices are more appropriate”. One TH, Lindelwa, recommended that MTs refer clients when “pathology is difficult to define”.

Music is used flexibly as a tool for reaching a spiritual state of mind, to enter into relationship with spirits, or for connecting to oneself or others. Some participants emphasised that music is one of several tools that can be used in creating a healing atmosphere. Others did not seem to put as much emphasis on the role of music: “There is music, but you don’t need music to heal” as one TH, Thembeka, stated, even though we had spent the day in musicking, commemorating the initiate’s rite of passage. This seeming inconsistency perhaps points to a certain ubiquitousness of music in everyday life for many African cultures (Jones et al., 2004; Nzewi, 2002). Or perhaps, it indicates that music is often not defined as separate from other art forms (Moonga, 2019; Moreno, 1988).

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5.2 How do participants describe and understand each other's role?

5.2.1 Music Therapists describe Traditional Healers' roles

5.2.1.1 Valuable, if regulated

Music therapy participants identified TH roles as valuable to health in South African society. They described this value as ranging from "health access in traditional communities" and "valuable in the context in which it arose" but also, some insisted on "making space for it [TH] in mental health institutions" and for mainstream healthcare to "draw on knowledge of first nations people". This range of views perhaps show some ambiguity as to where MTs consider TH value to lie.

MTs were concerned by practitioners who are unregulated THs or THs "who work with the dark [spirits]" forces, as described by Susanna. This may be a basis for concern in terms of the lack of regulation of the practice of TH, and/or stigma that comes through some religious lenses, or stigma caused by the *Witchcraft Suppression Act* (1970). It may be important for (particularly White) music therapists to interrogate their biases in this regard, particularly in relation to the history of South Africa and White cultural dominance during Apartheid.

MT participants realise TH's value in having cultural congruence with the communities they serve. The importance of culture in mental health was described by Ncedo (MT): "When we take people out of, out of their tradition, out of their heritage, they get confused. Then we begin to see all sorts of neurosis and psychosis because they've been removed from what inherently created meaning for them." Culture-centered music therapy regards the importance of cultural situatedness, or in other words, the vital components of a person's context which cannot be extricated from that person's understanding of the world (Stige, 2002). Therefore, MTs should continue to become better acquainted with the cultural meaning-making of their clients.

Most MT participants saw THs as having a spiritual focus. MTs reflected on the value of spirituality as providing depth to therapy. Yet, it was also expressed that sometimes religious beliefs pose a hindrance or become a distraction to therapy in group setting. It was also reported that not all clients want to explore spirituality, as beliefs vary widely in South Africa. Depending on the spiritual disposition of the client, spiritual factors should be considered in clients' wellbeing.

MT participants described the value of TH in the health system, due to the above mentioned factors of providing access, cultural-situatedness and spiritual meaning-making to clients. All MT

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participants supported the inclusion of TH as an option for clients in mental healthcare. While they did not speak of referring their clients to TH, they rather described working in a system that values TH. Perhaps more music therapists may consider referral as a possibility for the spiritual goals of their clients with the same cultural background.

In terms of personal exposure to TH, no direct consultations with traditional healers had been engaged in by MT participants. While one music therapist grew up in an indigenous setting in another African country where indigenous healing rituals were prevalent and as a child he received initiation rituals and was part of dance healing rituals as an adolescent, he did not consciously choose to consult a TH practitioner. Another participant experienced shamanic rituals in America, while others showed an interest in shamanic practices, but had not personally consulted such practitioners.

5.2.1.2 Shared interest

Most participants expressed a shared interest with THs in the use of symbols, metaphor, the arts, music and dance to improve the wellbeing of their clients. As Susanna (MT) explained, “Elements of the arts that are deeply rooted in expressing emotions. That has a lot of correlations with traditional healing rituals.” Some MTs also drew parallels between spiritual inquest and exploration of the unconscious, as in Guided Music and Imagery (GIM). In GIM a deep level of awareness is induced to access a person’s symbolising capacities such as through imagery and musical forms, in order to process difficulties, find resolutions and gain insights that are not accessible to normal consciousness (Frohne-Hagemann et al., 2015). These may be points of departure for THs and MTs to explore the existential questions of South African clients.

5.2.2 Traditional Healers describe Music Therapist’s Roles

5.2.2.1 Not familiar with MT

TH participants were mostly unfamiliar with MT, although one participant had met a music therapist, and had discussions on music therapy, and knew that music therapists worked in a variety of settings.

While MT as a discipline was mostly not known, most TH participants could identify the role of music in contributing to healing. Specifically, “creating a healing atmosphere”, often a sacred or spiritual atmosphere, was cited. One TH, Mpilo, commented, “If this one has a spiritual injury, we give him the drum and he finds the life force”. The association of music with spirits has resulted in

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some music therapy groups being turned into traditional healing rites and even exorcisms. For example, Pavlicevic (2015) reflected on a music therapy session in a female locked ward in a South African psychiatric hospital, where one of the patients (who was a sangoma) was ostensibly moved by the music, beginning a litany of prayers to ancestral spirits, asking them to surround the women. Frenzied drumming and dancing ensued and the sangoma appeared to be casting out an evil spirit from one of the patients. Thus, music therapists may consider this expectation with some clients, and should also consider that they are not competent to lead a group in such a direction. However, if working in a multidisciplinary team with a traditional healer, may consult their expertise.

When Lindiwa (TH) listens to music, she hears spirits: "I listen to their voices", she said, which guide and comfort her. This may be difficult for MTs or their interdisciplinary team to accommodate, since "hearing voices" is understood in psychiatric settings as a symptom of psychosis. However, there may be certain cultural methods of navigating hallucinations, which may be of value. Nwoye (2015) points to THs being able to divine and interpret such symptoms and advocates for an Afrocentric paradigm to diagnosis rather than the DSM for Black African clients with difficult syndromes.

Ancestral practices were described as maintaining connection to one's lineage and relationships. This may find parallels with a relational and ecological view of health. "We just take it a step further, to those who are no longer living", as Esihle (TH) explained. Maintaining connection to a lineage ensures guidance and protection from ancestors, and understanding the bigger picture of one's role within the lineage patterns. TH Esihle explained that "The pattern may be an existing behavior within your family, or, tracing it back to your ancestry, going behind the veil." Music therapists may find resonance informed by this traditional view as clients seek to understand their role and identity as part of a family's lineage, not only in relation to one's personal role.

5.3 How do participants view potential relationships with each other?

5.3.1 Music Therapists

All MT participants considered it beneficial for clients to have the option of TH in a psychiatric setting. Ncedo, MT, commented, "We need to come from multiple places if we want to serve clients". As Zingela et al. (2019) reported many South African service users are interested in accessing both TH and psychiatric treatment. All participants expressed willingness to work in a

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multidisciplinary setting with THs. However, many MTs mentioned it may challenge the spiritual beliefs of some MTs. Thus some music therapists may choose not to work in such a setting.

MT participants mentioned cross-over in careers as a possibility. While taking scope of practice into consideration, was described as important, Marilise (MT) described "a TH-MT would be an asset to Mental health community."

Barriers to relating with THs were described as THs not reciprocating efforts to network. MTs described evasiveness on the part of THs. These particular THs may have simply not been interested in forming a connection. Since THs are directed by ancestors, they may have felt it inappropriate to the wishes of the ancestors. Historically, according to authors such as Ivey and Myers (2008), and Edwards (2011), THs have felt protective of their practices, as interaction with white people has resulted in oppression or co-option in other countries where collaboration has been attempted, as argued by Stige (2002). TH participants in this study also described instances of collaboration with government, only for their medicines to be co-opted. Referring to TH's use of plant medicine *Umhlonyane* to treat Covid-19, Thembeka (TH) says:

> We can make a medicine, but they want to take the medicine and make it different. The people use it, but the government takes it [...] to mix it with [other] stuff. They didn't give them a chance. You see? So it's what government does. Doesn't help us the way we want them to."

TH participants in this study described being misunderstood. Although desiring to be formally involved in healthcare settings, TH's suspicion and caution of White practitioners are well-founded, and present potential barriers to relationship. MTs should be aware of in their communication and approach to THs.

Lack of regulation in the field of TH also contributed to MTs being cautious of working with THs, describing a distrust of THs with "bad intentions", as mentioned by MT participant, Marilise. They would feel more comfortable working with regulated THs. THs were also in favour of regulation, as this would enable more opportunities to work in healthcare settings and to be taken seriously by other (Western-oriented) healthcare professionals. Some MTs referred to a position held by other MTs, who were against the spiritual beliefs of THs entering a therapeutic setting, but allowed Christian prayers in therapy. Again, it is important for MTs to review their prejudices.

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MTs also argued that THs may also hold biases against mental health professionals, believing that mental illness is taboo, or a “white person’s problem”. Thus, there are differences of approaching mental health that may present as a barrier to relationship between practitioners. However, a discussion of these viewpoints may prove enriching for both types of professionals.

5.3.1.1 Learning

MTs described a willingness to learn from THs, particularly regarding facets of indigenous knowledge systems and cultural attributes of health and treatment. Elements of spirituality were also seen as important to incorporate in a holistic view of mental health. As MT Kelly remarked, “The traditional healer is not working [exclusively] with a mental model or the mental; they work with the mental, emotional, physical, and the spiritual.” In line with the authors such as Zingela et al. (2019), understanding the worldview of the client may provide better outcomes to therapy. Finally, some MTs found it necessary to establish a musical grounding in the way music is used in different cultures. As described by Ncedo (MT), who practices immersion into various African cultures: “because one has to, I think one has to come from a centre, a place of grounding.”

Notwithstanding, MT participants also considered it beneficial to learn from a variety of therapeutic professions, as well as for THs to learn from them. “I do think we can learn from [THs] but they’re not the only ones we should be learning from,” Marilise (MT) opined. MTs wanted to learn from a many different approaches. Ncedo expressed it as such, “If we’re going to serve the people, we have to come from multiple places.” Becoming versed in cultural backgrounds of their clients, is becoming increasingly important to healthcare, authors such as Zingela et al. (2019) and Patel (2011) pointed out. It is also affirmed by Stige’s (2002) culture-situated music therapy.

Apart from wanting to learn about indigenous knowledge systems (IKS) to increase relevance in practice to traditionally-inclined clients, all MTs described being motivated by a sense of social justice. As Kelly, MT, remarked, “ The world has to shift. I mean, decolonization. We have to look at what we have and how it came to be and why it is enforced and how it has survived. And what has been marginalized and what has not been taken into account.” Ncedo, MT, remarked, “We need transformation in training, in our scope of practice… even in America, people are talking about integrated medicine. They're beginning to tap into the shamanic traditions of the first nations people.” According to MTs, Marilise and Ncedo, including a module on SA indigenous paradigms

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is advised. This may be a step towards the current call for decolonisation of university curricula, as called for by author Kessi (2017).

5.3.1.2 Collaboration perimeters

Some MTs were open to collaboration with THs, but within certain perimeters. Defining scopes of practice, among TH and MT collaborators, was recommended. Regulation of THs was another important contingent regarding working with THs. These perimeters should be considered by health bodies such as the Health Practitioners Board of South Africa if MTs and THs become involved professionally, as well as perimeters defined by THs.

5.3.2 Traditional Healers

All TH participants showed a desire to be formally included in public and private healthcare settings. Although most were unfamiliar with music therapy, half of TH participants (two out of four) nevertheless said there should be formal coordination between MT and TH. Other participants mentioned they wanted to know more about MT and offered a platform for sharing ideas formally, through their organisation, *Amatonga*. As Lindelwa, TH, explained, "As traditional healers we do share ideas...we have an organisation called Amatonga". Mpilo, TH, elucidated that THs are in the process of being registered with the department of mental health, so that THs may be referred to by other health professionals. Furthermore, Mpilo recommended contact through a directory of traditional healers that is currently being put together.

Most THs cited unfamiliarity with MT, and recommended networking and sharing information: "We need more relationships between music therapists and traditional healers" Mpilo, TH, commented. There may be many reasons for the lack of proximal encounters among MTs and THs, for example, music therapists tend to work in a clinical setting or in private practice, while THs work mostly in community settings. However, there are community placements such as Musicworks in Cape Town, which offers music therapy to marginalised neighbourhoods.

TH participants advised that MTs may refer spiritual syndromes to a TH. However, it is uncertain what would indicate spiritual symptoms as opposed to mental or emotional problems. This may need further clarification from THs.

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5.4 Does (and should) music therapy have a salient role to play in SA Healthcare?

5.4.1 Music Therapists

MT participants felt that music therapy has an important role to play in SA. There were, however, some salient conditions that needed to be taken into account. Participants believed resources should first be allocated to basic healthcare needs. However, Lotter and dos Santos (2017) have found that conducting music therapy in a group format actually optimises resources serving many psychosocial needs at once. Secondly, existing music platforms that may be healing need to be acknowledged and harnessed. Existing music healing frameworks should be included in sessions, such as struggle songs or spiritual songs are inherently meaningful for clients. This aligns to the culture-centred MT literature, which urged MTs to work in a culturally-situated way.

MT participants are concerned with the vast psychosocial needs in SA. They find that music therapy is effective in meeting these needs. Robertson and Makgoba (2018) have argued that there are deficits in treatment in mental health institutions in South Africa, exemplified by the neglect and death of patients at Life Esidimeni Hospital. MT participants feel that music therapy adds value to psychiatric treatment, for many reasons. Firstly, it provides connection and social support where isolation is often reported in psychiatric settings. Secondly, it was reported as a gentle and containing medium for expressing difficult emotions. Finally, although gentle, MTs also described the visceral, experiential nature of music may powerfully engage the patient/client in self-processing. Certainly, music therapy's capacity for increasing motivation, decreasing negative symptoms and adding social support has been reported in a global Cochrane Review of music therapy for schizophrenia and schizophrenia-like disorders by Mössler et al. (2011). MTs referenced the non-verbal nature of MT catering to different cultures and languages and to non-verbal patients, which has been called a barrier to therapist-client communication in psychiatric settings (van der Watt et al., 2020).

MT participants spoke of music therapy strengthening bonds and improving social dynamics within communities. Ncedo, MT, stated:

> Socially speaking, I'm aware that we live in a violent culture that, that features unhealthy, patriarchal systems. So when we talk about healing at the societal level, it's bringing some resolution of the societal violence that we experience on a daily basis. you see it on their

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> roads, you see it in homes, between spouses, in parents and children. So we see it on the streets.

MT participants cited arts therapies as culturally relevant to South Africans, as this was how healing occurred in pre-colonial times. Susanna, MT, explained, “That is how people were [traditionally] healing, before colonisation. They were dancing, they were singing, they were making art. It was the sense of community and support [that was healing].” Where MT practitioners serve a population that is mostly indigenous, and since cultural conceptualisations of health play an important role in treatment efficacy (Sodi et al., 2011), using music can be seen as a culturally relevant treatment in mental health. However, MT participants are also aware that music has certain universal elements and certain culturally-specific elements. MTs should develop an awareness of cultural meanings inherent in music in South Africa.

MT participants also spoke of a broader application of MT, outside of the conventional healthcare institutions. Ncedo, MT, claimed, “Music therapy as not only limited to fixing psychopathologies, for example. […] Music has a much, much broader place in our society, in facilitating wellbeing.” This application was described as a preventative approach to health and wellbeing. It may include music in educational settings, in community work, human potential work and life coaching.

Client empowerment was identified by MT participants as an important feature of their approach to therapy. Kelly, MT, explained, “We take what the client brings and we create meaning with that”. The client is given an agentic role in their own healing process. According to Lysaker and Leonhardt (2012) , developing agency is identified as correlated greatly to treatment success outcomes. Yet, as Nwoye points out (2015), this is typically situated in Western, individualistic notions of development and health entailing increasing independence and self-sufficiency rather than relational interdependence. From an ecological therapy point of view which looks at power-relation imbalances, the client is treated as an expert of their life story, and this partially corrects any power imbalances between client and therapist. Given the history of oppression in South Africa, and in psychiatric institutions, this is a progressive approach to therapy.

According to MT participants, South African patients and professionals report beneficial results from music therapy, with psychiatrists, for example, referring patients as a result. A formal survey from South African service users and professionals is recommended to find out whether they perceive music therapy to be beneficial.

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MT participants described that while certain professionals and clients see their value, the overall healthcare system does not always regard them as valuable. MT participants mostly saw this is due lack of correct information about music therapy, competing posts such as occupational therapy, and hierarchal systems. MTs also held the view that some institutions are closed to newer, progressive treatments: "Music therapy is often regarded as a pseudoscience" stated Ncedo, MT. Thus, MTs think a shift towards openness and change may need to happen within the health care system.

5.4.2 Traditional Healers

Since most TH participants were unfamiliar with MT as a discipline, they were not able to surmise whether music therapy should play a role in healthcare. However, they approved of the role of music in healthcare, as detailed below.

TH participants were familiar with the efficacy of music in making sense of mental and emotional processes on a personal level, They described music's ability to aid reflection and contemplation of life events, expression and catharsis. Lindelwa (TH) explained:

> "That's how the music can heal you inside, your spirit, your spirit inside, it's, it speaks to you. You connect through everything that you are going through. When you hear that music, you connect through that, being emotional or being heard, or maybe you want to reveal something that you've been keeping inside your chest. So you want to cough it out. So you listen to the music. It's like therapy, giving yourself the therapy of understanding what is happening to you."

Thus, traditional healers corroborate the benefits of music in providing personal reflection and making sense of one's mental and emotional processes.

TH participants described therapeutic music as giving clients choices in how they respond. These choices create agency in the healing process, which is empowering for the client. Mpilo, TH, reflected:

> "One will cry, one will stand up and dance, you know, and need some movement or some dance of some kind. As I say, one will start, you know, singing together joining that particular chorus as that particular song is playing at that point in that moment, so it differ for one particular person to another."

Particularly in psychiatry, there are not many instances where service users can exercise their own will (Lysaker & Leonhardt, 2012). Music therapy may create opportunities to develop agency, which has been attributed to recovery outcomes (Mössler et al., 2011).

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Although TH participants described their own use of music as culture-specific, as in using songs from their clans or from the ancestors, they also affirmed the universality of music in its healing ability. Mpilo, TH, remarked:

> "I might not understand your language or I might not understand the lyrics, but you know, the instrument can play a significant role. Sometimes I do play Cabana music. This artist when he sings, can talk very, very deeply. [I] might not understand the lyrics, but the instruments tell me the artist was in a very emotional mood.

When asked whether cultural specificity of music is important, TH Mpilo replied, "The world is too big. You cannot know everything". Especially in light of globalisation, where society is increasingly cosmopolitan, there may be an increasing common ground for the dissemination of music. While THs could appreciate the universal properties of music, they also described a rich heritage of culturally-situated music. Thus MTs may be encouraged to find a musical common ground with their clients, MTs may do well to acquaint themselves with the culturally-specific music of their clients as well.

5.4.2.1 Multiple modalities needed

TH participants spoke of the importance of including multiple treatment modalities into healthcare. Especially in relation to difficult pathologies that are difficult to treat, or difficult circumstances such as the Covid-19 pandemic, TH participants felt it better to draw on many modalities rather than just one. In line with a xenophilic approach discussed in Diop's (1974) Two Cradle Theory, this implies that both music therapy and traditional healing may play therapeutic roles and one need not be weighed against the other.

5.4.2.2 Music may work deeply to find cause(s) of pathology

An area of utmost importance for TH participants was in finding the root cause of an illness. They considered Western medical approaches to sometimes be overly concerned with relief of symptoms rather than treating the cause. Particularly, in mental health, they identified a need for modalities that work deeply to go beyond symptom relief, to the underlying cause of pathology. Esihle, TH, opined:

> Those symptoms are extremely important, but where western medicine, I think, becomes problematic, is if I stop the treatment just at that point. There are therapies that go a little bit deeper and do, try to navigate the person into the space of confronting the patterns that they've been repeating. [...] There's a deeper wound that is being protected in those behaviours. So we have to find the bridge between getting this person to a place where they

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> are able to safely navigate the subconscious mind. How can we use these therapies in conjunction with medicine that treats the symptoms to begin to regulate the person's mind to bring their conscious awareness that they have now to confront the wound that exists."

While music therapy as a discipline was not known, TH participants identified a need for modalities that create safety in order to work deeply to find the cause(s) behind symptoms.

5.5 What does the future of music healing in South Africa look like?

5.5.1 Music Therapists

A priority for MT participants was enabling the growth and potential of South African clients, from a client-centred point of view, enabling clients to make meaning out of their therapeutic process. They recognised a great psychosocial need in the country; a need to express difficult experiences, and a need to be heard. The work was viewed as increasingly ecological, and even political, in terms of collective healing of oppression which needs marginalised cultural frames of health to be validated. Along with THs, MTs were hopeful that THs and indigenous frameworks of healing would be included in mental health. Affirming a client's culture, especially in light of oppression of that culture, was understood as playing an important part of societal healing. Susanna, MT, described that part of collective healing involves validating marginalised cultural lenses on health. "There's a part of our country's healing that can happen the moment we accept other people's way of doing. I think it is so important to actually have traditional healers included in mental health." MTs also described creating a future in which MTs actively working towards fostering connections, building tolerance in society and improving social relationships that could prevent social problems like violence.

MTs described noticing increasing public adoption of music therapy as a treatment option, and were hopeful that this would continue. MTs desired different arenas of recognition growth; some hoped for preventative health projects, others for public sector posts, and others for work in private institutions.

5.5.2 Traditional Healers

THs described the future outlook of healthcare as including a wider variety of treatment options in healthcare settings, some THs mentioning psychiatry specifically. THs believed it was time to draw on indigenous knowledge systems, not only African, but European as well. THs viewed it necessary

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and important for healthcare institutions to incorporate TH. “Often a patient is misdiagnosed or medicated where ancestral practices may be more appropriate” claimed Esihle (TH). THs recommended that healthcare institutions develop a more integrated healing service that offers a plurality of treatment options. THs also recommended establishing trust and better coordination between professionals. They said it was necessary for all disciplines to recognise their strengths limitations, and to know when to refer to different services at different stages of disease.

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CHAPTER 6

Conclusion

6.1 Summary of the Main Findings

In this study, four MTs and four THs were invited to reflect on their role in South African healthcare and their (potential) relationships with one another. All the participants described their practices as enhancing wellbeing, with generalised and specialised scopes of practice. Both types of practitioner used music flexibly as a tool to facilitate health, in similar and dissimilar ways. All practitioners felt that they had important parts to play in South African healthcare. Yet, they also all perceived their role as under-recognised in formal healthcare institutions and would like to see greater inclusion of their practice and each other's practice. The MT and TH practitioners' perspectives converged on describing the limitations of a purely biomedical framework to address holistic needs of clients. Both sets of practitioners explained that while symptom relief is important, deeper work is needed in mental health, towards finding the cause(s) of illness. THs pointed to the need for therapies to create a safe environment to work through avoidant and symptomatic behaviours, which are protective mechanisms, towards processing latent trauma.

MTs and THs' views also converged on prioritising the client's subjective and cultural frames of meaning in a therapeutic process. In light of this, MTs could see the value of THs finding resonance with indigenous clients' understanding of illness. Also, MTs described THs as providing a spiritual lens which is often not included in mental health practice. Thus, MTs saw the value in having TH included as an option for clients in a multidisciplinary psychiatric setting. THs believed that ancestral practices were appropriate for certain syndromes in indigenous South African clients, and recommended referral to TH in such cases.

THs and MTs focused on the importance of an ecological model for mental health. Illness was understood and treated in terms of relational and contextual factors. MTs and THs work with integrating individuals into community. MTs do this by working in groups and facilitating connection through music. THs address this by involving family members in treatment. By working on improving social relations, social problems may be alleviated.

While both groups described the importance of music being applied in culturally-specific ways, they also highlighted music's universal elements, particularly in carrying and expressing emotion. THs celebrated the capacity of music to unify people across languages and cultures. MTs also

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celebrated this function of music, and explained that MT is one of the few therapies that can be used with diverse people in a healthcare setting.

Both groups were concerned with THs exclusion from healthcare from a social justice perspective. Including TH would signify the acceptance of previously subjugated indigenous frames of being, which was described as an important part of the societal healing for South Africa. The THs hoped for a future healthcare system that would value their work more. They also hoped for a future that would include not only traditional healing, but multiple modalities. THs described the need to build trust between practitioners, closer relationships, and an understanding of multiple disciplines' strengths and limitations.

MTs and THs diverged in their use of music somewhat. MTs described using music partly to increase the agency of their clients, through creative input, and motivating them to become creators of their therapeutic process. THs were mostly unfamiliar with MT as a discipline, and did not describe using music to increase clients' agency or creativity. However, they did notice the personal affordances of music, particularly in relation to reflection, motivation, strength and willpower. THs also concurred that being able to respond to music in various ways, whether dancing or singing or playing an instrument, would give the client choices and reflect their personal preferences.

6.2 Limitations of the study

The study was limited by language constraints. Although all TH participants were conversant in English, English was not their first language. Certain cultural explanations may not have found adequate expression in English. Furthermore, TH participants may not have fully disclosed elements of their practices due to my identity as a white researcher, which has historical reminiscences of co-option, misunderstanding, and/or oppression of traditional healers' practices..

Perhaps I could have included TH participants who had more knowledge of Music Therapy than the participants in this study. Although, these individuals may be difficult to find or non-existent. I also could have included more participants in each group until the data reached theoretical saturation.

6.3 Recommendations for Future Research

It is my recommendation that future research be conducted in the first language of TH participants, and for TH participants to be approached by an indigenous researcher, so that they may feel more comfortable in sharing their points of view. An indigenous researcher may also understand and describe their points of view more adequately, sharing many cultural points of reference. That researcher could then also interview the MTs and interpret their responses through their lens; which

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could contribute to a rich ongoing dialogue. Further research may include: TH's views on music therapy after exposure/involvement in a session. And, using this study's findings as a point of departure, these research questions could also be explored: If spiritual causes of disease exist, how might an MT distinguish mental illness from spiritual illness? And secondly, if music is claimed by THs to have consoling, cathartic properties, what kind of indigenous music, or elements of indigenous music is recommended for MTs to use? What are the complexities that should be taken into account regarding issues such as cultural appropriation, scope of practice infringements and continuing professional development?

6.4 Closing Thoughts

South Africa is a country with a rich heritage of musical healing. It is thus important to recognise the historical salience of the arts in healthcare. It is also important to garner the contextually derived experience and perspective of traditional healers when working therapeutically with an indigenous population. THs in this study emphasised the importance of going beyond appearances to finding the deeper cause(s) of illness. One of the important findings of this study was the joint acknowledgement from MTs and THs of the need for greater depth in mental health treatment, beyond symptom relief. Both THs and MTs viewed symptomatic behaviour present in mental pathology as having a protective function, in keeping threatening material in the subconscious repressed. According to both groups of participants, only when clients feel safe enough, can repressed content be processed. THs saw a need for modalities that create a safe atmosphere. They also described music as providing consolation. Music therapy is precisely premised on these qualities: creating a safe and nurturing container, through certain predictable and aesthetic properties of music and the therapeutic relationship, in order to remedy difficulties. Another important finding was that THs and MTs described music's ability to cross language barriers. Thus, music therapy is positioned as relevant for serving the psychosocial needs of diverse South African clients.

When reflecting on the present, MTs and THs showed concern with the healing that is needed at a societal level. They referred to systemic social problems in society, as well as marginalisation of certain groups and cultures. THs lamented their exclusion from the healthcare system of their own country. MTs described an important aspect of music therapy as being able to provide affirmation and validation of the unique cultural expressions of their clients.

Yet, as we look ahead, incorporating both MT and TH perspectives in healthcare is not a simple task. Music therapy and traditional healing have some striking differences. They use the arts in

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different ways, and have different foci when it comes to facilitating wellbeing. There is a tension between certain ideas. For example, MTs tended to focus on increasing personal agency, while THs tended to focus more on relational aspects of wellbeing. THs viewed music as the medium, while MTs viewed music as the agent of healing. THs viewed spirits as real while MTs viewed them as symbolic communications from the unconscious. Perhaps it would be beneficial to allow our conceptions of health to expand to hold more than one point of view. I hope that this study will allow both practitioners to be enriched and to pursue further dialogue.

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7. Appendices

Appendix A: Interview Schedule

Traditional Healers

Questions

1. How do you use music in your healing practice?
2. How do you see your role as a healer in South Africa?
3. What is the importance of traditional healing for our nation?
4. How do you think the broader healthcare institutions view traditional healers?
5. What is the traditional healer's relationship to other healthcare workers in biomedical settings?
6. Do you think music has a healing role to play in South Africa?
7. If yes: what do you think that role is?
8. What is your understanding of the profession called "music therapy"?
9. Do you think music therapy has a role to play in South Africa?
10. If yes: what do you think that role is?
11. Is music therapy or traditional healing the more appropriate treatment for South African clients? Why do you think so?
12. Should a person of a certain culture administer music therapy to a person of a different culture?

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13. What kind of cases do you think respond best to music?
14. Do you think that music therapy and traditional healers have anything to learn from each other?
15. Should music therapy expand its scope to include traditional music healing?
16. What does the future of healing through music look like to you, in the South African context?

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Appendix B

Interview Schedule: Music Therapists

Questions

1. How do you use music in your healing practice and how do you see your role as a healer in South Africa?
2. What is the importance of music therapy for our nation?
3. How do you think the broader healthcare institutions view music therapy?
4. What is the music therapist's relationship to other healthcare workers in biomedical settings, and also to traditional healers?
5. Do you think music has a healing role to play in South Africa?
6. If yes: what do you think that role is?
7. What is your understanding of traditional healing?
8. Do you think traditional healing has a role to play in South Africa?
9. If yes: what do you think that role is?
10. Is music therapy or traditional healing the more appropriate treatment for South African clients? Why do you think so?
11. Should a person of a certain culture administer music therapy to a person of a different culture?
12. What kind of cases do you think respond best to music?

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13. Do you think that music therapy and traditional healers have anything to learn from each other?
14. Should music therapy expand its scope to include traditional music healing?
15. What does the future of healing through music look like to you, in the South African context?

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Appendix C

Information Letter

Date:

Dear ________________________

My name is Charlotte von Fritschen. I am a student at the University of Pretoria and I am currently enrolled for a Master's degree in Music Therapy. I am conducting a research study entitled:

Faith in Music: Perspectives on music healing by traditional healers and music therapists

In this study I aim to explore how traditional healers and music therapists perceive their own roles and each other's roles within the South African health care system, as well as how they conceive of their potential relationship(s) with one another in the context of serving South Africans' health care needs. I also aim to investigate how traditional healers and music therapists envision the role that music therapy plays and should play in South African health care, as well as what the future of music healing in South Africa could look like. Through exploring these questions I hope to contribute to an emerging and fruitful dialogue between traditional healers and music therapists.

I'd like to request your participation in an interview answering questions related to these topics. Your insight and point of view would be greatly appreciated. The interview will last one hour. We will choose a time most convenient to you. Our meeting can be done in person or over the phone or Skype. Please note that the session will be audio-recorded for transcription, and I will ask you to verify the accuracy of the transcription. The information shared will be treated with confidentiality. I will not use your real name and I will not include any identifying information about you.

Participation in the study is completely voluntary and you are free to withdraw at any time. There are no risks or direct benefits in participating in this project. If you decide to withdraw there will be no negative consequences to you, nor will you need to explain your reason. You are encouraged to ask any questions you might have about the study.

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The research will be conducted by myself as principle researcher, under the guidance of my research supervisor. It will be used for academic purposes only. The data will be archived at the department of music for 15 years in an electronic, password-protected format. Other researchers may use this data for further research during this time and your confidentiality will still be protected.

Please feel free to contact me or my supervisor if you require more information about the study.

Kinds regards

(Signature of student required) **(Signature of supervisor)**

Charlotte von Fritschen

Researcher name **Name of supervisor**

Charlotte von Fritschen

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Appendix D

LETTER OF INFORMED CONSENT: REPLY SLIP

FULL NAME: ___________________________________

RESEARCH TOPIC:

Faith in Music: Perspectives on music healing by traditional healers and music therapists

I hereby give my consent to participate in the aforementioned research project and acknowledge that the data may be used in current and future research. I confirm that I understand what is required of me in the research project. I am aware of the audio recording of the interviews, and consent to being on the recordings. I am also aware that I may withdraw from the study at any time, should I wish to do so.

___________________________________ ________________________

Signature of participant Date

Signature of student/principal researcher

Signature of research supervisor

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UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES
RESEARCH PROPOSAL & ETHICS COMMITTEE

Plagiarism Declaration

Full name : ______________Charlotte von Fritschen__________

Student Number : ______________________19185295___________________________

Degree/Qualification: _______MMUS____

Title of proposed MMus Dissertation:

Perspectives on music healing by traditional healers and music therapists

I declare that this proposal is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

I understand what plagiarism is and am aware of university policy and implications in this regard.

_________*CvonFritschen*______ ________27-10-19______________

SIGNATURE **DATE**

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