Sounds of Resilience

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Abstract
Songs of resilience explores the growing need for health and music education researchers to collaborate in projects that examine the connections between community and recreational music making and health and well-being. This paper reviews the design of a research methodology for a project that proposes to build transferable, culturally appropriate and inclusive models for active music making for young Australians in schools and community contexts. Primarily this research documents the need for more compelling and practice based methodologies that enhance community music initiatives and are able to capture the essence of music experience, meaning and resilience in a rigorous and accountable way. Furthermore it discusses the need for guidelines and a conceptual framework for the training of music ‘coaches’ and project leaders as different from those of ‘school music teachers’. It proposes to investigate the use of dynamic links between music making, connectedness, health and well being/social inclusion and cognitive development as evidence based advocacy materials. The proposed methodology seeks to combine research methods and tools from both a large-scale community health project that examined resilience as an aspect of mental health promotion and a series of music education research projects that utilises rich media qualitative methodologies in an attempt to capture the ‘essence’ of music experience in it’s symbolic form. The argument presented in this paper suggests that when these methodologies are combined a powerful multi level connection can be made between the research and the dissemination process that can be used for advocacy and change.
Songs of Resilience
Don Stewart & Steve Dillon

Introduction
Winner and Cooper (2000) in the journal of Aesthetic Education argue convincingly from evidence based on a large meta-study that we should limit the claims of evidence for a causal link between arts study and academic achievement. A similar lack of compelling evidence is apparent in other research studies which link arts making with health and well being in the same journal. Whilst this does not negate the argument for causal links, what it does suggest is that the studies are small, shallow and unconnected by a reasonable conceptual framework. Most music educators and community arts workers have anecdotal evidence of the value of active music making and effects on health and well being. Indeed the authors have undertaken a number of studies where these ‘effects’ have been demonstrated (Dillon 2003; Dillon 2004; Dillon 2005; Dillon, Stewart, Brown, Arthurs, Dodge and Peacock 2004; Dillon 1995; Lemerle, Kate and Stewart, Donald 2004; Lemerle, K. and Stewart, D. 2004). However, we are uncomfortable with the capacity of either quantitative or qualitative methodologies to capture the essence of musical experience and meaning in compelling ways. It is this discomfort that motivates us to investigate new forms of research methodology in music education and community health research presented below.

The context of this paper lies within a current research proposal which requires an approach to methodology that sits at the interface between qualitative and quantitative methods and between the discipline practice of music education and community health. We will outline the background that facilitated this collaboration and describe the connection to the music industry who are our partners in this research project. From here we will examine the idea of creative case studies in music education and the model for measuring community resilience utilised in health research. We will then discuss the adjustments needed for these methodologies to enable a more compelling, rigorous and accountable approach to our community music research. In conclusion we will argue that this methodology has the capacity to counteract the problems of research dimension, connection and compelling and appropriate modes of capture inherent in trans-disciplinary research.

Background to the study
Societal changes are frequently manifest as challenges to the classroom and community in terms of pedagogy, values, teaching strategies and teaching materials, as well as initial teacher training and in-service training. Music can have a crucial role in dealing with the problems of postmodern multi-cultural societies –and therefore in preventing social exclusion and promoting connectedness – since it has the capacity for functioning as aim and means when creating an effective learning environment for multicultural communities. The most common arguments for intercultural music education are:

• All cultures use music as a way of expressing their traditions and most countries have a multiplicity of cultures within their society, children can have access to those cultures by engaging in their music practices.
• Studying music is a way of learning to understand people, because of the social nature of music practice.
• When confronted with other sets of approaches to teaching and learning, teachers and pupils realise that there are different ways to look at their own world.
Music teachers and community music coordinators working with children of Indigenous, migrant or refugee origins and disaffected learners in areas where there is risk of social exclusion are confronted with difficulties. Most teachers have not been professionally trained for the present situation and lack materials, methods and support for reflection. They are also confronted with possibilities: for example, creative teachers/coaches, understanding the potential of music as a unifying force, can use their diverse contexts to develop methods with relevance for all learning contexts. As a nation with high levels of international migration, many so-called multicultural music projects have been carried out across Australia, but still most music teachers and community project leaders lack relevant research, good models and shared expertise and knowledge.

In terms of mental health promotion, the concept of resilience can reflect a socio-ecological model of research that acknowledges the interactive influence of individual-level and environmental-level factors on health (Department of Family and Community Services, 2004). This approach is not yet widely adopted in research relating to social and cultural determinants of mental health research. Most studies examining, for example, the relationship between music making and mental health have conceptualised creative activity as an individual characteristic. A theoretical framework is required that takes up this challenge and seeks to build resilience based both on strengths within the student, but also within the family, school and community. (Antonovsky 1996) terms, a ‘salutogenic’ approach provides a theoretical understanding of the potential influences of environments and contexts as producers and shapers of mental health in young people.

While the significant contribution of good social relationships and strong supportive social networks to health is not new and is very well evidenced (Berkman and Kawachi 2000), what is now recognized, however, is that the protective nature of supportive social networks on health operates at both the level of the individual and at the broader social environment level. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has powerful effects on health, especially mental health.

Health care like music education has in the past imposed particular social and cultural values on a community that represent the dominant culture. The kind of model proposed in the resilience research and the approach to music education in communities, which involves understanding how that particular community expresses itself in sound and perhaps how a diverse community might evolve syncretic expressions, is also about evolving a relationship with a community that involves respect, trust, mutuality and sustainability. The notion that both health and music researchers experience transformative (Dillon 2004) effects when applying these methodologies provides it with a powerful potential to achieve and effect positive social and cultural change.

The problem: designing methodology for curriculum/health outcomes.
Winner’s meta study clearly suggest that music education research which is able to provide links between music making, health and cognitive development in participants is often too small, too shallow in scope and number and relatively unconnected to national and international research agendas that might unify it. Furthermore, there is a suggestion that alphanumeric research strategies alone may
not be capable of capturing the essence of music experience and meaning in a compelling, rigorous and accountable fashion. The authors believe that these issues need to be attended to in the development of a hybrid method that is able to embrace quantitative measures utilising validated instruments, case study methods and the emerging use of rich media and database technology to manage and connect multifarious data forms.

**Innovation in design: Designing a hybrid methodology**

The significance of research into music education in schools and communities is emerging as a critical issue both nationally and internationally. See for example: The (Stevens 2003), Australians and the Arts (Saatchi and Saatchi 2000) and [www.musicplayforlife.org](http://www.musicplayforlife.org). In the USA, the Champions for Change (Fiske 2000), The Chicago Arts Partnership in Education (CAPE) (Burnaford, Aprill and Weiss 2004). It is evident that the International Music Products Association is aware of the declining involvement with music making with two of the five recommendations from it’s 2005 Global Economic summit citing investment in recreational music making and research that connects music making, health and well being as its prime objectives (Robertson, Walker and Wilson 2004).

The proposed research seeks to actively create models for recreational music making based on the critical components of music making that affect social inclusion, resilience, health and well being. Despite observations that music making is significant in these areas, rigorous evidence of a connection between cultural health and social capital in this age group is relatively slight. Winner’s studies (Winner and Cooper 2000; Winner and Hetland 2000) suggests that the existing research lack significance, length of engagement, appropriate methodology and connections to one another. Such evidence is essential for advocacy and needs to be compelling, easily understood and based upon rigorous and accountable research.

The project proposes a broadly conceived health-based approach which has not been used before to investigate expressive community music making. This innovative concept offers important opportunities for developing a new awareness of the links between music making and vibrant, sustainable communities. It also addresses the important problem of identifying and measuring significant positive effects on the health and well being of individuals and communities that can be attributed to music making. It seeks to provide proof of causal relationships between cultural and social capital (Marmot, 1998; Putnam, 2000) and clear indicators of well being that link meaningful music making with quality of life.

**The significance of schools in the creative lives of young people**

The project recognises the significance of the role of schools in the creative lives of young people. The role of schools in promoting the development of health and wellbeing in children and young people is recognised worldwide through the ‘health promoting school’ (see Figure 1) approach, which arose from the World Health Organization’s Global School Health Initiative (1995). The HPS framework analysis entails a comprehensive approach to curriculum development, establishment of wide-ranging partnerships between the school and broader community, and systematic approaches to promoting a health-focused school ethos and environment. Evaluations of the HPS model consistently demonstrate effectiveness in providing schools with a set of principles to integrate strategies delivering a comprehensive, “whole-school”
organisational approach with positive outcomes for children’s health (Lister-Sharp, Chapman, Stewart-Brown and Sowden 1999).

Figure 1: The ‘Health Promoting School’

Building social capital
The project also promotes evidence relating to the theoretical debate about ‘social capital’. Recent evidence from Australia confirms that the HPS model builds social and organisational capital within the school setting, creating a work environment that promotes teachers’ health. (Berkman and Kawachi 2000; Lemerle, K. and Stewart, D. 2004) argue that it is important to note the concepts of social cohesion and social capital are collective or ecological characteristics of communities that are external to the individual. That is, social capital is not possessed by individuals, rather is a structural feature of social relationships surrounding that individual. In this case, social networks and indeed social capital lodged within those networks involved in creative music making should be considered a feature of the community to which the individual belongs.

There is ample anecdotal and observable evidence of the power of culturally relevant music making and education programs (See for example http://www.thepowerofmusic.co.uk). In Queensland, as in other States of Australia, many schools and communities where there are significant numbers of Aboriginal and Torres Strait Islanders as well as South Sea Islander and refugee communities provide exemplary cases where music has played a significant role in unifying and increasing the social resiliency of those communities. The distinct demographic features of the school community, with diverse values and economic circumstances, have been adopted as providing positive opportunities for understanding and learning.

The intersection of methodologies
This project lies at the intersection of methodologies. It combines the adaptation of a validated model for researching resilience (Health Promoting Schools) and a direct and applied qualitative methodology that acts within community structures to build
models and evaluate the cultural health of communities, which is unique. The first phase of the project involves the investigation of contextual notions of good practice in music education and development of models and conceptual frameworks, illustrated by action research, in-depth observations and interviews, analysed across cultures and contexts, covering teacher/coaches and student perspectives as well as other parties like parents, school leaders, educators and curriculum designers. The teachers/coaches that are involved in this phase are active agents and co-researchers. This actor-oriented perspective is emphasised and applied in all phases of the project, hence promoting professional change through arts based tools for documentation and reflection combined with validated methodologies for community health. Most projects and research on multicultural community music making have been conducted by top-down strategies, either from national policies or researchers’ pre-assumptions and methods. This project, however, emanates from the communities needs, and involves the teachers/coaches as active agents through all phases, from the pilot studies to dissemination.

In summary, this project proposes to:

• build transferable models of programs that will operate in complex and multi-cultural communities;
• focus upon sustainability of systems evaluating social structures where music-making has a significant influence on social inclusion, resilience and health and well being;
• establish a replicable research concentration that focuses upon meaning and engagement, creates transferable models and tools for evaluating music making practice in a variety of social contexts;
• add an important dimension to health research by establishing clearer connections between social and cultural capital, which this project proposes as an outcome;
• set up an ongoing documentation process and generate models for research and practice that have commercial and research outcomes.

The research is linked internationally to the US CAPE project (Burnaford, Aprill and Weiss 2004) and the replicates many aspects of the European PROSIME project (Rusinek, Burnard, Evelein, Economidou-Stavrou and Sæther 2005) and similar research led by Dr BoWah Leung in Hong Kong. The similarity of these projects presents the opportunity for the development of international comparison which will advance the knowledge base of music education in contemporary society. These kinds of International collaborations provide connectivity, cultural diversity and large-scale data to research about promoting social inclusion in music education.

The proposed methodology
The following research methodology has been designed to achieve the research aims:

1) **Participant observation case study** utilising documentary film/DVD making as a means of capture of music making/creative data. Employing ethnomusicological strategies for examining music making in context. This will provide important insights into process evaluation (Jorgensen 1989).

2) **Case control pre/post intervention study**. The methods used in the Resilience project (Stewart et al. 2004) will be replicated, with added dimensions to specifically observe music making. This evaluation approach will involve both active sites and control groups where no intervention takes
place other than the application of a modified pre- and post-test questionnaire. The validated Resiliency project tools will be used, with additional questions that focus on the influence of music activity and its meaning in participants’ lives. The pre-/post-intervention measures will allow us to determine the differences across the school population between the time before the project started and at a point about 2 years after the project got under way. This will provide important insights into impact evaluation.

3) **Comparative analysis**, with access to *ex post facto* data from the Resiliency project. A major strength of this Study Design is the capacity to make comparisons with well-validated data from a major health project.

The project will be conducted in three phases:

**Phase 1: case study documentation** of what constitutes good practices on teaching methodologies and pedagogical strategies (live observations and video recording) to identify the characteristic ways in which “good practice” is conceptualised and achieved in five socio-economically diverse contexts. Monitoring of the validity of the observations will be achieved by a process of interrogative discussions involving intercultural and cross cultural exchanges through interviews with parents, principals, local authorities and curriculum designers and comparative triangulation between partners. This monitoring (or reflective-analytical process) will be maximised through the multiple observations across sites and will yield identification of what constitutes specific methodologies and strategies of practices considered most effective within each context. The pre-intervention measurement of resilience strategy will also be used.

**Phase 2** involves the development of a descriptive framework for comparing practices and alternative pedagogic and curricular models of good practice for understanding and selecting episodes from the five sites observed representing culturally transferable exemplifications of what constitute good practices across contexts. This will involve the selection of video excerpts for inclusion on the DVD, development of accompanying booklets and design of in-service and on-line training courses. These selections will be made as negotiated and agreed from stakeholders “interrogative discussions” about what constitutes good practice informed by their respective pedagogic traditions and culturally informed norms, and assessed with the collaboration of the five participants observed in Phase 1.

**Phase 3** involves the evaluation of the materials through a post-intervention measurement of resilience survey and interviews with participants in the coach training courses and on-line training, evaluations of in-service training course using the developed materials and of on-line training using the interactive website, and a final on-line survey. The innovation produced by the collaborating teachers/coaches exchanging visits to learn first-hand, by the teachers attending the in-service training courses and by the teachers that learned on-line will be documented in order to compare the efficacy of each training strategy.

Dillon’s (Dillon 2004) identification of indicators of ‘healthy’ and sustainable access to meaningful music education will provide key foci for the investigation and be used as a basis for the adaptation of the HPS questionnaire for pre and post review of
contexts and comparison across intervention and control sites. The development of a conceptual framework will form the central focus for cross case analysis. The creation of working models forms the basis of the proposed study, which will build internal alliances with funding bodies, community, industry partners and a cohort of postgraduates over the three-year life of the project.

Participants:
A purposive sampling methodology has been selected for this project as we wish to specifically assess certain types of music-making agencies. This approach is agreed upon by most qualitative researchers as providing the best approach to understand the deep structure of the creative enterprise. However, to increase the scientific validity of the study, we will use a matched control sample (that does not receive the planned intervention) as a yardstick for comparison against our intervention sites. The intervention sites will consist of:

1) Brisbane Powerhouse music programs.
2) A multi cultural state high school
3) Brisbane City Council Youth music projects: Stylin Up
4) Urban Indigenous school/community.
5) An Independent school
The control group will consist of 5 similar sites.

These sites are demographically diverse, in ethnicity, culture and economically which adds a dimension that counteracts the Hawthorn effect that suggests that any intervention will have an effect. The use of a music and meaning variation of a case control pre/post intervention study instrument also has potential to examine connections between the social and the musical.

Conclusion
To suggest that the problems in public health and in music education might be simply a result of imposition and colonisation being replaced by consultative models of delivery seems to resonate with both disciplines. Both have observed and documented social and personal change as a result of programs employing these methods. What this project and proposed methodology hopes to achieve is deep, comparative and long-term research that utilises both validated models and audio visual/rich media enhanced qualitative methodologies in a unique combination. It is methodology at the intersection of paradigms and discipline and will provide multiple lenses on the phenomenon of interest. These differing perspectives will allow the investigation of social inclusion in music education, whilst also building functional approaches to implementing effective programs that promote social inclusion in music education and documenting the effect and the relationship between music experience and health and well being.

Winner suggests there is no evidence of a causal link between arts study and academic achievement. There is, however, good evidence of a link between connectedness and positive mental and emotional health and emerging evidence of the link between resilience and mental health (Stewart, Sun, Patterson, Lemerle and Hardie 2004). The sense of connectedness seems also to be a feature of creative community music making, so there is a prima facie case to investigate that creative music making which draws on the cultural interests and strengths of the community
can foster a sense of belonging, of mutuality and identity that can be highly positive in building resilience. Yet we need to develop methodologies and strategies for ongoing research about these relationships between music, health and cognitive development. Furthermore in Music education perhaps we can learn from sport and health education and shift our focus from the elite athlete to the 99% who need access to expressive music making as a recreational activity that may affect social inclusion and overall personal health. This approach to building and documenting such music making experiences for young people represents the beginnings of these shifts in focus and an attempt to create more rigorous and accountable approaches to music education research which can be used as evidence based advocacy.

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