Introduction: Exploring music for social justice and health equity

Naomi Sunderland, Griffith University, n.sunderland@griffith.edu.au

Natalie Lewandowski, Griffith University

Dan Bendrups, La Trobe University

Brydie-Leigh Bartleet, Griffith University

Worldwide, there is growing recognition that health equity is everybody's business. While there will always be a role for clinical health practices that require specialised expertise, there is increasing acknowledgement of the significant role musicians and music facilitators can play in the process of promoting health equity and music for all. Alongside health professionals, educators, policy makers, researchers and musicians are responding to this call and working towards health equity and social justice by facilitating active making music across a wide range of contexts. This book directly responds to this growing momentum and extends our understandings of the links between music and health beyond merely "managing" illness toward considerations of how music can play a fundamental role in shaping the social, economic and cultural determinants of health and ill health in the first place. As editors, we are delighted to bring forward the unique collection of chapters you are about to read on this topic. This book is the culmination of over four years of collaboration and connection at the Queensland Conservatorium, Griffith University, Australia, where we have sought to tread new ground in contemporary international arts-health scholarship and practice by examining how far the benefits of music making and arts practice more generally can reach along a continuum between individual and societal or "population" level health and well-being outcomes.

International policy makers and researchers have long acknowledged the role of social, environmental and cultural factors in shaping individual experiences of health and well-being, reflecting the World Health Organization's long standing definition of "health" as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946/1995, p. 1). Increasingly, research shows that individual health and well-being is determined by complex individual, social, political, economic and environmental determinants (see for example, Marmot & Bell 2012; Wilkinson & Pickett 2009). As Williams et al. (2008, p. S8) state, "health is more a function of lifestyles linked to living and working conditions than of healthcare". The "social determinants of health" (SDOH) that shape living and working conditions are commonly understood along a continuum ranging from "macro" or "upstream" societal level determinants, such as the natural environment, dominant ideologies, historical factors, equality and inequality, human rights, and government policies through to institutional, community and individual level factors such as housing and shelter, employment, education, social inclusion, relationships, inherited chronic disease, mental health, personal happiness and hope. This continuum of health determinants has intimately informed the way we have conceived of and presented the chapters in this book.

Strategies for addressing the SDOH have been recognised internationally, both as a way of preventing ill health in the future and addressing pervasive health inequities (Marmot & Wilkinson 2005). International agreements such as the World Health Organization's *Declaration of Alma-Ata* (1978), *Global Strategy for Health for All by the Year 2000* (1981), *Ottawa Charter on Health Promotion* (1986), and *Jakarta Declaration on leading health*

promotion into the 21st century (1997) all reinforce that social, environmental and economic factors, and inequalities, are the primary determinants of individual's health and well-being. In essence, these policies and strategies recognise that blaming an individual for "lifestyle choices" such as smoking and lack of exercise will not make a positive contribution to international and national health problems because this does not address the social and economic inequalities at the core of these behaviours.

As our chapter contributors Don Stewart and Yoon Irons (Chapter two) and Naomi Sunderland, Lauren Istvandity, Ali Lakhani and Caroline Lenette (Chapter seven) observe, current SDOH models and frameworks from within the disciplines of public health and health promotion do not typically acknowledge culture or the arts as significant SDOH. This book is one of the first concentrated attempts to remedy this situation and explore the potential for music and related art forms to contribute to promoting positive SDOH, alleviating negative SDOH, and in doing so contribute to health equity and social justice more broadly. It also signals the ways in which engaging with music making in such ways can deepen musician's understandings of their practices and indeed their roles within contemporary society. *Music, health, and well-being: Exploring music for health equity and social justice* establishes the understanding that, outside of clinical health practices that require specialised expertise; health and well-being are "everybody's business". In doing so the volume strongly responds to international health promotion and arts-health policies and agreements that seek to mobilise the arts to promote health and well-being for all (see for example Cox et al. 2010; Standing Council on Health and the Meeting of Cultural Ministers 2013; Wreford 2010).

Key concepts

This volume adopts an explicit and novel social justice, health equity and social determinants of health approach to music for health and well-being (see Marmot & Wilkinson 2005; Raphael & Bryant 2006; Schulz & Northridge 2004). The following paragraphs briefly explore how we define each concept.

Social justice

In this volume, social justice is strongly linked with the concepts of health equity and SDOH. In seeking social justice through music making and associated practices we acknowledge that different groups within our societies are not equal and, indeed, that some will prosper from, and control, the same social and economic systems that both overtly and covertly devalue, exclude and harm others. While some of us are automatically privileged by the systems, circumstances and environments that govern and shape our collective lives; others are systematically disadvantaged by these things (see for example, Crenshaw 1991; Goodman 2011). In health terms, we know for example that residents in wealthy areas are far less likely to be exposed to negative environmental determinants of health such as forced removal, pollution, violence, racism and overcrowding. Residents in poor neighbourhoods, by contrast, are far more likely to be exposed to these things (see for example, Schulz & Northridge 2004). At the same time we know that unequal societies produce negative outcomes across the full spectrum of advantage and disadvantage: we are all worse off in more unequal societies (see Wilkinson & Pickett 2009).

Social justice offers a "social model" of disadvantage in the same way that the SDOH approach provides a "social model" of health: one that moves away from blaming individuals for their lot in life toward acknowledging the complex socio-historical and economic factors

that shape all of our lives for better and worse. A social justice approach assumes that social and economic disadvantage is not "inherent" to particular individuals and groups because they are "less than" others (as for example ableism, sexism or racism would assume) but, rather, that that disadvantage is due to social, political, economic and cultural choices that are socially reproduced over time (Goodman 2011).

In seeking social justice we are often concerned with distributive justice: putting in place formal mechanisms via which those who are disadvantaged within a system may come to take a more equitable place in society and achieve a better quality of life (Miller 1999). But in exploring music for social justice we are not only interested in re-distributing opportunity for health and flourishing within a fundamentally unjust social system. We are also interested in how music making and the arts more generally can facilitate *radical re-imagination* of, and challenge to, fundamentally unjust social systems that produce negative health and well-being outcomes for all, but particularly the most disadvantaged members of societies (see Alfred 2010; Benedict et. al. 2015; Wilkinson & Pickett 2009). In order for this to happen, Sloboda (2015) argues, this social justice approaches to music making needs to be scalable and sustainable rather than "one-off" interventions. For Sloboda (2015), good intentions and hope are not sufficient for music to address social justice goals. A wider roll-out is needed, otherwise musicians and facilitators risk failure to have substantive influence on addressing inequities in the wider world. Authors such as Clive Parkinson (see Chapter fourteen) head such calls, and are international leaders in such radical imagination in the field of arts and health at this point in time. As a collective of engaged scholars and practitioners, the authors and editors of this volume ask: what is the role of music making and associated practices in alleviating and challenging social injustice and moving societies toward health promoting –

rather than health impeding – forms of seeing and being?

Health equity

Health equity can be defined by the absence of significant disparities in experiences of health and well-being – and the social determinants of health – between peoples of the world (Braveman & Gruskin 2003). The level of health equity in a society is a by-product of the level of social justice. Health equity exists when all peoples have equal opportunity to achieve health and well-being as determined by the circumstances that shape their lives. In 2008, the World Health Organization's Commission on Social Determinants of Health (CSDH) called for the world's governments to "lead global action on the social determinants of health with the aim of achieving health equity" (2008, p. 1). In the Commission's words:

> Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others … Differences of this magnitude, within and between countries, simply should never happen. These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. (CSDH 2008, p. 1)

To improve health equity, the Commission's recommendations were to: 1) "Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age"; 2) "Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally"; and 3) "Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained

in the social determinants of health, and raise public awareness about the social determinants of health" (CSDH 2008, p. 2). Here it is clear that achieving health equity is intimately tied to promoting positive social determinants of health for all persons. What, then, is the role of music making and associated practices in promoting health for all?

Social determinants of health

The social determinants of health refer broadly to "the structural determinants and conditions of daily life" (CSDH 2008, p. 2) that shape health and well-being outcomes. Paying attention to the social determinants of health requires us to look beyond the "immediate causes" of disease and ill health – such as poor diet and lack of exercise – to understand the "causes of the causes" (CSDH 2007, p. 1153). Current international policy and research shows that the most prolific "causes of the causes" of poor health and well-being are associated with structural inequality and social injustice, which in turn produces and reproduces pervasive health inequality.

Many existing models of the social determinants of health distinguish between macro level societal determinants that affect all peoples in a society – for example the natural environment, the governance system, dominant ideologies and historical trauma such as colonisation, war and conflict – through to meso and micro level determinants that may affect only some neighbourhoods or groups – such as the built environment, housing quality, public transport, social networks, services and personal coping mechanisms (see for example Carson et al 2007; Schulz & Northridge 2004). Broad macro level social determinants of health that affect all peoples in a society are often referred to in health promotion circles as "upstream" determinants while those that are more proximal or specific to the people experiencing health

inequality are referred to as “downstream” determinants (see Gehlert et al. 2008; Williams, Costa, Odunlami & Mohammed 2008). Typically, ‘music, health and well-being’ scholarship and research has focused on identifying and amplifying meso and individual level health outcomes from music participation such as social inclusion, building social capital, alleviating depression and physical symptoms of disease (see for example chapters in MacDonald, Kreutz & Mitchell 2012). In this volume we have expanded the current view on music and health by bringing together international authors to consider the role of music making for health and well-being across the full continuum of determinants ranging from macro to individual determinants of health. As a result, we explore music making and its associated practices both as social determinants of health and well-being in and of themselves, and as activities that may positively shape other social determinants of health.

Our contributors

The chapters presented in this book provide a range of perspectives on the role of the arts, and music in particular, in fostering and maintaining health and well-being. The collection originally stemmed from the Queensland Conservatorium Research Centre Griffith University’s ‘Inaugural International Music Health and Wellbeing’ Symposium held in April 2015. The symposium’s participants collectively explored music participation as both a positive “determinant of health” in and of itself, and an activity that can shape and transform other social, environmental and cultural determinants of health. Presentations also looked at some of the ways in which considerations of health in turn enriched musical practices and opportunities for musicians keen to explore their role in society more broadly. Research presented by leading international and national guests at the Symposium including Emeritus Professor Grenville Hancox MBE (Canterbury Cantata Trust, UK), Professor Don Stewart

(Griffith University), Professor Rineke Smilde (Hanze University of Applied Sciences Groningen (Prince Claus Conservatoire), Netherlands, and University of Music and Performing Arts in Vienna), and Associate Professor Susan Cox (University of British Colombia, Canada), reinforced the power of musical participation in responding to the social determinants of health across a health promotion continuum ranging from macro level societal values, assumptions and discrimination through to community and individual level experiences of chronic disease, social inclusion and hope.

This book has been structured to first engage readers with the idea of music as a social determinant of health and resource for psycho-social well-being. It then progresses along a continuum from micro level case studies of music activities with small groups toward meso regional and macro societal level applications. In the first chapter Donald Stewart and Yoon Irons examine if music can be considered a determinant of health, by exploring the evidence gained from medical and clinical interventions that use music. Stewart and Irons see music as being encompassed within a "holistic or socio-ecological" definition of health, which from a population (public health) level, promotes well-being through its social participation and community engagement. Stewart and Irons demonstrate the effects of music through two Australian case studies, where qualitative and quantitative data offer insights into how music can increase well-being from a population (public health) perspective. The chapter calls for further investigation into the links between music and health in order to build models which demonstrate the benefits of participation in such a social artform.

In the second chapter, Jane Davidson and Amanda Krause argue that there are intrinsic links between making music and wellness in a psychological context, discussing the cognitive

advantages for those who make music alongside the social and interpersonal benefits of music making. By providing a historical context for social psychology and music, Davidson and Krause guide us through the benefits of applying a social-psychological approach to music studies. Davidson and Krause call for greater studies of this kind in non-Western and cultural contexts, and provide the reader with a considered exploration of the micro- and macro- level determinants in a social psychological approach to music engagement.

Community musician and researcher, Michael Wheelan takes the positive macro level civic engagement perspectives outlined by Hesser and Heinemann in Chapter twelve and applies them in the context of grass-roots service delivery with young people with autism. Wheelan's personal and professional experience of being a parent and community musician with young people on the autism spectrum provides insight into the value of creative programs and well-being outcomes. Wheelan argues that the potential in shaping positive determinants of health only increases with arts practitioners, such as himself, engage in projects together.

Music therapist Kirstin Robertson-Gillam explores in particular the multi-layered nature of individual and social health outcomes for participants who often experience significant social isolation and exclusion through illness. This case study presents research data on the health and well-being outcomes of a community music therapy intervention for participants with severe depression and anxiety in Sydney, Australia. Much like the previous chapter by Wheelan, Robertson-Gillam's work with therapeutic choirs provides further personal insight into how engaging practitioners in both the health and arts spheres results in improved quality of life for those involved.

Continuing with the theme of how music can be beneficial to older people, Stephen Clift, Rebekah Gilbert and Trish Vella-Burrows approach community singing and its transformative potential by drawing upon their extensive experience in collaborative interdisciplinary research. Their discussion offers a pathway for future large scale studies of the links between music, health, and well-being, despite the challenges presented by broader social policy factors.

Naomi Sunderland, Lauren Istvandity, Ali Lakhani and Caroline Lenette analyse the effect music has on asylum seekers and refugees in Brisbane, Australia. The chapter makes a number of suggestions for how music and health researchers can adapt existing social determinants of health frameworks for music research with marginalised groups. The authors examine the benefits and drawbacks of using the SDOH model and encourage the adaptation of this model to ensure it is well suited to the program at hand.

Rineke Smilde next takes a personal look at how music can bring equity to those marginalized by ill health, discussing how people respond to societal change and justice through their professional music practice. The chapter highlights that change is not only felt by the patients, but just as much so by the musicians, producing lifelong learning experiences for all participants. This chapter promotes an inclusive approach to music making where young, old, well and unwell all benefit from shared experiences of music participation.

Continuing with case studies which encourage multi-faceted participation from a variety of individuals, ethnomusicologist Dan Bendrups, Don Stewart, and leading seventh generation wayang kulit dhalang (puppeteer) Joko Susilo provide a chapter which centres on a project in

Indonesia which uses music and puppets to encourage education on sanitation, leading to public health outcomes. Their approach blends traditional Javanese puppetry with musical accompaniment along with the message of positive participation in sanitation to address SDOH outcomes.

Ethnomusicologist, Klisala Harrison offers a further coal-face perspective, that of workers, paid and unpaid, involved in providing access to arts events; either through organising, administering or performing within them. Harrison, who was one of the first ethnomusicologists to use an explicit SDOH lens, highlights the health benefits offered to those who participate in the arts who are unemployed and living in poverty. Arts programs offer this segment of the population valuable skills and networks which can increase self-esteem and build status within their communities.

Riffing on the theme of empowerment through participation in community arts, the chapter by Brydie-Leigh Bartleet, Naomi Sunderland and Ali Lakhani draws on insights from Indigenous SDOH frameworks from both Canada and Australia in order to focus on two key social determinants in relation to case studies from the *Living Cultures* project and the *Desert Harmony Festival* run by Barkly Regional Arts in Central Australia. These two determinants are connection within community and lifelong learning, and are explored in this chapter via various subtheme determinants, including employment, language, heritage and strong cultural identity, and cross-cultural connections between Indigenous and non-Indigenous peoples.

Broadening out to explore how music and arts based intervention with respect to health concerns can inform policy, education and practice, Barbara Hesser and Harry Heinemann's

chapter provides a global perspective on how creative intervention, including that of music, can be a contributor to achieving high-level population well-being goals, such as those determined by the World Health Organization. Hesser and Heinemann demonstrate that reaching out to major international organisations builds awareness of music's potential in addressing critical world issues.

Benjamin D. Koen continues to widen the lens, exploring how medical ethnomusicology is concerned with how the arts can engage in health, healing and striving towards equity. Koen provides a detailed explanation of terminology and approach in the field, alongside cultural factors which need to be considered in order to adequately explore the way in which music can provide a pathway to healing and well-being. Koen concludes with a significant call for mobilisation in considering the intersection of music and health in Public Health Initiatives, leading to the experience of music and health for all.

Our book reaches its crescendo with a contribution from Director of the UK's longest established Arts Health Unity at Manchester Metropolitan University and leading a leading authority on the arts and health in the UK, Clive Parkinson. Parkinson takes us on a realist's rumination on how social justice and health equity have been used by politicians to sell specific agendas, but how do these agendas manifest in a positive role for arts in health? Parkinson discusses the different media forms which art can take, their historical context and their applied context in a health setting, painting a picture of not only the political agendas which can shape the arts, but the arts in shaping public policy, specifically in this context, through music. Interweaving lyrics, poetry and history, Parkinson demonstrates that music and health are a global drum which has been, and will continue, to beat into the future.

Conclusion

Each chapter of *Music, health and well-being* offers a different context for analysing music and health through the lenses of social justice and health equity. Together the chapters show not just a way in which music can be experienced from a well-being perspective, but how music can inform perspectives on SDOH.

Collectively, the chapters in this volume demonstrate how music and the arts more generally can assist in addressing some of the most pressing social issues of our time. The international perspectives show not only how globally pervasive music and health interventions are, but also how policymakers and health workers are increasingly turning to the arts for accessible, comparatively affordable and socially engaged ways to inform their practice. They too show how musicians are responding to this call, by deepening and reflecting on their practices with new insights and understandings.

References

Alfred, T 2010, 'What is radical imagination? Indigenous struggles in Canada', *Affinities: A Journal of Radical Theory, Culture, and Action, vol.* 4, no. 2, pp. 5-8.

Benedict, C, Schmidt, P, Spruce, G & Woodford, P 2015, *The Oxford handbook of social justice in music education*, Oxford University Press, Oxford.

Braveman, P & Gruskin, S 2003, 'Defining equity in health', *Journal of epidemiology and community health*, vol. 57, no. 4, pp. 254-258.

Carson, B, Dunbar, T, Chenhall, RD & Bailie, R 2007, *Social determinants of Indigenous health.* Allen & Unwin, Crows Nest.

Commission on Social Determinants of Health 2008, *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*, World Health Organization, Geneva.

Cox, SM, Lafrenière, D, Brett-MacLean, P, Collie, K, Cooley, N, Dunbrack, J & Frager, G 2010. "Tipping the iceberg? The state of arts and health in Canada". Arts & Health: *An International Journal for Research, Policy and Practice*, vol. 2, no. 2, pp. 109-124. http://dx.doi.org/10.1080/17533015.2010.481291

Crenshaw, K 1991, 'Mapping the margins: Intersectionality, identity politics, and violence against women of color', *Stanford Law Review*, pp. 1241-1299.

Gehlert, S, Sohmer, D, Sacks, T, Mininger, C, McClintock, M & Olopade, O 2008, 'Targeting health disparities: A model linking upstream determinants to downstream interventions', *Health Affairs*, vol. 27, no. 2, pp. 339-349.

Goodman, DJ 2011, *Promoting diversity and social justice: Educating people from privileged groups*, Routledge, London.

MacDonald, R, Kreutz, G & Mitchell, L 2012, *Music, health, and wellbeing*, Oxford

University Press, Oxford.

Marmot, M & Bell, R, 2012, 'Fair society, healthy lives', *Public health*, vol. 126, pp.S4-S10.

Marmot, M & Wilkinson, R G 2005, *Social Determinants of Health*, 2nd ed., Oxford University Press, New York.

Miller, D 1999, *Principles of social justice,* Harvard University Press, Cambridge.

Schulz, A & Northridge, ME 2004, 'Social determinants of health: implications for environmental health promotion', *Health Education & Behavior*, vol. 31, no. 4, pp. 455-471.

Sloboda, J 2015, 'Can music teaching be a powerful tool for social justice?' in C Benedict, P Schmidt, G Spruce & P Woodford (eds.), *The Oxford handbook of social justice in music education*, Oxford University Press, Oxford, pp. 539-550.

Standing Council on Health and the Meeting of Cultural Ministers 2013, *National Arts and Health Framework*. Retrieved from: http://mcm.arts.gov.au/national-arts-and-health-framework

Wilkinson, RG & Pickett, K 2009, *The spirit level: Why more equal societies almost always do better*, vol. 6, Allen Lane, London.

Williams, DR, Costa, MV, Odunlami, AO & Mohammed, SA 2008, 'Moving upstream: How

interventions that address the social determinants of health can improve health and reduce disparities', *Journal of Public Health Management and Practice*, vol. 14 (Suppl), p. S8-17.

World Health Organization, 1946/1995. Constitution of the world health organization.

World Health Organization, 1978. Declaration of Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978.

World Health Organization 1981, *Global Strategy for Health for All by the Year 2000*. Retrieved from: http://www.un.org/documents/ga/res/36/a36r043.htm

World Health Organization 1986, *The Ottawa charter for health promotion*. http://www. who. int/hpr/NPH/docs/ottawa_charter_hp. pdf.

World Health Organization 1997, *Jakarta declaration on leading health promotion into the 21st century: The fourth international conference on health promotion: New players for a new era-leading health promotion into the 21st century*, meeting in Jakarta from 21 to 25 July 1997. Available at: http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/print.html.

Wreford, G 2010, 'The state of the arts and health in Australia', *Arts & Health: An International Journal for Research, Policy and Practice*, vol. 2, no. 1, pp. 8-22. http://dx.doi.org/10.1080/17533010903421484