

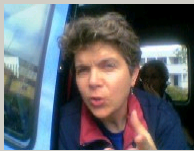
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## Hearing African Voices

### Music Therapy and the Polyphony of Near and Far. . .

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#### Introduction



This essay is situated on the African Continent: briefly, one in which post-colonial nations still reel from the impacts of having had their indigenous systems of knowledge, wisdom, language and 'talking', fragmented, marginalised and - in some instances - annihilated. (Akombo 2000; Amegago 2000; De Kock 2003). As a result of these and other complex forces, to do with global economics, modern technology and ever-pervasive media, African traditional life is talked about in words such as 'pre-modern', 'primitive', 'pre-industrial' - and foreign, far away, exotic. Far away from where, and exotic to whom, one might ask.

The pervasiveness of the internet makes it possible for Voices to be sounded - and listened to; voices of those whose thought and language constantly pivot and swing within and between the complexities (the exhausting complexities) of multiple co-existing realities, worldviews and societies - in the inevitable *lingua franca* - English (Kenny and Stige, 2002)<sup>[1]</sup>.

This essay, by necessity, rather inelegantly distinguishes between traditional practices of African healing, and Modern Music Therapy practices, each informed by their own languages, beliefs, norms and cosmologies (Nzewi 2002). It attempts to sound the various African voices and realities, swinging within and between the traditional and modern, indigenous and colonised. The extraordinary difficulty in synthesising all of this reflects something about African Life: forever struggling both with and against the pervasiveness of 'modern' lifestyles that are at times juxtaposed, overlapping, intertwined with, and fiercely separate from, traditional, local wisdoms and indigenous knowledge systems. All have a place. At times, life is lived in all these systems at once; at times in an insistent rejection of one or other, and at other times in an uneasy limbo in-between. The Modern music therapy profession, similarly, is uneasy in Africa. It risks being marginalised and alienated by adherents to traditional practices; being touted as a modern solution to both modern and traditional problems; and being non-existent (Kigunda 2003).

This essay tackles this uneasiness by attempting to make sense of two contrasting and overlapping scenarios - modern and traditional. To return to the context for this essay: I write from the socio-linguistic-cultural multi contexts of Sub-Saharan Africa and draw from the writings of African colleagues (and colleagues in Africa) involved in music, healing and writing-in-English. Also, since we are concerned, here, with voices and language, this brief essay does not pretend to cover the vast, complex texts around these topics - and in any case, others do this far more convincingly (Ansdell 1995, 2003, Ruud 1998, Stige 1998, 2002). However, this essay is underpinned by three foci, which seem to me to straddle modern and traditional worlds. They are, (i) some people (especially those in far away places) have a 'strange way of talking'; (ii) the relationship between meaning, thinking and speaking is by no means fixed, and highly context-bound; and (iii) the word - the spoken word - has a dynamic complexity that is part of the relationship between the speakers (who are also the listeners) and the regional

contexts for talking.

Without further ado, let's think, talk, and listen.

## A 'Strange' Way of Talking

Some people's talking is hard to follow: they may speak in a different tongue; use familiar tongues in unfamiliar ways; or talk about things we don't know about. As listeners, we find ourselves concentrating more than usual, stringing together different bits of the spoken words, of phrases, and doing rather a lot of mental work in order to 'make sense' of what the talker wants to convey. Most of us have had the experience of going to a lawyer or a doctor, and not quite understanding what they're talking about: their talk sounds 'strange'. Those who practice modern music therapy in modern medical and educational contexts (in whatever part of the world) are used to 'deciphering' the talking of persons who, for example, have had strokes, brain injuries, who have cerebral palsy, who have autistic-type peculiarities of speech, who have severe speech disorders, whose speech is pressured, florid, repetitive, and so on. In any such context, we not only listen to their words, but also hear the prosody of the person speaking: their tempo, dynamic range, rhythmicity, phrasing, intonation, and more. All of this fits together as we listen actively, with the intent to be part of the joint communication. As music therapy practitioners, we do not - I don't think - 'sit back' and wait for the person to express themselves appropriately and adequately, and finally say 'Aha! NOW I understand what you mean'. Active listening - (and reading) - whether to far-away tongues, far-away meanings, or to events close by - is hard work.

My first scenario makes us consider talking and listening in different tongues: the vignette leaps into a modern setting: that of the locked psychiatric ward, in a state hospital in South Africa. The context is Western-medical with a traditional healer/*sangoma* asked to work with patients from traditional societies. In terms of systems of language, knowledge and beliefs, the setting is a microcosm of South African society: here, rural and urban, traditional and post-traditional, indigenous and colonised, co-exist in different languages. English is the common tongue.

In a group session with acutely ill women, taking place in a locked ward at the local psychiatric hospital, two music therapists (trained in modern music therapy) struggle with a woman (let's call her Hannah), in her thirties, who refuses to leave the music therapy 'space'. This space is in the middle of a large room at the end of a series of inter-leading dormitories, with no doors to keep anyone out - or in. Hannah walks around with an unlit cigarette in her mouth, sits on the floor next to the musical instruments, talks to herself and is generally 'in the way'. Hannah's individual session ended prior to this group session, and the group members mutter and hiss in their own language. They are unambiguously annoyed at her unsettling presence. The music therapists have not managed to remove her, and agree to ask a nurse for help. One runs downstairs to enlist support. A nurse promptly appears, and says, 'come along Hannah, your mother is on the phone'. To which she replies, 'I don't want to talk to my mother, I hate her, tell her I am not coming'.

Let's unpack this in terms of language, speaking and meanings.

The group members each talk in their own language (not necessarily in common with one another), and share a common thought: Hannah must leave. The music therapists don't 'understand' the language, but get the group's message. Hannah, the music therapists and the nurse share a common language (English), but this is where the sharing seems to end. The nurse announces a telephone-call from Hannah's mother. The music therapists are confused: it is not clear whether there really is a telephone call, whether this is some kind of lure to get Hannah away, whether this ruse usually has the desired effect, despite being so astonishingly clumsy in tone, content and timing; whether Hannah knows that this is a ruse; whether the nurse knows that Hannah is likely to believe her, and so on. There is tension in the room: Hannah remains where she is (and, to add insult to injury, asks the nurse for a light for her cigarette - in this NO SMOKING zone). The nurse seems indifferent to Hannah's guiles, and the music therapists wonder whether she is inexperienced, ill at ease with Hannah or with the ward, or the converse: an 'old hand', used to dealing with difficult patients and their trickery.

There are endless possibilities of meanings as to what is going on in the moment. What happens next?

One of the group members, an older woman with a short fuse, suddenly gets up, grabs Hannah by the arm and pulls her towards the corridor, talking (and gesticulating) in a language that nobody understands. Hannah gets the message, and begins to swear and yell at the woman. The nurse takes Hannah's other arm and tries to pacify her, the other group members laugh and cheer Hannah's departure in their own language, and the music therapists note, with relief, that they have failed to take charge of the situation.

The onset of 'difference of minds' is, ironically, in a common language - English. The strange way of talking, here, is not to do with language or different systems of knowledge. It is to do with the nurse's statement about Hannah's mother being on the phone. Those who understand the language (English) and its surface meaning (mother on the phone), experience a 'dissonance' of intention: in other words, something doesn't quite 'fit' between the nurse's words and her intentions, leading the music therapists to suspect that this is a lure, on the nurse's part, to get Hannah out of the way. Whether Hannah experiences this dissonance is unclear: she may be responding to the notion of her mother literally being on the phone with a refusal to speak to her. However, her refusal may also mean something else: something like, 'don't treat me like an idiot, I know you are lying, I don't feel like leaving this space, and I feel like making you look a fool too, since this is what you are doing to me, so I'll go along with your game - and ask you for a cigarette light to wind you all up a little more'. We cannot be sure that this is on Hannah's mind - and here, various persons in the room are working hard mentally, to arrive at meanings that link the words, thoughts and intent together. It is the decisive, unambiguous act of a fellow patient that brings everyone together in the room, mentally - and everybody can make sense of, instantly. She says what she means, in her own language. Even though nobody understands what she says, everyone understands what she means.

Part of the mental work going on here is to do with the complex, rapid, collisions - and a resolution - of 'what is going on' - between persons who do not speak one another's language, who are from different parts of South African society, have different social, cosmic, ethnic, cultural realities; and who manage - more or less - to together create common meaning.

This example focused on the overt and covert meanings of 'talk', in a context familiar to VOICES readers anywhere. Many readers will recognise, and identify with, these kinds of hit-and-miss situations, where co-constructed meaning is elusive, confusing, and compounded by familiar and unfamiliar language bases. The vocabulary, the language, the meanings are consistent with modern music therapy practice and, as an African scenario, it portrays the juxtaposed modern setting (medical, music therapy) and traditional mindsets (of women from rural areas). The latter seem somewhat hidden, here, elusive, and this is the point. That which is traditional, indigenous, has a way of being clothed, hidden, re-framed by modern customs, languages, ways of being and thinking and writing. Perhaps this is the inevitable loss of sub-Saharan Africa in the twenty-first century? So that when Meki Nzewi (2002) speaks of traditional African society, we are left wondering where to find it, how to find it - and where and if we do, how to think and write about it. And when David Akombo writes of a traditional music therapist from Burundi (Akombo 2001), we wonder what this means: is this a music therapist in the modern sense? Is this a traditional healer from Burundi doing modern music therapy? Is this the use of the words 'music therapy' as a common point of reference for Voices readers?

Perhaps this is the kind of active mental work that we all need to be doing, to find common meaning when we read about one another's contexts, practices, and meanings, rather than only importing our own frame of references onto what we read.

## **A 'Strange' Way of Meaning**

Let's now leave the explicitly linguistic nuances, and consider the complexities of creating meaning together, especially in contexts where we don't know how to think about (let alone talk about) what is going on.

Let's fast-forward to traditional healing - the nub of what might be exotic and far-away in Africa. Here, despite texts in anthropology, and music ethnology, language and words begins to fail spectacularly. To write about this in English, as a 'modern' music therapist, feels uncomfortable, uncertain, and I being to falter. For a start, the concepts of music, healing, living, the world, 'being a person' don't mean the same here in Africa, and (English) words don't feel altogether 'right'. However, Western texts in semiotics, philosophy and sociology (re-) assure us that it is not which language we speak, nor how we talk that matters - but rather, it is

how our minds create meaning together in speaking and listening, that is the epicentre. So it seems that is not your or my language that matters, it is whether you and I manage to understand one another. Whether our minds manage to move in sympathy. The second scenario is about co-constructing meaning about a traditional ceremony.

A group of modern music therapy practitioners and students from the University of Pretoria's music therapy programme attended a Traditional African Ceremony in October of 2002. The event was 'unreal': latest models of BMWs and mobile phones, PA systems and minidisk recorders mixed with drummers, trainee healers, sangomas in feathers and leopard skins, and villagers in everyday garb. The brilliant night sky and its constellations of the Milky Way, together with the hills embraced this all-night event - in which we lost track of time, of our individual selves, and of our thinking, critical faculties. The spirits came.

We documented our thoughts throughout the overnight event, and became increasingly aware of the inadequacies of language. We spoke with local folk, with those appointed by the village to be our hosts, guides and 'translators'; and we created ways of talking and meaning that would not make much sense here, now. Our talking was context-bound, exclusive, imbued, perhaps, with the visceral extraordinariness of that time and place. Did this make our words less meaningful? Alien? Exotic? In talking to our colleagues, on returning, they looked at us with puzzled, slightly quizzical expressions. We became silent: we sensed that they could not make too much sense of us; that they felt excluded; that our words were tinged with madness and ecstasy.

When we all talked again, days later, we were more distant, thought more analytically and critically. We debated the divergences and convergences between this traditional event and modern practices. We found that we could 'talk about' the event in modern music therapy language. For example, we pondered on the notion of *time*: musical and social time, group time, duration, repetition, beginning and end of 'the event'; we pondered on the *role* of the healer, the timing and build up of his arrival; the nature of the *group* singing and dancing; the ebbs and flows of *energy* in the event, within ourselves, in the music; the roles of the drummers, dancers, participants, and others. We noted that we could have gone further still: we could have used words whose meanings are intransigently 'modern': the trances looked like 'epileptic fits'; there was a feeling of 'group hysteria'; we used words like 'psycho-social support', to describe those whose role was to hold onto the dancers who fell into trances, to prevent them hurting themselves. And so on.

We might pause here and say that, as modern music therapists, we had no business 'importing' our meaning worlds to make sense of this 'other' experience. This could be seen as replicating the colonization of Africa with modern mindsets, voices and gadgets. Perhaps we had no business being there at all? (That notion would be a gross denial of the co-existence of the modern and traditional)

Let's leave Africa for a moment, and hover above ground, above all those music therapy texts emerging in increasing rapidity.

## Swinging with African Voices

I began this essay by talking somewhat tentatively about swinging within and between different worlds. Africa forces us to do this - constantly - and this, in turn, forces us not to assume that one or other world-view is more or less real or convincing. Africa also insists on multiple visions and voices: life polyphonic, poly-cosmic, multi-real.

The traditional ceremony vignette describes how we managed to negotiate and co-create meaning both during, and after the event, both within the group of guests, between that group and the locals, and between those who were there, and colleagues and friends who were not. This took a lot of thinking, a lot of work, a lot of time - and in the end, these meanings felt consonant with our visceral, sensual, collective and personal experiences, as well as with our modern music therapy discourse. Our absent colleagues began to make sense with, and of us.

What about the modern medical context in the first vignette? What did the women make of this group dancing, singing and drumming? Why did they want Hannah 'out' when in traditional life,

music-making is an inclusive, social occasion? What was their experience, what was in their minds, what meaning can the 'modern' music therapy sessions have had for them? How did the music therapists adapt their own thinking and meaning, in order to 'be with' and 'negotiate' meaning in the most intimate, group sense?

It is this generosity of time and space and meaning that African Voices sing. If, wherever and however, music therapists (modern and traditional and somewhere in between) are committed to co-operative talking, co-listening, co-creating meaning with those whose meaning worlds differ inconveniently - then, as Bernard Muriithi Kigunda writes, the meaning of music therapy can begin to be '..... expanded, to be all inclusive.' Then, the African voice of music therapy might sound strongly.

Let's have an injection of realism.

In his essay, Bernard Muriithi Kigunda talks about the existence of music therapy in Kenya, only the words are never used. How so? Traditional ritual healing has been around for millenia; and invokes the gods and spirits to heal through song, dance, music. In looking at the definition of (modern) music therapy (Kigunda uses those of Bunt (1994), AMTA, and Kenny (1982, 1989)) he is puzzled by the music therapist's position at the centre of the event. (From Africa, this looks a little 'therapist-centered', perhaps?). In Kenya, music heals far away from clinics and without trained therapists! In a small survey, Kigunda found that Kenyan musicians and academics are uncomfortable with the words 'music therapy', preferring to use 'spirit healing'. He suggests that the respondents ignore the function of music. (I suggest that, possibly, music is not seen as separate from everything else going on in spirit healing - therefore it is not named.)

Kigunda ends his essay by suggesting that wherever and whenever ".....music is used with the object to heal, then this should be considered some form of music therapy".

Well! What does the modern music therapy profession make of this?

Is this strange talk? Strange thinking? Strange meaning? Is it far too context-bound (in Africa, remember) to 'make sense' anywhere else? How does this statement sound from the perspectives of state registration, board certification, professional training courses, clinical supervision, evidence-based practice, and other trappings of the modern music therapy profession? And, conversely, how does this statement sound from the contexts of spirit healing, ritual practices, of fiercely and proudly Africanist positions? How will music therapy find itself in Africa? And how will the African Voice contribute to music therapy practice everywhere else in the world?

Kigunda suggests something radical: that the modern music therapy profession lean forward and become more expansive; that traditional and modern practices might exchange concepts and language. Dare we? Should we? Only time will tell.

For the time being, though, Africa will continue to swing and sing with spiritedness - and with the spirits. For in Africa, to hear voices is a rich experience of the spirits and the gods. The Voices are to do with heart and soul and the earth. Africa has not yet given up all its Voices to disorders of thinking, speaking or language; nor to the written word.

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