Negotiating the (non)negotiable"?: on informed consent and ethics in medical ethnomusicology

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Abstract

Medical ethnomusicology is a subfield of ethnomusicology and the Society for Ethnomusicology's special interest group represented throughout research of different cultural contexts wherein music is perceived as a therapeutic and/or healing medium. This specific and new area of music scholarship is, in one segment particularly, reflecting the concepts of music therapy discipline thus determining clinical/medical environment as a potential fieldwork site. Taking into consideration the fact of crossing in between ethnomusicology and music therapy – two similar, but also dissimilar studies of music – it is necessary to respect the scientific status and research standards of music therapy for medical ethnomusicology research. For a medical ethnomusicologist with an interest in the clinical/medical music therapy context, accordingly, entering the field requires a high level of ethical stance and responsibility.

Consequently, a prerequisite and *modus operandi* of such an ethnographic research project and its possible (un)expected new directions is approval of the institutional ethics committee on the one hand, and the collecting of written informed consent forms for participants on the other. This paper focuses on my doctoral research of music therapy in a psychiatric context in Croatia with an emphasis on the process(es) of situating and opening up the field through incessantly negotiating (the (non)negotiable?) with the institution/clinic where the research is being conducted.

Keywords: medical ethnomusicology, music therapy, informed consent, ethics, Croatia.

Introduction: Being *the other*

Medical ethnomusicology is a subfield of ethnomusicology and the Society for Ethnomusicology (SEM) research initiative under the Special Interest Group for Medical Ethnomusicology which "brings together SEM members who work in or have a special interest in issues related to music, medicine, health, healing, and cultural practices"[7]. In the past ten years it gained a lot of attention in ethnomusicology, as well as in the music

[7] See http://www.ethnomusicology.org/general/custom.asp?page=Groups_SIGsMed, accessed on September 21st, 2019.

therapy science community[8]. When I talk about medical ethnomusicology in Croatia where I conduct fieldwork, the reaction is usually that it "sounds interesting but weird" and "I am shocked – ethnomusicology?!" I believe that those "labels" determine my research interests as the rare, moreover, as *the other* ethnomusicology. Doing such ethnomusicology is challenging. My constant contemplation on its challenges arises from rethinking its need and purpose in the context of Croatian ethnomusicology, whose tradition, it seems to me, more *fits* and *favors* the International Council for Traditional Music (ICTM) than the SEM[9], and need and purpose for music therapy which is still in the process of gaining its academic and broader public recognition in Croatia. Despite the challenges and, in particular, the feedback on my research, which is somehow ambivalent and sometimes less enthusiastic than the narratives I offer, I think how my thrill considering this research area is subtly resounding in the Croatian ethnomusicological and music therapy circles.

Summarizing my first and official medical ethnomusicology research attempt through situating the ethnomusicological ethnographic fieldwork in the clinical music therapy context, the leitmotif could easily be how "an ethnomusicologist is not always readily tolerated in the field" (Nettl 2005: 220). The field which responded with retention to my medical ethnomusicology research interest was a clinical/medical setting in Croatia[10], the Psychiatric Day Clinic at the University Hospital in Zagreb. I believe that one level of interpretation of such a reaction is the ethnomusicological, ethnographic, music therapy non-active, consequently, non-medical interest in the clinical context.

My interest and the ingress into the intimacy and privacy of clinical treatment of patients suffering from depression or closely related mental disorders revealed the second level of interpretation, that of ethic issues which were at first latent to me. Relying on Bruno Nettl's previously mentioned statement, it can not be denied how he also directly questioned issues of research ethics as one of the crucial questions in ethnomusicology.

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[8] I cordially thank to Ana Flávia Miguel (University of Aveiro, INET-md) and Susana Sardo (University of Aveiro, INET-md) for encouraging me to apply for the Post-ip '17. It was during our meeting at the *44th ICTM World Conference* held from 13 to 19 July 2017 in Limerick, Ireland.

[9] I believe this statement is nicely reflected through the research of the majority of Croatian ethnomusicologists who are, according to my knowledge, mostly doing ethnomusicology *at home* by researching their own traditional culture and its modernity. Noticeable on the first, their engagement is emphasized within the ICTM context and highlighted in one more than within the other study groups: within the ICTM Study Group on Music and Dance in Southeastern Europe (or at least the ICTM Study Group on Ethnochoreology or the ICTM Study Group on Applied Ethnomusicology if taking into the consideration the logic and the politics of the Institute of Ethnology and Folklore Research which is the leading institution in Croatia where ethnomusicological and ethnochoreological scientific research are being systematically conducted). On ethnomusicology and ethnochoreology at the Institute see Ceribašić 1998.

[10] In the following text, I will rather use the term clinical which more specifically than the medical refers to my research area. In terms of prosperity here 'medical' could be interpreted as the consequence of the clinical treatment in health or healing.

Furthermore, he claims how ethic questions in ethnomusicological research include the most important fieldwork relationships, that is between the informant and researcher and highlights the relationship on the larger scale - between ethnomusicology and musicianship[11] - unwrapping the ideal of humanity (Nettl 2005: 220). "The fundamental question is", Nettl adds, "who owns the music, and what may someone who does not own it do with it" (Nettl 2005: 220). Patients suffering from depression or closely related mental disorders, who are consumers of music at the music therapy sessions in the day hospital, are certainly, from my perspective, those who own the music. From their perspective, as well as from the larger clinical perspective, I am the *other* who does not own music and might disturb their music therapy treatment or the one who could not reach the essence of their personal problems because I am not a music therapist. In this paper, consequently, I will delineate how the aspect of the researcher as *the other* and the position of the *other* ethnomusicology were challenged and confronted with the ethical questions in the field of a clinical setting in Croatia at the very beginning of its situating.

"In the field. Finally!" - toward a politics of ethics in medical ethnomusicology?

I cannot stop comparing the doctoral research I am conducting with the research I conducted for my MA thesis (Vrekalić 2018b; Vrekalić 2014). Apart from the methodological and theoretical challenges which I am constantly faced with, I think that I induced a trigger for constant reflection, and perhaps I also “changed research interests too quickly”. It could be that the latter statement, probably derived from my MA ethnomusicological interest, supports the argument if it is relying on longtime and in-depth insights and thoroughly understanding the musical culture. However, my "excuse" (if needed) for conducting medical ethnomusicology research has its foundation in my two-year attendance of music therapy lectures on the "Application of music therapy in working with people with developmental disabilities" run by the Croatian Music Therapy Association (CMTA)[12] and everyday musical self-experiences of which I was unconscious at the moment of happening, but conscious at present when I am well-supplied with the state of research in medical ethnomusicology and music therapy. Properly and in a manner of therapeutic music output, everyday musical experiences helped me to release a difficult real-life situation[13]. It might be that I have a good deal of experience with what medical ethnomusicology seeks in music therapy to logically and gradually take responsibility for such research in Croatia.

[11] And the other science, as it is music therapy in my case.
[12] See http://www.muzikoterapeuti.hr/?page_id=54, accessed on September 21st, 2019.
[13] It is fascinating what could be achieved in organized, structured and intended music therapy session in a clinical setting.

The process of entering the field for my MA research project was facilitated by my mother. I researched a local folklore festival in which her friends and acquaintances, later my informants, were involved. Everything, therefore, happened quite smoothly. Knowing the informants from my mother's stories and having previous experience of the festival venues, I was quickly being familiarized with them and their stories. They trusted the beforehand words she told and later trusted me and my fieldwork initiative. Research neutrality and ethical exactness were implied and were not questioned. Such circumstances could be attributed to a comfort zone research where the researcher - informants relationships were laboratory set. However, conquering the medical ethnomusicology field in which I am now was a real step outside the comfort ethnomusicological zone where research neutrality and ethics concerns were "fallen by the wayside" (Rice 2014: 29).

"If you are a scholar interested in medical ethnomusicology," writes Maria Stankova, "it is likely that you will have to conduct research in a more or less clinical environment" (Stankova 2014: 11). As a scholar, whose interest in medical ethnomusicology appeared after encountering the contemporary ethnomusicological trends, theories and methods during majoring in ethnomusicology and by attending two-year music therapy lectures by the CMTA, I deem that I was drawn to a clinical environment. During 2013/2014 and 2015 CMTA lectures, I met a lot of music therapists who implement music therapy in their clinical or non-clinical work. Among them, I met a music therapist who practices music therapy in a day hospital of a psychiatric unit. I was familiar with those music therapy sessions in advance, before starting my doctoral project. Choosing this field, therefore, was not a result of a sloppy choice but a result of a preliminary research process and insight into music therapy contexts in Croatia. It is expected that "there are multiple issues that ethnomusicologists might encounter when doing clinical research in a foreign “country" (Stankova 2014: 11). However, difficulties that appeared at the beginning of situating my research *at home* in a clinical setting were also multi-layered. It seemed to me that the main issues were theoretical and methodological ambiguities of medical ethnomusicology[14] and ethics issues of my research.

Medical ethnomusicology is defined as "a new field of integrative research and applied practice that explores holistically the roles of music and sound phenomena and related praxes in any cultural and clinical context of health and healing" (Koen, Barz, and Brummel-Smith 2008: 3-4) or as a "new stage of collaborative discourse among researchers who might or might not invoke 'medical ethnomusicology' as *what* they do, but who embrace and incorporate the knowledge that this new discipline brings to the

[14] Observing it from the perspective of music therapy discipline regulations, medical scientific community and clinical setting I was intending to enter.

discourse" (Koen, Barz, and Brummel-Smith 2008: 4). Relying on my previous education in musicology (ethnomusicology), I invoke medical ethnomusicology as what I do. It dissociates me, theory and methodology and ethnographic fieldwork engagement, from music therapy, whose modes of music-making are the hub of my interest. Hereof, highlighting the 'ethnomusicology' in the term 'medical ethnomusicology' I could prevent ongoing far-reaching music therapy critique which greatly discusses the legitimacy of medical ethnomusicology research projects (also see Stige 2008).

> We urge the community of medical ethnomusicologists to resist the seduction of becoming healing practitioners without having training in therapeutic knowledge and presence, and instead lead the way as community activists, theorists, and cultural awareness advocates and advisers. (Edwards and MacMahon 2015)

I proved that such dissociation was extremely important because medical ethnomusicology, as it is prevalent among the SEM members, is not widely spread in Croatia. Its concepts are only to a certain extent known in our ethnomusicological academic milieu and rarely in music therapy community and medical community.
Even though, as it was the case of my MA research project, I was acquainted with a music therapist who conducts music therapy in a day hospital, entering such a field was insecure and precarious precisely because of the poor correlation between medical ethnomusicology and music therapy in Croatia[15], and, moreover, because of the strict rules of a clinical setting. The complexity of entering the field was the reflection of the uniqueness of the field and its informants and it was, in that first moment, beyond my ethnomusicological knowledge and fieldwork experiences (on first research attempts and similar experience with Down Syndrome Association see Vrekalić 2017). At that moment, ethical review and internalization of my research project started.
The ethical review process of my research has both informal and a formal perspective. The informal one included email and personal communication with the Clinic, Department of Psychiatry, the specific unit where music therapy is conducted, and with other medical staff there. After my first inquiry, the correspondence started as follows:

> We kindly ask you to submit a request to the Ethics Committee of a Clinic [...] with a description of your research (objectives, methods, hypothesis), with questionnaire(s), if any, informed consent(s) and approval of the Head of the Department/Institute/Clinic where the research will be conducted. (Email communication with the author, November 23rd, 2015)

[15] Not only a poor correlation of medical ethnomusicology and music therapy in Croatia, where they are both unfamiliar to the broader scientific community, but there is also equally in between medical ethnomusicology and music therapy globally.

"Mission impossible!", I thought. "How to collect informed consents when I can not access the field to meet and familiarize with the informants?" It seemed that only the medical staff working there can fulfill those conditions. Is medical ethnomusicology feasible in any "clinical context of health and healing" (Koen, Barz, and Brummel-Smith 2008: 3-4) as the definition proposes? Risky and somehow stubborn I decided to fulfill all the proposed elements except the informed consents and the signatures of the head of the Department/Institute/Clinic. In the first letter to the Ethics Committee, I decided to describe ethnomusicological, that is, ethnographic nature of the research, and to negotiate and inform myself about the ethical way of collecting the informed consents. My first letter to the Ethics Committee of the Clinic was rejected. "Incompleteness of my research project," was, certainly, a result of incomplete documentation. It was also if I am allowed to say it, in "concordance" with the Clinic's inexperience with such ethnographic queries. The incompleteness of my first attempt induced the Ethics Committee to propose an official written form which I should follow to fulfill ethical obligations, but not the form of informed consent which remained unknown to me[16].

In my previous ethnomusicological research, informed consent was not the standard. Moreover, according to my knowledge, it could be said that it is also a rarity for ethnomusicological research in Croatia in general. "Historically, ethical clearance pertained more to the biomedical sciences than social sciences or the arts and humanities" (Swijghuisen Reigersberg 2016: 89), therefore as a *modus operandi* it is implied how ethnomusicological research is, regardless of the context, "ethically unproblematic search for objective knowledge about humankind", and that "they [ethnomusicologists] were neutral, machinelike collectors of data" (Rice 2014: 29). However, for every clinical research, music therapy research, as well as for medical ethnomusicology research of music-making in music therapy clinical context, informed consent is a significant part of the research preparation. It protects informant(s) and researcher(s). Consequently, it "requires comprehension of the risks and the benefits by the participant. The researcher should make sure that the participant fully understands those risks" (Stankova 2014: 11). It also requires clearly indicated statement on the informants' identities.

> The informants' personal data and materials collected during the research (photographs, audio or video data) [...] will be used only for the purposes of research, for the purpose of publishing scientific papers and conference presentations. The identity of the informants [...] remains within the scope of the research and will not be published outside the context of the research. (An excerpt from the informed consent written by the author)

[16] See http://www.kbc-zagreb.hr/o-nama/upravljanje-bolnicom/, accessed on September 21st, 2019.

Medical ethnomusicology frugally discusses the issue of ethics in its research - "as medical ethnomusicology expands (including applied research and practice), ethical codes and issues of professional practice will likewise need to expand" (Koen 2009: 206; Vrekalić 2018a). In particular, this will be a prerequisite for further medical ethnomusicology research in the clinical contexts because "clinical studies are usually associated with a more than minimal risk for human subjects. [...] therefore the review process for such studies is more rigorous and may take longer" (Stankova 2014: 11). In terms of ethnomusicological research and its ethical framework in clinical settings, it is necessary to highlight that "[i]t should come as no surprise, therefore, that the prevailing models of ethical scrutiny and training, for better or worse, are medicalized" (Swijghuisen Reigersberg 2016: 89). By medicalizing my medical ethnomusicology research initiative, adjusting it and negotiating with the field and the Clinic, I succeeded in the new wave of informal and formal negotiations. As a result, I was allowed to obtain informed consents, the approval of the head of the Department of Psychiatry and the specific unit where music therapy takes place, and finally, Ethics Committee confirmation to conduct the research. My first impression from the field is still vivid.

> It was Wednesday, 10 AM. I arrived half an hour earlier. I entered the green building and I walked to her office. She invited me to the office and offered me coffee and cookies. I thanked for the offer but I couldn't eat or drink. Yes, I was nervous. Very. During our short chat, she was giving me final information for this first meeting – what to expect and how to (re)act. I remember how I was trying to catch all the details but I couldn't focus as I usually do. Ten minutes before the music therapy session, she asked me to help her bring some items from the office to the nearby room. After that, those few minutes, we returned to her office and waited for 10.30. Right on time, we went to, for this occasion used, music therapy room. She briefly introduced me and I briefly confirmed everything she said. They smiled and greeted. After that, I sat down, outside the "circle", right behind them. I prepared my notebook and a pen. Music started... I was there, in the field. Finally! (Fieldwork notes, August 2nd, 2017)

Concluding thoughts

Medical ethnomusicology is a SEM's impetus and it is not well known beyond its scope. Medical ethnomusicology research I conduct on music therapy music-making in a day hospital of a clinical psychiatric unit is new ethnomusicological research in Croatia. First attempts of introducing the research indicated considerable difficulties. Usually, unquestionable ethnomusicological research ethics was very much questionable. Thus the process of opening and situating the fieldwork was through constant negotiating with the Clinic where the research is now being conducted. Negotiating included an informal and formal level, in which I as a researcher needed to prove my scientific honesty. I think

that the patience and the thickness of informal level contributed to the success of the formal level through informed consents and letter to the Ethics Committee of the Clinic. Although, in this article, I only presented only a short insight into the medical ethnomusicology issue I faced, I could claim that it could contribute not only to the Croatian ethnomusicology or medical ethnomusicology in specific but also ethnomusicology in general. It bravely opened one of the "thirty-one issues" where ethnomusicology acts in a manner of human responsibility.

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