

## **Musical Care Small Grant Final Report**

**Recipient:** N.U. Moonga

**Institution:** Royal College of Music

**Project title:** Indigenous Musical Arts in Cancer Care: A Community-Based Study at Cancer Diseases Hospital, Zambia

**Grant period:** 21st February - 19th April 2025

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### **Executive summary**

This report details the activities and outcomes of a community-based study investigating Indigenous musical arts as therapeutic interventions for persons living with cancer at the Cancer Diseases Hospital (CDH) in Lusaka, Zambia. The project successfully conducted 12 sessions over eight weeks, engaging 25 enrolled participants in culturally responsive healing practices that demonstrated significant potential for enhancing quality of life and treatment engagement among cancer patients.

### **Main activities carried out**

#### **Research design and implementation**

The study employed Indigenous research methodologies, centring conversation circles and ceremonial practices as both research methods and therapeutic interventions. Sessions were conducted twice weekly (Tuesdays and Thursdays) from 14:00-16:00, preceded by a communal lunch at 12:00, which fostered relationship-building and connection.

#### **Session structure and activities**

Each gathering integrated multiple elements of Indigenous musical ecology:

**Conversation circles:** Participants shared stories, experiences, and cultural knowledge in structured yet flexible dialogues that honoured both individual narratives and collective wisdom. These circles became sacred spaces where cancer experiences were processed through culturally resonant frameworks.

**Musical arts practices:** Activities included traditional song singing, drumming sessions, and the creation of new songs that emerged organically from participant experiences. Musical expression was understood not as performance but as ceremonial technology for healing and meaning-making.

**Storytelling and narrative work:** Participants engaged in both personal storytelling and the sharing of traditional narratives, often using indirect metaphorical approaches that provided therapeutic safety while enabling deep introspection.

**Ceremonial practices:** The development of rituals such as collective acknowledgement when "death trolleys" passed through hospital corridors, creating moments of shared presence and community support.

## **Participant engagement**

Twenty-five participants enrolled in the study, including persons living with cancer and their primary carers (predominantly family members). While CDH's status as a national referral hospital meant that some participants left town during the study period, core groups maintained consistent attendance, demonstrating strong commitment to the community formed through these gatherings.

The inclusion of carers proved essential, enriching what emerged as an "ecology of care" where healing was understood as a communal rather than individual process. This approach aligned with Indigenous cultural norms while providing mutual support systems that extended beyond formal session times.

## **Feedback and outcomes**

### **Transformational individual outcomes**

The study documented several cases of significant individual transformation, most notably that of *Valline*\*, a participant in her seventies, undergoing chemotherapy. Prior to joining the sessions, *Valline* exhibited signs of depression, had withdrawn from daily life, and was subsisting primarily on fluids. After attending her first musical arts session, her daughter reported remarkable changes: *Valline* began preparing enthusiastically for clinic visits, arriving hours early for sessions, and rediscovered joy in eating traditional foods (*nsima and fish*). Her faithful attendance and renewed vitality exemplified the potential of musical arts to restore relational presence and meaning among people living with cancer.

### **Community and relational outcomes**

The sessions successfully created spaces where participants could explore hope, imagination, healing, and future possibilities within culturally appropriate frameworks. Participants consistently demonstrated that collective gatherings generated transformative possibilities rarely achieved in individual therapeutic sessions. The communal approach challenged biomedical assumptions about privacy and individual treatment while revealing therapeutic benefits rooted in Ubuntu philosophy.

## **Methodological and epistemological insights**

The research revealed significant tensions between biomedical and Indigenous healing systems, while demonstrating possibilities for cultural interface and integration. Participants regularly exercised agency by maintaining traditional healing practices alongside biomedical treatment, creating informal support networks, and redefining what it means to "live well" with a serious illness.

The study validated Indigenous knowledge systems as sophisticated frameworks for understanding health, healing, and community care. Participants' approaches to processing existential concerns through storytelling, metaphor, and ceremony proved more therapeutically decisive than many formal interventions.

## **Institutional and systemic observations**

The hospital environment, with its open wards and communal treatment areas, initially appeared to compromise conventional privacy standards but was consistently described by participants as comforting rather than intrusive. This finding challenges assumptions about therapeutic environments while highlighting the benefits of communal care models.

The study documented how institutional structures sometimes undermined cultural practices that provided patients with meaning and resilience, while also revealing opportunities for more culturally responsive healthcare delivery.

## **Challenges and adaptive responses**

### **Logistical considerations**

Transport barriers, food insecurity, and income loss presented significant participation challenges. The grant funding enabled the provision of transport reimbursements and refreshments, which proved essential for enabling attendance while raising important questions about research ethics and material support within vulnerable communities.

### **Cultural and linguistic complexity**

Multilingual contexts required conceptual rather than linguistic translation, particularly for concepts like "distress" and "anxiety" that lack direct equivalents in local languages. Cancer-related discussions consistently invoked spiritual and communal dimensions absent from psychological frameworks, necessitating expanded therapeutic approaches.

### **Representation and accountability**

The challenge of documenting ceremonial experiences through academic frameworks highlighted tensions between sacred knowledge and scholarly discourse. The healing that occurred through relationships, presence, and embodied knowing often resisted translation

into textual formats, raising ongoing questions about representation and accountability to community knowledge systems.

## **Conclusions and future directions**

This study demonstrates the significant potential of Indigenous musical arts as therapeutic interventions in cancer care. The community-centred approach not only enhanced individual well-being but also strengthened social support systems and cultural connections that extend far beyond formal healthcare provision.

The research validates the need for culturally responsive healthcare models that recognise Indigenous knowledge systems as sophisticated frameworks for understanding health and healing. Future work should explore systemic integration of these approaches within biomedical settings while maintaining their cultural integrity and community ownership.

The relationships and commitments formed through this research extend well beyond the formal study period, reflecting Indigenous research values that prioritise ongoing accountability to communities over extractive academic practices. The study is in the thesis development phase, with knowledge generation from the research process conducted.

## **Acknowledgments**

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***exchange rate:*** 1 GBP = 35.8107 ZMW (as of 21 February 2025)