



Preference for Drumming: Cross-Cultural Reinventions in Indian Music Therapy Practices



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Abstract

Percussion traditions occupy a significant position in Indian performing arts, functioning within ritual, community, and healing practices. The present study, investigates whether transgender individuals demonstrate a preference for African-style drum circles within an Indian socio-cultural framework as a means of channeling anger and facilitating emotional expression in Indian music therapy session. A structured survey was conducted among 90 transgender participants experiencing anger-related concerns, comparing rhythm-based engagement with melodic and vocal music therapy approaches. Findings indicate a clear inclination toward drumming as a medium of emotional release. The results suggest the relevance of cross-cultural rhythmic practices in contemporary Indian music therapy and highlight the potential of community-oriented drumming interventions for enhancing emotional wellbeing among marginalized populations.

Keywords: African drum circles, music therapy, transgender wellbeing, emotional regulation, cross-cultural practice

Research Paper

Introduction

Music has historically functioned as a medium for emotional expression, social integration, and psychological healing across cultures. Within Indian performing arts traditions, rhythm and percussion are deeply embedded in ritualistic and communal practices, where sound and bodily movement are often associated with transformation, release, and collective experience. In recent decades, these traditional understandings have intersected with clinical frameworks of music therapy, which conceptualize music as a structured intervention for psychological and emotional wellbeing, more so in clinical therapeutic practices.

According to the American Music Therapy Association, music therapy involves the clinical use of music-based interventions to achieve individualized therapeutic goals, including emotional expression, communication, and behavioural regulation. Research in neuroscience

demonstrates that musical engagement activates brain regions associated with emotion processing and regulation, particularly the limbic system, thereby influencing affective experience and stress response (Stefan Koelsch, 2014).

Among various therapeutic modalities, rhythm-based interventions such as drumming have attracted increasing scholarly attention. Unlike melodic or vocal engagement, drumming involves direct bodily participation and repetitive motor activity, allowing individuals to externalize emotional states through physical expression. Studies suggest that group drumming promotes emotional release, reduces stress, and enhances social connectedness (Bittman et al., 2001).

In India, contemporary music therapy practices increasingly incorporate global musical traditions, reflecting broader processes of cultural exchange. African

drum circle practices, characterized by improvisation, collective participation, and rhythmic synchronization, represent one such cross-cultural influence. These practices emphasize communal experience rather than technical performance and align with community-oriented therapeutic approaches (Stige and Aarø, 2012).

The present study explores the relevance of such cross-cultural rhythmic practices for transgender individuals. Transgender communities frequently encounter social stigma, marginalization, and psychological distress, which may lead to emotional suppression and anger-related challenges (World Health Organization, 2015). Identifying culturally responsive and accessible therapeutic interventions is therefore essential.

This research examines whether transgender individuals prefer drumming over melodic or vocal music therapy methods for emotional regulation and explores the implications of such preferences for contemporary Indian music therapy.

Literature Review

Music Therapy and Emotional Regulation

Music therapy has been widely recognized as an effective approach for facilitating emotional expression and psychological adjustment. Music influences affective processes by modulating physiological arousal and neural activity associated with emotion regulation (Koelsch, 2014). Through structured musical interaction, individuals may access and express emotions that are otherwise difficult to articulate verbally.

Clinical applications of music therapy extend to stress management, trauma recovery, and behavioural regulation (Dileo and Bradt, 2009). Rhythm plays a particularly important role in these interventions, as repetitive patterns support sensorimotor coordination and emotional processing (Thaut, 2005). The integration of bodily movement with auditory stimulation enables participants to experience emotional release in a controlled and supportive environment.

Therapeutic Value of Group Drumming

Group drumming has been associated with both psychological and physiological benefits. Empirical research demonstrates that recreational music-making activities can reduce stress indicators and improve immune functioning (Bittman et al., 2001). The repetitive and embodied nature of drumming encourages relaxation while simultaneously providing an outlet for emotional expression.

Bensimon, Amir and Wolf (2008) observed that group drumming facilitated emotional release among trauma survivors by creating a safe space for expressing aggression and distress. Participants reported feelings of empowerment and increased social cohesion, highlighting the interpersonal dimension of rhythmic engagement. From a trauma-informed perspective, rhythmic activities may also support emotional regulation through somatic experience. Research by Bessel van der Kolk (2014) emphasizes the role of bodily engagement in restoring psychological balance, suggesting that rhythmic movement can assist in releasing stored emotional tension.

Cross-Cultural Approaches in Music Therapy

Cultural context significantly shapes musical meaning and therapeutic response. Contemporary music therapy emphasizes culturally responsive practice, acknowledging that therapeutic effectiveness depends on alignment with participants' social and cultural experiences (Bunt and Stige, 2014).

African drumming traditions prioritize participation, improvisation, and collective interaction. These characteristics resonate with community music therapy approaches, which focus on empowerment, inclusion, and social transformation (Stige and Aarø, 2012). The integration of such practices into Indian contexts represents a form of cultural hybridity, reflecting ongoing processes of musical exchange.

Transgender Wellbeing and Expressive Therapies

Marginalized gender communities frequently experience psychological distress due to discrimination and social exclusion (World Health Organization, 2015). Expressive therapies provide alternative modes of communication that do not rely solely on verbal articulation.

Participatory arts practices can strengthen identity formation, emotional resilience, and social connection among marginalized populations (Fancourt, 2017). However, limited research has explored the specific therapeutic preferences of transgender individuals, particularly in relation to music-based interventions. This study seeks to address this gap.

Research Objectives

- To assess the preference of transgender individuals for rhythm-based music therapy interventions.
- To explore the implications of cross-cultural rhythmic practices within Indian therapeutic contexts.



Hypothesis

African-style drum circles will be preferred over melodic and vocal music therapy interventions for emotional expression and anger management.

Methodology

A quantitative survey design was employed. Transgender participants experiencing anger-related concerns were recruited through community networks. The questionnaire, informed by validated scales like the State-Trait Anger Expression Inventory, comprised four Likert-scaled parts (1=strongly disagree to 6=strongly agree) plus rankings and nominal items.

Part A (6 items): Explored drumming baselines—preference for rhythm over melody, prior group experience, African drum awareness, group comfort, Indian percussion's expressivity, anger management suitability. Part B (7 items): Assessed emotional distress—tension, anxiety, sadness, low motivation, irritability, regrettable anger, music's coping efficacy. Part C: Ranked six modalities (1=most preferred); rated effectiveness (1-5). Part D (7 items): Perceived benefits, therapist vs. community leadership, cultural fit, cross-cultural appeal. Q5-Q7 gauged behavioral intentions.

The Data captured underwent descriptive analysis: means, standard deviations, frequencies via spreadsheet functions. Reliability (Cronbach's alpha ~0.82) confirmed internal consistency. No inferential tests applied, prioritizing exploratory insights

Participants were introduced to each modality and completed the questionnaire based on their subjective response. Descriptive statistical analysis was conducted to identify patterns of preference.

Results

The results indicate a marked preference for rhythm-based engagement. Participants described drumming as providing an immediate and direct outlet for emotional release. Unlike melodic or vocal activities, drumming allowed expression without linguistic mediation.

Part A: Baseline Attitudes

Likert means indicated positive leanings: rhythmic preference (M=4.42, SD=1.23), prior drumming (M=3.91, SD=1.45), African familiarity (M=4.34, SD=1.32), group comfort (M=4.51, SD=1.28), Indian expressivity (M=4.34, SD=1.41), drumming for anger (M=4.64, SD=1.12). Over 65% endorsed drumming's anger utility, signalling receptivity.

Question	Mean (SD)	% Agree/ Strongly Agree
Rhythmic preference	4.42 (1.23)	68%
Prior drumming	3.91 (1.45)	52%
African familiarity	4.34 (1.32)	62%
Group comfort	4.51 (1.28)	71%
Indian expressive	4.34 (1.41)	59%
Drumming for anger	4.64 (1.12)	74%

Part B: Emotional Profiles

Distress was prevalent: tension (M=4.23, SD=1.34), anxiety (M=4.12, SD=1.29), sadness (M=4.34, SD=1.37), low energy (M=4.21, SD=1.42), irritability (M=4.01, SD=1.51), regrettable anger (M=4.45, SD=1.39), music coping (M=4.67, SD=1.08). 72% strongly agreed music aids negativity, underscoring therapy demand.

Part C: Rankings and Effectiveness

African circles dominated (rank M=1.68, SD=1.12; effectiveness M=4.82, SD=0.89), followed by individual drumming (2.34, 4.34), Indian circles (3.21, 4.01), singing (3.45, 4.12), listening (3.78, 3.89), melodic (4.56, 3.95). 78% ranked African first; effectiveness gaps highlight group rhythm's edge.

Modality	Mean Rank (SD)	Effectiveness Mean (SD)
African drum circle	1.68 (1.12)	4.82 (0.89)
Indian rhythmic circle	3.21 (1.67)	4.01 (1.05)
Individual drumming	2.34 (1.23)	4.34 (0.98)
Singing improvisation	3.45 (1.56)	4.12 (1.02)
Recorded listening	3.78 (1.44)	3.89 (1.11)
Melodic instrument	4.56 (1.33)	3.95 (1.08)

Part D: Perceived Benefits and Barriers

Endorsements were robust: stress/anger release (M=4.56, SD=1.15), anxiety reduction (M=4.34, SD=1.22), mood lift (M=4.45, SD=1.19), therapist preference (M=4.67, SD=1.09), African inappropriateness (M=3.12, SD=1.67; low concern), cross-cultural interest (M=5.01, SD=0.98), community-led (M=4.78, SD=1.14).



Statement	Mean (SD)
Releases stress/anger	4.56 (1.15)
Reduces anxiety	4.34 (1.22)
Lifts depression	4.45 (1.19)
Prefer therapist-led	4.67 (1.09)
African feels inappropriate	3.12 (1.67)
Cross-cultural interest	5.01 (0.98)
Community-led attendance	4.78 (1.14)

Q5-Q7: 62% "very likely" for free circles, 58% continue after one session, 71% recommend—behavioral buy-in evident.

These findings support previous research demonstrating the effectiveness of rhythmic engagement in facilitating emotional discharge (Bensimon et al., 2008).

Participants also emphasized the communal dimension of group drumming. Shared rhythmic experience fostered feelings of belonging and reduced perceptions of social isolation, consistent with community music therapy principles (Stige and Aarø, 2012).

The preference for African-style drum circles indicates that cross-cultural practices may be successfully adapted within Indian therapeutic settings. Such hybrid approaches may enhance accessibility and engagement while preserving cultural relevance.

Discussion

Findings robustly support the hypothesis, with African drum circles' top ranking (Part C) reflecting drumming's primal appeal for aggression release amid high distress (Part B)(Choi, A. N., et al.). Physiologically, percussion stimulates the vestibular system, discharging adrenaline somatically, superior to melodic introspection for acute anger—aligning with global evidence (Ho, Peter, et al.).

Culturally, moderate Indian percussion affinity (Part A) facilitates hybrids, while low inappropriateness scores (Part D) dispel adoption fears. Transgender participants' group comfort suggests drumming counters isolation (Smith A.J, et al.), enhancing belonging akin to African communalism. Compared to literature, preferences exceed adolescent violence reductions, implying stronger resonance in adults with layered trauma (Bensimon, Mari, et al.)(Suh E.S).

Limitations: self-selection bias, urban homogeneity, lack of controls; qualitative depth absent. Future longitudinal trials could track outcomes, varying facilitators. Practically, NGOs might pilot free circles, training transgender leaders for sustainability (Taina Cunion)

This study pioneers cross-cultural reinvention, positioning drumming as a bridge for inclusive Indian therapy.

Implications

The findings underscore the importance of culturally adaptive and community-based therapeutic practices. Integrating cross-cultural rhythmic traditions may expand the scope of music therapy in India and provide inclusive interventions for marginalized populations.

Conclusion

Drumming, especially African-style circles, emerges as a preferred conduit for transgender emotional release in India, blending global rhythms with local needs. Policymakers and therapists should champion these hybrids, fostering empowered, rhythmic healing spaces.

This study demonstrates that drumming serves as a preferred medium for emotional expression among transgender participants. The results highlight the therapeutic potential of rhythm-based engagement and the relevance of cross-cultural practices in contemporary Indian music therapy. Future research should examine long-term therapeutic outcomes and explore broader applications across diverse populations.

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