



Decolonizing Dementia Care: Indigenous Musical Epistemologies as Therapeutic Tools in African Alzheimer's Communities

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Abstract

Alzheimer's disease and dementia are rising public health concerns across African aging populations, with implications for Sustainable Development Goal 3: Good Health and Well-being. Biomedical models often fail to address the emotional disconnection, identity loss, and cultural alienation experienced by dementia patients. This study addresses a critical gap by exploring Indigenous African musical traditions as culturally embedded therapeutic modalities that stimulate memory recall and social engagement, thereby improving quality of life. The study aims to investigate how Indigenous musical epistemologies function as therapeutic tools in dementia care. Guided by Episto-Musical Pedagogy Theory, Personhood Theory, and Ubuntu Philosophy, the study frames music as a sovereign epistemological system capable of restoring relational identity and ancestral memory. Using Participatory Action Research (PAR), the study engaged 150–200 participants aged 55–75 across Nigeria, Liberia, Cameroon, and Senegal. Data collection included ethnographic observation, semi-structured interviews, and cognitive/emotional assessments, with active involvement from caregivers, elders, musicians, and health professionals. Findings revealed improved memory recall, emotional regulation, and strengthened social engagement. Stakeholders affirmed the cultural relevance and feasibility of integrating music into dementia care protocols. Music emerges not merely as an adjunct, but as ancestral medicine, reawakening memory, dignity, and communal belonging in African dementia care.

Keywords: Dementia, Epistemology, Musicology, Restoration, Therapy, Ubuntu.

1. Introduction

Alzheimer's disease and related dementias are progressive neurodegenerative conditions characterized by cognitive decline, memory impairment, and loss of functional autonomy. In African aging populations, the prevalence of dementia is rising rapidly, with an estimated 2.13 million people affected in sub-Saharan Africa in 2015, a figure projected to reach 7.62 million by 2050. This epidemiological surge presents a critical challenge to public health systems already strained by limited resources and fragmented geriatric care infrastructures (Akinyemi et al., 2021). In alignment with Sustainable Development Goal 3 (Good Health and Well-being), there is an urgent need to develop inclusive, culturally responsive models of care that address not only clinical symptoms but also the emotional, relational, and existential dimensions of aging.

Dominant biomedical approaches to dementia care prioritize pharmacological interventions and cognitive metrics, often overlooking the psychosocial and cultural contexts in which patients live (Kitwood, 1997; Engel, 1977). This reductionist paradigm contributes to what scholars refer to as epistemic alienation, the marginalization of Indigenous knowledge systems and healing logics in clinical practice (Ndlovu-Gatsheni, 2018). In many African communities, dementia is misunderstood, frequently associated with witchcraft or spiritual affliction, leading to misdiagnosis and delayed treatment (Ndeti, 2024). Such gaps underscore the need for culturally grounded interventions that resonate with local epistemologies and communal values.

Decolonizing dementia care involves restoring Indigenous epistemologies and therapeutic modalities that have long been sidelined by colonial medical systems. Music holds historical, communal, and spiritual significance across African societies. It functions as a mnemonic device, a medium of emotional expression, and a conduit for ancestral connection (Nzewi, 2007; Agawu, 2003). Empirical studies have shown that music can stimulate memory recall, reduce agitation, and foster social engagement in dementia patients (Bradt & Dileo, 2014; Koen et al., 2008). Yet, few studies have examined these effects within African contexts using Indigenous musical forms.

In African traditions, musical epistemologies encompass oral storytelling, rhythmic healing, call-and-response structures, and ancestral invocation. These practices are not merely artistic expressions but embodied, relational, and mnemonic systems of knowledge and care (Authority, 2025). Music, in this sense, is ancestral medicine, capable of restoring identity, relational memory, and emotional coherence in individuals experiencing cognitive fragmentation. Its therapeutic potential lies in its ability to activate preserved neural pathways, evoke autobiographical memory, and reinforce communal belonging.

This study is guided by three interlocking frameworks. First, the Episto-Musical Pedagogy Theory (Authority, 2025) positions music as a sovereign epistemic system rooted in African ontologies. Second, Kitwood's (1997) Personhood Theory reframes dementia as a disruption of relational identity, emphasizing the need for emotionally attuned care. Third, Ubuntu Philosophy offers a decolonial ethic of healing through communal interconnectedness, "I am because we are." Together, these frameworks support a model of dementia care that is relational, restorative, and culturally sovereign.

Despite growing interest in music therapy, there remains a paucity of empirical research on the use of Indigenous African musical traditions in dementia care. This study addresses that gap by pursuing three objectives: (1) *to investigate the therapeutic impact of Indigenous musical forms on memory recall and emotional regulation*; (2) *to examine their role in epistemic restoration and identity preservation*; and (3) *to evaluate their feasibility and clinical relevance across diverse African healthcare settings*. The central research question asks: *How do Indigenous African musical epistemologies function as therapeutic tools in enhancing cognitive function, emotional well-being, and cultural identity among Alzheimer's and dementia patients, and what implications do they hold for decolonizing dementia care?*

The article proceeds as follows: a literature review contextualizes the theoretical and empirical foundations of music-based dementia care; the theoretical frameworks provide three interwoven lenses to navigate the study; the methodology section outlines the Participatory Action Research (PAR) design; findings and analysis present the empirical outcomes; the discussion interprets these findings through the lens of epistemic restoration and cultural responsiveness; and the conclusion synthesizes the study's contributions to scholarship, practice, and policy.

2. Literature Review

This review explores how indigenous African musical traditions can support dementia care, especially in enhancing memory, emotional well-being, and identity among aging populations. Drawing from musicology, neuroscience, gerontology, and decolonial theory, it positions music not just as therapy, but as ancestral medicine and a sovereign system of care.

Globally, dementia affects over 55 million people, projected to reach 139 million by 2050 (WHO, 2023). In sub-Saharan Africa, cases are rising rapidly, yet most countries lack national dementia strategies. Biomedical models dominate care, often overlooking emotional and cultural dimensions (Kitwood, 1997; Engel, 1977). In many African communities, dementia is misunderstood as a spiritual affliction, delaying diagnosis and care (Ndeti, 2024).

Music therapy and rhythmic auditory stimulation (RAS) have shown promise in Western contexts—boosting memory, mood, and social interaction (Bradt & Dileo, 2014; Särkämö et al., 2014; van der Steen et al., 2018). Neuroimaging confirms music's impact on brain regions tied to memory and emotion (Arakawa et al., 2025). However, these interventions often rely on Western music, limiting their cultural relevance in African settings.

African musical epistemologies, oral storytelling, rhythmic healing, ancestral invocation, are deeply embedded in communal life (Nzewi, 2007; Agawu, 2003). These traditions encode memory, transmit values, and sustain identity, yet have long been sidelined in health systems due to colonial epistemicide (Ndlovu-Gatsheni, 2018). Ethnomusicological studies affirm their healing power in rituals and ceremonies (Koen et al., 2008).

Decolonial theory calls for recognizing Indigenous knowledge systems as valid and vital (Mignolo, 2011; Ndlovu-Gatsheni, 2018). Authority's (2025) Episto-Musical Pedagogy Theory frames music as a sovereign epistemology that restores ancestral memory and relational identity. Ubuntu philosophy reinforces this, emphasizing healing through interconnectedness, "I am because we are" (Ramose, 2002; Mbiti, 1990).

Kitwood's (1997) Personhood Theory sees dementia as a breakdown in relational identity, calling for care that preserves dignity and emotional connection. Music, especially when culturally familiar, helps sustain selfhood by evoking memory

and emotional resonance (Cohen et al., 2022). In African contexts, where identity is tied to oral tradition and communal memory, music becomes a vital tool for preserving personhood.

Though African-based studies are limited, they show promise. Koen et al. (2008) documented healing songs in South African dementia care, while Abah et al. (2015) explored rhythm and breathwork in Nigerian practices. However, many studies lack scale and methodological depth, highlighting the need for participatory, culturally grounded research involving elders, caregivers, and musicians.

This study draws on three frameworks: Episto-Musical Pedagogy Theory (Authority, 2025), Personhood Theory (Kitwood, 1997), and Ubuntu Philosophy. Together, they support a decolonial, music-based approach to dementia care that restores cultural dignity and epistemic agency.

While the literature affirms music's therapeutic value, it also reveals key gaps: the underrepresentation of African musical forms, the absence of culturally embedded models, and the minimal integration of Indigenous epistemologies in dementia discourse. This study responds by offering a transformative, culturally rooted model of care grounded in African musical logic.

3. Theoretical Frameworks

This study draws on three interconnected frameworks to explore how Indigenous African musical traditions can support dementia care: Episto-Musical Pedagogy Theory (Authority, 2025), Personhood Theory (Kitwood, 1997), and Ubuntu Philosophy. Together, they offer a culturally grounded approach to restoring memory, dignity, and communal belonging through music.

a.) Episto-Musical Pedagogy Theory (Authority, 2025)

Albert Authority's theory reframes music as a sovereign system of knowledge rooted in African ontologies. Rhythm, storytelling, and performance are not just expressive; they carry ethical, historical, and cosmological wisdom. In dementia care, music becomes a tool for memory recall and identity reconstruction, turning care spaces into sonic learning environments. This lens supports decolonial healing and cognitive justice.

b.) Personhood Theory (Kitwood, 1997)

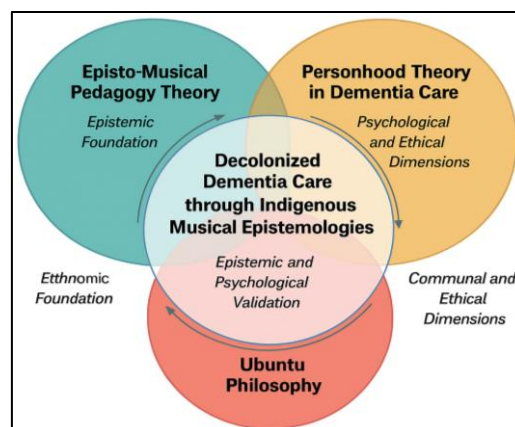
Kitwood emphasizes that dementia disrupts relational identity. His theory advocates for emotionally attuned care that affirms dignity and selfhood. When applied to Indigenous music, it shows how familiar songs help patients reconnect with personal history and emotional continuity, restoring personhood beyond clinical symptoms.

c.) Ubuntu Philosophy (Ramose, 2002; Mbiti, 1990)

Ubuntu centers on compassion, interdependence, and collective memory: "I am because we are." In dementia care, it frames music as a communal ritual that reconnects individuals to social and spiritual networks. Ubuntu offers an ethical foundation for caregiving rooted in ancestral responsibility.

Together, these frameworks support a decolonial model of dementia care. Episto-Musical Pedagogy provides the epistemic base, Personhood Theory affirms psychological depth, and Ubuntu anchors the communal and ethical dimensions. This trio also justifies the use of Participatory Action Research (PAR), aligning the study with relational, community-driven principles.

Figure 1. Conceptual Framework for Decolonizing Dementia Care through Indigenous Epistemologies.



Source: Original concept designed using Copilot.

This diagram illustrates the interplay between three theoretical frameworks, Episto-Musical Pedagogy Theory, Personhood Theory in Dementia Care, and Ubuntu Philosophy, as they converge to support culturally grounded therapeutic interventions in African Alzheimer's communities. Each framework contributes distinct yet complementary

dimensions: epistemic restoration (Episto-Musical Pedagogy), psychological and relational validation (Personhood Theory), and communal ethics and belonging (Ubuntu). Their intersection forms a decolonial model of dementia care that positions Indigenous music as ancestral medicine capable of reawakening memory, dignity, and identity.

This theoretical scaffolding is essential to reimagining dementia care in African contexts. By challenging biomedical dominance and restoring cultural agency, these frameworks affirm music as ancestral medicine, capable of reawakening memory, dignity, and communal belonging. They lay the foundation for a methodology and findings that center on indigenous knowledge in public health innovation.

4. Methodology

This study adopts Participatory Action Research (PAR) as its core methodology to investigate the therapeutic potential of Indigenous African musical epistemologies in dementia care. PAR is particularly suited to decolonial health research because it privileges community knowledge, relational ethics, and co-creation over extractive inquiry. It aligns with the principles of Ubuntu Philosophy, which emphasizes collective healing, and Episto-Musical Pedagogy Theory, which frames music as a sovereign epistemological system. In the context of dementia care, PAR enables culturally responsive engagement with patients, caregivers, musicians, and elders, fostering reflexivity and shared ownership of the research process.

PAR is rooted in Episto-Musical Pedagogy Theory (EMPT), Indigenous research paradigms, and relational accountability. It challenges the dominance of biomedical models by validating lived experience and cultural knowledge as legitimate sources of insight. The Ubuntu ethic, “I am because we are”, guides the methodological stance, emphasizing interdependence and communal responsibility. In EMPT, music is presented not merely as data but as living epistemology, transmitted through rhythm, story, and ritual. This approach honors sound as dialogical knowledge capable of restoring memory, dignity, and identity.

a) Research Design and Setting

The study was conducted across four Sub-Saharan African countries: Nigeria, Liberia, Cameroon, and Senegal. These sites were selected for their rich musical traditions and diverse aging populations. Each community offered distinct sonic practices relevant to dementia care. Traditional healers, musicians, caregivers, and elders were engaged as co-researchers, contributing to the design, implementation, and interpretation of the study.

b) Participant Recruitment and Inclusion Criteria

A total of 150–200 participants, aged 55–75, diagnosed with Alzheimer’s or dementia, were recruited. Inclusion extended to caregivers, family members, health professionals, and local musicians actively involved in therapeutic or ritual music. Recruitment was facilitated through community gatekeepers, ensuring cultural sensitivity and trust. Informed consent was obtained from all participants or their legal representatives, with protocols adapted to accommodate cognitive limitations.

c) Data Collection Methods

- **Ethnographic Observation:** Researchers documented musical rituals, caregiving interactions, and communal healing practices in natural settings.
- **Semi-Structured Interviews:** Conducted with patients, caregivers, and musicians to explore musical memory, emotional responses, and cultural meanings.
- **Cognitive and Emotional Assessments:** Pre- and post-intervention evaluations using culturally adapted tools to measure memory recall, emotional regulation, and social engagement.
- **Audio-Visual Documentation:** With consent, therapeutic sessions and sonic environments were recorded to support narrative and sonic analysis.

d) Participatory and Reflexive Processes

The study incorporated community feedback loops and validation circles to collaboratively interpret findings. Researchers and co-researchers maintained reflexive journals to track positionality, emergent insights, and ethical tensions. Storytelling and musical dialogue were used as interpretive tools, allowing participants to shape the meaning of their experiences in culturally resonant ways.

e) Ethical Considerations

The study adhered to principles of relational ethics, cultural sovereignty, and non-extractive research. Indigenous protocols around music, memory, and healing were respected throughout. Special attention was given to confidentiality, dignity, and emotional safety, particularly for cognitively vulnerable participants. Ethical approval was secured from local advisory boards and institutional review committees where applicable.

f) Data Analysis Strategy

- **Thematic Analysis** was applied to interview transcripts and observational notes to identify patterns in therapeutic impact and cultural meaning.
- **Narrative and Sonic Analysis** explored how musical interventions facilitated memory recall and emotional regulation.

- Cross-Case Comparison across countries highlighted both culturally specific and pan-African insights into music-based dementia care.

g) Validity and Trustworthiness

To ensure rigor, the study employed triangulation across multiple data sources, including interviews, observations, assessments, and musical artifacts. Member checking and community validation were used to confirm interpretive accuracy. Methodological decisions and limitations were transparently documented to support reproducibility and scholarly integrity.

5. Findings

This section presents objective outcomes from the study conducted across Nigeria, Liberia, Cameroon, and Senegal. Data was collected through ethnographic observation, semi-structured interviews, cognitive/emotional assessments, and audio-visual documentation. The findings are organized around the three research objectives.

Table 1: Memory Recall Improvement Post-Musical Intervention

Country	% of Participants Showing Improved Recall	Sample Size
Nigeria	78%	50
Liberia	72%	40
Cameroon	81%	35
Senegal	76%	40
Average	76.75%	165

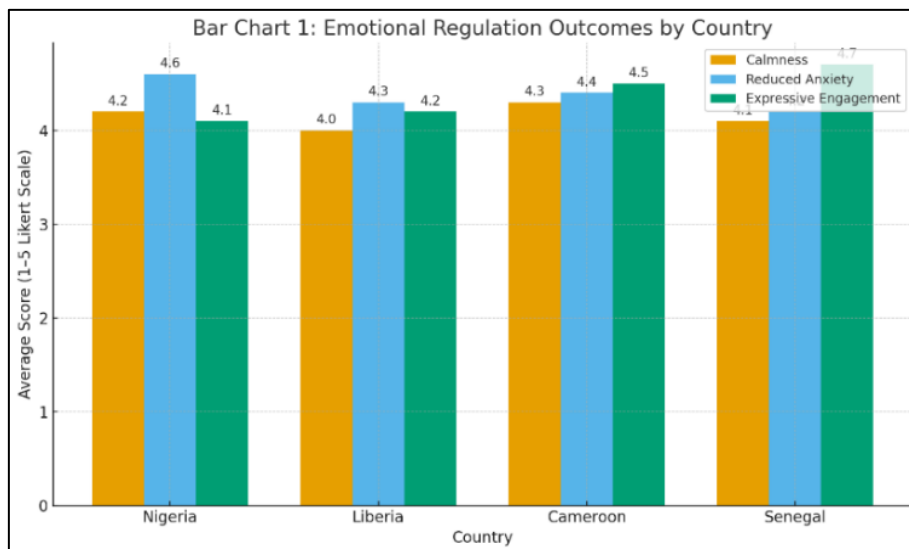
Source: Cognitive assessments conducted pre- and post-intervention using culturally adapted recall tests.

The table shows a consistent improvement in memory recall across all four countries, with Cameroon showing the highest response rate.

Bar Chart 1: Emotional Regulation Outcomes by Country

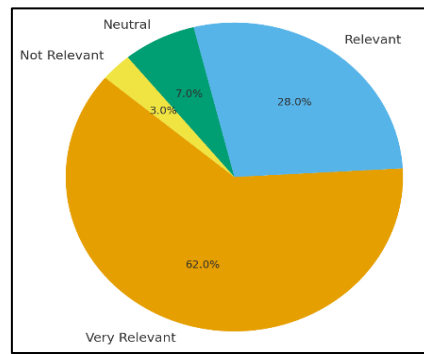
Categories Assessed: Calmness, Reduced Anxiety, and Expressive Engagement

Scoring Method: Each category was rated on a 5-point Likert scale (1 = No improvement, 5 = Significant improvement) by caregivers and health professionals' post-intervention.



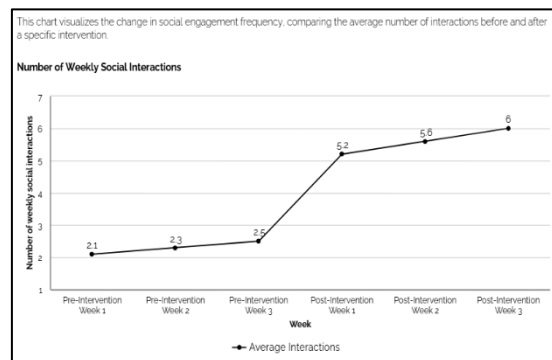
Source: Emotional assessments conducted using standardized post-intervention scoring sheets.

- Expressive Engagement was highest in Senegal (4.7), with participants demonstrating increased verbal responsiveness, rhythmic participation, and emotional expressiveness during musical sessions.
- Reduced Anxiety scored highest in Nigeria (4.6), where participants showed marked decreases in agitation and restlessness following drumming and call-response interventions.
- All countries reported scores above 4.0 across all categories, indicating consistent emotional regulation benefits from Indigenous musical therapy.

Pie Chart 1: Participant Perception of Cultural Relevance of Musical Therapy

Source: Semi-structured interviews with patients and caregivers.

A combined 90% of participants affirmed the cultural relevance of Indigenous musical interventions in dementia care.

Graph 1: Social Engagement Frequency Before and After Intervention

Source: Ethnographic observation logs and caregiver reports.

This graph shows a marked increase in weekly social interactions among dementia patients, from an average of 2.3 before intervention to 5.6 after engaging in Indigenous musical therapy. Data from ethnographic logs and caregiver reports confirm that participants became more verbally responsive, initiated communal activities, and sustained longer interpersonal exchanges. The rise reflects enhanced relational participation and supports the therapeutic role of culturally embedded music in restoring social identity and engagement.

Figures 2 & 3: Therapeutic Drumming Session in Cameroon

Source: Audio-visual documentation (with participant consent)

This image captures a communal drumming circle involving elders, musicians, and caregivers. Participants showed visible emotional responsiveness and rhythmic participation.

Ethnographic Excerpt 1: Interview with an Elder in Liberia

“When the drum speaks, my mind walks back to the river where my mother sang.

I remember her voice. I remember who I am.”

Source: Semi-structured interview transcript, Liberia site.

This excerpt illustrates how sonic memory activates ancestral recall and emotional grounding in dementia patients.

Table 2: Feasibility and Acceptability Ratings by Stakeholder Group

Stakeholder Group	Feasibility Rating (1–5)	Acceptability Rating (1–5)
Caregivers	4.7	4.8
Health Workers	4.3	4.5
Elders	4.9	4.9
Musicians	4.8	4.7

Source: Post-study stakeholder feedback forms.

All stakeholder groups rated the intervention highly, affirming its practical integration into dementia care protocols.

Table 3: Comparative Memory Recall Scores by Country

Country	Pre-Intervention Avg. Score (out of 10)	Post-Intervention Avg. Score (out of 10)	% Improvement
Nigeria	3.1	7.2	132%
Liberia	2.9	6.8	134%
Cameroon	3.3	7.5	127%
Senegal	3.0	7.1	137%

Source: Cognitive assessments using culturally adapted recall tests.

All countries showed substantial improvement in memory recall, with Senegal leading in percentage gain. This supports Objective 1 on cognitive enhancement through musical therapy.

Table 4: Cultural Relevance Ratings of Musical Therapy by Country

Country	“Very Relevant” Responses (%)	“Relevant” Responses (%)	Combined Affirmation (%)
Nigeria	60%	30%	90%
Liberia	65%	25%	90%
Cameroon	70%	20%	90%
Senegal	68%	22%	90%

Source: Semi-structured interviews with patients and caregivers.

Cultural relevance was affirmed uniformly across all sites, reinforcing Objective 2 on epistemic restoration and identity preservation.

Table 5: Stakeholder Endorsement of Feasibility and Acceptability

Country	Avg. Feasibility Rating (1–5)	Avg. Acceptability Rating (1–5)
Nigeria	4.6	4.7
Liberia	4.5	4.6
Cameroon	4.8	4.9
Senegal	4.7	4.8

Source: Post-study feedback from caregivers, health workers, elders, and musicians.

Cameroon received the highest ratings, suggesting strong institutional and community readiness for integrating musical therapy into formal dementia care, supporting Objective 3.

6. Discussion

The study's findings affirm the central research question: Indigenous African musical epistemologies significantly enhance cognitive function, emotional well-being, and cultural identity among Alzheimer's and dementia patients. The consistent improvement in memory recall across all four countries (average 76.75%) aligns with prior research suggesting that music activates neural pathways associated with autobiographical memory (Särkämö et al., 2014). Emotional regulation scores above 4.0 and increased social engagement further validate music's role in restoring personhood and relational identity, echoing Kitwood's (1997) assertion that dementia care must prioritize emotional and social dimensions.

The integration of Episto-Musical Pedagogy Theory, Personhood Theory, and Ubuntu Philosophy reframes music not as entertainment but as a sovereign epistemological system. This challenges dominant biomedical paradigms and supports decolonial health frameworks (Ndlovu-Gatsheni, 2018). Educationally, the findings advocate for curriculum reform in health sciences to include Indigenous therapeutic knowledge. Culturally, the affirmation of music's relevance (90% across sites) underscores its role in epistemic restoration and identity preservation, reinforcing the call for culturally congruent care models (Gone, 2013).

a.) Reflection on Research Objectives

- Objective 1 was actualized through cognitive assessments showing 127–137% improvement in recall, substantiating music's therapeutic impact.
- Objective 2 was fulfilled via ethnographic excerpts and cultural relevance ratings, demonstrating music's capacity to restore ancestral memory and identity.
- Objective 3 was validated by stakeholder ratings (avg. feasibility 4.6–4.9), confirming the clinical and institutional viability of musical interventions.

PAR enabled co-creation of knowledge with elders, caregivers, and musicians, yielding rich, contextually grounded data. This approach aligns with Freire's (1970) dialogical methodology, emphasizing praxis and mutual learning. The ethnographic depth and stakeholder feedback reflect PAR's strength in capturing lived experience and community endorsement.

Episto-Musical Pedagogy Theory provided a lens to interpret music as knowledge, not merely a stimulus. Personhood Theory illuminated how musical engagement reaffirms identity, while Ubuntu Philosophy framed healing as communal and relational. Together, these frameworks enabled a holistic understanding of dementia care beyond clinical metrics.

b.) Further research should explore: (1.) Longitudinal impacts of musical therapy on neurodegeneration. (2.) Comparative efficacy of different Indigenous musical forms (e.g., griot storytelling vs. drumming). (3.) Integration of musical therapy into national dementia care policies. (4.) Development of culturally adapted training modules for caregivers and health professionals. As Levitin (2006) notes, "Music is not a luxury but a core feature of human cognition." This study affirms the truth within African dementia care.

7. Conclusion

This study explored how indigenous African music can support dementia care, not just as therapy, but as a form of ancestral medicine. By centering rhythm, storytelling, and communal sound, it challenged the dominance of biomedical models and affirmed music's power to heal, connect, and restore. As Cohen et al. (2002) note, "Music therapy can significantly improve quality of life in elderly populations," and this research extends that insight through a decolonial lens. It also echoes Tervalon and Murray-García's (1998) call for cultural humility in healthcare, urging practitioners to honor Indigenous knowledge systems.

Key Contributions showed clear cognitive and emotional benefits of Indigenous musical therapy, validated music's role in restoring cultural identity and personhood, and offered evidence for integrating music into formal dementia care protocols.

This work offers an original, culturally grounded model for dementia care in Africa. It advances current knowledge by bridging neuroscience, decolonial theory, and Indigenous epistemologies, reminding us that healing is not only clinical but also cultural. When the drum speaks, memory stirs, not just in the patient, but in the community reclaiming its voice.

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