

## ABSTRACT

Title of Thesis: RESEARCH ON MUSIC AND HEALING IN  
ETHNOMUSICOLOGY AND MUSIC  
THERAPY

May May Chiang, Master of Arts, 2008

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This thesis examines current developments in the research and discourse on music and healing. Ethnomusicology has involved extensive work on documenting traditional music and healing traditions; however, ethnomusicologists have neglected to contribute their knowledge and effort to healthcare-oriented research. Music therapy, on the other hand, has been focusing on the benefit of the patient, but rarely relates its practices to traditional music and healing traditions or non-Western music. Despite the recent establishment of the Medical Ethnomusicology Special Interest Group in the Society for Ethnomusicology and increasing awareness of world music and cultural diversity in music therapy, scholars in the two fields have not yet collaborated with each other extensively. The motivations for this thesis are: to review previous developments in research on music and healing, to find out the

reasons for the changes in the research trends of the past decade, and to see possible research directions in the future.

RESEARCH ON MUSIC AND HEALING IN ETHNOMUSICOLOGY AND  
MUSIC THERAPY

By

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## INTRODUCTION

This thesis is an interdisciplinary study that examines the research and discourse on music and healing.<sup>1</sup> My research focuses on the disciplines of ethnomusicology and music therapy because they are the two fields among other disciplines concerned with healing that deal with music directly.<sup>2</sup>

Ethnomusicologists have been extensively involved with traditional music and music that is associated with healing is often part of the repertory.<sup>3</sup> However, despite their association with healing music, ethnomusicologists have rarely contributed their knowledge and research to healthcare-oriented research. Music therapists, on the other hand, have been focusing on the pragmatic use of music for the benefit of the patient, but rarely relate their healing practices to shamanic healing or other indigenous healing methods that are associated with music. Despite the recent establishment of medical ethnomusicology in ethnomusicology and the recent increasing awareness of non-Western music and cultural diversity in Music Therapy, the two fields have not yet collaborated with each other extensively. The following paragraphs will survey some of the literature in ethnomusicology and music therapy

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<sup>1</sup>The term “healing” is treated as similar to “curing,” “medicinal” and “therapeutic” in this study. Therefore, healing music is treated as similar to curing music, medicinal music, or therapeutic music that is used inside or outside the discipline of music therapy. Since healing can be divided into mental and physical healing, the use of “healing” here is intended to cover both aspects, although most issues on music and healing that are discussed here are associated with mental healing.

<sup>2</sup> The term “music therapy” as used throughout this study refers specifically to the discipline of music therapy; it is not meant to include any other therapeutic music or process that exists outside the discipline.

<sup>3</sup> The terms “indigenous” and “traditional” are used somewhat interchangeably by most scholars and informants in ethnomusic therapy and medical ethnomusicology. In this thesis, I have chosen to use “traditional” to refer to healing traditions that are outside the context of Western music therapy in the broadest sense. Therefore, “traditional music” is used to indicate non-Western music.

in order to sketch out a picture of the research on traditional music and healing in both disciplines, and the structure of the thesis will also be outlined later in this introduction.

Music and its powers and its various functions have been widely discussed in many discourses and texts. Each individual has his or her own unique approaches to music, as Leslie Bunt writes in a summary of the range of music making:

What are the connections between us and music? The answers include: the pleasure gained from listening; the warmth and friendship from being part of a group making music; the stimulus and satisfaction from regular practice and rehearsal; the intellectual delight from exploring the intricacies of musical forms and structures; the physical energy released within us by both playing and listening to music, inspiring us often to move and dance (Bunt 1994: 1).

Music in this case has different functions and meanings to different people. One of the many functions of music is music as medicine and therapy. Music therapy as a discipline in the United States and elsewhere is probably the best known profession or specialized area that integrates music into medicine and health care. Music therapy is an outgrowth of the demand during and after the two World Wars, primarily as a result of dealing with the needs of the distraught and wounded survivors (see Gioia 2006: 133). The first program for a degree in music therapy was initiated in Michigan State in 1944, and the National Association for Music Therapy was founded in 1950. However, as most people are aware, the association of music and medicine has a history that is longer than half a century. Some have traced the association of music and medicine in antiquity to the Greeks and Romans, and some have even traced it to the pre-classical civilizations of Mesopotamia or Egypt (see Horden 2000). According to Moreno, the prehistoric rock paintings that were found in the Chauvet cave in Chauvet, Southern France, were identified by anthropologists as human

dancing figures (with masks) in some sort of ritual events. Those rock paintings indicate that over thirty thousand years ago, humans might have already been associated with the spiritual world and danced and used music in ritual healing ceremonies (interview with Moreno, January 16, 2008).

Although music therapy is not called “Western Music Therapy” or “Classical Music Therapy,” Western classical music is the dominant musical style that most music therapists initially practiced and currently practice. Not much attention has been given to the link between traditional non-Western musical healing and Western music therapy practices. For example, the article on “Music Therapy” in the *New Grove Dictionary of Music and Musicians* does not account for any of the connections between Western music therapy and traditional musical healing ceremonies, although in the last section of “Historical Perspectives,” the author, Leslie Bunt, briefly mentions Moreno’s explorations of links between contemporary music therapy and “those ancient healing traditions” (Bunt 2007: 8). In my survey on some major music therapy journals such as *Journal of Music Therapy*, *Music Therapy Matters*, *The Arts in Psychotherapy*, and *Music Therapy Perspectives*, I found very few articles that show interest in world music and traditional music and healing. Additionally, John Janzen recently surveyed dissertations published in the field of music therapy over a ten-year period and found that not one was devoted to African musical healing practices (see Gioia 2006: 125). Furthermore, Gioia’s survey of the massive compilation of the most outstanding works in the *Journal of Music Therapy* in its first thirty years of publication found that the topic of traditional healing was

completely ignored in over fifty articles filling close to nine hundred pages of text (Ibid.).

However, although the change is not yet substantial, awareness of non-Western music and traditional musical healing sound has increased in the discipline of music therapy over the last two decades. Music therapists Joseph Moreno, Barbara Wheeler, Michael Rohrbacher, and others have been interested in non-western music, and more and more papers presented in Music Therapy conferences promote multiculturalism in the practices of the discipline.<sup>4</sup> Perhaps part of this change came from ethnomusicology, because as in *Music: Catalyst for Healing*, music therapist Robert L. Tustler expressed his gratefulness to the Ethnomusicology program and world music performances at the University of California at Los Angeles, which changed the way he thinks of music (Tustler 1991: 13). Other reasons or influences might include globalization, cosmopolitanism, post-modernization, and hybridization, which have facilitated musical and cultural exchange. Nowadays, it is very common to mix different cultural elements and musical styles in a single composition or musical genre, and fusion music has been very popular and widely accepted. Since the younger generations have access to all kinds of music, newer popular music often replaces older popular music quickly, and each individual has distinct tastes and preferences, so music therapists need to be flexible and keep up with the current musical fashion when working with the younger generation in music therapy sessions. As music that is familiar to patients/clients is often used in music therapy and the patients' previous association with the music have proved to be efficient in

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<sup>4</sup> As shown in the program books of American Music Therapy Association conferences for the past 3 years (2005-2007).

facilitating the healing session (a more in-depth discussion on music in music therapy will be included in chapter 2), knowledge and training in non-Western music that provide multicultural perspectives will undoubtedly help the music therapist to negotiate with the current musical environment.

Although the status of traditional music and healing seem to be marginalized by music therapists, their popularity in ethnomusicology does not seem to be significantly greater. Since ritual and healing ceremonies are an essential part of life to people in many traditional groups and cultures, some accounts on music and healing are included as parts of many ethnographies such as *Peyote Music* (1964) by David McAllester and *Ethnomusicology of the Flathead Indians* (1967) by Alan Merriam. As Koen also mentions, “In ethnomusicology, music and healing is usually discussed in terms of healing ritual and ceremonies that involve music” (Koen 2003: 19). No comment on the research on music and healing is given in the “urtext” literature in ethnomusicology such as Bruno Nettl’s *Theory and Method in Ethnomusicology* and *The Study of Ethnomusicology: Thirty-one Issues and Concepts* (1983, 2005), or in Helen Myer’s *Ethnomusicology: An Introduction* (1992).<sup>5</sup> In major ethnomusicology journals, only a few articles have been published that deal with issues related to music and healing. These are “Music as Therapy: A Bio-Cultural Problem” (1974) by Carol E. Robertson-DeCarbo, “Song in Piman Curing” (1978) by Donald M. Bahr and J. Richard Haefer, “Medical Ethnomusicology in the Pamir mountains: Music and prayer in healing” (2005) by Benjamin Koen in *Ethnomusicology*, “Therapeutic Efficacy of Music-Making: Neglected Aspect of

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<sup>5</sup> Although Nettl briefly described music therapy as a practical application of a symbolic system (1983: 210, 2005: 317, and mentioned in Rohrbacher 1993:4).

Human Experience Integral to Performance Process” (2002) by Diane Thram in the *Yearbook for Traditional Music*, Tore Tvarnø Lind’s “Meaning, Power and Exoticism in Medicinal Music: A Case Study of MusiCure in Denmark” (2007) in *Ethnomusicology Forum*,<sup>6</sup> and twelve articles in *The World of Music* (1997, v.39, no.1 and 2000, v.42, no.2) that will be discussed later in this introduction. Articles that show interests in shamanism, ritual healing, and trance are often focused on the procedures and contents of the ceremonies, the social roles and functions, and theoretical issues, rather than medical interests. For example, such articles include “Music, Spirit Possession and the In-Between: Ethnomusicological Inquiry and the Challenge of Trance” (2007) by Richard C. Jankowsky in *Ethnomusicology Forum* and Mikyung Park’s article about Korean shamans’ *Ssikkim-kut* (cleansing rituals) in *Ethnomusicology* (2003). Park’s study focuses on recent developments and preservation after the rituals were designated as intangible cultural property no. 72 in Korea. This study gives accounts of the context and setting of the ceremonies, the negative effects and alterations of the ceremonies’ performances on stage, and examinations on the present form of the vanishing art. However, therapeutic efficacy is not one of the agendas of the article.

In *The Garland Encyclopedia of World Music*, although the word “healing” is mentioned here and there, the only four articles that focus on healing or therapy are “Music, Trance, and Therapy in Baluchistan” by Jean During in the Middle East volume, “Tumbuka Healing” by Steven Friedson in the Africa volume, “Music and Trance” by David Roche in the South Asia volume, and “The Indigenous Peoples (Orang Asli) of the Malay Peninsula” by Marina Roseman in the Southeast Asia

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<sup>6</sup> Formerly known as the *British Journal of Ethnomusicology*.

volume. As Janzen explains, articles in *The Garland Encyclopedia of World Music*, as well as other works, “deal with music and healing in the context of trance or so-called spirit possession [instead of the healing effect of music]” (Janzen 2000: 47-8). Surprisingly, there is no article about music in music therapy in any of the European and North America volumes even though music therapy as a discipline has been widely practiced in these continents. Although music therapy became established partly because of the demands of soldiers after World War II (see Gioia 2006: 133), and music and war has been a popular discourse in ethnomusicology recently due to the United States’ war in Iraq, nevertheless, popular music, rock music, and film music, although important genres as well, are given more significance than traditional music in music therapy or music and healing.

While special issues on specific subjects such as “Latin American” and “Music and Politics” are published in the journal *Ethnomusicology*, none of these issues has been devoted to the subject of music and healing. Nonetheless, *The World of Music* has published an issue (1997) that is devoted exclusively to the subject of music and healing, under the title “Music and Healing in Transcultural Perspectives.” Six articles and the editor’s introduction are included. These articles cover geographic areas such as Brazil, Northern Peru, North India, Japan, and Israel, along with an article on the understanding of music therapy. More articles that are also related to music and healing were later published in the same journal in 2000, under the title of “Spirit Practice in a Global Ecumene,” with a focus on trance and spirit possession.

Similarly, there are not many books published that are devoted to the subject of music and healing. According to Penelope Gouk, *Music and Medicine* (1948), edited by Schullian and Schoen, is the earliest collections of articles devoted to the subject. In the 1990s, after a long break in this scholarship, monographs and edited volumes finally started to appear. Marina Roseman's book *Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine* (1991) is an ethnomusicological study that concentrates on music and healing among the Temiar in Malaysia. Roseman then collaborated with Carol Laderman in editing *The Performance of Healing* (1996). Steven Friedson published *Dancing Prophets: Musical Experience in Tumbuka Healing* in the same year (1996). In 2000, Gouk edited *Musical Healing in Cultural Contexts*, a book that included eight articles that cover geographical areas such as Africa, the Middle East, Bolivia, and Europe. Horden published *Music as Medicine* in 2000 as well. In the volumes edited by Gouk, Horden, Laderman, and Roseman, the articles are contributed by scholars who are not necessarily ethnomusicologists or music therapists, but rather musicologists, historians, historians of medicine, anthropologists, music educators, and independent scholars. June Boyce-Tillman's book *Constructing Musical Healing* (2000) has also given an account of music and healing, including various aspects and perspectives. Finally, *Singing for Life: HIV/AIDS and Music in Uganda* (2006) by Gregory Barz and *Healing Songs* by Ted Gioia are the most recent publications that fit in the scope of *medical ethnomusicology*; and Barz's book will be discussed later in chapter 3.

My research was initially inspired by Marina Roseman's book, *Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine* (1991). While

researching about Malaysian music in the library at University of Maryland, I came across Roseman's book, one of the few ethnomusicological studies of music in Malaysia among the scant literature on Malaysian music. Despite the unattractive cover of the book, I was drawn to the title, which reminds me of my nostalgic feeling for my homeland. I was very impressed by her medical approach and close examination of the musical healing tradition of the Temiar, which is a very different ethnomusicological study from what I so far had encountered in my education in ethnomusicology. The Temiar study strikes me tremendously because it reminds me of the forgotten yet intimate relationships between human and nature. As a modern young person, I have become curious about the efficacy of traditional music and healing (which I assume has to do with the cultural context and the relationships or associations with the natural environment) and the healing power of music in general. As I become interested in the subject, I am amazed by the scarce literature in ethnomusicology that is dedicated to music and healing. While I was hoping to find more information about traditional music and healing, I turned to music therapy and came to realize that most music therapists do not deal with traditional music and healing, and that only a few of them are interested in traditional and non-Western music. Furthermore, by looking at the articles and books mentioned above, I find that the majority of publications on music and healing are relatively recent; awareness of and involvement with world music and traditional music were not generated until the last two decades. Why have music therapists and ethnomusicologists historically paid so little attention to traditional music and healing? Why do people from other disciplines, such as historians of medicine and medical anthropologists, seem to have

been more involved in this topic than music therapists and ethnomusicologists? What happened in the last two decades that facilitates the awareness of connecting traditional music and healing and world music with the practices of western music therapy? What will be the directions of the scholarship on music and healing in the future? How are these developments going to change the disciplines of music therapy, ethnomusicology, and other health care professions? It is my eagerness to answer these questions that has motivated this research.

My research draws on literature from ethnomusicology, music therapy, medical anthropology, musicology, psychotherapy, psychology, etc. My fieldwork has involved visiting the American Music Therapy Association (AMTA), observing music therapy session (drum circle), attending paper and discussion panels on medical ethnomusicology and applied ethnomusicology at the annual conference of the Society for Ethnomusicology in Columbus Ohio (2007), and several in-person and phone interviews, including two meetings with Dianne Wawrzusin (music therapist and administrator of AMTA), an in-person interview with Heather Davidson (music therapist), phone interviews with Joseph Moreno (music therapist) and Benjamin Koen (ethnomusicologist), and discussions with others who have requested to remain anonymous. Although I have drawn on published literature and materials, my findings are largely based on my communications with the clinicians and scholars mentioned above. Through my personal communication with them, I was given the opportunity to gain insights on aspects and issues that are rarely published and often neglected. It is also significant that my communications with them relate to the most current issues pertinent to music and healing that are not found in published materials.

The thesis is divided into two parts. The first part contains an introduction and a literature review. I will discuss literature that marks different stages of the development of the discourse on music and healing, and examine the purposes and perspectives of this literature. The second part is the analysis of my research and the conclusion. I will first compare my ethnographic research on Western music therapy and indigenous music and healing, and then I will analyze in detail the findings and discoveries obtained from my interviews and communications with professional music therapists, ethnomusicologists, and colleagues who are also interested in this subject. Finally, I will attempt to answer the questions that I have proposed earlier in this introduction, and comment on recent developments in the scholarship on music and healing in general.

This thesis is not meant to be a comprehensive study of ethnomusicology and music therapy as disciplines. Literature that is devoted to music and healing will be discussed, but not in extensive detail. The two purposes of this research are to outline the historical and recent development of the subject and the discourse on “music and healing” in ethnomusicology, and to examine the connections between western music therapy and traditional music and healing. This study also hopes to make connections between the two disciplines, music therapy and ethnomusicology. Lastly, this study promotes research on music and healing and hopes to provide research directions for researchers who are interested in the subject.

## CHAPTER 1: MUSIC AND HEALING IN SCHOLARSHIP BEFORE MEDICAL ETHNOMUSICOLOGY

As mentioned earlier in the introduction, scholarship and discourses on music and healing can be traced back to early ethnographic studies that include music in an account of ritual and healing ceremonies of particular cultures at the end of the nineteenth century, or even to the myths of the Greeks and Romans (see Meinecke 1948), and some have also traced it to the pre-classical civilizations of Mesopotamia or Egypt (see Horden 2000), or even thirty thousand years ago (as mentioned in the introduction, according to Moreno). Therefore, there is a long history of writing about the association between music and healing, and the subject covers a very vast and rich variety of issues. The ethnographic study of music and healing most often focuses on traditional ritual healing, which often involves trance and possession. Many researchers have taken different approaches to the subject of music and healing: some have focused on music and trance, some have focused on the performance of musical healing or ritual, and others have focused on music and medicine. In this chapter, I discuss literature closely related to the subject that was published before the term “medical ethnomusicology” was coined in the early twenty-first century. Literature published after medical ethnomusicology was established will be discussed in chapter 3.

According to Benjamin Koen, Frances Densmore's works on the American Indians such as *Teton Sioux Music* (1918) and her fieldwork with the American Indians in general are perhaps the earliest ethnomusicological research where the subject of music and healing was considered to any significant degree (Koen 2003: 35). The massive movement to collect Native American music that was sponsored by the Bureau of American Ethnology was motivated by a fear that Native cultures were vanishing. Frances Densmore, who worked for the Bureau of American Ethnology, had participated in recording Native Americans' songs that included ritual and healing songs. Although Densmore had included her input about music and healing in many of her ethnographies on the Native Americans, she also contributed a chapter to *Music and Medicine*, a volume edited by Dorothy M. Schullian and Max Schone in 1948 that was believed to be the first collection of essays that gave accounts of music and healing in English (see Gouk 2000: 3). This multi-author volume consists of sixteen essays by scholars and practitioners from medicine, anthropology, ethnomusicology, history of medicine, musicology, occupational therapy, music therapy, psychology, and medical librarianship. Although the book employs offensive terms, and displays ethnocentric and elitist assumptions, bias, and some theoretical problems, it is extremely important for what it represents both intellectually and institutionally (Ibid.).

“The Use of Music in the Treatment of the Sick by American Indians” in *Music and Medicine* (1948) is one of the articles by Densmore that focuses directly on music and healing. Densmore describes Westerners' attitude toward Native Americans' music historically, and their reluctance to regard music as an important

phase of Indian culture worthy of their consideration (Densmore 1948: 26).

Densmore also reviews works by Rev. Clay MacCauley on the Seminoles (1880-81), Dr. Washington Matthews on Navajo healing ceremonies (1884), James Monney's collection of Cherokee healing songs (1887-88), Dr. W. J. Hoffman on the Chippewa of Minnesota, and so forth. Those works give accounts of the use of music in healing and on beliefs of Native Americans such as "disease and death are not natural, but are due to the evil influence of animal spirits, ghosts or witches" (Ibid.: 28). Densmore also presents her own study and collection of Chippewa healing songs. She describes how one receives healing songs, how one seeks help from a healer for a particular illness, and some characteristics of healing songs. Her study shows the close relation between music and medicine, and the deep faith of the Native Americans in the healing powers of music (see Ibid.: 45).

Another article that is included in *Music and Medicine* is "Music and Medicine Among Primitive Peoples" by Paul Radin. He heavily criticizes the early Western ethnologists who looked at medicine and music in indigenous cultures through the Western lens and their "own strictly idealistic approach" which was unfortunately and unhesitatingly accepted by others. Those approaches created many problems such as distorting our picture of aboriginal society and eliminate the true understandings of the history of primitive medicine (Radin 1948: 5-7). Radin presents some theories and methods in the study of music and medicine in "primitive" cultures. For example, he states that "both fields have adhesions and associations recognized by the peoples themselves as fundamental and relevant, but regarded by us as secondary and largely adventitious" (Ibid.: 3) and "to understand at what point

the use of music becomes, even if only secondarily, an integral part of the curing procedure, it is necessary to understand what concepts primitive peoples hold as to the nature of disease, its causation, and the manner of its cure” (Ibid.: 5).

Nonetheless, despite the fact that music is always present in healing, Radin regards its actual connection with curing to be minimal except where psychotherapy is of fundamental importance. Elsewhere, he seems to acknowledge that music plays a significant role in healing, and he treats it as a symbol of the priest-practitioner’s power, particularly with regard to his control of spirits and deities (Ibid.: 22-23).

Carol Robertson-DeCarbo’s article “Music as Therapy: A Bio-Cultural Problem” (1974) is probably the earliest effort encouraging ethnomusicologists to invest more interest in music therapy and the healing power of music generally, and it also makes connections between music therapy, psychiatry, ethnomusicology and anthropology. She suggests that we choose the following criteria in order to relate music as therapy to ethnomusicology:

- (a) Culture as the provider of [a] series (or sets) of communications
- (b) A system of neurological mediating schemata through which the individual selects appropriate behavioral patterns condoned by his society.
- (c) Culture as the provider of an “environment” or context for mental illness.
- (d) Culture as therapy through possible re-association and re-ordering of communication sets.
- (e) Methods (in this case, music) by which a series of communications can be restated for the reinforcement of the behavioral values set by the social context (Robertson-DeCarbo 1974:36).

She presents Devereux’s work with the Plains Indians (1951), Bryce Boyer’s work with the Apache of the Mescalero Indian Reservation (1964), Raymond Prince’s example in “Indigenous Yoruba Psychiatry” (1964), and Ari Kiev’s work in folk psychiatry, and shows how the shamans or healers use different approaches that are

close to western music therapy in psychotherapeutic healing (see Robertson-DeCarbo 1974: 39). She mentions music therapists and non-Western curing specialists who have attempted to bring about changes in behavior through music, and also music therapists, medical anthropologists, and folklorists who have used music as a stimulus as well as a way to study music behavior, psychotherapy, and folk psychiatry. Nonetheless, during fieldwork ethnomusicologists at that time seldom delved into the process by which music becomes effective in healing although they often note that music is used as a means of therapy in healing. Robertson thinks the primary obstacle in that type of study is that, at that point in time, ethnomusicologists knew practically nothing about how music is internalized (see *Ibid.*: 40).

In 1978, Donald M. Bahr and J. Richard Haefer collaborated on a study about Piman (Native American) curing songs, a study which presents a set of selected curing songs from an actual cure for a nine-year old girl. Their study was not motivated by curiosity about the healing effect of the songs but by the textures of the songs themselves. Their study is based on the tape recording and assisted by a musicologist. They focus on the song classification, the role of those songs in native curing theory, restrictions on the use of songs, transcription and analysis of the melody and rhythm, text with translation, textual meaning, and musical form. But since the Piman do not like the native songs to be circulated outside of native control, the study did not include full melodic transcriptions of each song and asked the reader not to sing the songs. Bahr and Haefer view the cure as psychotherapy by stressing the relation between the songs and the patient's cognition. They summarize the curing effects of the Piman songs as follows:

Their long range effect is to initiate the patient into a lasting relation with the “way” of the “dangerous object” [single quotations in original] a process analogous to depth psychology’s emphasis on making the patient aware of hitherto unknown influences on his behavior. The long range goal in both instances is not to rid the patient of a sickness in the sense of making him “as good as new again” but to make him a different person from what he was. The most apparent difference here is the addition to his knowledge by means of song text (Bahr and Haefer 1978: 120).

*Music and Trance* (1985) by Gilbert Rouget is a groundbreaking work that includes a wealth of information about human associations with music and trance in many different cultural contexts. Since the relationships between music and trance are extremely complex, Rouget has attempted to answer the crucial role of music in trance, and he clearly distinguishes trance from other related subjects such as ecstasy, examines various types of trance, and provides numerous examples of the association of music and trance in Sub-Saharan Africa, Afro-America, Southeast Asia, Greeks, and Western operas. He divides the various types of trance into two principal kinds, first, emotional, communal, and shamanic trances, and second, possession trance. His study has been influential and cited by many ethnomusicologists who are interested in religious music, ritual healing, medical ethnomusicology, as well as by scholars outside ethnomusicology, such as music therapists, because the many cases that are presented in the book show similarities to and relationships with the practices of music therapy. Judith Becker’s *Deep Listeners* (2004), which will be discussed in chapter 3, is influenced by this book. However, Becker takes her study a step further and adds theories from the neurosciences and psychology to enhance her conceptualization of trance.

Marina Roseman's study of healing sound in the rainforest of Malaysia (1991) is considered to be one of the pioneering medical ethnomusicological works. She "is among the first to combine the conceptual framework of medical anthropology with ethnomusicology to specifically research music in the context of traditional healing" (Koen 2003: 50). Roseman's study is about the Temiar, an egalitarian aboriginal community that is based in the Central rainforest of the Malaysia Peninsula. Through a period of twenty months of fieldwork, Roseman observed and documented the daily life and healing songs of the Temiar. Healing songs are the most important part of Temiar music heritage and repertoire despite the fact that the Temiar also listen to some Malay and Indian popular songs. When trying to understand what impact the healing songs have for the Temiar, she carefully articulates the concepts and connections between the musical and medical domains. Roseman describes the performance of healing by the Temiar, along with the social, cultural, historical, and cosmological aspects of the music, in addition to the local etiology of illness. She also portrays the intimate relationship between the Temiar and their living environment both literally and metaphorically. For example, "in Temiar etiology, illness often results when a person's detached head soul gets lost or waylaid; treatment then involves singing a 'way,' finding the head soul, and leading it back home" (Roseman 1991: 8). Because healing songs in Temiar are called "path" or "way" and other causes or mistakes that result in illness are called "losing the path," Roseman creatively integrates the Temiar terminology and metaphors into her own descriptions. Roseman's study not only contributes to anthropology and

ethnomusicology, but also to traditional medicine and biomedicine. It serves as an important model for later medical ethnomusicologists.

As a music therapist who promotes multiculturalism and interaction between ethnomusicology and music therapy, Joseph Moreno has been one of the few “ethnomusicological” voices in music therapy since the 1970s. He has published numerous articles about integrating shamanic and multicultural approaches into music therapy, and has presented many papers in conferences including the annual conference of The Society for Ethnomusicology (SEM). Some of his works are “The Music Therapist: Creative Arts Therapist and Contemporary Shaman” (1988), “Shamanism and Music Therapy: Ancient Healing Techniques and Modern Practice” (1989), “Ethnomusic Therapy: An Interdisciplinary Approach to Music and Healing” (1995), and so forth. Some of his presentations in conferences are “Directions for Future Cooperative Interaction Between Music Therapy and Ethnomusicology” (1979 in SEMSW),<sup>7</sup> “Music Therapy and Ethnomusicology: A World Music Perspective” (1979 in NAMT),<sup>8</sup> “Holistic World Traditions of Music and Healing and the Native American Legacy” with ethnomusicologist Richard Haefer and Navajo medicine man Andy Natonabah (1984 in NAMT), “Music Therapy and Ethnomusicology: An interdisciplinary Approach to Music and Healing” (1989 in SEM), “Music Therapy and the World Traditions of Music and Healing: A Multi-Cultural Perspective” (AMTA),<sup>9</sup> and many others.

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<sup>7</sup> The Southwestern Regional Conference of the Society for Ethnomusicology.

<sup>8</sup> National Association for Music Therapy, which is the former name of the American Music Therapy Association (AMTA).

<sup>9</sup> American Music Therapy Association.

Although there are other music therapists such as Barbara Crowe, Thomas Winn, and Lori Sunshine with whom Moreno has collaborated and who are also interested in traditional music and healing, Moreno seems to be the only one who has been enthusiastic in making connections with ethnomusicology and in integrating traditional healing techniques into music therapy. However, although much of his work is closely related to ethnomusicology, Moreno's effort was not noticed by most ethnomusicologists, although he was the first Western-trained music therapist who served as a panelist at the annual meeting of the Society for Ethnomusicology, and he also presented a paper in an SEM chapter conference. Perhaps the reason is that Moreno's articles are published in journals like *Music Therapy*, *The Arts in Psychotherapy*, and *Music Therapy Perspectives*, while none of his articles has been published in journals such as *Ethnomusicology* or *The World of Music*. Moreno's works are based on his medical interest in traditional music and healing. As he mentions, "For too long, outside the field of medical anthropology, traditional music and healing practices have been viewed as primarily of musical and anthropological rather than medical interest" (Moreno 1995: 336). Moreno's intentions are manifested throughout his works. His pioneer thinking about applying techniques of traditional music and healing to the practice of music therapy later led to his proposal for "Ethnomusic Therapy," a new field to be established which deserves ethnomusicologists' attention. A more lengthy discussion of his proposal will be discussed in chapter 3.

Michael Rohrbacher's doctoral dissertation "The Ethnomusicology of Music Therapy" (1993) is another work that makes the connections between

ethnomusicology and music therapy. His dissertation is a “historical, descriptive, and analytical study of music therapy from the perspective of ethnomusicology” (Rohbacher 1993: 1). He documented and analyzed the practice of music therapy in a case study at a residential institution for persons with developmental disabilities by using ethnomusicological research techniques such as ethnographic and historical analysis, fieldwork, field notes, and participant-observation. One of the significances of his study is that it “represents the opportunity to apply ethnomusicological research methods to a kind of musical expression that has up to now [as of 1993] received insufficient attention from ethnomusicologists” (Ibid.: 14).

Steven Friedson’s *Dancing Prophets: Musical Experience in Tumbuka Healing* (1996) is a study about a ritual healing tradition of the Tumbuka-speaking people of northern Malawi. The Tumbuka healing ceremony involves dancing *vimbuza* all night.<sup>10</sup> We can understand the meanings of *vimbuza* as follow:

As spirit, *vimbuza* is the numinous energy of foreign peoples and wild animals; as illness, it is both a spirit affliction and an initiatory sickness; as musical experience, it is a mode of trance. For patients possessed by *vimbuza* spirits, trance dancing is a cooling therapy; for adepts, it is the means for transforming a disease into a vocation; and for healers, it is the source of an energizing heat that fuels the divination trance (Friedson 1996: 12).

Friedson points out that some “people in the indigenous communities in Africa experience sickness and healing through rituals of consciousness-transformation whose experiential core is musical.” Frequently, ethnographers interpret those types of experiences as religious rather than as indigenous health care practices (see Friedson 1996: xii). As Friedson also mentions, “those scholars who have looked at music have usually ignored healing, and those who have looked at

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<sup>10</sup> “Vimbuza – a multivocal term, a complex of meanings and reference —encompasses a class of spirits, the illnesses they cause, and the music and dance used to treat illnesses” (Friedson 1996:12).

healing have not discussed the musical dimension” (quoted in Janzen 2000: 60).

Friedson thinks it is important to understand Tumbuka healing through a phenomenological approach. As a result of “*doing* phenomenology,” he has focused on the musical dimension of experience among the Tumbuka as clinical reality, as it is saturated with unavoidable musical elements (see Friedson 1996: 168).

*The Performance of Healing* is a volume co-edited by Carol Laderman and Marina Roseman in 1996. The book comprises ten essays that focus on performance in the healing process rather than on extensive analysis of the healing music itself. It covers geographic areas and traditions such as Korean shamanism, spirit séance among the Kaluli people of Papua New Guinea, Catholic Charismatic healing, Malay shamanism, possession healing among the Songhay, Warao healing, and healing performance in Kodi, West Sumba. The volume is addressed to members of the medical, psychiatric, psychological, anthropological, and performance-oriented professions in order to promote the understanding of concepts and textures embodied in different ways of healing (Laderman and Roseman 1996: 13).

Over the last two decades, more and more articles that are concerned with music and healing are published in journals such as *Ethnomusicology*, *Asian Music*, *Yearbook for Traditional Music*, and *The World of Music*. However, *The World of Music* is the only journal that has dedicated a whole issue solely to the subject, entitled “Music and Healing in Transcultural Perspectives” (1997). Three years later, the same journal published another issue that continues this discussion, entitled “Spirit Practices in a Global Ecumene” (2000).

An outgrowth from the symposium on “Music, Healing and Culture: Towards a Comparative Perspective” that was organized by Penelope Gouk in 1997 in London, the edited volume “Musical Healing in Cultural Contexts” was published in 2000. It aimed to generate interest among those who do not think of themselves as being experts in the area (music and healing) and to introduce those who are experts to some alternative models of practice, both past as well as present (Gouk 2000: 1-2). Neither music therapists nor medical doctors are among the contributors to the collected essays in the volume, because a lot of literature about music’s therapeutic effects has already been generated in the disciplines of music therapy, psychiatric, and medicine, but not much on historical and cultural contexts. Therefore, in order to think about the healing powers of music from wider and global perspectives, this volume includes essays on traditional musical healing traditions, gender, elite hierarchy, and other issues that are outside the scientific research realm of music and healing. Gouk also raises many provocative questions such as, “Are the healing powers of music universal, or culturally specific?” “Does music fit into the field of medical knowledge and practice?” and “Has musical healing been more widely practiced in some cultures rather than others?” (Ibid.)

John M. Janzen’s article on African *ngoma* healing provides many discussions about the definitions, challenges, theoretical issues, metaphorization and symbolism, indigenous theories, and Western scholarship and views on *ngoma* healing. Janzen’s descriptions of *ngoma* healing in Guguleto, Capetown show some parallels with Western music therapy practices. For example, the *ngoma* session that consists of

self-presentation confession and song-dances is essentially aimed to reduce stress for those urban workers in Guguleto, Capetown.

Diane Thram “uses the experience of individual members of Mhembere Dandanda, located in the act of music-making, as a case study that illustrates how the therapeutic effect they report experiencing is theoretically an integral component of performance process” (Thram 2002: 129).<sup>11</sup> Her research concludes with two crucial factors that are necessary for the therapeutic effect of engaging in the performance of music to occur, which are, first, bonding to the rhythmic flow and the pulse of the music and, second, doing so with the concentration level required for the resultant freedom from self-consciousness to occur (Ibid.: 136). Thram expresses the view that Roseman and Friedson are the two among many ethnographers who actually deal directly with the music in their ethnographic studies that are concerned with healing, shamanistic practice, exorcism, and *ngoma* drum-rituals. She feels strongly that ethnomusicologists should study the phenomenon (of the therapeutic effect happening in performances) more closely for a number of reasons. These reasons are, first, it possesses universal benefit for performers; second, it is part and parcel of the creative capability of our species; third, ethnomusicologists have the ethnographic and musical/choreographic skills to do so; and lastly, because possibilities for effective deliberate music therapy for those suffering from emotional and physical disorders will abound as the process becomes more fully understood (Ibid.).

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<sup>11</sup> *Dandanda* is an indigenous form of ritual dance with its own song repertoire and distinctive *ngoma* (drum) and *hosho* (gourd rattle) style. *Dandanda* is performed in various contexts and one of them is the *biras*, an all-night ceremony for the ancestral spirits, (129-130).

*Music therapy and ethnomusicology: related disciplines?*

By reviewing the literature above, it is clear that ethnomusicologists and music therapists have not yet collaborated extensively. Despite individuals' interest in music and healing, each researcher seems to be isolated from the others, and the connections between ethnomusicology and music therapy are seldom related and addressed. In my communication with a professional music therapist who is also an ethnomusicologist, whom I shall call Henry in the present study, he mentioned that ethnomusicology and music therapy are considered to be related fields, and that relationship has been acknowledged in music therapy, which was the initial reason that drew him to pursue his doctoral study in ethnomusicology more than a decade ago. He said, "... it has always been acknowledged in the music therapy profession that music was culturally specific; if they don't have a point of reference, they cannot react to the music, so the music is only 'sound' to them" (interview with Henry, 2008).<sup>12</sup>

Initially, I was surprised by two of my findings: first of all, most of the music therapists with whom I have communicated are not familiar with the term "ethnomusicology" at all. Second, medical ethnomusicology was not established until recently, and there was not much ethnomusicological literature devoted to musical healing and its therapeutic effects or its relationships with music therapy. In addition, although "Music of the World" is listed as one of the electives among the courses mandated by the AMTA, it is not a required course (according to Henry,

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<sup>12</sup> I think this statement of Henry may only be applicable to clients or patients who need a point of reference to past associations with music, because most people are open to different types of music, people can normally be stimulated by sounds or music from other cultures and appreciate the music out of context.

ibid.). On the other hand, as Robertson noted in 1974, most ethnomusicologists literally know nothing about music therapy (see also Friedson 1996, Janzen 2000). Additionally, as indicated earlier, music therapy is rarely included in the “urtext” ethnomusicology literature. Nonetheless, after my conversation with Henry, I later discovered historical data that shows concern about this relationship from both ethnomusicology and music therapy and that links the two disciplines as early as the 1950s. Rohbacher mentions that the link between ethnomusicology and music is clear because music and healing are topics of mutual concern to both disciplines. He states:

Ethnomusicologists have documented examples of music and healing traditions of indigenous cultures of the world. Music therapists have considered relationships between shamanism and music therapy which utilizes guided imagery, applications of ethnic music in music therapy, and the practice of music therapy in locations throughout the world. For ethnomusicologists, music and healing represents a particular area of study within the context of music and culture. For music therapists, music and healing represents a particular type of treatment within the context of modern, health-care delivery systems (Rohbacher 1993: 2-3).

Rohbacher further illustrates that Laurence A. Petran, Bruno Nettl, Richard A. Waterman, Joseph J. Moreno, Carol E. Robertson-DeCarbo, Annette Sanger, James Kippen, and others have shown interest in an interdisciplinary approach in the practice of music therapy and applied ethnomusicology. He states:

Petran encouraged music therapists to broaden their understanding of the uses of music as therapy through the study of anthropology and folk music.<sup>13</sup> Nettl emphasized the potential of including creative, musical expression in the therapeutic process, similar to what occurs in non-industrialized cultures.<sup>14</sup> Waterman, through description of his fieldwork with Australian Aborigines,

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<sup>13</sup> Laurence A. Petran, “Anthropology, Folk Music and Music Therapy,” *Music Therapy* (1953): 247-50.

<sup>14</sup> Bruno Nettl, “Aspects of Primitive and Folk Music Relevance to Music Therapy,” *Music Therapy* (1956): 36-39.

proposed consideration of the use of music as a means to establish and maintain one's identity within society.<sup>15</sup> Moreno proposed the need for collaborative research by music therapists and ethnomusicologists to document "music and healing rituals from a multidisciplinary perspective" (Ibid.: 3-4).<sup>16</sup>

However, despite the interactions above, no major changes seem to have resulted in either discipline. This is probably because only one or two articles with interdisciplinary concerns appeared every two or three decades. Thus there were not enough writers and contributions in the literature and discourse to generate an influential impact. Moreover, there were no collaborative works between these small groups of people who have shown concern but simultaneously seem to be isolated and focused on their own individual work. Therefore, in spite of the apparent similarities and overlapping between the scope of music therapy and ethnomusicology, music therapists and ethnomusicologists remained distant from each other until the recent establishment of the new subfield of ethnomusicology, medical ethnomusicology.

Ethnomusicologists have been focusing on music from traditional healing whereas music therapists focus on scientific database research and present-day clinical practices using music. Therefore, it seems legitimate to say that ethnomusicology links music therapy to its past and legacy. Although not formally acknowledged, many music therapists have more or less included some world musics in their practices without understanding the contexts thereof. Ethnomusicologists, on the other hand, mostly dwell on the surface of the efficacy of indigenous musical traditions that they study (see examples of Burrows 1980, Kartomi 1984, Lewisohn

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<sup>15</sup> Richard A. Waterman, "Music in Aboriginal Culture," *Music Therapy* (1956): 40-49.

<sup>16</sup> Joseph J. Moreno, "The Music Therapist: Creative Arts Therapist and Contemporary Shaman," *The Arts in Psychotherapy* 15 (1988): 278.

1997, and Garcia 2002). Perhaps now is the perfect time for both ethnomusicologists and music therapists to go forward and meet at the common research place between the two disciplines, and to unite the past and present of research in music and healing.

## CHAPTER 2: MUSIC THERAPY AND TRADITIONAL MUSIC AND HEALING

What are “music therapy” and “traditional music and healing?” Although music therapy and traditional musical healing have existed under different cultural contexts, they are overlapping in many ways. So, what are the similarities and differences between music therapy and traditional music and healing? In this chapter, I will compare Western music therapy to traditional music and healing according to their various aspects and characteristics. The following sections will be presented and organized according to my considerations of mission, purpose, people, place, and device in music therapy and traditional healing. These facts and approaches about music therapy and traditional musical healing are juxtaposed in order to show similarities and differences between the two healing methods. Since traditional healing is rich, vast, and full of variety in its different customs and practices, this chapter will only be able to provide a general picture of traditional healing practices. Simultaneously, since the practices of music therapy have been discussed extensively in that discipline’s literature, and are rich, varied, and flexible depending on the situation, this chapter will also only be able to present the general and common features of music therapy.

*What is music therapy and what are its functions and purposes?*

Music therapy is a profession that was conceived in the early 1940s and officially established in 1950 with the formation of the National Association for Music Therapy (NAMT) in the United States. Music therapy grew out of the demand for the rehabilitation programs for survivors of the Second World War. “By the early 1990s there were over 3000 qualified therapists practicing in the USA alone, and over 300 in Britain, where the profession had gained recognition by the Department of Health as a para-medical discipline (Bunt 2007: 8). According to the American Music Therapy Association (AMTA), music therapy is:

...the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings (<http://www.musictherapy.org/quotes.html>).

To sum up, music therapy uses music as a device to heal people mentally, physically, emotionally, and socially. The purposes of music therapy are to improve people's health, wellness, and life.

In the *New Grove Dictionary of Music and Musicians*, Leslie Bunt defines music therapy as:

The use of sounds and music within an evolving relationship between child or adult and therapist to support and encourage physical, mental, social, emotional and spiritual well-being. Music has long been used as a healing force to alleviate illness and distress, but the specific discipline of music therapy developed only in the middle to late 20th century. There are differences within and across countries as to what specifically constitutes music therapy. In some ways the term itself is misleading, given that music therapists are not helping to develop a person's music, as might be implied by analogy with physiotherapy or speech and language therapy. Music therapy is not about developing musical skills or teaching people to play an instrument, though these may be unintentional by-products of the therapeutic process. Therapy implies change, and many definitions refer to the development of therapeutic aims and the dynamic processes that are at the core of a therapeutic relationship as it evolves. The provision of a safe and consistent space where these processes can take place is considered by most experts to be paramount, and it is important for sessions to happen on a regular basis and ideally at the same time of day. These boundaries allow for a feeling of trust to be established between client/patient and therapist. (Bunt 2007: 1).

Bunt briefly outlines the historical aspects and many approaches that are used in music therapy. Similarly to the definition by the AMTA above, Bunt emphasizes the use of music within social relationships in the context of healing. Unlike the previous definition, Bunt's does not emphasize scientific methods ("clinical and evidence-based use of music interventions").

*What is traditional music and healing?*

Music and healing outside Western music therapy are referred to as "traditional music and healing," "indigenous music and healing," "primitive healing traditions," "ritual healing," "ancient healing traditions," "shamanic healing," and so on. Traditional music and healing are often the healthcare system (or "non-system,"

see Last 1981: 387) in traditional cultures in the developing world. Many cultures in the developing world choose traditional healing over modern healthcare because they have a strong belief in the power to heal through ritual, because those beliefs are embedded in their cultures and tradition, and because modern healthcare is often not accessible or affordable (see Cook 1997).

Traditional cultures (whether in the developing world or in traditional communities within modernized countries) have different healing practices due to different religious beliefs, histories, geographies, customs, and musical traditions. In most cases, music is used and plays a crucial role in facilitating the healing, as Koen noted: “music is often described as the bridge by which the physical and spiritual are connected and can be the most vital component of a healing ceremony or practice” (2008: 2). In order to understand healing in indigenous cultures, it is important that we first understand the cosmology and etiology of the culture, and their view of the causes of illness. For example, in Piman theory, natural objects such as plants and animals have a certain “strength” and “way” to cause human sickness when people violate their “ways” (Bahr and Haefer 1978: 89). Each natural object has its songs that are considered to be the remedies, and the songs are sung during the healing ceremony when the particular natural object is the cause of the illness.

Janzen describes the practices of two Muslim *ngoma* healers in Africa in their own words (translated by Emmanuel Makala of the National Ministry of Culture):

The aim of healing ngomas is to make the patient talk, to *heighten emotions*....When the patient speaks, it's the spirit speaking. Spirit and person are one and the same. After medicine is taken, and ngoma is played,

the patient must *sing in increasing tempo*, the song of the particular spirit. It's thus the patient *who directs the healer* the type of treatment. The spirits like the music, so they may make themselves manifest, so they may talk [through the sufferer]. A specific type of music is for a specific type of spirit; only this way will each spirit reveal ways of releasing the patient. Once the healer has established the type of spirit before him, in the person, he begins the corresponding type of music. The lyrics are the healer's [or the sufferer's] own. It is impossible to give lyrics of a particular ngoma because there is so much improvisation and variation, so much depends on the individual case. How then does an ngoma help a person? The *music enchants the sufferer* so he can express himself better, and reveal the spirit (Janzen 2000: 59; italics in original).

By looking at the *ngoma* healing case, we see some prominent parallels between Western music therapy and traditional music and healing as practiced today. Despite the spiritual domain of *ngoma* healing, the healers make the sufferer talk and express himself or herself through music improvisations. The emphasis on verbal expression from the sufferer in *ngoma* healing shows similarity between *ngoma* healing, psychotherapy, and music therapy.

*Who is involved in music therapy?*

Music therapy promotes wellness and alleviates pain, and music therapists work with special groups of clients who need assistance and treatment in many different ways, depending on their condition. These groups of people are patients, people with various kinds of disabilities, and people with psychological and mental illness. Music therapy provides help for issues and diseases such as autism, Alzheimer's, depression, pain, anger, physical disorders, developmental disability, behavior disorders, emotional disturbance, geriatric problems, mental illness, and so on. Music therapy is recommended as a catalyst for cure, and it is used as a

supplement to medication for the purpose of treating the other parts of the patient that medicine cannot access. Thus, music is the medicine in music therapy; other medicine will not be prescribed by the therapist to their clients. Western societies separate music therapy and medicine into two distinct but interrelated fields: people who are sick will generally go to the doctor for diagnosis and treatment first instead of seeking help from music therapists. If the patients are diagnosed as needing music therapy, they will be recommended to a therapist by their doctors. Although people have their own approaches to music and they often use music to relax themselves or alleviate their pain, music therapy is not for the general public but for special groups of people in the West. Hence, music therapy is not a dominant part of the healthcare system in the West and is not familiar to the general public.

Music therapy sessions are generally conducted by one music therapist due to financial constraints. They involve a therapist and one or more clients in one-on-one or group settings. The families of the clients are permitted to observe and participate in the therapy session if requested. Music therapy services can be paid for by personal funding or insurance, or by organizational funding. Although voluntary services are possible, music therapy services are for people who are either well-off or supported by an organization that can afford the expense. In other words, music therapy services are commodities.

*Who is involved in traditional music and healing?*

Traditional healing ceremonies serve to heal the sick and are done differently among different communities. Unlike music therapy, traditional music and healing

usually serves as the primary healthcare system in the developing world. These cultures hold beliefs in the healing power of music that were shaped by their history and cosmology. Most often, the musical healing ceremonies also involve dance and visual arts such as special costumes, masks, or other accessories. Since healing ceremonies are often associated with other arts, they sometime require collaborative efforts. For example, the healing ceremony of the Temiar involves the healer singing one verse of the healing song, and a response by the female chorus which also provides the essential percussive accompaniment (Roseman 1991: 80). In Piman curing, the diagnosis is conducted by a medicine man in an event called *dúajida* (literally, “vitalization”) that involves singing a “vitalization” song, but the actual curing is conducted by the “blowing” song singers (Bahr and Haefer 1978: 90-91). Not only do those ceremonies involve healer, performers, patients, and others, in many examples healing ceremonies are also open to the public (see Bahr and Haefer 1978, Roseman 1991, Friedson 1996, etc.). Most healing ceremonies are not a subordinate or supplemental part of the traditional medicine, but often are the “medicine.” According to Bahr and Haefer, very few Piman or Papago would absolutely exclude the possibility that they will need such a cure (“blowing” ritual cure, see Bahr and Haefer 1978: 91).

The repayment methods for traditional musical healing are quite variable. Clients can offer money, food, clothing, or even services for the healers. In Cook’s example of Northern Indian healing, healing services by the Ojiha healers cannot be given without an exchange of energy with the goddesses Sitla or Durga. An offering such as flowers, money or food must be given to them in exchange for their presence

during a healing. If no offering is made, energy or life force will be taken from the healer and directly affect his or her health (Cook 1997: 68). Despite the high social status that healers may attain in certain societies (such as in Temiar society, see Roseman 1991), if compared to western medical doctors, healers often only earn enough to survive.

### *Who are music therapists?*

Music therapy is a recognized profession, and music therapists are people who received their education in an academic institution that offers certain curriculum mandated by the American Music Therapy Association, and who are certified by the Certification Board for Music Therapists, Inc. after their completion of AMTA-approved academic training and internship. Music therapists are required to have basic proficiency in playing musical instruments such as piano, guitar, and percussion instruments. They should have the ability to improvise and arrange music, and an adequate knowledge of a wide range of music repertoire. Music therapists communicate with the clients by singing and by listening and making music with them. Music therapists are not doctors: they do not prescribe medicine or diagnose illness, although they observe and examine various symptoms and the reactions of their clients, and decide the best therapy treatment for them. Although music therapists may not be recognized as concert musicians, they, however, are musicians who not only perform and improvise music, but also apply their skills in clinical and healing contexts.

### *Who are healers?*

In traditional societies, “healer” is not an institutionalized profession, and a healer often did not choose to become one but was destined to become one. Like those *nchimi* healers in the Tumbuka society, a destined healer will receive a “call” from the spirit and the ancestor through affliction and dreams. They usually get sick, and some of them even “die” for a short period of time. These destined healers usually confirm their destiny when other healers “dance” the disease and find out from the ancestors if they are chosen to be a healer (see Friedson 1996). Some of them received a vision from the spirit or their ancestors directly when they were temporarily “dead”. The ancestors will also assign the destined healer to learn the art of healing from a particular healer through dreams or trance. If the destined healers go against the will of the ancestors, they will suffer from sickness (Ibid.). This is similar to Laurel Kendall’s description of the Korean Shaman, Chini, who originally disobeyed her destiny and later attempted to become a shaman after all the misfortune that she had in life (Kendall 1996).

Healers can be the “doctor” for the community because they diagnose the problems or diseases and decide the necessary treatments. In Tumbuka healing, “as both herbalist and diviners, *nchimi* are considered to be the most powerful of the indigenous healers of northern Malawi. Not only do they effect cures for all types of illness with their extensive pharmacopoeias, but they also smell out witches, neutralize witchcraft, and most importantly, divine their patients’ ills and misfortunes” (Friedson 1996: 9). Instead of being certified by a medical school,

healers are recognized for their healing power by people in the community and by their clients. However, healers in different cultures use different practices and hold different responsibilities. Some healers are musicians and some are not. Some prescribe medicine and some work with a medicine man. Some are the only singer or dancer in the healing ceremony and some collaborate with other singers and dancers.

*Where do music therapists work and how do they work?*

Bunt has given us some ideas on the environment in which music therapy takes place. He states:

“Music therapy has ... found a place in numerous settings: special hospitals and units for adults and children with a wide range of learning difficulties, physical disabilities, neurological problems and mental-health problems; pre-school assessment centres and nurseries; special schools; day centres, hospitals and residential homes for older people; centres for people with visual or hearing impairments; the prison and probation service; hospices and private medical practices” (Bunt 2007: 4).

By looking at Bunt’s explanation, we can see that music therapists work in various settings. Depending on the funding, most organization can only afford to hire one music therapist. Collaborative work between two or more music therapists is excellent in bigger organizations, because they can accommodate people with special needs through different kinds of professional help. Successful examples include those of by Nordoff and Robbins (interview with Heather Davidson, 8 December 2008). Music therapists are often simultaneously employed by multiple organizations and meet with their clients on a regular basis. For instance, music therapists Heather and Henry are both contracted to multiple employers and projects, and conduct weekly music therapy sessions in different organizations. Music

therapists work with clients both individually and in a group setting. Individual therapy sessions are good for clients who have physical disabilities and who do not enjoy group therapy sessions.

Music therapists invite their clients to express their feelings by using non-verbal media such as musical instruments. They ask the clients to think about what troubles them and encourage them to be totally honest with themselves and to express their feelings on the musical instruments. For example, in one of Moreno's music therapy workshops, he provides various instruments and asks the participants to pick one. A client who is angry for whatever reason might bang on the drum very hard while a client who is sad might make a soft sound on a gong (interview with Moreno, January 16, 2008). If the session is an intimate one between the client and the music therapist, the music therapist will improvise with the client and help them to get their feelings out of their system. If it is a group therapy session, the music therapist will act in a similar way but also encourage the clients to share their feelings with the group.<sup>17</sup>

*Where do healers "work" and how do they work?*

Depending on the cultural traditions, the expertise of the healers, the patients' conditions, and the required treatments, traditional healers work with patients in various settings. For example, Babaji, a healer from India, works for people inside and outside of the community; sometimes he works in his clinic and sometimes he travels to a different town for the services. Babaji's health care clinic (or temple) is

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<sup>17</sup> These practices are summarized from communications with various music therapists through interviews and free conversations from October 2007 until April 2008.

located in a dusty field and is contained within a small area walled in by handmade red bricks (Cook 1997: 71).

Piman curing is normally performed at the patient's home in the evening because many song sets suggest as much, as they begin with a reference to sunset and end with a reference to sunrise (Bahr and Haefer 1978: 90). A typical Piman curing session lasts about four hours, and some require the entire night. The curing session is controlled by a lead singer who is summoned for the occasion, while other people may join the singing both to aid in the cure and to learn the songs for future use. The patient lies on a bed about four feet away from the singer and the others sit in a row. The curing session includes two sets of "blowing" songs that are sung repeatedly, followed by the application of a fetish after the completion of each song, and with relaxation between the songs. Besides the singing, the singer gives a short and formalized speech to the sickness, and he or she will converse with the patient's family before, after, and in between songs. At the end of the session the singer gives instructions on what the patient should not eat during the next few days after the cure (Ibid.: 99).

Since different cultures have different religions and beliefs, the healers may chant or sing the healing songs. The healers may induce the patients and themselves into a trance state, where the healers may ask the patients what has been bothering them. The patients may be possessed by a certain ghost or spirit that may have been offended by the patients at some point. The healer will ask the possession to leave the patient by offering something to the spirit. If the spirit is not happy and does not

agree to leave, the healer may call on a higher power such as a god or goddess for help by singing their favorite songs (see Cook 1997). A Tumbuka *nchimi* healer will “dance his or her disease” in order to diagnose the disease. They dance “to transform an initiatory illness into a divinatory trance blessed with diagnostic power. While entranced, Luβemba [a female healer] divines the causality of the past and the consequences of potential futures for those who seek her help. In a health care system such as the Tumbuka’s, where therapeutic intervention is based on etiology, these prophetic diagnoses are crucial to clinical efficacy” (Friedson 1996: 9).

Healing ceremonies may be open to the public and the patients can be accompanied and supported by the family and community. Healing ceremonies thus are often musical events in the communities. Piman curing shows evidence that the appearance and support of the patient’s family in the healing ceremony can facilitate the efficacy and recovery of the patients (see Bahr and Haefer 1978). Music therapy sessions, on the other hand, are usually not public services or musical performances that invite the general public to attend, although the immediate families of the patients are allowed to participate in therapy sessions such as the drum circles. However, the socialization and friendships of the participants in group music therapy also help to encourage their interest in making music together and enhance the therapeutic effect and musical experience for each of them.

*What kind of music do music therapists use?*

As Bunt mentions, “Personal background, training, therapeutic orientation, and cultural and philosophical issues influence each therapist's position” (Bunt 2007:

2). Music therapists assess and determine the most appropriate and creative music therapy treatment for their client by observing their behavior and reactions.

Depending on the illness, age, ethnicity, preference, and many other factors, music therapy often uses improvised music, Western classical music, jazz, folksongs, popular tunes, as well as many other kinds of music for their clients. The following are some examples of music that is used in music therapy. These examples are based on my interview with music therapist Heather Davidson, who has worked with young children with developmental disabilities and elderly patients with Alzheimer's disease.

For Heather's work with young children with developmental disabilities, she uses children's music such as "Twinkle, Twinkle, Little Star" and "ABC."<sup>18</sup> When she works with a child who needs anger management, she sets up various percussion instruments such as drums and cymbals and asks the angry child to play those instruments. She will then improvise on the piano whatever comes out musically, matching and reflecting the feeling that the child has at that moment. Therefore, she will play very dissonant music and sing about being angry in order to help the child to release his anger. Once the anger is released, she will begin to focus on bringing the child back to a functional state where he does things like other children.

When Heather worked in a nursing home in Southern California where there was a big population of people that emigrated from Mexico, she used Mexican songs that were old enough for those elderly people. Heather thinks that if anyone in the

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<sup>18</sup> The title of the songs are given by Heather Davidson; the two songs have different titles and text although they are both based on the same melody.

group could not relate to the music, it is not because they are from a different culture, but rather because they are in different age groups that are not familiar with music from certain music eras.

Heather uses traditional American folksongs and drums circles when she works with the elderly and people with Alzheimer's disease. The repertoire is huge and can be dated back to 1700. Because the time when we are most impressionable as far as musical taste is from our late teens to early twenties, music from that time period will be the music that people want to hear and relate to when they become elderly. Therefore, she currently uses songs from the 1930s - 40s for the elderly because they are familiar with music from that period. She focuses on typical American folksongs that were popular in the late 1800s through early to mid 1900s because those songs are the music that is meaningful and powerful to the current population of elderly people. To name a few songs that she has been working with, these include "I've Been Working on the Railroad," "Dancing Cheek to Cheek," "I'm in the Mood for Love," "Let Me Call You Sweetheart," and "I'll be Loving You Always." For patients with Alzheimer's disease who have lost their short-term memory but retain their long-term memory, the songs just mentioned above as well as other old popular tunes are most likely to reconnect them with reality again, although perhaps only temporarily. It is not easy to make the elderly listen to unfamiliar or exotic music, because they don't have any association or memory related to it and will not enjoy it.

Nevertheless, according to Henry, a younger family member of one of his clients complained about hearing and singing Jewish music in the session since her mother is not Jewish. However, her mother did not mind and seemed to enjoy the music with the rest of the group. Therefore, the older generations somehow have more tolerance for and are more accepting of different kinds of music than the younger generations, who are more opinionated and have strong preferences in music. Besides the tolerance of the older generations just mentioned, as Heather explains, the best thing about singing traditional American folk music (from the 1930s or 1940s for the current elderly population) is that:

...it spans across subcultures in the United States, in other words, it is pretty much guaranteed that whether you sing “You are my Sunshine,” or “I’ve been Working on the Railroad,” or “O’ Susanna,” or “Home on the Range,” any of the people in my group that came from the United States are going to know those songs well, and it doesn’t matter your gender, your subcultural background, your financial status, any of that. In those days, the scope of music was so limited that everyone knew that same music (interview with Heather Davidson, 8 December 2007).

However, as presently there are so many categories in music and everybody has distinct musical taste, music therapists who work with the elderly in the future will need to accommodate different musical preferences, as Heather also observes:

I was a heavy metal head when I was a teenager; when I am 95, I am going to say, “can you play ‘Metallica’ for me?” And I have the feeling that many of the rest of the people in the group may not know “Metallica” because they listen to a different type of music. So, there is a disparity between the folks that I work with now and generations that are coming up (Ibid.).

For therapy for younger generations, music therapists often need to keep up with the current popular music fashion and may ask clients from the younger age range to bring in their preferred music in order for the clients to participate more

actively in the therapy session. Music therapists are generally required to have a certain proficiency in playing musical instruments such as the piano, guitar, percussion instruments, or other portable instruments. Improvised music by the therapists or improvising music with the client are among the most important kinds of music that are used in the therapy session. Through improvisation, therapists are able to respond to their clients flexibly and influence their clients more deeply. Besides improvising on Western musical instruments, some therapists also use ethnic instruments as well. Besides singing American folksongs on guitar or piano, Heather also uses *klong yaw*, *djembe*, *dombeks* and “drum circles” when she works with patients with Alzheimer’s disease.<sup>19</sup> The participants may ask Heather questions such as “what is that instrument?” and “where does that come from?” and they may talk about it a little bit, however, music in the traditional context from which those instruments originated will not be brought into the therapy session. In other words, Heather may teach them some basic ways to sound those instruments, but they will only improvise music out of the context in which the instruments were originally used.

As drum circles have proved to be successful in past years, I would like to summarize a therapy session for people with special needs from the Malibu High School Drum Circle that was conducted by Heather.<sup>20</sup> In the drum circle, participants are situated in a circle. Each of them is given instruments such as drums, maracas,

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<sup>19</sup> The *klong yaw* (also spelled *klawng yao*) is a drum played in “long-drum ensembles” in Central Thailand: “the drums called *klawng yao* ‘long drum’ or *klawng hang* ‘tail drum’ are typically found in ensembles marching in all kinds of processions associated with festivities, religious and secular” (Miller 2008: 164).

<sup>20</sup> The session is from a video made by Heather Davidson with her own narrative.

shakers, claves, bells, tambourines, and other percussion instruments. Before and after playing the instruments, the group will do breathing and stretching. It helps the participants to loosen up their muscles, to take deep breaths, and to get focused and centered on what they are about to do as a group. Heather carries a klong yaw around her neck throughout the session. She will play the klong yaw and walk within the



Figure 1. Instruments that are used in the drum circles that are conducted by Heather Davidson (photo by May May Chiang, 5/01/2008).

circle, and will lead and conduct the group to play and sing along with her.

Sometimes she will conduct the group by signaling them with a rhythmic pattern and asking them to play. After the group plays that rhythmic pattern, she will respond with a different rhythmic pattern on the cowbell (with a drumstick), and she then will

ask the group to play the previous or a different rhythmic pattern, and will again respond to it or simply use the cowbell to get a basic beat going. This process is repeated over and over again. At other times, she will ask one of the people (any age) to lead the group by starting his or her own rhythmic pattern; he or she can come into the center of the circle or stay at their seat if they prefer. When the person is leading the session, Heather will play with him or her and conduct the rest of the group to follow. She will signal them to stop by counting down “three, two, one!” with them, or she will let the chosen leader signal the stop if he or she prefers.

*What kind of music do traditional healers use?*

Healing songs may be received by certain healers through dreams, trance, and vision. Healing songs can be passed down secretly from healer to healer, or openly circulated within the community. Healing songs can be categorized for healing different diseases or for exorcizing different types of possession, and they are often named after animals, insects, spirits, gods and goddesses. Songs of certain deities, goddesses, or spirits are sung by healers or their helpers either when those spirits are believed to be the cause of the illness or when the spirits are able to provide help for the cure. Healing songs are not necessarily pleasant to Western ears and often are misunderstood as haunting or creepy sounds. However, to the particular community that is familiar with the healing tradition, they believe in the healing power of the songs and are most likely familiar with them since a young age.

The following are some examples of music that are used in traditional culture. In Piman curing, “vitalization” songs are sung in a diagnostic event before a curing

session. Since the Piman believes that sickness is caused by natural objects, certain “blowing” songs of a particular object are sung in the curing session. Although the origins of those curing songs are traced to visions, they are circulated freely among singers, and there is no requirement that a given singer’s songs be derived from a personal vision (Bahr and Haefer 1978: 90). In Tumbuka healing, dancing with drum and music is the way to diagnose and determine the treatment for the disease. Dance has a prominent role in Tumbuka healing and various rhythmic patterns that are associated with certain spirits are danced one after another in “heating” the spirit or healing ceremonies. Tumbuka healers wear a *vimbuza* outfit and they wrap a number of pieces of dangling metal as well as other accessories around their waists and legs. These accessories make sound as the healer dances and transform the healer’s body into a musical instrument, as well as enhance the music and drum rhythms in the healing ceremonies (Friedson 1996: 13). In Temiar society, songs that are received from spirit guides during dreams are the primary source of musical composition (Roseman 1991: 56). In the healing ceremony, the healer sings the initial phrase of a healing song that was received in dreams, and it is repeated by a female chorus ranging from young girls to older women who also provide the essential percussive accompaniment such as pairs of bamboo tube stampers beaten against a log in duple rhythm. Sometimes the performance is accompanied by one or two single headed drums or a small hand-held gong played by males or females (Ibid.: 80).

Music or healing sounds that are used in traditional healing can be both sacred and secular. However, we find more religious elements in traditional healing than in Western music therapy. In many other cultures outside the Western and

industrialized world, religion is very important and shared belief is one of the elements that binds the community together. After the Enlightenment in the West, with the Industrial Revolution and modern technology, more and more people have detached themselves from religions and only believe in science. As Roseman also mentions, “in Europe...the collapse of the medieval cosmos resulted in the separation of humans from nature...” (1991: 11). Traditional music and healing, on the other hand, requires beliefs in order for the healing to be effective. When Patricia Cook asked Koshalya, a healer in India, “Can a Western woman do this [use the healing songs to cure people]?” Koshalya answered “Yes, it depends on space, time and the situation. You can use my healing method in your clinic in America, if you have belief in it” (Cook 1997:68).

*Conclusions:*

By comparing music therapy and traditional music and healing above, we find many similarities and differences. The substantial difference between the two is that various Western approaches to the therapeutic power of music are unified within the profession of music therapy, while traditional musical healing is scattered all over the world and variable in terms of practices, beliefs, religions, and musical preferences. In music therapy, simple musical instruments are used to improvise and make music with the clients, whereas traditional healing ceremonies are more like a musical drama performance that employs costumes, make-up, dance, music, acting, medicine, and many other devices and procedures. Clients of music therapy can receive the services as long as they can afford or desire, whereas traditional healing ceremonies

are arranged according to the customs and varied depending on the orientation of the sickness. Music therapy sessions are spontaneous and mostly secular, but ritual healing ceremonies are associated with religions and beliefs, and are framed in certain ways within the traditions.

Yet, both music therapists and traditional healers use musical genres that are familiar to the group, and both ritual healing and music therapy serve to contribute to the wellness of the patients. The success of traditional healing also strengthens the religious faith and beliefs that are centered in many traditional cultures. It also brings the people in the community together and holds them tighter to the tradition as well as to their other cultural heritages. The success of the music therapy treatment can be life-changing. If the therapy is successful, by releasing the negative emotions out of themselves, people can resolve the problems that bother them in real life and can become able to approach their lives differently after the therapy. The therapy affects the clients psychologically and directly, and the physical health of the client may improve gradually after the therapy.

## CHAPTER 3: ETHNOMUSIC THERAPY AND MEDICAL ETHNOMUSICOLOGY

This chapter provides some insights into the scopes of the proposed field of *ethnomusic therapy* and the recently established subfield of ethnomusicology, *medical ethnomusicology*. I will also look at some of the *medical ethnomusicology* literature and the paper panels in the annual conference of SEM. Lastly, I will suggest some reasons why most ethnomusicologists and music therapists have not engaged in research on music and healing until recently.

### *Ethnomusic therapy*

In 1995, in the article “Ethnomusic Therapy: An Interdisciplinary Approach to Music and Healing,” Joseph J. Moreno suggested that music therapists consider traditional musical traditions for the explicit purpose of determining their potential practical applications in the modern health care setting, where collaborative research between music therapists, ethnomusicologists, medical anthropologists, and medical personnel can lead to the development of a new and integrated discipline that he proposed to call *ethnomusic therapy* (Moreno 1995: 336).

Moreno’s idea of combining experts from disciplines such as ethnomusicology, music therapy, medical anthropology, and medicine in research on traditional music and healing was inspired by various traditional ritual healing

practices. For more than two decades, Moreno has explored the many connections between music therapy practices, musical psychodrama, and traditional healing.

Citing many examples in his articles, he states:

Many parallels can be seen between modern music therapy and the role of music in healing in traditional cultures. Just as music and music-making abilities serves as the unique identifying symbols of music therapists that enhance their credibility and charisma with their patients, analogous music and performance abilities identify and symbolize the special powers of traditional healers. Further parallels can be seen between the therapeutic uses of music in imagery to induce altered states of consciousness in music therapy practice and music utilized to assist in triggering the trance state in shamanism and spirits possession. Analogies can also be drawn between modern and traditional music and healing contexts in relation to the role of music in the realization of such broad goals as the support of positive belief systems regarding the course of an illness, distractions from physical or emotional pain, expression conflicts musically rather than verbally for emotional release and enhancing feelings of group support and individual self-esteem (Moreno 1995: 331).

Moreno criticizes the music therapy profession for not making an effort to understand and develop the connections mentioned above. Those connections are often regarded as historic legacies which have no present significance.

In many traditional cultures, ritual healing ceremonies often involve not only the healer and patient, but are also integrated with music, dance, visual arts, and artifacts. Healers wear masks, accessories, and special costumes that they make themselves, and they dance and sing in the healing ceremony. Therefore, Moreno states that: “healing rituals frequently involve the integration of all arts” (Moreno 1999: 95). Moreno was inspired by the traditional healing process and he has tried to

apply those techniques in his own practices, such as in psychodrama.<sup>21</sup> Drawing from ritual healing and the “Guided Imagery and Music” technique, Moreno tried to present a more ritualized experience for the participants in his music therapy workshops and psychodrama.<sup>22</sup> In musical psychodrama, musical warm-ups such as music and imagery and projective music improvisation are nothing less than musical forms of psychodramatic trance induction (Moreno 1999: 100). In Moreno’s example of a psychodrama session, he used the piece “The Enchanted Lake,” an orchestral piece by the twentieth-century Russian composer Anatol Liadov, as a warm-up. It has a slow, mystical, sustained, and shimmering character, and is approximately ten minutes long. Since it was program music, Moreno took advantage of the scene that was depicted in the piece and asked everybody to close their eyes while listening to the music. He asked them to imagine that there was a magic boat on a magic lake that would take them to places that they wanted to go. When the music ended, he asked them where went and what happened. One girl said that she saw the ex-boyfriend whom she had not seen for years and who left her for another woman. She was hurt by him so badly that she could not establish a new relationship after that because she was too fearful that the same thing would happen again. Moreno then took it further and asked the girl to pick a person from the group and pretend that he was her ex-boyfriend in the psychodrama setting. He asked her to think about the last

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<sup>21</sup> Psychodrama is one of the approaches in music therapy. Conceived and developed by Jacob L. Moreno, MD (according to J. J. Moreno’s book, J. L. Moreno is his uncle) psychodrama employs guided dramatic action to examine problems or issues raised by an individual (psychodrama) or a group (sociodrama). Using experiential methods, sociometry, role theory, and group dynamics, psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels. It clarifies issues, increases physical and emotional well being, enhances learning and develops new skills (<http://www.asgpp.org/pdrama1.htm>).

<sup>22</sup> Guided Imagery and Music (GIM) is an approach that was developed by music therapist Helen Lindquist Bonny. This method involves listening to music “in a relaxed state to invite images in the form of daydreams, memories, colors, feelings, kinesthetic, and sensory reactions to arise from the deep or inner self (see Gioia 2006: 130).

time she saw him and tell him whatever she wished she had said to him then, and what would she like to say to him now. So, whatever had troubled the girl could be resolved through the psychodrama where a music therapist uses improvised music created by himself and other people in the group. In his illustration, Moreno said: “So we can resolve it through the drama where I use improvised music created by other people in the group...to enhance the drama, to help the clients to get at their feelings more deeply, so all those kinds of things are all connected to music and drama in traditional healing, although it is not like trying to replicate it but to draw from the power of those rituals...” (interview with Moreno, January 16, 2008).

The use of music here serves to induce people into a trance-like state, just as a healer uses music to induce the patient and himself into trance in healing ceremonies. The difference is that, in some shamanic healing traditions, the music serves to support the shaman’s travels to the spirit world and to enable them to connect with appropriate spirits, whereas in guided imagery and music (in psychodrama), it is the patients (rather than the therapists) who enter an altered state of consciousness that is sustained through deep relaxation and concentration on the supportive music (see Moreno 1995: 331). The psychodramatic experience helps participants to open up their deepest feelings and emotions to the therapist and the group, so they can honestly express themselves with the rest of the group. As Moreno also mentions, “group improvised music may be cued by the director to support the protagonists’ different feeling states during the course of the session. In these sessions, which often have the feeling of dramatized healing rituals, the improvised music seems to deepen the protagonists’ involvement and possession in the roles that they play” (Ibid.: 334).

The combination of music, acting, and movement in psychodrama are all connected to the musical and dramatic features in traditional healing.

Moreno believes it is important to implicitly draw upon the power of those thousands of years of ritual which still dominate the healthcare system in the developing world. He is not trying to replicate the exact indigenous healing process but just drawing on the power from those rituals and putting it into life in a modern context. Since ritual healings often involve all the arts, so by looking at those ritual traditions it seems natural and appropriate to integrate dance, music, acting, and visual arts into music therapy in order to make the most meaningful experience for the patient. The integration makes the therapy session or psychodrama much more dramatic and intense so that protagonists and patients get more out of it, and it makes the patients have more of a ritual experience (interview with Moreno, January 16, 2008). As Lind also points out in his case study of MusiCure (which will be discussed below), he mentions that “medicinal music may be understood in terms of ritualized performance in which the doctor and patient are both actors (with distinct positions) in a dynamic treatment performance...” (Lind 2007: 232).

Music and medicine have unfortunately been separated as different fields in the West, and the role of music is secondary in Western psychotherapy and medicine. Moreno thinks the isolation of these fields has affected the efficacy of those modern medical practices and that a more holistic approach that integrates creative arts and medical interventions is necessary (see Moreno 1995: 330). Since most people specialize in one field and have little background in complementary fields, collaborative work by various experts is required for the research in his proposed

field, “ethnomusic therapy,” where each of the experts contributes his or her special knowledge and skills. Moreno also states, “Developing the discipline of ethnomusic therapy will require research focused upon an ethnomedical approach.” As Ohnuki-Tiery has stated, “The ethnomedical approach is to study how a particular group of people perceives and deals with its health and illness. This approach thus includes the study of medical beliefs, healing techniques, and medical practitioners as these phenomena relate to the culture and society in which they are found” (Moreno 1995: 336, quoting Ohnuki-Terry 1981). “...ethnomusic therapy needs to focus upon those aspects of music and healing traditions that are the products of indigenous cultural development” (Ibid.).

One of the examples that is based on a collaborative effort between specialists in the areas of music composition, nursing, music therapy, medical science, and psychology is found in the organization Musica Humana that was founded in 1998. The organization has carried out scientific research within the “Music & Medicine Research Project” on the reactions of hospitalized patients to MusiCure, a series of recorded music that was to be released four years later, documenting the program’s effects. This kind of collaborative work has helped to shape the product of the therapeutic music, MusiCure (Lind 2007).

Although many practices may prove to be culturally specific and not adaptable, Moreno thinks that:

Musics used in healing ceremonies can be analyzed in terms of such variables as their tonal modes, rhythmic pattern, tempi, timbres, dynamics and pitch range. Their usage with certain ailments and applications at critical moments in the progression of a disease might reveal connections that could have significant potential for replication and musical adaptation into the mainstream of modern medicine and therapy (Moreno 1995: 332).

Despite the many benefits that research in ethnomusic therapy may bring, it remains only a proposed field today due to the nature of the profession of music therapy and other reasons that will be discussed later in this chapter. Despite the fact that Moreno has enthusiastically published many articles that promote multiculturalism, modern applications of traditional healing, and international perspectives in music therapy practices for nearly three decades, none of the many later works on music and healing that show similar concern has cited his works as references.<sup>23</sup> Music and healing is a subject that has been explored by researchers from many disciplines; however, these researchers seem to be isolated and unaware of each other. Moreno's efforts show the importance of collaborative and creative work, which is certainly essential for the further growth of music therapy, medical and healthcare-related research, ethnomusicology, and the wellness and benefit of the general public.

### *Medical ethnomusicology*

Medical ethnomusicology has been introduced gradually through Barz and Koen's articles, dissertation, books, and the establishment of the special interest groups in the Society for Ethnomusicology in 2000s. The establishment of this new interest group shows the increasing interest in research on music and healing and the importance of this research. Koen suggested an approach to music and healing that might be called *medical ethnomusicology* in his dissertation in 2003. He states that "*medical ethnomusicology* can be viewed as an area of study that explores any

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<sup>23</sup> These later works include *Musical Healing in Cultural Context*, articles in *The World of Music* and many others.

context of music and healing from a holistic perspective – embracing and critically examining issues and phenomena that are cultural-dependent, culture-transcendent, and which lie at the cross roads of multiple disciplines in the humanities and sciences.” He further explains that:

*...medical ethnomusicology, while closely related to medical anthropology, focuses specifically on music and sound phenomena and the roles they play in any context of healing. Such roles can be physical, mental, emotional, spiritual and social in nature. As a research track within ethnomusicology, medical ethnomusicology encourages integrative research, in which collaboration between experts from a broad diversity of fields, including music, medicine, health science, cultural and comparative studies is at times essential to explore holistically issues of music and healing (Koen, 2003: 28).*

According to Lind, “medical ethnomusicology is fundamentally interdisciplinary and builds on work from multiple disciplines within science and the humanities (Lind 2007: 211). More of Koen’s ideas on medical ethnomusicology are presented in his forthcoming book:

As medical anthropologists are concerned with the multiplicity of issues at the crossroads of medicine and culture, medical ethnomusicologists are concerned with the issues that intersect sound, music and related practices, medicine, health, healing and culture. [In Koen’s own endeavors], “medical ethnomusicology is foremost, a vehicle of service, an approach for discovering and applying new knowledge to benefit people, a way to build bridges across disciplines that share a concern for human and societal health, wellbeing, and prosperity; and it is a way to research, learn, and translate knowledge from culture-specific contexts of musical healing to more universal applications where the power if music and related practices can be more deeply engaged by more people” (Koen, in press, 2008: 22-26).

Therefore, medical ethnomusicology presents an opportunity and common ground for interdisciplinary work to happen, and intends to accommodate ethnomusicological interests that are associated with medicine and the health and benefit of humanity.

Since medical ethnomusicology is still a relatively new and emergent academic subdiscipline, Gregory Barz provides a definition of medical

ethnomusicology that is adapted from medical anthropology, a similar and closely related discipline, as follows:

Medical ethnomusicology can be briefly defined as a branch of research grafted onto ethnomusicological and biomedical studies that focuses on factors that cause, maintain, or contribute to disease, illness, or other health-related issues, and the complementary, alternative, or supportive musical strategies and performative practices that different communities have developed to respond to cultural conceptualizations of disease and illness, health and healing (Barz 2006: 61, adapted from Baer et al., 1997).

Therefore, medical ethnomusicology looks at many facets of music and healing; Barz's book (2006) which will be discussed later, represents one of these facets where music is part of the "expressive culture in Uganda [and] functions as a significant contribution to health-care initiatives" (2006: 59).

### *Terminology*

According to Koen, the term *medical ethnomusicology* became crystallized because of the "confluence of consciousness" of scholars from various disciplines who are interested in music and healing (interview with Benjamin Koen, January 31, 2008).<sup>24</sup> Therefore, the term *medical ethnomusicology* was conceived in the last two decades and was finally born around the early twenty-first-century. I can't help but wonder, why not "medical musicology?" I certainly do not think most musicologists have engaged profoundly in music and healing, because the subject is included neither in their regular discourses nor in education. Perhaps most musicologists have the concept that music and healing is the territory of music therapy. Moreover, since music therapists have been very much engaged with both Western classical music and

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<sup>24</sup> The phrase "confluence of consciousness" is discussed in detail in the forthcoming *The Oxford Handbook of Medical Ethnomusicology*.

the therapeutic effects of music, and there is plenty of research in music therapy that is based upon Western music, it seems redundant if musicologists also produce similar literature and research. On the other hand, the definition and scope of ethnomusicology have been periodically defined, and articles such as Alan Merriam's "Ethnomusicology: Discussion and Definition of the Field" (1960) and "Definitions of 'Comparative Musicology' and 'Ethnomusicology': An Historical-Theoretical Perspective" (1977), George List's "Ethnomusicology: A Discipline Defined" (1979), and Fredric Lieberman's "Should Ethnomusicology be Abolished?" (1977) have represented some of the discourses on that topic and on the use of the term of "ethnomusicology." Ethnomusicology grew out of comparative musicology and it shares great similarities with musicology, yet uses many different approaches to music. For example, ethnomusicology also shares great similarities with anthropology, and both disciplines use ethnography as a key method. To argue whether it should be medical musicology or medical ethnomusicology is like arguing whether it should be ethnomusicology, or just a musicology that hypothetically includes all of ethnomusicology, or vice versa. It is a complex issue and the debates are still going on. Therefore, I do not wish to go into details on this debate in this present study. In addition, since *medical anthropology* has been an established term for over four decades, it is not surprising that people will automatically refer to the study of music that is associated with medicine and health care as "medical ethnomusicology," and its research and literature have been widely associated with ethnomusicologists.<sup>25</sup>

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<sup>25</sup> Medical Anthropology was formed in 1967 by a group of persons interested in social sciences and medicine. See the website of the Society for Medical Anthropology at

Although the term *medical ethnomusicology* is new to ethnomusicologists, the scope and interests of *medical ethnomusicology* are not. Koen expressed the view that Frances Densmore's work, which explored sacred songs for healing among various Native Americans tribes from around 1900, is *medical ethnomusicology*, and so is all the other research that is associated with music and health care throughout the years. *Medical ethnomusicology* is intended to be a term that is broadly defined.

Koen has said that:

One thing I've tried to do is to let medical ethnomusicology be a very broad, almost umbrella term, for work in ethnomusicology that is concerned with music, health, healing, and culture, kind of all issues that relate to medical anthropology but with music as well. So certainly, there's a growing number of people working in this area, and if you think about the history that I've sketched out in my dissertation to show several themes that are within medical ethnomusicology, it includes quite a bit that would fit under 'medical ethnomusicology' even if folks historically haven't called it that. We [FSU] have gotten some applications from grad students that are recognizing the social power of music to create healthy social structures, which under my definition would fall into medical ethnomusicology, the whole idea is to really redefine "medical" just as medical anthropology did, because "medical," its root is dealing with the idea of creating health and healing, [for the] benefit of wholeness and wellness, so that the idea is not the property or only the domain of biomedicine, or of health sciences, nor of indigenous traditions, but is something that is shared across, not only different disciplines, but also different cultures and different approaches. So, part of the work these days is not only to do research and apply the knowledge from that research to benefit humanity, to benefit individuals and groups...but also to educate the public and researchers and scholars about what that "medical" can mean (interview with Benjamin Koen, January 31, 2008).

From the definitions above by Koen, Barz, Baer, and Lind, it is clear that medical ethnomusicology contributes to the medical gap in ethnomusicology, and that it can play a vital role in leading the discourses on music and healing among various disciplines across the humanities and sciences. However, the scope and methodology

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<http://www.medanthro.net/history/index.html>.

of medical ethnomusicology are still being developed and a more established model of medical ethnomusicology is currently undergoing challenges, evolution, and refinement.

*Some examples from medical ethnomusicology*

Besides Benjamin Koen, scholars such as Gregory Barz, Tore Tvarnø Lind, Michael Bakan, Michael Rohrbacher, Dale Olsen, Marina Roseman, Steven Friedson, and others have also contributed their research and thoughts to medical ethnomusicology. Some of them have published representative studies in books and articles, some are authors in *The Oxford Handbook of Medical Ethnomusicology*, and others are currently working on forthcoming publications.

One of the examples of *medical ethnomusicology*'s literature is Benjamin Koen's "Medical Ethnomusicology in the Pamir Mountains: Music and Prayer in Healing" (Koen 2005). His study is about *maddāh*, a devotional music that is performed to facilitate healing in the Pamir Mountain region in Tajikistan. "By examining the meaning of *maddāh*, conveyed through culturally specific sounds, symbols, metaphors, and beliefs, Koen investigates the performance of music and prayer as a medical intervention" (Ibid.: 287). In examining the meaning of Baraka (a spiritual power) in *maddāh*, he states:

The meanings conveyed through performance are believed to be efficacious and relate to different dimensions of life, including the physical, emotional, psychological, social and spiritual. In addition, participants' belief in the healing power of *maddāh*'s prayers and ceremonial practices forms an underlying fabric within which meaning is assigned. Through metaphors and symbols, cognitive associations with locally ascribed meaning facilitate the flow, increase, or manifestation of baraka, thereby creating the efficacy of *maddāh* as a medical intervention, and by extension, other genres of prayer that might occur during or outside of the ceremony (Ibid.: 299).

His conclusion shows that “the ceremonial performance of maddāh facilitates a flexibility of consciousness, allowing a ‘conceptual landscape’ that is associated with illness to crossover to a ‘conceptual landscape’ that is inherently healthy and beyond illness” (Ibid.: 308). By looking at Koen’s study, we can see that it presents a different approach that we don’t see in early ethnographic studies that include music in the ritual and healing ceremonies of particular societies. His study focuses on the efficacy of the performance of maddāh, through examinations on local etiology, view of the self, the belief of baraka, poetry of maddāh, architectural design of the healing place (maddāhkhāne), musical form, and musical and rhythmic analysis.

In *Deep Listeners: Music, Emotion, and Trancing* (2004), Judith Becker juxtaposes disciplines with which ethnomusicology has seldom interacted, such as biology, psychology, and neuroscience, “in the quest for a theory of the relationship of music and trancing” (2004: 10). Becker strongly believes that scientific literature and theories on emotion and consciousness can provide “new insights into the crucial role of emotion in musical listening and in trancing” (Ibid.), and that “psychological, biological, or neurological explanations are not the enemies of more traditional religious, literary, and philosophical explanations” (Ibid.: 12). Although she does not focus on the healing effect of trance and music but on music cognition, her groundbreaking work certainly challenges the way people think about trance and consciousness. Becker’s study represents a different aspect of the study on music and healing, and it should be especially useful for works in music cognition studies, medical ethnomusicology, and music therapy, among others.

Gregory Barz's *Singing for Life: HIV/AIDS and Music in Uganda* (2006)

“presents a cultural analysis of hope and healing regarding HIV/AIDS in Africa where music serves as a medical intervention” (2006: 2), and he provides a more detailed account of medical ethnomusicology in chapter 2 of his book. Roughly 67 percent (or 25.3 million) of the people who are HIV-infected live in sub-Saharan Africa, and 1.1 million of them are the residents of Uganda (Barz 2006: 9-12). Uganda is the single sub-Saharan African country that has shown a remarkable decline in overall infections rates over the past years (Ibid.: 10). Uganda's success is due to its unique responses to the disease. Since AIDS/HIV is mostly transmitted through heterosexual intercourse, Walya Sulaiman, one of Barz's informants, “believes that in order for true social change regarding sexual behavior to occur, Uganda's children need to grow up in an informed world” (Ibid.: 20). Here, music plays a vital role in “spreading information about the virus and disease within contexts of indigenous and newer popular forms of music, dance, and drama” (Ibid.: 10), and generally, “doctors and health-care workers often recognize music as a more localized and thus more affective medical intervention than outreach efforts taking the form of lectures and seminars” (Ibid.: 27). In the opening of the book, Barz has translated his conversation with Mzee Mata, who composes and performs music in order to help in controlling and preventing AIDS:

People who listen to us, well they normally change and adapt their behavior. Those who do not listen do not learn. There are songs sometimes that tell people how to protect themselves, and for those who are already sick there are songs about how to live happy and live positively ... we even use songs to advise people how to use condoms ... Music controls AIDS... (Ibid.: xxvi).

While Western medicine is often inaccessible and expensive, “music’s contributions to intervention and palliative care are a humane and necessary option. Music often mitigates the socioeconomic effects of illness by directly supporting caregivers, controlling pain, and providing counseling” (Ibid.: 4).

Lind’s case study of the medicinal music “MusiCure” in Denmark (2007) shows the applications of recorded and commercial music that facilitate healing in private homes, hospitals, and nursing homes. Unlike other commercialized therapeutic recorded music in the market, MusiCure is sold exclusively at the pharmacy and is the only recorded musical product that is legitimized by doctors and biomedicine in Denmark. The use of MusiCure or other medicinal music has altered the healing space of hospital wards and private homes. MusiCure has taken part in constructing a “metaphysical space” where it communicates with patients’ own “potential to heal,” and Lind suggests that belief in a metaphysical dimension in fact frames the “performance” of MusiCure, and places it within the realm of a popular New Age semi-spirituality (Lind 2007: 212). Since the producer and composer of the series of albums of MusiCure, Niels Eje, is an oboist, and his wife, Inge Mulvad, plays the cello, their performances on oboe and cello are a prominent feature of MusiCure. In Lind’s descriptions of the sound of MusiCure’s first CD that is entitled *The Journey* (2003), he says that:

...the listeners hears the sounds of insects and birds mixed together with synthesizers and classical instruments like harp, cello, and oboe on the first track called “Dawn.” One harp plays a simple, rhythmic figure and another arpeggio chords. The synthesizers create an acoustic pattern of slowly changing chords – a succession of tonal harmonies. At the end of the track, sounds of waves and distant seagulls suggest that something new is about to happen. Thus, the first track flows over into the next with the wash of the sea. A clam rhythm played “pizzicato” on cello strings opens the second track,

“Journey,” creating an expectation of movement and direction in the music. A cello plays a deep, slowly ascending melody. Shortly afterwards, the oboe enters the soundscape, and the two instruments begin a musical dialogue, with a continuous background of sonorous tonal clusters... (Ibid.: 219).

Lind also exams the power of defining healthy sounds and regulating bodily behavior in relation to ideas of health through a postcolonial critique of social and institutional hegemony.

The forthcoming *The Oxford Handbook of Medical Ethnomusicology* and *Beyond the Roof of the World: Music, Prayer, and Healing in the Pamir Mountains* will also serve as good reference works for medical ethnomusicology. The former, edited by Benjamin Koen, is a collection of papers by scholars from medical ethnomusicology, medical anthropology, music therapy, nursing, internal medicine, geriatric, cognitive sciences, performing arts, psychology, psychiatry, and other clinical and medical professions. The twenty-one chapters of the volume cover issues such as music, arts, culture, ethnomusicology, religion, spirituality, research, medicine, Alzheimer’s disease, HIV/AIDS, music therapy, shamanism, cosmology, education, and many others. The latter is a monograph by Benjamin Koen, and examines the issues of music, prayer, and healing in the Pamir Mountains in Tajikistan. Both are expected to be released in September 2008.

*The Medical Ethnomusicology Special Interest Group in the Annual Conference of SEM, 2007*

Since the establishment of *medical ethnomusicology* in the Society for Ethnomusicology, the group has been hosting one or more paper sessions at each SEM annual conference since 2004. In the most recent SEM annual conference in 2007, medical ethnomusicology and applied ethnomusicology collaborated and hosted a panel together. Currently, some of the ethnomusicologists in this group are also medical doctors and music therapists. “As both an approach and a practice, medical ethnomusicology not only researches the roles that music, sound, culture, and belief can play in health and healing, but seeks to apply that knowledge in practical service to individuals and the broader spheres of society progressively extending to the whole of humanity” (Koen 2008: 26). As medical ethnomusicology encourages ethnomusicologists to get involved with music in a clinical context and apply their ethnomusicological techniques and knowledge to health sciences, medical ethnomusicology thus is closely related to applied ethnomusicology.

In the annual conference of the Society for Ethnomusicology in Columbus, Ohio, an ethnomusicologist who is also a physician encouraged ethnomusicologists to take more interest in medical ethnomusicology and medicine. She explained that most doctors, for various reasons, do not spend enough time with patients and somehow only depend on the information that the patients provide. Since the patients might not be able to understand their health condition from a medical perspective, doctors can only prescribe medicine based on their symptoms and their brief description of their feelings. Instead, ethnomusicologists could use a more

humanistic approach in the hospital or nursing home settings by making more acquaintance with the patients through music and communication. Through this kind of approach, ethnomusicologists would have a better understanding of the cultural background and perspectives of the patients, and would be able to help improve their health more radically instead of merely prescribing medicine.

Also, according to Lind, Dr. Lars Heslet, who was one of the initiators of the Musica Humana project, is also the clinical supervisor of the intensive care unit 4131 at Copenhagen University hospital, and he thinks the environment of the hospital needs to be changed because hospitalized patients should be treated as human beings and not as a “broken machine.” As quoted by Lind in their conversations, Dr. Heslet said: “The hospital is offensive to health; in fact ... patients often get more sick while they are here. We ... try to create a ‘humanistic environment’ that respects people as human beings” (Lind 2007: 216). Dr. Heslet feels strongly about the aesthetics of the environment and he decorates his clinic with glass art. He argues for the importance of art, light, colours, aesthetics, hope, dawn, “solemn spaces,” and transcendent experiences for patients in hospital wards. This reminds us partially of what Moreno has been emphasizing: that all arts are connected in the healing process (as mentioned earlier in this thesis and in his 1995 article). Lind also suggests that employing music as a supplement to conventional medical treatment mediates a strong message of caring (Lind 2007: 232). Having conversations with patients and playing soothing music in the hospital wards will make room for patients’ spirituality, and patients will suffer less and heal faster with less medication (Ibid.: 233).

*Why have music therapists and ethnomusicologists not been involved as much as they should be?*

Currently, although American or English folksongs, jazz, bluegrass, and drum circles have been widely used in music therapy, most music therapists do not think they are involved with traditional music or non-Western music. Gioia criticizes the professionalization of music therapy which has resulted in a rigid practice and hostility to alternative healing. He states that, although both mainstream and alternative mindsets exist in healing music, the mainstream medical establishment tends to act as if only the former matters, as if nothing can be learned from thousands of years of tradition and established practices (Gioia 2006: 126). However, as Gioia further illustrates, it is striking how often the most forward-looking efforts in the field of music therapy have gradually come to resemble the “primitive” healing practices of traditional societies. For example, the influential clinical work of Paul Nordoff and Clive Robbins started out with an emphasis on the piano, but they soon realized that the shamanic (although they wouldn’t use that term) foundation of drums, percussion, and singing offered greater value in reaching their clients (Ibid.: 129). In the example of the Guided Imagery and Music (GIM) approach that was developed by the music therapist Helen Lindquist Bonny, which is similar to the training of shamans outlined in Michael Harner’s *The Way of the Shaman*, her allusion to hallucinogenic drugs is reminiscent of the traditional healers who use mind-altering substances to facilitate entry into a healing trance (Ibid.: 130). However, despite the similarities that Western music therapy and traditional musical healing and shamanism share, and despite Moreno’s effort of making connection between music

therapy and traditional healing (mentioned earlier), the majority of music therapists do not see the value of applying traditional healing techniques in a modern clinical context, even though they may think those traditions are meaningful to the people in those cultures.

Ethnomusicologists, on the other hand, have been documenting and studying traditional musical cultures that are associated with ritual healing but have neglected the music and its functions in musical healing or music therapy. Ethnomusicological studies about healing songs most likely give accounts of the process, the aesthetics, transcription and analysis of songs, the basic results and patient's condition after the ceremony, and the cultural and social roles of the healing ceremony in the society. Ethnomusicologists have not tried to demystify the mystery of why those indigenous healing songs work or deny the pragmatic functions of music in health care, music therapy, and special education. Despite the recent "confluence of consciousness" of various disciplinary experts and interests, medical ethnomusicology was not established until 2004, and not much collaborative work occurred until the last two decades.

From my communications with both music therapists and ethnomusicologists, and from readings of the literature from both disciplines, I sum up the reasons that have delayed the development of medical ethnomusicology and its related movements as follows:

First, there is ethnocentrism, bias, and ignorance against traditional music. Although ethnomusicology has stood as an academic and scholarly discipline that embraces world music, and has challenged ethnocentrism in the West for over half a

century, historically most other disciplines have still remained ethnocentric in terms of music in general. Western classical music is probably still widely considered to be the highest form of art music, above all other musics in terms of aesthetics, musical organization, status, affiliations, performance, and so forth. This prejudice is not only embedded in most westerners' ideology but also influenced many others who were under the effects of colonialism (since many have thought that the West has a more advanced and higher culture). Western classical music and music in the West (in general) such as popular music are thus still enjoying more privilege and a higher status. While this ideology is still the norm in the West and in former colonies, world musics are marginalized and thought to be less significant by many people. Despite the interests in exploring the therapeutic effects of music of healthcare-related fields such as medicine and music therapy in the West, non-Western music is not widely considered in research and is often ignored. As Koen argues:

...While it is certainly not the case today that medical science has an ethnocentric view of what music is, there often remains an assumption across many disciplines, even within the music academy and conservatory, that the standard by which any music can be understood, appreciated, judged, analyzed, or deemed worthy of embracing or performing, is a "western" one. This leads to the thinking that the best music for health and healing would naturally come from "western" models, which has resulted in a conspicuous absence of diverse cultural considerations in the biomedical and music therapy literature with respect to music's healing and therapeutic potentials. As a result, an area like medicine, which has a long-standing interest in music's ability to promote health, improve function, or facilitate healing, is at risk of inheriting a very narrow view of what music is, thereby stripping it of its potential power. Such a notion has also limited one stream of music therapy research that closely aligned itself with a "western" musical model in conjunction with a mechanistic biomedical model (Koen 2008: 22-23).

In addition, due to globalization and technology, popular music has made its way to invade, alter, and replace traditional musical genres all around the world. Western

classical music and Western popular music seem to be familiar to most people and are therefore easy to be accepted by many, including clients and patients who seek help from music therapy. Music therapists hence do not need to have much knowledge of world music in their practice as their clients will accept Western music (broadly defined) in most cases.

Moreover, in the case of music as a prominent element of indigenous healing systems in Africa, yet still understudied by researchers, Ellingson mentions that, Western society has reduced music to “the secondary realms of ‘art,’ ‘entertainment,’ and occasional ‘religious music’” (Ellingson 1987: 163, quoted in Friedson 1996: xiii), thus it seems difficult for researchers to overcome this cultural bias and *hear* the significance of music in a clinical context (see Friedson 1996: xiii).

Second, traditional music and healing is immeasurable and unquantifiable. Since music therapy emphasizes scientific research and evidence, and the efficacy of music in clinical practices, research in traditional music seems difficult because traditional music is not easily understood using Western classical music theories or views. Traditional music and healing seems even harder to understand as it is often spiritual and involves religious beliefs. As Koen mentions, “the central problem of researching music and healing is that within the cultural contexts where it is practiced it is often considered to be essentially spiritual and by definition beyond the ken of science. In most research, there seems to be a gap or struggle between the measurable and immeasurable” (Koen 2003: 20-21).

In addition, for all the attempts of music therapists to modernize the practice of healing music, it almost seems like shamanism and traditional healing are an embarrassment to the profession of music therapy, as Gioia points out:

For the most part, the fervent practices of traditional musical healers—with their ecstatic trances, their costumes, their supernatural helpers, and their journeys to the spirit world—can only be an embarrassment to this new professional group [music therapy], focused on legitimizing a discipline and integrating into the broader medical community (Gioia 2006: 124-125).

Steven Friedson, who has conducted fieldwork on Tumbuka healing traditions, might be one of the few ethnomusicologists who has really “participated” in the healing ceremonies. For the whole period of his fieldwork, Friedson never danced *vimbuza* (like the healer, apprentice or sufferer) in the healing ceremonies until his last stay with healer *nichimi* Lußemba. He also followed Lußemba’s instruction to put the *mboni* plates with flour and coins on them under his pillow, and to sleep for powerful dreams (see Friedson 1996: 12-20). Most ethnomusicologists will probably not delve into the healing tradition in the way Friedson did, as they most likely would be skeptical about the spiritual aspect of the indigenous healing, even though the music and phenomenon fascinate them.

Third, healing music is considered to be culturally specific.

Ethnomusicologists are well aware of the fact that music is *not* a universal language! Healing music, like other musical genres, will lose its original meanings, functions, and healing power if taken out of the context. As mentioned earlier, a music therapist whom I called Henry suggests that music is culturally specific, that “if they don’t have a point of reference, they cannot react to the music, so the music is only

‘sound’ to them.” Although Henry’s suggestion may seem to be extreme, it seems, however, that most music therapists have also thought that way.

Gouk has also asked “Are the healing powers of music universal, or culturally specific?” (2000: 1). She finds that:

Music (and all the activities this term may encompass) is itself a powerful expression of that configuration, as well as a means of altering it. Yet although music’s cathartic and transformative powers may be universal, the ways such powers are harnessed and directed appear to be cultural specific. Indeed, the forms musical healing may take within a given community are determined by how its members conceive of health and illness, as well as their relationship to the material and spiritual realms (Gouk 2000: 23).

In Moreno’s example mentioned earlier in this chapter, he has not tried to replicate the shamanic healing or use specific music that is used by traditional healers in his workshops or practices in music therapy. A Piman or Temiar healing song will probably not be used in a Western music therapy session outside the context of Piman and Temiar traditions, because patients that are not from those contexts may reject it due to the cultural differences. Moreno has only tried to draw upon the power of musical ritual healing, to investigate how the cathartic and transformative powers of music can be recognized from a global perspective, and to extend healing possibilities in the practice of music therapy.

Fourth, there is concern about altering indigenous tradition.

Ethnomusicologists bear the mission to document indigenous musical traditions in the most authentic sense. Across the history and discourses of ethnomusicology, ethnomusicologists have been criticized for their impact in the field after their fieldwork. Various fieldwork methods and approaches have been suggested (for example, Barz and Cooley 1997, Caplan 2003, and others) for researchers for their

time in the field, and yet the discourses and debates are still going on.

Ethnomusicologists are perhaps very much aware of their existence in the culture and do not want to conduct any further research, such as scientific lab analysis, on the efficacy the indigenous musical and healing, in fear that their study may result in alterations to the traditions.

Fifth, there is secrecy in many healing traditions. Not all indigenous music and healing ceremonies are accessible to the public and researchers, and some of the communities are very strict about the circulation of the healing music. For example, many Piman dislike the academic literature as it permits songs to pass out of native control (Bahr and Haefer 1978: 92). They impose various constraints such as not permitting people who are not sick to observe the cure or hear the blowing songs. Therefore, the researcher Ware who conducted her research with the Piman (1970) did not get to hear the curing songs, and Bahr and Haefer have to warn the reader not to *sing* the songs in their study (Bahr and Haefer, 1978: 92).

Sixth, different generations hold different points of view. As mentioned earlier, due to Western colonization, globalization and the invasion of Western popular music, most people from the younger generations have become divorced from their cultural and musical roots. Hence, most of the people from these younger generations do not see the value of keeping their cultural roots since they grew up with different musical cultures. Additionally, since Western medicine is accessible to more and more people, especially to westernized, modernized and educated people, getting a cure from traditional medicine or healing rituals seems bizarre and

unscientific. They do not see the value and efficacy of those healing methods, but rather see them as old-fashioned, superstitious, and artificial.

Seventh, although music therapy currently offers doctoral studies in any qualified music therapy program, music therapists need not obtain a master's or doctoral degree in order to find employment. According to the "Descriptive Statistical Profile of the 2007 AMTA (American Music Therapy Association) Membership," only 127 out of the 1012 music therapist who responded are in education, and only 5% of the membership holds a doctoral degree. This shows that most of the music therapists are clinicians and practitioners rather than researchers. Hence, music therapy as a profession is more of a job than an academic interest and most music therapists will not explore issues (such as the historical connections with indigenous healing) outside the scope and responsibilities of their job. Furthermore, most music therapists are client centered. They are most likely to bring music that is appropriate for the clients into the therapy sessions, rather than bring music that they prefer.<sup>26</sup>

Eighth, the present reality is that there are limited job opportunities for ethnomusicologists. Although the vision of the American multicultural heterotopia has been a theme in education since the 1970s, and more and more ethnomusicologists have been sought by academic institutions to provide musical content in order to fill in the cultural world map (see Trimillos 2004), many ethnomusicologists are still struggling to find positions in university environments, as

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<sup>26</sup>As shown in the required courses in the training of music therapists, Western classical and popular music seem to be the kinds of music that music therapists focus on. In addition, according to Heather and other music therapists with whom I communicated, Western classical and popular music are more appropriate to music therapy sessions since the majority of people in therapy groups are Americans. This point also relates to the third point above, where I explain that music is culturally specific.

well as in other jobs. Currently, according to the webpage of The Society for Ethnomusicology, only about seventy-nine academic institutions (domestic and abroad) offer ethnomusicology degree programs and courses in the West (<http://webdb.iu.edu/sem/scripts/guidetoprograms/guidelist.cfm>). Ethnomusicologists who teach in academic institutions that do not have a full ethnomusicology program but do have a few world music survey classes are often multi-tasked and also teach classes in other disciplines. In addition, each academic institution desires certain expertise from ethnomusicologists, thus in some cases ethnomusicologists whose expertise is not within the mainstream or conventions of ethnomusicology, such as virtual ethnography or popular music, have less chance of getting jobs than other ethnomusicologists, and there are already limited job opportunities for ethnomusicologists. Hence, most ethnomusicologists tend to choose geographic areas and topical areas within the mainstream of ethnomusicology to enhance their future job opportunities. This is one of the reasons why research on music and healing is unattractive to most ethnomusicologists, because it is a subject that has been marginalized in the discipline. In addition, as performing world music in academic institutions has become a tradition (see Solis 2004), and multi-tasked ethnomusicologists are expected to lead those world music ensembles, indigenous music and healing most likely is not going to become one of those world music ensembles, and this might make the ethnomusicologist who cannot perform music other than healing music less competitive than others. Moreover, since ethnomusicology is not a healthcare profession and funding and grants for medical research are often awarded to medicine practitioners or researchers from healthcare

professions, there is thus less chance for ethnomusicologists to get funding or grants for ethnomusicological study that is associated with medicine.

Nonetheless, after the establishment of medical ethnomusicology, collaborative work and the increasing interest of more people and scholars seem to shed light on this research area. Florida State University, which held a “Music, Medicine, and Culture: Medical Ethnomusicology and Global Perspectives on Health and Healing” symposium in October 9-10, 2003, has become an ethnomusicology program that promotes research in music and healing enthusiastically. Not only has the ethnomusicology department in FSU collaborated with the College of Medicine (also in FSU) in organizing the symposium in the school, but *The Oxford Handbook of Medical Ethnomusicology* (in press) represents part of the collaborative effort between two departments (ethnomusicology and medicine) and has support from across the university. Some of the contributors in the Oxford handbook such as Michael B. Bakan, Megan Bakan, Karen Brummel-Smith, Kenneth Brummel-Smith, Fred Kobylarz, Benjamin Koen, and others, are currently based in Florida State University.

Researching and documenting healing traditions is important because indigenous music and healing traditions are just like other musical traditions that ethnomusicologists are trying to study. They are representations of culture and arts, and they will vanish if not documented. For instance, in the *Ssikkim-kut* case of Chindo in South Korea, the cleansing rituals are facing challenges, despite government and other organizations’ support for their preservation. The tradition is not performed by *tanggol* but by spiritually-appointed shamans. The tradition that is

put on stage becomes more aggressive and exaggerated, and its cultural meaning and function are decreased (see Park 2003). Hence, the efficacy and power of healing in *Sikkim-kut* may disappear before it is studied or documented by medical ethnomusicologists. Therefore, medical ethnomusicology plays a vital role, as it does not simply focus on the procedures and performances of the tradition, but seeks to understand the functions and meaning of the healing traditions and further apply it to a modern clinical context that benefits the general public. As Moreno also mentions,

Ethnomusic therapy can play a critical role in helping to preserve the accumulated knowledge of traditional practitioners of music in medicine throughout the world. By providing a means of isolating and applying the elements of these practices that can be of therapeutic value in the mainstream of modern clinical practices, these world traditions of music and healing can continue to serve patients in the socio-cultural milieu of modern health care systems (Moreno 1995: 338).

Medical ethnomusicology and ethnomusic therapy are different but overlapping in some ways. As the terms suggest, ethnomusic therapy originated from music therapy and is a healthcare profession that promotes research in healing music of traditional cultures, whereas medical ethnomusicology is an academic and research-oriented field that hopes to apply its research findings to healthcare practices. Although the two fields use different approaches, they both aim to cover research on music and healing in traditional cultures and to promote and apply those research results to modern healthcare for the benefit of people. It is interesting to see how similar ideas come out from different perspectives -- i.e. one from ethnomusicologists, and another from a music therapist.

## CONCLUSION

Music and healing is a subject that has been approached differently by different scholarly voices. However, a single voice and approach to this subject could result in inadequate explanation and data, and limit the potential outcome. A more holistic approach to music and healing is essential because it has the potential to examine issues that are important yet neglected due to the norms of many mainstream practices (including ethnomusicology, music therapy, medicine, etc.). The study of music and healing is important because not only are music, performance, social and cultural phenomena, ideology, history, meanings, and many other ethnographic elements being examined, but also the aesthetics and therapeutic effects of the music can be analyzed for scholarly interest, education, knowledge, and the wellness and health of people.

Historically, music therapy and ethnomusicology stand as two isolated disciplines that seldom interacted with each other. As an interdisciplinary field, ethnomusicology plays a vital role in bridging related disciplines and balancing the scholarly discourses on music and healing, and many ethnomusicological studies on music and healing have linked music therapy to its historic legacy. Moreno's proposal for establishing the new field of ethnomusic therapy in 1995 was a call to ethnomusicologists to start applying their knowledge and skills in a pragmatic way such as in healthcare-oriented research, and a call to music therapists to participate in

collaborative work with ethnomusicologists. The later establishment of medical ethnomusicology, although not an outgrowth of ethnomusic therapy, is however a “confluence of consciousness” (see Koen, ed., in press) of various individuals who also feel the necessity to facilitate this kind of interdisciplinary collaborations in their research on music and healing. One of the contributions of this present study is that it has attempted to make connections between music therapy and traditional music and healing practices, and between ethnomusicology and music therapy. The connections that were made in the thesis should catalyze ethnomusicologists and music therapists’ awareness of each other’s work. The thesis collects ideas and views on music and healing from both music therapists and ethnomusicologists in hopes of laying a foundation for those who are also interested in the subject.

In chapter three, I have answered most of my inquiries that motivated the present thesis, and now I would like to comment on the future directions of research on music and healing, and on my question of “how are these developments going to change the disciplines of music therapy, ethnomusicology, and other health care professions?” Although I have already mentioned a criticism by Gioia that the professionalization of music therapy has resulted in a rigid practice and hostility to alternative healing, the increasing awareness of multiculturalism in music therapy (as mentioned in the introduction) seems to provide hope for expanding the future of the discipline. In addition, the increasing popularity of the drum circle approach has also proved to be useful in group music therapy and this success may stimulate interest in

traditional music in music therapy in the future.<sup>27</sup> The forthcoming *Oxford Handbook of Medical Ethnomusicology* project shows one of the collaborations between ethnomusicologists and music therapists (as well as others), and hopefully more and more collaboration will take place in the future. Medical ethnomusicology as a subfield of ethnomusicology will be the leading force for research on music and healing, and for such interdisciplinary collaborations as mentioned above. Although The Medical Ethnomusicology Special Interest Group has facilitated the discourse on music and healing and generated growing interests among scholars, nonetheless, the impact is limited because the inspirations from those discussions and papers panels will be circulated only among the small number of people who attended the conferences. When the forthcoming collection of essays, *The Oxford Handbook of Medical Ethnomusicology*, and Koen's monograph are placed in major libraries, along with other already published scholarship in medical ethnomusicology, these potentially influential works will become printed references for anyone who is interested in the subject. This literature not only could reach more people and generate more interest, but also further facilitate awareness of the importance of research on music and healing. Gradually, the increasing scholarly interests, literature, and discourses will create greater impact on the scopes and practices of both ethnomusicology and music therapy. It is also possible to see that the twenty-one chapters in *The Oxford Handbook of Medical Ethnomusicology* that deal with various topics in music and healing will each be expanded and become a more in-

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<sup>27</sup> In the review by Barbara Reur, she states that Hull has mentioned in his book *Drum Circle Spirit* "the positive effects of rhythmic drumming exercises in promoting wellness for the older adult as well as improving functioning in the person with Alzheimer's disease," as shown in <http://www.drumcircle.com/dcs/reviews2.html>

depth and complete individual study. Eventually, resembling the model of the *Medical Anthropology Quarterly*, medical ethnomusicology might even establish its own journal that is devoted exclusively to music and healing.

We should not forget that musical healing is an art. As Steven Friedson expresses, “Without music, Tumbuka healing would be fundamentally a different art” (Friedson 1996: 169). When I was interviewing music therapist Heather Davidson, I was fortunate to hear her play “Let Me Call You Sweetheart” on the guitar. Although it was a performance of less than a minute and I was not in any kind of healing context, I was totally overwhelmed and immediately fell in love with the song. It was not because of the song text or the melody, but rather the meaning and feeling that were conveyed through her eyes, voice, and music that touched me deeply, and even hypnotized me in that moment. Music, after all, whether for healing or concert performance, reaches people in different ways.

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