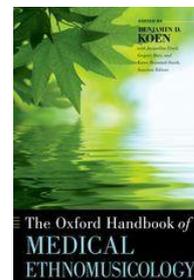


The Oxford Handbook of Medical Ethnomusicology (Benjamin Koen, Jacqueline Lloyd, Gregory Barz & Karen Brummel-Smith, Eds.)



Reviewed by Charlotte Cripps

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The Oxford Handbook of Medical Ethnomusicology is the first edited volume published to outline the emergent field that is ‘medical ethnomusicology’. This evolving discourse, as the introduction informs us, has been prompted by a growing *interdisciplinary* consciousness among researchers and practitioners of music, health sciences, medical humanities and healing arts.

Benjamin Koen (ethnomusicologist, professor of medical anthropology and the primary editor of the volume) foregrounds the volume in an introductory chapter alongside Gregory Barz, (ethnomusicologist and professor of musicology) and Kenneth Brummel-Smith (family physician, writer and singer). Koen, Barz and Smith identify gaps between disciplinary knowledge and research areas. For example medical anthropology tends to investigate social and bio-political aspects of illness as well as cultural and historical contexts behind medical practices, yet rarely concerns itself with the role of music and sound in healing (p.4). On the other hand, music is often considered by complementary and alternative medicines, which

rarely focus on *cultural* aspects (pp.4-5). The editors subsequently suggest that in order to address these gaps, we might engage in “integrating knowledge from diverse research areas and domains of human life that are conventionally viewed as disparate but are laden with potential [health, curative, and wellbeing] benefits” (p.3).

A series of edited chapters follow the introduction, where each author contributes their own research and perspectives towards this holistic paradigm of musical health and healing. Contributing authors concern themselves with many disciplines including music, ethnomusicology, anthropology, psychology, sociology, the physical and social sciences, linguistics, theology, geriatrics, art and technology, as well as world music pedagogy. The volume aims to inspire well-rounded discourse and further research that links health care disciplines and “offers a fresh potential to sustain health and create healing” (p.14).

The editors outline three basic themes that permeate the volume’s content. Firstly, “the

effectual and dynamic interrelationships between the broad domains of human life that contextualize health, healing, illness, and disease— namely, the biological, psychological, social, emotional, and spiritual domains” (p.5). The second theme is the encouragement of “collaborative, integrative, and holistic research” (p.5) that builds on new knowledge and inspires original ways to apply said knowledge in health, healing, or curative practices. Finally, the editors describe the volume to be representative of current discourses across disciplinary fields concerned with music and health, culture and medicine: A form of ‘documentation’ at this stage. Chapters are consistently structured, with a prelude, introduction and main text.

As a reviewer, my background includes exposure to music therapy from a researching role, as well as a postgraduate training in music for international development, which involves ethnomusicology and medical anthropology. As such, I was highly aware of the aforementioned disciplinary gaps outlined by the editors. My original exposure to music therapy was within the context of the UK, where it seems that the clinical, somewhat privatised setting could benefit from considering the performativity of cultures – both musical and otherwise – within the client-therapist relationship. I was also puzzled during my studies by how little music and sound featured in medical anthropological discourses in regard to politics and the embodiment of the senses (particularly in comparison to sight, pain and smell), I find it exciting to be around at a time where these gaps are being addressed in a collective multi-disciplinary effort, navigating towards a new field, *medical ethnomusicology*.

Some authors within this volume strive to bridge disciplinary gaps by developing analytical frameworks that acknowledge key mutual points of interest concerning how music heals across many disciplines, whilst being accommodating to various levels of context-specific variability. For instance, Koen suggests to have identified “culture-transcendent or universal principles and processes that undergird and facilitate health and healing” (p.93). One of which, for instance, being the ‘human certainty principle’ (HCP); namely, “the experience of *certainty* or a *knowing* that healing has occurred or is imminent” (p.95). This, he asserts, underlies “diverse practices of music or sound healing or prayer, and meditation, as well as unexplained healing transformations that occur in patients throughout the world regardless of the system of treatment” (p.95). Koen draws links between the overlapping, sometimes identical,

functions of music, prayer and meditation in healing and illustrates this by alluding to a musical religious genre in the Pamir Mountains region of Badakhshan, Tajikistan: namely, *maddâh*, meaning ‘praise’.

A particularly interesting feature underlying the HCP principle is the deeply entrenched meaning latent in the music of *maddâh* that mobilises this certainty: specific words and passages in a *maddâh* performance “in and of themselves are believed to embody and convey the healing energy of *Baraka*” (p.105). *Baraka*, being “the spiritual energy that can heal, bless, edify and transform, is viewed as the efficacious element [of healing]” (p.104). *Baraka* “emanates from God and is found throughout creation [...] It is through the internalization of *baraka* that a person can be healed” (p.104).

It seems to me a golden thread that links many of this book’s chapters concerns *what is latent* in sonic stimuli that brings about the performativity of musical healing; from the micro-moments of musical interaction in clinical music therapy, to cultural, spiritual, socio-economic information that is indexed by association in sound stimuli. Koen then, strikingly illustrates how music is a carrier of symbols, shared extra-musical inferences, identity markers, and/or powerfully imbued sacred components that underlie the efficacious healing element.

Theresa A. Allison, a physician and ethnomusicologist, looks at how collaborative song writing in a nursing home cultivates behaviour, such as consensus building and sharing of “musical symbol of shared religious identity” (p.236) which “serves the co-creation of culture in any given social environment” (p.225). Similar to the efficacious healing element described in Koen’s chapter, Allison unpicks in her ethnography that through musical identity markers, the home “becomes a place in which new relationships must be negotiated by its residents and a place inscribed with meaning that transcends its physical boundaries” (p.238). Thus, the efficacious healing element in music is once again via extra musical inferences, which, in this case, mobilises renegotiation of institutionalised environment towards a health-sustaining community life.

Marina Roseman accounts for the theme of extra-musical referencing in her ‘Fourfold Framework’ for musical healing. She illustrates moments of musical healing to be simultaneously situated on *musical, sociocultural, performative* and *biomedical* axes. Whilst the musical axis concerns music’s ability to trace emotions in motion, the sociocultural pertains to the “cognitively inherent or

socially learned patterns of sensory excitation (and/or anesthetization) incumbent within culturally specific designs of musicking and dancing” (p.29). The performative axis refers to the “...imaginary journeys taken as we listen to performances” (p.29). Finally, Roseman describes the biomedical axis to be the transformation from illness to health on a neurophysiological or psychobiological level. She gives an in depth depiction of the Temiar music healing ceremony by means of example, whereby a patient diagnosed with the illness of displaced soul energy may then find and resituate lost soul components.

However, an occupational hazard involved with investigating healing ritual processes using a multi-disciplinary framework is that analytical techniques and research agendas are *not* always confluent. One conflict in the volume occurs in a recurrent suggestion that bodily changes should be measured as a means of understanding “mechanisms of music’s effects on physiological outcomes” (p.437) and therefore validating, even potentially quantifying that an impact is being made. This conflicts with the anthropological priority to take seriously cultural practices and frameworks of assessing health on their own terms. As Roseman comments

“[to] translate the language of ritual healing, spirituality, and musicality into biomedical terms [...] might appear to devalue the integrity of the original terms” (p.35), “denying[...] indigenous epistemologies of healing by implying that they are invalid unless they can ‘prove’ themselves before the altar of conventional biomedical epistemology” (p.35).

She then however comments that on another level, something is gained in translation that honours the indigenous practice, including a wider audience. However, if the aim of medical ethnomusicology is to truly gain “a deeper understanding of music’s potential power to promote health or healing within diverse cultural and clinical contexts, multiple ontologies, epistemologies, and methodologies” (p.13), we must focus on innovative experimental methodologies and cross-cultural frameworks of comparison that take seriously the understandings of healing from which these practices are borne. This would surely better suit our cause, rather than shoe horning a measure onto the unwilling subject that analyses a different intention and result, for the purpose of mediating a more palatable version of our findings for a lay man western audience, who we are assuming here to not be open minded enough to see past their own doctrines. These

West and Gail Ironson also aptly point out that even were assessments of physiological change relevant, they run the risk of wrongly attributing a physiological change to an aspect of healing. There is a “tendency to oversimplify the relationships among music-mind-body interactions, which leads to the selection of a physiological marker without fully understanding the relevance and limits of that marker” (p.424).

This said, West and Gail then go on to justify the need for objective outcome evidence and suggest *psychoneuroimmunology* (PNI) to bridge this gap: namely, the study of “the dynamic, complex, and multidirectional interactions among psychological, neurological, endocrine, and immunological systems” (p.424). Once again, this opens up the need for further discussion in regards to the objectives of medical ethnomusicology: Who is inquiring into whose health practices, with whose baseline understandings of health, and for whom? The editors comment in the introduction, “[d]espite this rapid growth of interest, there is not – nor could there be – a unified theory for medical ethnomusicology at this time, except at the broadest level that we have identified in our central themes” (p.15). Perhaps then, our next primary concern when engaging in further discussions should be to clarify baseline principles and priorities in regards to medical ethnomusicology, as opposed to sitting on the fence by using physiological measures with an asterisked disclaimer.

In terms of the contributing authors, many do not explicitly introduce their professional backgrounds at the beginning of the chapters. Having this information consistently stated might be useful for the reader in terms of mapping disciplinary confluences more explicitly, yet it may be that this was avoided in fear of sectioning off disciplinary trains of thought. Throughout the volume, the reader is also presented with the task of familiarising themselves with the styles of writing in each chapter, which inevitably varies. Roseman comments that specialised language, with insider terms and concepts could potentially limit our collaborations should we not learn each other’s disciplinary terminologies, or use ‘opaque’ enough language to be accessible to other disciplines and it is with this in mind that medical ethnomusicologists ought to be cautious not to develop a new inaccessible linguistic silo, or set of ‘suitcase’ words as the conversation develops.

Given the myriad of material covered in the volume’s 556 pages – expressed using various disciplinary languages and jargon – this volume would benefit from a final chapter containing

concluding thoughts that recapitulate the three themes outlined in the introduction, now with some of the chapter details. This would assist the reader in navigating their way through a vast volume of information and stimulating – yet sometimes potentially conflicting – concepts. This said, the volume succeeds fantastically in its aim to shine light on disciplinary gaps and to provide a stimulus for “ongoing conversations and ongoing engagement of the integration necessary for an appropriate subject of inquiry to be constituted and grounded in collaborative studies between music and medicine” (p.15) It is now the job of musicians, health workers, physical and social scientists, medics, medical anthropologists, sociologists, and practitioners of complementary medicine and the healing arts alike, to follow through these conversations that might move towards a more open-minded, holistic and in depth understanding of health, healing and cure.

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