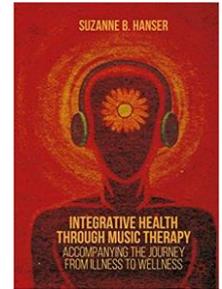


BOOK REVIEW

Integrative health through music therapy: Accompanying the journey from illness to wellness (Hanser)

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Title: Integrative health through music therapy: Accompanying the journey from illness to wellness **Author:** Suzanne B. Hanser
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REVIEWER BIOGRAPHY

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Hanser aims to marry both Eastern and Western medical traditions, exploring how music therapy traverses the boundaries within and between them. At the same time, this is a book about death, loss and grief. The author's son died aged just 28 after complications between Western antibiotics and Chinese herbs, both of which were being used to treat an infected wisdom tooth. As well as a personal interest in the subject matter, through writing this book Hanser showcases her son's writing on the topic he was most passionate about. For this review, however, I have chosen to focus on the theoretical components of the text.

Considering the motivations for writing this book, it is disappointing to report that I identified serious issues within the text. While the research is thorough, recommendations to other music therapists are both poorly constructed and unsupported by evidence, and at times I found them to be inappropriate and concerning.

The book is in three parts: the first section provides a historical overview of the Eastern medicine referred to throughout the rest of the book. The second part considers what music therapists may wish to be mindful of while beginning to work with patients or clients (or, to use Hanser's preferred term, "companions"), and the third considers practical applications during music therapy sessions.

The opening section, where a historical overview is provided, is Hanser's strongest section and, in general, demonstrates her skill as a researcher. Considering her literature review spans c.1,000 years, taking in Aristotelian thought, the I Ching and ancient Buddhist teachings, to 20th Century theories of Maslow and of mindfulness, most theories are carefully critiqued, with evidence presented where it exists.

The striking issue, however, which is not addressed throughout the book, is that Eastern medicine is not accepted by the prevailing Western medical model as a Western treatment because its perceived evidence body is emerging at best (National Center for Complementary and Integrative Health, 2019). While providing an extensive critique of Reiki, which while widely available privately in the UK is not available on the country's National Health Service, the same evisceration is not afforded for ayurvedic medicine or similar treatments. The Western medical profession does not accept any treatment as clinically appropriate unless there is proof of its efficacy; Hanser has not demonstrated convincing evidence for many of the Eastern treatments included in the book, which can therefore only be advocated for anecdotally.

The second and third parts of the book attempt a more practical set of essays aiming to be a guide to the music therapist on their "journey" with their "companion". It is unclear whether these sections are aimed at music therapists who are beginning work in new settings, or music therapists who are beginning their career. While the book seems to suggest it is a guide to all music therapists, I argue it would be more useful to trainee or newly qualified music therapists. There was unfortunately very little original thought within these sections.

From Part 2 onwards, rather than using the more common terms of 'patient', 'client' or 'service user', Hanser elects to use the term "companion" when describing the other person in the room that is not the therapist. Her justification for this is that the labels of 'patient' or 'client'

do not value the importance of the inner healer. When the healer comes from within, the music therapist is a guide or facilitator to accompany the person's journey from illness to wellness, and the person is a companion on that journey. (p. 69)

This terminology seems to deny the power dynamic that is inherently present in any therapy. Regardless of theoretical orientation, room set-up or otherwise (even if music therapy is at the bedside, as many of the case studies are in this book, the hospital space is hardly neutral, and certainly not the patient's own), the therapist still starts and finishes the session. I argue that calling one's patient a 'companion' does not allow the patient the space to be held (in the Winnicottian sense) by their therapist who manages the boundary of the session in order that the patient feel safe enough to express themselves in whatever way they see fit. It also negates the ability of the thinking therapist who is afforded the privilege by virtue of their position to retain a separateness that allows for multiple perspectives to be considered. This is not to imply that the power dynamic is desirable, rather that it is inevitable. Having a 'companion' indicates an equal footing, which could easily be mistaken for merging, a primitive state of being where one's individual identity is bound with another and the sense of self is not present or lost (Winnicott, 1960).

Indeed, one of the most difficult aspects of working with illness or special needs is the therapist's toleration of the usually unimaginable horror at the limitations, shame, familial discord and societal othering of the ill or disabled person, and the level of pervasion this has on one's self (Bicknell, 1983). On p.137, when Hanser begins to use the term "hero" as interchangeable with "companion", it starts to feel like the author is defended against something more human in the people she is working with.

Sometimes technical terms appeared which could have benefitted from a short glossary at the end. It may not be in every music therapist's arsenal, for example, to be able to explain a medical term

such as peristalsis (p. 134). Likewise, some music therapy techniques such as facilitated breathing (p. 126) were provided without definition; I felt unsure whether I knew exactly what Hanser was referring to.

Some short sections did have some useful recommendations; active listening (p. 107), and the use of pranayama, or breath work, are suggested as being helpful in music therapy (p. 156). It would have been useful here to draw on research carried out on projects similar to the UK-based *Singing for Breathing* (Royal Brompton and Harefield NHS Foundation Trust, 2019), a service now widely available in the UK as a result of an emerging body of research (McNamara et al., 2017).

When making recommendations to other therapists, I feel some ideas would benefit from additional discussion and evidence support. Hanser talks about the therapist working “magic” (p. 91) and refers to the therapeutic relationship as framed (by the therapist) in such a manner “that their companions become their muses” (p. 91). This is a dangerous statement with little knowledge, thought or respect as to the personal boundaries that should be adhered to by both patient and therapist, in order that safe, beneficial work can be carried out.

The case studies mostly emphasise an individual’s relationship with music; there seemed to be little consideration of an individual’s relationship with their music therapist, or whether their therapist might also have a relationship with music. If we take the psychoanalytic idea of needing to be able to tolerate separation in relationships, and therefore gain perspective from outside of the self (Britton, 1989), it feels like Hanser is advocating operating at a much earlier stage of relating, only considering the relationships within oneself, which does not allow for further development. The lack of psychoanalytic thinking in this book, a significant theoretical body utilised by a considerable number of music therapists, feels like a major omission. At other points, Hanser seems to suggest that all the music needs to be in music therapy is “relaxing”: this is referred to several times (pp. 105, 111, 114) and, in one instance, is taken further with the suggestion that the music provided should enable patients to “relax and focus on the positive” (p. 137).

Towards the beginning of the book, Hanser states her desire to be scientifically rigorous when considering Eastern medicine alongside Western. I would argue, however, that there is little evidence for a lot of the theoretical notions she advances. It feels less of an attempt to marry the two worlds together than it does a motion to advance Eastern medicine, and music therapy’s place within it. I suggest that this book would benefit from a major rewrite.

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