ETHNOMUSIC THERAPY: AN INTERDISCIPLINARY APPROACH TO MUSIC AND HEALING

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Music has historically been, and continues to be, an essential component of the practices of traditional healers in most of the tribal and other indigenous cultures throughout the world that are not primarily oriented toward the Western medical model. This is certainly well supported in the ethnomusicological literature, for example, in *Musics of Many Cultures* (May, 1993), a wide-ranging survey of 19 world music traditions. In the chapters on the musics and cultures of Indonesia, the Australian Aborigines, several sub-Saharan African cultures, North American Indians, Eskimos, South American Indian cultures and others, there is an overwhelming emphasis on the role of music in healing in the traditions of shamanism and spirit possession rituals. A study of these traditions within their cultural contexts can provide the basis for a better understanding of the role of music as therapy in modern health care settings (Moreno, 1988).

The role of music in shamanic practice is integral to the encouragement of trance induction in many world cultures. Music facilitates the shaman’s travels to the spirit world to establish those connections that will be of benefit to the patient. The use of rhythmically repetitive music, supportive of an altered state of consciousness, is a typical characteristic of many shamanic musics. From their own perspective, Siberian shamans have described the role of music and healing through the metaphor of the shaman’s drum as his horse that allows him to fly to the sky to encounter the world of the spirits (Eliade, 1974). From the objectified perspective of Western culture, the role of music in shamanic healing ritual can be explained in several different ways.

One can suggest that the purpose of music is to serve as a physiological stimulus leading to an auditory driving of the alpha and theta waves (Neher, 1962). Or, music can be seen as one of a variety of critical and culturally-conditioned prompts (such as related elements of dance and drama) in rituals in which both shaman and patient are willing participants subscribing to a socialized belief system (Rouget, 1985). This belief system predisposes the shamans to enter the trance state, in response to specific music stimuli that are played at certain times and, under culturally determined conditions, shamanic music associated with certain spirits can direct the content of the shaman’s “imagery” of those entities.

The rhythmic connection between shaman and patient can be seen as an expression of the universal principle of rhythmic entrainment that refers to the phase-locking that occurs when two or more objects that are pulsing at nearly the same rate tend to lock in and begin pulsing at the same rate (Moreno, 1988, p. 271). This links the two in a way that may help us to better understand how the shaman is able to influence the psychological and physiological state of the patient. The music presented in shamanic ritual rhythmically bonds the healer and patient, thereby maximizing the patient’s faith in the prevailing belief sys-

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tem (a psychological dimension) and this in turn positively affects the possibilities for change on the physiological level. In many shamanic traditions, there is less distinction between mind and body than is characteristic of the biomedical approach and this more unified view of illness provides a positive alternative to the compartmentalization of treatment associated with the Western medical model.

From still another perspective, the music in shamanic ritual can be considered a stimulus that sedates and distracts the left hemisphere of the healer’s brain from immediate temporal distractions, thereby liberating the right hemisphere to attend to the conceptualized world of the spirits (Moreno, 1988). Unlike Western art music, shamanic music is not always music to attend to, but often music to help us stop attending, to let go.

In rituals involving spirit possession, a medium becomes possessed by a spirit deity in response to specific music stimuli. As in shamanic practice, music serves to support the process of trance induction. In trance, the medium is empowered in a God-like state and is also able to provide direct consultation with the spirits for other participants in the ritual. For mediums, the trance state can be seen as a means of transcending and escaping the self in a therapeutic way that is socially sanctioned and valued by the community.

It is unfortunate that music has been reduced to such a secondary role in the mainstream of Western psychotherapy and medicine. In this writer's opinion this has adversely affected the efficacy of these modern medical practices. The growing holistic consciousness within the health care professions has led to a renewed interest in the integration of music and the other creative arts into forward-looking approaches to psychotherapy and medical interventions. This reflects an increasing awareness of the limitations of single focus verbal-only or medical model-only approaches to health care. The medical model approach typically centers around diagnosis of specific physical symptomatology, with treatment directed toward causative factors as viewed from a physiological perspective. Medical treatment is carried out without fully addressing the predisposing factors to illness in the patient's social and interpersonal circumstances and the potential to alter these in ways favorable to healing. The medical model approach also rarely provides adequate attention to reinforcing patients’ belief in their capacities to actively participate in their own wellness in conjunction with prescribed medications. There has been an emerging disillusionment with these outdated and pervasive systems that is finally beginning to be addressed.

Sources

Music therapy is a modern discipline that appears to have many direct sources and connections in indigenous world music and healing practices that are applied within the modern Western health care setting. Music therapists work with a broad spectrum of client populations including psychiatric patients, the developmentally disabled, the blind, the deaf, the orthopedically handicapped, the chemically dependent, autistic children, the geriatric population, prison inmates and others. In each area of application, music therapists are concerned with the direct uses of music in the therapeutic context to bring about psychological changes (as measured by overt behavior) and/or physiological change (as measured by standard medical criteria). In comparison with the ancient world traditions of music and healing, music therapy has had only a 45-year history as a recognized profession. The National Association for Music Therapy and the first university degree program in music therapy in the United States were both established in 1950. Yet, in that brief period, the field of music therapy has experienced phenomenal growth. At this time, more than 70 American colleges and universities offer music therapy degree programs, several offering training through the doctoral level. Music therapy has become an accepted practice in a wide range of clinical facilities and music therapy clinical practice and professional training programs can be found internationally in more than 35 countries.

The breadth, quality and quantity of the music therapy-related research has enabled us to objectively measure the influence of music on behavior as well as a wide variety of physiological parameters. This research, which has been carried out by music therapists, experimental psychologists, neurologists and others, has helped to provide measurable data that support the values of music in healing that have long been empirically understood by traditional healers. The two volumes of the Music Therapy Index (1976, 1984) and the Music Psychology Index (1978) are each voluminous and multidisciplinary compendiums of citations of music therapy-related research, and the Journal of Music Therapy, a primarily research-oriented journal, has been published since 1950. Additionally, music therapy research and other profes-
Therapy based at the Hogeschool Nijmegen in Holland. This system provides an international on-line database and electronic mail capability currently to music therapists in nine countries and is rapidly expanding to others (Maranto, 1993).

Music therapists, using such techniques as music and imagery with psychiatric patients or applications related to stress and pain management, are developing aspects of the venerable shamanic music and healing traditions within the modern health care setting. In music and imagery work (a commonly employed contemporary music therapy technique), we can see many interesting parallels with shamanic music and healing practices (Moreno, 1988).

The usual approach to music and imagery in music therapy clinical practice involves work with either individuals or groups in which a period of progressive relaxation is followed by the playing of a selection of recorded instrumental music. Although there are many approaches to music and imagery, which may or may not involve verbal guidance from the therapist, in its most essential form the principle is that the music will induce an altered state of consciousness supportive of mental imagery. This music-induced imagery will typically be reflective of significant emotional issues that might ordinarily be repressed, and the therapist will subsequently verbally process these issues with clients in ways that are therapeutically beneficial.

In some forms of shamanic practice, the music serves to support the shamans’ travels to the spirit world, to enable them, for instance, to enhance connections with the appropriate spirits for the benefit of their patients. By comparison, in guided imagery and music, 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. The music assists the patients in traveling to their own unconscious to discover and come to terms with important inner material (Summer, 1988). In both music therapy and in traditional healing, we can see the common element of music that serves as a symbol of the healing power of the practitioner. In both settings, the music supports the relevant belief systems that lead to imagery. In turn, the resultant imagery, as amply demonstrated by research into the placebo effect (Achterberg, 1985), helps to realize the desired psychological and physiological changes. Achterberg has defined the placebo effect as “just another descriptor for a physical change that happens in the absence of any known or accepted medical intervention” (1985, p. 84). Further, according to research carried out by Wolf (1950), the placebo effect has been reported to account for healing in 30 to 70 percent of all drug and surgical interventions. Finally, as Achterberg has noted regarding the implication for utilizing the potential of the placebo effect, “The wonder is that scientists have invested so much effort in ‘controlling’ for it, and so little in identifying how it might be used to best advantage in health care” (1985, p. 86).

Imagery may stimulate the immune system in disease control (Rider, 1987) and activate endorphin production in pain management (Goldstein, 1980). In Rider’s work (1987), improvised music, rhythmic entrainment and imagery were combined for the purposes of pain management and disease control. In one case, a diabetic patient demonstrated a marked decline in blood sugar variations in response to this personalized approach to music and imagery. Goldstein (1980) investigated the relationship between endorphins and music. He found that half of the subjects in his study experienced what he termed “thrills” in response to emotionally arousing music, exhibiting a biochemical response suggestive of endorphin production. These musically stimulated endorphins are released not only in the brain, but throughout the bloodstream (Roskam, 1993).

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 serve 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 spirit 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, expressing conflicts musically rather than verbally for emotional release and enhancing feelings of group support and individual self-esteem.

Unfortunately, the music therapy profession has
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not made more than a token effort to understand and develop these connections, which are too often dismissed as only an historic legacy without present significance. Music therapy theory simply cannot be constructed on the basis of scientific research carried out only in controlled experimental settings in Western culture. The role of music in therapy cannot possibly be fully understood without drawing from an exhaustive ethnographic study of the role of music in traditional healing practices throughout the world. A universal theory of music therapy needs to be developed, a culture-free conceptualization that would be equally applicable to all persons in all cultures without being slanted either toward those persons served by traditional healers or those served by practitioners working within the Western biomedical culture. A failure to develop this kind of all-embracing approach to music as therapy would reflect an ethnocentric bias that can only be self-limiting as well as false.

Music Therapy and Ethnomusicology

The field of ethnomusicology has made extensive and substantive contributions to our understanding of world music and healing ritual practices. In this regard, Roseman (1988, p. 811) has suggested that the study of music in indigenous healing practices should address three perspectives (i.e., “the formal musical structures, the indigenous theories that inform these structures, and the strategies by which they are informed and experienced by participants”). However, despite the excellent and painstaking ethnomusicological research into music and healing traditions carried out by Roseman (1991) and others, there still exists a void not adequately addressed by ethnomusicologists or by music therapists, and that is our very limited understanding of the specific immediate and long-term effects of traditional music and healing rituals upon the measured health of the patients involved. This humanistic and medical component of research into these traditions should certainly not be neglected. For example, in the ethnomusicological literature, in the otherwise excellent research on songs in Piman curing carried out by Bahr and Haefer (1978), the principal elements of music and ritual are carefully investigated, presented and explained, but information regarding the physiological effects of these practices upon the patients involved is entirely lacking. In fact, an examination of the Journal of Ethnomusicology from 1957 through 1991 revealed not a single article that integrated traditional ethnomusicological concerns along with specific physiological data regarding the effects of described music and healing rituals upon patients.

Approaches to Research

The American Institute of Cancer Research is currently funding extensive ethnobotanical field research to glean what remains of the herbal knowledge of shamans in the Amazon in areas such as Brazil, Peru and Equador (Schephartz, 1991). The goal is to test the many as yet unstudied medicinal plants that might have potential for synthesis in modern medicine for cancer therapy. Some traditional herbal treatments seem to be medically benign, their benefits being more related to the placebo effect, and are only of value within the cultural matrix. Other herbal preparations discovered by traditional healers have been found to be extremely medically effective outside of the cultural context and have been widely synthesized and prescribed in Western medicine.

The same potential may exist for adapting music-healing practices into modern music therapy and medical interventions. Many practices may prove to be so culture-bound as to be unadaptable. However, musics used in healing ceremonies can be analyzed in terms of such variables as their tonal modes, rhythmic patterns, 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. Similarly, although research into traditional medicine related to potential applications outside of the indigenous cultural context has focused almost entirely on the herbal-medicinal side, evidence of the emotional component in disease control is now becoming increasingly validated.

Music therapists have the needed expertise in the clinical applications of music in therapy in contemporary institutional settings to conceptualize the transition from the use of music in traditional ritual to its practical adaptations in modern health care. Certainly it would be naive and purposeless to attempt to literally recreate traditional music-healing rituals in modern hospitals involving patients from an entirely different culture. In fact, many so-called “neo-shamanic” practices are doing just this, involving drumming groups and other traditional practices for therapeutic purposes in modern culture in ways that
are often entirely inappropriate for the context. Rather, what needs to be sought out and identified are those essential elements in music-healing rituals that, at least when appropriately adapted, might sustain a positive effect that could transcend cultural-contextual boundaries.

For example, in examining the music apart from the ritual context, one might find in a particular music-healing ritual that the singing of specific songs or chants is the central focus of treatment for certain types of patients. By studying these songs or chants in relation to such considerations as their melodic and modal structures, rhythmic structures, duration, text, times of performance in relation to the condition of patients with known pathologies, whether sung by individual singers or groups, whether sung accompanied by musical instruments or without accompaniment, the choice and timbre of instruments that are used, the decibel levels of the performance and so on, it could be possible to determine how essential aspects of the music could be best adapted into a modern music therapy treatment design.

A healing song or chant in a modern adaptation might change textual references directed to spirits or other entities to a generic higher power or the closest equivalent in the adapting culture or might even be secularized. The language of the text would certainly be translated to the language of the adapting culture, with unfamiliar vocables replaced by more familiar Western vocables. Unfamiliar melodic configurations could be altered to a style more characteristic of the adapting culture while still trying to retain basic elements of the original song such as tonal range, intervallic sequence in relation to textual implications, meter, emotional character and so on. If the original music was accompanied by culturally indigenous instruments, then when adapted it could be accompanied by the closest culturally parallel indigenous instruments of the new culture.

The object of this kind of approach is to isolate the essential musical elements critical in the healing process. Aside from the power of ritual and the general role of musics performed in healing rituals in stimulating the patient’s belief system, could it be that specific musical elements, such as the duration, intensity or timbres of specific music stimuli, might have psychophysiological effects upon certain ailments as yet not fully understood, but empirically arrived at in the practice of traditional healers? If we eliminate the culturally limiting context of these music stimuli and present them in ways adapted to a modern clinical setting, we might well open new doors in our understanding of the relationship between music and the psychopathology of disease.

In music therapy research, we often try to control for the influence of music as an independent variable, as separate from the presentation of the music, particularly when the music is directly presented by a therapist rather than from a recorded source. This is similar to isolating the musical stimuli in a traditional music-healing ritual from the charismatic power of the healer and the total ritual context. In both instances, we are looking for the critical music elements that can be separated from the overall context of music presentation.

The obvious question here is whether the music used in healing in any traditional culture can be transferred, even in an adapted form, and still retain any of its healing power without the support of the performative ritual context and symbolic meanings that are embedded within a collective belief system. Rouget (1985) contended that music and healing paradigms in shamanistic trance or spirit possession are entirely inseparable from their contexts. At the same time, this does not suggest that musical sounds themselves have no power as psychological and physiological stimuli outside of a given ritual setting. Trance induction is only one aspect of traditional music and healing practices and, in any case, the induction of similar altered states of consciousness through techniques like music and imagery are commonplace in clinical music therapy practice (Summer, 1988) and this without a secularized ritual context. In fact, Rouget’s (1985, p. 56) definition of trance as “an altered state of consciousness conforming to a cultural model” is broad enough to fully encompass the kinds of altered states routinely seen in clients engaged in music and imagery work in modern music therapy practice.

Music can certainly bring about demonstrable psychological and physiological response and change. In the area of psychological change, Bruscia (1987) referred to more than a dozen models of music-improvisation based music therapy techniques designed to achieve various psychotherapeutic goals. Music therapy is also applied in biomedical settings (Standley, 1986) to achieve such physiological goals as pain reduction, promoting sensory awareness and responsiveness in comatose and brain-damaged patients, to lower blood pressure, heart rate, stress hormone levels and muscle tension with coronary patients using music in biofeedback and in enhancing the immune system with cancer and AIDS patients.
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ture if only to determine what we can learn from this.

It should be recognized that a level of ritual also
occurs in Western health care transactions. However,
the lack of a sacrilized context and the relatively
depersonalized approach to health care characteristic
of Western medicine do not generally serve to emo-
tionally involve patients in their treatment and support
the relevant belief systems that are critical in the pro-
cesses of traditional healing. In this regard, music
therapists as well as other creative arts therapists in
art, dance and drama fill the void in Western health
care that results from the strictures of the biomedical
model. Creative arts therapists support ritual in a ho-
listic approach to patient care that engenders new be-
ief systems and actively involves patients in their
own wellness.

Even Rouget (1985, p. 82), who went to great
lengths to avoid making generalizations about music
as a stimulus in trance induction on a cross-cultural
basis, did observe that such phenomena as rhythmic
breaks, if not universal, occur very frequently in pos-
session music. Further, he found that “another rhythm-
ic feature, the acceleration of tempo, to be univer-
sally used as a means of triggering trance.” If we can
even begin to identify universal musical elements that
play a role in trance induction, in contexts of totally
disparate belief systems, we may ultimately find that
qualities of the sonic properties of music itself affect
participants in rituals in ways that may be at least as
powerful as the symbolic belief system.

Connections

Since 1975, I have carried out extensive work in
music therapy and psychodrama. In my approach,
significant problematic issues in the protagonists’
lives are elicited through musical warm-up tech-
niques, such as music and imagery or music impro-
visation, and are subsequently explored in musically
supported psychodramatic enactments. Group impro-
vised music may be cued by the director to support the
protagonists’ different feeling states during the course
of the sessions. In these sessions, which often have
the feeling of dramatized healing rituals, the impro-
vised music seems to deepen the protagonists’ in-
volvement and possession in the roles that they play.
These may include the roles of significant others in
their lives or the portraying of themselves in past,
present and future situations. Analogous to mediums
in spirit possession rituals, such as the Afro-Brazilian
candomboké, the protagonists temporarily give up their
normal persona to be taken over by the new egos they
have incorporated. The music enhances role identifi-
cation and thereby maximizes potential therapeutic

Rouget referred to a case reported among the
Tonga of Mozambique (Junod, 1913 in Rouget, 1985)
in which percussion music was played with increasing
violence and intensity for the specific purpose of in-
ducing a sick man to declare the name of the spirit
possessing him. This case is reminiscent of a music
and psychodrama session I directed and reported on
(Moreno, 1980). In this session, the protagonist was
a woman who was trying to identify the meaning of a
pervasive feeling of anxiety that she experienced in
response to improvised music created by members of the
therapy group. I then cued the supportive and
primarily percussive music ensemble to increase dra-
matically in volume, tempo and intensity to reach a
very loud, fast and rhythmically driving level. It was
only when the music had reached its dramatic climax
that the protagonist let go of her resistance and cried
out the name of her husband. The emotional intensity
of the improvised music provided the primary stimu-
lus for that critical inner confrontation and she was
now finally able to explore the previously masked
problems in her marital relationship.

A comparison between these two incidents is tell-
ing. In the case of Tonga culture, spirit possession is
seen as a cause of illness whereas, in contemporary
Western psychotherapy, problems are often attributed
to repressed unconscious feelings. However, in both
instances percussion music of growing intensity
served as the catalyst that broke down the patients’
defenses and allowed for inner awareness, confronta-
tion and growth. If this kind of cross-cultural syn-
chronicity can occur in the music and healing practices of such widely differing settings, it encourages us to discover and understand their common core. In both cases the context was similar in that healing was the intent, in which the healers anticipated positive change for the patients and the patients anticipated positive change for themselves.

Members of modern Western culture might be likely to describe the belief in the spirit world of peoples from tribal and other traditional cultures as simply a naive reflection and projection of their unconscious. However, if persons from those cultures had the opportunity to examine our own conception of the unconscious, they might also believe us to be incredibly naive and see our idea of the unconscious as simply a reflection of the spirit world! The states of “trance” and the “unconscious,” both symbolic and culturally laden terms, have many cross-cultural parallels. If we can begin to see a unity and continuum between trance states reported in various societies and other altered states of consciousness more familiar to the mainstream of Western culture, perhaps we can begin to see a similar continuum between the role of music and healing in traditional cultures and the role of music in therapy in modern Western societies.

For instance, in traditions of possession trance, such as candomblé, initiates have been conditioned to enter trance in response to the specific songs and drum rhythms of their orixas, the Yoruba spirit deities with whom they have been joined (Behague, 1984). One can hypothesize that, through the possession trance state, initiates enjoy a socially sanctioned psychic escape from the stresses of daily life and have developed a “double consciousness” (Rouget, 1985) through their incorporated orixas, a “splitting of the self” (Rouget, 1985) that can minimize life pressures. Possession trance states in candomblé, although overtly representing a ritual obeisance and submission to the spirit deities, may at the same time provide a therapeutic outlet to the initiates who become objects of veneration during the period of possession. These processes suggest, by analogy, that attaining an altered state of consciousness through music in our own culture can also serve as a temporary escape from stress. Being open and receptive to the stream of imagery and unconscious feelings that come to conscious awareness in music and imagery therapy also allows music therapy clients a way of expanding their individual consciousness as well as providing a means of relieving pressures that can result from the internalization of significant personal issues.

Cordova related his experiences of living with a tribal community of Indians in the Peruvian Amazon (Lamb, 1974). In group rituals involved in healing as well as in the teaching of tribal lore, music performed along with the intake of an infusion of the hallucinogenic vine, ayahuasca, supported states of trance and mental imagery. What is particularly striking about these descriptions is how the sequence of songs and chants controlled the progression of visions in an orderly and logically developed way. Furthermore, the shaman was able to guide the group imagery through music in such a way that all of the participants would be sharing the same visions at the same time. This was, in some respects, a far more controlled and sophisticated technique than music and imagery in modern group music therapy practice where each participant individually projects his or her own internal issues in response to the common musical stimulus. Another difference is that in Indian practices the healer would sing the musical guidance. By comparison, in modern music therapy when we provide guidance in music and imagery experiences the words are verbalized rather than sung.

These techniques of controlling the sequence and content of group imagery through music provides an intriguing model for modern music therapy practice. It could be a real advantage, for example, in work with a group of music therapy clients with similar problems, to be able to predictably presume that they would all be sharing similar imagery in response to specific music stimuli. This is just one example of an approach to music and imagery, developed in a traditional culture, that would have clear potential for analysis and adaptation into the mainstream of modern music therapy clinical applications.

A truly remarkable music and healing tradition in Western Kenya is the birth dance—the kapanga (Mulindi-King, 1990). Although giving birth is not an illness, many women experience intense physical pain associated with the birthing process. The Kenyan birth dance has real connections with the areas of music therapy and pain management and music therapy-assisted childbirth in modern music therapy clinical work.

In Kenya, this dance can only be performed by women who themselves have given birth and it is performed for just one woman who is in labor. When she begins to go into labor, she calls out and all the women who have previously given birth in the village surround her house—no men may perform this dance. The women form a circle and perform a violently
rhythmic dance with song that is punctuated by rhythmic clapping. Unlike other polyrhythmic African musics, the combined song, dance/movement and clapping all share a single clear and fast rhythmic pattern—a pattern designed to match and entrain the rhythm of giving birth as the dance continues until the child is born. The words of the accompanying song speak of pain in the first person—"I have this pain, this awful pain . . ." as the dancers identify with and reverse roles with the mother. They take on her pain and put that intensity into their dance.

All of this is done for the support of the birthing mother, with all the women of the village who have previously given birth joining in. Everything in this practice—the empathic words, the dance and the clapping—all express a single rhythmic pattern. And this continues until the mother begins to breathe with the pulse and is finally assisted by midwives as she delivers her child.

After the birth, the woman is given 41 days of rest with nothing to do but relax and care for her child. And then, something else very special happens. After the 41 days, she reassembles the dancers who previously supported her. They recreate exactly the same dance, only this time she joins in and dances with them. This time, it's a dance both for celebration as well as a dance for initiating the new mother into this supportive group. From then on she will join in the birth dances to help the next mothers who will deliver.

There is certainly a parallel in this with the practice of music therapy-assisted childbirth in our own culture in which music therapists use recorded music as a means of conditioning relaxation responses prior to and during delivery. However, our Western practices seem like a pale reflection of the Kenyan tradition; the Kenyan model is so much more group supportive and all-encompassing. This is yet another model of music and healing from a traditional culture with relevance to modern music therapy clinical work.

Ethnomusic Therapy

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. I strongly suggest that the time is long overdue to seriously consider these musical traditions for the explicit purpose of determining their potential practical applications into the modern health care setting. Collaborative research between music therapists, ethnomusicologists, medical anthropologists and medical personnel can lead to the development of a new and integrated discipline that I propose be termed ethnomusic therapy. I define ethnomusic therapy as the multidisciplinary study of indigenous music and healing practices with a patient-centered focus. Integrating the disciplines of ethnomusicology, music therapy, medical anthropology and medicine, ethnomusic therapy considers the impact of music in ritual performance upon the measured progress of patient-participants with psychophysiological problems of a known etiology. The psychological and physiological effects of music and ritual practices upon the participants need to be monitored during treatment and correlated to patient responses with procedures provided for ongoing patient post-treatment evaluations.

Developing the discipline of ethnomusic therapy will require research focused upon an ethnomedical approach. As Ohnuki-Tiery (1981) 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."

Following these guidelines, ethnomusic therapy needs to focus upon those aspects of music and healing traditions that are the products of indigenous cultural development. Ethnomusic therapy research requires in equal measure the skills of music therapists, ethnomusicologists, medical anthropologists and biomedically trained collaborators such as physicians and nurses.

Ethnomusic therapy investigations of music and healing practices would have to begin by developing cooperative relationships with the participants in music and healing rituals, including healers, patients and other participants that would allow for the intrusion of
observers bringing in audiovisual equipment and other equipment capable of monitoring physiological parameters. Although difficult, this kind of working relationship is certainly possible, as exemplified in the documentation of Maria Sabina's (Wasson, Cowan, Cowan & Rhodes, 1974) chanting ritual of the Mazatec mushroom velada. The entire ritual of several hours duration was recorded and photographed and included a follow-up on the medical progress of the patient. This ritual was subsequently verbally transcribed and translated in its entirety and the several hours of shamanic chanting transcribed into Western musical staff notation. Similarly detailed studies have since appeared, such as the work of Laderman (1991) on shamanistic performance and Roseman (1991) on Teimiar music and medicine in Malaysia.

The primary contributions of the disciplines involved in ethnomusic therapy research are:

1. Ethnomusicologists, steeped in the cultural belief system, can interpret the meaning of song texts, analyze the musical structure and the relationship between the music, the belief system and the ritual.
2. Music therapists can focus on observation and analysis of patient behavior before, during and after treatment and they can look for correlations between the music and patient responses and changes in behavior. Pre- and post-treatment patient interviews can assist music therapists in gaining an understanding of the patient's perceptions about the role of music and its effects at different stages of the healing process. Music therapists can also serve to isolate those critical elements of the process that could potentially be adapted into modern clinical practice.
3. Medical anthropologists can bring to the research team a basic understanding of how a culture under investigation conceives of and deals with illness. Without fully understanding a health care system from the insiders' point of view of the healers and patients involved, no medical research can realize meaningful results. This would involve, for example, seeking parallels that may exist between indigenously described ailments and those recognized by modern biomedical systems and psychiatric classifications. Of equal significance would be the determination of criteria for improvement or cure as defined from within the cultural system. This framework for insight into the cultural relativism of both biomedical and psychiatric criteria is critical to the implementation of research and appropriate research design as well as to the creation of appropriate methods of evaluation and the ultimate assessment of research data.
4. Medical personnel can provide an invaluable resource in helping to diagnose ailments of more allopathic diagnostic categories prior to treatment and in continuing to evaluate medical progress after treatment. Medical personnel can assist (when permitted by the participants) in measuring ongoing patient physiological responses to the music through parameters such as EEG, heartbeat, pulse and respiration. Portable equipment for measuring these parameters is available, but the primary problem would be gaining patient and healer consent for bringing this kind of equipment into the healing context. Although physiological monitoring equipment would be intrusive, the case referred to earlier of Maria Sabina (1974) and such recent research as previously cited of Laderman (1991) and Roseman (1991) certainly demonstrate what can be achieved in this regard. The potential effects of these intrusions on practitioners and patients as uncontrolled variables on research measures need to be considered. Presumably these would be minimized over time as the result of developing trusting relationships between researchers and subjects and the growing acceptance of the monitoring equipment as a constant factor.

Conclusions

Finally, the combined results of an interdisciplinary research team utilizing the skills of professional investigators from the fields of ethnomusicology, music therapy, medical anthropology and medicine can result in new kinds of information that could not be realized from research stemming from any of these disciplines applied independently. Through this kind of interdisciplinary cooperation, it can become possible to integrate our understanding of the relationships between ritual, music and the health care-related belief system, observations of patient behavior as well as the eliciting and recording of patients' subjective responses, and this in conjunction with objective measurement of physiological parameters and general medical progress.
Ethnomusic therapy has clear implications for clinical practice as well as research. Music therapy theory would be expanded to include the broader frame of reference derived from the data to be obtained by ethnomusic therapy interdisciplinary research. This, in turn, would lead to the creation of new music therapy techniques as well as to an expanded multicultural perspective in music therapy clinical practice. Music therapists involved in clinical work could proceed with an enhanced awareness of their symbolic role as contemporary shamans taking fuller advantage of the healing powers of music demonstrated by the work of traditional healers.

Ethnomusicologists involved in field research could begin to give more attention to the specific effects of music and healing rituals upon the patients involved whereas medical anthropologists and biomedical professionals could better integrate music and medicine as well as develop more holistic attitudes toward health care. As Achterberg (1985, p. 75) has eloquently expressed, “The finest medicine of the future will be practiced by those who take the best from the shaman and from the scientist” and ethnomusic therapy research will certainly help to realize this integration on the levels of both theory and practice.

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 sociocultural milieu of modern health care systems.

References


