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Publication Date

2016-04-01

Undergraduate

**MUSIC AS MEDICINE: A LITERATURE REVIEW AND PROJECT PROPOSAL FOR
“ETHNOMUSIC THERAPY” AND MEDICAL ETHNOMUSICOLOGY**

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Ethnomusicology 183: Study of Ethnomusicology

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20 March 2016

Keywords: music, medicine, ethnomusic therapy, medical ethnomusicology, music therapy, healing, dementia, Alzheimer's disease, music education, community group improvisation

Abstract

“Ethnomusic therapy” and medical ethnomusicology are emerging subdisciplines in the field of ethnomusicology that explore issues of music, health, medicine, education, and culture. Drawing from methodologies in the arts, humanities, and sciences, researchers in the field come from a variety of disciplines and examine different aspects of music and health research. While clinicians such as music therapists, nurses, and doctors tend to focus on improving patient care and treating diseases, fieldworkers such as ethnomusicologists and anthropologists generally investigate issues pertaining to music and culture. Collaborative efforts, while currently limited, have the potential to address public health issues in cost-effective and culturally sensitive ways.

Introduction

Since antiquity, music has been an important sociocultural activity evident in virtually all human societies, regardless of social, political, or economic status. Although music has long been used in various ancient cultural traditions as a form of healing, its use in modern treatment modalities as music therapy has only recently become of interest to medical professionals in the last few decades. Music therapy as an allied health profession grew from the demand for rehabilitation programs for World War 2 survivors in the early 1940s and was officially established in 1950 with the formation of the National Association for Music Therapy (NAMT) in the United States (Chiang 2008:30).

Since the field is relatively new, standard methodologies for practicing music therapy have yet to be consolidated and research is scarce. But recently, scholars from various disciplines have been working to develop theories and frameworks for improving the practice of music therapy, especially given that the current music therapy paradigm is primarily focused on using Western classical and folk genres which may not cater to those with non-Western cultural sensibilities. Spearheading this movement are pioneers of integrating world music practices into music therapy practices such as ethnomusicologist Benjamin Koen, who defined the term “medical ethnomusicology” in his 2003 article (Koen, 2003:28) and Joseph Moreno, a music therapist who coined the term “ethnomusic therapy” in his 1995 article (Moreno 1995:336). Both are authoritative contributors to the discourse of incorporating cultural values into music therapy modalities.

While primarily a literature review of the different perspectives involved in music therapy, this paper is a synthesis of interdisciplinary research sources that explores the

intersection of music and health as it pertains to improving health and well-being, and culminates with a project proposal focusing on the role of music therapy interventions in elderly patients with dementia and their caregivers. In the course of my research, which I conducted by searching through online psychology, music, and biomedical databases, I have found a variety of informative and insightful sources that elucidate the potential for improving the lives of care-receivers and caregivers alike in educational and community programs, residential and nursing homes, and hospital settings.

This paper is organized into three main sections: (1) the Literature Review, which is structured by exploring the various source materials that are analyzed, the perspectives of each of the authors, and the relationships that develop from music therapy interventions; (2) the Music as Medicine section, which details how medical ethnomusicology, ethnomusic therapy, and music education intersect; and (3) the Proposed Project section, which discusses research methodology, ethical considerations, and future directions, in addition to my own proposal for a project I am potentially interested in bringing to fruition in the future.

Literature Review

Source Types

In wanting to learn as much about the topic as possible, I perused online databases and libraries to find a broad range of source types written by authors in different fields with different backgrounds. Since music therapy is inherently interdisciplinary, I found that I was able to glean different perspectives from the musicologists, ethnomusicologists, physicians, nurse practitioners, music therapists, and care-receivers and caregivers involved in the studies. Source

types include primary literature, book reviews, PhD dissertations, interviews in MA theses, articles, and handbooks. Out of a total of eleven sources, I utilized four articles, two book reviews, a literature review, two master's theses, a Ph.D. dissertation, and an edited collection.

The book reviews, such as Robert Legg's 2015 review of McFerran and Rickson's *Creating Music Cultures in the Schools: A Perspective from Community Music Therapy*, were the quickest reads and provided a sample of potentially relevant source material if I were to go further in exploring that resource, whereas the literature review by David Aldridge (1993) provided the most scientific background and examples of biomedically-related research relevant to music therapy. The articles, particularly Mariko Hara's 2011 article on music in dementia care, were directly relevant and concise, whereas Koen's edited collection was particularly dense, and only certain chapters yielded useful source material for the purposes of this project.

In my experience, I found the dissertations and theses to be the lengthiest and most arduous to work through, but also the most comprehensive and rewarding. Each dissertation and thesis provided original and substantial source material summaries, along with careful research design, data collection, and analysis of findings, usually replete with case studies that corroborated the assertions of the author.

For instance, in May May Chiang's 2008 M.A. thesis entitled "Research on Music and Healing in Ethnomusicology and Music Therapy," she explores notions of Western music therapy and ethnomusic therapy and ultimately encourages more collaboration between researchers from arts and science backgrounds, stating "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” (Chiang 2008:25). Her first chapter discusses music and healing in scholarship prior to the formation of medical ethnomusicology and presents seminal works, citing Paul Radin’s article “Music and Medicine Among Primitive Peoples” (1948), which “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 ... created many problems such as distorting our picture of aboriginal society” (Chiang 2008:14). This suggests one reason for the stigma attached to implementing world music practices in modern medicine modalities.

Jennifer Davis, in her 2013 M.M. thesis, comments on the application of medical ethnomusicology within Western music therapy, contending that her “thesis provides music therapists evidence to illustrate that these indigenous healing practices are valuable therapeutic tools for promoting physical, mental, and emotional health” (Davis 2013:10). She aims to persuade readers that music therapy “healing practices can demonstrate how the medical community, as a whole, can incorporate consciousness, thought processes, and emotions into their medical models. Implementing indigenous healing practices must include an understanding of the cultural values and meaning from which they originate” (Davis 2013:10). Additionally, she recounts the history of medical ethnomusicology and Western music therapy, and looks for trends in multidisciplinary studies in healing. In subsequent chapters, she examines the Native American flute as a model instrument for music therapy with Alaska Native Morgan Fawcett, who was diagnosed with Fetal Alcohol Spectrum Disorder (FASD) at age 15, West African drumming circles as a group music-making activity, and the use of toning to realign chakras in relation to self before concluding.

Perspectives

The background of the author is particularly revealing in that it provides the context for which the author writes. In the eleven sources I gathered, I garnered the perspectives of graduate student researchers in various fields, board certified music therapists, music professors, ethnomusicologists, medical anthropologists, and indirectly, nurses and physicians whose views are cited by the social science researchers.

The discipline-specific goals of health-care-oriented researchers and ethnomusicological researchers differ as much as do those of medical practitioners and music therapists, and it is often difficult to keep the focus on the patient. Therefore, it is important, when conducting collaborative research, to keep the patient's health and wellness needs as the primary priority.

In cancer care research, the disease is often difficult to treat and requires extra planning and vigilance on the part of the music therapist as “awareness of the patient's treatment phase and prognosis are emphasized to formulate music therapy goals, which encompass psychosocial, physical, and neuropsychological domains” (Bates 2013:56). Since “a music therapist's level of training and expertise directs the types of work that can be accomplished within a hospital setting. [researchers] caution that advanced training is needed to implement some of their interventions” (Bates 2013:57). Thus, there is a need for clinician-scientists with training in the arts and social sciences to contribute to care for patients with complicated diseases.

Playing the roles of both a music therapist and a researcher, Rebecca Loveszy explores the music therapy research process on two fronts in her Ph.D. dissertation entitled, “Musical Journeys: Music Therapy with Latin American Mother-Infant Dyads in a Substance Abuse Rehabilitation Program.” She chronicles the musical journey of three case studies of dyads

during the twelve music therapy sessions and weaves the stories of each into a “musical tapestry.” Loveszy follows up five years later, and while not all outcomes of the musical intervention were successful in the long run, it did demonstrate that longitudinal studies are important in measuring the efficacy of the therapy over time. As a music therapist, Loveszy is able to relate to her clients as a clinician, and as a researcher, she is able to collect and analyze her own field work without having the issue of interpreting another researcher’s work.

Another particularly important perspective is that of Koen, an ethnomusicologist and medical anthropologist who edited the *Oxford Handbook of Medical Ethnomusicology*, a compilation of articles pertaining to the theory and practice of medical ethnomusicology. As an ethnomusicologist, Koen contributes valuable insights on the musical and cultural attributes of music therapy, while as a medical anthropologist, he can speak from the standpoint of a health care systems analyst. These perspectives give Koen the authority to provide the reader with valuable insights into the relationship between ethnomusicology and medical anthropology.

Relationships

The relationships that exist between the care-receiver, other care-receivers, caregivers, music therapist, and researcher are vital in determining the efficacy of music therapy and quality of research. Loveszy focuses on the importance of a “musical triangle,” which comprises “moments in time when a musical interaction binds mother, infant and therapist” (Lovesky 2005:101). While this pertains to the dyadic relationship of mother and infant, this could be extended to the relationship of care-recipient and caregiver, for instance, between an elderly grandmother and her daughter. Also important is the perceived status among care-recipients.

Some patients may not feel comfortable performing music if they are self-conscious or have low self-esteem, especially in social settings. For those patients, music therapy can help give self-confidence, encourage social interaction, and provide a safe space to improvise creatively.

As a researcher, building rapport with a client and his/her caregiver is essential to maintaining a healthy, honest relationship in which both sides can trust each other. Much care must be taken to establish a positive relationship. In Hara's research experience, she details that before she started collecting data from the Alzheimer's Society's Singing for the Brain (SFTB) service, she worked as a weekly volunteer with the group for eight months (Hara 2011:41).

While one does not need to spend eight months volunteering prior to starting research, it is of paramount importance to develop trust, as illustrated by Loveszy's experience with Rhea and Matthew, a mother-infant dyad in which the mother "did not appear to be forthcoming regarding her history and seemed to be having a difficult time establishing trust with me as her therapist" (Loveszky 2005:73).

Music as Medicine

In his overview of literature to the present, Aldridge states that "Music therapy is also recommended for the rehabilitation of patients who have difficulty in expressing their feelings and communicating with others" (Aldridge 1993:15). He cites communication as the primary roadblock between the care-receiver and others, and music therapy as an effective treatment option. While he supports the use of music therapy, he is also critical of current research designs: "The obscure observations in the realm of psychotherapy highlight a critical feature of music therapy research; well-intentioned, and often rigorous work is spoiled by a lack of research

methodology” (Aldridge 1993:29). Aldridge laments that

Much of the research work has been developed within the field of nursing where the use of music is accepted as a useful therapeutic adjunct. Not surprisingly, the work from this field has concentrated on medical scientific perspectives. There is almost a complete absence of cross-cultural studies or the use of anthropological methods that would bring other insights into music therapy. (Aldridge 1993:29)

With the advent of medical ethnomusicology and ethnomusic therapy, cross-cultural insights can now permeate the field of music therapy, strengthening the quality of its practice and research.

Medical Ethnomusicology and Ethnomusic Therapy

As delineated by Chiang, “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” (Chiang 2008:79). While the complementary fields use different approaches, they overlap in attempting to apply the research into the modern health care system to benefit the patient.

Additionally, Chiang juxtaposes Western music therapy practices with traditional music and healing in her second chapter, differentiating the two disciplines:

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. (Chiang 2008:26)

Chiang goes on to explain the current medical model paradigm in the West: “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” (Chiang 2008:33). In this sense, music therapy services are commodities. Ironically, in indigenous societies, where modern medicine is a luxury many cannot afford, the reverse is true, in that “traditional music and healing usually serves as the primary health care system in the developing world” (Chiang 2008:35). In an attempt to address the widening gap between music therapy and ethnomusic therapy, Chiang urges the majority of music therapists, who do not see the value of applying traditional healing techniques in a modern clinical context, to consider incorporating cultural sensibilities into the music therapy treatment (Chiang 2008:70). As a whole, this thesis encourages researchers in ethnomusic therapy and medical ethnomusicology to collaborate in studies more frequently.

Medical Ethnomusicology: Music as Medicine

As both an approach and a practice, “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” (Chiang 2008:67). While medical ethnomusicology contributes the discourses on music and healing among various disciplines across the humanities and sciences, it is a relatively new field that requires an establishment of methodology.

Despite the formation of a Special Interest Group for Medical Ethnomusicology within the Society for Ethnomusicology in 2010, there remains a lack of interest in the field at large

from an ethnomusicological standpoint, since there are limited job opportunities in academia and “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” (Chiang 2008:77).

Ethnomusic Therapy: Music as Therapy

Moreno, who coined the term in 1995, suggests a definition of 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. (Moreno 1995:336)

Since most professionals focus on a single field and often lack experience in other fields, collaborative work by various experts is required for the research in Moreno’s proposed field, “ethnomusic therapy,” in which each specialist contributes his or her expertise. Such a model as suggested by Moreno might incorporate the functional roles of ethnomusicologists to interpret the meaning of song texts, analyze the music texture, and the belief system and rituals, while the music therapist could observe and analyze patients before, during, and after treatment, looking for correlations between music and patient responses and changes in behavior as well as find ways to adapt to modern clinical practice. At the same time, medical anthropologists could examine cultural understanding of an illness from an insider’s point of view to better understand their cultural etiology while medical personnel could provide invaluable help in diagnosing allopathic diseases and monitoring physiological responses via parameters such as EKG,

heartbeat, pulse, and respiration.

He also contends that “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” (Moreno 1995:332). Additionally, “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” (Moreno 1995:332).

Music Education as Therapy?

As theoretical physicist Albert Einstein once said, “Once you stop learning, you start dying.” Learning to play a musical instrument or singing a song engages both hemispheres of the brain, which can contribute to increased mental health. But as Legg mentions in his review, we must decide “whether the practices [the authors] propose are fundamentally acts of therapy at all or whether they should be categorized as acts of education” (Legg 2015:758). As Davis has pointed out, “while music education is not referred to as music therapy, its therapeutic results cannot be ignored” (Davis 2013:56). Thus, although music education is not strictly defined as a music therapy, the act of learning music can have health-conferring benefits to the patient.

Proposed Project

Proposal: Music as Mental Medicine: The Therapeutic Effects of Group Improvisational Music in Elderly Patients with Dementia

While the increase in average life expectancy in the 20th century is a result of the tremendous improvement in healthcare, it also poses challenges for the elderly, as increasing age is a risk factor for many neurodegenerative diseases such as Alzheimer's. Historically, music has been used by shamans in many ancient cultures to treat health problems, but it has long been dismissed in the West as an ineffectual alternative medicine. Today, Western music therapy is gaining traction, especially in areas of research dealing with neurological function impairment such as dementia.

In this project, I want to investigate the use of group improvisational music as a therapeutic intervention aimed at facilitating creative activities to help elderly patients with neurological diseases such as dementia to prevent loss of cognitive function and improve wellbeing. In addition to a balanced diet and physical exercise, research suggests that mental stimulation and social activity—both facets of group improvisational music—are recommended for both prevention and treatment of the disorder (Mangialasche, 2012). The hypothesis behind this proposed study is that since a major cause of progressive cognitive diseases is a lack of mental stimulation and social activity, both of which tend to decline with age, group improvisational interventions may be an effective way to combat both risk factors and slow down the irreversible effects of neurodegenerative brain diseases. The benefits of minimally invasive, non-pharmacological techniques, such as music therapy, cannot be overstated: in addition to having fewer complications and a higher success rate at preventing degradation of

normal brain function, music therapy is a cost-effective intervention that could improve the overall health and well-being of those suffering from dementia.

Challenges

As with any type of research dealing with human subjects, especially elderly who are medically impaired, obtaining liability clearances and approval from the Institutional Review Board (IRB) will be challenging. Although for this term paper I was unable to interview dementia patients or their caregivers due to time constraints, I was able to find the next best thing—relatively new literature that details accounts of interviewed dementia patients and their caretakers. In fact, this source, Hara's 2011 article, proved to be extremely useful, as it provides detailed methodology and careful research design practices carried to fruition from the initial conception of the research project, throughout implementation, data collection, analysis, and formal presentation in the form of a published article.

Ethical considerations will inevitably arise from both ethnomusicological and medical vantage points. For instance, is it appropriate for outside cultures to implement the Native American flute for musical healing? To quote Davis, "When discussing the Native American flute's use inside and outside Native culture, authenticity and intellectual property rights become important issues to Native Americans, even more so when non-Native cultures appropriate the Native American flute specifically for the purpose of music healing therapy" (Davis 2013:62). In another case, as Hara mentions in her article, "a key concern related to such studies ... is the inherent difficulty in approaching those suffering from dementia to obtain data, particularly as dementia progressively destroys the cognitive functions. There are debates and ethical issues

associated with conducting social research with people with dementia” (Hara 2011:35). While answers to these questions are outside the scope of this essay, a possible solution is to interview the caregivers to obtain their perspective, as their health and quality of life is also largely affected by and tied to the well-being of their care-receivers.

Future Research Directions

Though current community group improvisation programs exist, many could benefit from viewing the practice of music therapy through the lens of a medical ethnomusicologist or ethnomusic therapist (Grocke, 2009). Similarly to how Loveszy implemented singing into her interview to engage her interviewee, we can approach research methodologies from novel, creative perspectives. Medical practitioners and music therapists can improve their practices by considering the cultural sensibilities of their clients and collaborating with researchers to better care for the patient. Additionally, researchers should build rapport with the care-receivers to establish a relationship, formally ask for written consent to conduct research and ensure mutual understanding, and explore ethical issues in future interdisciplinary research efforts.

In sum, there is no single approach to integrating ethnomusic therapy and medical ethnomusicology into health care systems, community programs, or residential homes. As medical ethnomusicology and ethnomusic therapy emerge as viable approaches to and practices of incorporating relevant cultural perspectives into music as therapeutic modalities, patients can significantly benefit from these targeted health interventions. In modern globalized healthcare systems, where highly technical, pharmacologically based treatments are standard, these low-risk and cost-effective musical interventions have the potential to improve health outcomes for many.

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