

BENJAMIN D. KOEN (ED.), *THE OXFORD HANDBOOK OF MEDICAL ETHNOMUSICOLOGY* (Oxford: Oxford University Press, 2008), ISBN 978-0-19-533707-5, 556pp, \$150

I was intrigued by the title of this book when it came across my desk. I began to imagine the possibilities for its contents. Were ethnomusicologists broadening the context of their usual sites of inquiry to include the operating theatre? Or possibly examining why surgeons listen to particular types of music during their work? Would I discover new potential research collaborators interested in cultural dimensions of healthcare practices such as music therapy? Perhaps this book would reveal some innovative thinking about music's role in health and healing and perhaps critique its uses and representations in Western allopathic medicine? While my own expectations were not realized in reading the contents, without doubt the book documents an interesting starting-point for what has the possibility to become a sub-discipline within traditional ethnomusicology. At the very least it provides food for thought for the discipline of music therapy, and a challenge to the boundaries of the ethnomusicological field.

Benjamin Koen, the main editor, is an associate professor at Florida State University (FSU) in the College of Music. In the promotional material for the book it is stated that he specializes in 'medical, cognitive, and applied ethnomusicology, approaching music, health, and healing from a holistic perspective—engaging the biological, psychological, social, emotional, and spiritual factors that comprise healthy, preventive, and curative practices'.¹ His intentions for the book are proposed in the opening chapter where he describes the impetus for the book as follows;

1. 'an interest in perspectives from diverse research areas that can uniquely illuminate any aspect of health and healing';
2. 'integrative, and holistic research that is centrally focused on discovering new knowledge that can bring about health, healing, or cure, or increase the efficacy of any treatment';
3. an 'example of the current discourse across disciplines interested in music, medicine, culture, health, and healing'. (5)

This certainly augers well for the book in terms of a new integration and elaboration of the health and healing dimensions of musical experience from a cross-cultural perspective.

¹ <http://www.oup.com/us/catalog/general/subject/Music/WorldMusicEthnomusicology/?view=usa&ci=9780195337075> (accessed 20 March 2010).

The associate editors are Jacqueline Lloyd, Gregory Barz and Karen Brummel-Smith. Barz is well known for his fieldwork on AIDS in Uganda² and his work there is presented in this text. Based at Vanderbilt University in Nashville, Tennessee, he is the only editor who is not from FSU. The book comprises 21 chapters by 26 contributors with 14 of the chapters being sole-authored. Some forensic work was required to identify the qualifications and relevant experience of each author as the list of contributors only includes their institutional affiliation. Ten of the contributors are listed as affiliates of FSU. Of the three contributors from outside of the US, one is from Belfast, one from Mumbai, and one from France. Three chapters are written by qualified music therapists in the US.

One way to understand the presentation of the book is to realize that, although not explicitly stated, it is most probably based on presentations given at the 2004 conference *Music, medicine, and culture: Medical ethnomusicology and global perspectives on health and healing* held at FSU and co-sponsored by the Faculties of Medicine and Music. Like many publications arising from conference events it is inevitable that variations in standard of contributions, and in this case even in the presentation of the chapters, occur. For example, some chapters are presented in APA style with a reference list while others use endnotes for citations. Some are written in a personal discursive style, and others find a more scholarly tone in their contributions.

To give a flavour of the book from the contents pages, fifteen of the chapters use 'music' in their titles and topics such as spirituality, meditation, shamanism, homeopathy, world music, and healing are referenced. There are few clinical diagnoses referred to in the chapter titles but where they do appear they include HIV/AIDS, Alzheimer's disease, and Autism Spectrum Disorder. Some chapters include photographs to illustrate parts of the text which is useful when certain instruments are described or cultural icons remarked upon. However, the relevance of some photographs of groups of people is unclear, especially when they are shown in silhouette. The use of black-and-white photographs and the poor resolution of some of the images make the pictures look as if they are historic rather than recent. In most other respects the book has a high-quality presentation. The text is clear, there is a minimum of white space, and the index is comprehensive. However, at more than 500 pages for 21 chapters some additional reduction in the length of chapters might have been attempted and smaller fonts for headings used.

² Barz, Gregory, *Singing for Life: HIV/AIDS and Music in Uganda* (London: Routledge, 2006).

At 150 US dollars for the hardback version this book is positioned as a reference, rather than a popular academic text and is likely to be purchased by university music libraries and academics building collections in areas related to ethnomusicology or music and health.

In chapter 4, entitled 'Art, culture, and pediatric and behavioral health', the authors find support for their ideas about children from a wide range of sources including Aristotle, Confucius, the Institute for American Values, and publications from the Bahá'í publishing trust. While none of these writings in and of themselves are cause for concern, there is a worrying lack of critique of the synthesis and application of such precepts they pertain to contemporary youth and their music interests. However, some welcome circumspection is in evidence when the authors conclude that studies of the links between adolescent violence and listening to 'rap music' are 'still largely correlational' (81). I have to agree. However, it is the context in which this admission is made that is worrying. The direct quotation is: 'Overall, the empirical literature, though still largely correlational, suggests strong relationships between young people's behavioral health and the kind of music that they are exposed to' (81).

The lack of engagement with the reality that this music listening is a choice of young people leaves me uncertain of the scholarly content of this part of the chapter. There may be countless possible explanations as to why rap music is highly popular; whether to meet peer expectations, or because there is actually something enjoyable and compelling about listening to rap for many young people. This requires at least some respectful consideration. None of the research cited in this chapter includes perspectives of the young people themselves, who are quite capable of offering explanations for their music choices, what they think about when they are listening to this music, and even their opinion of the criticism of this music by scholars of a different generation. I also note the absence of any reflection on contemporary uses of rap music in working with young people, including the clinical psychologist Don Elligan's use of rap as a psychotherapeutic intervention developed since 2000 which is widely used by school counsellors in parts of the US.³ There are also many music therapists who use rap in their work, based on the premise that the most effective music is that which the client prefers, and a simple internet search would easily find references to such practices.⁴

³ See Tiphonie Gonzalez and Grant B. Hayes, 'Rap music in School Counseling Based on Don Elligan's Rap Therapy', *Journal of Creativity in Mental Health*, 4/2 (2009), 161–172.

⁴ See Jukka Tervo, 'Music Therapy with Adolescents', *Voices: A World Forum for Music Therapy*, 5/1 (2005), <http://www.voices.no/mainissues/mi40005000169.html> (accessed 24 August 2009).

I can tolerate the somewhat odd links made between music listening and adolescent behaviour in the first part of this chapter. After all, this is no worse than some of the early psychology-of-music literature—somewhat atheoretical and fixated on finding and proving causal effects with standardized measures. However, when the chapter moved to the topic of AIDS I found my credulity stretched. Among health workers, it is no longer acceptable to distinguish between the ways that people become HIV positive; that is, to pass judgement on people who have had unprotected sex which has resulted in positive status, and to pity the people who become infected through non-sexual means. Nonetheless the authors write:

...while it is undoubtedly clear that millions of people contract HIV and AIDS through legitimate medical procedures and natural birth-related processes, it is equally clear that many millions are also vulnerable to the disease because of high rates of casual, unprotected sex. (83)

I balked at the judgemental tone in this paragraph. The authors might have described the transmission through sexual means in a more straightforward way but their reference to 'casual' sex is highly suggestive of disapproval. I conclude not only that they disapprove, but also that they have discovered the culprit for this epidemic. They place responsibility at the guilty party's feet in their next statement:

What is more, in many parts of the world, sexual attitudes and practices are being shaped, to no small degree, by the images of consequence-free sex that are the staple of Western media. That many of Africa's youth are being socialized into sex by the American music industry is evidenced by the rapid growth of CD sales and rap culture, even in relatively rural villages, across the continent. (83)

There is no awareness here that the rates of AIDS infection per head of population vary widely from country to country in Africa, and these generalizations lead me to complain that the shorthand 'Africa' is not acceptable in a scholarly publication that claims attention to cultural issues. Perhaps I would be more convinced of the ethnomusicological veracity of this chapter if the authors interviewed some young people, or undertook some research themselves about these stated correlates, or even tried to replicate one of the studies. Then their contribution to scholarship in this area might be more easily welcomed. I would also have appreciated an analysis of the musical parameters of rap music.

If the propositions in this chapter are representative of the new field of 'medical ethnomusicology' then it seems to me not to be particularly new to criticize young people's music preferences or to propose that difficulties experienced by youth in relation to education or their interaction with society stem directly and simplistically from manipulation of their behaviour by musical means.

In chapter 7 Gregory Barz offers something within a music-and-health discourse and practice that is uniquely ethnomusicological. His study presents the ways in which music is used in Ugandan culture to deal positively with the AIDS crisis. It follows on from work he has presented and published through the past decade. If you wonder what it is that 'medical ethnomusicology' might be able to offer a wider group of scholars, including music therapists, then look no further than this detailed work. In the first instance the best aspect of this writing is that it references fieldwork undertaken by the author, including collection and recording of music in a real-world context, neglected in many other chapters of the book. There are no direct musical transcriptions of songs, only lyrical materials reproduced; nonetheless it is a welcome change from further chapters to see reference to musical materials.

One of the most irritating parts of the book is to have to read so frequently how there are no or only small numbers of studies in this area. This conclusion can only be reached by ignoring the music therapy literature; and there is a notable lack of reference to contemporary music therapy publications throughout this text. On the other hand it is concerning to see references to music therapy literature that is so out of date that any of the propositions based on its statements and findings would provoke incredulity from lay readers and contemporary scholars alike. Most of the music therapy material presented is from books that are probably held in the library where the authors work: that is, basic introductory textbooks that have been designed for undergraduate modules to provide an overview of music therapy. There are more than 1,500 studies of music therapy published in the music therapy journals in English, and many further studies by qualified music therapists appear in the wider health and psychology literature. At the same time some of the texts cited in this book have been released in newer editions than those mentioned. It is regrettable that the opportunity for dialogue between music therapy research internationally and the stated field of this book was missed. The existing fields of scholarship in music therapy and music sociology are too readily dismissed or overlooked. Therefore the claims for the originality of this work would be problematic to anyone widely read in the field of music and health.

Many of the contributing authors propose that current thinking about disorders or diseases is limited and ineffectual. The claim that this volume will ameliorate the resulting dissonance is not fulfilled, in my opinion. Broader thinking about health states and wellness is always needed in healthcare, and as a scholar in the field of music and health I welcome contributions to this discourse from the ethnomusicology community. However, it is the way that the claims in the book seem unaware of many contemporary initiatives around health, healing, wellness and dis-ability that indicates limitations: not necessarily for the field of medical ethnomusicology but rather the limitation in knowledge and expertise of some of the contributors.

For example, chapter 19 is entitled 'Personhood consciousness: A Child-Ability-Centered approach to sociomusical healing and Autism Spectrum "Disorders"'. Its seven authors put their opinion that the current problem with the diagnosis of autism is that 'people learn to see "autism spectrum disorders" and not the person; to interact with a pathology, not an individual, and to mistake behaviors that they find unsettling or perhaps even detestable for the human *beings* that perform them' (464). They go on to state that this is caused largely by 'the lack of a critical approach and balance in the canon itself'. It is more that they seem to have come to this conclusion without any reference to a very important part of 'the canon' which is the contribution of the writings and presentations around the world of people who have been diagnosed with ASD and who increasingly speak for themselves. In contemporary therapy teaching we do not state these issues *for* people but have accepted that these writings and perspectives are 'the canon', and many of us read them and provide information about them to students.

In the related field of disability studies, the critique of disabling language and the endorsement of a 'person first' approach has been developed over decades, and has contributed to the inclusive education movement.⁵ It is situated within a wider debate about language and social change. At the same time, many people living with autism dislike person-first language and have argued for a different communication about their needs.⁶ As there are literally hundreds of texts elaborating a person-first approach in ASD I would challenge the authors to establish an informed relationship with the field that already exists and to its dialectical space. I find the position taken by the authors in relation to children who are diagnosed with ASD somewhat odd as it is elaborated through reference to a theory of personhood developed around the needs and life circumstances of people who have dementia.⁷ This is a common mistake of the new music therapy student in the programmes I have taught: that is, to use findings and perspectives from writing about one group of people and apply it to another. People living with dementia and those who are diagnosed with autism are considered distinct in the world of creative therapy work. We consider that the person with dementia for most of their life up until recent times would have experienced a mainstream lifestyle with interactions and relationships with others that were rich,

⁵ See Keith Ballard, *Inclusive Education: International Voices on Disability and Justice* (London: Falmer Press, 1999).

⁶ See Jim Sinclair, 'Why I dislike "person first" language' (1999), http://web.syr.edu/~jisincla/person_first.htm (accessed 20 October 2009).

⁷ See Tom Kitwood, *Dementia Reconsidered: The Person Comes First* (London: Open University Press, 1997).

satisfying and involved reciprocal and mutual intimacy. The challenges to their circumstances have occurred at a certain age and as they progress along the course of their dementia, the skilled worker can help carers to access a whole and healthy lifeworld of the person through reminiscence on the past and participation in still-enjoyed interactions such as singing.

It is not credible to apply the theoretical considerations relevant in dementia care, as honourable as they may be, to the very different lives of people who have ASD and their families as most probably, from the very early years of life, the person with ASD was aware of the stress they experienced in many interactions, and consequently developed a range of preferences and issues that create challenges in daily life for themselves and others around them.

In my opinion there is much unrealized potential in the effort of this book. Poor constructions of health are represented, the conflation of the effects of music in healing abound, and some worrying scholarship is evident, all branded with the offer of a 'new' approach. If the book is updated at any time in the future, or if any of the authors continue to write in this field, I would recommend at least a look at the free online peer-reviewed journal *Voices* (www.voices.no) founded nine years ago to present writing about music therapy from qualified music therapists and other practitioners and interested persons from each continent of the world.⁸

In conclusion I believe that unless the ethnomusicology community interested in medical anthropology at least reads the recent international literature in the areas of music therapy, music and medicine, and music and health, the tremendous possibilities and potential of this field will not be realized. I hope that eventually expertise such as that held in music therapy might usefully inform a dialogue about the parameters and opportunities in 'medical ethnomusicology'. While this book offers a glimpse of diverse practices and approaches that otherwise may never be publicly available, it promises the hope of an emergent new field but reveals that there is more to be done to ensure its viability.

Jane Edwards

University of Limerick

⁸ The reviewer is currently the European editor of this journal.