

Cross- Cultural Musical Healing Practices: Ego-centric and Sociocentric Approaches

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Introduction:

The maintenance of health and healing when illness arises can be approached from different perspectives, apparent in diverse healing practices around the world. One system of healthcare delivery that has occupied a powerful position due to its origins in dominating countries is the western medical perspective. The development of the western viewpoint of disease resulted from an emphasis on observations and the sciences, such as chemistry and biology, which are constantly changing in the body during various stages of health and illness. This perspective has enabled the broadening of knowledge about physiological processes of the body and the development of incredible technological and pharmaceutical medical interventions. However, in viewing the human body as a center for cause and effect with biological processes and chemical interactions, traditional western medicine has set up the approach of separating the body from the mind and physical characteristics from the emotional and spiritual characteristics in the prevention and treatment of sickness.

While western medicine has historically held a dichotomous viewpoint in regards to the body and mind, recent work in the field of medical ethnomusicology, which was developed in the 1990s, has both reflected and encouraged a shift towards a multidisciplinary approach to the delivery of healthcare. As defined in *The Oxford Handbook of Medical Ethnomusicology*, medical ethnomusicology is “a new field of integrative research and applied practice that explores holistically the roles of music and sound phenomena and related praxes in any cultural and clinical context of health and healing” (Koen, Barz, and Brummel-Smith 4). This field enables different disciplines to interact and answer questions cross-culturally about the use of music in preventing and treating illnesses. Music is a vital part of human life; in some cultures,

music is considered a means to achieve healing in the person who seeks health and clarity of mind in the healer to diagnose and treat. In this paper, the term patient refers to a person seeking health in all cultural contexts discussed. The healer is considered a medium who mediates between the physical and supernatural worlds in some cultures while the western physician focuses on the physiological aspects of the body.

Medical ethnomusicologists seek to describe healing practices in a manner that avoids exoticizing non-Western cultures as something radically different or strange. This is accomplished by evaluating four major characteristics of music and medicine: musical, sociocultural, performative, and biomedical contexts (Roseman "A Fourfold Framework" 26). This comprehensive view of music acknowledges the value of different cultural practices in order to effectively study the power of music. The immersive description of cultural practices allows the readers to gain a deeper understanding of the logic behind them instead of interpreting behaviors as "foreign" or "other". When barriers of exoticism are broken, cultural practices become more accessible. In the case of music and medicine, western medicine can gain innovative ideas of healthcare practice from cultures in which music may be an element of the healing process. Because music bridges the gap between the social and emotional aspects of a person and a community, the study of the social repercussions in societies that utilize music in the healing process can be beneficial. Western medicine cannot be thought of as "correct" simply because it is predominant. Other cultures have different methods to deliver healthcare that may be beneficial to integrate into medical practice. Through the multidisciplinary study of ethnomusicology, researchers may evaluate the power of music and how its benefits could be translated to a western medical context while maintaining cultural sensitivity.

The western doctor is considered to be the owner of medical knowledge, using observation and physiological measurements to diagnose a medical issue and treat it

appropriately. A medical doctor possesses a unique relationship with his or her patients that allows contact and discussion not typically present with other members of society. Doctors are considered a strong pillar of reason, trusted to deliver facts while retaining compassion for the suffering human. There are many similarities in the role of healer-figures of non-western cultures that speak to the need for the social roles of patient and healer. However, the extent of the relationship can vary across cultures, which could be in part due to proximity in smaller communities. In addition, the ability of some healers to cause both harm and healing as is appropriate to the situation departs from the role of a physician in western medicine. The way treatment is delivered can also vary across cultures due to ideas about health, cause of illness, and religious influences. While the healer's elevated social status is common in societies, his or her specific role and method of healing greatly differs.

In this paper, I compare and contrast how music has played a role in the healing of illness in several case studies of cultures that emphasize the patient as a component of the community (sociocentric) as opposed to the western perspective, which emphasizes the individual's suffering (egocentric). The healing cultural practices discussed are from Africa, Malaysia, Columbia, and Madagascar. I also discuss the role of mediums in these cultures and compare the healers' status and interaction with patients with the role of a western physician. Traditional western medicine and the healing practices of cultures that utilize mediumship are fundamentally different in the view of the body. Western medicine views the physical problem and treats the physical problem with physical cures, such as medication or physical therapy. The healing practices as discussed in the case studies focus on not only the individual but also the community, in order to maintain a cooperative society that heals with the improvement of the individual. In addition, these healing practices address the patient holistically, treating mind, body, and spirit. Finally, I sum up my argument with a discussion of the possible

applications that western medicine could implement to alter the social paradigm of healthcare delivery by discussing two case studies: one that implements music and medicine well and one that exploits the cultures from which the music originated.

Africa:

One sociocentric culture that incorporates mediumship and music in its healing practices is *ngoma* from Africa. *Ngoma* is the drumming tradition of some Bantu-speaking sub-Saharan African countries, including Zaire, Tanzania, Swaziland, and South Africa. *Ngoma* ceremonies differ in purpose, from sacred to entertainment. According to anthropologist John M. Janzen, it may be referred to as a “cult of affliction”, because illnesses are believed to be caused by spirits and must be appealed to in order to heal (Janzen 4). Cults of affliction are social organizations whose members believe that illnesses are caused by a force, such as a spirit, and that a patient, medium, and community must appease the spirit through rituals in order to understand the illness and heal the patient. A medium must interact with these spirits through possession in order for the patient to be healed of their disease. There are many different types of *ngoma*, but all types are associated with bringing the afflicted back into health and community. The social component is essential in healing to provide a “consensus of knowledge” when paired with divination, which utilizes music (Janzen 152). The *ngoma* culture emphasizes the importance of a community’s responsibility to preserve the health of its members and the overall cohesion of its members.

Typically, mediums are inaugurated into the *ngoma* after they are chosen by a spirit that causes illness. The selection may be due to parentage, but it is also possible that selection is not hereditary. Another medium is able to interpret the possession and thus help the afflicted person accept their new role in order to be relieved of the manifestations of the possession. The person selected by the spirit then undergoes training in divining techniques, such as throwing

the bone. This method of determining the cause of illness involves throwing a bag of small objects, usually bones, onto the ground and asking the people with the patient questions about the patient's illness. The pattern the objects form works in tandem with the patient's background in order for the medium to diagnose the patient. If the attempt is unsuccessful, the bag of bones may be thrown again and the process repeated. Trance and the reading of different texts, such as the Quran or Bible, are also utilized in the divination process. Mediumship is a traditionally male role, but females are also permitted to become mediums. For example, a female medium interacted with the spirit of her deceased daughter in order to heal, and she incorporated her Catholic faith into her divination process, invoking the name of Jesus (Janzen 18). Becoming a medium involves extensive training, and different levels of experience are indicated by beads worn; both the amount and color of the beads signify training level. Not everyone who enters into training becomes a medium. The actual initiation ceremony is ritualized; a novice performs different rituals and communes with spirits for several days and nights. Some parts of the ceremony are more sacred than others. After the ceremony, the novice becomes a healer. In small communities, mediums and patients may know each other well, but mediums in larger, transient cities may treat unknown people or foreigners.

Treatment is generally comprised of the use of divination, medication, and group renewal, which is much like group therapy unifying the community in order to heal the patient. However, specific treatment depends of the type of affliction and spirit involved. Spirits may be associated with nature or with people who have existed in the past, such as the victims of Swazi wars (Janzen 44). Illnesses from nature spirits are treated by seclusion, counseling, and rituals (Janzen 19). Spirits may also have genders, which play a significant role in the healing process. Spirits of different sexes are treated on different sides of the body. If male, the healer treats the

right side of the body, and the left side of the body is treated for female spirits (Janzen 28). The healing process is tailored to the affliction of the patient.

Patients are traditionally members of the community that go to the medium to be relieved of an illness. However, as there is much modernization and movement of people, outsiders, even those who are not African, can consult mediums. Sex is a factor in treatment, as women are considered weaker and more susceptible to illnesses caused by nature spirits. Because mediums are paid, patients often assess the severity of their condition before consulting a medium. This brings an element of community, as the patient's family and friends can help them in making their decision to go to a medium and in recovering from the illness.

Ngoma literally means "drum", so instruments are vital in the process of interpreting the problem and then healing the affected person. Many different kinds of drums, shakers, and gongs are used to represent the specific spirits. The exact instrumentation of *ngoma* ceremonies varies by region and purpose of the ceremony. The music is a vital component of the divination and healing process, as mediums can use it in conjunction with hallucinogens to initiate a trance-like state so that the mediums may decipher the problem by consulting spirits. The patient is also enabled by the music and medicine to speak freely and thus get diagnosed properly. Dancing and singing also often accompany the music to excite participants and improve divination and the treatment.

Malaysia:

Just as African *ngoma* mediums turn to spirits for guidance in healing, the Temiar people of Malaysia, studied by anthropologist Marina Roseman, also use the world around them to interpret illness and methods to heal. One major difference between the two cultures is the belief in the cause of illness. While illnesses in African *ngoma* are believed to be directly

caused by spirit interference, illnesses in the Temiar culture are believed to be the result of the departure or disturbance of a detachable portion of a person's soul, and it is the responsibility of the medium to create order and restore the person's soul, thus rendering them healthy once more. A person's soul can be lost randomly or because of an infraction against nature or another person, such as invading personal space. When a spirit is disturbed and lost, a medium utilizes songs gifted to him by a spirit guide in order to heal. In addition, the ill person must reconcile with the person, animal, or thing he or she has offended. Therefore, people are responsible for themselves, but more importantly, for each other in a sociocentric cultural setting.

Healers or mediums are chosen by a spirit guide who is able to gift them with a song through a dream that enables mediums to restore patients back to health. Most mediums are male, and most spirit guides are female. The spirit guide may select anyone to be a medium, and this selection is the only way for a person to become a medium. While the spirit can choose anyone, the ability to receive songs tends to run in families. The medium and spirit interact in a teacher-student relationship but also may be considered lovers. Spirit guides are usually the souls of natural elements, such as a mountain or river. Women may also be mediums, but the overwhelming majority are male. Women are active in other ways, such as being midwives. The medium's ability and special status allows him to be a leader in his community. This is implicated by the term of significance *tohaat*, which means life-giver (Roseman "Healing Sounds" 123). This term may apply to a medium, midwife, physician, or the main creator god. A medium is expected to be stoic and calm, so the medium's wife is often a foil to his personality by being louder and more passionate about issues in the community. The medium is not only a channel of the spirit world but he is also a leader in his community.

When a healer sings the song given by the spirit guide, he is able to link back to the knowledge of the spirit. This enables him to locate the patient's lost spirit and navigate it back in place. The song is only potent when the medium who received the song sings it or when he ceremonially gives it to another medium. If performed by another person, the song loses its potency and becomes a song for enjoyment. The structure of the ceremony is a complex call-and-response format. The medium sings his song, and a female chorus that also plays bamboo-tube stampers sings the response portion in a way that layers the song and gives it more tonal depth. The rhythm of the song is vital, as it is believed that the pulsation causes a feeling of longing that encourages the spirit guide to join the ceremony. The spirit guide, medium, chorus, patient, and audience are able to unite through the music and help the medium diagnose the patient. In order to heal the patient, the medium enters an altered state of consciousness, such as dreaming or being in a trance. In addition, objects from nature believed to be associated with the spirit guide's characteristics are used to involve the senses and welcome the spirit guide. After determining the problem, the medium treats the affected soul portions by blowing, sucking away the illness, and pouring a spiritual liquid that helps the body heal and cool down. In a society where personal space is vital and rules must be kept to prevent illness, the medium holds a special position in being able to touch with the purpose of restoring the person to health.

Columbia:

Like Temiar mediums, shamans in the Columbian highlands use an altered state of consciousness to diagnose and treat an illness, as discussed by anthropologist Michael Taussig. The shaman is the person gifted with the ability to interpret, heal, or harm using the power of the *yagé*. Instead of dreams or trance, as in the Temiar culture, the shamans utilize a potent hallucinogenic plant brew to achieve a different state of mind. *Yagé* is from a vine found locally

that is considered to be the source of knowledge and means of communication between living, dead, and divine beings. Music is used in conjunction with consumption of *yagé* to determine the illness and also to remove it from the body. The ceremony is a collaborative process; although the healer determines the illness, the other participants are involved in the ceremony by also consuming the *yagé* and experiencing visions. Discourse is vital in the process, as is addressing tensions in the community. Envy is considered a powerful instigator of causing illness, and through discussion and vomiting, the patient may recover from the physical ailment caused by the social offense of envy. The practice of shamanism in the rural highlands of Columbia shows the importance of community and the unique role of the healer.

Shamans are believed to be keepers of knowledge provided by *yagé*, which causes an altered state of consciousness. The *yagé* is a method of communication between humans and God, saints, and deceased shamans of the past. It is “conceived as something akin to the origin of knowledge and their society” (Taussig 140). This hallucinogen provides the shaman and also those in attendance with powerful visions but also can cause intense pain and vomiting. The visions provide clarity to the situation and allow the shaman to discern the cause of illness and also treatment. The vomiting caused by the *yagé* purges evil from the body, and thus can relieve suffering. Shamans are thought of as holding a special role, but in an instance described in the text, people were able to break the distance held usually in healer and patient interactions. The patients stayed with the shaman’s family while the shaman was away, so they lived and worked side by side the shaman’s family. The patients were able to discuss their illnesses amongst themselves and the possible causes. This helped the patients see the shaman in a different light and demystify the shaman’s role (Taussig 344). Shamans are in a unique position as healers and possessors of knowledge, but the day-to-day interaction with patients enables community building.

The process of becoming a shaman is intense and painful. A person, generally a man, may become a shaman either on his own or through apprenticing under a practicing shaman, but he must consume the *yagé* to an extent where he feels as if he is dying. Not all aspirants are able to become shamans; the experience of consuming *yagé* is often too extreme. In order to heal, shamans undergo incredible suffering. By overcoming near death, shamans can bring others from suffering into health. Therefore, the shaman's practice is not only an endeavor to heal others but also a journey to heal themselves. As Taussig writes, "The resolutions of [folk healers' and shamans'] illness is to become a healer, and their pursuit of this calling is a more or less persistent battle with the forces of illness that lie within them as much as in their patients" (Taussig 447). A shaman is not only the healer, but he is also his own patient.

Illness may be caused by many different things, such as magic, spirits, or envy. Suffering could be the result of sorcery. An example of this is when envy results in illness. A person can become sick if another person is envious and utilizes sorcery to cause harm. This sorcery can be lodged in the torso and manifested as illness (Taussig 395). However, as described in the text, "envy is not so much the cause of sorcery and misfortune as it is the immanent discursive force for raking over the coals of events in search of the sense (and senselessness of their sociability)" (Taussig 194). Spirits from the dead or of nature, called *mal aires*, can also attack a person's body and cause illness.

The *yagé* is administered by the shaman to people in attendance for the healing ceremony. Through the process of the healing ceremony, the shaman uses movement and chant in order to compel the evil from the patient's body. This may be in performing actual actions associated with motion such as sucking, spitting, or stroking the illness away, and the shaman may even beat the patient with stinging nettles in order to release the evil (Taussig 395). The shaman's use of music brings order from chaos, but although the shaman is singing, it is a

process in which the patient is an active participant in giving the music meaning (Taussig 460). Songs can also be sung as a result of the *yagé* in order to invoke magic, such as charming an object to either bless or curse (Taussig 347). Music may also be used to call upon traditions and communicate with the dead, Catholic figures, or spirits (Taussig 149). Music is a gateway through which shamans can access abilities using the *yagé* to perform magic or healing.

Madagascar:

While the shaman of Columbia utilizes a plant brew to achieve knowledge about a patient, the *tromba* mediums of Madagascar use spirit possession to attain knowledge and heal. Medical anthropologist Lesley A. Sharp has detailed the culture of *tromba* in her research. *Tromba* spirits of deceased royalty possess certain women and enable them to act as mediums to discern problems and the appropriate treatments. Women who become mediums for the *tromba* spirits experience an altered state of consciousness when they are possessed, so they don't remember what occurred during their possession. The spirits, though unpredictable, are able to provide knowledge by speaking through the medium. Music is utilized in ceremonies in order to draw the spirit to the gathering and also attract an audience. In contrast, there are evil spirits that cause illness in other people in the community and must be driven out. The *tromba* spirit through the medium is able to discern the spirit and how to be rid of it. The presence of others is essential to this practice, and the community rallies around the suffering person in order to bring him or her back to health.

Tromba spirits are predominantly male and select females to possess. Although other spirits can possess, the *tromba* spirits are powerful and authoritative. As in the *ngoma* culture, there is an emphasis on suffering and ways to recover from suffering. Each *tromba* spirit has a distinct personality that is evident when it possesses a medium, and when it possesses a

medium, her personality is displaced temporarily until the spirit leaves (Sharp 20). In addition, there are varying levels of age and authority that spirits hold, and this is designated by classification of grandchild, child, or grandparent. Usually older women are able to be possessed by the older, more authoritative spirits. The medium has a delicate relationship with the spirits who possess her; the spirit is able to help people, but it must be appeased with money and goods. A medium may be the vessel for several spirits to inhabit, but only one spirit at a time uses the medium's body (Sharp 124). Although overall beneficial, the *tromba* spirits demand much.

The mediums of *tromba* culture are numerous and powerful. During Sharp's study, approximately 60% of the women from the Malagasy town, Ambanja, of population 26,000 were possessed (Sharp 2). Out of this percentage, approximately half are migrant women, who speak Malagasy but are not of the ethnic group indigenous to the area. The role of medium allows these women to integrate into society and gain status. Women are more likely to be possessed because they are considered weaker and more susceptible to possession in addition to becoming somewhat of a spouse to the spirit, although the medium may have a human husband and family (Sharp 175). The process of becoming a medium starts with the spirit choosing a woman and causing her to be ill. After determining that her illness is caused by a spirit, she then must become a medium or can become ill or die (Sharp 12). Other mediums assist the woman in bringing out the spirit. The spirits are considered powerful in the community and thus make the mediums powerful members of society.

The music of *tromba* ceremonies, used to bring out the spirit, speaks to the importance of community. Many mediums attend the ceremony, which goes through a day, the night, and to the next day. The date and time are selected according to solar and lunar calendars to be auspicious. The music is played by hired musicians, and rattles are played by the audience

(Sharp 123-124). The community attends the ceremony where the medium becomes possessed and the spirit is able to speak through her.

In addition to *tromba* spirits, there are many other spirits, some of which are capable of doing great harm. These spirits usually attack young girls between the ages of thirteen and seventeen (Sharp 141). The spirits are often sent to harm using powerful magic. The mediums are able to negotiate with the spirit until it leaves. The presence of people around the ill person is imperative in order to fight off a spirit; otherwise, the patient may become ill or die (Sharp 141). Those around the possessed also provide moral support and are able to transport her for exorcism and speak on her behalf when she is unable to speak. The participation of many different people causes the ceremony to be a cooperative work, making people responsible for the well-being of others.

Comparison and contrast with western medicine:

In the different healing practices discussed, there is an emphasis on the responsibility of a community in the patient's health. In the African *ngoma* practice, the audience of the divination ceremony helps the medium by providing information regarding the patient's illness or by participating in group therapy to resolve social issues, thus bringing healing to the patient. In addition, the patient's community can assist in determining whether or not an ill person should consult a medium. In Temiar healing practices in Malaysia, community reconciliation and reestablishing social balance is important in healing. The community often participates in the healing ceremony as the musicians or female chorus, and it also creates a feeling of longing in order to encourage the attendance of spirits. In addition, invading the space of nature or another person can cause illness, so this encourages unity of the people and mutual respect and responsibility. In the indigenous healing practices of Columbia,

the experience of taking *yagé* is a community affair with much discussion. In the Madagascar *tromba* practice, the community rallies around the patient in order to provide financial and emotional support. In fact, the presence of people around the patient is vital in order to fight a possession. In sociocentric cultures, the process of healing isn't only between the healer and patient. A sociocentric view of life in African, Malaysian, Columbian, and Malagasy healing practices emphasizes the importance of the community in the quality of a patient's health.

In western medicine, the perspective is egocentric, or centered on the self. In this thinking, the individual patient is the focus instead of the patient in the context of a community. Therefore, the patient is solely responsible for the implementation of medical advice and working with the doctor towards health. The members of the community concentrate on their own health. Even within a family, members usually become deeply involved only if the patient is a child or in the case of major health issues. Although the family provides emotional and financial support, it is not considered to be a major component in bringing the patient back to health. Western medicine also implements isolation in the case of infectious diseases or if the patient possesses a weak immune system. This is important in maintaining a sterile environment and preventing an illness from being spread or the patient from becoming more ill, but it is possible that such isolation could result in social isolation. The focus on the patient's return to health excludes the contribution of the community, thereby encouraging an egocentric rather than sociocentric worldview.

While social aspects play an important role in the healing process, the role of a healer is paramount in bringing a patient back to health. The medium in the indigenous cultures discussed hold much power, usually in being able to communicate with spirits and use their knowledge to affect the health of people. They also can be set apart from the community by being selected by a spirit to be a medium, such as in the Temiar culture when a spirit chooses

the dreamer to be a medium. In fact, at times, as in *tromba* practices, a person must become a medium when chosen or risk death, or may, as in the Columbian shaman rituals, choose of their own accord to become a medium. Not everyone is capable of becoming a medium in cultures like *ngoma* that have schools to teach healing practices. In addition, mediums in some of the cultures heal because they have been healed, especially if their journey towards mediumship involved being ill. They are initiated as mediums to wield power over suffering by suffering, and thus they not only heal their patients but also heal themselves. Mediums usually also receive specialized training or healing practices as a gift from the spirits. The mediums in the *ngoma* practices of Africa undergo training, and their mastery is indicated by the number and color of beads they wear. In addition, the more experienced, senior mediums in the Malagasy *tromba* practice are able to receive more powerful knowledge through the possession of older spirits. After becoming a medium, healing practices become a huge aspect in the person's life. For example, as discussed in Malay Temiar and Malagasy *tromba* cultures, mediums are considered to be the lovers of the spirits who give them knowledge. Mediums also may be able to hold the power to both heal and harm, as evidenced in the Columbian shaman and *tromba* medium practices. This ambiguous role does not detract from the power and special social standing of mediums in their communities as the owners of special knowledge with access to spirits. Mediums in indigenous cultures become powerful people in their communities.

The role of a western doctor is to help people by using medical knowledge. This medical knowledge is dispensed in a standardized fashion in the United States over the course of approximately seven to ten years of graduate and post-graduate medical training. Just as in the *tromba* culture of older mediums being more powerful, doctors who have more experience and training in their field are considered more knowledgeable. People who wish to be doctors may have family members who are physicians, but, unlike cultures where the ability to be a medium

can be hereditary such as the Temiar culture, medical school students must complete training and remain dedicated to their work and future patients. As with the *ngoma* culture, not everyone has the financial, mental, or physical means to become a doctor, and not all medical school students are able to complete their training. Just as in cultures that utilize mediums, extensive medical knowledge often sets apart doctors in society as the possessors of special knowledge and may also elevate their socioeconomic standing. In addition, being a doctor can become as much a part of a person as being a medium may be. The love of knowledge and obsession over medical practice can be so great that doctors could be perceived as being married to their work, although doctors are not considered to be the lovers of their profession. The profession of a medical doctor is not easy, but the experience of working with patients to restore them to health can be very rewarding.

The phrase “do no harm” applies well to the overall mission of the doctor. Not only should doctors not harm a patient, but they also have an obligation to alleviate suffering, whether it be physical or emotional distress. This is in contrast to the indigenous cultures discussed that enable mediums to perform healing and harming acts; the medium is not obligated to only use his or her power to heal. The western doctor must work with the patient towards a solution to bring them back to health. As defined by the World Health Organization, “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (“WHO definition of Health”). A doctor is able to effectively bring a patient back to health when he is able to mesh the scientific with the social. An example of effective care would be a doctor correctly diagnosing the problem, explaining the problem to the patient with sensitivity and in terms the patient would understand, and then working with the patient to find the best option for treatment. Although doctors are committed to doing no harm, this principle can become unclear in some situations. For example, in end-of-life care, the

balance between prolonging the patient's life and maximizing the quality of life is hard to determine, as highlighted in the recent case of Brittany Maynard, a terminal brain cancer patient who chose assisted suicide instead of prolonging the suffering of herself and her family (Shute). Brittany Maynard made the decision that it was in the best interest of her health to die, and the physician who prescribed the lethal medication may or may not be considered to have done no harm. In addition, painful treatments like chemotherapy for cancer often cause intense pain, nausea, and fatigue, so this remedy could be considered an instance when the doctor harms the patient in order to heal the patient. Although ethical issues blur the lines of the role of the doctor, the western doctor is not permitted to perform malicious acts on people as some mediums have the authority to execute. The notion of healing through pain in the indigenous cultures discussed is not held in western medicine. Doctors are often perceived as being an outsider to the suffering of the patient, as they are able to objectively diagnose and treat a patient. In addition, as with mediums and their patients, patients must trust their physicians as the doctors are able to prescribe strong medications that the patient may not understand, touch the patient, and discuss potentially sensitive aspects of the patient's life in order to provide effective care.

The understanding of the cause and treatment of illness differs between indigenous cultures and western medicine. Some cultures, such as *ngoma* and *tromba*, acknowledge spirits of nature or deceased people as causes of illness. In *ngoma*, the medium appeals to the spirits and may give medication or group therapy as part of the healing process. In *tromba*, the medium is possessed by the spirit, which gives guidance. The Temiar people's perception of illness is different in that it is the imbalance or loss of a portion of a person's soul that leads to illness. The medium locates the spirit and brings it back by using music to restore balance between the people, nature, and the patient. In the Columbian shamanism culture, *yage* provides the

knowledge to heal. Music is a vital aspect in all of the healing practices as a means to connect the audience, mediums, patients, and spirits. Religion and spirituality are deeply ingrained into all of the cultures' understanding of health and healing.

Illness in western medicine is defined in a variety of ways, but it occurs when the body becomes unbalanced, which includes disease caused by a microorganism, virus, injury, or a problem within the body, such as cancer, a genetic disorder, or autoimmune disease. A physical causative agent can, ideally, be found and eliminated. The process of a patient deciding to go to a doctor is very similar to the process as discussed in *ngoma* that a patient goes through before consulting a medium. Just as *ngoma* patients first analyze their condition and ask family and friends, the same is also true when patients in western medicine ask their peers if the illness is serious enough to go through the temporal and financial commitment that is a doctor's office visit. Once the patient decides to seek medical attention, the doctor relies on medical tests, observations, and the patient's subjective descriptions in order to make a diagnosis. Although a combination of observations and discussion is utilized in the indigenous cultures discussed, there is also the supernatural element of the spirits revealing the problem to the medium. Generally, spirituality is not an encouraged element of delivering medical practice, as religion is not universal and not considered to be a direct component in the cause or treatment of a disease. However, doctors, who may or may not be religious, are to be sensitive to the patient's beliefs. Separating different parts of the body and compartmentalizing the body from the person allows doctors to target a specific problem and could be a way to avoid emotional involvement with the condition of the patient. With the social expectation of a doctor to be the voice of reason and strength, it can be difficult for a physician to emote while maintaining a professional veneer and still be able to move to the next patient and work effectively.

A physician must never discount the patient's opinion. It is a patient's belief in the efficacy of the treatment that will help him or her implement it outside of a clinical setting and be a source of optimism about the future. A patient's emotional health is just as paramount as physical health, and the two are closely knit together. Just as the placebo effect can be powerful in the efficacy of a medication, a patient's outlook greatly determines the possibility of a treatment being effective. This is the dilemma of a doctor: wanting to be compassionate and support a patient emotionally but knowing the science behind a condition and the need to save time and money in a medical practice.

New Age:

While medicine could learn much from non-Western cultures, I believe that is important to keep a scientific perspective at the forefront in order to analyze the physiological and psychological effects of a treatment while viewing the body in a new light. One field that must be carefully considered before being integrated with medical practice is alternative medicine, which includes New Age philosophies. Although this field is often classified as "other," just as many non-Western healthcare practices, it is important to assess alternative medicine from a multidisciplinary viewpoint by analyzing its scientific properties in addition to its social context. This is important because alternative medicine can be prone to misinterpreting cultural practices for economic and emotional gain and may report things as fact without being tested via the scientific method of hypothesizing and experimenting. A balanced study is essential in the consideration of alternative medicine options and the use of music in medical practice.

An example of misappropriation of a cultural element is the New Age use of the didjeridu as a means to connecting to a more "natural" state. It is an Australian Aboriginal

instrument traditionally used for entertainment purposes. It is not used as a means of healing, but it does give a sense of well-being in different aspects of the lives of those who are ill and the surrounding community (Neuenfeldt 76). While it is not believed to have physical powers, it is used to strengthen social ties. However, the New Age movement adopted the didgeridu as a means to reconnect with the sacredness of the earth and a more basic nature. New Age philosophies named the instrument a sacred and healing instrument even though it was not a component in Aboriginal spirituality or healing. Thus, a fascination with the power of the didgeridu resulted in literature that not only romanticized and exoticized Aboriginal culture but also fabricated a culture that did not exist.

Not only did the New Age movement exploit the cultures from which the instruments originated, but it also rejected the science of whether or not the instrument was effective by citing technological advances as destructive because technology separates people from a “primitive” relationship with the natural world. However, this stance is contradictory. New Age philosophy puts nature and science in the roles of antagonists, yet as Karl Neuenfeldt argues, “there are varying degrees of acceptable technologization within New Age therapeutic practice such as the passing of a didgeridu and its sound waves over a patient's body” (Neuenfeldt 80). Therefore, the New Age movement rejects technological advances while supporting the supposed benefits of instruments, which could be considered a form of technology, that are not believed to have healing properties in the originating culture.

Music-play Project and Autism:

Music therapy is an innovative method of blending medicine and music that honors cultural contexts. While traditional western medicine still promotes cause and effect and keeping the body and spirit as dichotomous components, fields like music therapy are gaining

more respect and allowing a multidisciplinary approach to medicine, particularly for patients with mental or developmental disorders. This new approach meshes both emotional and physical in a way that can be studied scientifically and provide comfort to the patients. One example of this is the Music-Play project at Florida State University, which researchers Michael Bakan and Benjamin Koen detailed in the article “Following Frank.” The Music-Play project, now the Artism Musicultural Center of Florida, aims to foster response-ability and happiness in children with ASD (autism spectrum disorder) using improvisatory music-play that allows the children freedom to explore while keeping them safe. Response-ability is “the ability to respond positively to others and not just to fulfill assigned duties” (qtd. in Bakan et al. 163). People from different fields were able to collaborate in order to give the children a comprehensive experience. The professionals involved were medical doctors, a psychologist, an autism expert, speech-language students, and a music therapist in addition to the ethnomusicological researchers (Bakan et al. 172). This project was a multidisciplinary effort to encourage children with autism to express themselves, find joy in new experiences, and be culture creators.

Bakan and his co-authors point out that western society may label children with autism as “primitive,” “abnormal,” or “other,” not unlike the ways that people from non-Western cultures have been classified. They argue that indigenous peoples are not lacking in development but rather were classified in that way due to “the limiting perspectives of the research and the limited perceptions of the researchers doing it” (Bakan et al. 172). The same applies to children with autism who are discounted as having no interest in social interaction. The project utilized small group sessions with three children, their parents, and the two researchers who met together for forty-five minutes over the course of six weeks.

Although there was a general, loose structure, the researchers and parents allowed the children to interact with the instruments and each other, and they only responded to the children instead of leading the flow of the session. The instruments were chosen according to their safety and accessibility. Balinese gamelan instruments (gongs, metallophones, and drums), the Sudanese angklung (bamboo idiophone), Ghanaian gyil (instrument similar to the xylophone), and various other instruments including slide-whistles and egg shakers were available for the children to explore (Bakan et al. 172-173). In addition, the researchers played the Chinese bamboo flute and didjeridu for the children. The didjeridu was a favorite instrument because its “low-pitched, resonant sounds were powerfully attractive” to most of the children (Bakan et al. 187). During the session, the children were given the freedom to interact with the instruments, other children, their parents, or the researchers. Because of this freedom, the children were able to respond as much as they felt comfortable to do, and the researchers were able to nurture their behavior.

Although mostly unstructured and improvised, the program was successful in encouraging children with autism to engage with the music and others present. Not only did the experience create positive responses in the sessions, but the children were able to continue the culture they built at home and school (Bakan et al. 181). Also, parents were able to gain a fresh perspective about their child and interact with them in a new context. The effects of the experience were carried over into life beyond the program.

The program was successful due to the emphasis on social interaction as determined by the children. The involvement of the parents ensured that the lessons learned and behavior established could carry on in everyday life in addition to providing comfort and familiarity to the children in a novel setting. The collaboration of the ethnomusicologists with medical professionals also allowed the program to be comprehensive and to evaluate the children

holistically, including both physical and emotional aspects. One possible amendment or point of discussion that should have been addressed in the article was why the instruments utilized were chosen. The authors, being ethnomusicologists and world music instrument specialists, picked instruments they knew would be safe and accessible to the children, but it is also important to give a background on the originating culture of the instruments in order to avoid exoticism. For example, physically, the didgeridu's sound was favored by the children, perhaps due to its tonal quality, but the emotional response is what allowed the children to become calm. The reasoning for this is not described extensively in the article nor is its importance in the culture from which it originated. Although the instruments were novel and resonant, their cultural significance must be taken into account before use in a new context. Overall, the program helped the children develop a sense of creating their own culture and expressing themselves. The project was a unique way to integrate music and medicine.

Music therapy is a highly individualized process designed to suit the patient's preferences and psychosomatic condition. Music therapy seeks to provide quantitative results to satisfy the western perspective while bringing in the qualitative aspects common to indigenous healing practices. For example, a group drumming study published in 2001 showed that music therapy could lead to neuroendocrine and immunologic changes that were the symptoms of improved emotional health and alleviation of stress (Bittman et. al). Music therapy is tailored to the patient in order to "include cultural factors, with particular attention to the individual's musical experiences, ways of relating to music, and ways of relating through music to others" (West and Ironson 412). This individualized experience was demonstrated in the researcher's adaptation to a child's behavior in the Music-Play project. While music therapy can bring much healing, it is important to know that it cannot guarantee the linear cause and effect process expected from traditional western medicine. The physical effects of music are

difficult to quantify and may not be present in every patient that utilizes music therapy. Nevertheless, it is important to realize that music therapy could improve the quality of life for patients and be a legitimate avenue of healing. Music therapy is an excellent example of a multidisciplinary approach to medicine.

Conclusion:

All efforts to incorporate non-Western cultures into a medical context must be done in a manner that appreciates science, spirituality, body, and mind. While different practices can be used in different contexts, it is important to acknowledge the cultures from which different social practices or instruments originate. In addition, the scientific process of hypothesizing, researching, testing, and evaluating must be maintained to determine whether or not a practice is indeed beneficial. There are many benefits to the methodology and ideology of western medicine just as there are benefits to the methodology and ideology of indigenous practices. The opposite is also true; both methods of delivering healthcare have various issues. It is important to work within the western healthcare system and incorporate positive change. If modern medicine recognizes the value of other disciplines while maintaining scientific principles, researchers can collaborate to create new, more successful ideas to maximize the health of the patient.

The important aspects of the indigenous healing practices discussed that western medicine can work to implement are the incorporation of a community to support the patient, multidisciplinary view of the delivery of healthcare, and analysis of each patient as unique. It is important for physicians to realize that “biological processes, like aesthetic experiences, are socially, culturally, historically, and individually mediated” (Roseman “Healing Sounds” 36). During physical healing, the physician should work with the patient to achieve emotional

healing, as both aspects of health are closely associated. Even if physical isolation is paramount to a patient's health, social isolation should be avoided. The community should rally around the patient and uphold their emotional, spiritual, and psychological health. The egocentric view of western medicine has merits such as in recognizing the value of the individual. However, as demonstrated by the indigenous cultures discussed, it is important that a patient has the support of a community in order to be restored to a state of health. This can be implemented by encouraging family and/or friends to be present during the process of restoring a patient to health or, as evidenced in the Music-Play project, be present to help regulate emotions and provide comfort. Even if people are not permitted to be near the patient, listening to music, which is an emotional and physical experience, can be soothing to the patient. The indigenous cultures discussed also emphasized a view of the body as a complicated organism with many facets, which is important in the practice of a doctor. As a patient can bring emotional, mental, and physical problems with them into the examination room, a doctor must be able to analyze the patient in a manner that is respectful and can maximize the quality of life. A detailed analysis that encompasses different aspects of the patient is important in order for the doctor to notice nuances that may play a significant part in diagnosis and treatment. For example, in the indigenous cultures discussed, religion is an active component of the peoples' lives, and this is reflected in the spiritual nature of the healing practices. Religion can bring emotional healing to some patients or may bring distress to others; a doctor should not shy away from an issue that is important to the patient but instead realize the clinical repercussions of spiritual beliefs (Koenig 50). Finally, doctors should view the patient as unique. Many of the healing practices discussed involved a personalization of divination and treatment of the illness in order to bring healing, and doctors should work to make their care personalized to the patient.

Although the indigenous healing practices from the cultures in Africa, Madagascar, Columbia, and Malaysia are unique in the cultural context of perception of health and healing, there are some common aspects, such as a sociocentric view of healing, importance of the medium in society, and the view of a person in context of his or her community and personal experiences. Some of these aspects, such as the importance of the healer and patient, are also common to the western medical approach to healthcare. One significant split between the indigenous healing practices discussed and the western medical approach is the multidisciplinary, sociocentric view of healing in the indigenous cultures and the dichotomous, egocentric view of healing in western medicine. Although the method of healthcare is dependent on the cultural context and the worldview of the people, it is possible for elements of indigenous healing practices to be incorporated into western medicine through an ethnomusicological approach and music therapy. While this is possible, it is paramount to retain cultural sensitivity of both indigenous cultures and the western culture in which the practices are incorporated. People and cultural practices should not be exoticized, which only builds barriers between cultures instead of encouraging collaboration and sharing of ideas. By incorporating the social elements common to indigenous cultures, western medicine could improve to have a more comprehensive impact in the lives of patients.

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