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Music Therapy - History and Cultural Contexts

Two Major New Texts on Music Therapy

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An essay review ¹ of:

Horden, Peregrine (Ed.) (2000). *Music as Medicine. The History of Music Therapy since Antiquity*. Aldershot: Ashgate.

Gouk, Penelope (Ed.) (2000). *Musical Healing in Cultural Contexts*. Aldershot: Ashgate.

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Introduction

Twenty years ago, when I was writing my doctoral dissertation, I had the idea of tracing the history of music therapy back to its Western historical roots. I located some sources from various historical periods and events, and was fascinated by the idea of a possible continuous historical line from antiquity up till present day. By combining different sources, I could see a continuous line, although mine became more a history of ideas of music therapy rather than a detailed continuous narrative. What I soon discovered, however, was that my general historical knowledge was far too incomplete. To do justice to the field would require extensive scholarship in Arabic language, Greek and Latin. And then in 1977 Friedrich Kümmel's monumental work on the history of music therapy appeared with a wealth of details, extensive source reading and a tremendous knowledge of many intellectual fields. And I left the subject with Kümmel, realising that in order to become proficient in music therapy theory, one had to renounce some areas of research.

I was rather surprised then to receive these two new books on the history and cultural contexts of music therapy. A bit sceptical first, I must admit, because I feared this might have been another amateur project by music therapists not knowing historical or cultural research. But very soon I realised that these were gifts to music therapy, written by historians, musicologists, anthropologists, people who are experts in their respective fields devoting their skills to what might well be regarded as an obscure field within mainstream history. On the other hand, I have always held that the history of music therapy is a forgotten history, one of the "small narratives" threading its way along other grand narratives about philosophy, music and medicine. In that sense it is not surprising that these books appear today.

At the initiative of Peregrine Horden, the Horden book contains a series of articles based on papers from a conference held at Royal Holloway College, University of London in 1997. Horden has written a stimulating introduction to the whole book, as well as smaller introductions to all the historical sections, demonstrating not only the historical overview and detail, but also knowledge of the contemporary situation of music therapy.

At the same time as Peregrine Horden organised his symposium on the history of music and medicine, Penelope Gouk, also in London, gathered a group of scholars in another symposium

"Music, Healing and Culture; Towards a Comparative Perspective" (1997). The symposium inspired these scholars to publish this collection. Again we are privileged with a scholarly work by non-music therapists adding substantially to the self-reflexivity of the field of music therapy.

Legitimation

In his introduction, Horden makes the point that most historical comments written by music therapists have had the agenda of using history as a tool for the legitimation of current practice. I recall that during one of the first lectures I heard about music therapy in Norway, it was argued that Plato had spoken positively of the beneficial effects of music on humans. Ergo, music had to be an excellent therapeutic tool, it was stated. From then on my empirical mind was suspicious of all kinds of "historical proofs". Although I am not totally free from using history as legitimation, during my own re-search I was fascinated by the ongoing rethinking of music as medicine across historical times. As new medical theories were evolving, music seen as therapy always seemed to find a place, a new articulation. Although, as Horden remarks, for a long time, the idea of music as therapy was upheld by a few basic assumptions. First exists the theory of ethos, i.e. that each mode of music can induce a specific response in the listener. Furthermore, there are the medical theories about the four humours; that "mental illness" is somatic of origin; and finally that the mind can hinder or generate ill health. This last idea acknowledges that the psychosomatic traffic is two-way, although as Horden states it, it was not wholly put into practice until the Arabic scholars from the ninth century onward synthesised the ideas and laid the ground for a preventive medicine. Here music found its place among other so-called "non-natural" determinants of health.

Horden's critical remarks on Kümmel also question the idea of a streamless historical continuity. Kümmel's way of organising his evidence could easily give us the impression of a "single march past of a huge army", where in fact we are witnessing "the effect of a smaller number of soldiers coming around again and again" (p.26). In other words, up until the nineteenth century, evidence of music in therapy was considered a persistent recycling of a few anecdotes reproduced through the intellectual tradition and formed part of the training of the medical profession. Penelope Gouk argues that the introduction of almost every book on music theory from the middle age on includes a passing reference to the healing properties of music. Gouk adds that was more a literary convention following a pattern set by Boethius' *Fundamentals of Music* (6th century AD), and "in virtually every case the author has nothing substantial to say on the subject."

The fact that a lot of the writings on music and medicine have been taken from literary and philosophical traditions further supports this idea. Some of the great systems of medical thinking barely mention music, with a tendency for music to be prescribed by a doctor for personal reasons rather than in a systematic fashion. The history Horden wants to offer us, is in that sense a balanced outline - a history in "just measure, a golden mean between excess and deficiency", as Horden states it.

Horden's own reading of contemporary music therapy deserves some criticism. He admits lacking an intimate knowledge of music therapy and seeks support from contemporary music therapists such as Leslie Bunt and David Aldridge, as well as from medical doctors such as Ralph Spintge and Oliver Sacks. Along with reports from more heterodox, or "New Age" - inspired voices, his reading of contemporary music therapy likens a music cultural diagnosis with some rhetorical undertones. The writings of Ken Bruscia are absent, along with his astute definitions, areas of practice and levels of therapy, his distinction between music "as" and music "in" therapy. Horden seems somewhat confused about music therapy - "their discipline's nature and purpose have proved remarkably hard to specify", he remarks. I will not blame him too much. On the other hand, the way music therapy is conceptualised, or should be, is probably not in the manner of grand narratives about the curative effects of music, as we learn from the history of music therapy. The same sense of "just measure, the golden mean between excess and deficiency", as he expects as hallmark of historical scholarship have also become the ideals for some of the more empirically minded music therapy.

Looking to Anthropology

I find Horden's advice about "looking to musical anthropology" highly important for contemporary music therapy theory. But I am not sure that more readings into exotic healing traditions will help music therapy survive unless we are able get beneath the surface of these traditions. That is, what we need from anthropology is some methodology to help in the understanding of how music, therapy and social contexts work together and also how some of

the workings of contemporary music therapy can be understood as a specific cultural practice. This is exactly what we may find in Penelope Gouk's book. She conceptualises the problem areas into "identities", "sites and technologies of performance" as well as "conceptualising the non-verbal", which may well serve as ways of self-knowledge to contemporary music therapists.

The title (and the picture on the front page) of Gouk's book signals a broader anthropological outlook upon healing rituals around the world, but the volume in fact contains several case studies on music and healing in historical context. In that sense these two volumes complement each other, at the same time as both concern some of the historiographical problems facing the discipline. There is always a danger when writing history, that chronology, historical figures and ideas make up the space (which is the case in some of the essays in Horden's volume - nicely counterbalanced with his own introductory remarks). The investigation of historical cases will give a broader understanding of historical background, contexts and broader intellectual currents which are necessary to gain a fuller understanding of some of the ideas behind the practice of musical healing.

In her introduction, Gouk states how the choice of "healing" instead of "therapy" has become the book's focus. First of all, the book does not claim to do a survey of current practices of music therapy. Instead it is the non-expert kind of music therapy which is treated - "the only form which really existed before a recognised body of music-therapy professionals came into being". Therapy is being used to denote the "general therapeutic effect, which can be gained from being involved in any form of musical/artistic performance". This is a form, which does not depend upon the intervention of a therapist, it is a form of recreation, a "healing" in the sense of "making strong, whole again".

From a body of questions guiding the Gouk symposium, three themes provides the framework of her book: "identities", "sites of technologies of performance", and "conceptualising the non-verbal". I will deal with each of them in detail, trying to understand how this project might enlarge our own understanding of the field of music therapy.

Who Does Music Therapy?

The first theme, *identities*, focuses on "roles assumed by, or conferred on, participants in the process of musical healing". The examples Gouk draws from are from the book, for instance Islamic medical traditions, Ngoma healing rituals and the drumming rituals of Timbuka of the northern region of Malawi. In all these examples it is evident how there is a correlation between the ways healers and their patients identify themselves and interact with each other, and the way they understand the human body and the relationship to the world more generally (p.10). "Identities" are structured within roles, and as we know roles grant possibilities of action within certain institutional frames. Boundaries are set up through socialisations, social expectations, and ideological constraints. This is hardly new knowledge for the music therapist, although probably not acknowledged by outsiders (or from all insiders).

When Peregrine Horden characterises music therapy by stating that "their discipline's nature and purpose have proved remarkably hard to specify", I suspect there is an element of fuzzy role-identity communicated by the field of music therapy. For instance, when Kenneth Bruscia defines music therapy in his last revised edition of *Defining Music Therapy* (Bruscia 1998), he has cut down areas of practice from eleven to six. In the last edition of his book we read about didactic, medical, healing, psychotherapeutic, recreational and ecological practices of music therapy. I have myself described music therapists also as social workers, special educators, care-givers and cultural workers. In sum, this "trickster"-identity does not only make it hard for the public to grasp what professional music therapy is really about, it makes the rules of transaction and interaction and the common basis for a contract upon which to establish any intervention difficult.

What this argument about identity also makes evident is the problematic therapeutic-ideological situation that current professional music therapists have to deal with. (Any observer of contemporary music therapy should be aware of the high-speed growth of new positions. For instance, while we in Oslo trained six students in 1980, in the year 2000 almost sixty students are enrolled in music therapy programs in Norway). Working in all kinds of therapeutic settings, within different institutional and therapeutic regimes, not least within a highly complex music cultural field with all its musical codes and blends of musical aesthetics, it seems quite a miracle how any "musical cure" may be offered at all. Not least working under the prevailing bio-medical model in medicine gives only marginal space to enact any therapy which claims to influence the body through a musically altered frame of mind. No wonder why so many orthodox music therapists share a common mistrust toward alternative New-Age

musicotherapies. Since music therapists have to negotiate this space of intervention in almost every new situation, a lot of effort has to be spent upon securing boundaries and identities, aiming towards some sort of credibility.

This kind of music therapeutic sensibility is "embodied knowledge", especially among those of us having spent a life as music therapy educators and public negotiators. This knowledge is sometimes hard to articulate for oneself. In such a situation, it might well be that other professions and other identities occupy the space for "musical cures", which seems more aligned with the musical *healing* traditions that these two books outline. We can see this when medical doctors increasingly move into this space, claiming (more than negotiating) authority through their professional identities and offering supposedly non-contextualized promises of musical healing through techniques of "pure sounds"; such as vibration, toning, and pure auditory stimulation techniques (Tomatis). We welcome any anthropologist wishing to disentangle this complex mess of multi-vocality at the present day scene of musical therapies. I am more than willing to become an informant.

Where and How is Music Therapy Taking Place?

The second theme, *sites and technologies of performance*, concerns instruments and space. What kinds of mythologies are inherent in our perception of various instruments and musical technologies and how does this interact with the cosmologies forming the backdrop of healing rituals? The book gives rich documentation of how "music itself and the emotion it arouses are culturally negotiated as well as being mutually interdependent on each other" (p. 13). As some readers may know, a long time ago I took the stand of music cultural relativism as *an approach* to understanding how the implicit sharing and construction of common music cultural codes forms a necessary ground for doing musical communication, at least if mutual intentionality is involved. Gouk further develops the argument and points to how music "not only provides a context in which a language of the emotion can come into being, but also gives actual shape and meaning to the emotions themselves, to what it means to be human". This constructivist attitude is worthy of investigation, and is positively applicable in the process of understanding what is going on in many situations of improvised, so-called Creative Music Therapy. I would prefer more music therapy writings to be stated in this manner, rather than fuzzy talk about bringing the "inborn, natural, real or whatever emotions and musicality" to the surface through common music making. (For a further discussion on emotional discourses, see Ruud 1992).

The theme of instruments in music therapy has been given attention in the music therapy literature, but not from the point of view of culture and context. Sometimes music therapists are carrying on traditions, which are more idiosyncratic to some of the earlier modern founders of music therapy than the practical and cultural demands of the situation. Sometimes I wonder why many music therapists are carrying this grand piano around, which surely may estrange some clients from communication, rather than further it. More challenging to an anthropological attitude is perhaps the tradition in post-sixties music therapy of improvisation through all kinds of exotic instruments, which in sum connotes or sets up a context of "otherness" and exoticism. (For an interpretation, see my essay on liminality in Ruud 1998).

The Discourse on Musical Meanings

When I discussed how music therapist identities have to be negotiated within a paradigm of bio-medical thought, the third theme of "conceptualising the non-verbal" was briefly touched on. This theme, touches the very problem of legitimising music therapy within a medical-cultural climate infused with positivism, not to mention being caught in-between professional struggles among bio-medical doctors, psychotherapists and psychologists.

How meaning interacts with cosmologies always becomes important when we are approaching our own native as well as other music therapy cultures. This becomes evident in many of the articles in both volumes. For instance, in Horden's text, a chapter is devoted to "Music Therapy: Some Possibilities in the Indian Tradition". Here (again), we find that music therapy is more linked to the philosophical and musicological tradition than the medical tradition. And as we know, the documentation on the "philosophy of ragas" clearly points to the possibilities of therapeutical effects on the body. However, as the author of this chapter - J.B. Katz - writes this presupposes a cultural situation where the listener is enculturated. The listener is familiar with a whole matrix of musical structures, melodic and rhythmic, which gives rise to a whole iconic world of saints and deities. I suppose that a raga without this perceived cosmology does not have much of an (therapeutic) effect upon any listener.

This point is emphasised in Cheryl Kramer's essay (in Gouk) on "Soul Music in German Psychiatry". She presents an interesting discussion of how a German mental hospital (Illenau) throughout the nineteenth century came to put a major emphasis upon music. Kramer disentangles the medical ideologies behind this approach, and suggests that the Illenau physicians linked the idea of "Gemüth" to a capacity to mediate sensations by connecting states of body with states of mind. Through musical activities (and other disciplinary techniques!) the idea was to perform the right kind of "Gemüth". In the concluding remarks, Kramer gives a very articulate statement about how music interacts with culture in forming the backdrop of every treatment effort:

"The efficacy of music therapy is a result not of the music alone but of its apprehension in experience. Due to this dependency on experience, the therapeutic influence of music is necessarily governed by an extant phenomenal framework organising the musical experience for its participants. That is to say the same cultural conditions which legitimate certain therapeutic practices also render the target audience susceptible to the influence of those practices. This general feature of healing cures is especially apparent in the case of rituals employing music because the shared assumptions, habituated expectations and conditioned emotional responses which uniquely identify a given cultural context are also coded into the music itself. Music does not merely represent a given phenomenal order, it also modifies that order immediately it is intoned by arousing in its listener a series of discrete emotional states whose cultural significance is variable." (Gouk 2000, p. 147).

Anthropologists (and historians) sometimes have the advantage of dealing with cultures far less complex in competing cosmologies compared to our post-modern culture. At the same time, good crafted anthropology and historical cases, as witnessed in these books, pin-point the very essence of the problem of congruency between cosmologies and healing practices. Every first semester when teaching new music therapy students, I use the case of Digo-healing rituals (see Maler 1977) as a point of departure in discussing the problem of bringing one form of healing practice into a totally new cultural context. Through this anthropological case I want to discuss how a kind of magical healing practice through music can be understood not only from an indigenous perspective or rationality, but as well as from the perspective of social psychology and group processes, mechanism of inclusion and exclusion, scapegoating, and other topics from the sociology of deviance. In other words, frames of explanations prevalent and acceptable from the point of view of Western academia. This often immediately leads into a discussion about how boundaries, responsibilities, therapeutic sensibilities, and possibilities affect the discipline of music therapy.

The necessity to comply with the prevailing rules of doing health business, have led music therapist into all kinds of discourses. There is a need to negotiate a space for music therapy within all shades of psychotherapies, from orthodox Freudian to recent approaches coloured by child interaction theories, humanistic-existential and cognitive-behavioural, to transpersonal, not to mention hybrids of theories taken from special education, neuroscience, gerontology, palliative care, neuroimmunology - you name it. Paradoxically, theorising about music itself is often left out. The communicative strength of music, the core phenomenon which give rise to the very effect of doing music is often ignored. But, as we continue to discover, these two discourses, the musical and the therapeutical, are forever bound together in dialectics which are inseparable, almost impossible to articulate, unless locally situated.

Pythagoras - the Ultimate New Age Philosopher

Horde's book is a chronological journey with detours and historical case-studies, which support the narrative. Starting with antiquity, Martin West gives a brief and authoritative outline of major ideas and figures based upon primary sources. I find his remarks on Pythagoras interesting, as a historical figure we seem to know very little about him, although his influence seems so great. He appears more like a mythological figure, or as West characterises him "a sort of guru who beguiled his followers with exotic doctrines about the transmigration of the soul through a succession of animal bodies, punishment and purification, and a paradise in the sun and moon". These shamanistic features combine with his mystical interest in numbers, numerical ratios and their correspondence to musical concords. Music therapists should be aware that music therapy of physical illness is almost wholly ignored by history, or when mentioned it is dismissed in the tradition of scientific medicine in antiquity, from the Hippocratic corpus and onward. Music therapy was fringe medicine.

On the other hand, the idea of music as therapy was upheld in the philosophical and musicological literature, and West gives many sources to our knowledge. However, I would have preferred to read a more thorough treatment of Aristotle as well as the stoic ideas about music and pneuma.

Amnon Shiloah has written a chapter about "Jewish and Muslim Traditions of Music Therapy". He briefly mentions the biblical story about David and King Saul, which has become a prototypical case on music and melancholia within the Christian tradition. This is a much more interesting story than is retold in this particular chapter (as well as in most other texts). When we learn about the ultimate fate of King Saul, we hear our first example of music therapy, and also our first example of a music therapy failure. It also describes a particular therapeutic relationship, a case of a multi-layered history of illness interwoven into the political and cultural situation of the time. Chava Sekeles lectured about this issue at the last World Conference in Music Therapy in Washington. Shiloah, however, gives more space to what has been called the golden age of Muslim civilisation, the period extending from the second half of the ninth to the end of the tenth century. This is a remarkable period where numerous circles of scholars emerged discussing ideas rising from the recent Arabic translation of the Greek scientific and intellectual heritage. It is within this emerging intellectual tradition that some of the ancient ideas of music and medicine were elaborated and put into practice.

The diffusion of the Muslim tradition into Spain and Italy influenced the European Middle-Age practice. Charles Burnett, in a short chapter in Gouk's book, "Spiritual medicine: music and healing in Islam and its influence in Western medicine" discusses further how many of the Arabic texts on music and spiritual illnesses (mental disease) were not translated into Latin. One reason was the highly technical references to Arabic music theory, or the theory of *maqâmât* (a system of melodic and rhythmic patterns in many ways similar to the Greek doctrine of ethos, but much more elaborated). Another reason was because the Arabic tradition of treating mental illnesses, or their system of classification of such illnesses, was unfamiliar to the Western culture, which had not seen such things as hospitals for the mentally ill. This deficit in translation may have been a major reason why music therapy was left out of medical practice throughout the medieval age.

Though the medical application of music in therapy may have been less than we expect from the literary and philosophical sources, there are occasional discourses in medical sources. In Christopher Page's chapter on "Music and Medicine in the Thirteenth Century", he compares two texts about the effects of music. The first text comes from about 1100 referring to St. Dunstan who dies in 988, and the second from thirteenth century. While the earlier text invokes ideas of celestial harmony and seems to attribute metaphysical power to music, this does not seem to be the case in the later text. In the text from the thirteenth century music may be used to lift the spirit, and in that sense may produce an effect, but only in case of special needs. In general, Page writes, "music is a disturbance to be banned, and the music admitted for therapeutic reasons is a substance no more mysterious than the meat that was also conceded to the monks of the infirmary" (p. 111).

The reason for this historical change may be due to the new empirical attitude stemming from the introduction of Aristotle and scholasticism. In his *De caelo et mundo*, Aristotle refuted the Pythagorean and Platonic belief that heavenly bodies make music as they rotate. Thus we find in a treatise by William of Auvergne, Bishop of Paris - *De universo* (1231-1236), a chapter on the curative powers of music. Here the author refers to Plato's view concerning the "soul of the universe" as constructed according to the mathematical proportions of music, and how we react to it. This is because the human soul shares the numerical motion of the soul of the universe. But in his commentary, William refutes Plato's position merely on its contradictory nature, using his scholastic method. However, while he rejects Plato's explanation of music's power to heal, he is convinced that music has a therapeutic force.

Soul or Body?

Following this history to the fifteenth century, is a narrative by Peter Murray Jones. He uses "The Case of Hugo van der Goes", the late medieval painter who was treated with music to alleviate his insanity, to discuss the reinterpretation of the biblical story of David and Saul in light of the emerging anatomical discourse on mental illness. Clearly we now find evidence of the Arabic hygienics of the "non-naturals" (for instance the translation from Arabic to Latin by Constantinus Africanus, the Isagoge of Johannitius). These (six) non-naturals or *occasions* of sickness and health are air, food and drink, motion and rest, sleep and walking, repletion and evacuation and the *accidents of the soul*. "Music is a means of influencing the accidents of the

soul, which has a strong impact on the health of the individual. This impact is imagined by various different authors, but the accidents of the soul always affect the natural heat, and sometimes the *spiritus*, which animates the body", Jones writes (p. 134). In the fourteenth century a whole wave of translations (among them, Galen's work) created a sophisticated discussion about connections between music and medicine. Together with translations of Arabic medical literature, this gave rise to a combination of anatomical descriptions of brain structures and the four humours as explanatory devices for mental illness. Interpretation suggests that, it seems like the medical discussion of late medieval age, when it came to the understanding of mental illness likens our contemporary competition between biological and psychological explanations about the cause of psychiatric disturbances.

From Pythagoras to Bruscia

One of the most fascinating figures in the history of music therapy is the Italian, or Florentine philosopher Marsilio Ficino (1433-99). He fore-fronted the spiritual and cultural rebirth we call the Renaissance. Ficino was a priest, theologian, astrologer, physician and magician, and not least a musician. Angela Voss's article informs us how Ficino sought to unite Platonism and Christianity, by outlining a holistic approach to healing, i.e. a new way of participating in the world he labelled "natural magic". Through his studies of so-called Hermetic texts, neo-platonic (Plotinus) and Arabic texts combined with his medical, astrological and musical skills, he sought to bring the human soul (the mediator between mind and body) into harmony with the soul of the world, the mediator of heaven and earth. "Ficino understood that the most powerful means of restoring such unity was through the careful preparation and performance of music. In short, music therapy", Voss states. The essence of this idea seems to be that the heavenly bodies are gods, their movements indicate the will of the supreme One, their souls participating in the vast web of animated being which reaches down to matter. And music was seen to aid in the process of creating a harmonious interplay. In essence, as the Platonists told us, audible sound could be understood as an echo of the perfect concord in the heavens.

Ficino came to be a major influence upon the later writings on the subject of musical influences. Echoes of his writings are still sounding in contemporary thought, also in music therapy. When Kenneth Bruscia, in his interview with Brynjulf Stige (see this volume) talks about "the absolute", he carries this metaphysical tradition from Ficino further, echoing even further back to Pythagoras. Bruscia states "In my opinion, the primary source of all meaning is the *implicate order of the universe itself* - that fundamental order which holds the universe together in myriad relationships. This implicate order is the universal template or foundation for all meaningfulness, both individual and collective; it is the ultimate model of meaning that exists *a priori*, and independent of our constantly varying constructions of it". (Bruscia of course acknowledges other levels of meaning, both experienced and constructed forms. However, in the sense that he talks about the harmony of the universe as a kind of raw material for experience, he seems to place himself in a long Western idealistic philosophical tradition).

A most interesting point about Ficino was his role as a musician. His mastery of the lyre made him known as "the Second Orpheus": In an eye-witness account, a bishop Campano testifies about Ficino's performance: "...then his eyes burn, then he leaps to his feet, and he discovers music which he never learnt by rote". In other words, Ficino improvised in a state of "spiritual possession" which from Plato on was seen as a prerequisite for the communication of divine truth, "the experience of the flooding of the soul in the act of reconnection with its source". This musical frenzy, this state of "flow" and "void", which I have classified as a concomitant phenomenon of the liminal activity, reminds me of how Paul Nordoff once revealed to me his sometimes exalted state when he was doing his clinical improvisation. Ficino-Nordoff-Bruscia; not only a shared metaphysics, a shared practice also?

This short dip into some of the texts in these two highly important books does not do justice to all the contributors. I particularly find Linda Phyllis Austern's article on "Musical Treatment for Lovesickness" highly interesting and important in the sense that it aligns this strand of music theory with intellectual history in general. In three articles about Tarantism we also are updated on the latest research on this strange phenomenon as well as we follow how this ancient musical cure is transformed into a modern Italian media and tourist event. Other articles deal with mesmerism and shamanism as well as with an overview of the history of music therapy in Great Britain. Gouk's book offers additional articles on Ngoma healing and other anthropological studies, historical accounts on music and melancholia, music in nineteenth-century German psychiatry and reflections on the nature of "the inflected voice". Penelope Gouk's own contribution is also important. She discusses in detail the first modern academic book on music therapy - the *Music and Medicine* edited by Max Schoen and Dorothy Schullian in 1948.

This brought back my memories of sitting and reading this book on the floor of the library of Florida State University, almost every night thirty years ago, a book which has had such a major influence upon the outset of modern music therapy.

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Notes

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[Back to text](#)

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