

PAIN AND MUSIC IN THERAPY: EAST AND WEST

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Summary

The research, which has been carried out by art-therapists, clinical psychologists, neurologists and others, has helped to provide measurable data that support the values of music in healing that have long been empirically understood by traditional healers in the east and west cultures.

The growing holistic consciousness within the health care professions has led to a renewed interest in the integration of music and the other creative arts into forward-looking approaches to psychotherapy and medical interventions.

Trance induction is only one aspect of traditional music and healing practices and, in any case, the induction of similar altered states of consciousness through techniques like music and imagery are common place in clinical music therapy practice and this without a sacralized ritual context. Music in therapy is also applied in medical settings to achieve such physiological goals as pain reduction, control of stress hormone levels and muscle tension and in enhancing the immune system in cancer patients.

KEYWORDS: *music, pain, therapy, cross-cultural approach*

BOL I GLAZBA U TERAPIJI: ISTOK I ZAPAD

Sažetak

U istraživanjima koja su provodili art-terapeuti, klinički psiholozi, neurolozi i drugi, dobiveni su podaci o utjecaju i vrijednosti glazbe u liječenju, što su već od davnina shvaćali i tradicionalni iscjelitelji u kulturama istoka i zapada.

Razvoj holističkih pristupa i svijesti u medicinskim disciplinama potaknuo je zanimanje za uključivanje glazbe i drugih ekspresivnih medija u suvremene koncepte tretmana u psihoterapiji i drugim oblicima liječenja.

Uvođenje u trans samo je jedan aspekt tradicionalnih glazbenih i terapijskih metoda, kroz induciranje posebnih stanja svijesti, uz primjenu glazbe u vođenoj imaginaciji koja je bez posvećenog obrednog konteksta uobičajena i u kliničkoj primjeni glazbe u terapiji. Glazba u terapiji također se primjenjuje u medicini u smanjenju boli, kontroli stresnih hormona i razine mišićne napetosti, kao i podržavanju imunološkog sustava u oboljelih od raka.

KLJUČNE RIJEČI: *glazba, bol, terapija, transkulturni pristup*

INTRODUCTION – Cross-cultural approach

Music therapy is a discipline that appears to have many direct sources and connections in indigenous world music and healing practices that are applied within the contemporary Western health care setting. The National Association for Music Therapy and the first university degree program in music therapy in the United States

were both established in 1950. At this time, more than 70 American colleges and universities offer music therapy degree programs, several offering studies through the doctoral level. Music therapy has become an accepted practice in a wide range of clinical facilities and music therapy clinical practice and professional education, programs can be found internationally in more than 50 countries.

The American Institute of Cancer Research is currently funding extensive ethnobotanical field research to glean what remains of the herbal knowledge of shamans in the Amazon in areas such as Brazil, Peru and Equador (1). The goal is to test the many as yet unstudied medicinal plants that might have potential for synthesis in modern medicine for cancer therapy. Some traditional herbal treatments seem to be *medically benign*, their benefits being more related to the placebo effect, and are only of value within the rations discovered by traditional healers have been found to be extremely medically effective outside of the cultural context and have been widely synthesized and prescribed in Western medicine. The same potential may exist for adapting music healing practices into modern music therapy and medical interventions with cancer patients. However, music used in healing ceremonies can be analyzed in terms of such variables as their *tonal modes, rhythmic patterns, tempi, timbres, dynamics and pitch range*. Their usage with certain ailments and applications at critical moments in the progression of a disease might reveal connections that could have significant potential for replication and musical adaptation into the mainstream of modern medicine and therapy.

Similarly, although research into traditional medicine related to potential applications outside of the indigenous cultural context has focused almost entirely on the herbal-medicinal side, evidence of the emotional component in disease control is now becoming increasingly validated. A healing song or chant in a modern adaptation may change textual references directed to spirits or other entities to a generic higher power or the closest equivalent in the adapting culture or might even be secularized. The object of this kind of approach is to isolate the essential musical elements critical in the healing process. Aside from the power of ritual and the general role of music performed in healing rituals in stimulating the patient's belief system, could it be that specific musical elements, such as the *duration, intensity or timbres of specific music stimuli*, might have psychophysiological effects upon certain ailments as yet not fully understood, but empirically arrived at in the practice of traditional healers?

In music therapy research, we often try to control for the influence of music as an indepen-

dent variable, as separate from the presentation of the music, particularly when the music is directly presented by a therapist rather than from a recorded source. This is similar to isolating the musical stimuli in a traditional music-healing ritual from the charismatic power of the healer and the total ritual context. In both instances, we are looking for the critical music elements that can be separated from the overall context of music presentation. Trance induction is only one aspect of traditional music and healing practices and, in any case, the induction of similar altered states of consciousness through techniques like music and imagery are commonplace in clinical music therapy practice (2) and this without a sacralized ritual context (3-8).

Pain and Birth Dance – The Capanga

A truly remarkable music and healing tradition in Western Kenya is the birth dance - the capanga (9). Although giving birth is not an illness, many women experience intense physical pain associated with the birthing process. The Kenyan birth dance has real connections with the areas of music therapy and pain management and music therapy assisted childbirth in modern music therapy clinical work. In Kenya, this dance can only be performed by women who themselves have given birth and it is performed for just one woman who is in labor. When she begins to go into labor, she calls out and all the women who have previously given birth in the village surround her house - no men may perform this dance. The women form a circle and perform a violently rhythmic dance with song that is punctuated by rhythmic clapping. Unlike other polyrhythmic African musics, the combined song, dance/movement and clapping all share a single clear and fast rhythmic pattern - a pattern designed to match and entrain the rhythm of giving birth as the dance continues until the child is born. The words of the accompanying song speak of pain in the first person - *I have this pain, this awful pain . . .* as the dancers identify with and reverse roles with the mother. They take on her pain and put that intensity into their dance. All of this is done for the support of the birthing mother, with all the women of the village who have previously given birth joining in. Everything in this practice - the empathic words, the dance

and the clapping - all express a single rhythmic pattern. And this continues until the mother begins to breathe with the pulse and is finally assisted by midwives as she delivers her child.

In the area of psychological change, Bruscia in 1987 (10) referred to more than a dozen models of music improvisation based music therapy techniques designed to achieve various psychotherapeutic goals. Music therapy is also applied in medical settings to achieve such physiological goals as pain reduction, promoting sensory awareness and responsiveness, control of stress hormone levels and muscle tension and in enhancing the immune system with cancer patients (11).

Members of modern Western culture might be likely to describe the belief in the spirit world of peoples from tribal and other traditional cultures as simply a naive reflection and projection of their unconscious. However, if persons from those cultures had the opportunity to examine our own conception of the unconscious, they might also believe us to be incredibly naive and see our idea of the unconscious as simply a reflection of the spirit world! The states of "trance" and the "unconscious," both symbolic and culturally laden terms, have many cross-cultural parallels. In fact, the Rouget's definition of trance as "an altered state of consciousness conforming to a cultural model" (12) is broad enough to fully encompass the kinds of altered states routinely seen in clients engaged in music and imagery work in modern music therapy practice.

If we can begin to see a unity and continuum between trance states reported in various societies and other altered states of consciousness more familiar to the mainstream of Western culture, perhaps we can begin to see a similar continuum between the role of music and healing in traditional cultures and the role of music in therapy in modern Western societies.

Cordova related his experiences of living with a tribal community of Indians in the Peruvian Amazon (13). In group rituals involved in healing as well as in the teaching of tribal lore, music performed along with the intake of an infusion of the hallucinogenic vine, ayahuasca, supported states of trance and mental imagery. What is particularly striking about these descriptions is how the sequence of songs and chants controlled the progression of visions in an orderly and logically

developed way. Furthermore, the shaman was able to guide the group imagery through music in such a way that all of the participants would be sharing the same visions at the same time. This was, in some respects, a far more controlled and sophisticated technique than music and imagery in modern group music therapy practice where each participant individually projects his or her own internal issues in response to the common musical stimulus. Another difference is that in Indian practices the healer would sing the musical guidance. By comparison, in modern music therapy when we provide guidance in music and imagery experiences the words are verbalized rather than sung.

CONCLUSION

As Achterberg (14) has eloquently expressed, "The finest medicine of the future will be practiced by those who take the best from the shaman and from the scientist" and various research on music in therapy will certainly help to realize this integration on the levels of both theory and practice.

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