

CONFERENCE REPORT

Music and medicine: Musicological and medical-historical approaches

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CONFERENCE DETAILS

Annual conference of the Association for the Social History of Medicine
'Music and medicine: Musicological and medical-historical approaches'
4-6 November 2021, Online

AUTHOR BIOGRAPHY

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It is always useful to have one's approaches to practice and research thrown into a new light by interacting and exchanging across disciplinary boundaries. This conference provided just such an opportunity. The call for papers stated that

musicology and music historiography have hardly benefited from the socio-historical perspectives in medical history under the sign of the patient history turn since the late 1990s, and more recent methodological and conceptual considerations within musicology and multidisciplinary sound studies have so far hardly been noticed, even in the cultural historically oriented fields of medical history. (Heidegger & Pavlović, 2021)

The 25 presentations responded admirably to this challenge and to the special welcome given to contributions with a patient-oriented, gender-critical or decolonizing focus.

Several organisations collaborated to mount the event: the Association for the Social History of Medicine; at the University of Innsbruck, the Department of History and European Ethnology, the Department of Music, and the Research Centre Medical Humanities; and the Music Collection of the Tyrolean State Museums.

This confirmed the interdisciplinary nature of the event and in the relaxed yet focused atmosphere interesting dialogues developed between scholars from different fields, such as musicology and the history of medicine, historical sound studies and music therapy. Many of the papers focused on patients as music makers and music listeners, the metaphors used to describe music making, and how sound experiences in contexts of health and wellbeing are embodied. The range of contexts was extremely broad in terms of geography, time period, and culture, as shown by the following five examples.

In her examination of J.C.F. Rellstab's *Anleitung für Clavierspieler* (1790), Marie-Louise Herzfeld-Schild (Vienna) examined the author's emphasis on the importance of the nerves in piano playing. She noted how Rellstab was influenced by contemporary physiological understandings of the nerves, themselves based on musical principles. Physicians compared nerves with musical strings and proposed a proportional relationship between movement in the nerves and the sensations felt. Nerve constitution also influenced a person's temperament (e.g., choleric and sanguine). Thus, Herzfeld-Schild traced how ideas about music physiology moved between doctors, composers, and music publishers.

Naomi Joy Barker (Open University, UK) took us to the Ospedale di Santo Spirito in Sassia in early seventeenth-century Italy. Her focus was the organ in the ward, used in Christian worship and played at mealtimes for "the recreation of the sick." Given there are no accounts of the music played, Barker considered whether the repertoire could have included the *Libro Primo di Capricci* (1624) by Girolamo Frescobaldi, who worked at the hospital. One point centred on the composer's use of the cuckoo motif. Was Frescobaldi's 'Cuckoo Capriccio' the equivalent of looking at the painting of a landscape in a gallery as a substitute for being outside in the fresh air (something recommended at the time for those who were not well enough to go outside)? In this way, Barker made a closely argued case for these pieces being part of the hospital's approach to treatment, especially of patients' moods.

The practice of music in medicine and psychiatry in nineteenth-century Vienna was the focus of Andrea Korenjak (Vienna). Relying on medical dissertations of the period, she outlined the ways authors found music to be therapeutic, namely: music for amusement; music as a reward (and its withdrawal as disciplinary measure); and music as a distraction from mental illness. Korenjak also summarised six recommendations for practice, extracted from her sources. She noted that one of these (music must be introduced slowly in accordance with the patient's frame of mind) resonated with the iso principle articulated by American music therapist Ira Altshuler in the 1940s (Gouk, 2001). Given this theory still has currency (I studied it on my music therapy training), we can see how elements of contemporary practice can have long histories.

Bernd Brabec de Mori (Innsbruck) spoke about European interpretations of non-European sound techniques in the context of shamanism in the Western Amazon. Through five years of ethnographic work, he explored what he calls indigenous sonic ontologies, for example the practice of healers singing to patients, invoking spirits or animal entities to bring about change. However, he warned that these techniques are inapplicable in modern medical, wellbeing, and therapeutic practice, yet they are becoming psychologized by observers in ways that are "intrinsically based on deep coloniality."

Finally, Sarah Koval (Harvard) based her paper on an unlikely archival source, a seventeenth-century English recipe book that included notations of pieces for cittern. She showed us how the book's owners, John Ridout and Susana Cox, had crafted knowledge in a "domestic laboratory." Koval examined the notion of 'music as recipe', a prescription for taking (musical and medicinal) actions. Even though using a rudimentary tablature, the music notation mirrored the recipes in reflecting an embodied, experimental, and self-directive practice. In these ways, Koval read these books as meaningful compilations of prescriptions for enacting ephemeral phenomena (food, medicines, and music performance).

To give a taste of the sheer variety and richness of presentations, other papers focused on topics such as: bathing and spa music in the early modern period (1450–1750) (Lorenz Adamer, Tübingen); hymns as poisons or antidotes in interconfessional conflict in the eighteenth-century (Markáta Vlková, Brno); John Conolly

(1794-1866), superintendent at Hanwell Asylum, and his writings on the ideal use of music as therapy and moral management (Rosemary Golding, London); music performance anxiety and its particular manifestation in connection with political and racial persecution in 1930s Germany (Regina Thumser-Wöhls, Linz); the representation of diabetes in three late twentieth-century operas (Emile Wennekes, Utrecht); how musical attention towards performances by the Islamic Aissawa Brotherhood was influenced by medical and colonial ideologies in nineteenth-century France (Céline Frigau Manning, Lyon); and the meanings that musical and other cultural activities held for visitors to sanatoriums in Sweden 1891-1961 (Karin Hallgren, Växjö).¹

Taking a microhistorical approach, my own paper focused on the music therapy pioneer Priscilla Barclay and especially the patients she worked with at St. Lawrence's Hospital, Caterham, England (1956-1977). As such, it presented one of the more recent instances of music in the service of wellbeing at the conference. This was the first time I had presented this research to an audience drawn from the interdisciplinary fields of the medical humanities and the social history of medicine, and I was gratified to receive several interesting and thought-provoking questions.

While many papers considered positive relationships between music, health and wellbeing, presenters did not shy away from discussing the possible instrumentalization of the music-medicine connection in biopolitics, such as through violence over mind and body in war. Some examined the abuses of music and sound in contexts such as discipline, punishment, and even torture.² Not least among these was the conference keynote, Morag Josephine Grant (Chancellor's Fellow in Music at the University of Edinburgh), whose presentation was entitled 'Bleed a little louder: Sound, silence and music torture.' Starting with military punishments (flogging) undertaken by drum boys, she began to shine a light on connections between music, sound, and torture. Covering issues such as sensory deprivation (for example, silence), extreme volume, and the use of sound in rites of humiliation, Grant reminded us that psychological violence leaves no visible wound. She added that authorities bent on this kind of violence are well aware of the potential of "non-corporal injuries" to do harm. In a wide-ranging presentation, Grant drew on music neuroscience, cultural studies, and ritual theory to help us make sense of music and sound used for violent ends. "Thinking though these practices," she said, "could help us to think again about what music is doing in other practices."³

In the opening and closing sessions, participants were treated with photographs of the University of Innsbruck, showing the snow-topped mountains in the background. Were it not for the COVID-19 pandemic, we would have met in person and enjoyed the beautiful city and its surroundings first-hand. Nevertheless, an air of friendliness and collegiality pervaded the proceedings, even though mediated through our computer screens. Delegates in Innsbruck were able to attend a concert on the last night of the conference, and this was available to others via zoom.

As a bi-lingual conference (German and English), abstracts of German presentations were available in English beforehand. Many non-native speakers spoke in English and in one case the presenter spoke in German with slides in English. These efforts at making the papers accessible for non-German speakers were much appreciated. For this and many other aspects of the organisation, Maria Heidegger and Milijana Pavlović deserve our congratulations and heartfelt thanks. We look forward to the publications (for example a special edition of the open access journal *Virus: Contributions to the Social History of Medicine*) and any future events that take these fascinating dialogues further.

¹ The full conference programme is available here:

<https://www.uibk.ac.at/musikwissenschaft/aktuelles/events/2021/pdfs/programm-mit-abstracs-und-bios.pdf>

² See also the Music and Violence Special Interest Group of the American Musicological Society:

<https://www.musicology.org/networks/sg/music-and-violence>

³ This quote was taken from my notes.

REFERENCES

- Gouk, P. (2001). Objective science or just a metaphor? The 'iso' principle of Ira Altshuler. *Nordic Journal of Music Therapy*, 10(1), 65-68.
<https://doi.org/10.1080/08098130109478018>
- Heidegger, M., & Pavlović, M. (2021). *Music and medicine: Musicological and medical-historical approaches*. Call for Papers, <https://www.uibk.ac.at/musikwissenschaft/aktuelles/events/2021/pdfs/cfp-musik-und-medizin.pdf>