

The book is written and composed in a clear and fine flow: it is essayistic in its form, but very concise in its substance. It is the most thorough and innovative input about sound and voice in the history of recorded sound hitherto. It is a must for anyone who seeks knowledge and perspective in interacting and working with voice sound in the media. Being positioned at the intersection of the voice, sound media technologies and performance I recommend it also to those, who are interested in notions and concepts such as authenticity (also as an aesthetic project) and identity in modern sound and media culture. In our search for signs of authentic human presence and in the construction of vocal ‘authenticity’ we must – the book concludes – accept, that ‘... the voice in particular emerges as an instrument of performance with a particularly subtle give-and-take between expressing the individual and the type: another reflection of the voice’s double nature as both “the intimate kernel of subjectivity” and “the axis of our social bonds”’ (p. 247).

Ansa Lønstrup



Benjamin D. Koen (ed.), with Jacqueline Lloyd, Gregory Barz, and Karen Brummel-Smith (co-eds.), *The Oxford Handbook of Medical Ethnomusicology* Oxford and New York: Oxford University Press, 2008
556 pp., illus., music exx.
ISBN 978-0-19-533707-5
GBP 85 (hardback)

What is medical ethnomusicology? Given the compound nature of the field there is no simple answer: It is, in part, the study of healing practices, sounds, technologies, and performances in their socio-historical contexts; it is also the biomedical, cognitive, and psychological experimentation and construction of viable data on bodily reactions to various music; it is also individual experiences with music and healing put into writing; it is also a kind of social activism that aims at exploring how music and knowledge about musical healing practices might be applied (adhering to the general notion of ‘applied ethnomusicology’) in various academic fields, and in therapeutic, clinical, and public contexts. And the list is not conclusive.

The Oxford Handbook of Medical Ethnomusicology aims at creating a constructive cross-disciplinary dialogue between different kinds of knowledge of music, healing, and health positioned in different, often conflicting disciplines and areas: from musicology and ethnomusicology, the health sciences, the integrative, complementary and alternative medicine (ICAM), the physical and social sciences, the medical humanities, and what is referred to as ‘the healing arts’ (p. 3) – that is non-academic practitioners. Thus medical ethnomusicology is mapped out as a multi-methodological and paradigm-pluralistic field.

It counts to the handbook’s strengths that it allows different voices, which claim musical knowledge and knowledge about music, to participate in the dialogue about the benefits of music in relation to health and healing. That the volume does not aim at forcing these different approaches into shared conceptualizations and terminology of health and music (which they on a fundamental level do not share at the outset anyway) is a wise decision.

However, this dialogical democracy also poses some problems. First, it seems clear that the nature of the intended dialogue is not a straight forward matter. Second, it poses a challenge to the field of ethnomusicology (and other kinds of musicology) by including modalities of knowledge that are not produced within the conventional academic disciplines of ethnomusicology or anthropology, but within other areas of expertise and experience. There is a world of difference between, say, understanding music in terms of isolating independ-

ent variables in the search for physiological or neurological effects caused by music/sound, or understanding music in terms of socio-culturally constituted and contextualized practices and discourses, or perceiving music as a transcendent medium that alters bodily, mental, and spiritual states within religious worldviews.

For example, Rajan Sankaran's 'Homeopathic Healing with Music' (chapter 16) demonstrates an innovative and creative heterodox approach to music and healing. However, it is not identifiable with ethnomusicological and anthropological approaches to musical and cultural phenomena; rather, the chapter must properly be defined as another specialist kind of knowledge, as Sankaran combines homeopathy and the Indian raga system with specific sentiments under the principle of 'like cures like' (p. 393). A fundamental question is raised here: in what sense is medical ethnomusicology supposed to be understood as an academic discipline, if self-representations of practitioners are qualified as ethnomusicological writing? This is not an issue of the validity of the different modalities of knowledge, but of the importance of maintaining a distinction between their different premises.

The *Oxford Handbook in Medical Ethnomusicology* claims to present a new holistic ethnomusicological paradigm, or a 'new milieu of consciousness' (p. 3), as editor Koen opens the introduction. While it is clear that no existing paradigms are meant to be replaced in the handbook, it is fair to ask what the nature of this meta-paradigm is. What each contributor has to offer to the diverse store of medico-musical knowledge is inextricably produced within already existing paradigms and various theoretical traditions of the humanities, the social and biological sciences, and within spiritual outlooks on the world: nobody speaks from a neutral position. Seen in that perspective, the holistic paradigm might be perceived as a strategic means of including all sorts of knowledge under the ethnomusicology-umbrella but at the same time disregarding the incongruities of various approaches. I imagine that this is a point where the field of medical ethnomusicology will meet some measure of scepticism and call for further clarification.

Moreover, moral and spiritual aspects seem to be central to the holistic paradigm. For example, in the introduction, Koen mentions the notion of a 'sacred clinical reality' which is 'grounded in science, religion, and the arts' (p. 15). The fascination with traditional Lakota beliefs and healing practices that 'pivot in the principles of oneness' and include 'the beliefs that all life is essentially spiritual in nature and that humans are spiritual beings' (p. 483) displayed by Kevin Locke and Benjamin D. Koen in 'The Lakota Hoop Dance as Medicine for Social Healing' (chapter 20), seems to have been a source of inspiration for the notion of holism. This is supported by the opening phrase: 'The Lakota Hoop Dance is a choreographed prayer that aims to create health and healing at the individual and collective levels of human life through an expression and manifestation of the principle of unity. As such it can be seen as a specialized confluence of forces that engages the key domains articulated in this volume – namely, the biopsychosocial, emotional, and spiritual dimensions of life that are central for a holistic approach to health and healing' (p. 482). What comes to mind is the question of how and when a research paradigm is supposed to have become a spiritual concern. Is the holistic paradigm a new gospel?

It is left the writers to position themselves in terms of discipline and theoretical tradition which some follow as for example Marina Roseman, Michael B. Bakan, and Gregory Barz. The introduction does not help the reader from the outset, so it takes a good deal of reading to get a picture of the nature of the dialogue that is at play. The page long list of contributors (p. 539) includes institutional affiliations only. The inclusion of short bios might have been of assistance to readers who cannot be expected to be familiar with every approach represented. Students – definitely potential readers – unaware of the implications of academic paradigms and traditions would need careful instruction to navigate between the various approaches in the handbook.

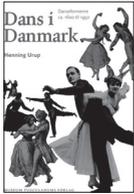
Michael L. Penn's and Philip K. Clarke's 'Art, Culture, and Pediatric Mental and Behavioral Health: An Interdisciplinary Public Health Approach' (chapter 4) is an example of a normative approach to music that challenges my understanding of what ethnomusicological knowledge might be. The chapter finds its point of departure in the idea that rap music – understood as art 'prostituted' and 'mere entertainment' (p. 90) – is a disturbance to the development, 'psychosocial maturation' (p. 83), and quality of life of children and youth all over the world, and argues that a healthy human spirit can be achieved through participation in 19th-century Romantic virtues of true art and beauty. However, it is not detailed exactly what music Penn and Clarke believe will further this end (other than 'Negro spirituals' (p. 87f.) which are mentioned in passing). Among a number of studies that demonstrate the violent and chauvinistic nature of rap music – in my view overtly biased – Penn and Clarke quote a study made in Canada claiming that especially French rap music 'showed the highest levels of deviant behaviors' (p. 80), without addressing the implied problems of relating musical genre categorization to behaviour patterns defined by the research programme as deviant (sex and violence are among the variables). The line of thought presented here might best be defined as a moralizing attack on rap music; nor is it supported by any fieldwork documentation, neither are any analyses of specific rap music or lyrics included to contextualize and substantiate the contentions ('Cop Killer' and 'Bad Man's Blunder' are mentioned by title only).

Returning to the complex nature of the dialogue: in one of the most thoughtful contributions to the handbook (chapter 2), Marina Roseman proposes a fourfold framework for studying music and medicine in order to facilitate multidisciplinary research, illustrating the ideas with references to the culture of Temiar musical healing in the rain forests of Malaysia, which she has studied now for more than 25 years. Roseman's earlier work – together with the work of Barz and Koen among others – is considered groundbreaking for medical ethnomusicology. Roseman defines four overlapping and interpenetrating axes: the musical, sociocultural, performative, and biomedical. She notes that different disciplines do not necessarily share the same understandings of the words and terms that are in use: 'In order to talk productively across disciplines about a compound subject like music, medicine, and culture, it is useful to become aware of our respective disciplinary assumptions' (p. 20) and 'to learn each other's languages' (p. 19). An example will illustrate the point: the term 'music'. According to approaches to healing and music based in the physical sciences, Koen states in the introduction, 'music, at its most fundamental physical level, is a constellation of sound waves, which are described in terms of frequency, amplitude, waveform, duration, and direction' (p. 11). Not all approaches accept the physical level as more fundamental than cultural, social, or other levels. As the physical aspect of sound is evident, music becomes a discursive and interpretative implication the moment we reflect on physical phenomena that we identify as 'music', or 'sound'. Roseman suggests an inclusive definition as a fruitful way forward: music is 'simultaneously an artefact of (a) the physics of sound, (b) the biophysiological realms of perception and sensation, and (c) social, cultural, historical, and individual realms of meaning' (p. 27).

Some medical ethnomusicologists want to make the world a better place and create 'improved or vibrant quality of life' (p. 3) by studying phenomena of music, medicine, and culture, and furthering their insights into facilitating healing practices for the benefit of a wider public. It remains important that the various ideological premises of this agency are kept apparent, as they are part of defining and forming the 'new holistic paradigm' and the motivations for performing medical ethnomusicology. When touching upon issues of moral obligation of those who have knowledge about music, culture, and medicine, Roseman argues: 'allowing our respective disciplines to remain opaque to one another has historically served a segmented political design of institutionalized knowledge and power, but I am not

convinced that it is necessary. Indeed, given the weight of suffering around us, on the one hand, and the amount of knowledge available to us, on the other, it may not be morally viable to let our respective disciplines remain opaque. With a bit of clarity and study from each side to the other, we may be able to crosstalk and counterpoint our way towards a multidisciplinary approach to music and medicine' (p. 20).

Tore Tvarnø Lind



Henning Urup

Dans i Danmark. Danseformerne ca. 1600 til 1950

Copenhagen: Museum Tusulanum, 2007

417 pp., illus.

ISBN 978-87-635-0580-2

DKK 298

also available as e-book, ISBN 978-87-635-0932-9, DKK 180



Karen Vedel

En anden dans. Moderne scenedans i Danmark 1900-1975

Copenhagen: Multivers 2008

394 pp., illus.

ISBN 978-87-7917-175-6

DKK 328

To date historical studies on Danish dance have primarily been narratives of the Royal Danish Ballet, its chief choreographers, and dancers. Two recent books, *Dans i Danmark* (Dance in Denmark) and *En anden dans* (Another Dance), both challenge this concept, and they do so quite differently.

Henning Urup's *Dans i Danmark* provides an overview of the historical development of dance in Denmark from around 1600 until 1950 and includes descriptions of social as well as theatrical dance forms. A dance form, the author explicitly states in the introductory chapter, is to be understood as a characterization of patterns of movement in interplay with musical structures.

The text is based on historical source material, primarily from Denmark but complemented with material from abroad which includes various written accounts and descriptions, musical scores, dance notations, and miscellaneous visual depictions. The source material is presented in the beginning of each main chapter in approximate chronological order; then the period's dance forms are described and summarized according to typological divisions (distinguishing between social dance as opposed to theatre dance and group dances in contrast to couple dances and to some extent solo dances). The book concludes with an English summary, notes, bibliography, list of illustrations, and name and subject index.

Sectioned off in four parts, the book divides the development of dance in Denmark in neatly delimited time periods: 'Dansen før år 1700' (Dance before 1700); 'Dansen i 1700-tallet' (Dance in the 18th century); 'Dansen i 1800-tallet' (Dance in the 19th century); and 'Dans i Danmark i 1900-tallet' (Dance in Denmark in the 20th century). In the late 16th- and 17th-centuries long chain-dances were performed with many dancers moving forward behind a lead dancer. Couple dances could also be found, for example the solemn procession-like *pavane*. In the 18th century the 'sophisticated' minuet and the 'simple' Polish dance were favoured couple dances, whereas the designated English dances were popular group dances