

Healing through sound:  
An exploration of a vocal sound healing method in Great Britain

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## **ABSTRACT**

### **Healing through sound: An exploration of a vocal sound healing method in Great Britain**

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This thesis reports the results of ethnographic research conducted on a vocal sound healing method practiced in Great Britain at the College of Sound Healing, founded by acupuncturist and sound healer Simon Heather. This phenomenological, narrative inquiry embraces a perspective recognizing the dialogic nature of ethnographic research, and includes the perspective of sensory anthropology by exploring the role of the senses in sound healing. The research also positions sound healing in relation to the field of music therapy, the career practiced by the researcher. The study involved a sample of 13 individuals who had undergone sound healing. Data collection consisted of interviews and participant observation/sensation.

Findings of the study reflect a wide range of experiences which embrace a holistic conception of health encompassing both mind and body. Categories evolving out of participants' own language used to describe their experiences include the following: physical, mental, insight, emotional and spiritual. Effects such as the release of emotions and trauma, a change from negative to more positive thought patterns, the elimination of physical pain, relaxing, calming effects and receiving deeper perceptions of life situations, are among the experiences described by participants.

Contributions to an evolving theory of sound healing include the recognition that altered states of consciousness appear to play an important role in facilitating certain kinds of healing; the phenomenon of after-effects of sound healing which extend and

evolve for sometimes days, weeks and even months after a sound healing session; the role of the senses in terms of healing efficacy, with colors experienced as healing *in and of themselves*; and an analysis of the relationship between intuition, intention and the sounds utilized in this method of sound healing.

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## INTRODUCTION

When one embarks upon a doctoral dissertation, an enormous investment of time and energy is a given. The relationship of the subject matter chosen to the doctoral researcher's own narrative life history, is invariably significant and often profound. Yet frequently, this narrative is left out of the written text of the dissertation. Reading such texts left me feeling dissatisfied. I wanted to know, who is the person that wrote this, and why did they choose this particular research? These experiences led to my desire to include my own narrative within the text you are about to read. When I say 'include,' I mean explicitly, for indeed, one can no more 'leave out' the influence of one's own story upon one's research, than one can omit oneself from any other endeavour of one's life. Research is relational, and dialogic, whether acknowledged or not; contextualized and constructed.

This dissertation is the story of my research with a particular group of people and a particular method of what is called "Sound Healing" in Great Britain. What led me to pursue this subject was a professional interest in learning more about this form of healing. I first learned about sound healing in graduate school at New York University, where I was enrolled in a master's program studying music therapy. It was not practiced by music therapists, but there was some curiosity about it. I took workshops with Jonathan Goldman and John Beaulieu, both leading figures in the field of sound healing. I also attended workshops and meditation retreats with Pir Vilayat Khan, a Sufi Master who was the son of Hazrat Inayat Khan, a famous musician, writer and spiritual master in the Sufi tradition from India. Pir Vilayat was a strong believer in the healing power of

sound, and the use of sound for spiritual transformation, often in the form of chanting, was an important part of the Sufi tradition.

Upon graduation from the music therapy program, I went on to study psychoanalytic psychotherapy and guided imagery and music. My desire was to work in-depth with people in private practice as part of my work. I also worked as a music therapist in psychiatric hospitals, in drug-addiction units, and in long-term care facilities. I maintained my interest in sound healing, but didn't begin to practice it until many years later. In a transitional phase with my work, my interest re-ignited and I began to give free sessions to friends and interested acquaintances. I also began an informal qualitative study in which I interviewed individuals I gave treatments to, to determine what was effective, or not, in what I was doing.

As a result of this experimental phase, I discovered that I enjoyed doing this kind of work with sound, but needed to learn more. I was working very intuitively, and while that often resulted in successful sound healing sessions, I felt that I didn't have a strong enough foundation to feel entirely comfortable and confident with what I was doing. I knew there was enormous potential with the work, but formal research was necessary to develop it. By this time, I had completed two research studies, one quantitative and one qualitative, in music therapy, so the 'hat' of researcher had been added to my professional identity. I found that I loved research, and wanted to do more. This eventually led me to the research at hand. It is with great pleasure that I can now share the fulfillment of this lengthy journey with you in these pages.

### Definition and theory of sound healing

‘Sound healing’ is a term applied to a wide and diverse range of approaches, utilizing a diverse range of sound sources, with the intention of healing some aspect or aspects of human beings. Many forms of sound healing are “syntheses of ancient traditions and contemporary ideas” (Boyce-Tillman, 2000, p. 199). Chapter 1 will present an overview of these approaches, methods and practices, to acquaint the reader with the contemporary terrain of sound healing. It will also present some of the ancient traditions upon which contemporary approaches are based. As a prelude to this, I will in this section, present the theory of sound healing as it is currently understood. This theory is based upon scientific concepts concerning certain properties and ‘behaviors’ of sound waves which are widely accepted and taught in academic physics courses which cover the properties of sound waves ([www.physicsclassroom.com](http://www.physicsclassroom.com)).

Sound healing can be defined as the application of sound vibrations directly into the body of an individual, to bring about a state of harmony and healing. Heather (2004) explains the theory of vibration that underlies this definition:

Everything that exists, whether the thing is physical, emotional or spiritual, is the product of the movement or oscillation of energy between a positively charged pole and a negatively charged pole. This oscillation is called ‘vibration’ (p. 27).

These oscillations are also known as ‘wave forms’, and can travel through air and other materials, such as water. Our vocal chords create wave forms when they vibrate. Our eardrums also vibrate when sound waves come into contact with them, thus allowing us to hear sound (Heather, 2004).

The speed of a sound wave's movement is known as its frequency. This refers to the number of cycles that a sound wave completes in the time frame of a second. "What scientists call frequency, musicians perceive as pitch" (Gardner, 1990, p. 160). Thus, high-frequency sounds will be perceived as relatively high pitches musically and low-frequency sounds, as low pitches. Our bodies comprise a complex system of multi-leveled vibrational forces, which are constantly in motion. These 'forces' vibrate at different speeds, and thus, at different frequencies. All the different materials and systems of our body – from bones, blood and organs to pulmonary, digestive and immune systems, make up this totality, and result in a complex composite of different frequencies. It is believed that applying sound vibrations to a human mind/body system, can favourably impact the vibrational state of that system (Heather, 2004).

Two principles account for this theory. One is known as 'resonance,' which refers to the most natural frequency of an entity. This principle holds that any resonating body will seek its most natural resonance, i.e. the frequencies most natural to it, and that are most easily sustained by it (Bentov, 1977). According to Wieder (2006), "Resonance is an amazing phenomenon that occurs throughout all of nature--from the smallest subatomic particles to huge galaxies at the edge of the observable universe. Anything that vibrates has a natural resonant frequency and will spontaneously begin to vibrate in response to external vibrations that share the same or a similar resonant frequency. This sympathetic vibration is called resonance, which literally means to re-sound, to echo" (p. 1). Resonance is a well-established principle taught in any basic physics course on the properties of sound waves. A simple experiment involving tuning forks proves the principle: When a tuning fork on the note 'D' is struck and begins to vibrate, another

tuning fork also on ‘D’ in the vicinity will begin to vibrate, while tuning forks with different resonant frequencies like C, F or G, will not vibrate (Wieder, 2006).

In terms of healing and the human body, a state of ‘resonance’ is considered to be a state of balance and health. This means that each aspect of our bodies, which has its own specific resonant frequency, is resonating in harmony with every other aspect when it is in this balanced state. Goldman (2008) uses the helpful analogy of the symphony orchestra here. If our liver is malfunctioning, this can be equated to a violin player who is out of tune with the rest of the orchestra. In this instance, sound healing could be used to assist the liver in “enhancing the correct resonant frequency” of this organ (Goldman, 2008, p. 10), thus bringing it back into ‘tune’ with the rest of the body’s functioning. According to Bentov (1977), in certain situations, it takes very little energy (meaning sound frequencies) to restore resonance to an oscillating system like the human body<sup>1</sup>.

The second principle is known as “entrainment,” which states that when two vibrating bodies or objects come into proximity to one another, they will lock into phase with each other, meaning that they will begin to vibrate at the same rate or frequency. A widely quoted experiment involving two grandfather clocks explains the principle. When these two clocks, whose ticking was not in sync with one another, were placed within the same room, their ticking eventually shifted to exactly harmonize in time. This principle explains how music can affect such things as our heart rate and breathing, depending upon the tempo or speed of the music, respectively (Heather, 2004, Goldman, 1992).

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<sup>1</sup> Oscillators can be defined as “devices that move in periodic, repetitive fashion between two points of rest. Our bodies are also such devices” (Bentov, 1977).



### The Chakras and subtle body theory

Another important aspect of sound healing theory has its foundation in metaphysical teachings from India concerning the ‘chakras’. These are considered to be important energy centers in the body, which link physical glands and organs in the body to other dimensions of a person such as their emotional and mental states. According to Heather (2004), “Each chakra is associated with different issues we face on our journey through life”. Unresolved emotions or negative thoughts will cause an imbalance in the chakras. This imbalance can lead to illness...” (p. 22). Another way to state this is that “The energy can be blocked at any of these points and it is the task of the healer to unblock them so that the energy can flow freely” (Boyce-Tillman, 2000, p. 186).

Subtle Body Theory involves the recognition that there is an ‘energy field’ or ‘auras’ surrounding the physical body. This field is believed to contain seven layers, which correspond to the seven chakras, each an energy center, within the human body. Something known as ‘Kirlian photography’ (developed by the Russian Semyoin Kirlian) is said to be able to capture pictures of the aura on film (Boyce-Tillman, 2000). It’s also widely believed by sound healers that ‘imbalances’ in a person first manifest in this energy field. If they continue and are not cleared up, they begin to take hold in the physical body, where they are detected in the form of symptoms of various kinds. Chronic imbalances can lead to conditions and illnesses.

### Sound healing approaches

In recent years, sound healing has become a rapidly expanding field encompassing many diverse approaches. Some utilize musical instruments, such as

gongs from different cultures, as vibrational sound sources. Some use tuning forks, which when struck together, create certain frequencies useful for healing. Others use machines which emit different frequency vibrations. Ultra-sound, used as a standard medical treatment for kidney and gallbladder stones, is a form of sound healing utilizing machines. Still others use the voice as the primary instrument for sound healing. This latter approach will be the focus of this research, and will sometimes be referred to here as ‘vocal sound healing’.

Vocal sound healing can be considered a form of singing, but it is important to stress that songs which are part of a Western ‘art song’ tradition, are not the main focus of the method under study. Songs are certainly utilized at times in some methods, but the main focus of the training in these approaches is on developing the ability to sing sounds that are not organized into words or verses, but rather single notes, tones or overtones that are directed at the human body. These are often referred to as ‘wordless sounds’.

Chants are also utilized in some methods, but with the exception of mantra-based approaches, they are not the main focus of methods of vocal sound healing.

### Relationship of sound healing to music therapy

In order to understand the relationship between sound healing and music therapy, both must be placed within the larger frame of health care practice in the modern West. Music Therapy is an established health care profession with practitioners and associations functioning throughout the world in many different countries. It uses music as the primary tool in addressing psychological, emotional, physical and/or spiritual goals in children, adults and families. It has been in existence as a profession since the 1950s. Training takes place in degree programs on the B.A., M.A. and Ph.D. levels. Music

therapists are credentialed professionals who combine skills as trained musicians with coursework in psychology, group therapy, music therapy methods and practice, and music theory. Music therapists employ a wide variety of theories, approaches and techniques, depending upon the population they are working with, and the clinical goals being addressed. Some of these theories are based on psychotherapy models utilized by a wide variety of disciplines. These models include psychoanalytic, cognitive-behavioral, humanistic and Jungian. Others, which fall into a broad category of 'Music and Medicine' are more based in the physical sciences. Another broad category would be music therapy for 'learning'. These models would be more developmental.

Music therapists can be found working in hospitals (psychiatry, medicine, rehabilitation), clinics, schools, nursing homes, palliative care, prisons, group homes and private practice.

Sound Healing is not yet an established health care profession. It has the makings of one – the existence of associations of sound healers, annual meetings, the recent establishment of at least one university-level academic program (California Institute of Integral Studies), and training programs for those wishing to be credentialed as sound healers. Research, however, is still in its infancy, and no professional journals yet exist focused solely on sound healing.

Most sound healers are not trained therapists. They are more likely to have a background in some form of bodywork, such as massage therapy, acupuncture or Reiki. Some have a background as professional singers or musicians. Others have no related experience professionally-speaking, and come from diverse backgrounds and fields. Though no surveys have been conducted, Dr. Barbara Crowe, past-President of the

National Music Therapy Association in the U.S. reports (personal conversation, September 7, 2008) that music therapists are meeting to explore the potential use of sound healing methods in their work. A small number of music therapists appear to be practicing sound healing with clients at this time.

In 1996, Barbara Crowe and Mary Scovel reviewed current sound healing practices in the U.S. and called for music therapists to familiarize themselves with these approaches, and to begin to dialogue with practitioners of sound healing. They put forth the opinion that “music therapy and sound healing are related and may be two facets of a continuum of healing with sound and music” (1996, p. 28).

Crowe (2008) reports that no research has been conducted by music therapists into vocal sound healing. The present study seeks to remedy this by exploring an approach of vocal sound healing developed by Simon Heather (2001, 2004), an acupuncturist who founded the College of Sound Healing in London in 2004. Heather has developed a formalized training program and written several books used in the training. He has taught his approach internationally, trained others as teachers to conduct their own trainings, and sponsors a yearly conference on sound healing at the College.

### Purpose of research

The purpose of this research is to expand the knowledge base concerning what is known about the effects of vocal sound healing on humans. Very little research has been done in this area, and none by music therapists. Furthermore, there is a growing interest in sound healing in general, on the part of music therapists, and thus an increasing need for more understanding of its effects as well as its methods.

### Research Question

The central question to be explored in this study is: What do individuals experience when they receive vocal sound healing based on Simon Heather's method? Of particular interest is the healing, or therapeutic, efficacy, of these experiences, as well as their sensory aspects. A subsidiary question concerns the implications of positive findings for the field of music therapy.

### Summary

This section has introduced the background of the author of the study to the reader, provided a definition and theory of sound healing, and discussed the emerging field of sound healing in relation to the profession of music therapy. The purpose of the research and the research question were also included.

## CHAPTER 1:

### LITERATURE REVIEW

The literature on sound healing is vast, and crosses many disciplines. These include music history, sensorial, medical and cultural anthropology, religion, spirituality, music, music therapy, medicine and health science and alternative therapies encompassing 'new age' approaches. To cover all of these areas is far beyond the scope of any single research endeavour. Given that my research is interdisciplinary, combining music therapy with anthropology, and that both spiritual traditions concerned with sound, and developments in theoretical physics, have important implications for sound healing, I will focus on these areas for the literature review. Some references will of necessity be to other disciplines, included because of their particular relevance to my research. Both qualitative studies and quantitative studies will be cited, as well as descriptions of methods or approaches that have not been researched.

I will divide this literature review into the following sections: 1. literature from contemporary Western sound healing sources; 2. literature from music therapy; 3. literature from spiritual traditions; 4. literature from physics; 5. literature from anthropology and cultural studies.

#### Contemporary western sound healing sources

For purposes of clarity and organization, the sound healing literature will be divided into the following categories: 1. Vocal sound healing. 2. Sound healing with tuning forks and instruments. 3. Sound healing with machine-generated sound.

4. Recordings as delivery systems for sound healing. This survey is not exhaustive, but will seek to provide enough information to give a sense of the breadth of the field of current practices in sound healing.

#### *Vocal sound healing*

To date, two studies conducted by music therapists in which ‘toning’ as a self-administered vocal sound healing intervention is included, have been identified. These are discussed below in the section on Music and Medicine. Several qualitative studies from other disciplines focus on or include various forms of vocal sound healing. Nielsen (2000) explored experiential responses in terms of well-being, to two forms of vocal sound healing: overtone chanting and microtonal singing. Nielsen defines overtone chanting as “an ancient practice of producing overtones while chanting one note.” Overtone are the harmonics that arise in a series of mathematical ratios from the sounding of a single tone” (p. 39). In overtone chanting, the overtones are “consciously produced,” and “can sound like flute music floating around the room” (p. 39).

Microtonal singing is not a widely practiced form of sound healing, but one which Nielsen encountered when attending a Sound Healing conference. A microtone refers to small intervals that are in between the ‘diatonic’ scale notes used in Western music. For example, a C scale in Western music would consist of the notes CDEFGABC.

Microtones would be intervals that fall between these notes. You hear this kind of singing in East Indian classical raga style. Sound healer Silvia Nakkach studied this form of singing in India, and Nielsen learned it from her. Struck by the emotional power of the practice on herself and others there, Nielsen decided to study it further. The design of her

study involved teaching the overtone chanting to one group of five individuals, and the microtonal singing to another group of five. The individuals in each group then did the practice on their own for 10-20 minutes per day, for one month, and completed weekly questionnaires. They were also asked to keep written journals for themselves, and were interviewed at the end of the four-week study.

Nielsen concluded that both practices provide access to emotions, although in different ways: "...microtonal singing tended to be an emotional practice accompanied by resolution of issues as they arose. Overtone chanting accommodated mental processes, and emotional issues arose after chanting" (p. 166). She also found that the kinds of insights practitioners experienced varied according to practice. Microtonal singing practitioners tended to have insights regarding "life processes."

They noticed the unpredictability of life from moment to moment, the peaks and valleys, and the silent spaces between events... Those who practiced overtone chanting tended to become aware of their role in relationships with others rather than noticing the flow of life process (p. 166).

This study is important because Nielsen is exploring specific effects of these two distinct practices – overtone chanting and microtonal singing – with an eye to how they might be utilized to assist individuals with different types of healing and transformation. She has also done the first study, it appears, on microtonal singing as a form of sound healing. She claims that both practices facilitate transitions from states of "imbalance" to states of "balance." She writes that "The concept of microtonal healing being explored rests on the premise that healing occurs in a place "between" where the potential for transformation to well-being exists. Microtonal singing is a way to easily and quickly



access that space” (p. 47). This is a very interesting statement, for the idea that sound can access a space in the process of healing, that is connected to a state of well-being, but distinct from it, yet essential for getting to that state, would appear to be echoed in two other forms of sound healing I will discuss further on in this literature review.

Van Putten (1992) included a case study of an individual who healed his own chest pain using sounds he himself made to resonate the part of the body that was in pain. “Subject 2” as the individual was called, conducted what he referred to as “tone induction channelling,” which involved generating tones for 20-30 minutes while sitting in a tub of water. The higher the temperature of water, the more intensive the effects of the sound, according to the informant. The chest pain had been experienced for about one year, and was the result of “generally poor health.” The informant reported that he made sounds during the attacks, and at regular times on a daily basis, when possible, “to strengthen the technique and its resultant effect on my chest pain.” (Ibid.) The informant also reported that there was an analgesic effect for the chest pain as well as other, lesser problems, such as headaches.

This is the first time I’ve encountered sound being used by a person submerged in water. Why the sound would be more intense under water is not clear but worthy of further investigation. The fact that this case study cites positive results for self-administered toning for the alleviation of physical pain, points to a very important potential use of toning on a widespread scale. Imagine being able to alleviate a physical pain in one’s body by using one’s own voice, which is ‘free,’ instantly available at any time, and has no side effects.

Lightmark (2003) included toning in a study of a wide variety of holistic interventions designed to assist a cancer patient with recovery. The 68-year-old male patient was taught a way of using his own voice based on a form of overtone or “throat singing” thought to have been part of a tradition of pastoral nomads of central Asia. It had been brought to the West primarily by Tibetan monks and folksingers from the country of Tuva, who publicly performed it. Lightmark notes that the patient liked it because it appealed to his “sense of play and his love of the offbeat” (p. 38). The purpose of the intervention was to “expand the chest, introduce vibration into the body, exercise the lungs, and increase the ability to produce and hear overtones in a tone” (p. 38). The researcher led the patient in toning on a daily basis for one month. Between five and seven minutes of toning was all that the latter could handle. At the end of the study, the patient reported liking the toning, and said he had continued to do it on his own. He reported feeling that it made his voice stronger, and that he’d heard that people who sing live longer, and this inspired him to do it. He also reported that at times it felt like a release of tension was taking place. He was also drawn to the aesthetics of toning, as it reminded him of his love of music. Lightmark concluded that the toning was one of two interventions he considered to be the most successful.

Music therapists are very familiar with the fact that singing of any kind can release physical tension in the body. Thus, it is not surprising that the patient described above experienced such a release of tension. This relaxing effect of singing is an important therapeutic benefit which, as shall be seen, is often experienced when people hear and ‘receive’ the sounds sung by sound healers.

There do not appear to be any studies conducted by practicing sound healers, on vocal sound healing. What does exist is a substantial literature of different approaches developed by individual sound healers. These texts describe methods that fall into the following categories:

- Self-administered sound healing
- Overtone chanting
- Mantra chanting
- Sound healing for others

Keyes (1973) is one of the earliest pioneers and published proponents of modern-day sound healing. Her book, “Toning: The creative power of the voice” is considered a seminal work in the sound healing literature. It has had equal influence in the music therapy world, and is the only work on vocal sound healing that has been embraced by music therapists in training programs. It is not widely practiced by music therapists in their work, but ask any music therapist what ‘toning’ is, and they will be familiar with it.

Keye’s approach begins with the making of low grunts and groans, and then utilizes open vowel sounds in ascending notes, with the sounds rising higher and higher until the toning session ends with one clear tone signalling its completion. Filled with anecdotal stories regarding the effectiveness of the technique, Keyes says it energizes the body-mind, releases stress, and can eliminate pain. The problem with her method is that it’s difficult to learn from just reading her description of it. A recording was made of her method, but for years was no longer available. A reissue of her original recordings has recently become available on a companion CD to Keyes & Campbell (2010), which is a

welcome development. This could lead to wider use and assessment of her method, including eventual research on its effects.

Keyes was followed by other pioneers and leading advocates in the United States and the United Kingdom such as Maman (1984), Garfield (1987), Halpern (1985) Goldman (1992, 2008), Garfield (1987), Gardiner (1990), Gardner-Gordon (1993), Campbell (1993), Purce (1995a) and Heather (2001, 2004). Maman, an award-winning classical French composer and musician, who is also an acupuncturist, conducted extensive experiments in the early 1980s on the effects of acoustic sounds on human cells. Using Kirlian photography, Maman documented how cells and their surrounding energy fields, would change shape and color depending upon the pitch and timbre of a sound (Maman, 1997). He hypothesized from this that sick or rogue cells could be healed or harmonized by sound. In the case of cancer cells, he claims that they ‘exploded’ and were thus destroyed by sound frequencies which they couldn’t seem to ‘accept’ or integrate into their structures. This is in contrast to healthier cells, which seemed to be energized and strengthened by the same sound frequencies.

He also believed that when the cell felt a “vibratory affinity” with a certain note, the cell’s aura would transform into a mandala shape with vibrant colors of pinks and blues. Maman concluded that this was the cell’s “fundamental note,” and if the person “tuned” with it, harmony could be achieved within the cells, the energy field of the person and the outside world (Unsoeld, 2005). This notion of our cells having a “fundamental note” which we can tune with, is gaining increasing attention in sound healing circles. It is the subject of debate among sound healers, with some expressing scepticism, while others are embracing the idea (Goldman, 2008).

Many writers have noted the fact that Maman's experiments were never published in any scientific journals. Skeptics would say that's because there's absolutely no scientific validity to these claims. However, Maman did carefully document and publish in book form, many of his experiments (Maman, 1997). Collaborating with biologist Helene Grimal, he photographed many changes occurring on the cellular level through their experiments with sound.

Stephen Halpern (1985) is an influential educator and composer/musician who was one of the early pioneers in the U.S. in raising awareness about the effects of sound and music on the human body/mind system. He introduced to the general public, the idea that certain sounds and music could be beneficial, while others could be harmful. Another key concept was that our whole bodies 'hear' and respond to sound, not just our ears. Without being aware of it, he said, we are constantly absorbing the sounds and music around us, and thus, can be "tuned" or "de-tuned" by them, as "our bodies are literally human instruments" ( Halpern, 1985, p. 1), which will resonate to sound. "The bright side...is that properly chosen sounds can actually bring you into a greater degree of physical and psychological harmony and balance" (Halpern, 1985, p. 10). Halpern's recordings, which have the intention of being a source of beneficial sounds for listeners, were ubiquitous in New Age stores in the 1970s and 1980s and hugely popular.

An analogy I find useful in relation to Halpern's popularization of the awareness of sound and music's effects upon humans, is to the health food movement that began in the 1970s in the U.S. The idea that some foods could be good for us, while others are bad, lay at the root of this movement, which spawned a consciousness about the effects of food upon our health that continues to gain influence in the developed world (Belasco,

2007). There is now growing awareness particularly of the idea that some sounds and music can be beneficial to our health. The unfortunate side of this popularization is that an oversimplification of the facts has resulted. While it is absolutely true that some sounds and music can benefit us – this concept forms the foundation for the entire field of music therapy, with decades of research to substantiate it - as well as the fact that some sounds and music can also harm us (Halpern, 1985, Diamond, 1981), there is no simple prescription that applies to everyone. Music therapists understand that aesthetic preferences with regard to musical genres, styles, artists, particular voices and instrumentation, matter greatly in terms of the therapeutic potential, or lack thereof, of a specific piece of music. Thus, to give one example, peaceful-sounding music created by Halpern may be helpful to someone who likes the New Age genre he composes in, but irritating, and thus unhelpful, to someone who doesn't like the genre. Similarly, the aesthetic quality of a particular voice could be pleasing to one person but annoying to another. This could relate to the pitch of the voice, for example, as well as to its timbre or 'texture.'<sup>2</sup>

Jonathan Goldman (1992, 2008) founded the New England Sound Healers Association in the 1980s, which became a laboratory for experimentation and information-sharing on sound healing techniques. His book entitled "Healing Sounds" has become a classic in the sound healing literature, and Goldman is probably the best-known sound healer in North America. He developed a particular expertise in overtone chanting, a form of sound healing in which the harmonic series of notes – which in the physics of sound can be defined as the harmonics or subsidiary notes sounded above any

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<sup>2</sup> Timbre refers to "the characteristic quality of sound that distinguishes one voice or musical instrument from another" and "is determined by the harmonics of the sound" (Webster's, 1970).

given single note in a series of mathematical ratios – are manipulated with the voice so that one or more of them are audible when singing a single note or sound. Overtone chanting is an ancient spiritual practice developed by Tibetan and Mongolian monks, and passed on to the West by sound healers like Goldman who traveled to work with them. Purce (1995a), a British sound healer, has been equally influential in teaching and practicing a Tibetan form of overtone singing. Overtone singing is widely credited with being able to open the higher spiritual centers or chakras of a person, and inducing a meditative state. Physical and emotional benefits are also reported (Gardner, 1997; Goldman, 1992; Nielson, 2000; Purce, 1995a). Sound healers often use overtone chanting as one tool in their practice. However, as Nielsen (2000) points out, “There is little information to draw on with regard to either how overtone chanting might be applied in a therapeutic setting or what physical, mental, emotional and spiritual responses might be generated and under what conditions” (2000, p. 41).

Nielsen makes an excellent point here. Overtones are often credited with being the most healing aspect of sound. For example, Goldman (1992) tells the story of encountering Pir Vilayat Khan, a Sufi master and sound healing proponent, in the 1980s and asking him what was healing about sound. He replied that it was the overtones. There is a lot of anecdotal evidence attesting to overtones having the abilities and benefits cited in the preceding paragraph, but very little information in terms of applied studies. Nielsen’s is one of the first. It should also be pointed out that it is not easy for most people to learn how to do overtone chanting. It takes quite a bit of practice to get the technique, and some people don’t succeed. So on a practical level, this is a considerable limitation in terms of widespread use of this form of chanting. However, this would

not prevent sound healers from using overtone chanting in their work with clients. Clearly, more research is needed in this area.

Another form of sound healing is the chanting of mantras. This ancient form of sound healing can be found in traditions throughout the world. In contemporary practice, the most common forms of mantra chanting stem from Hindu and Tibetan traditions, and consist of the repetition of specific words, either sung or spoken, to attain different states of consciousness, balance the chakras or to heal specific physical or psychological conditions. Ashley-Farrand (1999) and Beaulieu (1987) are prominent figures in this arena.

Based on many years of experience chanting in the spiritual traditions of Sufism, Vedanta and Kashmir Chavism, and having worked extensively with Ashley-Farrand's book "Healing Mantras," I believe that mantric chanting is a very powerful means for shifting consciousness and attaining healing on multiple levels. For example, chanting is often used in spiritual traditions to quiet the mind and open the heart. It can powerfully relieve stress and leave one feeling balanced and calm. I have found Ashley-Farrand's recommendations for specific chants to heal or shift certain mental, emotional or psychological states, to be effective. The limitation to his work is that all of the chants are in Sanskrit, and some are long and difficult to pronounce and to remember. Individuals not versed in, or drawn to, Eastern spiritual traditions might be very resistant to the idea of chanting in Sanskrit.

Garfield (1987), a gifted sound healer whose book "Sound medicine: Healing with music, voice and song" is an important early work in the field of sound healing, describes chanting as "a vocalized meditation that concentrates all of your attention in the



moment.” “Secular individuals,” she says, can experience the following benefits: “Chanting can clean and clear all your chakras, create a relaxed atmosphere, relieve anxiety, remove fears, obliterate negative vibrations, bring mental clarity and inner peace” (p. 73).

The idea that mantric chanting can be used to promote healing and well-being on many different levels, is gaining ground in influence. Dr. Mitchell Gaynor (1999), a prominent oncologist in New York City, is also a visionary in the field of sound healing and cancer care. Inspired by descriptions he’d heard of the spiritual and emotional benefits of Gregorian chants, Gaynor began to think about his own patients: “Without some form of spiritual sustenance, people who confront cancer and other serious illness often feel isolated, confused, fearful, forced to fend for themselves” (Gaynor, 1999, p. 14). Searching for a more practical way to provide this sustenance to his patients, he turned to the ‘bija’ mantras, which are Sanskrit words consisting of single syllable sounds. Numbering seven, they correspond to the seven chakras or energy centers of the body described in Hindu, Sufi and other Eastern philosophies. The syllables and their - correspondences are:

LAM – the root (the area of the groin)

VAM – the belly (between the navel and pubic bone)

RAM – the solar plexus

YAM – the heart

HAM – the throat

OM – between the eyebrows (also known as the third eye)

All Sound (encompasses all the sound frequencies in nature) – the crown (Gaynor, 1999, p. 14-15).

Gaynor notes that the Sufis also assign divine attributes to each of these syllables. Often used in silent meditation, he describes the sounds as able to focus and calm the mind. Teaching his patients to use these sounds in combination with quartz-crystal or Tibetan metal ‘singing bowls’ (described below in section on sound healing with instruments), he expanded this sound vocabulary with new combinations of vowels and consonants. Creating a list of sounds, he developed a method by which his patients could create their own ‘life song’ by working with the sounds. The results are impressive:

As I developed these sound techniques through my own practice and taught them to my patients, I came to the startling realization that I could help them achieve in only a few sessions shifts in perspective that normally took a year or two to accomplish with relaxation techniques that did not include sound. Here were people undergoing the rigors of cancer treatment, who were nevertheless able to focus on a creative and joyous process that removed them from the relentless anticipation of physical pain and emotional distress...they were literally finding their “own song to sing”...in the midst of gruelling medical treatments (Gaynor, 1999, p. 15).

Gaynor’s success with his patients has inspired other physicians to learn about his work and to begin to train with him (Noonan, 1999). This is a very exciting development, and bodes well for the future of sound healing in mainstream medical care. When I met Dr. Gaynor in the course of writing this thesis, I had the opportunity to ask him what happens when he has a patient who, because of his or her religious background, is not

amenable to chanting in Sanskrit. He replied that he works with them to find other kinds of chants that harmonize with their particular religious tradition.

John Beaulieu (1987), a prominent and early figure in sound healing in the U.S., actually pioneered the use of the bija mantras for sound healing to the general public in the 1980s. He describes them as “the seed sounds of each lotus petal of the chakras which when whispered, spoken, or chanted, can activate elemental energies for balancing life energy” (retrieved from [www.biosonics.com](http://www.biosonics.com) Sept. 25, 2010). He also pioneered the use of tuning forks for sound healing described below (section on ‘sound healing with instruments’).

A large group of sound healers and authors - Goldman (1993), Garfield (1987), Joy-Gardner (1997), Campbell (1995), Perry (2008), Beaulieu (1987), Heather (2001, 2003), D’Angelo and Gardner (1990) - have described approaches to using the voice for sound healing on oneself, and/or for others. These methods share many commonalities which include techniques for ‘scanning’ the body to determine where imbalances or areas in need of healing lie, and methods for applying sounds to different areas of the body. Goldman (1992), who was one of the earliest teachers of an approach to doing sound healing on others, credits Sarah Benson, a well-known and well-respected sound healer from New England, and early pioneer, with teaching him how to use the voice for scanning. Heather (2001, 2003), whose method is the focus of this dissertation, has developed the most systematic approach, which will be described in Chapter Four. Gardner (1990) suggests that self-administered toning can be used to break down blockages in the body, because the sound can touch the body in a specific area.

### *Sound healing with tuning forks and other instruments*

One of the earliest published works on sound research was that of Ernst Chladni, entitled *Entdeckungen über die Theorie des Klanges* ("Discoveries in the Theory of Sound"), and first published in 1787. He discovered that when drawing a violin bow over a piece of metal whose surface is lightly covered with sand – and creating a sustained tone for a long period of time - geometric and concentric circular forms were created in the sand.

Two centuries later, Jenny (1974), who was a physician and natural scientist, greatly expanded upon Chladni's experiments by using different materials such as sand, iron filings, water, mercury and other liquids. He expanded the sources of sound he was using by including recordings of European classical music, pure sine tones (these tones do not contain harmonics), and both singing and speaking vocal sound. He photographed the patterns created in the different materials, and found that these forms repeated themselves in predictable ways, and often formed archetypal patterns such as the star, the circle and the hexagram. They also "resembled the growth patterns of organic living organisms: chromosomes, cells, molecules, bone tissue, growth rings in trees as well as crystals." (McClellan, 1988, p. 50). Jenny found that low tones formed fairly simple and clear pictures, while higher tones formed more complex structures.

Jenny's work is widely cited and renowned, particularly his photographs of different forms of matter forming archetypal shapes found in nature, through the application of sound. It is often cited as proof that sound can significantly impact matter and shift its very structure by altering the patterns it forms. The fact that archetypal patterns are made in some cases, raise fascinating questions yet to be answered: how do

these patterns relate to healing in the human being, if at all? We too are of course made from ‘matter’, and if archetypal patterns can be made from simple substances, could sound also have this effect upon our own patterning? And with what implications? Also, what about the growth patterns resembling the building blocks of the human body such as chromosomes, cells, molecules and bone tissue? Do these findings not suggest the possibility that sound could help to heal the body on these levels? Anecdotal evidence already widely exists to suggest that sound does in fact heal the body in many different ways. The research presented in this dissertation will add to that evidence.

McClellan states that:

According to Jenny the key to healing the body with specific tones lies in our understanding of how frequency acts upon genes, cells and other structures of the body. Only then will we know how to determine the exact frequencies for each individual human being (1988, p. 51).

The perspective described here forms one branch of sound healing, which is very different from the approach of Simon Heather. It requires the use of machines to generate sound frequencies which are then applied to the human body (see below under Dr. Guy Manners). The approaches to sound healing utilizing the voice or acoustic instruments appear to be far more widespread at the present time. I will address more about the differences in these approaches in Chapter 9.

In 1987, John Beaulieu published “Music and Sound in the Healing Arts”, in which he pioneered a system of sound healing using tuning forks that has grown in

influence through the decades. Tuning forks are made of aluminum and cut to specific frequencies or ratios. The most common ratio is 2:3, which forms the interval of the perfect fifth. This was considered to be a sacred interval in ancient Greece. In fact, Pythagoras, the ancient Greek philosopher and musician, was thought to have believed that the 2:3 ratio had very therapeutic benefits (Goldman 2008). Beaulieu writes that:

Tuning forks provide a simple and effective method for activating the overtone series in meditation and healing. Listening to pure Pythagorean intervals is a method of attunement with Sacred Sound. Through the act of tapping two tuning forks together we can hear Sacred ratios. These ratios are found in nature and are considered by the ancients to be a fundamental part of the human soul or psyche. Each interval can potentially awaken within us a deep universal archetype (1987, p. 90).

Bringing the body into alignment with sacred sound has many therapeutic benefits, according to Beaulieu, including the balancing of the hemispheres of the brain, the cranial-sacral system, the nervous system, and unblocking areas of energy in the body. Beaulieu has been developing this work for decades, and now describes the following very specific benefits of using specific combinations and types of tuning forks for healing:

Trauma and addiction issues	<a href="#">Fibonacci Tuners</a>	Helps with visualizations and altered states of consciousness
Pain management, muscle spasms, or circulation	<a href="#">Otto 128</a>	Promotes relaxation, enhanced memory, and enhanced sexual function
Feeling out of balance due to daily stress	<a href="#">Body Tuners</a>	Helps balance nervous system for enhanced life performance
Lack of focus, trouble sleeping, learning disorders	<a href="#">Brain Tuners</a>	Promotes enhanced creativity and increased learning ability

Feeling “closed off” or mild depression	<a href="#">Om Tuner</a>	Provides assistance for meditation and relaxation, opening heart
Repetitive negative patterns	<a href="#">Angel Tuners</a>	Helps open your mind to new ideas, provides increased receptivity

(retrieved from [www.biosonics.com](http://www.biosonics.com) September 25, 2010)

Using the popular metaphor of ‘tuning the human body’, Beaulieu says the following about the tuning forks:

“Like adjusting a piano, your body can be tuned to achieve optimal physical balance. Tapping two BioSonic tuning forks will instantaneously alter your body’s biochemistry and bring your nervous system, muscle tone and organs into harmonic balance. In seconds...your body enters a deep state of relaxation...feeling centered, your mind will be at peace...”(retrieved from [www.biosonics.com](http://www.biosonics.com) September 25, 2010).

These are big claims, but anecdotal evidence ([www.biosonics.com](http://www.biosonics.com)) appears to support many of them. Skeptics will suggest that this could have simply been the ‘placebo effect’, and say that without clinical trials, no claims can be believed. My position is that the anecdotal evidence should lend support to the pursuit of scientific research of tuning forks.

Acoustic instruments are another area of application for sound healing. Some of these, like Tibetan bowl gongs or Australian aboriginal didgeridoos, are found in ancient cultures with traditions of healing through sound. Peruvian whistling vessels, crystal bowls, native American flutes, drums and rattles are other instruments being utilized for sound healing. All of them are played on or near the body, to create balance and harmony. Gaynor (1999), utilizes both brass and crystal bowls, which he teaches his

patients to play, in combination with chanting mantric sounds (described above). He says the singing bowls

act as a medium in which our inner chaos and conflict can be reconfigured into a harmonious sense of calm centeredness that resonates through every cell of our body and mind. These remarkable vessels, as beautiful to behold as they are to hear, have become an integral and essential part of the sound-based guided imagery and meditation techniques that my patients and I use to resolve negatively-charged emotions (Gaynor, 1999, p. 107).

Gaynor says that the effects of the bowls are immediately experienced upon playing them.

Crystal bowls, which rose to prominence in the 1990s as a sound healing tool that generated much excitement, are made from a kind of sand, called “silica sand,” that is made of pure quartz (Brodie, 1996). Played with soft mallets, these bowls have been successfully used to induce deep relaxation and to eliminate pain, according to Brodie. Different bowls are also used to target specific chakras, and are designed to remove blockages and to stimulate the free flow of energy in those areas. Their effects are widely considered to be very powerful, but the bowls can be expensive, often costing hundreds of dollars each.

#### *Machine-generated sound healing*

This area of sound healing has the most research behind it. Vibro-acoustic therapy is an approach that has been researched and used by music therapists with



different clinical populations. Among these are Boyd-Brewer (2004), Burke and Spintge (1993), Skille and Wigram (1995) and Wigram (1997a, 1997b). It is a relatively recent technology that uses mechanically-generated sound which is directed at the human body through speakers or transducers embedded in reclining chairs, mats, tables or soft furniture “to provide both a physiologic and auditory experience. Benefits include pain management, anxiety relief, symptom reduction, physical therapy, and health improvement” (Boyd-Brewer, 2004). Different companies are now manufacturing their own brands of vibro-acoustic systems. These systems are costly, which can limit widespread use.

The Center for Neuroacoustic Research in Virginia was founded by Robert Monroe in the 1970s. A number of technologies have been developed there, the most famous being known as ‘Hemi-sync.’ Interested in how sound waves could affect the brain to induce altered states of consciousness, Monroe formed a research institute that developed Hemi-sync as its first sonic technology. Hemi-sync utilizes stereo headphones to send sound signals as frequencies into the left and right sides of the brain. When it hears these sounds, the brain responds by ‘hearing’ a third sound, which is the difference between the two frequencies. This is known as a binaural beat’ (Thompson, 2009). This results in a synchronization of the two sides of the brain, otherwise known as a whole brain response. This state is conducive to meditation, deep relaxation, reduced stress, pain control, enhanced creativity, and increased focus and concentration for better productivity, when needed. Over 40 years of research has been conducted on this and other sonic technologies at the Institute, and many products have been developed with specific applications relating to the benefits outlined above.

Another important machine-generated sound healing method is known as Bioacoustics Therapy. Founded by Sherry Edwards (1992), this method does a profile of the human speaking voice, and identifies ‘missing’ frequencies thought to correspond to anatomical structure and physiological functioning in the body. Missing frequencies are programmed into a device that is then listened to repeatedly by the individual undergoing treatment. Eventually, the “normalization of the vocal profile” is attained, and anecdotal evidence attests to improvements in health as a result. As a science, this method is still in its infancy. Edwards has written about the enormous challenges involved in trying to quantify the benefits of this method.

Cymatic Therapy is an approach that evolved from Jenny’s work described earlier. Led by Dr. Peter Guy Manners of Britain, an osteopath, this approach utilizes machines which generate combinations of frequencies which are applied to specific areas of the body considered to be out of balance. It is thought that the sound frequencies can re-establish a state of resonance, in which the cells are vibrating at the optimal frequency for health (Goldman, 2008). Combinations of sound frequencies have been designed for every organ of the body, as well as for physical diseases and emotional disorders. “The art is to find the right combination of sounds for the person and the disease” (Boyce-Tilman, 2000, p. 193). To date, evidence for efficacy is mainly anecdotal.

Goldman (2008) notes that some individuals have negative reactions to machine-generated sounds, and prefer vocal sound healing for this reason. Perry (2007), a sound healer/teacher in Los Angeles, concludes from many personal experiences with both machine-generated and vocal sound healing, that while the former favourably impacted his health on many occasions, there were limits to what it could do which he did not

experience with vocal sound healing. In a similar vein, I have met many individuals who believe that only acoustic instruments can deliver sounds or vibrations that are ‘healing,’ and that synthesized sounds from electronic keyboards, for example, are contra-indicated when it comes to creating music for therapeutic or healing purposes.

On the other side of this debate is Dr. Guy Manners, who according to Goldman (1992), believes that while the voice could potentially be just as effective in sound healing as machine-generated frequencies, it would be a harder sell to the medical community than a machine-driven sound healing technology. For this reason, he has chosen to focus on machine-generated frequencies rather than vocally-generated sounds.

Tomatis (1991, 2005), a brilliant French physician, developed a sophisticated system of sound therapy, that combines machine-generated frequencies with other recordings such as the sound of the mother’s voice. One of his most widely quoted findings is that high-frequency sounds can charge the brain and central nervous system with energy. In a very famous story, Tomatis was invited by a group of Benedictine monks in France to investigate why 70 out of 90 monks were suffering from extreme fatigue. He discovered that a new abbot had done away with the practice of singing Gregorian Chant, which the monks had done for six to eight hours daily (apart from their singing, they observed silence). When he reinstated the chanting, the problem resolved itself, and the monks were able to resume their previous, rigorous schedule and light sleep regime.

What is it about Gregorian chanting that could make such a dramatic difference in the energy level of the monks? According to Tomatis, “If you put an oscilloscope on the sounds of Gregorian chant, you see that they all come within the bandwidth for charging

the ear”(as quoted in Gardner-Gordon, 1993, p. 82). By this Tomatis means that the ear is charged with energy, and this in turns affects the brain, which is similarly energized. It is the high frequencies that are found in the overtones of the Gregorian chants, that have this recharging effect. According to Tomatis, when the ear and brain are charged with energy, the entire human organism is similarly affected. This explains why the monks could resume a much more rigorous schedule, because they were spending 6 to 8 hours a day charging themselves with energy from the music they chanted.

Gerritsen (2009) reports on 35 studies conducted on the work of Tomatis. The largest number focused on learning disabilities, with evidence of efficacy in treating a variety of learning disabilities. Several small scale studies indicate a 60% success rate in treating autism. Among evidence for other areas of positive impact were studies showing improvement in psychological conditions such as depression, anxiety and stress. Performance issues with musicians, hearing disorders and stuttering, were also successfully treated.

#### *Recordings as delivery systems for natural sounds*

There is a large body of commercially-sold recordings of both vocally-generated sounds and machine-generated sounds that are currently on the market. Increasingly, books written by sound healers come with CDs containing vocal sounds for demonstration purposes (D’Angelo, 2005; Goldman, 2009; Perry, 2007). Dozens of sound healers put out their own CDs separate from books and sell these at workshops and on-line. Even physicians practicing alternative medicine have put out CDs in collaboration with musicians (Weil, A., MD, & Arem, K. (2004). Machine-generated sound healing

CDs are used to treat a wide variety of conditions, and some companies, like the Monroe Institute, have dozens of them available. Chanting tapes are also available. As a treatment-delivery system for sound healing, recordings are gaining in influence.

The problem with some of this material lies in the advertisement as ‘sound healing’ for everyone. As mentioned earlier in this chapter, musical tastes and aesthetic preferences are a very individual thing. There will inevitably be individuals for whom these recordings are completely ineffective as healing tools, because of a dislike of the timbre of a particular voice, or the style or instrumentation of a musical piece. Additionally, another factor can be negative associations to either, for it’s widely known that we commonly make associations to the music we hear, and these associations can be either negative or positive, and are long-lasting. The same applies to sounds we hear. I am not suggesting that people stop issuing such recordings, but care needs to be taken in how the recordings are advertised and described, and the claims being made for them.

This section has reviewed the literature from contemporary western sound healing sources. It began by reviewing the research on vocal sound healing, followed by a discussion of influential writers and practitioners of sound healing. Approaches to sound healing were categorized and discussed in the following sequence: vocal sound healing, sound healing with tuning forks and other instruments; machine-generated sound healing, and recordings as delivery systems for natural sounds.

### Literature from the field of music therapy

This section will be divided into two parts: Music and Medicine, and Guided Imagery and Music. As a music therapist, I am interested in how the literature on sound healing relates to pertinent areas of the literature from music therapy. If you recall that music and sound exist on a continuum, and are intrinsically related in terms of their vibratory, aural and, I would add, kinaesthetic qualities, then similarities and resonances found in their effects, are of interest to this study.

Within the area of music therapy practice known as ‘Music and Medicine,’ there is a large body of research on the effects of music in certain areas of mind-body functioning. Before describing this research, let it be said that theoretically, we know that music, just like sound, affects us through its vibrations, which penetrate not just the human ear, but every skin cell of the human body. Since the human body is composed of myriad, complex systems of biological, mental and emotional vibrations, the vibrations of music can easily shift the vibrations composing our body/mind systems. (Some will argue that single sound or tones, as used in sound healing, are more effective when it comes to healing specific areas of the body, than the complex combinations of sounds or tones found in most music.)

Music therapist Maranto (1993), an expert in music and medicine, outlines the benefits of using music in medicine as opposed to other treatment interventions. She includes toning, earlier described as another word for vocal sound healing, among the music therapy techniques whose benefits she describes:

First, music appears to have the ability to affect individuals on both biomedical and psychosocial levels simultaneously. Thus music appears to be a particularly efficient and immediate treatment modality for the treatment of medical illness. Second, music, as opposed to most other medical interventions is non-invasive and painless. Third, the use of music has few contraindications and few if any side-effects. Fourth, music is easily accessible to patients both in treatment and in home care...And lastly, music is cost-effective when compared with the skyrocketing costs of other types of medical intervention (Maranto, 1993, p. 157).

Maranto also notes that music affects “all aspects of the individual simultaneously, i.e. affective, cognitive, physiological, spiritual, etc.” (1997, p. 131). This statement reflects a widely-held belief among sound healers (Campbell, 1989; Gardner-Gordon, 1993; Goldman, 1992; Heather 2004; Perry, 2008).

She describes toning as being used within the area of music and medicine practice, to “improve respiration and enhance relaxation. It is also used to regulate breathing, control pain, and enhance focus and concentration” (1993, p. 165).

Music therapists Rider, Mickey, Weldin and Hawkinson (1991) compared the effects of toning, listening, and singing on psychophysiological responses among 17 musically trained subjects. Results indicated that improvised toning on a comfortable pitch for 10 minutes (self-administered) resulted in significantly lower heart rate than in a condition in which subjects engaged in singing familiar songs. The authors suggest the most likely cause is because of the deep breathing that is naturally induced through the practice of toning, thus triggering a relaxation response. There is a good deal of anecdotal evidence supporting the assertion that toning can induce relaxation.

With that said, there is overwhelming evidence over a period of many decades, that music is effective in reducing anxiety and pain. Rider (1997) reports using toning to successfully treat chronic pain conditions. The approach used is to find a tone that “at first resonates with or even enhances the pain. Then, alter the pitch and vocal format slightly and tone “around” the pain until the pain “moves and sometimes disappears altogether” (1997, p. 86). What isn’t clear from the description is if Rider is doing the toning or the patient is, or perhaps both together.

Since 2000, there have been a number of important studies indicating that music is effective in improving mood (Bittman et. al., 2001; Burns, 2000; Gallagher et. al., 2006). In a landmark music therapy study by Gallagher, Lagman, Walsh, Davis and LeGrand (2006), 200 patients suffering from chronic or life-threatening illnesses were given pre- and post- tests to investigate if music therapy could improve mood and reduce pain. Significant positive results were found for both. In another study of 75 nursing students, significant improvement was found in mood as a result of a music therapy intervention (Bittman et al., 2001). A Stanford University study found that music therapy was effective in reducing depression among seniors (Hanser &Thompson, 1994).

Other studies have indicated that music therapy is successful in reducing stress, as measured by cortisol levels (Bittman, Bruhn, Stevens, Westengard & Umbach, 2003). There are a growing number of studies indicating significant success in treating stress and anxiety with music therapy among medical patients undergoing chemotherapy or surgery.

It is interesting to note that anecdotal evidence of sound healing benefits often cite alleviation of pain, stress and improvement in mood as among the primary benefits



(Gardner, 1990; Gardner-Gordon, 1993; Goldman, 2008). Thus, the research from music therapy just cited may parallel significant benefits of sound healing.

### *Guided Imagery and Music*

A description of the following method of music therapy is described because of some important parallels in the structure and process of this method, to the method of sound healing under study in this dissertation.

Guided Imagery and Music (GIM) is a form of music therapy that involves a client listening to carefully selected and sequenced recordings of classical music while in a deeply relaxed state. The therapist serves as a guide. The music evokes imagery within the client, which is then described as it is experienced by the client, to the therapist. In this case, imagery is broadly defined as including any sensory experiences, memories, feelings or insights. The role of the therapist is to maximize the healing potential of the experience through simple suggestions concerning how to engage with the imagery. The imagery is experienced within the ‘interior space’ of the psyche/soma of the client. Clients often report experiences that are deeply emotional, spiritual, and insightful. Synaesthesia is common, in which, for example, colors or smells are experienced while listening to the music. A rich sensory world is often evoked by the music. In music therapy parlance, the client is undergoing a ‘passive listening experience’, although in truth, the inner world of the psyche/soma is actively engaging with the music at a deep level (Bonny and Savary, 1973).

The method of sound healing under study in this thesis can also be categorized as a passive listening experience for the client, with the same caveat. Imagery is also

experienced as a part of the interior space of the client. Healing occurs at a level that bypasses the conscious thinking mind in both approaches. Altered states of consciousness are commonly linked to GIM experiences. Indeed, induction into a deeply relaxed state is designed with this end in mind. The founder of the method, Helen Bonny, actually developed GIM after LSD was banned in the United States for therapeutic use. She had found this mind-altering drug to be a powerful change agent. Searching for another means to bring about altered states of consciousness that could be conducive to the evocation of healing processes involving imagery, she turned to music. In combination with the induction using deep relaxation, she found that clients could reach and maintain altered states of consciousness throughout the GIM session (Bonny and Savary, 1973).

In sound healing, it does not appear that altered states of consciousness are consciously intended. However, reports from participants in this research on sound healing (see Chapters 6 and 7) suggest that certain clients easily reach an altered state of consciousness in the course of receiving a sound healing treatment. This is also suggested by Gaynor's work with cancer patients using singing bowls and chanting (Gaynor, 2002). I will discuss this area in more detail in Chapter 9.

### Spiritual traditions

Eastern spiritual traditions have been enormously influential in contributing to the contemporary development of sound healing modalities in the West. Khan, H. (1977, 1996), Khan, P. (1976), Rudyar (1982), Steiner (1983) and Gurdjieff (1963, 1992) were key figures in communicating knowledge about ancient traditions involving the use of

specific sounds, tones, mantras and chants for healing, human evolution and spiritual upliftment and enlightenment. Traditions from India which included teachings about how sound could affect human energy ‘fields’ and systems based on concepts such as the chakras and the ‘five elements,’ helped establish the theoretical foundations for contemporary practices in sound healing. These teachers brought a new understanding to the West concerning the roots of sound and music, which were intricately connected to maintaining health, balance and spiritual attunement, as opposed to being merely vehicles for entertainment or enjoyment.

It is remarkable how similar some of the writings are which emanate from different spiritual traditions with regard to sound. I will compare excerpts from the writings of two eminent spiritual masters of different traditions to prove my point.

When I was in graduate school in music therapy, we were assigned a small book entitled “Music” by Hazrat Inayat Khan (Khan, 1977). This contained a collection of writings by this eminent Sufi Mystic who was also a master vina player. He came from a long familial lineage of great musicians in India. He gave up his musical career at one point in his life to be a spiritual teacher. According to his son, Pir Vilayat Khan, he was given instructions by his teacher, Khwaja Abu Hashim Madani of the Chisti Order of Sufis, to “Fare forth to the West as a musician of the soul and tune the hearts of men to the divine harmony” (Khan, 1967, p. ix). The following excerpts from his extraordinary writings speak to his mystical knowledge concerning sound. I will quote him at some length because of the important relevance of the material to more than one area of this research:

The life absolute from which has sprung all that is felt, seen and

perceived, and into which all again merges in time, is a silent, motionless, and eternal life which among the Sufis is called *zat*. Every motion that springs forth from this silent life is a vibration and a creator of vibrations (Khan, 1967, p. 5).

Creation begins with the activity of consciousness, which may be called vibration...All things being derived from and formed of vibrations have sound hidden within them, as fire is hidden in flint, and each atom of the universe confesses by its tone, “My sole origin is sound (Khan, 1967, p. 6).

It seems that what science realizes in the end, mysticism realizes from the beginning, according to the saying of Christ, ‘First seek ye the Kingdom of God and all will be added’...The religions of the world, the prophets and mystics who existed thousands of years ago, knew of these things. Today a man comes with a photographic plate and says ‘Here I have a photograph of sound. This shows how important is vibration and its action upon the plate’. He does not realize that it is something which has always been known, only it has been spoken of in spiritual terms (Khan, 1977, p. 127).

The next eminent spiritual master under discussion is Shri Brahmananda Sarasvati, also known as Dr. Ramamurti Mishra. Shri Brhamananda was a physician, Sanskrit scholar, and spiritual master of the Vedanta tradition from India. He emigrated to the United States in the 1960s, and was one of the first ‘yogis’ from India to do so. He worked as a physician in New York hospitals, and later devoted himself entirely to

running a spiritual center called Ananda Ashram in Monroe, New York. He was widely recognized by other spiritual teachers as a truly enlightened master (personal conversations with many individuals, including Gayatri Rein Reich and Jayanti Patel, 1990). Shri Brahmananda was a master of Nada Yoga, which means “Yoga of the inner sound” (Feuerstein, 2001). According to Feuerstein, Nada Yoga utilizes sound vibrations to “internalize and transcend the ordinary consciousness” (Feuerstein, 2001, p. 320). The following quotes are from his writings on Nada Yoga:

All types of energy have one common factor: they vibrate. This vibration is called nada or nadam, cosmic music. Plato called it the music of the spheres’, the music of Nature. It is known as...anahata nadam and OM. It is the voice of silence.

There are two forms of nada or musical vibration: the inner nada and the outer nada. Outer music is the manifestation of outgoing nada. By it, energy is transformed into the shapes of the world. This is the world of genesis, the world of the senses...The inner nada is the inner music, inner current...Anahata nadam is the unstruck sound, the sound of silence, the sound of the void. It is that which transforms the world of the senses back into the cosmos of pure energy (Sarasvati, 1984, p. 5).

Shri Brahmananda Sarasvati said that the inner music was “cosmic vibration” that could lead to the experience of one’s “own true Self, that is, to union with the Supreme...” This inner music encompassed a wide variety of sounds such as that of church bells, the rattle of a drum, various string instruments, the chirping of crickets, a flute, or the humming of bees (Sarasvati, 1984, p. 16). He explains the benefits of

listening to these sounds as they naturally emerge through a process of meditation: just as musical instruments need to be tuned, so does our own mind-body need tuning.

Through meditation, the sounds known as “nadam” increase in their subtlety, variety and harmonics, resulting in a refinement of the “mind, heart, and emotions” of the individual (Sarasvati, 1984, p. 11).

Goldman (1992) and Purce (1985), the main contemporary teachers and proponents of overtone chanting as a form of sound healing, both cite the central place that Tibet holds in terms of offering the world an unbroken lineage of thousands of years of sound healing practices within a spiritual tradition. A recent book by Tenzin Wangyal Rinpoche (2006) outlines practices with sound from the Bon Buddhist tradition of Tibet, and makes abundantly clear, the links between sound, healing and spiritual attainment.

Wangyal speaks of five seed syllables, known as “warrior syllables,” each associated with a different chakra and a “corresponding quality of light, a particular color,” and each representing a quality of “realization.” The syllables are “A (white), OM (red) , HUNG (blue), RAM (red) and DZA (green).” When we put our attention on a particular chakra, according to Wangyal, we activate the energy or “prana” associated with it. This Sanskrit word in English means “vital breath.” When we make the sounds of particular syllables, the vibrations of those sounds “activate the possibility of dissipating physical, emotional or energetic, and mental disturbances that are held in the prana, or vital breath.” By combining mind, breath, and sound, shifts can begin to occur on multiple levels – body, emotions, mind – of one’s being. “Through releasing blocks and then recognizing and resting in the space within us that clears and opens, we enter a state of higher consciousness” (Wangyal, 2006, p.10).

It is fascinating to me that a tradition such as this one, which is thousands of years old, can have such striking similarities to contemporary sound healing practices such as Gaynor's (1999) and to the method under study in this dissertation, described in Chapter 5. Clearly, the roots of sound healing are indeed ancient.

### Theoretical physics

Ruth Barcan (2011), a scholar in Cultural Studies who has written frequently about alternative therapies, writes that "The deep holism of the subtle body model is frequently linked to contemporary physics" (p. 25). The thinking behind this is that the subtle body model is "comprised of fundamentally the same 'stuff' as the rest of the world (i.e. energy)" (p. 26). This section will outline contributions from theoretical physics which pertain to this link which posits that energy is a form of vibration.

Beginning in 1957, with the publication by MIT Press, of *The Tao of Science: an Essay on Western Knowledge and Eastern Wisdom* by R.G.H. Siuu, theoretical physicists began to claim connections between new discoveries in theoretical (quantum) physics and teachings from Eastern mystical traditions that were thousands of years old. Fritz Capra published the *Tao of Physics* in 1975, which became a best-seller. In it he argued that Quantum Theory revealed a universe in which all of matter was essentially interconnected. This meant that the fundamental 'building blocks' of matter could not be deconstructed into "independently existing smallest units." "In the words of Niels Bohr, 'Isolated material particles are abstractions, their properties being definable and observable only through their interaction with other systems' (Capra, 1975, p. 240).

Capra also argues that "Modern physics has shown us that movement and rhythm are essential properties of matter..."

...and sound is a wave with a certain frequency which changes when the sound does, and that particles, the modern equivalent of the old concept of atoms, are also waves with frequencies proportional to their energies. According to field theory, each particle does indeed 'perpetually sing its song,' producing rhythmic patterns of energy (the virtual particles) in 'dense and subtle forms' (1975, p. 240).

'Particle Theory' has now been replaced by 'Superstring Theory,' which Kaku (1987), a well-known theoretical physicist, says consists of "fundamental forces and various particles found in nature" which are "nothing more than different modes of vibrating strings." Using a musical analogy, he states that these different modes can be likened to different notes on a musical scale, such as a "G or F." "The 'music' created by the string is matter itself" (Kaku, 1987, p. 6).

If the fundamental forces and particles of nature consist of vibrating strings, then it's certainly easier to imagine how the frequency vibrations of sound waves can have an impact upon what appears to be the solid matter of the human body. According to this theory, we simply cannot see the constant movement that is occurring in the form of 'vibrating strings' within us, but it is occurring nonetheless.

George Leonard (1978), an influential writer, educator and a leader of the human potential movement at Esalen, has written eloquently about the new physics and some of its implications. In "The Silent Pulse," he noted that "More than 2,500 years ago, Pythagoras is reputed to have told his followers that a stone is frozen music, an intuition that is fully validated by modern science" (Leonard, 1978, p. 2). He also described a new



vision of the human organism and its relationship to another concept from theoretical physics, *intention*.

But let us create a different picture and see the body as rhythm and emptiness, as elegant, ethereal fields of waves joined in innumerable feedback loops to maintain a relatively stable structure. Thoughts and feelings can set off sympathetic vibrations in this structure; the deeper vibration that I have called intentionality can produce transformations in days, hours, sometimes minutes (Leonard, 1978, p. 150).

The role of intention in the method of sound healing under study, and in the entire group of related vocal sound healing methods outlined earlier in this chapter, is significant. The idea that intentionality, which can be defined as the intent or “determination to do a specified thing or act in a specified manner” (Webster’s, 1970), can have an effect upon matter, is the basis for the use of intention in vocal sound healing. Another way of saying this is that consciousness has a role in effecting changes – Leonard goes farther and uses the word “transformations” - in matter. When ‘programmed’ with a specific intention, those changes or transformations can be directed with some specificity. For example, if a sound healer wants to use sounds to heal an imbalance in a client, they can set an intention that all sounds produced by them will result in correcting imbalances in the energy of the client. The belief is that by setting this intention, the efficacy of the sounds in terms of reaching this goal will be enhanced.

There are some scientists who take strong issue with the kinds of extrapolations made from theoretical physics which have been described in this section (Bernstein, 1982; Lederman, 1993; Scerri, 1989). Peter Woit, a mathematical physicist at Columbia

University, accuses Capra of basing his parallels between mysticism and physics, even in subsequent editions of his books, on the outmoded “Bootstrap Theory” which long ago was replaced by the “Standard Theory”. On the other hand, fellow scientists Heisenberg and Niels Bohr, according to Capra, discovered similar connections between the theories they contributed to, and metaphysical traditions from the East. In an interview published in *The Holographic Paradigm* (1982), a book edited by Ken Wilbur, Capra related the following information to Renee Weber:

I had several discussions with Heisenberg. I lived in England then [circa 1972], and I visited him several times in Munich and showed him the whole manuscript (of *The Tao of Physics*) chapter by chapter. He was very interested and very open, and he told me something that I think is not known publicly because he never published it. He said that he was well aware of these parallels. While he was working on quantum theory he went to India to lecture and was a guest of Tagore. He talked a lot with Tagore about Indian philosophy. Heisenberg told me that these talks had helped him a lot with his work in physics, because they showed him that all these new ideas in quantum physics were in fact not all that crazy. He realized there was, in fact, a whole culture that subscribed to very similar ideas. Heisenberg said that this was a great help for him. Niels Bohr had a similar experience when he went to China (Weber, 1982, p. 217).

### Sensory anthropology

This section will give an introduction to Sensory anthropology, and discuss issues of pertinence to a study of sound healing. This will be followed by a discussion of four

ethnographies from different parts of the world, that can either be classified as Sensory ethnographies, or that pay particular attention to sensory aspects of a particular culture.

### *Introduction*

Sensory anthropology is concerned with charting the ways in which the senses are constructed and lived differently in different cultures, and seeks to understand cultures from within the frame of their own unique sensorial systems. Over the past two decades, this branch of anthropology has generated an impressive body of knowledge concerning the cultural and historical formation of the senses (see Classen 1998, 1993; Howes 1990, 2005, 2003; Stoller 1997). Constance Classen (1998) evokes this knowledge as follows:

When we examine the meanings associated with various sensory faculties and sensations in different cultures we find a cornucopia of potent sensory symbolism. Sight may be linked to reason or to witchcraft, taste may be used as a metaphor for aesthetic discrimination or for sexual experience, an odour may signify sanctity or sin, political power or social exclusion. Together, these sensory meanings and values form the sensory model espoused by a society, according to which the members of that society 'make sense' of the world, or translate sensory perceptions and concepts into a particular 'worldview.' There will likely be challenges to this model from within the society, persons and groups who differ on certain sensory values, yet this model will provide the basic perceptual paradigm to be followed or resisted (1998, p. 45).

To elaborate: the number and order of the senses vary significantly across cultures, with some cultures recognizing more and other cultures recognizing fewer than the conventional “five senses” of sight, hearing, smell, taste and touch which make up the Western “folk model” (Geurts 2002). Cultures also differ in the degree of elaboration of different senses. Classen (1998) and Howes (2003) have presented fascinating portraits of cultures in which sensory phenomena such as the felt-experience of temperature in the form of heat and cold, or the harmonious qualities of singing form the basis for models of how the universe is structured and animated. Classen (1998) has also detailed historical changes in sensoria within Western culture. For example, during Medieval times, the cosmos was conceptualized through a very rich tapestry of “sensory imagery” that is at times breathtaking in its aesthetic beauty and multi-sensory richness (p. 54). It becomes clear very quickly, from a reading of these texts, that our conception and ordering of the senses in the modern West is a relative construction based largely on cultural norms.

*Examining issues of pertinence to a study of sound healing*

Looking more closely at this ordering within mainstream Western culture, one finds that sight and hearing have been privileged over taste, touch and smell (Classen 1998; Howes, 2003). This privileging has had an impact on the shape of knowledge in different disciplines. For example, Howes notes that the field of anthropology embraced sight and hearing in part because they were considered the “least subjective” of the senses and therefore more appropriate instruments for scientific investigation (2003, p. 6). This was reinforced by the use of photographic and phonographic technologies to document ethnographic research. The contemporary fields of ethnomusicology and visual

anthropology could be considered creatures of these technologies. The result has been that hugely important dimensions of experience involving other senses, or combinations of senses, went undocumented. Howes (2006) writes emphatically that

Even scholars working within such seemingly unisensorial fields as ethnomusicology or visual anthropology may benefit from broadening their sensory bounds. Among the Desana, the sounds of each musical instrument “will be associated with a color, temperature and odor, and be thought to convey a particular message to the brain by [their] vibrations” (Reichel-Dolmatoff cited in Classen 1993b: 133; Howes, p. 58).

Another example mentioned by Howes is Kaufman’s (1969) research regarding the importance of the tactile dimensions of music. This was made evident in certain performances among the Shona in Rhodesia, in which the music itself was barely audible, leading Kaufman to the realization that tactile experiences with vibration through the instrument (an mbira, a musical mouth bow, causing intense vibrations within the mouth, but little external sound) could be more important than the production of audible sound. This emphasis upon vibration, and the privileging of it in relation to audible sound, is quite fascinating. As will be observed later on in this thesis, there is surprisingly little apparent focus on the vocal sounds made during a sound healing session, but a great deal of attention paid to the *effects* of these sounds in terms of vibratory healing.

The example of the cross-sensory significance of musical sound in the context of Desana and African musics – that is, of the unexpected correspondences that can occur between different sensory phenomena -- should stand as important cautionary notes in

approaching research with sound. If we look at the ancient traditions upon which contemporary sound healing is based, such correspondences abound between auditory and non-auditory phenomena such as colors and different energy centers of the body. Boyce-Tillman (2000), a composer and author, notes the work of composer Barbara Hero, who has linked perfumes with sounds. Thus, if we fail to ask the right questions in researching experiences with sound, many of these richer, cross-sensory dimensions of sensory experience may go undetected. Proof of this very fact is to be had in Chapter 8, where I uncover significant experiences that research participants had with seeing colors, only after I specifically asked about them. Had I not asked the question, an extraordinarily important dimension of sensory experience that several people had had, would be missing from this study.

Csordas (1993), who put forth the widely noted concept of ‘somatic modes of attention’, further complexifies this picture by arguing that both cultural and personal history will combine to have a significant impact on what is attended to by an individual in terms of sensory awareness and experience in a specific circumstance, as well as in what meaning is ascribed to these and other embodied experiences. This is certainly relevant to the practice of sound healing, which focuses cultural and personal constructions of reality on the body as the ‘site’ for healing.

Sound healing is a good testing ground for this sensorial perspective, for it inhabits a world far removed from the distinctly unaesthetic or anaesthetic sensory regime of modern medical science. Howes (2005) and Classen (1998) have written of how alternative sensory orderings can exist as subcultures within a culture. Classen calls the “New Age movement” one of these: ...with its concern to overcome the “mind-body

split” of modernity through such sensuous practices as aromatherapy and reflexology, (it) perhaps offers the closest approach in contemporary society to a multisensory aesthetics” – hearkening back to the sensuous cosmologies of the Middle Ages (p. 159). She goes on to note that its continued popularity suggests “the existence of a widespread desire for alternative modes of perception and interaction – indeed for a new sensory cosmology.” Sound healing is sometimes considered a part of New Age culture, in part, I believe, because it does appear to privilege a very different sensory ordering of things. I will have much more to say about sound healing and the New Age in Chapter 3.

Sensory anthropology also brings an important perspective concerning the influence of historical, social and cultural constructions of sensoria on the hierarchial ordering of health care delivery systems. Classen’s (1998) work on the historical evolution of sensorial orderings in the West is particularly relevant to an understanding of why there might be some resistance within the field of music therapy to the practice of sound healing. We do, as a society, privilege the mind over the body when it comes to therapies, and sight and speech (visual and aural senses) over embodied kinaesthetic or haptic<sup>3</sup> sensations. On the hierarchial status bar within the health care professions, therapies and approaches to healing that privilege sight and speech are at the top (psychiatry, psychology, verbal psychotherapy and analysis); therapies that utilize the arts are further down (all of the creative arts therapies); and therapies that focus on the body, like sound healing, are at the bottom of the status bar. With mind-body medicine gaining influence culturally, this hierarchy is undergoing shifts, but it will take more time for

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<sup>3</sup> The term ‘haptic’ is gaining increasing use within cultural studies to describe experiences related to touch, or other exteroceptive stimuli, but also, to interoceptive stimuli as well, such as thermal experiences.

significant change to be felt throughout our culture. Further discussion of the challenges posed by sound healing to music therapy will take place in Chapter 9.

### *Sensory ethnographies*

Sensory ethnographies explore cultures with a special focus on the particular sensorial orderings at play. The following ethnographies are of particular interest in light of their relevance to the sensorium in play with the method of sound healing under study.

In writing about the Anlo Ewe culture of Ghana, Geurts (2002) describes a human sensorium in which the kinesthetic and aural senses are privileged. In comparing how Anlo would interpret the common Western phrase “eye witness,” Geurts says they would not speak of seeing something, but rather of hearing and feeling it within the body. This particular type of sensing is called “seselelame.” It is a profoundly embodied form of perception that is distinctly different from what we privilege in the West.

There is no exact translation for *seselelame*, and some variation in how the Anlo Ewe describe it. It seems to encompass a large category of experiences, which relate both to how Anlo-speaking people attend to and experience their own bodies, as well as to how they orient themselves in relation to others, objects and to the environment. Geurts elaborates:

On one hand, it seems to refer to a specific sense or kind of physical sensation that we might call tingling in the skin (sometimes a symptom of impending illness), but in other instances it is used to describe sexual arousal, heart ache, or even passion. In other contexts it refers to a kind of inspiration (to dance or to speak), but it can also be used to describe something akin to



intuition...Finally, people used it to refer to a generalized (almost synesthetic) feeling in or through the body (2002, p. 41).

Interestingly, *seselelame* appears to involve both perception, which is a cognitive function, and sensation (within the body), which is a somatic function. It is also used to refer to certain emotions such as happiness or sorrow, and to sensations of pain and pleasure. Guerts contrasts this co-mingling of functions in *seselelame*, with the more discrete categorizations found in much of Western thinking between “external senses (hearing, touch, taste, smell, sight) and internal senses (balance, kinaesthesia, proprioception) and then emotions (anger, happiness, sadness, disgust, surprise) especially in our intellectual models” (p. 45).

One of the key cultural concepts which Guerts suggests could be considered a sense in itself, is that of balance. She cites contemporary textbooks from the disciplines of biology, medicine and psychology which apparently treat it as a sense. An important reason for this would seem to be that it has a “corresponding ‘organ’ – the vestibular organ, or the labyrinth of the inner ear – as the other five senses...have theirs” (2000, p. 3). Guerts suggests that there are psychological correlates in the high value placed upon calmness and emotional equilibrium, which is surely related to ‘balance,’ in Anlo culture. Interestingly, she contrasts this to the focus that Westerners put upon ‘pain’ when looking at kinesthetic expressions of the body. This is an insight that would be potentially quite fruitful to explore for sound healers. There are many words for kinesthetic experiences in Anlo culture, according to Guerts; far more than we have in English. This complexifying of kinesthetic experience is similar to the complexifying of the experience of snow among the Eskimo, who have many different names for it.

Geurts's suggestion that Westerners have a much more limited awareness of kinaesthetic experiences, rings true. What I find fascinating is that a complexifying of bodily-centered (not just kinaesthetic) experiences, occurs in the narratives of experiences about sound healing documented in this thesis (chapters 7 and 8). Why might this be? Let's consider this: Sound healing is a body-centered approach in which sounds are directed at the human body. This likely encourages a focus on, or at the very least, an openness to, haptic experiences. When individuals receive sound healing, they tend to be in a relaxed state that can often be described as a light trance state. For many, this results in a state of mental quiet, thus allowing for more attention to be paid to other aspects of one's experience such as haptic responses.

Another point to be made is that the co-mingling of categories mentioned above, which is part of the experience of *seselelame*, is something that appears to be in 'play' when people receive sound healing. This will be discussed further in Chapter 9.

In a fascinating exploration of the Songhay in Nigeria, Stoller (1984) depicts an "oral-aural culture" in which sound is a "foundation of experience" (p. 561) and privileged above the other senses. According to Stoller's teacher there, a medicine man named Sorko Seyni, "If one cannot hear, one can learn little about the world" (p. 561). Sounds, in the form of words, incantations, or musical instruments, are thought to be a carrier of "forces that can penetrate an object," affect a person physiologically, and "transform a person morally, politically, and magically" (p. 559). Words are considered to have a power in and of themselves, rather than being considered symbols or carriers of information or knowledge. Stoller argues that in the West, ever since Aristotle, we have been 'spatializing' sound, attributing it to 'things,' or, quoting Zukerkandl (1958: 71, p.

560) to what it “points to” rather than the “pointing itself.” Stoller quotes Ong here to bolster this argument:

Cultures which do not reduce words to space but know them only as aural-oral phenomena, in actuality or in the imagination naturally regard words as more powerful than do literate cultures...Being powered projections, spoken words themselves have an aura of power....In oral-aural cultures it is thus eminently credible that words can be used to achieve an effect such as weapons or tools can achieve. Saying evil things of another is thought to bring him physical harm (Ong 1967:113, p. 561).

Thus, the *sorko*, who engages in ‘praise-singing’ to the spirits, is considered a healer who knows which words can protect one from witches and sorcerers. According to Songhay mythology, spirits teach the words that form magical incantations that are made to the ancestors. These are handed down from one generation to the next, and considered to be a secret language. Among those allowed into this secret world, are the “*sohancey*,” who are specialists in military magic. They can protect soldiers from being wounded, and know the incantations to protect individuals from life-threatening accidents.

Stoller reminds the reader here that “The power of the incantation is not in the words as carriers of referential meaning, but in the sounds of the words” (p, 568). Elsewhere he poses this question to the reader: “And so when Sorko Seyni says that there are invisible forces in the universe and that words can carry some of these forces to an intended target, are we to discount him?” (p. 564). He also remarks that this conception of sound is in agreement with that of modern physics. I would agree, for spoken words carry vibrations just as sung vowels or words do.

The emphasis we find here upon the potency of words' ability to impact, both positively, or negatively, human beings, is a common theme found in ethnographies of indigenous cultures throughout the world (Eliade, 1964, Halifax, 1982, Powers, 1986). It lends support to the idea of sung vowels or words having a similar potency in terms of their impact upon humans.

In Marina Roseman's work, we find an emphasis upon aesthetic and sensory aspects of ritual among the Temiar in the Malaysian Rainforest. Roseman describes how singing is the pathway to a world of healing. A medium dreams of a song, which is given to him by a spiritguide attached to an entity in the environment. This could be a part of the natural world – a tree, a flower – or a part of the unnatural landscape that increasingly surrounds the Temiar. When a human loses a part of their soul (both humans and all other entities have detachable souls that can roam the landscape), a ritual takes place to retrieve that soul. The principal means of calling the spiritguide for its help in diagnosing 'illness' and retrieving the soul, is through the singing of the dream song. Thus, sound is privileged as a direct pathway to the transmission of healing. While the song is sung, the spirit transmits information to the medium about the illness and what is needed for its healing. The dislocated soul of the person in need of healing is counterbalanced by the locations of souls in the landscape.

Each song phrase sung by the medium is responded to vocally by a chorus of women who also play percussive instruments in the form of pairs of bamboo tubes, cut to different lengths, which are struck against a log to make sound. The rhythm expressed is in duple meter with high and low sounds alternating. These are said to resemble the pulsating calls of certain birds and insects in the jungle, such as the barbet and cicada, as

well as the beating of the human heart. The continuous beating of the tubes in ritual performance has the effect of focusing and intensifying a feeling of longing, which lies at the heart of relations between humans and non-human entities of the forest. Roseman explains that “In order to entice the spirits to attend ceremonial performances and to prepare humans to meet with them, the sentiment of longing is intensified through symbol-laden sounds and body movements” (Roseman, 1991, p. 15). “Attraction” and “enticement” are a part of this ritual landscape, which combine movement, sound, color, odor and tactility to effect a transformation from illness to healing (1996, p. 233).

The potency of the songs are determined by the connection between the medium and the spiritguide. Roseman explains:

During the public performance of mediums, singing is “conceived of as a passive experience issuing from a supposedly external agentive source, the spiritguide. Temiar mediums describe this displacement of their own self while the spiritguide sings through them as “one’s heart is elsewhere”... The emphasis is not on self-expression...instead, the medium himself is “elsewhere” and the spiritguide is privileged (1991, p. 115).

In a beautiful quote, Roseman essentializes some key themes of this ritual process:

With the body as nexus, the gestures of trance conflate movements of the rainforest and movements of humans, the vocalized songs of mediums give rainforest spirits human voices, the bamboo tubes metaphorically overlay insect calls and beating human hearts. The language of humans and the language of forest spirits rustle, for a moment, together (p. 184).

There are interesting resonances in the description of this Temiar healing ritual, to aspects of the group of contemporary vocal sound healing methods to which the one under study in this dissertation belongs. (please refer to Chapter 5 for a thorough description of the method). For example, compare Roseman's description of the medium as a passive recipient of the spiritguide's singing through him, to the following: vocal sound healers often refer to themselves as 'channels' for healing sounds which they believe are divinely inspired. The way in which they 'plug in' to these channelled sounds, is through prayer and the setting of intention. The two are often combined, so that a sound healer might ask whatever divine source they wish to address, that 'sounds come through them for the healing of \_\_\_\_\_' (the name of the client is addressed here). Additionally, Roseman described the "potency" of the songs intended for healing, as dependent upon the connection between the spiritguide and the medium. This, I believe, has some resonance to the idea I encountered several times in doing my research, that the 'clarity' of the sound healer has a great deal to do with the potency of the sound healing session. If a sound healer is *clear*, it will be easier to tune into the client and do effective work for them. This is also true for therapists.

In a cross-cultural study of contemporary shamans and their musical and sound healing tools, Cook (1997), who is a teacher, musician and well-known cross-cultural researcher in music and healing, describes the practices of one native healer that are strikingly relevant to the research on sound healing I am presenting in this dissertation. Don Agustin Rivas-Vasquez is a Peruvian Ayahuasca shaman living in the Amazon jungle. Born in a town called Tamshiyacu, three hours by boat south of Iquitos, in eastern Peru, he grew up along the Amazon river. He began his training 27 years ago

with native healers. His main medicine is from a vine named “Mother Ayahuasca,” a medicine used for thousands of years in that region. “It is the spirits that do the healing, I am simply a middle-man,” he says. He explains that the songs he uses are from three sources: his native teachers, the “Mother Plant,” as well as spirits who help him.

According to Cook, “These songs are used to work on human sensitivities, and can cause listeners to vomit, cry, scream and experience any other mental or bodily effect that deals with placement, beliefs and life experience” (Cook, 1997, p. 24).

Don Augustin explains that “When you have these reactions, healing is taking place. The body holds many oxidations, toxins and phlegm. They can be expelled through my work.” He continues: “The cries are very important because they help rid you of things that have been buried there for many years, from tragedies...” (Cook, 1997, p. 23).

These sounds – screams, cries (the latter is mentioned in connection with tears, so ‘crying’ is suggested here – remind me of one form of toning work espoused by Keyes (1973) in which groans and moans are part of the work of releasing what’s inside the body. Sound healer Patricia Mann believes that “body sounds, such as yawning, yelling, laughing, crying, moaning, screeching in pain, or sounding the memory of a traumatic event, are releasing the pent up emotional and physiological tensions of the body” (Nielsen, 2000, p. 73). Also, Garfield (1987) discusses the ancient art of “keening,” in which groups of women express their grief through a “melodic, mournful combination of a moan and a cry done in unison or with overlapping waves of sound” (Garfield, 1987, p. 26). Garfield describes it as a practice that within the context of sound healing, can be done also individually, serving to release “old unhappiness and sorrow” (Garfield, 1987, p. 27).

Another aspect of Don Augustin's healing work involves playing a harp-like instrument called "The Arch." "This instrument, which can penetrate the heart and feelings, enhances the visions of the Ayahuasca. Ayahuasceros use these sounds and songs to go inside the body and scan the health of the organs. They diagnose internal problems" (Cook, 1997, p. 27). As mentioned earlier in this text, many contemporary sound healers in the West utilize sound to scan the body and diagnose where imbalances reside. The parallel here is striking.

A final comparison to be made concerns the use of songs to take the person being healed on a journey into an altered state of consciousness. This is described as follows: A drum is played, together with a song entitled "Wahi Taki." These sounds take the listeners "on a mental journey, out of the body." A short while later, another song is sung, called "Fiesta." "This popular song was sung long ago by sorcerers in the Amazon jungle, and can trigger a strange journey. It carries the listeners to infinite parts of the universe. At this point, the spirits are invited to do their healing work" (Cook, 1997, p. 27).

These shifts in consciousness also occur in Western forms of sound healing. 'Out-of-body' experiences are among the experiences recorded in the research comprising this dissertation. Going "on a mental journey, out of the body" also suggests taking one's thoughts somewhere else, so that what is occurring energetically in the body is not focused on mentation. Listen to Dr. Mitchell Gaynor's description of the "life song" work he does with his patients, mentioned earlier: "Chanting our life song while we play the bowls allows the clatter of what Zen Buddhists call "monkey mind" to recede into the



background, thus making room for an expansive consciousness through which we can find our essence” (Gaynor, 1999, p. 122).

As the mystics from the East have taught us, “cosmic consciousness” (Brahmananda Sarasvati, 1984), resides within us as well as without. Travelling to “infinite parts of the universe” can happen in a millisecond with a mere shift in consciousness.

### Summary

This chapter has reviewed the literature from a number of key areas pertaining to the research undertaken with this dissertation. These have included sources from contemporary sound healing, from the music therapy literature, from spiritual traditions and theoretical physics, and from sensory anthropology. I have provided an overview of contemporary sound healing practices that is not exhaustive, but which gives the reader an informed perspective on the breadth of practices in this area. The music therapy literature reviewed research and methods that relate either directly, or indirectly, to sound healing. In some cases, the research involved methods of toning, which are considered a form of sound healing.

A section on spiritual traditions was included in order to demonstrate the striking parallels in the language used to describe the universe as perceived through mystical consciousness, as well as to illustrate forms of sound healing emanating from spiritual traditions spanning thousands of years. A section on theoretical physics discussed developments in this field from the 20<sup>th</sup> and 21<sup>st</sup> centuries which would appear to lend support to the idea of a universal, physical basis for ‘vibration’ as a fundamental

construct of matter, and for the idea of ‘intentionality’ being able to affect matter and consciousness, as having a physical basis in reality. A section on sensory anthropology introduced the discipline, discussed issues of relevance to sound healing, and described four ethnographies with a particular focus on sensorial aspects of culture.

## CHAPTER 2:

### METHODOLOGIES

With the focus of this research being an exploration of the experience of vocal sound healing by individuals who have undergone vocal sound healing treatment, a phenomenological investigation is the approach best suited to the research question. Phenomenology seeks first and foremost to understand experience in all of its fullness and complexity. As Ricoeur (1991) said, phenomenology is, more than anything else, the study of experience. It embraces multiplicity and nuance. It seeks to understand, not to explicate; to expand, not to reduce. Phenomenology is the opposite of positivistic science, which searches for one objective truth which is replicable and beyond the constraints of context. Phenomenology asserts that all knowledge is contextualized. Moreover, it is not possible for a researcher to stand outside of context; objectivity is not possible. Ricoeur was profoundly mistrustful of the pretensions of the authoritative researcher who claimed a privileged discourse in relation to those he or she was investigating. He always espoused the need for the perspective of the ‘other’ who could counterbalance the deception endemic to self-proclaimed objectivity or knowledge.

Meaning is also key in phenomenology. One searches for meaning through experience, and it is the meaning found within experiences that helps us understand what it is to be human. Meaning is also a highly individual construction, so one person’s meaning is not the next. A multiplicity of meanings is welcomed, and phenomenology never searches for just one meaning.

Bakhtin (2004) believed that culture was a profoundly dialogic process in which meaning was constructed out of historical, political and social contexts. He went even

farther than Ricoeur by suggesting that the smallest building blocks of language were context-ridden. In other words, words themselves were fraught with histories of discourse with multi-levelled meanings. One could appropriate words and meanings, but not create them from ‘scratch,’ for the imagined neutral vehicle known as language did not exist. It was just as contextualized as the speakers using it. Bakhtin coined the term “heteroglossia” to refer to the “primacy of context over text” in the generation of meaning (2004, p. 416).

Ihde (1995) notes that in Ricoeur’s view, narrative is “an essentially hermeneutic device...even in contrast to its phenomenological relations.” This positions Ricoeur’s later writings squarely in the vein of post-modern views on “ ‘conversations,’ different ‘readings’ and ‘worlds of the text’ ”(p. 66). Connelly and Clandinin (1990) call research a “collaborative document, a mutually-constructed story out of the lives of both researcher and participant” (p. 10).

Clandinin (2007) describes the “researched and the researcher” in narrative inquiry, as both existing in a particular time and a particular context. “They bring with them a history and worldview. They are not static but dynamic, and growth and learning are part of the research process. Both researcher and researched will learn” (p. 14).

D. Tedlock (1995) writes of how culture is both reflected and constructed anew out of the infinite numbers of daily conversations or dialogues between individuals. In any given conversation, each partner in the dialogue is continually assessing the meaning of what is spoken by the other, and responding to that. It is a construction in process that is profoundly mutual, and its meaning is constructed through the dialogue.

Bakhtin wrote that language is something that happens on the borderline between two individuals. It is a part of each, yet something occurs that transcends each one as well. Ricoeur too emphasized the transcendent nature of hermeneutics, or the interpretation of text and discourse. Always, language and meaning pointed to something beyond themselves, and beyond what was evident or could be known at the time. Ultimately, this pointed for Ricoeur to the importance of the creative imagination in phenomenology, narrative inquiry and hermeneutics. Something new was always at play that was beyond the comprehension and knowing of those involved in the discourses.

This perspective is exceedingly appropriate for my research question. The ‘emergent’ is always at play in sound therapy. Sound is a carrier of meaning, but what meanings it carries are individual in nature. There is a certain ‘unknowable’ quality about sound. One cannot even see it. It is ephemeral, not ‘graspable’. Where does it go, exactly? How is it experienced, exactly? How does one translate sound into words? What is lost in the translation? So much is left unsaid, unknown, ineffable, it seems.

We need to understand what kinds of experiences people have when receiving sound healing. Anecdotal evidence of efficacy – that is to say, of ‘healing’ effects – abounds, but almost no formal research has been carried out on the effects of vocal sound healing on human beings. Music therapists and other practitioners need to have more information on how sound healing affects people in order to know with whom to apply it and how. In my own preliminary research prior to this doctoral dissertation, I conducted vocal sound healing sessions with a number of volunteer participants who I then interviewed about their experiences. I was struck, even in my very small sample of several people, at how individual and varied the responses were.

I will shape this phenomenological investigation into the form of a narrative inquiry. Narrative inquiry is a form of research which uses narrative materials. Human beings lead storied lives. How they make sense of their experiences occurs through storymaking and storytelling. Our lives are narratives that unfold like stories. The ‘data’ of narrative inquiry consists of life story interviews and other forms of interviews involving narratives, autobiographies, letters, oral histories, diaries or field notes. Narrative can be either the object of the research, or the method (Clandinin, J. & Connelly, M., 2000).

For this study, I will utilize a two-step process of interviewing which will involve the following: 1) a life story interview; and 2) a second interview to explore what was experienced during the sound healing treatments, and what sense or meaning the experiences have for the person. As a music therapist, I am particularly interested in what, if anything, was experienced as healing or helpful to the person.

Because sound involves the impact of vibration created primarily with the human voice, on the mind/body system of another human, one cannot ‘see’ how the sound is affecting the latter. It impacts directly, the body of the client, and the theory is that all humans are composed of complex vibrational systems that once again, cannot be seen. If you think of the fact that more than half of the human body is composed of water, it can be helpful to imagine the vibrations within us moving like waves throughout our body. Sound healing uses outside vibrations emanating from the human voice to shift the vibrational make-up of the client, to create a state of harmony and health.

When one experiences a sound healing session, their eyes are closed. One can have aural experiences, haptic experiences, and visual experiences in the form of colors

and imagery ‘within’ that cannot be seen. I would assert that a narrative approach to sound healing can help us understand what range of experiences are had by individuals undergoing this form of healing. We want to complexify the ‘data’ by including many different storied experiences. Understanding from multiple perspectives, what experiences and meanings are had and made from sound healing will help us understand better how it works, who it helps or doesn’t help, and how.

Narrative inquiry embraces reflexivity, and does not seek to omit the contexts shaping the inquirer. Reflexivity is important because I bring my own perspective and selective mechanisms as I conduct this inquiry. The questions I ask, and don’t ask; the feelings I have, the thoughts, the responses – all of this is contextualized knowledge. I will limit my research by who I am, as well as gifting it by who I am. This is part of the dialogic process. I will include reflections on my own process within this dissertation.

The dialogic process will take place on multiple levels: between client and sound healer; client and myself in interviews; training I will undertake and my responses; a dialogue between music therapy and sound healing; and the final hermeneutic dialogue between myself and the narratives of others.

Narrative inquiry can accommodate all of these dialogues and discourses; it embraces them, wants to hear them, wants them to mingle in all of their glorious complexity. To ‘reduce’ this material to a few variables would be to miss the depth and breadth of what will occur. With this said, I do want to look for themes in the material. A potential theme, to name one example, could be the fact that a very wide range of experiences appears to be the norm.

I am very aware that a dialogue between a music therapist and sound healers will result in a narrative that will be of great interest to music therapists. Right now there is growing interest in sound healing on the part of an increasing number of music therapists. The discourses emerging from such a narrative will enrich the body of knowledge for music therapists.

Another point I want to make is that almost no research has been done to date on vocal sound healing. This means that we know very little about what actually occurs. A narrative inquiry is important to understand what people actually experience. Since nothing is ‘seen,’ all we have are stories and experiences. To overlook these to try to measure something would be like missing a giant forest for a single tree.

An important perspective that will inform my phenomenological and narrative-based approach will be that of Sensory anthropology. This branch of anthropology seeks to understand cultures from within the frame of their own unique sensorial systems. Sound healing is a good fit for this perspective, for it inhabits a world far removed from the intellectual, sanitized sensory realm of modern medical science. Howes (2005) and Classen (1998) have written of how alternative sensory orderings can exist as subcultures within a culture. Sound healing is an embodied, aural approach to healing which utilizes the human voice of the practitioner singing sounds into the human body. Recipients of sound healing report responses that are at times haptic, visual, aural, and beyond. Having the knowledge base of a sensorial perspective will make me a better researcher in this realm, giving me additional ‘antennae’ with which to explore experiences involving the senses which may arise in individuals’ accounts and stories.



An important part of this sensorial methodology will be what Howes refers to as “being of two sensorial” (2003, p. 78). This refers to the act of purposefully engaging with the sensory world of the group of people I am studying by attempting to ‘sense along with them’, so that I enter their world as much as possible in this regard. Rhoda Metraux and Margaret Mead (1953) pioneered this kind of sensorial engagement in their ethnographic work some sixty years ago. As co-editors of “The Study of Culture at a Distance” (1953), they espoused the importance of attending to the ways in which the senses are culturally-constructed. As Metraux explains in her chapter “Resonance in Imagery,” one maintains a kind of dual perspective in this work, with one focus on one’s own sensorium, grounded in the culture from which one comes, with the aim of cultivating and maintaining an awareness of how this is affecting one’s ability to enter the sensory world of those one studies; and the other, on an engaged sensing along with one’s informants or, as called here, participants.

Howes calls this process of sensing along with one’s participants “participant sensation”, which he argues, lies at the very heart of Sensory anthropology (personal conversation with David Howes, November 21<sup>st</sup>, 2010). I believe that having this dual focus, which will allow me to keep in mind the biases and limitations of my own cultural sensorium, will encourage me to ask more careful questions, and probe more deeply at times, in order to insure as much openness as possible to the alternative sensorium suggested by a modality, sound healing, which is an aural, body-centered approach which would appear to privilege haptic responses.

## Procedure

Before I began my fieldwork, I received permission from the Concordia University Human Research Ethics Committee to conduct this study.

I attended a workshop given by Simon Heather in the fall of 2008 in the Cotswolds, England, where I conducted my first interviews with him. He introduced my study to the workshop participants, many of whom had had experience with sound healing. Some had taken the training in sound healing with Simon. A number of people there expressed an interest in partaking in the study.

After returning from this trip, Simon sent me the names of many other individuals who had received sound healing, whom he recommended as potential participants in the study. I followed up by sending an email to these individuals, explaining the study and its purpose, and inquiring if they would like to participate.

### *Profiles of participants*

A total of thirteen participants were recruited for the study. Two were men, and eleven were women. Their ages ranged from twenty-seven to sixty-five. Though all of the participants had resided in the U.K. for either all of their lives or a significant portion of their lives, four individuals were born in other countries, identified as Spain, Holland and the United States. Of those born in the U.K., eight were born in England, one in Scotland and one in Wales. Over half of the participants grew up in rural settings (seven), with the remaining being from either big cities (three), small cities (two) or a small town on the outskirts of a big city (one).

Regarding education, four participants left school between the ages of 15 and 17. One participant completed college and art school, another just attended art school; two dropped out of college after a year or two, three completed university, and one was enrolled in a master's degree program at the time of participation in this study. Regarding careers, as can be imagined, participants often had more than one career or work path over the course of their lives as adults. Some also did more than just one kind of work simultaneously. At the time of the interviews, one participant was a teacher, one had been a teacher of art workshops, and was now a sound healer; one was an accountant who had also trained as a homeopath; one had been an accountant and later trained as a therapist and healer; one was a joiner/woodworker, two were healers who had trained in more than one modality; one was a nurse and yoga teacher; one had retired from the Civil Service, been a bartender and later opened her own healing center but was now retired; one was a professional singer-songwriter; one had been a hairdresser, a professional musician, and worked in artist promotion, and was now a community care worker who did sound healing as part of her work; one had been a civil engineer who now does body work, and one was a photographer.

I returned to England in March of 2009 to attend the 2<sup>nd</sup> module of the Sound Healing Training led by Simon. It was in this module that the basic method of sound healing was taught. I completed the weekend training, and also interviewed study participants in Wales, London, and at the location of the training. I then returned to Canada, where I completed the remaining interviews using Skype, which enabled me to digitally record the phone conversations.

### *Obtaining consents*

All participants interviewed in person, including Simon Heather, were provided with consent forms (Appendix B) which they read and signed. All participants interviewed by telephone (Skype), provided verbal consent during the interview, or written consent by email. This was done in accordance with the guidelines of Concordia University's Office of Research Ethics concerning international study participants.

### *Conducting the interviews*

The interviews with study participants who had received sound healing, consisted of two parts. In the first interview, I asked each participant to tell their life story in whatever way they wished. When it became clear that some people spent almost no time describing any details of their childhood, I began asking them to include information about their parents, where they grew up, and what their childhood was like. If I needed further information when they had finished their story, I would ask them questions at that time.

In the second interview, I asked them to tell me about their experiences with sound healing. In this interview, there was often much more back-and-forth dialogue.

It was anticipated that each interview would run for roughly one hour each. However, a number of participants told their life stories in much less time. In these cases, I asked them if they would like to continue on to the second part of the interview process at that time. All consented to this. Another reason I chose to do this is that I found in a couple of cases when the interviews were separate, that the individuals were not as connected to the material the second time. When the interviews were combined

into one sitting, a depth of focus and feeling for the material was expressed that I believe tended to result in a better narrative.

Two participants also shared written material with me. In one case, a participant sent me write-ups of several of her sound healing experiences. This was before I had interviewed her in person in England. Another was a testimonial about sound healing submitted to me by someone who knew the individual, before it was offered to me as a possibility to interview her, which I subsequently did.

### Summary

This chapter has presented the methodologies utilized to conduct this study. A phenomenological inquiry was chosen because of its focus on the study of experience and the search for meaning, which as Ricoeur states, is always emergent. An emphasis on the dialogic nature of culture, as articulated by Bakhtin, Connelly and Clandinin, and Tedlock, was embraced, as was a narrative inquiry to shape the investigation. Sensory anthropology was also introduced as another methodology utilized in the study, involving sensing along with the participants I interviewed, at the same time that I maintained an awareness of the particular sensorium of my own culture and its impact. The procedure for the study was also outlined, and the reader was introduced to the participants who were interviewed for the study.

## CHAPTER 3:

### CULTURAL CONTEXTS FOR SOUND HEALING

Different forms of sound healing have been practiced since time immemorial in diverse cultures. In indigenous cultures, the use of singing, sound and music in rituals of healing, is an intrinsic feature and well-documented by anthropologists and ethnomusicologists (Besmer, 1983; de Rosny, 1985; Eliade, 1964; Halifax, 1982; Rouget, 1985). It is in this sense that one can say that sound healing is nothing new, but grounded in, and in some cases actually handed down (Wangyal, 2006), from ancient practices in existence for thousands of years. Thus, the oldest cultural context for sound healing would be the healing traditions of indigenous cultures throughout the world.

Music therapists are fond of saying that music and medicine were ‘one’ in these cultures, but that that link was severed as modern civilizations arose. I believe that they rightly identify recent developments within music therapy as pointing to a reuniting of music and medicine as an important development in the making. This severance in the link between music and medicine also applied to sound healing. These practices disappeared with the rise of modern societies in the West. However, a discovery, re-discovery and elaboration of practices of sound healing began to take place in the 1960s as part of the historical and cultural movement known as the “New Age,” as well as, within more recent decades, an offshoot of the Holistic health movement known as Complementary and Alternative Medicine (“CAM”). These two movements dovetail each other, and continue to evolve as on-going cultural phenomena. This chapter will explain these cultural contexts, and position sound healing within them.

## The New Age

It has become commonplace to dismiss the New Age as a flakey compendium of alternative approaches to health and spirituality that are not embraced by serious individuals. While there are undoubtedly questionable elements of the movement which do not put it in the best light, a very different and far more valorizing picture emerges from scholars writing on the New Age (Boyce-Tillman, 2000; Drury, 2004; Hanegraaf, 1998). The vast influence of the New Age movement in recent decades on health care, metaphysics, philosophy and spirituality in the Western and ‘developed’ world cannot be denied. Particularly in terms of its relationship to the Holistic Health movement, and to the modern-day discovery of a vast array of ancient spiritual and healing traditions, the importance of the New Age as both an historical and contemporary cultural phenomenon whose influence continues to spread, cannot be overlooked. Indeed, understanding its relationship to these phenomena is essential in contextualizing sound healing.

Drury (2004) essentializes the New Age as a “search for spiritual and philosophical perspectives that will help transform humanity and the world.” He suggests that a new paradigm linking science and spirituality will be part of its legacy. It began as an international movement in the 1960s, emerging from a world of Cartesian dualism, in which the mind was considered to be separate from the body, science spoke a language completely separate from religion, world religions were not commonly viewed as having essential things in common, and health was defined as the absence of disease or symptoms, period.

Drury (2004) states that:

much of the inspiration driving the New Age derives from ancient and perennial wisdom teachings – from the Vedas, Hindu sacred texts, including hymns, chants and mantras, dating from around 1800-1200BCE; from Yoga; from the Mahayana tradition...in northern India and Tibet...; from Sufism, the mystical tradition within Islam; and from ‘indigenous spirituality, the spiritual traditions of native peoples around the world (p. 8).

It is, in part, a “creative fusion of metaphysics, self-help psychology – especially the psychology of realization and integration advocated by such pioneering thinkers as Carl Jung and Abraham Maslow – and holistic approaches to self-awareness” (p. 9).

In her excellent discussion of music and sound in the New Age movement, Boyce-Tillman (2000) describes the New Age as:

a many faceted collection of traditions that has drawn on a variety of sources – both ancient and modern – to balance contemporary trends such as elitism, commercialism, materialism, racism and sexism. It has produced a variety of musical practices, many of them syntheses of ancient traditions and contemporary ideas....There is a stress on the discovery of ‘natural sounds’ including those from the natural world....These represent freedom from the restraints of the Western classical tradition (p. 199).

It also contained metaphysical constructs that spawned many approaches to healing with sound. Some of these have been discussed earlier (lit review: spiritual traditions). Boyce-Tillman rightly asserts that “The New Age has developed healing systems within the context of a strong sense of the spiritual.” She calls the movement an “entry point and testing ground for new ideas”, some of which are later integrated into



mainstream culture. She also states that because of the “overarching belief of the effect of music on matter, systems for treating the body using sound have been developed...” (p. 201).

The Holistic health paradigm grew out of Maslow’s pioneering work which helped to establish the ‘human potential movement’ and transpersonal psychology. His focus on ‘self-actualization’ led to a “broader understanding of what it meant to be a healthy individual” (Drury, 2004, p. 114). This resulted in a radically new perspective on the human organism and human health:

A person is more than his body. Every human being is a holistic, interdependent relationship of body, emotions, mind and spirit. The clinical process which causes the patient to consult the medical profession is best understood as this whole and dynamic relationship. The maintenance of continued health depends on the harmony of the whole (Dimensions of Humanistic Medicine, San Francisco, 1975; quoted in Drury, 2004, p. 115).

This new perspective stood in contrast to an orthodox medical system that saw the body and mind as separate, and that was focused on a disease-model of illness. Curing disease was its primary focus. Indeed, the word ‘cure’ is now defined as “to eliminate a disease or condition with medical treatment” (Oxford Dictionary of English, 2005). The word “healing” according to Gaynor (2008), comes from the old English, *Haelen*, meaning “To restore to wholeness.” We’ve all heard a statement like the following: “It has been said that contemporary medicine has made great progress in the science of curing, but, in so doing, it has lost the art of healing” (Foster & Anderson, 1978, p.245). Hanegraaf attributes widespread dissatisfaction with this approach as one of the main factors in the

rise of “alternative healing approaches” (Hanegraaf, 1998, p. 42). According to Drury (2004), “The idea of tapping one’s own self-healing powers, of regarding the challenge of overcoming disease as a learning experience, and becoming more self-reliant,” (p. 114) were part of a new way of thinking emerging from the Human Potential movement.

Importantly, he adds the following:

Among those who were drawn to the holistic model of preventive healthcare there was also an increasing recognition that the frame of reference should not be physical alone but should also encompass mental and emotional aspects of health, and could even include such areas as spiritual values, the search for personal meaning, and the integrative elements of religious beliefs (Drury, p. 114).

Foster & Anderson (1978) speak of ‘Naturalistic systems’ that “conform above all to an equilibrium model” in which health is equated with balance.” “When this equilibrium is disturbed, illness results” (Foster & Anderson, 1978, p. 53). This perspective is found in indigenous traditions, which have been an important source of knowledge, understanding and inspiration in New Age thought. Capra (1982) asserts that “the outstanding characteristic of the shamanistic conception of illness is the belief that human beings are integral parts of an ordered system and that all illness is the consequence of some disharmony with the cosmic order” (Capra, 1982, p. 307). For example, in the Kung tradition in the Kalahari Desert, illness is seen as a manifestation of an imbalance in one’s total environment, and a healing as seeking a re-establishment of “the individual-cultural-environmental gestalt” (Katz, 1982, p. 53). The determination of whether a healing ceremony is successful in Kung culture is also not based on a curative result. “One expression of this new balance might be a cure, the relief of symptoms. But the person

being healed can also die, and a new balance can still be established, a healing accomplished” (p. 53). According to Katz, many healers will work on a person at one time during the healing dances, and they often argue heatedly with the spirits, asserting that it is not the individuals’ time to go. As stated above, the outcome of a healing ceremony is relevant only in so far as it facilitates a regaining of harmony on individual, collective, environmental, and spiritual levels.

This notion of healing versus curing is an important distinction in the Holistic Health paradigm, and is found in many, many indigenous traditions. For example, Hoskins (1996) writes about the Kodi in West Sumba:

Healing rites performed on these occasions were not ultimately concerned with curing, if we define “cure” in the narrow sense of restoring the victim to health. Instead, it seems to me that the ultimate goal of the rite is to repair social relations and “heal the group” even when the suffering individual cannot be saved (p. 287).

In writing about symbolic healing, which he links to “meaning-making”, McClure (1998) notes that rituals involving healing do not have to result in a cure in order to be considered efficacious. He argues that in cases of tuberculosis among the Navaho, a chant ritual aims to have a “sustaining” effect. “The sustaining effect of the sing...rests ultimately on its ability to give the stricken patient a vocabulary in terms of which to grasp the nature of his distress and relate it to the wider world.” This wider world can include both “physical and non-physical or symbolic realms” (McClure, p. 14).

Hanegraaf (1998) discusses the role that the mind plays in physical healing as an important and central feature of Holistic health. The field of psychoneuroimmunology, which looks at how psychological processes and the nervous and immune systems of the

human body interact with one another, contributed to our understanding of this important role. Drury (2004) also cites the work of neuropharmacologist Dr. Constance Pert, a research Professor in the Department of Physiology and Biophysics at the Georgetown University Medical Center in Washington, D.C., as an additional influence in this regard. He describes her book “Molecules of Emotion” (1997) as being popular among New Age readers. The excitement surrounding it concerns her claim that chemicals in the brain linked to emotions (known as “neuropeptides”) appear to connect with cells (known as “macrophages”) linked to the immune system in the body (Drury, p. 121). Thus, the mind-body connection so intrinsic to a Holistic perspective is given further validation here.

The holistic counterculture now brought to the fore the remarkable capacity of the human organism to rectify imbalance and initiate processes of self-healing. Meditation and yoga could be used to help reduce stress, and naturopathy, acupuncture, shiatsu, homeopathy and other ‘natural’ therapies, all of which stimulated healing processes from within the organism itself, were preferred to conventional medical treatments (Drury, 2004, p. 116).

### Complementary and Alternative Medicine (CAM)

To situate sound healing within contemporary health care practices in today’s world, we must fast-forward in time to 2010, over 40 years since the inception of the Holistic health movement, to enter the realm of “Complementary and Alternative Medicine.” This term, whose acronym is “CAM,” has become the most widely-used expression for a collection of holistically-inclined therapies now being increasingly utilized by individuals within the UK, the US and the rest of the ‘developed world’

(Heller, Lee-Treweek, Katz, Stone & Spurr, 2005; House of Lords, 2000, Institute of Medicine, 2005; Kelmer, Wellman & Saks 2003). In 1999 the House of Lords in the British Parliament convened a Select Committee to consider significant issues in public health policy being raised by the increasing use of CAM in the developed world, which of course included the U.K. These issues included why people are using CAM, and for what purposes; the status of regulatory structures to protect the public, the status of research pertaining to CAM, and of information sources on the subject. In addition, the adequacy of practitioner training and prospects for National Health Service (NHS) provision of CAM treatments were to be examined. The House of Lords released its report, known as the “Select Committee Science and Technology Sixth Report” in 2000. This fascinating and influential document will be quoted extensively in the following pages.

The Report defined CAM as follows: a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care” (House of Lords, 2000, 1.8). It also distinguishes between complementary therapies, which can be administered alongside of conventional medicine, and alternative therapies, “which may, in the view of their practitioners, act as a substitute for it” (1.8). The alternative therapies “purport to provide diagnostic information as well as offering therapy” (1.8).

The Report acknowledges that not only do CAM treatment modalities differ in their methods, but also in their underlying philosophies. In addition, there is huge diversity in the backgrounds of CAM therapies (1.3). For example, acupuncture, which is part of Traditional Chinese Medicine, and Ayurvedic medicine, stem from ancient traditions going back thousands of years in China and India, respectively. Chiropractic

and osteopathic medicine have their roots in Western approaches to structural care of the body stemming from the 19<sup>th</sup> century.

Regarding their philosophies, certain common features are identified, which clearly position CAM therapies within the historical framework of Holistic approaches to healthcare. Interestingly, the Report cites a definition of health now used by the World Health Organization: “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (2.14). The Report notes that many CAM therapies focus on aspects of health “with attributes such as good energy, happiness and a sense of well-being being central outcomes. Moreover, the emphasis of much of CAM is often on strengthening the whole organism rather than directly attacking the pathology (such as an infection or tumor)” (2.14). It also notes that different “treatment vocabularies” are used, based on different “cultural concepts” such as the idea that “energy” would be a “recuperative force in the body (notably in forms of medicine originating in Asia)” (2.14).

The Report goes on to say the following:

Most CAM therapies also apply a non-Cartesian view of health, making less distinction between the body, mind and spirit as distinct sources of disease.

The language used in CAM often tends to imply that all three dimensions of the human condition should be viewed in the same therapeutic frame (2.15).

Dubbed as a “patient-led revolution in the demand for health care” (Bishop & Lewith, 2008, p. 11), CAM use in the U.K. has witnessed huge growth over the last two decades. The Department of Health in the U.K. issued a fact-sheet indicating that as of 2000, there were approximately 50,000 CAM practitioners in the U.K. The survey also

found that nearly 10,000 conventional healthcare professionals were involved in the practice of CAM in some way. It is now estimated that 46% of the population will use one or more CAM therapies over the course of their lifetime (Retrieved September 2, 2010 from <http://www.dh.gov.uk>).

The CAM therapies most frequently used at the present time in the U.K. are acupuncture, aromatherapy, chiropractic, homeopathy, massage and osteopathy. The House of Lords Select Committee Report placed CAM therapies into three categories, based on its assessment of the evidence available for the different therapies:

**Group 1**

Professionally organised disciplines, with their own diagnostic approach. They have some scientific evidence of effectiveness and recognised systems of training for practitioners: acupuncture, chiropractic, herbal medicine, homoeopathy, osteopathy.

**Group 2**

Complementary therapies which lack a firm scientific basis and are not regulated to protect the public, but which give help and comfort to many people: Alexander technique, aromatherapy, Bach flower remedies, bodywork therapies including massage, counselling stress therapy, healing, hypnotherapy, Maharishi ayurvedic medicine, meditation, nutritional medicine, reflexology, shiatsu, yoga

**Group 3**

Alternative disciplines which have no established evidence base to support their claims for safety and efficacy.

**3a** - long established and traditional disciplines with very specific philosophies: anthroposophical medicine, ayurvedic medicine, chinese herbal medicine, Eastern medicine (Tibb), naturopathy, traditional Chinese medicine.

**3b** - other alternative disciplines: crystal therapy, dowsing, iridology, kinesiology, radionics

(Complementary and Alternative Medicine: A Briefing by the Foundation for Integrated Medicine on the report by the House of Lords Select Committee on Science and Technology, 2000, 2.1).

It should be noted that some of the treatment modalities listed under these groupings, such as “Herbal Medicine,” “Aromatherapy,” and “Bach Flower Remedies,” are not primarily practitioner-based therapies, but rather, delivered to consumers in the form of products which are bought in bottled form, just as herbs or essential oils.

Although “body work therapies” and “healing” are listed under Group 2 complementary therapies, the definitions provided of these modalities<sup>4</sup> make it clear that sound healing warrants a separate category. So why is sound healing not included? It seems somewhat surprising, considering the fact that something like “crystal therapy”<sup>5</sup> is. However, in the Report, it was explained that the list of CAM modalities was not intended to be “all-inclusive” but rather was “an attempt to provide an indication and framework of the main types of therapy we have considered” (2.1.) Thus, it is possible that the Committee was aware of sound healing, but chose not to include it in its list of CAM modalities.

How did the Committee garner its information? It held 21 public hearings, at which it received “oral evidence,” received “written evidence” (1.31), visited different health care institutions and clinics, and said it was “happy to receive evidence from representatives of any therapy or discipline that considered itself to be either complementary or alternative to mainstream medicine” (2.1). It’s also possible that no one came forward to inform the Committee about sound healing, and to advocate for its inclusion in the Report of findings. Efforts are currently under way by the College of

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<sup>4</sup> Body work therapies are defined as therapies that use rubbing, kneading and the application of pressure to address aches, pains and musculo-skeletal problems; Healing - a system of spiritual healing, sometimes based on prayer and religious beliefs, that attempts to tackle illness through non-physical means, usually by directing thoughts towards an individual. Often involves 'the laying on of hands'.

<sup>5</sup> Crystal therapy is based on the idea that crystals can absorb and transmit energy and that the body has a continuing fluctuating energy which the crystal helps to tune. Crystals are often placed in patterns around the patient's body to produce an energy network to adjust the patient's energy field or 'aura'



Sound Healing in England to construct the building blocks necessary for the development of a professional identity for sound healers, as well as eventual professional regulation of the practice of sound healing. If carried through, these efforts would make it likely that in the future, sound healing will be included in CAM modalities recognized by the British government.

### *Who uses CAM?*

The field of CAM is still in its infancy regarding research into many areas of its domain. One of these areas concerns the demographic characteristics, health factors, and personality or psychological characteristics of CAM users. Much remains unknown, and studies often contradict one another (Ayers, Baum & McManus, 2007; Bishop & Lewith, 2008; Davidson, Geoghegan, McLaughlin & Woodward, 2005; Donnelly, Spykerboer & Thong, 1985; House of Lords Select Committee, 2000; McDonough, Devine & Baxter, 2007; Ong, Bodeker & Stewart-Brown, 2002). With this said, consensus appears to be emerging on several demographic characteristics found in many different countries with extensive CAM use, including the U.K. In a narrative review of a large number of studies carried out in the general population (meaning community-based rather than clinical samples), Bishop & Lewith (2008) report that “The evidence suggests that people who use CAM tend to be female, of middle age and have more education” (p. 1). Regarding health factors, the same authors report that “CAM users tend to have more than one medical condition, but might not be more likely than non-users to have specific conditions such as cancer or to rate their own general health as poor” (Bishop & Lewith, p. 1). Ong, Bodeker & Stewart-Brown (2002) conducted a large survey in 1997 (14,000

adults with a 64% response rate) of health and demographic profiles of CAM users in four counties in England. They found that sixty percent of CAM users “reported having a chronic illness or disability; back pain and bowel problems were the conditions most commonly reported.” Also, “Regardless of whether chronic illness was reported, CAM users reported poorer health than nonusers, particularly in the dimension of pain and physical disability, and made more visits to general practitioners” (p. 2).

A BBC survey (Ernst & White, 2000) cited by the House of Lords Select Committee (2000) asked respondents who had used CAM what their main reason was for utilization of CAM medicines or therapies. The survey consisted of a nationally representative random telephone survey of 1204 British adults. The results of the survey are shown in the table below:

Reasons for Using CAM	
Reason	Percentage of those who use CAM
Helps or relieves injury / condition	25
Just like it	21
Find it relaxing	19
Good health / well-being generally	14
Preventative measure	12
Do not believe conventional medicine works	11
Doctor's recommendations / referral	11
To find out about other ways of life / new things	11
Way of life / part of lifestyle	8
Cannot get treatment on NHS / under conventional medicine	7

Ernst, E. & White, A. (2000).

McDonough, Devine & Baxter (2007) reported on a study conducted in 2005 in Northern Ireland of patterns of CAM use there. Twelve hundred adults were interviewed

in their homes. Contrary to other studies in which income was not indicated as a significant factor, this survey found that CAM use increased significantly with income, but it did not vary significantly among social class. Individuals sought CAM for specific health problems, but also “for general health and wellbeing, relaxation or leisure” (p. 2). Common health problems included stress and “mental health issues such as anxiety and depression” (p. 4).

Ayers, Baum, McManus, Newman, Wallston et al. (2007) found that people who use CAM “hold beliefs that are broadly consistent with the philosophical ideas underlying certain forms of CAM ” (p. 20). These beliefs include the following:

1. That they are “able to have some control over the course of their health and that they should have a participatory role in treatments (Balneaves *et al.*, 1999).
2. Health and illness are holistic in nature...
3. Treatments should be natural, and that natural treatments are more effective and less toxic than prescription medications (O’Callaghan & Jordan, 2003).  
(p. 160)

The authors also cite a number of other authors’ work in stating that CAM users tend to be dissatisfied with conventional medicine in a number of ways, which include its failure to “cure or control certain chronic illnesses (McGregor & Peay, 1996)”; the “lack of time available and general communication and interpersonal skills of practitioners (Moore *et al.* 2000, p. 31)”; and the “side-effects and invasiveness of conventional medical treatments (Paterson & Britten, 1999)” (Ayers, Baum, McManus, Newman, Wallston et al., 2007, p. 32). However, dissatisfaction, they note, is not equated with rejection for in fact, a majority of CAM users also use conventional medicine. A study out of Australia (Donnelly, Spykerboer & Thong, 1985) testing the hypothesis that the reason patients use

alternative medicine is because they are not satisfied with orthodox medicine, found it not to be true. The sample was 238 families whose children were in hospital with either asthma or minor surgical complaints. Almost half of asthmatic families and non-asthmatic families had used some form of alternative medicine, and the results found that amongst 238 families, members of both groups showed higher rates of satisfaction with orthodox medicine than with CAM. 76.4% were satisfied with both. Finally, it is well-established that “CAM use has been associated with increased use of conventional medicine” (Astin *et al*, 2000).

Regarding personality traits or psychological characteristics of CAM users, there is at present no data for broadly-based populations of users. There is some data on CAM users in the U.K. who have specific illnesses such as cancer (Cheetham, Le Monnier & Brewster, 2001; Davidson, Geoghegan, McLaughlin & Woodward, 2005).

### Summary

This chapter has focused on two contemporary cultural contexts for sound healing which dovetail each other. These are the movement known as the “New Age,” and that of Complementary and Alternative Medicine (CAM). Both have arisen in the modern West, with the New Age emerging out of the Counterculture movement of the 1960s, and interest in complementary and alternative medicine also beginning at this time. As a widely recognized movement with the title ‘Complementary and Alternative Medicine’ and acronym ‘CAM’ gaining broad use in many developed countries, the early 1990s is identified as the time period in which this particular development took place. These movements are defined, and sound healing is situated within them. Against this backdrop

is the larger historical and cultural context of indigenous healing traditions going back thousands of years which utilized sound, singing and music.

## CHAPTER 4:

### PERSPECTIVES ON ILLNESS AND HEALING OF STUDY PARTICIPANTS

Though it was not the intent of this study to focus on the views of participants regarding CAM, two questions were included which are relevant and of interest in light of the discussion of CAM in Chapter 3. Participants were asked for their definitions of illness and healing, respectively. Table I summarizes these responses. Several themes regarding the definition of illness emerge from this material: illness as imbalance or disharmony, as negative thoughts or emotions, or as stuck energy. Themes emerging from the definitions of healing are: healing as coming back into balance or harmony, or as a process involving different steps and different levels of oneself. Taken as a whole, these responses overwhelmingly reflect a Holistic perspective on health care. For example, S.A. defines illness and healing as follows:

I guess illness is disharmony or imbalance and healing is bringing what's disharmony back into harmony or what's unbalanced back into balance.

Pure and simple. But I'd like to qualify this in, I don't think that illness is anything negative or failure. I think sometimes illness can be a great gift for someone to learn in order to bring harmony and balance back into their lives.

N.J. says about healing: "...I don't equate healing with curing. I see healing as not necessarily making you well. You can be healed on lots of different levels. And often we don't know the levels we're being healed on through different therapies."

P.J. sees illness as coming from "negative emotions, really, and negative thoughts." Healing involves "learning ways of having a tool...to help combat that. So singing and toning and things like that, it helps the thoughts to become more positive and

for a feeling of lightness within the mind and the body.” B.E. speaks of illness as a “state of unbalance between the body and the mind.” Sometimes, “unresolved issues, emotions and traumas” can lead to illness by going into the “cellular structure” of the body.

Healing involves helping the body’s “natural processes,” which include “its life and spirit and the physical body,” to work together to release these from the cells, “so that the body can reach its own still-point. And go into a calmness where it can heal itself...to create a new blueprint, a blueprint that is clean, clear, not holding on to anything. Like a clean slate.”

M.J. says she used to think “that health was just not having any symptoms or disease...,” but after she trained as a homeopath, she started to think of health in a “wider context” which included mental, emotional and physical functioning. Now, she believes that “...most things actually are to do with emotions.” She notes that this is not the usual way of thinking in her culture. In a follow-up email to me, she defined illness as “a condition that arises after prolonged loss of joy.” Healing, she said, “is the process of restoring that.”

B.M. defined illness as:

a build-up of toxins which have stayed in the body on an intercellular level, and this is called energy, stuck energy. And when it gets stuck enough it manifests itself as clusters of biology, and those are called various illnesses. But they’re all stuck energy, and so healing is unsticking energy, and there are multivarious ways of doing that. And the most complicated forms are drug regimes, manufactured, and then taken internally. The simplest forms are a heart-felt understanding of the

Table I

**Participants Views of Illness and Healing**

S.A. Illness: disharmony or imbalance; Healing: bringing back into harmony or balance what is disharmony or what's unbalanced.

B.M. Illness: stuck energy; Healing: unsticking energy.

B.A. Illness: deterioration / a negative development; Healing: to restore, refresh and revitalize.

K.A. Illness: malfunction within our own thought patterns; Healing: being consciously aware of what you are creating for yourself.

P.E. Illness: being out of balance or out of synchrony; Healing: anything that helps you to put things back on track; a process...for you to be more whole, or harmonious.

B.E. Illness: a state of unbalance between the body and the mind; Healing: to aid the body's natural processes, and that includes its life and spirit and the physical body...to work together to heal itself.

M.J. Illness: a condition that arises after prolonged loss of joy; Healing: the process of restoring that

C.L. Illness: created by my own thinking and beliefs; thoughts being out of alignment With my perfect or natural state of being; Healing: correcting this imperfection.

C.R. Illness: unbalanced energy, being unbalanced, which becomes chronic; Healing: balance, rebalancing.

B.L. Illness: stuck energy in the body; Healing: bringing the body back into balance.

J.P. Illness: comes from negative emotions and negative thoughts; Healing: learning ways of having a tool...to help combat that.

P.J. Illness: malfunction somewhere in your body or in your mind or in your spirit; Healing: a conscious effort in taking steps towards being better.

N.J. Illness: can be caused by stress if not managed carefully; Healing: not the same as curing; can occur on many different levels, not always resulting in getting well.



condition and a knowledge of how to create a nurturing and relaxing space for the individual to become so relaxed that there's no tension to hold that stuck energy anymore, and so it literally flows away. And so healing takes place. It's the individual with the condition who heals themselves. They cause the difficulty and they loosen the difficulty and so illness and healing are happening within the individual.

The notion of personal responsibility implied in the above statement is expressed in another way by C.L.: "Illness," she said, "is created by my own thinking and beliefs." It occurs when thoughts are "out of alignment with my perfect state of being." She defines healing as "correcting this imperfection."

C.R. states that "Illness can be there as a very positive thing, to help you move through something that's no longer useful to you, at various levels. Illnesses could well be, at least I partially accept this,...something we create ourselves." He went on to talk about how sound healing brings about "harmony" on all levels: "mind, body...spirit...it brings everything together as one."

P.J. says illness is a "malfunction somewhere in your body or mind or spirit," and healing is a "conscious effort in taking steps towards being better." These steps could include raising one's consciousness. Also, "medicine" can come in many forms, "that could be as simple as going out with your friends, or, you know, having a healing treatment, or a more medical treatment, medicine from a herbalist doctor or from a usual GP."

Two of the more unusual and original definitions came from B.A., who said the following about illness: "Deterioration, a negative development. Confusion causing

tangles and so being forced in difficult directions, leading to density and a lack of space and flow.” Healing she defined as: “to restore, refresh, revitalize. The body/mind uses a space of deep relaxation to untangle and reset itself; finding the best, most healthy route for its own advance.”

Simon Heather also shared his views on illness and healing. He sees illness as “part of spiritual growth.” Healing is “helping someone to have a whole picture of themselves.” He explains: “...in a way you’re trying to take a person from their particular illness or problem, to looking at it in terms of their life, and on a spiritual level, to see that illness is part of spiritual growth.” He said that for some people, “that’s quite a huge leap,” which is why he prefers working with individuals who are on a spiritual path. The latter are “able to take that leap more quickly, and then you can really work at the level that can help them.”

Taken as a whole, it is striking how similar these definitions are in certain ways. The emphasis upon polarities such as imbalance/balance or harmony, stuck energy/unstuck energy; illness as a message, gift, or opportunity for deeper meaning and growth; different levels of healing embracing a holistic spectrum; healing as a process involving different tools and levels. These themes reflect a decidedly different point of view from that espoused by orthodox or allopathic medicine. These individuals are not looking for instant cures from a bottle. They appear to prefer to take personal responsibility for their illnesses, and are not necessarily expecting “cures.” They are looking for healing, which can be a far more complicated process than filling a prescription, but in their view, it can also be a much more meaningful one.

## Summary

This chapter has discussed the study participants' views on illness and healing, as well as those of Simon Heather. It is clear from these narratives that a holistic perspective on health is strongly represented here. Themes emerging from these narratives include looking at illness as being out of balance or harmony, and health as being a process that works on different levels to rebalance a person. Personal responsibility for one's illness is another theme, as well as the perspective that illness can bring opportunities for growth and deeper meaning in one's life. These narratives, taken as a whole, further situate the participants within the frame of contemporary narratives on health and healing which include orthodox medicine, complementary and alternative medicine (CAM), and the New Age.

## CHAPTER 5:

### SIMON HEATHER AND THE COLLEGE OF SOUND HEALING

This chapter will focus on a central pillar of this study, which is the particular method of sound healing which was developed and taught by Simon Heather at the College of Sound Healing in London. I first met Simon Heather at a beautiful retreat center outside of London, England, where he was giving a weekend workshop entitled “Shamanic Sound Healing/Soul Retrieval Retreat.” Though this workshop was not about the method of sound healing I had decided to study with him, I wanted to meet him to set up that research, and this was an opportunity to do that. It also turned out to be a good opportunity to begin to acclimate myself to the ‘culture’ of sound healing, as many people attending this workshop had taken the sound healing training with Simon, and were sound healers.

I arrived on the afternoon of a very warm, sunny September day, unusual weather I was told, for ‘these parts.’ Simon came out of a large and beautiful country mansion to greet those of us just driving into the large, gravel-surfaced courtyard. He is a tall, thin man with dark hair, with a warm and welcoming presence; gentle and soft-spoken. I immediately liked him. I sensed a surprised reaction from him when he set eyes upon me. I think he may have been expecting a rather cold and briskly intellectual persona (after all, I was the ‘researcher’ getting her Ph.D.) from me, whereas I believe I generally convey a quite warm and open presence, so he appeared quite pleasantly surprised.

Over the course of the weekend, I got to spend a lot of time with Simon, in the workshop itself, in interviews with him one-on-one, and at meal times, where twelve of

us would gather to share food and conversation. I found him to be a very spiritual and kind-hearted person. He is also very funny, and his teaching style is clear, simple, straight-forward, and relaxed. This was an experiential workshop, so most of the time was spent working with partners on inner journeys through sound (drumming, rattles) and imagery. These experiences were rich and rewarding, and served well as the main teaching tools of the weekend.

Discussions were short and left little time for questions. This was the one part of the training that I would have liked to change. Having come from an environment that embraced dialogue, analysis and spirited inquiry, I anticipated having more time for discussion of questions emerging from our experiences during the training. I had what I felt were important questions to ask regarding the method we were learning, and yet sensed that Simon was uncomfortable with having in-depth discussions. No one else seemed to have burning questions, so the sense was that people were not used to having discussions beyond questions about the technique itself (even these were few in number). In terms of how to apply this tool we were learning in different contexts with different clients, there was little or no discussion.

#### A biographical sketch of Simon Heather

Here now is a biographical sketch of Simon Heather, garnered from the interviews I had with him during this weekend. The setting was the beautiful and spacious grounds surrounding the mansion that housed the workshop space and accommodations for all of the attendees. We sat on a patio overlooking gardens and a winding brook, the air balmy and sunshine filtering through the leaves of nearby trees. I took out my digital tape recorder, and we began.

Simon Heather was born on April 9<sup>th</sup>, 1955, in Birmingham, England. His father, from a middle class background, was a teacher. His mother, from a more working class background, raised the family and did part-time jobs outside the home. He has one sister two years younger. Simon describes his childhood as “happy-go-lucky” until his teens, when he became involved in the socialist politics to which his father and uncle were committed. He became very involved with the Labour Party - the socialist party - which was trying to change things in society. When it came time to go to University, he attended Birmingham University and received a degree in Economics, but didn’t want to use it. Instead, he became a bus driver and worked in the trade unions. He became an elected official at a young age (24), and had about 350 people in his branch. He was a “union chairman”, elected by the members to handle problems between the work force and the company. His uncle was also involved in another union as a representative.

When Simon was 27, his father committed suicide. This came as a great shock to the family. Shortly afterwards, his sister, who was working in Portugal became ill and had to return home, no longer able to work. Simon’s own health began to deteriorate, and he entered a period of his life in which he suffered from depression. Disillusioned with the trade union movement, Simon quit his position, and took some time to consider a new direction.

While receiving acupuncture treatments for back problems, he was told by the acupuncturist that there was energy coming out of his hands, and that he should become a healer. This person advised him to train to be a healer. He trained to be a massage therapist and then went on to train as an acupuncturist. He pursued more training in healing after this. In the course of his studies, he came upon Chinese and Taoist

philosophy “and I thought it was a holistic approach to life because you have a philosophy and also a practice.” At this point, Heather felt he had found the work he was meant to do. Then he discovered a group of people who were doing Sanskrit chanting, which is something he had always been interested in. “I found that by chanting, the depression would lift.” He also realized that the chanting had a long-term effect.

Heather also discovered the work of Chris James, a pioneer of sound healing in Australia. James was freeing people to express their voices without fear, in a fun and enjoyable way. He was also demonstrating how to use the voice for healing. Heather realized how powerful the voice was through exposure to this work.

It was the combination of working with Chris James and the Sanskrit chanting, that opened the door to further work with sound for Simon. Realizing that there was something to sound and the voice that was very important to study, he followed these two directions by studying further with James and other sound healers in subsequent years, and travelling to India. There he studied with different spiritual masters looking at how sound was used in that tradition, believing that to explore a tradition you have to go to its source. In the course of this exploration he realized that there was far more knowledge of the power of sound as a form of vibrational healing in India than in the West. Through these experiences, Heather realized that sound could be used not only for self-healing, but also as a form of therapy.

Returning to the U.K., he began to combine sound work with the other therapies he was using. These included “emotional healing” and body work. “I found that it seemed to really speed up the (healing) process, and also it seemed to go much deeper than just working on somebody doing body work.” Simon was asked to teach others how

to work with sound. Initial workshops focused on helping people free up their voices and overcome their fear of singing, as well as teaching them simple ways to use the voice for self-healing in their daily lives. This expanded to two-day workshops in which the first day would be focused on freeing the voice, and the second, for sound healing and meditation. Simon found that people could learn very quickly, how to use sound for meditation. “You could actually get people to a very deep, peaceful state quite quickly, whereas with normal sitting meditation, people really found it quite difficult to do that.”

Simon’s teaching continued to develop. He studied with more people (Jonathan Goldman, James D’Angelo, Don Conreaux, Native American healers), did more research, and realized that because it was such a simple, powerful form of healing, that it should become a more formalized training as a “healing therapy.” He also hoped to dispel some of the misunderstandings of sound healing that were apparent through witnessing people overusing sound, i.e. not understanding its power, and giving people an hour’s treatment non-stop with sound, for example, which he believed was too much. He also observed that there were many people offering “bits and pieces” of information about sound healing in different forms, but no one had created a course of training which offered a more comprehensive understanding of theory and practice.

Heather approached different organizations in the U.K. to try to set up such a training, but to no avail. He eventually set up his own organization, and it continued to evolve from there to a longer training. In 1996 he formed the U.K. Sound Healers Association with a group of sound healers. One of the aims of the group was to set up a College of Sound Healing in the U.K. In 1998 he began teaching a training course for healers and therapists. In 2000 he was invited to bring his training to Canada. He spent



two years training people there, and taught some to be teachers so his work could be carried on there. He has also taught in South Africa, Australia, New Zealand, Russia, Ireland and the U.S.

In 2005, the College underwent an expansion, with more teachers joining. The sound healing course was expanded to provide more in-depth training, and a new website was launched.

According to the website, the aims of the College are to:

- To teach sound healing and sound therapy courses of the highest quality
- To take sound healing into schools and the wider community
- To raise awareness of the positive and negative effects of sound
- To encourage scientific research into sound healing and sound therapy

(Source: <http://www.collegeofsoundhealing.co.uk>)

#### Sound healing practitioner training curriculum

The current training program offered at the College of Sound Healing consists of five weekend workshops taken over the course of one year. Individuals with previous training in sound healing or voice work can skip the first weekend. Students are required to do twelve case studies after the second, third and fourth training weekends. The five modules are described in Table II. Two additional Sound Healing modules must be taken upon completion of the core curriculum.

#### Module I: Finding your voice

For individuals without previous training or experience in vocalizing, this module is absolutely essential as preparation for conducting vocal sound healing sessions. A sound healer needs to be comfortable making different open vowel sounds on a range of

Table II

## College of Sound Healing Core Curriculum

### CORE CURRICULUM

#### 1. An Introduction to Sound Healing with the Voice

<b>FINDING YOUR VOICE</b> Understanding the healing power of the voice Removing blockages from the voice Voice exercises Creating pure tone <b>HEALING WITH THE VOICE</b> Experience a sound healing session <b>BREATH</b> The Importance of the Breath	<b>HARMONICS</b> Understanding harmonics and their role in healing Develop the ability to hear harmonics Learn techniques to create vocal harmonics <b>CHANT</b> Learn sacred chants from different spiritual traditions <b>CHAKRAS</b> Balancing the chakras with vowel sounds Using sound for meditation
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#### 2. The Theory and Practice of Sound Healing

<b>PRINCIPLES</b> Understanding the Principles of Sound Healing <b>ENERGY AWARENESS</b> Working with healing energy Psychic protection <b>INSTRUMENTS</b> Learn how to use tuning forks in a healing session	<b>SOUND HEALING TREATMENT</b> Learn how to give a basic sound healing treatment Using the voice for diagnosis Releasing physical pain through sound Understanding the value of silence in a sound healing session
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#### 3. Music as Medicine

<b>HEALING PROCESS</b> Understanding the healing process/blocks to healing <b>INDIAN SCALE</b> Learn the sounds of the Indian Scale Using the Indian Scale to balance the chakras	<b>MUSIC AS MEDICINE</b> Understanding the healing power of music <b>MUSICAL INTERVALS</b> Experiencing the healing power of musical intervals Learn how to use musical intervals in a healing session
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#### 4. Sound Healing through the Chakras

<b>CHAKRAS</b> Understanding the chakras and the five elements <b>ASSESSMENT</b> Do a supervised sound healing treatment	<b>SANSKRIT SOUNDS</b> Learn how to sound the Sanskrit bija mantras Learn how to balance the chakras with the bija mantras
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#### 5. Graduation Weekend

<b>COURSE REVIEW</b> Review the sound healing practices you have learnt on the course: Basic Sound Healing Musical Intervals Indian Scale Bija Mantras <b>CERTIFICATE</b>	<b>NEW PRACTICES</b> Learn additional sound healing practices: Using Sound Healing with Colour Using Sound to Release Pain Using Percussive Sounds in a Treatment Absent Healing with Sound <b>CPD</b> Discuss further training and CPD
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Source: <http://www.collegeofsoundhealing.co.uk/pages/curriculum.html>

pitches spanning low, medium and high notes. A pure, clear and open sound that one can maintain without effort using deep, slow breathing as support, is necessary when administering sound to a client. A practitioner must be able to easily improvise such sounds during a session.

Often, people have blocks that prevent this type of vocalizing. One's voice can be shaky, muddled or weak-sounding, for example. Self-consciousness and nervousness can interfere with being able to freely vocalize with a pleasing, open tone. These kinds of blocks are addressed in this module.

### The basic method

Part II of the training occurs on the second weekend, and is titled "The Theory and Practice of Sound Healing". This weekend teaches the basic method used in giving a sound healing treatment.

Table III contains a description, taken from the course book for students (Heather, 2007), of the steps that are followed in giving a basic sound healing treatment. Table IV outlines an approximate timeline for each segment of the session.

Heather stresses that as practitioners become more experienced, they do not need to follow this structure. If the intuition of the sound healer leads them to structure a session differently, it is recommended to follow this. The structure outlined in Table III is designed to give students a baseline structure from which to start the practice of sound healing. Heather details many good reasons why the structure makes sense and works

well, but again, he encourages individuals to trust their own sense of what to do as they develop, and often individual styles of working evolve as practitioners become more experienced.

With that said, it is, I believe, enormously helpful to individuals just beginning to train as sound healing practitioners, to have a clear structure with which to start.

Beginning sound healers need to have a sense of how a sound healing session unfolds over the course of a 60 minute session. Questions that arise for any student are: How do you start a session? How much time do you spend talking? How do you structure the sound healing part of the session? How do you end a session? The structure taught by Heather involves two parts: “Preparation” and “Treatment.” In the “Preparation,” he recommends talking for about 10 minutes in the beginning of the session. It’s at this time, if it’s the first session with a client, that a brief medical history is taken, and it’s determined if the person has any illness. It’s also the time in which the client can explain for what they are seeking sound healing. The sound healer then explains to the client what will happen in the session. They are also asked if it would be alright to have their name sung to them during the session, and what name they would like to be used. Sometimes people prefer another name rather than their given name, and it’s important to use that name, as they need to like the name that’s being sung to them.

The client is then asked to lie on their stomach on the massage table or ‘couch,’ as it’s called in the U.K. It’s important to take time here to insure that the client is very comfortable. Heather suggests they be asked three times if they are.

The “Treatment” phase begins at this point. The sound healer begins with a prayer, which sets the intention for the sound healing session. Heather explains: “When we give

sound healing, we become an instrument for love and healing. This intention is carried to the person through the sounds we make.”

The treatment begins with the sound healer scanning the body by toning a simple vowel sound. They are listening for areas where the sound becomes less resonant, or where the sound changes in other ways or breaks up. When I was doing this part in the training, I found that my voice would become very wobbly, sort of like a loose vibrato, in certain areas I was scanning in the person I was working on. When the voice changes in these areas, it is an indication that an imbalance of some kind exists there. The sound healer makes note of these areas, with the intention to return there later on when conducting the sound healing part of the session. The sound healer then places her hands on the client’s back, in order to intuit what sounds the client needs. Heather urges his students to allow themselves to be “receptive,” and to “Trust that you will choose the sounds that are appropriate for the person you are working with.” I will have more to say about the role of intuition in this process further on in this thesis.

Next, the sound healer uses a pair of tuning forks (pertaining to the musical notes C and G) by striking them together to make their sounds audible, and then holding the C tuning fork by the right ear, and the G tuning fork by the left ear, in order to “clear any blocked energy” and to “balance the body.”

After this, the work with vocal sound begins. The sound healer ‘tones’ (another word for making vocal sounds) over the muscles on either side of the spine, into the sacrum, the knees, and any areas that the person mentioned, as well as areas that the sound healer picked up from scanning were in need of attention.

Heather advises that the sound healer check in with the client to see if the sounds being toned are “OK for them,” and if there is any other area to which the client would like sound directed. The sound healer continues to tone into any “dissonant areas of the body” until the sound becomes “clearer.” By this, Heather means that any changes that occurred in the sound during the initial scanning, should gradually resolve so that the quality of the sound returns to a resonant, clear tone. This is an indication that the sound has done its work to bring healing or balance to this part of the body.

The next part of the session begins with asking the client to turn over onto their back. Making sure they are comfortable is once again a priority. Placing one hand under the neck of the client, and the other under their lower back, the sound healer tones an AH sound softly into their heart. This is followed by singing the client’s name “with a loving intention into their heart.” This can be quite moving to clients emotionally, and as shall be seen later in this chapter, can present special challenges to sound healers-in-training.

This is followed by the sound healer placing their hands on the hip and knee of the client, and then their knee and ankle, and toning an OO sound. This serves to carry the energy through the legs and down the body. The sound healer then holds both feet of the client and tones into them to bring balance to both sides of the body. When this is completed, the client is covered with a blanket and asked to lie silently for 10 minutes. This allows them to “integrate the healing.” To complete the treatment, the sound healer brushes their hands down the legs of the client from the hips to the feet in order to “ground the energy.” The feet are then held and an OO sound is toned into them as part of this grounding work. The soles of their feet are rubbed, and they are ‘closed up energetically’ by “visualizing a bubble of pure white light all around their body.” The

sound healer 'disconnects' their energy from the client, steps back and places a bubble of white light around themselves. They give thanks for the healing silently.

The client is asked to sit up and offered a glass of water. The final fifteen minutes are spent in an exchange about what took place in the session, with a chance for reflection and discussion about the experience.

Table III

### **Basic Method of Sound Healing**

#### **Preparation**

Take a brief medical history and find out if the person has any illness.

Explain to them what will happen during the treatment. Find out if they like their name as you may tone it to them in the healing session.

The treatment begins with the person lying on their stomach. When they are on the couch (1) ensure that they are as comfortable as possible, you may need to slightly straighten the body, ask them three times if they are comfortable.

#### **Treatment**

Start the session with the prayer.(2) The prayer sets the intention for the healing session. When we give sound healing we become an instrument for love and healing. This intention is carried to the person through the sounds we make.

Start the treatment by scanning over the person's body toning a simple vowel sound. Listen for areas that sound less resonant or areas where your voice changes or breaks up.

Tune in to the client by placing your hands on their back to intuit what sounds they need. Allowing yourself to be receptive.

Trust that you will choose the sounds that are appropriate for the person you are working with.

Clear any blocked energy by using the C/G tuning forks over the person. (Warn them that you are going to use the tuning forks).

Use the C tuning fork by the right ear and the G tuning fork by the left ear to balance the body.

Begin by toning over the muscles on either side of the spine. Sound into the sacrum, knees and any areas that the person mentioned and any areas you picked up from the scanning.

Check with the person if the sounds you are using are OK for them and whether there is any other area of the body that they would like you to work on.

Keep working on any dissonant areas of the body until your sound gets clearer. Sound for seven minutes and then allow five minutes of silence to integrate the sound.

After the integration time ask the person to roll over onto their back and again ensure that they are comfortable and straight before continuing.



Place one of your hands under their neck and the other one under their lower back and tone an AH sound softly into their heart. Sing their name with a loving intention into their heart.

Next place your hands on their hip and knee and then their knee and ankle, toning an OO sound to bring the energy down the body. (Both legs). Hold both feet and tone to balance both sides of their body.

Do not sound for more than seven minutes and this time let them integrate the healing for ten minutes. Cover them with a blanket.

To end the treatment, brush your hands down their legs from the hip to the feet to ground the energy.

Hold the feet and tone OO into them to ground the person. Rub the soles of their feet. Close them up energetically by visualising a bubble of pure white light all around their body.

Disconnect your energy from the person, step back and place a bubble of light around yourself. Give thanks for the healing.

(Heather, 2007, p. 30).

Table IV

**Approximate Time Structure for a Sound Healing Treatment**

10 minutes – talking

20 minutes – sound healing

10 minutes – silence

5 minutes – grounding/sitting up/drinking water

15 minutes – feedback/chat

60 minutes – total time for the treatment

Heather notes at the end of this description of a session: “These notes are only a guide. Everyone who comes for treatment is different and requires healing in a way which is unique to them. Follow your intuition.” He also says: “When giving a sound treatment intention is the most important thing. Don’t worry if your sounds are not perfect!” (Heather, 2007, p. 30). This permission to find your own way, to trust yourself, to be yourself, as opposed to having to follow a rigid orthodoxy, appears to be what draws many students to Simon’s training. Several of the people I interviewed commented on this aspect of his approach.

Simon Heather at Training Workshop



## College of Sound Healing

### Sound Healers in Training



### Attending the training

I attended the weekend training in a small village called Stourbridge, in the West Midlands region of England, some two hours outside of London. This was Module 2, “The Theory and Practice of Sound Healing,” in which the basic method found in Table III was taught. The workshop was held in a Holistic healing center called “Body Balance,” which I was able to walk to from my B&B on the other side of town. Located in a quaint alley way that had a New Age feel to it (there was a wiccan store across the street, and a gift shop next store selling crystals), Body Balance was an impressively large Center with various Holistic practitioners working there. Climbing stairs and going down a long hallway, I arrived at the workshop space. This was a fairly large room which comfortably held the eight participants along with Simon, and his assistant, Lea Cowan. We were supposed to be ten, but two people did not show. Massage tables – called ‘couches’ in England – were set up outside a circle of chairs. A row of windows overlooking the street framed one long wall of the room. The walls were painted vibrant colors, and a huge array of large pillows was piled against another wall.

The group that had gathered consisted of seven women and one man. Ages ranged from 30 to mid-sixties. Several people had musical backgrounds, one being a professional singer. Others had no musical training or experience. Several had experience doing other forms of bodywork. No one had a background in any form of psychotherapy or creative arts therapies. I was actually struck by the fact that some people had no previous professional experience in any field related to sound healing.

When we had gathered in a circle on the morning of the first day, to do introductions, I was frankly shocked at how little each person said about themselves. No

one said what they did for a living, and in fact almost nothing about themselves. As a former New Yorker, now living in Canada, this kind of presentation was wholly foreign to me. People love to talk about themselves, where I come from! Everything I had planned to say about myself, suddenly got reduced to probably the shortest presentation I've ever done, which I realized when I opened my mouth and heard the words come out. In my field notes I wrote about these introductions: "Too self-effacing, polite, reserved..."

With that said, the ensuing training was well-constructed and expertly taught in its experiential elements. These were well-paced, and the instructions clear, giving us plenty of time to try out the methods that were being taught. Everyone had two opportunities to give sound healing treatments, and to receive them. Also, on the second day we switched partners, which was very helpful. I would have liked to have seen more openness to in-depth discussion of questions, reactions, problems or concerns regarding what we were learning. I will discuss this further later on in this chapter.

The first day of the workshop, Simon gave short demonstrations of different aspects of the basic method of a sound healing treatment. I volunteered to be one of the people he worked on. I got up and lay upon the massage table, as the rest of the group gathered round. Simon proceeded to explain what he was going to do, and then would make a sound on one note, and extend it over the course of a long exhalation of his breath, sending the sound into my body, with his mouth approximately several inches from the surface of my skin (we did all wear light, comfortable clothing). I remember feeling it was a pleasant, interesting experience. Though I had given others sound healing treatments, I had never received one myself, so this was a new experience.

Afterwards, Simon told me he felt that a part of me was still in Canada, and hadn't fully arrived here yet, so the sound was going to help me bring all of my energies to the present location in England. Seeing as I had just arrived by air from Canada a couple of days before, this certainly made sense. Interestingly, one of the people I was to later interview regarding her experiences of sound healing, was to tell me that she believed that sound healing helped her to gather different parts of her together when she was travelling, so that she didn't leave parts of her energy behind in different places.

Later on that first day, we chose partners to give and receive sound healing to and from. The first partner I had was 'Anne'. Tall, white-haired, sixty-something, my impression was that she was from a 'genteel' class in England, and had never worked outside the home. I was surprised that she was interested in sound healing, and curious about how she came to be interested in it, though I didn't get a chance to speak to her about this. I began by giving her a treatment first. I enjoyed doing this, and found that when scanning her body with a vowel sound, my voice began to 'wobble' – to have an uneven vibrato to it - at a certain point. This kind of alteration from a clear, smooth-sounding open tone, we were told, was an indication that there was an imbalance of some kind that could be addressed by sending sound into that area. Thus, this scanning technique was important in 'diagnosing' potential areas of imbalance in the body or in the chakras, at the start of the sound healing treatment. The area of imbalance I picked up in Anne was in the heart area. When I put my hands on her in a moment of silence to see what else I could pick up, I intuited that she needed 'love.' I focused on sending her love when I sang her name into her heart area, and wondered if this might not be the most important part of the session for her. I enjoyed sending her sounds throughout the session

in different places of her body, and where the sound had wobbled, returned to that place to make sound until the sound became clearer and smoother. The process of moving around the massage table to work on different parts of Anne's body, and then sending sounds into those different parts, was enjoyable in terms of the relaxed yet focused rhythm of the work. I certainly wondered at times if what I was doing was helpful or effective. I was therefore heartened when at the end, Anne shared that she enjoyed the experience, and felt that it was helpful. This was an intuitive sense that she had.

When we switched and Anne gave me a treatment, I felt that she moved around the table making sounds for me with some sense of sureness or confidence that impressed me, as though she'd done some of this work before. It was not difficult to receive the sounds she was making. As she softly toned open vowel sounds into my body, I found it to be a relaxing, enjoyable and truly unique experience. It felt nurturing, and like a 'sound massage' treatment. However, when it came to her sounding into my heart area, her voice cracked, wobbled and did not feel good vibrationally. I came very close to asking her to stop making sound, because it was so unpleasant, almost hurting me physically with the inharmonious vibrations she was sending! In retrospect this was a very good experience to have as a student, because I now know from first-hand experience, what it is to receive sound that is not healing or beneficial in any way, but in fact harmful. I should explain that singing into the heart of your partner is quite an intimate experience. As Table III explains in the delineation of the method, you have to put one arm underneath the back of the person you're working on, so in effect you are holding them in your arm while you sound into the heart area. If someone is not comfortable with physical or emotional intimacy, this could be scary indeed, or at the least, quite



uncomfortable. I sensed that this is what was going on. Interestingly, all of a sudden Anne seemed to break through what I felt was fear, for her voice suddenly changed and became clear and smooth. Her sound was open, and it felt good again, allowing me to relax and receive it without discomfort. I shared what I had experienced with Anne afterwards, and she was able to accept both positive and negative aspects of the feedback.

The following day I had a different partner. ‘Jen,’ who sings professionally on cruise ships, has a beautiful voice. She was a big woman with short blonde hair and a pretty face. She did not have a background in healing or therapy work, but came to sound healing because of her interest in the voice, and wanting to do more with it. When Jen gave me a sound healing treatment, I was struck by the beauty of her voice, and how pleasing it is to receive sounds that are aesthetically lovely. Her sounds were confident, open and clear, and I enjoyed just listening to them. Vibrationally, they just felt good. The one exception to this came at the same point in the session as it did with Anne, when problems developed. When she put one arm under my neck, and one under my lower back to sing into my heart area, she felt quite scared to me. In fact, she sang a minor melody, which felt ‘creepy’ to me because of its funereal quality. I really didn’t like it. It also suggested to me that she had had some unhappiness in her own emotional life, and this was getting reflected in the sounds she was making into the ‘seat’ of my own emotions, my heart.

These two heart-centered experiences raise some issues that I will address in my discussion in Chapter 9. Once again, I do have to say that I am grateful for both of these experiences, as they taught me some very important things about sound healing and some of the challenges facing sound healers.

Despite the difficulties just described, overall, because Simon's method as taught in this workshop has clear, sequential steps that are easy to follow, a lot of potential anxiety in beginning students is avoided. Simon created an atmosphere of gentle, loving acceptance, making us feel as relaxed as possible in approaching the work. This was much appreciated by all. After we had completed our partnership exercises, there was time for discussion. Once again, though, I found the dialogue disappointing. I would have appreciated more room for discussion of what we felt worked or didn't work, and why. We were asked to submit something in writing in which we described our experiences in the workshop, so this at least gave one a chance to share more. This was part of the requirements of the training. However, I believe that a more in-depth, live discussion amongst the participants could have enhanced the learning process and enriched the total experience significantly. I can't help wondering now, is there some hierarchial dynamic at play here in which participants are reticent to 'challenge' the leader? Or does Simon prefer us to stay out of our 'heads' and to be more simply in our hearts, because he himself is so heart-centered? Or is there another reason he does not want to engage in such discussions? I decided to call Simon and ask him about this as I was writing this chapter. Speaking from his home in Wales, he readily admitted that there was a distinct anti-intellectual bias in the sound healing community to which he belonged. He also indicated his concern that a discussion could take the focus away from the method people were learning, by dealing with questions not directly relevant. I told him the discussion I was interested in having was very much focused on what we were learning in the course, which seemed to surprise him.

The day ended with group chanting, something of which Simon is extremely fond. We stood in a circle, and chants from different spiritual traditions and cultures were shared. We were invited to lead chants that we knew. Among these were some from indigenous cultures, wiccan culture, and East Indian Sanskrit chants. Sometimes we moved in unison around the circle making different gestures that went with the words we were singing. It strikes me that this is the kind of group sharing that Simon really enjoys: experiencing the power of sound through the singing, chanting voice, rather than the speaking voice. Given his own personal experiences with chanting in India, and the healing he experienced from them (described above), it is not surprising that he includes this as a part of the training he offers.

After the training, I was invited to head north with Simon by car, to a location in southern Wales just over the border from England. I was to spend several days here just down the road from where Simon lived. A friend of his had graciously invited me to stay with him, and to participate in the study. I was able to interview him and another man who had also been involved with sound healing. I also got to spend additional time with Simon, and conducted a third interview with him in his home there.

The location was a small village called Old Churchstoke, which was in a magnificently beautiful part of Wales. It was very rural, with many narrow winding roads that were built along the cow paths on the farmers' lands, lined with tall hedges that were perfectly pruned. At night many locals would gather at a pub I was taken to, which you had to drive through miles of pitch black winding country roads to find. Inside, a series of quaint, small rooms unfolded one after another, with the main bar room containing a fireplace the size of almost an entire wall. The warmth, light and

comraderie that greeted one, was a welcome contrast to the chilly, dark landscape outside. Whole families gathered here, with children as welcome as adults.

The house I stayed in for several days was itself converted from a pub dating back 400 years. It was so chilly at night that I caught a cold which progressed into bronchitis when I returned to London. C.R., who had invited me to stay there, was nonetheless a gracious host who did his best to make me comfortable. One afternoon while I was there, I met up with Simon, and we took a walk up the road he lived on. He lives in a small house tucked against the road, and overlooking a magnificent scene of the surrounding farmland. We walked up this country road together, talking about many things, and then sat in his kitchen with tea while I recorded another interview with him.

The next day, I boarded a train back to London. Here is an excerpt from my reflections on this excursion:

There is a very different energy here than in North America. I really feel it this trip\*, I think because I'm here for a longer period of time, and because I've been out of London, away from tourists and close to the land. It's really difficult to put what I feel into words. However, there's a whole different vibration here. I'm going to free associate: full of history, quiet, peaceful, stillness, beauty, ancestry, reserve, magic, Faeries, pubs, good ale, hearty spirits, suppressed emotions.

Upon my return to Canada a week later, I began to feel the effects of the sound healing I had received, for the first time. I noticed that a process of inner change – emotional, psychological – that had been occurring within me for some time, seemed to suddenly speed up. I had the feeling that I had just embarked upon a high-speed train. This feeling persisted for several weeks. It was not an unpleasant feeling, nor was it

frightening in any way. What I experienced brings to mind a statement made by Mitchell Gaynor, M.D.: “Sound intervention for emotional expression and resolution is a powerful modality that, in my view, can represent a virtual short-cut toward psychological well-being” (Gaynor, 1999, p. 169). Simon had also noted in one of our interviews together, his belief that sound can significantly speed up the process of healing.

### Summary

This chapter introduced Simon Heather and the College of Sound Healing. It presented a biographical sketch of Simon Heather, and described the College of Sound Healing which he founded. The training curriculum for sound healers was described, and the basic method taught in Module 2 of the training, outlined in detail. I then described my own experience in attending this training in England, which included a process of ‘participant sensation’ as I both received, and gave sound healing during the training. I describe further travels to Wales, where Simon Heather has his home, and concluded by describing how the sound healing I received during the training, affected me personally.

## CHAPTER 6:

### IN-DEPTH NARRATIVES OF SOUND HEALING

The published literature available on sound healing had not prepared me for the range and depth of experiences with sound healing, that the participants in this study have shared with me. I have found myself often amazed at what I was hearing. The richness of people's experiences stands out, and the often unique ways in which they experienced the effects of the sound, as well.

In this chapter I will present profiles of several individuals, with excerpts from the narratives of their experiences. I hope, through this means, to convey a sense of the richness, depth and range of which I have just spoken. Though I hesitate to use the word 'representative', because each of these participants is unique in so many ways, I do believe that these three profiles will provide the reader with a good sense of the flavour of the narratives overall.

J.P.

#### *Life Story*

J.P. was born in South Hampton, England. She has one sister four years older. Her mother is a hairdresser from Sussex, England; her father, an engineer from Newcastle. Her parents moved around a lot when she was a child: At age 2 they moved to Kent, then at age 6 she moved to Australia for two years, and then moved back to Kent. She spent her childhood living in villages or small towns, often on the edge of bigger towns or cities. She describes moving to Australia as follows:

As a young child I had to leave all my friends and all my familiarity, because it was such a different country as well and we'd flown half way around

the world to get there, which was very exciting. It was a real great adventure for us. But I think ultimately, it was quite traumatic, and we had to go to Australian schools and all sorts of things like that.

J.P. describes her adolescence as very difficult years. Her father, whom she describes as “soft and sensitive,” was also “quite tough on us as teenagers because he was quite controlling.” She did not get along with him, and felt it was difficult for him to let go of control of her and her sister. “He was quite anxious with my sister and I.” She was also living in a tough environment in Ashford in Kent, which was “an aggressive place, with lots of gangs.” Describing her family as “slightly dysfunctional,” she was out of the house as much as possible during these years. It was during this time that she discovered music:

I’ve always felt this affinity with music, I felt as though it kind of saved me from a lot of teenage traumas and, anyways, that was, it was some kind of, a place where I could be myself and a place where I could relax and a place where I felt I belonged...when I sang, I always felt somewhat alone, so it somehow stilled everything for me, which was a really, really interesting thing.

She studied art in college, attending a very good school in London which was difficult to get into, and she is quite proud of this achievement. She spent a year there doing a foundation in fine arts. Describing herself as “very ambitious,” she pursued getting a good education and pushed herself to excel. Sensing that she could be successful in a “creative field and in the arts,” she trained her senses to prepare herself:

“My hand and eye coordination was good and my eyes were good, my ears were good, so that’s the sort of training of the senses, I always felt like I was doing that (laughs).”

Although the year went well in terms of her education, it did not in other ways:

It was a really difficult year. I was about 19 and I’d had a pregnancy, a termination, which was hell, really hell. I’d nearly died...After that I had a lot of years of a kind of fear and...I’d nearly died so many times as a teenager...there were so many car accidents. It was almost as though, and I think I’d had about four or five, so, to get to 18, I was amazed, you know, to actually get to 18 and then at 19 had the abortion and nearly died and I just always felt as though I was treading a very fine line, it was near the edge, it was really sort of testing boundaries and it almost seemed much more important than any sort of book knowledge or learned knowledge. Yea, so my life experience was really kind of heavy, I suppose. And I’d experienced a hell of a lot for somebody so young. And by the time I got to about 20, I felt like I’d really seen it all. Especially for someone that sort of age... I just felt like I was treading a ...sort of dangerous line. Sort of life and death, which was also an interesting subject, or a fascination for me, because three of my grandparents and my neighbour died within a very short space of time between each other. So when I was very young, I was trying to understand death and trying to understand what death was and I was asking questions about God and about where we came from, and how did we get here and what’s a spirit and ...where did we go after we died. So I was always interested in philosophical questions of life and death and spirit and soul and all these things.



There used to be a lot of chaos in my life, a lot of problems, lot of struggling... I had a very unbalanced relationship with my father. We didn't really get, I just didn't like him very much. It's not that he'd ever done anything particularly unkind, but he just, just, he was very hard to talk to. He was very old fashioned. And he didn't really, you couldn't really engage with him, but now as an adult I understand he was suffering from anxiety, and it was actually only so much in a day that he could take. And he had a very high-pressure job, a nuclear power plant, as a sort of chief engineer, kind of foreman. So he had a very important job, I think, a job he suffered from, he'd get pretty tired from. Um, so I've ...not as an adult but as a teenager I was just sort of annoyed at him for not giving me enough love, basically, for not outwardly and openly being loving and kind and understanding towards me or... this is something I really lacked, I think, as a teenager... And maybe as a young child, I think maybe when I was younger it was much easier, but as I got older I think I lacked that, anyway. And that became a real issue for me as I got older I think.

Anyway, um, education... I know, the termination, the near-death, more near-death experiences, I kept having more and more of them all the time...And there were still lots of questions about life, death, you know, where does the spirit of the child go, all these things. All these, you know, questions of mortality and life after death, and other things like that. And so I suppose my creative work, because I was studying art, all of this came out in my work, all the time. So there was a great, there was an outlet for it, although I had difficulty articulating it, you know, to talk to people...very difficult. But I could articulate if it was through

drawing or through you know painting or something. I could articulate my anger or my ...sadness or my... I kept it, all my emotions in and we didn't really have them out in our family, we were quite, we didn't really talk about things, you know, we kept them to ourselves sort of thing.

J.P. concluded her art studies at another university where she continued to excel in art, but also explored performance, sound, image and her voice and began making installations: "I did post-feminist, quite humorous, sort of powerful work. Which went down really well and I was really happy and it was fantastic." Upon graduation, she returned home for a year, working for her father at the power plant. When I asked her why she did not find work in her field, she replied: "I just didn't have the confidence, the self-confidence, or self-esteem, to be able to get a job in my field."

This year at home was "awful, just hell." Though she had a "good job," her father didn't talk "so I'd gone from this really open and creative and articulate environment to this sort of closed down environment again..." Also, because she was no longer doing her art, she didn't have an outlet for her emotions. She describes herself as "pretty sad" for some time when she left college, and suffered what she called a "mild breakdown" during that year. At the end of it, she left for London to pursue a musical career. She worked in the film business to support herself, started a band with three other girls, and began travelling to New York to sing and record music. She toured, did session work as a singer, got a publishing deal, worked in Hollywood, performed in stadiums with famous people, and did well financially:

We were going on television and we toured all around Europe, football stadiums and there was a really great and we would were like rock stars, you know—it was

really good fun, traveling around the world and doing that and getting paid really well. That was a really, really positive period in my life. It was also the time she decided to go into therapy to work on relationship issues, as she hadn't been in a relationship for 10 years. She found someone who was "absolutely amazing, so that was the beginning of the journey, really, for me, changing my life or choosing to change my life.

Eventually she left the band to go solo, and released and toured, performing an album of her own music. "So I released an album and it was great, it was received amazingly...well...by the press and by everyone really. It didn't do too well financially, but it was a great achievement." She toured Europe after releasing the album, and experienced a lot of happiness during this period.

Twice during these years she was working as a professional musician, both before making a lot of money, and after it ran out, J.P. worked as a mason and conservator at St. Paul's Cathedral. When she developed a repetitive strain injury and had to stop working there, she became interested in alternative therapies. It was at this time when, reaching the age of 30, she began to clearly see that she had to begin taking care of her body, and no longer abusing it, as she had done for years living the life style of a successful rock/pop musician. Suffering from chronic anxiety, some of it connected to becoming a rock/pop star, she began to have panic attacks after discovering someone was stalking her. Experiencing a kind of nervous breakdown at this point, she decided she wanted to get well through natural healing methods, so began to explore alternative therapies.

### *Sound Healing Experiences*

During this time, J.P. read an article on sound healing and became interested in the idea of becoming a sound healer:

There was an article on sound healing, someone had been to a sound healing.

And I just, it just really triggered something in me. I thought, wow, that's really amazing, maybe I could do this—mix my music and my voice and the healing.”

She booked a session with a sound healer in London who had trained with Simon Heather:

I went to see Narayani [a sound healing practitioner trained in Simon Heather's method, who also trains others in the method] and it was just, it was an amazing experience. [After the session], I had the best sleep I have had for years. I just don't remember ever sleeping that well because I never used to sleep very much at all at work, I mean, I'd work a full day and then I'd work all evening. I used to average about 4 or 5 hours sleep and ya, I just, I slept...it was a really interesting and profound experience. And it just resonated so deeply within me that it felt like something really ancient. It felt ... as though I automatically understood it. Without having to know anything about it at all, it felt as though it was something I'd always been doing or trying to do or [had been] connected with. So, I mean that completely changed my life, going to see Narayani, that one experience. ...I had this, oh, I suppose it was like a vision, well, it seemed like a vision, it felt like a regression actually and I was on my dying bed and Narayani was sitting next to me and she was my holy person, helping me cross over into the other world—it was an amazing experience. I was in a big Jacobian oak-lined room and in this

huge four-poster bed and she was sitting next to me with this tiny sort of dimmed candle light flickering beside her, helping me over to the other world. It was as though I was letting go of a past life that was causing me some anguish.

And when I came around, Narayani and I were talking about...the basic experience. Because it was very unusual for Narayani to have visions, or visualize things that I had....I've always had things like that, since I was really young, had sort of visions.

Narayani, I think, was quite moved because she'd never experienced anything like that. And then she said that she'd seen me as well, so we'd sort of seen the same thing. But she'd seen me with this big flowing black hair and a ...big huge ballet red dress of the same era...sort of 1500s.

So, that was a wonderful sort of affirmation, because sometimes it's hard to believe in the non-physical and you go places and you experience things, and you hear things and, you know, dead people talk to you - and have done to me since I was very young - and it's difficult to have total faith in it. I have absolutely 100-5000% faith in it, now, as an adult. But when I was younger, I was quite, I thought it was something that was supposed to be secret and it wasn't, you know, and people that heard things in their head were put away and they were ill, and you know, they were given medication and things like this. So it's wonderful that alternative medicines are so much more fashionable now and weirdly socially acceptable, you know, because when I was younger I felt as though ...it had to be secret, that these things weren't to be talked about or weren't to be admitted openly.

At this point, I asked J.P. the following: “When you look back on the experience now with Narayani, it sounds like you feel you let go of a past life that was causing you a lot of anguish. You also felt like you were being helped to the other side. What do you feel about that vision now? What meaning does that have for you? Because you’re still here. So, do you think it was a past life memory that perhaps happened with Narayani?”

J.P.: “Yes. I do... What they are calling a cellular memory, past life building up in your cellular memory, which causes problems in this life for you if you haven’t cleared the energy of the past life. I think I had a lot of those things that were causing me problems...and sound healing definitely helped me to clear those.”

Later on in the interview, J.P. described more effects from this first session: “I felt incredibly calm. I felt incredibly stable. I felt incredibly solid. I felt as though I was in my body. I felt really grounded, my feet felt very different.”

After this one session, J.P. decided to take the training in sound healing offered by Simon. After the first intensive weekend, a great deal of repressed anger was released:

I was just so angry and so...it basically dislodged all the bottled up emotions in me. Instead of being sort of sweet and polite and just keeping everybody cool and everyone happy, just keeping a lid on everything, I started to become very sort of truthful...telling people how I thought about them and...there were some things I just couldn’t tolerate, things that made me really angry...like in situations where people were being abusive as a society...

J.P. goes on to describe other effects of sound healing that she experienced:

Well, the sound, basically, I think, stills you. It creates harmony within you. It would stop my mind, my chattering mind. It would just stop

it still. You know, it would eliminate the inner dialogue, if you like.

So what that would do is would give you the space for reflection. So you would get these, these moments of extreme clarity and extremely deep understanding of yourself, your behaviour, your past.

It's changed my life beyond belief, starting the sound healing and it really has. It's just changed everything about me, you know, I wake up early and I'm happy...I'd never been able to have a loving, lasting, trusting relationship that I could really, really, really commit to. And I think it's really helped and it's enabled me to do that.

Some individuals interviewed for this research were quite reticent to talk about their lives. Their life histories are in some cases extremely short and succinct, with little emotional content. This struck me as in keeping with the traditional and well-known reserve of the British. It was also my experience in interviewing some individuals from Scotland and Wales. The following account is one such example.

N.J.

*Life Story*

N.J. began her story in the following way:

Well, I'm 63-years-old and I was born in Dundee in Scotland and I grew up there and went to school there and had a fairly normal childhood I think. And we weren't well off by any means but we always had enough. We always had enough food...my childhood was that my parents separated when I was 13. I've got one sister but she's six years older than me. And my parents were separated

for 3 years and then got back together again. And this had a fairly major impact on me because at the time, kind of 50 years ago, not many people, not many marriages broke up and so it took a bit of coming to terms with. Then I left school when I was 15 and went to work in an office and I did that for, in different offices, but I did that for 3 years and then I left that and started training to be a nurse.

This account by N.J. is striking in that she begins by describing her childhood as normal, but then characterizes it as shaped by her parents separating when she was 13, which was anything but normal.

She goes on to describe meeting her husband in Dundee who was at university, marrying in 1967 and then moving to Bristol, in the southwest of England where he got a job. He ended up training as an accountant, and many moves followed within Scotland. They had two daughters together and ended up in a village about 10 miles south of Scotland, in England. They have lived there for the last 28 years.

N.J. worked part-time as a nurse while raising the children. At that time she discovered yoga, “which has been a constant in my life since then...” Later, she did a massage course, and then a course in aromatherapy, followed by courses in other types of massage. During this time she had been working in a group surgery practice as a nurse. She decided to leave the practice to work for herself.

By this time I was a yoga teacher and I was also doing some massage at home. And I just, since then I’ve been building up my practice and then I invited Simon Heather to come...to do a sound workshop and then he ended



up doing a whole course and ...I became a practitioner. So...in the course of that I have given some treatments and also received some treatments.

At this point in the interview N.J. abruptly said “That’s enough!” referring to the amount of time spent talking about herself. To elicit some important additional details, I asked N.J. some questions, which revealed the following: Her mother had been a weaver in a factory and her father, a motor mechanic. Her mother was also a good amateur singer.

### *Sound Healing Experiences*

N.J. describes a recent sound healing experience she had as follows: “...it works on different levels and I just have found it’s, it leaves you feeling energized, that’s usually how I feel when I’ve had a sound treatment. I just feel energized and more balanced, than before this treatment.”

The following is an excerpt from our conversation about the sound healings she received during the training with Simon Heather:

N.J.: I think (long pause) I found it quite, quite powerful. Mainly at an emotional level. I found that in having the, when you’re having the sound healing, it would often make me start to cry. I wouldn’t necessarily know why, obviously some kind of clearing or cleansing. And I didn’t find it necessarily that I was needing any healing per say on a physical level, but it seemed to work at deeper levels than the physical for me.

S.S.: So when you finished, you would have a cleansing or you would cry and not know why; later on did you feel different in any way?

N.J.: I just felt, I always felt energized after I'd had a treatment. And I don't remember feeling...I might have, I sometimes felt strange at the end of the day, but then by morning felt my energy levels were higher.

When I asked her if she ever saw colours with the sounds, she said often, and apologized that she hadn't mentioned it before. Here's another excerpt from our dialogue:

N.J.: ...Varying colors. I often see yellow. And...pinks, purples and greens. I very seldom see blue.

S.S.: Do they have any particular significance to you, those colours?

N.J.: Yellow I like. I don't know whether that has anything to do with it. But not necessarily, no, it just would depend. But I found with sound, often you know, the colours were quite vivid and quite bright.

S.S.: Was it a pleasant experience to see those colours?

N.J.: Oh, definitely.

In closing, when asked how she became interested in alternative forms of healing, as she had been a nurse, she gave the following reply:

I don't think allopathic medicine has all the answers by any means...Because in the main, doctors don't treat a person holistically. You know, you have a doctor that does the physical and a different doctor does the mental, a different person to do the emotional, and although I think doctors are coming around to it now, certainly when I was working in general practice, in the main, it was write a prescription and take a pill. It wasn't so much that, if you were under stress, you could go and have a series of massages that might help; it was 'take a pill'... And

I think there are also times when the complementary side can complement allopathic medicine and not necessarily replace it but add something to it.

## P.E.

### *Life Story*

P.E. was born in a small town in Northwest Spain in April, 1977. Her parents were both teachers, and they had two other daughters, five and seven years older than P.E. Her early memories are happy ones of being in the beautiful nature surrounding the small town (Astorga) where they lived. She describes it as “really beautiful, this very open landscape...with heaths...and my father used to take us ...quite often to the countryside just for walks or in the autumn to pick up mushrooms and ...also the weekends we used to go where my grandparents lived...in a small village with all kinds of animals...”

When she turned five, her brother was born. A year later, the family split up because the mother could only find work as a teacher in villages too far from home to commute daily. She took her infant son and lived closer to her work during the week, returning on weekends to be with her husband and daughters. This was hard on P.E., who missed her mother terribly.

At the age of seven or eight, her family moved to Barcelona where both parents could find work and stay together. The move proved to be difficult for P.E.:

I felt I had to be responsible and sort of um...become the older sister for my brother and to realize that you know, for the good of the family we were moving away from things that I really liked, like going to my grandpa's and being in sort

of a smaller space, all like open and so we moved to Barcelona which I didn't like so much, it just felt, you know, stuck in the house, and well its not that I didn't like it I just missed the countryside a lot.

P.E. was also unhappy in school there for the remainder of primary school:

The school where I went, it was not the most friendly of the schools. I don't think my parents realized but from the beginning I was made to feel a bit like this strange gal, the one that comes from abroad or wherever and, and that sort of adapted, but I remember having friends but [the friendships] never would last... so for those years I was sort of going on but was not that happy.

Things improved in secondary school, where she developed a group of friends. Also, the family began to get out of the city during summers for camping trips in Europe, which Elena enjoyed. They were also getting to the country some weekends.

At seventeen, she had to decide what to study in university:

That was a very hard time because I didn't have a, I mean I had a clue but I liked so many things that it was very hard for me to uh...to decide. I mean I did like photography but there was no degree for photography whatsoever in Spain. So the creative side, it was either fine arts or advertising and P.R. which was a sort of more commercial way of using creativity and because one of my sisters had done fine arts and after two years she left it, it was this the story of my family of don't do like your sister. So, so ok, I'm going to be responsible [laughs] so I went to do advertising and P.R. because I thought, well, you know it's a degree, it still has creativity in it and it is quite interesting.

P.E. eventually realized she didn't like advertising. The summer before her final year she went to England as an au pair, wanting to get away from university and learn English. Upon graduation she moved to London, continued being an au pair and studied English and photography for a year. After this she got a job in a film processing company with shops throughout the city. After a trip to Berlin where she realized she wanted to continue living in London, she returned to work in a photographic agency, and then a portrait studio where she was actually taking photographs. She began to branch out and do some free lance work, which led to her "dream job" working for a travel magazine. Working for a Russian woman, she travelled with her to South Africa to shoot pictures of a luxury holiday. The trip involved an exhausting schedule, and the Russian woman was demanding, dominating and insecure, wanting to see every picture P.E. took. When she returned to London, the magazine refused to pay her, saying they didn't have money. P.E. had invested a lot of her own money buying all of the film and having it developed.

But it was like, Oh my God, the thing that could have been the best for me, and actually I was really down and I think in a way I don't know if I recovered totally from that because it was almost like this is the beginning of my career, and ah, you know my confidence went...And after that I just went back to the studio and I didn't try anything for years!

This experience helped to catalyze a new journey in P.E.'s life:

I felt I needed to sort of go deeper into myself and find

ways of exploring my creativity and all I was and what I wanted to do in life, and I thought dancing and singing would be some of these ways.

P.E. began to explore her creativity in these ways, and attended a workshop called “Healing Voice” by Jill Purce. This affected her profoundly, and helped her discover that her biggest fears in life were herself and her voice: “And that shocked me because I never thought I was scared of myself or my voice.” It made her realize that she needed to start confronting these fears “from now on because you don’t know who you are and you don’t know what’s your voice.” Scared to be herself with her voice, but not understanding why, led her to a lot of process work, and further work with her voice. She studied Mongolian chanting with Michael Ormiston, where she discovered that sound healing could occur in a one-to-one situation, not just in a group, as had occurred in Jill Purce’s workshop. “Little by little, I was thinking, wow, this theme of the sound, it’s really something that touches me”, she reflected. After studying with Ormiston, she heard about the sound healing training offered by one of Simon Heather’s trainees. Skeptical at first about how whether or not something so simple could really heal people, she was at the same time excited by some of what she was learning. In the course of her training, she began to have different sound healing experiences.

### *Sound Healing Experiences*

In recalling her first experiences with sound healing on the training weekend with Simon Heather, P.E. said the following:

I would say, somehow, I always found it relaxing but almost uplifting. I wanted to sleep. But with the sense of more like inner peace almost, like the

feeling that you've found something that makes sense, and you don't know how to put it in words, but you feel that something makes more sense within yourself and in context. And I remember specifically one thing from the sound healing ... which was when I had other students working with me. Specifically, I was finding it difficult to actually concentrate because there were another four people having a sound healing session at the same time, so you know you hear all these voices, but, um, when it came to the time when I was hearing my name being sung, that really touched me. I could feel the love of this lady singing my name, and somehow it was very moving, and it made me cry. I was thinking about a part of me that was sort of, that found it difficult to connect with people in London, and I felt a bit, like out of place, a bit. And hearing this voice singing my name, it was like bringing me back to where I was and saying, "Well, you (P.E.), you're here, you're being loved." You know, it's OK, you are here, accept it. And you know, I realized probably I was trying to escape all the time, but then by escaping I wasn't centered, and so the psychological after-effects of it I'm still dealing with it sort of, but I mean in a very nice simple way, it just touched me. That's what I remember from the first healing session.

P.E. continued by describing the next sound healing session she had, which was an exchange with another student from the program:

I had been for three or four days in the countryside trying to relax, and ... I couldn't for some reason, I couldn't relax totally and when I had healing with this student it was amazing! That night I slept so well! I thought, I wish I had come

here the first day and I would have a relaxed quiet holiday because I came back to London and slept like a baby that night.

Speaking about the same experience on another occasion, P.E. said: “I didn’t feel it physically very strongly, but what I did feel, a sort of grounding effect straightaway; I felt much more calm and sort of grounded.”

Another session is described as follows:

Again, it was sort of a grounding feeling I felt...and then... I realized, that by hearing the sounds, they were sort of bringing me back again to my body and to where I was, to the place, specifically in that room, and I realized part of me was still somewhere in London. I had to get a bus, which that morning I had a bit of trouble with, and I just saw this part of me still on that bus, and I thought, hold on, come back, and it was sort of a moment of intimation, of sort of calling back every little part of me that was lost to say, OK, come back to me, because you cannot go through with life with half of you in the station two hours away! (laughing as she said this) And that was really interesting as well, because it was something so simple, that I thought, if every day I manage to arrive at the end of the day without losing parts of me along the way, that probably will make a huge difference.

Paradoxically, P.E. said she doesn’t feel the sound on a physical level, while she’s receiving it, and yet she describes it as “the most effective tool to bring me back to my body”. Describing herself as having been brought up by parents who were very academic, she says “I sort of function from my head all the time and everything is very rationalized...”



Here is an excerpt from a dialogue I had with P.E. about this:

P.E.: Whenever I am receiving the sound I just go to, you know, whatever I am dealing with at that moment; it could be something emotional or something that has happened to me that week or some doubts or some problems. It's almost like while the sound is going, I'm just sort of going through bits of my life that I need to think about or go through.

S.S.: So your mind is actually active.

P.E.: Yes, yes [laughing]. It's hard for me not to have an active mind.

S.S.: OK.

P.E.: ...Once, when I had this experience when I was in Cornwall where I slept very well; that time, I remember thinking 'oh, my mind has been very calm'. Somehow, it was almost like going into a very deep meditation mode where you just don't think, you're just there.

S.S.: Uh huh.

P.E.: And that was quite amazing, cause for me it's very hard, my mind is always dit dit dit dit dit and that was like 'hmm, wow', because there was this grounding feeling of just being and having the mind very still.

The last experience that P.E. shared with me concerned some longer-term effects of the sound healing. Here is an excerpt from my dialogue with her about that:

P.E.: ...It's almost like straight away, you don't see an amazing after-effect, but somehow, I realized later on, that it may have an effect... But I know that I had been much calmer after, or sort of more - I was [experiencing] quite stressed moments in my life, because I was about to move to a new place, and there was also some sort of

emotional thing going on with someone whom I was a bit interested in but not so sure about it, and a few things like that. And somehow I managed to sort of cope with everything and go through it. I don't know, maybe otherwise I would have as well, but at least I felt that I was doing it with a bit more grace, if you can say that; not grace, you know, but a bit more, uh, yea. Maybe it helped—

S.S.: That was what your sense was, that afterwards it had an effect.

P.E.: Yes.

S.S.: Afterwards. How long did you feel that effect, do you remember?

P.E.: I don't think it's just the time, I don't think, no. I wouldn't say, you feel relaxed for a week, and then, no. It's some, it's some sort of general sense, OK. That helped me to be a bit more, in general, a bit more relaxed about certain things, and that's carried on.

It's a very subtle effect, but I don't know how to—

S.S.: It's stayed with you.

P.E.: Yes.

This struggle to articulate some of the more subtle effects of sound healing was expressed by a number of individuals I interviewed for this study. After the above dialogue, P.E. was able, after a few moments, to express a little more clearly, her sense of these effects:

Yes, I just felt a bit more able to cope with stressful things in life, um, and then I did feel like my Christmas time, which sometimes is a bit stressful, uh, was really actually relaxing and smooth and no drama, and very, yea, this feeling of, of, it's almost like I started to feel that all these battles, it was just me battling against things but actually things were friendly surrounding me, both in my family or

even the people surrounding me, it was like ‘Hey, maybe there’s not so much essentially, that you need to worry about. Because you’re fine, and the people surrounding you are fine with you, so, you know, where it is hurting or worrying you, it can be dealt with.

One of the results of receiving and giving sound healing on the training weekends with Simon Heather was that P.E. became more aware of many sounds around her. She also began to value silence and realize her need for it:

And that’s also something, it’s been an effect of sound to realize that what’s going on in my head, bla bla, that’s a noise as well. So, when I experience the sound healing, there’s the silent moment, the silence is not complete unless you calm your mind as well.

Her final words about this concern the practice of meditation:

I felt the sound healing prepared me for, so enabled my mind to meditate, and to start to find a way of calming my mind and to sit still. Before I had tried a bit of meditation, this and that, but I don’t think I would have been able to go to an intensive experience of meditation if I didn’t have the experience of sound healing. And somehow the sound has brought um, in life, this need of silence, and stillness.

### Summary

This chapter presented three profiles of study participants. Each profile began with the life story of the participant, followed by their experiences with sound healing.

The narratives were largely in the words of the participants, with little commentary or interpretation from myself. This decision was made based upon the emphasis given to dialogic discourse in this study. In Chapter 9, I will respond to these profiles by incorporating discussion of certain aspects of them into various areas of the chapter.

## CHAPTER 7:

### A COMPARISON OF EXPERIENCES WITH SOUND HEALING

The previous chapter presented several in-depth profiles of participants and their experiences with sound healing. This chapter will take a broader view, and review some commonalities and differences of all thirteen participants' experiences. Table V indicates the range and frequency of experiences people *reported* in terms of mind-body categories. A note of caution must be sounded in terms of how one views these categories. The theory of sound healing recognizes the interconnectedness of physical, emotional, mental and spiritual aspects of a person. Thus, the mere attempt to separate into categories, each of these interconnected aspects of a person could well be called into question. I therefore want to make it abundantly clear that the range and frequency of experiences detailed here reflect the way in which the respondents described their experiences, and the language *they* used to describe them. If someone said that the stuck energy in their back shifted, I reported this under the category of "physical." That there may have been subsequent effects experienced on other levels, such as the emotional or mental, is quite likely, according to this model of the human organism. However, they would not be recorded in this chart, as they were not described by the respondent. With this caveat in mind, let this delineation simply reflect what respondents focused on in describing their experiences, rather than attribute to it any grander truths. Let me point out once again, that the names of each of these categories came from the language used by the participants in describing their experiences. Thus, the words "physical,"

Table V

**Summary of Types of Sound Healing Experiences by Category**

<u>Participant</u>	<u>Physical</u>	<u>Emotional</u>	<u>Spiritual</u>	<u>Mental</u>	<u>Insight</u>
B.A.	x	x	x	x	
S.A.	x		x		
K.A.			x		x
P.E.	x	x	x		
B.E.	x	x			
M.J.	x		x		x
C.L.	x		x		
B.M.	x		x	x	x
C.R.	x	x		x	
J.L.	x	x			
J.P.	x	x	x		
N.J.	x	x			
P.J.	x				

“emotional”, “spiritual” and “insight” are the words that they themselves repeatedly used to describe different experiences they had.

### Physical experiences

One can see quite clearly from this Table that physical experiences or effects from sound healing were the most widely reported, with 12 out of 13 informants describing them. One of the most common effects noted is that sound healing relaxes the body. Jen remarked that she found it very energizing. Another effect is that it can heal the body. M.J. found that sound healing took away the nausea she had been feeling prior to the session (described in detail in an experience under the category of “insight”). C.R. describes a problem that was helped with sound: “I remember having, it was my right shoulder, all this area, all this, really stiff neck, and I’d never had anything like this before in my life, that I couldn’t move my neck. I got a fair amount of relief from that through sound healing.” J.L. describes a similar condition:

At least two or three times, my back had just seized up on me suddenly...and then R. would give me a sound healing and just amazing the power it’s got to shift stuck energy almost instantaneously. I would just find within, well straight after the healing...within a few hours suddenly you’re back to normal.

J.L. recounts another instance of sound helping to clear up an illness she had:

When I had tonsillitis last year, for a week I was really struggling for this tonsillitis to get shifted and, why it had taken so long to clear? You know, why aren’t I getting better? Day after day, thinking, just progress is so painfully slow, you know my throat is like glass, every single time I swallow it hurts and why is it

taking so long to clear? And then, R. gave me a sound healing, and, that was very short, possibly only about 15 minutes and as soon as he was finished, instantaneously, easier to swallow. And I felt from that point on suddenly I was getting better, you know, whereas for a whole week prior to that, you know, I could feel that the recovery wasn't happening. After the sound healing, I could suddenly feel that I'd turned a corner. And then within about a day and a half, or two days, I was better. And um, the illness suddenly changed its course, you know, I turned a corner and I could feel it all easing back and suddenly you're swallowing and it's not every single time you swallow it's hurting, you know, suddenly you swallow, oh! That must mean you haven't hurt the last few times I swallowed, you know. And within a couple of days, suddenly I was better again.

C.L. describes how sound completely relieved her of physical pain on one occasion:

I remember very, very acutely, the very first weekend workshop with Simon, I was feeling very, I remember, I was feeling very vulnerable, and I was feeling physically in discomfort because I, you know, the right side of my body was feeling quite painful and I had a pulled muscle in my back and it was all, and I sat for most of the weekend with a blanket around me because I felt very cold, which is unusual for me. And that's sort of the overriding memory I have of that weekend. But then Simon demonstrated a sound bath and I asked could I have one because I had this



pain in my back. And I lay down and immediately after the sound bath<sup>6</sup> started, which was the rest of the group, which was about 12 people, sounding, toning around me, my, I just felt this immense heat. And I can say this is true every time that I receive, that I receive any healing, that I always get, at some point, extremely hot, and my energy levels just go, my temperature levels, if you like, in my body, go through the roof. And I go red and I also get very hot and sweaty, but it's not a bad feeling, it's a good feeling. And, because I know that when that happens that I'm actually reacting to what's going on. And after they'd given me the sound healing, the pain in my body had completely disappeared.

After an accident, S.A. felt her whole body was out of alignment. After one sound healing session, she felt that her body had come back into balance. P.J. also spoke of her body being physically realigned through sound, and referred to the sound as “physically, energetically tuning up my whole body.” She felt that the energy from the sound would go wherever it was needed, in the process of this realignment.

### Spiritual experiences

Seven out of twelve respondents reported spiritual experiences. In the language of the respondents, these included the following: “sensations of deep meditation,” “going into a very deep meditation mode where you just don't think, you're just there,” “feeling inner peace,” having “blissful” feelings, and “feeling connected to oneself.” Some individuals had experiences that were life-altering. One respondent spoke of

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<sup>6</sup> A ‘sound bath’ is a term used frequently by Simon Heather to describe a group of people making vocal sounds together (also called ‘toning’), with one person usually in the middle of the circle formed by this group, who is ‘receiving’ the sounds from the group. The experience is often likened to being ‘bathed’ in sound; hence the term ‘sound bath’.

experiencing an opening up of her heart and “learning to really give and really receive and listen, listen to the truth of your own heart...Be able to be loving and open your heart to be able to give and receive love basically.” B.A. believes that she developed a “feeling of faith” as a result of her sound healing experiences.

The following is an excerpt from a dialogue between myself and K.A., who described an out-of-body experience she had:

Receiving sound, again, has been extraordinary...once I had healing at one of our workshops and it was as, I was fully aware of my body yet I wasn't in my body. I was like, sort of, a ball of lightning, not lightning, it was energy separate from my body which was totally free...So I knew that K.A. in my body, which I'm here now, wasn't actually me, it wasn't a true me. That energy which was totally fluent and outside my body...it's so difficult to put into words.

Me: Yes. You were outside of your own body.

K.A.: But I...it was the true me, the true me was outside my body, I am not, I'm more than my body...

Me: Yes, you were connected to that.

K.A.: I was, yes. It was so free because the body felt solid and heavy but this energy was free and and light and dancing and could go anywhere.”

On other occasions, K.A. reported seeing angels while receiving sound.

C.L. described having an experience of rebirth in which it felt like “something spiritual (was) being reborn in me. She continues:”...I felt as though every one of my cells had been separated, and I'd been put back together again in a different way.”

C.L. also had an out-of-body experience that was extraordinary:

And the other experience I had was just being taken out of my body and traveling home. And the traveling home was like going back to this place where I am meant to be and where there is no struggle and no heart-break and no, nothing is wanted of me, that I am enough, that everything is, I am the essence of who I am. And it was like I traveled through the universe to this place. And, in a very visual level, felt myself traveling through the stars to get to the place where I belonged. And for me that was, quite, I was quite grief-stricken, when I had to come back. ...And, because I had been taken to this place, and the first time I ever had sound healing I was taken to this place, so I'd been there twice now. And to come back from it is not a pleasant experience because it's like, why have I got to come back? You know. What, I don't want to be here, I would prefer to be where, where I was and where I belong. So, but at the same time recognizing that, you know, you know where you come from, that this is the life you've chosen for now and this is only a moment in time and it's okay. And so, coming to terms with that, so sound certainly took me to that place and made me recognize that, the intransigence, if you like, of life, here on earth. And that there will be a point in life and in transition where I will go back home. So, that was comforting, but grieving as well.

B.M. described having an experience of "whole seeing where you're not limited by senses; it's an all-encompassing knowing. Glimpses of knowing." This state, in

which the left hemisphere is quiet, “allows a truth to come through for the individual.”

J.P. wrote:

It creates harmony within you. It would stop my mind, my chattering mind. It would just stop it still...So what that would do is would give you the space for reflection. So you would get these, these moments of extreme clarity and extremely deep understanding of yourself, your behavior, your past.

Several respondents had experiences that they characterized as past-life or in one case, possibly a soul retrieval experience. One respondent (described in Chapter 6 under “J.P.”) felt she was letting go of a past life which had caused her a lot of anguish. Another had vivid images of being in New Guinea, a place she had not visited in her current life, but recognized through images she found on the Internet after her session, which matched what she saw in her imagery. Her description of this session is as follows:

I was in a place and I could see the surroundings, and I could these hooks sort of made of sticks and pictures and they were on struts. But the scenery was sort of like mountainous and green and I thought, well I don't understand that thought because the only place that I've ever seen there is just like, you know, pictures of the Maldives. So, you know, where am I? And I hear New Guinea, and I think New Guinea? I'm not even sure where that is. And then there's this sort of tornadoey thing, you know, severe winds and I see this black man and he's got, I see his feet and he's got six toes on each foot. And I get this feeling that this is actually me. And then as the winds are blowing and everything he climbs up this

tree, which I think ...it's mad to climb up a tree when it's windy, but he, he does climb up the tree and he's got a young boy behind him.

Yeah, and uh, I sort of feel like this boy is a, like a trainee of some sort. And then as he gets to the top of the tree it's calmer, the wind isn't blowing where he is. And that was, that was it, that was that. But then when I got home, I got on the internet and I typed in 'New Guinea images' and it was, that was it, it was those buildings, those, you know, ones sort of made of tree branches on these supports...And I didn't even know where New Guinea was...But apparently it's near Australia. And then there was this real, I felt oh my god, you know. And then I felt this sort of longing, like probably it was a past life or something. And for days I felt like I wanted to, I felt quite obsessed with it really, finding out about this place and this sort of longing I felt for this place that felt like home."

In reflecting upon this experience, M.J. described it as "really profound" and was struck by how quickly she could go into such a deep experience. Several people suggested later that it was an experience of 'soul retrieval' and this made sense to her in terms of it being a past-life experience. In terms of what possible benefit this experience might hold for her, M.J. was not sure, but surmised that perhaps some of her energy was in the dream and that "maybe there is some outer reflection of what's going on inside and that maybe you have to sort out inside to change what's outside." Her other thought about it was that "I think it's this ongoing process of probably connecting bits of myself and various places."

### Emotional experiences

Half of the respondents reported emotional experiences through sound healing. A number of respondents had experiences of emotional release through their sound healing sessions. N.J. reported the following about the sessions:

I found that...when you're having the sound healing, it would often make me start to cry. I wouldn't necessarily know why, obviously some kind of clearing or cleansing. And I found...it seemed to work at deeper levels than the physical for me.

B.E. experienced a lot of "emotional stuff" coming up, mostly to do with her past and with a parental figure. However, this occurred *after* one of her sessions, over a period of "months and months." Interestingly, the session itself did not feel particularly effective. However, she realized later that in fact, it might have been very powerful in terms of the after-effects that were set in motion. She believes that the emotions she was able to release were related to a lump discovered in a part of her body. Once the emotions were released, the lump could begin to heal. Eventually it disappeared, with the aid of meditation and cleansing techniques. She concluded her thoughts on these experiences with the following:

If you sit down and talk to someone sometimes emotional stuff is too much but when you're in that place, in a sound healing, it seems that the, the sound just, either it goes through you and you get moments of silence, you're just in a happy place, you know, where you, your mind would be able to look at things that are very difficult but it didn't seem to be traumatic... I think it's a very good way of releasing stuff that maybe you can't release normally, or you can't look at.

Because it hurts too much, but in that kind of situation (with sound healing), then it comes out very easily, you know...It's that way with trauma.

One of the most powerful examples of emotional release occurred with J.P., as described in the last case study in Chapter 6. In describing one of her sessions, she says:

It basically dislodged all the bottled-up emotions in me, you know, instead of being sort of sweet and polite and just keeping everybody cool and everyone happy, you know, just keeping a lid on everything, I've started to become very sort of truthful.

Sound healing induced a calming effect on quite a few participants. S.A. reported that it calmed her jittery nerves. P.E. reported feeling more "relaxed, grounded and calm" after a session, and for sometime afterwards. B.E. remarked on the state of calm she felt while receiving sound, which helped her deal with difficult emotions as they surfaced.

### Mental experiences

A couple of participants specifically mentioned effects that clearly relate to the mental level of functioning. B.A. describes a group toning experience (singing any vowel sounds on any pitch as a group) and its effects on her:

I can just remember feeling, at the beginning, feeling quite sort of hunched over and small and insignificant and I can remember then looking at myself again throughout the time and seeing ... I can just look back at myself as though I stood taller and I looked people in the eye later on in the sessions, so I can definitely see

a physical and mental improvement in my state of mind, from me being part of the, part of the group and getting to sing with people.

When I questioned her further about the mental improvement she experienced, she said the following:

At the time when I was singing and in the group, um, I would find myself completely absorbed in the activity. And so wouldn't be thinking about negative thoughts. It was a way of changing my thought patterns, definitely. It really intervened on thought patterns and changing them from negative ones, where I'd be sort of putting myself down and my situation down, to being able to completely clear that out of the way and not even think about anything and just be totally involved. So I think that was one thing was that it gave me space um, otherwise, everything felt light and good and the group were really good people. And the sounds that were being made were beautiful and exciting—when we created harmonics between us. That was really exciting; you felt like you had achieved something really good. As part of the unity, because you wouldn't have been able to achieve it on your own. And neither would they without you. And it felt like a real strong connection, without necessarily being connected to a person, it was more that the sound connected you, or...

Me: And how was that helpful to you?

B.A.: It was a bit, it was like a different mode, I think, at the time I worried about people judging me and I worried about what people thought of me, but sound was like a different mode altogether. All of that was ... worthless, like, judgement and thought-patterns and consciousness, basically, was all kind of irrelevant while



that was going on. The fact that you could feel a unity that was something other than human to human, really open something else and allowed me to feel unity rather than think it, almost.”

I asked B.A. if, considering all of the experiences with sound healing that she had had, if there was any sense that particular kinds of sounds were more healing than others for her. Regarding sounds that were helpful mentally, this is what she said:

Sometimes I felt the really grounding sounds, really low rumbling sounds were really healing in the sense that I could feel...connected to the ground and could think clearly afterwards. I was less scatty or forgetful...

Another participant, C.R., noted that after he experienced sound healing, “...mentally, there was no longer any distress...And yea, just a sense of really being relaxed and everything is okay. Letting go of, of thoughts...and feelings...around stress.” B.M. reported that sound healing relaxed his mind.

### Insight

A couple of participants specifically mentioned receiving insights through sound healing. K.A. reported the following: “ I sometimes get insight, if I have a problem...I get the answer, either in picture form – flashbacks, and the picture tells the whole story, or I hear words in my head.” M.J. had an experience with a group of people working on her during Simon’s training that coupled physical healing with a powerful insight. Here is her story:

I was on the second day of attending the Sound Healing training. I had been feeling nauseous for a few days but it had become really severe and I was worried

that I would be sick. Simon noticed that I was feeling unwell when I arrived at the venue, and I explained I felt nauseous.

We started the day with a sound meditation, and it was really hard for me to do because I felt so sick and I thought I was going to have to dash out, but I was glad I didn't have to but I couldn't really get into the meditation due to waves of nausea. The next part of the day was to cover sound healing through the chakras and after Simon had explained the procedure, he suggested that I be demonstrated on because I felt unwell.

I got onto the therapy couch feeling really rough. Taking Simon's instruction, everyone in the group except me toned starting from the base chakra; I just lay there feeling sick. I was very sceptical, as I consider myself to be a realist, and I am not easily convinced unless by evidence. I was on this course because I am a predominately auditory person and I wanted to explore sound as a therapeutic system. I certainly hadn't made up my mind about sound healing.

I remember thinking, 'This isn't working' as the chorus of voices ascended the scale slowly, sounding three tones at each chakra before moving to the next one. I was keeping track of which chakra was being toned (so that I would know how to do this in future and also in case anything miraculous happened). And then something miraculous did happen! As the group directed a high tone towards the sixth chakra (my third eye chakra), it was as if something akin to a shooting star came flying into my head at great speed in the form of information but it wasn't in words, but I instinctively knew how to translate it into words. All of this happened within probably less than a second. The translation,

which took place without thinking, came in the form of words in my head and was ‘fear of commitment.’

The group finished toning with two more notes, and then all was silent. I was amazed at the experience I had just had. It was not imagination, it was so very real. I did still feel sick though relaxed and peaceful. After a minute Simon asked me how I felt. I said, ‘I think I just had an insight.’ Simon said, ‘Yes, I thought you would!’ This seemed very funny at the time. I didn’t say what my insight was, because I was kind of shocked at what I had heard. When I got off the therapy couch, my nausea had completely gone. This was probably at the most five minutes since the group had stopped toning.

What was going on for me around this time was that I was dating. We had made plans to go away for a weekend in the near future. Because of the nausea, I thought I was going to have to cancel. Maybe my subconscious created a way for me to avoid the weekend by creating symptoms, and when I became conscious of my fear, I no longer needed the symptoms – that’s my theory anyway. I’m not saying the sound healing session cured a fear of commitment, or that I had an inappropriate fear of commitment, but it did sort out my nausea. And as an aside, I think this demonstrates how powerful the subconscious mind is in creating strategies to protect us from perceived dangers.

### Summary

This chapter has discussed the commonalities and differences in the reported experiences of sound healing by study participants. Categories of experience, reflecting a holistic conception of experience, were developed based upon the language used by

participants to describe their various experiences. It is clear from the narratives that in quite a few instances, more than one level of experience was involved, though each narrative was placed under just one category. Excerpts from the narratives of participants on their experiences of sound healing were extensively quoted, so the reader could hear from participants directly. Table V summarized these experiences by categories, and enabled the reader to get a sense of the range of experiences reported by each participant.

## CHAPTER 8:

### THE SENSES AND SOUND HEALING EXPERIENCES

This chapter is devoted to analyzing the sensory and cross-sensory aspects of the experience of sound healing. Cross-sensory aspects primarily concern the conjunction of hearing sounds and seeing colors. Table VI places sensory experiences into specific areas that reflect the language used by participants. The following discussion will be structured accordingly.

The obvious primary sense involved in sound healing is hearing. However, this is not what participants focused on in their discussions of their experiences, to my surprise. Most people did not recall specific details about the sounds they received during their sessions. Sometimes they recalled whether low sounds or high sounds were used, and if scales were used with the accompanying Sa Re Ga (etc.) Indian scale sounds, or sounds were being toned into specific areas of their body.

#### Colours

Seeing colours during sound healing was a common experience, reported by two-thirds of participants. Several people were very enthusiastic in their descriptions of seeing colours, and words like “comforting” and “soothing” were often used to describe experiences with colour. They seem to have always been very positively experienced by participants. A wide variety of colours seems to have been experienced.

S.A. reported seeing various colours where Simon was directing the sound. P.J. reported seeing colours “...mostly around my throat chakra and my third eye chakra, mostly purple, lots of purple. Sometimes reds.” M.J. reported often seeing colours

which were vivid and bright: “Varying colours. I often see yellow. And...pinks, purples and greens. And yellow. I very seldom see blue.”

She found it a pleasant experience to see the colours. K.A. reported seeing profound colours which change throughout a sound healing session.

M.J. reported the following about her experiences with colour: “...often I find that with a colour it’s like a sense of a colour, which it translates into, you go oh yeah that’s yellow, but you don’t see it as yellow, it’s a sense of colour.” This experience is very similar to that of S.A.’s under “Haptic” below. B.A. described sometimes seeing “just colours, smudges of colour or circles of colour, quite often. Usually, purple and green were the colours I used to get, mainly.” B.E. experienced many colours during sound healing treatments:

The main thing with the colours was, depending on what emotions you were going through at the time, you seemed to get a different array of colours. And very much, you know, like swirling colours, in front of my third eye, I guess, would sort of swirl around and then you’d get this, you get points of sort of peach, it’d be quite floating in sort of blue-ness or lilacs...The colours are very potent really.

Yea, they definitely went with emotions, or thought processes, rather. I mean, they’re very closely linked, and it seemed to me during the healing you’d actually think that you were still in the room, listening to people, but at the same time, you wouldn’t be, you know, because you’d come back afterwards, and during the drifting in and out of thought processes, which obviously, emotions back them up in different ways, or rather along side, then the colours would

change. They'd sort of swirl in and out and move and so sometimes you were lying in them or other times it'd just be around my head. They're extremely comforting. I often see colours with a lot of different things; it seems to be, for me, something I see anyway, and so all it did is it seemed to accentuate it, you know, quite drastically. And they definitely went together, you know, as the thought processes changed, the colours would merge and sort of swirl into another colour, you know, hard to explain that one. Almost like senses, you know, the colours were like filters...for different thought processes, almost like if you were to draw your different emotions, over an hour, on a piece of paper, but you were told to give each one a different colour, because you're not allowed to name it, so you're giving them different hues and different shades... You know, a bit like that.

C.L. reported a significant spiritual experience she'd had, part of which is described in Chapter 6 under "Spiritual Experiences." Here it is retold again, with additional information about colours:

And the other experience I had was just being taken out of my body and traveling home. And the traveling home was like going back to this place where I am meant to be and where there is no struggle and no heart-break and no, nothing is wanted of me, that I am enough, that everything is, is, I am the essence of who I am. And it was like I traveled through the universe to this place. And, in a very visual level, I felt myself traveling through the stars to get to the place where I belonged. And for me that was, quite, I was quite grief-stricken, when I had to come back...And, because I had been taken to this place, and the first time I ever

had sound healing I was taken to this place, so I'd been there twice now. And to come back from it is not a pleasant experience because it's like, why have I got to come back? You know. What, I don't want to be here, I would prefer to be where, where I was and where I belong. So, but at the same time recognizing that, you know, well yea, you know where you come from, that this is the life you've chosen for now and this is only a moment in time and it's okay. And so, coming to terms with that, so sound certainly took me to that place and made me recognize that, the intransigence, if you like, of life, here on earth. And that there will be a point in life and in transition where I will go back home. So, that was comforting, but grieving as well.

The two times it's happened [this experience through sound healing], the colours that I see are a deep purple and a deep green. And um, those colours, they are around me all the time, those colours, and it's sort of, a deep green, a deep emerald green but it's very bright but it's deep (laughs), yeah. Those are the, and just that, absolutely feeling completely and utterly safe. A complete and utter sense of safety and completeness and wholeness and oneness and all those other words, but it's like, ya, but the colour is the most important thing in that, in seeing those colours. But it's also the, it's also the journey through the stars, because that I love, when I get that sense of expansion into the universe and then the colours come in, it's just, it's just beautiful. But I've only ever experienced it in that level during sound.

I asked C.L. is she felt enveloped by the colours. She replied: "Yes, when I get there that is what that is, the home is those colours."



## Images

Images were an important part of two-thirds of participants' experiences, similar to the place of colours. In fact, they were often mentioned together when people described sensory experiences: images and colours. Sometimes the images seemed directly related to the colours: P.J. described seeing waves that were connected to colours. M.J. saw coloured patterns at times. The majority of experiences described by participants that involved images, concerned spiritual experiences, which include past life experiences. B.A. also mentioned having experienced what felt like "random" imagery at times:

Um, but quite often, in healing, I would get really quite far away. I can remember one particular one I can think of where, um, I couldn't really, wasn't really honing in on what was actually going on in the session, particularly. That's when I'd start getting images, and start getting coloured patterns...And one time I even went somewhere completely different for a little bit. I had a really clear image of being somewhere else; I stood on top of a hill, with blue skies and the grass was really green and the sky was really blue. And it was just like clicking from one place to another. It felt that clear and that quick.

## Haptic

The term 'haptic' is gaining increasing use within cultural studies to describe experiences related to touch, or other exteroceptive stimuli, but also, to interoceptive stimuli as well, such as thermal experiences.

S.A. gives the following description of an experience she had following sound healing with Simon:

Even after he stops um, doing sound work on you, you're, you know, when you have sound work done on you, it's like your body has a singing vibration; it sort of responds, but it's not the singing vibration, it's not singing that you hear, but it's sort of like that kind of vibration and it continues to have this little singing hum for quite a while after he stops, particularly if he's been working in a specific area like a knotted knee, or something like that....and I didn't hear it on a physical level, it was on a, it was on a feeling level, you know. I didn't hear singing in my ears. It, it was sort of like, I can't explain it...let me see... it's just a, it's just a, there's this energy, it's just this very subtle vibration that's similar to the vibration when you hear singing [laughs]. I mean, I'm thinking angelic singing or, you know, really fine high singing, you know, um, it's, it's just, I think, a very fine, gentle hum. It's the sort of sound sometimes you hear when you're deep in meditation, deep silence and there's a note...Sort of like a vibration but my brain is saying, well, that vibration is sort of similar to the sort of vibration of singing (laughs), you know, to me it's like, when I'm a healer and I see colours, I don't actually see colours, I sense a vibration and my brain interprets that vibration and it says 'Well that vibration is sort of like this colour blue, you know. Or that vibration is sort of like this colour violet.' Well, it's the same thing. I'm very clear about this; you're experiencing and sensing something on a certain level and your brain is interpreting it and giving you something, something similar that you have experienced in the senses.

I asked S.A. if it was on a feeling-in-the-body level. This is her reply:

It's on a feeling-in-the-body level; definitely. And I think the reason I'm probably aware of it on the feeling-it-in-the-body level is probably because of my epilepsy. For so many years I was used to paying attention to the actual feelings in my body to try and, you know, avoid seizures.

This fascinating description recalls the word *seselelame*, which Geurts (2002) defines as a “feeling-in-the-body” (p. 10).

Two participants described thermal experiences with sound healing. S.A. said the following: “I remember at different times having sensations of heat and sometimes just, the area where he was directing the sound was relaxed or it would feel like melting, or something was dissolving—I can't quite explain it; it's been quite some time.”

C.L. described often having intense experiences with heat while receiving sound (this was mentioned under “Physical Experiences” in Chapter 7).

M.J. reported the following interoceptive or haptic experience:

I often get some tingling and you know it's like, oh I can feel that's doing something, wow this is incredible. And I could feel a lot of, you know, it's like a bit of your body resonates with the sound and I could feel this bit going there.

And then there were one or two notes and you think, oh yes that one is really hitting the spot. It was as if it were going right into my ear, into my right ear.

And it was very resonant, you know, I could feel that resonance.

B.A. reported experiencing “...feelings as well, like vibrations. Sometimes it would feel like their hands were on you, even though they weren't, um, because the vibrations were so strong.” This fascinating description poses an interesting question: Were the

vibrations coming from the voice of the sound healer? This would seem to be suggested here. However, B.A. also reported “feelings as well, like vibrations.” This would suggest an interior experience. Perhaps it was both simultaneously.

### Other Sounds

Several people reported hearing sounds during sessions that were beyond what the sound healer or group was making. K.A. described the following:

Well, sometimes when we sing, when we have sung with Simon, I can hear other things. I can hear church bells, other things that aren't there but I can hear different sounds... And it just takes me, takes me very, very deep, very deep, and it takes me a while to come back. You know, because I'm in a totally different place, and it takes me awhile to go back into my body.

Hearing church bells recalls the description of Nada Yoga in Chapter 1 (Literature review: Spiritual traditions) in which specific sounds like this would be experienced internally as part of a meditative process leading to spiritual evolution.

B.A. described her experiences as follows:

And you can hear sounds, um, sometimes after I would speak to people and say how many of you were there singing? Sometimes you'd hear sounds that weren't coming from the person or seem to be coming from elsewhere and sometimes you'd hear sounds that were duplicated or completely different sounds that were working with the sounds that the healer was making...Yea, it sounded like there were lots of voices, um...Sometimes lower voices and sometimes higher voices, um, and then sometimes you'd hear their voice bouncing back, and you'd hear almost like an echo version of their voice...like a duplicate version of

their voice, almost like it would ‘ummm’ vibrate and cause a couple of different sounds.

### Sounds during sessions

P.E. gave the following account of a powerful experience she had with sounds she heard during a session:

When it came to the time when I was hearing my name being sung, that really touched me. I could feel the love of this lady singing my name, and somehow it was very moving, and it made me cry. I was thinking about a part of me that was sort of, that found it difficult to connect with people in London, and I felt a bit, like out of place, a bit. And hearing this voice singing my name, it was like bringing me back to where I was and saying, “Well, you Elena, you’re here, you’re being loved.” You know, it’s OK, you are here, accept it. And you know, I realized probably I was trying to escape all the time, but then by escaping I wasn’t centered, and so the psychological after-effects of it I’m still deal with it sort of, but I mean in a very nice simple way, it just touched me. That’s what I remember from the first healing session.

Table VI

**Summary of Types of Sensory Experiences**

Participant	Colors	Images	Haptic	Smell	Other sounds
B.A.	x	x			x
S.A.	x	x	x		x
K.A.	x	x		x	x
P.E.*		x			
B.E.	x	x	x		
M.J.	x	x	x		
C.L.	x	x			
B.M.		x			
C.R.*					
B.L.			x		
J.P.		x	x		
N.J.	x		x		
P.J.	x			x	

\*P.E. said she did not recall any sensory experiences during sound healing, but then said she experienced images when she was thinking about things while receiving sound.

\*\*C.R. does not recall any sensory experiences during sound healing.

## Summary

Because of the importance of sensory experiences in this method of sound healing, a separate chapter was devoted to a discussion of experiences involving the senses that were reported by participants. Contrary to what one might at first expect, there was very little focus on aural experiences of the sounds made by the sound healer. Visual experiences of color and imagery were predominant, followed by haptic experiences. Table VI summarized sensory experiences, and enabled the reader to examine the range of sensory experiences reported by each participant.

## CHAPTER 9:

### DISCUSSION

In reflecting upon the ways in which participants in this study have described their experiences with sound healing in these pages, it is clear that there is a great amount of specificity to these descriptions that are uniquely personal to each individual. As Nielson (2000) has pointed out, what has been missing in the literature on sound healing is descriptive studies, enabling researchers to examine in detail, what different effects are experienced through different methods and techniques. In her dissertation on music and sound in the healing process, Van Putten (1992) echoed this, stating that “There is a great need for research examining *descriptions* of sound healing processes...,” noting that almost no research exists in this area (p. 97). What we see clearly from this study is that a very *wide* range of experiences were described, which is often not reflected in the literature. If we look at Table VII below, which shows the range of experiences by individual (reformatted here), it’s clear that half of the participants had experiences in three or more dimensions of a holistic model, and five out of six had experiences in two dimensions of this spectrum. Table VIII provides a comprehensive summary of categories for effects of sound healing.

What this suggests is that the method of sound healing under study elicits a wide range of experiences that are often highly personal in their content, but which appear to fall within the dimensions of a holistic paradigm which has been defined as follows: An “interdependent relationship of body, emotions, mind and spirit” in which “the



Table VII

**Range of Sound Healing Experiences by Individual**

B.A. – physical, spiritual, emotional, mental

B.M. – physical, mental, spiritual

C.L. - physical, spiritual

J.P. – spiritual, emotional, insight, physical

M.J. – physical, insight, spiritual

P.E. – physical, emotional, spiritual

B.E. – emotional, insight

C.R. – physical

N.J. – physical, emotional

K.A. – spiritual, insight

P.J. – physical, realignment

J.L. – physical, emotional

S.A. – physical, spiritual, emotional

Table VIII

**Categories for Effects of Sound Healing**

**Physical Effects**

Relaxing, calming, energizing, elimination of pain  
Healing of tonsillitis, of back injuries; realignment of body  
Healing on a molecular level

**Emotional**

Release of emotions, cleansing  
Release of trauma  
Letting go of past lives

**Mental**

A way of changing thought patterns

**Insight**

Receiving psychological understandings  
Deeper perceptions of life situations  
Whole seeing; glimpses of knowing

**Spiritual**

Experiences of deep meditation; harmony; feeling inner peace; blissful feelings  
Feeling connected to oneself  
Experiencing an opening of the heart; being able to listen to the truth of your own heart  
Learning to give and receive  
Out-of-body experiences  
Experiences with angels (hearing or seeing); Spiritual rebirth  
Journeys through the stars

**Sensorial**

Visual - colors, images  
Haptic - heat, melting, tingling, vibration, resonance, feeling cells coming apart and being reformed;  
Hearing - nada yoga (church bells)  
Hearing sounds that weren't being made by the sound healer, such as very high voices  
Olfactory - smells  
Heightened senses - experienced after sound healing treatments; mainly hearing, but also sight

**After-effects**

Strong sense of effects manifesting slowly over time  
Long-lasting effects  
Life-changing events occurring as part of these effects

maintenance of continued health depends on the harmony of the whole” (Dimensions of Humanistic Medicine, quoted in Drury, 2004, p. 115).

If we recall the theory used to explain how sound healing works, we encounter a model of the human body as a complex system of vibrational forces which are constantly in motion. Sound itself is also a vibrating force consisting of waves of energy which, when applied to the human body/mind system, can impact that system significantly. A vibrational theory of the human body views the dimensions of experience characterized as physical, mental, emotional and spiritual, as being intrinsically connected and interrelated, rather than being discrete, compartmentalized and separate. Considering that anywhere from fifty-five to seventy-eight percent of the human body in adults consists of water,<sup>7</sup> can be helpful in imagining how sound waves could impact the human body in such a way. According to this model, a single sound healing session could result in more than one dimension of human experience being affected.

Sometimes, the language used by some of the study participants appeared to reflect this. For example, P.J. spoke of the sound “physically, energetically tuning up my whole body.” When I asked her what she meant by this in a subsequent correspondence with her, she wrote the following clarification: “I feel that sound healing tunes up my energy by clearing my aura as well as realigning me physically” (P.J., personal correspondence, October 20, 2010).

This metaphor of tuning up the body, is not uncommon in sound healing parlance. If one tunes an instrument, it means that all the strings or keys are adjusted in order to

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<sup>7</sup> This figure varies according to gender, weight and other factors (retrieved March 27, 2011 from [madsci.org/posts/archives2000-2005](http://madsci.org/posts/archives2000-2005))

bring them all into harmony with one another. If one gets a ‘tune up’ for one’s car, adjustments are made to different engine parts that result in operation of the vehicle at peak efficiency. Granted, an automobile engine is a mechanical device, but in terms of many parts needing to work in synchrony with one another so that the car can have optimal energy, the analogy to the human body is apt, I would argue. With its many parts making up a whole, the multi-levelled ‘parts’ of the human being also need to be tuned, for imbalances or malfunctions can easily occur.

Another use of language pointing to more than one dimension of experience being involved was used by B.L. She spoke of blockages in her throat chakra being healed, resulting in her being able to “speak her mind much more freely afterwards” as well as her physical voice being freed up as well, both in singing and speaking. This same participant said the following: “It’s incredible, the capacity of sound healing to shift stuck energy.” This kind of language, in which multiple dimensions of experience are implied, or at the very least, available as possibilities, will be increasingly used I believe, as we move forward into the future with sound healing.

This question of language is of course hugely important in ethnographic work, and something I struggled with at times. Participants often labelled their own experiences with terms like “physical,” “mental,” “emotional,” “spiritual,” and “insight.” This made it easy to place these within the corresponding dimensions of holism using the same terms. Occasionally, words were used by certain individuals that were difficult to categorize into these dimensions. For example, P.E. spoke of feeling “much more calm and sort of grounded,” as an effect of sound healing which she experienced. She noted

that she did not experience this physically “very strongly.” So would these effects be mental, emotional or both? This same participant mentioned that the sound helped to “calm my jittery nerves.” Is this just a physical experience, or emotional or mental as well?

Another question involves the word ‘insight.’ Three participants used the word to describe an experience each of them had. I wanted to include it as a separate category, as it did not seem to fall under “physical,” “mental,” “emotional” or “spiritual” designations, but I wasn’t sure at first. What is insight, exactly? Princeton University has a lexical database for English<sup>8</sup> that offers the following information about the word “insight”:

penetration, insight (clear or deep perception of a situation)

- insight, perceptiveness, perceptivity (a feeling of understanding)
- insight, brainstorm, brainwave (the clear (and often sudden) understanding of a complex situation)
- insight, sixth sense (grasping the inner nature of things intuitively)

(Retrieved October 16, 2010 from [wordnetweb.princeton.edu/perl/webwn?s=insight](http://wordnetweb.princeton.edu/perl/webwn?s=insight))

This information suggests that insight can be a feeling or an intuition; as a “clear or deep perception,” it is perhaps something else as well. We know that insights can take the form of psychological understandings, though not always. This appears to have clearly been the case with M.J., who had the case of nausea before spending the weekend with her boyfriend. During a sound healing treatment, she had the insight that she had a “fear

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<sup>8</sup> A lexical database is defined here as follows: Nouns, verbs, adjectives and adverbs are grouped into sets of cognitive synonyms (synsets), each expressing a distinct concept. Synsets are interlinked by means of conceptual-semantic and lexical relations. The resulting network of meaningfully related words and concepts forms the database.

(Retrieved October 16, 2010 from [wordnetweb.princeton.edu/perl/webwn?s=insight](http://wordnetweb.princeton.edu/perl/webwn?s=insight))

of commitment.” As soon as this realization came to her, her nausea began to dissipate, and she was feeling fine by the time the session had ended. She believes that having that insight relieved her symptoms.

For K.A. insights into “problems” came to her from sound healing, but the exact nature of the insights is not clear. For B.M., sound healing relaxed his body and mind, quieted the left hemisphere, and allowed a “truth to come through” by accessing the right hemisphere. “Rather than seeing things or feeling things, it’s a kind of whole seeing where you’re not limited by senses; it’s an all-encompassing knowing. Glimpses of knowing.” The kind of insight suggested here would relate more to a deep perception or ‘grasping the inner nature of things intuitively.’

This discussion highlights the special challenges posed by such language in terms of making sense of experience. I am reminded of Ricoeur’s important contribution to the phenomenology of experience, involving the recognition that language so often points to something beyond it which we cannot fully grasp. In the case of sound healing, some of the language we are hearing – ‘stuck energy’, for example, may be pointing to a future in which the old mind-body dualisms fade as new ways to express energetic ‘wholes’ gain increasing prominence.

#### The healing efficacy of experiences with sound

As a music therapist, I am interested in the healing efficacy of experiences with sound. To begin this section, it’s important to define healing. The broadest definitions would be “to make whole,” or “to restore harmony and balance”. More specifically, in terms of a *process* of healing, I like the following definitions: “to bring relief” and “to

improve the condition of.” Sometimes healing occurs in small, incremental steps, rather than in one dramatic transformation; the narratives recounted here in chapters 6, 7 and 8, include both of these types of healing. Table VIII reviews these experiences in summary form.

I believe that the experiences detailed in this study suggest support for the healing efficacy in this method of sound healing. If we look at physical effects, one can certainly conclude that the cessation of pain, the healing of tonsillitis, and the realignment of the body (after an accident), would qualify as bringing relief or improvement to one’s condition. They also suggest the restoration of harmony and balance. Under emotional effects, the release of emotions such as anger and sadness and the release of trauma, certainly qualify as bringing relief or the improvement of one’s condition; and once again, they also suggest the restoration of harmony and balance.

Under mental effects, the changing of one’s thought patterns from negative beliefs to more positive thoughts, would qualify as bringing relief or the improvement of one’s condition. Under ‘insight,’ psychological understanding which solves life problems, would qualify as bringing relief or improvement of one’s condition. The restoration of harmony and balance certainly occurred for one participant in terms of the effects of experiencing an insight (M.J.). Deeper perceptions about life, possibly including grasping the inner nature of things, would suggest bringing improvement to one’s condition.

Under ‘spiritual effects,’ experiences of deep meditation, feelings of inner peace and bliss, feeling connected to oneself, experiencing an opening of the heart, being able to listen to the truth of your own heart, learning to give and receive, and spiritual rebirth,

would suggest bringing improvement to one's condition, and in some cases, the restoration of harmony and balance. Under 'Sensorial,' a number of participants who experienced seeing colors during sound healing remarked on how comforting and good they felt.

These effects can also be characterized as "therapeutic," which can be defined as follows: "serving to cure or heal" (Webster's New World Dictionary, 1970) ; "having a good effect on the body and mind"; "contributing to a sense of well-being" (Oxford Dictionary, 2005). I include the term "therapeutic" as a bridge to music therapy, because the implications of the findings of this study for the field of music therapy are an important area of discussion.

### Review of the theory of sound healing

Chapter I outlined the theory of sound healing which is used to explain how sound can impact the mind/body system of humans to effect healing. If we look at the physics of sound waves, as discussed earlier in the Introduction to the thesis, and how vibration occurs from the oscillation of these waves between two poles, we're talking about hard science here. There's nothing questionable about the notion that vocal sounds produce vibrations that can impact the human body. As for whether or not organs, tissues and other components of the physical body emit vibrations along with sound, evidence to this effect is growing. According to van Putten (1992),

The clinical data gathered by Manners using organ and tissue sound frequencies, evidence from the work of Conrad-Da'oud on the regeneration of muscle control and Oster's (1984) research on muscle sounds all lend support to the idea that



human organs and organ systems emit sounds which can be indicators of dis-ease and of healing... (p. 98).

Two important aspects of sound healing theory also mentioned earlier, involve the principles of ‘entrainment’ and ‘resonance.’ There is wide agreement on this theory among sound healers (Heather, 2005, Goldman, 2008, Perry, 2009, Gardner-Gordon, 1993, Gardner, 1990). Maman’s (1984) extensive experiments with the effects of sound on a cellular level, suggest that resonance – or the optimal state of health - can rather easily be achieved through the application of sound waves to cells. As far as entrainment is concerned, it has been scientifically proven that rhythmic entrainment occurs between two objects vibrating at different speeds. What we don’t appear to have any research on, is the question of how long this process takes in sound healing, if indeed it occurs between a vocal sound source, and say, a specific part of the body (cells, tissues, organs, etc.).

Another important aspect of the theory of sound healing that is widely embraced is the role of intentionality in effecting sound healing. As Goldman (2008) so succinctly puts it, frequency + intention = healing. The idea that we can ‘program’ sound according to our intentions, is widely accepted among the group of sound healers noted above. As Heather (2005) explains it: “If we sing a pure sound to another person with a pure intention then healing will occur” (p. 6). Support for this approach is expressed by Hazrat Inayat Khan (as quoted by Gaynor, 1999): “Every pitch that is a natural pitch of the voice will be a source of a person’s own healing as well as of that of others when he sings a note of that pitch” (p. 18). It is also expressed by John Diamond, the originator of the formula ‘frequency plus intention equals healing’, who writes that “All natural

unstressed sounds will raise life energy” (Diamond, 1983, p. 119). Goldman (2008) believes that the use of intention coupled with sound amplifies the power of the sound to bring about healing. According to Goldman, John Diamond believed that the intention behind the making of a sound was more important than the sound itself. Both were needed, but the inference here is that specific attributes of a sound, such as its pitch (also known as frequency), or the particular vowel being sung, could vary, as long as natural unstressed sounds – vocal in this case – were used.

By ‘natural,’ Diamond meant anything that wasn’t mechanically or synthetically produced. Thus, sounds from a synthesizer would not do, nor would sound frequencies generated by a machine. Diamond tested this theory extensively, developing physiological measures of the “life energy” of singers, instrumentalists, composers, and over 25,000 recordings of Western classical and popular music, along with ethnic recordings from many cultures (Diamond, 1981, p. 11). From this testing, he determined that natural unstressed sounds from singers or instrumentalists have the effect of raising the life energy of a person. Critics of Diamond would say that one of the main methods of testing, which was kinesiology, or muscle-testing, is not scientific enough to form a solid basis for his claims. Kinesiology can test whether a muscle becomes stronger or weaker when exposed to certain substances or in this case, sound sources. The theory is that what weakens the body’s muscles, is not good for the overall physical body because of a lessening of energy, while what strengthens them, is good for the overall physical body, for the life energy of the body is enhanced or strengthened.

I have not encountered any studies on the use of intention in healing work. However, many sound healers, including Heather, use prayer as a means for setting

intention. In his trainings, Heather recommends that sound healers begin their sessions with prayer. “The prayer sets the intention for the healing session. When we give sound healing we become an instrument for love and healing. This intention is carried to the person through the sounds we make” (Heather, 2005, p. 29). The reader will recall that Larry Dossey (1993), the physician who has written extensively about the healing effects of prayer, also describes hundreds of studies that scientifically document the efficacy of prayer for medical healing. Those who might be tempted to dismiss the use of prayer in Heather’s method might want to reconsider their stance, in light of these studies.

#### Contributions to a theory of sound healing

I believe that there are other aspects of the method of sound healing under study (and that can apply to the ‘branch’ of contemporary sound healing represented by authors such as Gardner, 1990; Gardner-Gordon, 1993; Goldman, 2008; Heather, 2005; Perry, 2009) that need to be considered as possible, important elements of theory. The first of these concerns the role of intuition. I would suggest that intuition plays an important role in vocal sound healing. What pitch to use in choosing a sound, how much of a particular sound to give someone, what vowel sound(s) to use, and how long to administer sound to a particular area of the body – these are all questions requiring the use of intuition. The beauty of Heather’s method is that he teaches a structure to beginners that they can rely on in the absence of a developed sense of intuition regarding the use of sound for healing. However, it is expected that as sound healers gain more experience, their intuitive skills will strengthen, and with it, the reliance upon the set structure will diminish. Heather makes it very clear, that if one’s intuition suggests doing something other than what the

structure would suggest, then one should go with one's intuition. He places a strong emphasis upon the role of intuition in his method.

The question arises, what if one's intuition is wrong? I have not posed this question directly to Heather, but I suspect that he would say that the effects stemming from a wrong intuition would be mitigated by a couple of factors. The first is that if any unstressed, natural sound can heal, then if the sound healer is vocalizing such sounds, healing will still occur. Secondly, he suggests checking in with the person receiving the sound from time to time, to ask if they would like more of a particular sound, or if it's enough. If, then, one's intuition says to keep making a particular sound, but one isn't sure, asking the client if they would like more of it, or not, will provide feedback on a particular intuitive hunch or choice. In my experience, clients almost always know if they want more of a particular sound based on how it feels to their body. I know from my own experience as a recipient of sound healing during the training I attended (Chapter 4), that the body is extremely sensitive to the quality of sounds being directed at it, and knows the difference between sounds that feel good and sounds that don't.

One could challenge this position by noting that certain medicines (Castor Oil, for example) taste terrible and therefore don't 'feel good' to the body, but they are still good for you. Thus, how do we know that certain sounds which might feel 'bad,' can't still be good for you? I'm not sure how to answer this question at the present time.

Another factor to consider is that sound healing sessions are based upon information gathered from the client, which includes problem areas they would like to work on. Also, a sound healer does an initial 'scan' with their own voice (described in Chapter 5) to determine areas of imbalance in a client. These areas are subsequently

worked on. Thus, these two actions serve to determine most, if not all areas to work on for the sound healer. A sound healer with a well-developed intuition may be led to do something else as well, but those without it can rely on a session being structured either through the basic method Heather teaches, or through focusing on the information garnered from the two sources mentioned above.

Another aspect of sound healing that I believe deserves inclusion as an element of theory concerns the role of altered states of consciousness (ASCs) in sound healing. I would assert that sound healing often induces a light trance state – and sometimes a deeper one - in which everyday consciousness recedes into the background awareness, while interior states of consciousness move into the foreground. This shift in consciousness helps to facilitate many varied kinds of healing experiences for individuals receiving sound healing. The narratives described in this study contain some powerful examples of such experiences. For example, B.E. wrote the following about one of her experiences:

If you just sit down and talk to someone sometimes emotional stuff is too much but when you're in that place, in a sound healing, it seems to me that the, the sound just, either it goes through you and you get moments of silence, you're just in a happy place, you know, where you, your mind would be able to look at things that are very difficult but it didn't seem to be traumatic....I think it's a very good way of releasing stuff that maybe you can't release normally, or you can't look at. Because it hurts too much, but in that kind of situation, then it comes out very easily, you know. It's that way with trauma.

M.B. described one of his experiences as follows:

Before that experience (with sound), I was limited to my intellect, and then I had an understanding that the intellect is necessary, and a wonderful tool, but there's so much more behind the intellect...And sound, the effectiveness of sound to relax the body and mind, to quiet the left hemisphere, allows a truth to come through for the individual that the right hemisphere has access to everything, and that's an, uh amazing experience....Rather than seeing things or feeling things, it's a kind of whole seeing where you're not limited by senses; it's an all encompassing knowing. Glimpses of knowing.

How can sound facilitate such altered state? One explanation is that sound has the ability to alter brain waves. Research has been conducted for decades at the Monroe Institute in Virginia demonstrating sound's ability to shift brain waves from beta waves, associated with normal consciousness, to alpha waves, associated with daydreaming and meditative states, and theta waves, associated with deep meditation. However, recent findings challenge the notion that states of consciousness are "the result of electrochemical neurological activity." In fact,

There is no neurophysiological research that conclusively demonstrates that the higher levels of mind (intuition, insight, creativity, imagination, understanding, thought, reasoning, intent, decision, knowing, will, spirit, or soul) are located in brain tissue (Hunt 1995). A resolution to the controversies surrounding the higher mind and consciousness and the mind-body problem in general may require an epistemological shift to include extra-rational ways of knowing (de Quincey 1994) and may well elude comprehension by neurochemical brain studies alone

(Atwater, F. The Hemi-Sync Process; retrieved October 30, 2010 from <http://www.monroeinstitute.org>).

Regardless of the evolving theory of neuroscience, what seems clear is that sound does have the ability to shift states of consciousness. Drumming, which is also considered a form of sound healing,<sup>9</sup> has been used throughout the world for thousands of years, to shift states of consciousness in shamanic cultures. Our body-mind continuum entrains to the rhythms and frequencies of whatever sound source is used, be it drums or voice or other instruments, and shifts occur in our attentional states. Consider for a moment how easy it is to shift a person's mood state just through listening to a few bars of a song or instrumental piece of music, and one glimpses the power of sound to significantly affect a person's state of consciousness in a very short period of time.

Clearly, much more study is needed to explore the varieties of altered states that can be induced through sound healing. Gaynor (1999) writes about the state of expanded consciousness reached by his patients combining chanting with playing 'singing' bowls. Tinzen Wangyal Rinpoche (2006) also describes "resting in the space within us that clears and opens," resulting in a state of "higher consciousness" (p. 10). I believe that B.M. and B.E. both had such experiences through sound healing. I also believe that other, less dramatic instances of shifts in consciousness occur quite regularly.

Simon Heather confirmed this regular occurrence of ASCs in an email to me as I was thinking about this aspect of sound healing. He said the following: "People receiving sound healing often report experiencing an expanded state of awareness, particularly in the period of silence within the session." He compared this to ASCs

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<sup>9</sup> I did not include references to drumming in the literature review because as I indicated, the review was not meant to be comprehensive, and the literature on drumming is a vast area in and of itself.

occurring within shamanism, wherein “The shaman takes the client into a non-ordinary state of consciousness where they can be more open to change and access an inner healing power.” An in-depth discussion of this is beyond the scope of this dissertation, but will hopefully be taken up in the future in other studies. I believe it is an extremely important area to be further explored.

*The role of the senses in healing and therapeutic efficacy*

Another aspect that deserves consideration in a theory of sound healing is the role of the senses in terms of healing and therapeutic efficacy. I would argue that in this study, there are indications that colours were sometimes experienced as healing *in and of themselves*. If you recall, for example, B.E. described the colours she saw as “extremely comforting.” Concerning imagery, the reader will recall a powerful spiritual experience that C.L. had in which the colours she saw represented ‘home’ to her in the expanded universe into which she journeyed through sound. J.P. experienced images she felt connected to a past life. A peak experience of transformation occurred as a result of this experience. In the latter case, did the images cause the transformation? Perhaps a more helpful way to think of their role is the way in which Hume (2007) speaks of the senses, which is as “portals” to “other realities” (title page). They act as a way of “gaining knowledge” that is “in addition to intellect and reason” (p. 6).

Howes (2011) suggests that “religious experience is not trans-sensory, as is commonly thought, but *inter-sensory*.” He cites synaesthetic experiences as being an important example of inter-sensory perception. In the examples cited above, both C.L. and J.P. had such synaesthetic experiences, for the colours and images they respectively



saw, occurred while hearing the sounds being made by the sound healer. Interestingly, theologians have spoken of two sets of senses when discussing the ontology of spiritual sensations. These consist of “an external physical set and an internal, spiritual (set).” Reflecting this dualism is the experience of Hildegard of Bingen, who had synaesthetic experiences which she thought came from her “soul alone” rather than her corporeal senses (Classen, 1998, p. 17).

In terms of C.L.’s experience of the colors as *being* home to her on her spiritual journey, one is reminded of McLuhan’s famous dictum that “the medium *is* the message” (McLuhan, 1967, title page). Related to this, it seems, is Howes’ (2006) explanation that “... the word *sense* in English contains the dual connotations of perception and meaning.” Thus, “to sense and to make sense may be one and the same” (p. 30).

However, it should be noted that generally speaking, an anthropologist needs to be able to deconstruct this double meaning. As Howes says, “Perception begins at the edge of the man-made environment and is conditioned by the “social preformation” of the senses” (Howes 2009). Thus, there is a “cultural mediation” that takes place between sensory organs and the world. Without the anthropologist “emulating in his or her own person the local “ways of sensing,” one will emerge from a cultural study with the “sensation without the signification, the feeling without the meaning” (Howes, 2009).

#### *After-effects of sound healing*

Another area that deserves consideration in terms of inclusion in the theory of sound healing, concerns a phenomenon that I have not encountered in any of the literature or studies on sound healing. I am referring to the after-effects of sound healing

that occur well beyond the session in which the sound healing was administered. The profiles on P.E. and P.J. in Chapter 6 provide examples of this. In Chapter 7, B.E. noted that in one session, the effects seemed disappointing. However, she realized later that in fact, it might have been very powerful in terms of the after-effects that were set in motion. She believes that the emotions she was able to release were related to a lump discovered in a part of her body. Once the emotions were released, the lump could begin to heal, which it did.

Two participants have written to me recently, telling me that they have been making major changes in their lives which they attribute to the sound healing sessions they did months, and some even a number of years ago. C.L. wrote the following to me:

My life has completely altered over the last few months - an ongoing process I think. I am no longer associated with the College of Sound Healing as I have felt the need to let go of everything and find out who I am with everything stripped away. I truly believe that this whole transformation was started by the Sound healing and feel it is nothing but positive and in fact a physical manifestation of the cellular healing and re-jigging that happened when I was receiving a sound treatment, that I talked to you about.

In Chapter 4, I shared my own experience of noticing effects for weeks after I received sound healing sessions. I too made a major change in my life a couple of weeks after receiving sound healing sessions. I left a spiritual path that I had been on for twenty years. Though difficult, I believe it was a necessary and beneficial change. I had been contemplating making this change for a long time, but was unable to act on it until after the sound healing.

What could explain why effects appear to be sometimes experienced days, weeks and even months after a sound healing session? I posed this question to Simon Heather, and he had several thoughts about it. Broadly speaking, “Every person has their own time scale for healing,” he said. “Recent problems tend to respond more quickly. Longer term problems respond more slowly.” He also explained that when a physical problem is involved, as was the case with B.E., sometimes issues on emotional, mental or spiritual levels need to be worked through first before the physical level can improve. This can take time.

I am reminded of what I have long known as a therapist, that the psyche has its own rhythm, and cannot be forced. And as Simon Heather has said, some problems respond more quickly than others. I certainly know as a psychotherapist, that some issues that clients present take much longer to resolve than others. These thoughts provide partial answers, I believe, but in terms of how sound itself can specifically act on the human mind/body system to set in motion changes that slowly unfold on an on-going basis, will require much more research to fully grasp.

#### Major shifts and changes not uncommon

Perhaps the following should not be considered for inclusion in sound healing theory, but it does strike me as important to write about in future sound healing literature more clearly. This concerns the fact that experiences of major shifts or change do not appear to be uncommon. These do not always take place on the ‘outer plane’ of existence, but sometimes take place on ‘inner’ levels as well. For example, B. M. expressed the following:

The whole course of what was then the 3-part course<sup>10</sup>, everybody that I have spoken to and (who) enjoyed the course as well, have had life-changing experiences. And not always manifested in the physical world that people were experiencing, but life-changing experiences in their head anyway, and people have a huge shift in their perceptions.

#### Themes emerging from sensory aspects of sound healing

In terms of participants' experiences with the sensory aspects of sound healing, a number of themes emerge. One is that the majority of participants did not focus on the sounds they received from sound healers in their description of sensory experiences. Over the course of conducting interviews with participants about their experiences, I frequently asked them if they could recall anything specific about the sounds they received. The response that I uniformly received was an apologetic 'no,' with a number of people indicating that some time had passed since they had had these experiences, and so memory of specific sounds or qualities of sounds may have faded as a result. One or two others spoke of the sounds as energy going to wherever it was needed in the body. This is an important finding, and one which came as a great surprise to me. The question of course arises as to why this was the case. I would like to suggest that the fact that sound appears to easily induce a light trance state, in which the focus of attention shifts from 'outer' experience to 'inner experience,' could explain why participants as a whole had little ability to recall anything specific about the sounds they were receiving.

Another contributing factor could be that participants underwent sound healing to experience *healing*, rather than to simply have an aesthetic experience with sound. For

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<sup>10</sup> This is a reference to an earlier structure of Simon Heather's sound healing training.

this reason, one's focus of attention might naturally go in a direction other than that of focusing on the sounds themselves that they were receiving.

Another surprise was the extent to which participants saw colours while receiving sound. Before conducting this research, I was not aware of the extent to which "coloured hearing" occurs in general populations (van Campen, 2008). It did not occur to me that paired sensory experiences would be an important phenomenon, as it is not described that way in the literature on sound healing presented by Simon Heather. There are many discussions of colour in sound healing literature in general (Gardner, 1990; Goldman, 1992; Halpern, 1985; McClellan, 1988) but none provide detailed descriptions of what people actually experience in terms of colour, when receiving sound healing or making sounds themselves. It is abundantly clear from this research that 'coloured hearing,' or the phenomenon of seeing or sensing colours in relation to hearing sounds, is a common experience in the sound healing experiences under study (8 out of 13 participants saw colours). Moreover, the experience of seeing colours was always a positive one for participants, and, as discussed above, appeared to contain healing qualities for some.

When we look at the number and quality of participants' experiences with both colour and visual images, it's clear that the visual sense in this form of sound healing is by far the most widely reported sensory element 'in play,' and an important aspect of many participants' experiences. The images seemed to fulfill more than one function. For some, imagery was paired with what they believed were powerful past life experiences. For others, imagery seemed to be a part of experiences containing insights. Others had experiences they described as spiritual through imagery. The release of

trauma was another area in which imagery was experienced. For others, coloured images seemed to be paired with specific sounds or series of sounds.

A fascinating question arises here, which has to do with the cultural construction of experience. As noted earlier in this text, developed countries live in a world dominated by the visual sense. Could this explain why there appears to be an overwhelming predominance of visual sense experiences in sound healing experiences reported here? What if this study concerned sound healing experiences in parts of Africa, where kinaesthetic experiences predominate over visual ones? Would we have mainly kinaesthetic experiences described, rather than mostly visual ones? My guess is, probably so. However, one could also argue that ‘coloured hearing’ may not be simply a phenomenon of the modern Western world. What if we’re neurologically-wired for coloured hearing, regardless of culture? This type of thinking may be considered blasphemy by other sensory anthropologists, but consider the fact that sound and colour exist on the same continuum of frequencies. Colours exist at much higher frequencies than sound, but nonetheless, do inhabit a continuum. Also, the discussion of colour and sound is pervasive in the literature on sound healing. However, rather than describing accounts of people seeing colours when they receive sound, as has been documented in this study, discussion tends to focus on systems from different cultures that describe what colours go with what chakras, for example, or on colours that people *could* visualize while they receive sound, in order to enhance the effects of the sound (Gardner, 1990; Halpern, 1985; McClellan, 1988). It seems to me that cross-cultural studies of coloured hearing would provide important clues here.

I do want to point out that all of these visual experiences were had by way of *sound*, so although the predominance of the visual sense in the realm of *effects* of sound healing seems apparent, we are still dealing with a health care modality that falls outside of the traditional sensory ordering of things in mainstream Western health care. Moreover, when we look at the other sensory effects of sound healing reported here, we have many descriptions of haptic experiences, followed by aural experiences of other sounds heard during the sessions, and some instances of smell and touch. As well, a general heightening of the senses occurred in quite a few participants. I am reminded here of a statement by Howes (2003): “While everyone belonging to a culture will be influenced by the dominant sensory model, not everyone will adhere to it. This is particularly true of large, heterogeneous societies in which people with many different backgrounds and interests live together” (p. 54). I think we have a clear example here of a sub-culture – sound healing – which expresses just this predicament of being influenced by the dominant sensory model, visual/verbal, while at the same time embracing an alternative sensorium, which embraces the aural and the haptic to a much more significant degree, than the dominant sensorium of Western culture. Classen (1998) said the following about one of the cultural contexts for sound healing:

The New Age movement, with its concern to overcome the “mind-body split” of modernity through such sensuous practices as aromatherapy and reflexology, perhaps offers the closest approach in contemporary society to a multisensory aesthetics... (p. 159).

Historically, the Middle Ages had a very multi-sensory aesthetic as well, and in the 19<sup>th</sup> century, the Symbolists created their own version of a multi-sensory aesthetic (Classen,

1998). This notion of a “multisensory aesthetics” would certainly appear to apply to sound healing as documented in this study.

#### On the aesthetics of sound healing

Aesthetics is another area of importance. Simon Heather has written about the importance of the quality of one’s singing/sounding voice. It must convey a clear, open sound carrying a pure and pleasing tone. Without this ability, the performance of healing is compromised. A voice lacking in these qualities could prove to be ineffective in transmitting sounds that could potentially heal. A displeasing quality in the voice could aesthetically fail by engendering negative feelings in a person receiving the sound.

I discussed my own experience with this in Chapter 4, when someone sending me sound had a very displeasing quality to her voice which literally felt painful to me. It caused extreme discomfort, to the point where it was definitely counter-therapeutic.

Another aspect of the aesthetics of sound healing involves olfactory dimensions of the experience. One participant mentioned receiving sound healing on one occasion from a practitioner who had bad breath. This resulted in an unpleasant experience which compromised the therapeutic value of the session.

The quality of the sounds that a sound healer makes are impacted by many things: the physical health of the sound healer, the degree of confidence and level of comfort with the client and with the specific tasks involved in a sound healing treatment, and the clarity of the sound healer. We’ve all had the experience of our voices changing when we’re not feeling well. Also, one’s voice can become weak-sounding and ‘wobbly’ (think of a vibrato that is markedly unsteady) from lack of confidence or discomfort with



the client. ‘Dis-ease’ of any kind is transmitted through the voice and the energy of that sound. As I related earlier in this text, it does not feel good to receive such vibrations. In my case, I experienced the discomfort of a woman in training, whose voice wobbled very unpleasantly (not only unsteadily, but with too much intensity), when she was sending sound into my heart chakra. This woman’s discomfort with the task-at-hand resulted in an energy that was the opposite of healing.

The clarity of the sound healer is an interesting subject. Simon Heather spoke quite a bit about this in my interviews with him. “It’s not the technique that you use, it’s the energy that you have...It’s really about how clear you are,” he stressed. “You have to clear the blockages so you can clear your voice.” In the case of the woman working on me, the ‘blockage’ might relate to some kind of fear on the emotional level. For someone else, the blockage could be in the area of expression, which pertains to the throat chakra and the voice, both speaking and singing. So clearing the blockage there could free up the voice. Simon also said that the training course is really about helping people to “raise their vibration so that they can help other people...It helps them to be clearer and more effective as healers.”

Itzhak Bentov (1977) said something very interesting about higher frequencies, which is what Simon is talking about when he refers to raising one’s vibration. Bentov asserts that the higher the frequency something or someone emits, the farther into the universe it can penetrate. One of the study participants, K.A., told me that “Sometimes, when I have sound healing, if they [the sound healer] are very clear, my experiences are profound.” These two statements of Bentov and K.A. strike me as being related, for is not deeper penetration related to profundity in some instances?

It should be noted that how high the frequency or energy of a person is, does not constitute the sole criteria by which a sound healer is judged suitable or 'good' or not. In a recent conversation, Simon pointed out that sometimes a person bases their choice of sound healers on gender. He cited the example of someone he recently encountered, who said they would prefer to work with a woman. A good 'fit' needs to occur between sound healer and client, for the sound healing to work well, but that could also include many other factors beyond the scope of this study to examine.

#### Through the lens of anthropology

Scientists, mystics and sound healers would not have us relativize the theory of vibration that each of them embrace from their own unique yet related perspectives. They would have us embrace these perspectives as timeless, universal truths. I must admit, I find it hard to do so as well. There is so much evidence from so many sources that vibration lies at the heart of sound, music and the universe itself. However, it's true that the particular cultural manifestations are subject to infinite variety and evolution, and are changeable through time.

So what can be relativized? Sound is a carrier of meaning. As a culturally and socially-constructed phenomenon, its meaning will vary depending upon its emplacement. As a psychologically-constructed phenomenon, its meaning will also vary from individual to individual, despite the cultural cohesion of any group. As an historically-constructed phenomenon, its meaning will vary through time. It is these culturally, socially, psychologically and historically-constructed meanings which can be relativized. What follows are some examples:

There is a whole culture of sound recording professionals throughout the world, for whom a theory of vibration is highly important. Without a thorough understanding of many properties of sound that relate to frequency and vibration (such as amplitude, pitch, variability), they could not do their work. However, there is no interest in how these vibrations can potentially heal or transform people.

Symphony orchestra musicians immerse themselves in the vibrations of sound on a daily basis. They are very concerned with the proper tuning of their instruments, but not for the purpose of healing; rather so that they can be perfectly in tune with the rest of the orchestra, and give the best performance of a composer's music as possible.

Sound healers of course are concerned with the healing aspects of vibration. That is their main focus. Why so much emphasis on this theory among sound healers? Barcan (2009) suggests that perhaps it's because it harmonizes well with a conception of the human body as a multi-dimensional interplay of different levels of energy, including subtle bodies such as the 'aura.' Vibration can easily travel to and among all of these different levels, and thus is the ideal 'vehicle' for a theory of healing within this multi-dimensional model.

If we return to our focus on sound as a carrier of meaning, in our modern era, the analogy of the computer comes to mind, with 'meaning' being imbued in the act of 'programming' the 'software' of our senses. This is done through the power of intention, and the energy with which we imbue sound in the context of healing. If I sing from my heart, with an intention of sending loving energy to myself or another, this will be a part of the 'meaning' of the sound experience. The sound will be a carrier of this meaning.

Moreover, this meaning is ultimately irreducible. Certain things can be understood about it through the lens of culture, history and the individual, but always, there is the sense that Ricoeur conveyed so well, of it forever pointing beyond our capacity for description. The nature of sound as a phenomenon which leaves no *visible* form behind for us to grasp and ponder at our leisure, contributes to this sense of the ineffable. There is a mystery to sound that seems appropriate, given both its archetypal and profoundly spiritual dimensions that stretch back to the very beginning of time and creation in both eastern and western religious mythologies. Indeed, it is sacred sound itself, emanating from the mouth of God, that is credited with creating the Universe in cultures throughout the world.

Difficulties people had with reporting certain ‘ineffable’ experiences, reflect this ineffable quality. Often, individuals would struggle to find the words, with silences punctuating our dialogue as they searched for words to describe what often could not fully or adequately be described in words.

Simon Heather has spoken of how the sound we are able to ‘grasp’ audibly is but the tip of the iceberg in a sound healing session. So much more goes on, he says, below the surface of our perception and understanding. The sound “cooks” (continues to do its work/healing), he says, in the silence that follows the audible portion of a sound healing session. Beyond the doors of our perception, even beyond the senses, it does its healing work.

#### Reflections on the research methodology: The dialogic relationship

If you recall, Clandinin (2007) describes the “researched and the researcher” in narrative inquiry, as both existing in a particular time and a particular context. “They

bring with them a history and worldview. They are not static but dynamic, and growth and learning are part of the research process. Both researcher and researched will learn” (p. 14). Looking for a moment at reactions of participants to this inquiry, it was clear at the end of quite a few of the interviews, that the experience of talking about their lives and their experiences with sound healing was very meaningful to them. Many appeared to be quite moved by the experience of reflecting upon their lives. Some did learn things about themselves that occurred to them in the process of telling their life stories, it seemed. They thanked me for the experience. Many were also excited about being able to contribute to research about something in which they believed so strongly. They looked forward to reading the completed dissertation.

For my part, the learning element was huge. It is of course why I embarked upon the research, so that I could learn. One thing I did not anticipate, and which was one of the great pleasures and surprises of this research, was discovering how much I enjoyed the human dimension of narrative inquiry. Having conducted quantitative research in the past, in which I had to cultivate an impassive, neutral presence with regard to my research ‘subjects,’ I found it very rewarding to be able to interact more naturally. This added immeasurably to the quality of the human interactions over the course of the research, and to the level of satisfaction I had with the research process.

### Tension at the boundaries

Clandinin and Connelly (2000) speak of the “tension at the boundaries...as we think through our narrative inquiries and become autobiographically conscious of our own reactions to our work” (p. 46). They bid us to reflect upon our own narrative histories of inquiry, and to “be alert to possible tensions between those narrative histories

and the narrative research they undertake” (p. 46). I would add that as researchers, we also need to be aware of the tensions that exist between the professional cultures we come from, and the cultures we are studying.

### *Music therapy culture*

I believe that they raise a very important point here which I would like to address. What are some of the tensions I experienced in pursuing this research? I noticed that when I embarked upon this research, I minimized the role of spirituality in the work. Specifically, I recall preparing a presentation for a Canadian music therapy conference, which consisted of some preliminary findings from this research, in which I thought of not mentioning the fact that prayer was used before embarking on a sound healing treatment, in the method I was studying. The reason for this was that I did not want to alienate anyone from the method I was studying, and since prayer is not commonly used in music therapy clinical practice, I was very reticent to mention this.

As I got deeper into the research, I began to realize that prayer or ‘invocation’ was a much more important part of the method than I had originally wanted to ‘see,’ and that my own resistance to it needed to be examined. One thing that helped was attending a ‘Sound Healing Symposium’ at Omega Institute in Rhinebeck, New York, while I was writing my dissertation. I encountered the work of oncologist and sound healer Mitchell Gaynor, described earlier in these pages, as well as the music healing work of Theresa Schroder-Sheker, in palliative care. The work of both of these visionaries is deeply holistic and deeply spiritual - profoundly heart-centered approaches - and I saw very clearly, that the embrace of the spiritual in their work as part of the holistic spectrum, added immeasurably to its power and healing efficacy. I thought to myself, this *is* the

future. It is also, of course, very much the past as well, in terms of the immense sound healing legacy gifted to us by indigenous shamans and medicine people.

Can sound healing be done *without* prayer or invocation? Yes, it can, and it can still work. But the method I have studied must be honoured as one that embraces the spiritual as an essential aspect of the method. I would like to add that Larry Dossey (1993), a distinguished physician who has written extensively on the use of prayer in healing, discusses the overwhelming evidence from a large body of studies spanning decades, that prayer has a significant positive effect on many diverse medical outcomes. Dossey struggled for years with the dilemma facing him as a physician in a scientific milieu that was decidedly Cartesian rather than holistic. He did not want to think about the implications of the studies on prayer that he'd been reading. Physicians did not pray over their patients, period, he thought. And yet, the overwhelming evidence indicating improved outcomes from the use of prayer bothered his conscience, until finally, he decided that he had to act on what he had learned. He began to pray each morning behind closed doors in the privacy of his office, before seeing patients.

It seems to me that an option for a music therapist wanting to incorporate prayer as a part of a method of sound healing, could be to do so privately, before seeing clients for the day, or silently within a session. There might be clients for whom spoken prayer could be an option, but I think it would be important to determine in an intake interview, whether or not a client would be open to or comfortable with this. Careful consideration of this issue should be a part of the dialogue on this kind of sound healing moving forward among music therapists, should they become interested in learning to practice it.

*The culture of academia*

As the ethnographic record suggests, the peoples whom anthropologists study often invite us to learn how to see, how to think, and even how to hear. Many of us accept these invitations genuinely. And once we decide to follow their paths of wisdom, we leave the comforts of a world in which we are members of an intellectual elite and enter worlds of experience in which our illiterate teachers scold us for our ignorance (Stoller, 1984, p. 568).

Simon Heather never verbally scolded me for my penchant for analytical discussion of his teachings, but I felt his discomfort towards this inclination, and the foreshortened discussion periods in his workshops reflected his distaste for intellectual discussion, I believe. In a follow-up conversation with him to clarify some of this, he explained that it really is a heart-centered approach, and that he believed that abstract discussions would get people into their ‘heads,’ which would not be helpful to the hands-on method of learning. When I explained that I wasn’t interested in ‘abstract’ discussions, but rather more discussion about what we were experiencing and feeling in the training, he said that there was more time for that kind of discussion in a later module, after people had had time to do their case studies and get more experience with the method. However, he did agree that within the sound healing culture, there was a definite anti-intellectual bias.

Healers do not tend to be intellectuals, and vice versa. Generally speaking, they inhabit very different worlds. Simon Heather’s method of sound healing places a premium on having an open, loving heart and a spiritual orientation to one’s work. Intellectual knowledge is useful as background information, but nothing more. As he stated, one does not heal with the mind in this approach. Healing is an energy that comes



through the sound. In that sense, this is a sensory-based healing modality that privileges sound and the body as primary foci of the healing process.

### Visioning the future

I believe that sound healing is a ‘technology’ of and for the future. Indeed, Gaynor (1999) calls it the “next frontier”:

Sound intervention for emotional expression and resolution is a powerful modality that, in my view, can represent a virtual short-cut toward psychological well-being. Put simply, using the bowls, other instruments, or our voices in tandem with meditative practice can help us move through burdensome emotional states far more rapidly than is often possible in standard psychotherapy or counselling (p. 169).

What’s clear now is that sound healing is coming into focus on the horizon of health care, and is entering a stage of intense development. In the future, as is the case even now, sound healing will consist of many approaches, often combined, and combined with other modalities. Some will use the voice, and some won’t.

Reading the Complementary and Alternative Medicine literature, it’s very clear that consumers are driving the changes to our health care systems. They are not waiting for evidence-based clinical trials to tell them if something is ‘sound’ or not as a treatment modality. They are relying on other forms of evidence to direct their choices. These include word-of-mouth, media stories and also advertising, in terms of initial explorations. Beyond this, whether or not something works for *them* becomes an important basis for decision-making. The scientific community cannot keep up with this movement driving changes to our delivery systems. The question arises, will traditional

forms of scientific quantitative analysis be the gold standard when it comes to determining what “works” or doesn’t “work” in the not-so-distant future? A friend of mine, a prominent psychiatrist from Sri Lanka who studied biochemistry at Oxford, recently said to me: “Anecdotal evidence *is* a form of evidence.” He strongly believed it should be taken seriously. Capra (1982) wrote eloquently about the limitations of quantitative research in understanding new modalities emerging in a holistic universe, and the need for qualitative research to understand certain phenomena. He argued that:

A science concerned only with quantity and based exclusively on measurement is inherently unable to deal with experience, quality, or values. It will therefore be inadequate for understanding the nature of consciousness, since consciousness is a central aspect of our inner world and thus, first of all, an experience (p. 375).

As a scientist speaking about scientific knowledge, Capra believed any approach to knowledge could be called scientific, if it satisfied two conditions. The first was that it must be based on “systematic observation”; the second was that it must be “expressed in terms of self-consistent but limited and approximate models. Thus, having an “empirical basis,” and involving the “process of model making” were the required elements; quantification was not (1982, p. 376).

This quantitative-qualitative debate has been raging for decades now, but it’s far from over. It creates difficult tensions within the field of music therapy, and the pressures on practitioners to quantify evidence of efficacy are growing, not diminishing. These are important issues which cannot be avoided as we move forward into the future.

Drury (2004) notes that it is the spiritual aspects that remain to be integrated into holistic medicine. This is the next wave to come, in my opinion, and is already

manifesting. Dr. Mitchell Gaynor's approach to sound healing with cancer patients embraces this level. He's already having a significant impact on cancer care in New York City, where he is training other oncologists in his method. Of note here is that medical scientists like himself did not wait for clinical trials to decide that this was an effective treatment worthy of replication on a wide scale.

One of the reasons I wanted to do this research is because I am interested in incorporating sound healing as a solid, 'evidence-based' methodology, into my own practice of music therapy. By evidence I do not mean simply quantitative research. I believe that this qualitative study provides substantial evidence of the healing efficacy of this method of vocal sound healing. This evidence consists of the systematic observation of this method from the standpoint of a researcher undergoing the training myself, observing its effects upon me; interviewing 13 recipients of sound healing who became participants in this study, in order to describe the effects of this method of sound healing upon them; and conducting extensive interviews with the founder of the method.

#### Implications of this research for the field of music therapy

In their 1996 article on sound healing, Crowe and Scovel called upon music therapists to open a dialogue with sound healers, and to begin to learn about their work. In a recent conversation with Barbara Crowe, it was clear that she continued to subscribe to that position, and that in fact there are now a number of music therapists in the States who are actively exploring sound healing techniques. However, my position is to advocate for taking things one step further. I believe that there is a definite place for vocal sound healing as a therapist-client approach to be integrated into music therapy practice in a way similar to Guided Imagery and Music (GIM). I suspect that we may see

a similar development occurring with sound healing vis-a-vis the field of music therapy, that we did with the drum circle movement.

What occurred with the drum circle movement, which took shape in the early 1990s, was that music therapists became interested in drum circles and their potential therapeutic effects. They began to learn about them by attending drum circles facilitated by professional drummers. They then began inviting facilitators to music therapy conferences, and some music therapists began to take formal trainings. In the current decade, many music therapists have trained with Christine Stevens, who is both a music therapist and a world-class drum circle facilitator. Currently, models are being adapted by music therapists and developed further, in order to conform to clinical practice standards within the field of music therapy (Snow & D'Amico, 2010).

There are already some music therapists like myself, who have undergone some training in sound healing. Others are expressing a strong desire to learn how to do sound healing, but don't know where to turn. A music therapist in palliative care whom I have known for some time, told me she thought vocal sound healing could be very helpful in working with end-of-life patients who can no longer use their own voices or play an instrument. At a presentation at the Canadian Association for Music Therapy conference in 2009, I presented preliminary research findings from the present study. My purpose in presenting at this time was to 'test the waters' in terms of the music therapy community. I wanted to see how my colleagues would respond to the suggestion that this approach to sound healing be integrated into music therapy practice. With at least fifty people in attendance, I was frankly surprised that not one person expressed reservations about this prospect. There seemed to be a lot of interest and openness to sound healing. After the

presentation, a young student in music therapy approached me and said “This is what I want to do!” Another music therapy student of mine has expressed strong interest in the research I am doing.

It should be pointed out, as reflected in the literature review, that there are music therapists including ‘toning,’ which is another name for vocal sound healing, in small studies. There are clinicians who include toning as part of their music therapy work with clients (Austin, 2009; Montello, 2002). As currently practiced, however, it is a technique rather than a well-developed method. I believe the time has come to develop ways to integrate vocal sound healing into music therapy practice in a much more substantial way. It might be instructive to reflect upon the way in which the drum circle model – an approach which before the 1990s, was very separate from music therapy – began to be explored by music therapists, and then gradually integrated into music therapy practice, as music therapists began to train with practitioners of the model. Eventually, a training program was developed by a music therapist, Christine Stevens, which is, however, open not just to music therapists but to other kinds of practitioners as well. Music therapists continue to train with facilitators outside of music therapy as well, such as Arthur Hull and Kalani. They are implementing a variety of models, and adapting them to fit specific settings, populations and goals (Snow & D’Amico, 2010).

Regarding sound healing, I envision many different approaches being integrated into music therapy practice. Vibroacoustic therapy, toning, and sound healing with singing bowls, are already being practiced by some music therapists. What I do think is needed in the future is a training program specifically for music therapists, so that the training and expertise we have as therapists, can be carefully and thoughtfully brought

together with techniques and methods in sound healing, with new models continually evolving as research and practice deepen our knowledge and understanding of these tools, and of how to apply them to music therapy practice.

I want to acknowledge the powerful work that the many sound healers are doing, who have other backgrounds than music therapy. Simon Heather is of course one of these. We are the ones learning from them, and there will certainly be room moving forward, for people with varied backgrounds to practice sound healing. Body workers will bring forms of expertise that music therapists lack, for example, which will enhance their practice of sound healing. Acupuncturists like Simon Heather bring extensive knowledge of aspects of physical and energy healing that inform and enhance his practice with sound. Trained vocalists will have an advantage over individuals with little vocal training.

Similarly, music therapists will bring an expertise in therapy and music that will enhance their practice in particular ways. It can certainly be an important advantage to be a trained therapist when working with sound healing on an emotional level. I envision some music therapists integrating certain kinds of sound healing techniques and methods into practices that remain *focused* on mainstream music therapy approaches. Others will train in one or more sound healing methods as a specialized training (similar to GIM), and make that a main focus – or *the* main focus - of their practice. I predict that music therapists now in their 20s will embrace sound healing much more widely in the future, than colleagues of older generations.

### Limitations of this study

This study did not include in its sample, individuals who reported no effects from sound healing, or negative effects. It did not include an equal number of men and women (the sample was 2 men, 11 women). This gender disparity reflects to some degree, a gender imbalance found in the culture of sound healing in the U.K.

In terms of Simon Heather's method, this study gave detailed information on the Basic Method taught in Module 2 of the training. It did not include other modules which contained additional techniques used in sessions that some participants experienced. I attended the training in which the Basic Method was taught, and reported on my experiences there, but did not attend the other modules of the training which taught these additional techniques.

When reporting their experiences of sound healing to me, participants spoke about sessions in which the Basic Method was used, but not exclusively. They also reported on sessions in which additional techniques (interval singing, systematic chakra balancing) were used, as well as on group sessions.

When considered in its totality, there is considerable complexity and sophistication in Simon Heather's method of sound healing. For example, he has spoken about certain techniques being more likely to affect certain levels of a person's functioning than others. This study was limited by the more introductory nature of its focus regarding the method, and exclusion of this more advanced material.

### Regarding future research

Because research into sound healing is still in its infancy in many areas, many kinds of research are needed moving forward. Descriptive studies such as this one are needed with other forms of sound healing, such as work with tuning forks, ‘singing’ bowls and crystal bowls, and chanting. More systematic research which will evaluate efficacy is needed moving forward. Research on the variety of altered states of consciousness that may be induced by sound healing, and their effects upon the sound healing process, is needed. Research on group sound healing approaches is needed. Research on toning for the release of pain is needed. Research on sound healing for the release of trauma and other forms of emotional healing is needed. We need more research on the striking phenomenon of the after-effects of sound healing.

Quantitative research is needed for aspects of sound healing that might be quantifiable. Changes in cortisol levels as a result of sound healing could be helpful. MRI studies on the neurobiology of sound healing could be very helpful to advance the field of sound healing.

### Summary

This chapter has woven together all the different parts of this study, through reflection upon and analysis of its many threads. The healing efficacy of experiences with sound have been examined, and much evidence given in support of this. The theory of sound healing was reviewed, and analyzed in terms of its validity. Contributions to a theory of sound healing were offered based on the evidence presented in this study. Themes emerging from sensory aspects of sound healing were discussed, along with a



discussion of the aesthetics of sound healing. ‘Through the lens of anthropology’ looked at questions regarding cultural relativity and its limits, and the phenomenon of sound as a carrier of meaning, that points to something beyond what can be easily grasped.

‘Reflections on the research methodology’ revisited the dialogic nature of this study with personal notes on that aspect of the process. In a section on ‘Tensions at the boundaries’, narrative histories of inquiry were discussed in terms of two cultures: music therapy and academia. ‘Visioning the future’ examines what I believe lies ahead for the developing field of sound healing. In ‘Implications of this research for the field of music therapy’ I advocate for the integration of sound healing methods into music therapy practice. I discuss how this has already happened to some extent, and discuss possible scenarios for the future. The section after this discusses recommendations for future research in sound healing and imagines a day in which sound healers might travel to third world countries to administer sound for the relief of pain and trauma.

### Final Comments

I have been greatly moved by this process of research and writing. It has deepened my conviction about the importance of sound healing as a truly holistic process on the frontiers of modern health care, and awakened a deeper appreciation of the profound interconnectedness of all of life. It is a unique experience to have the privilege of being able to embark upon research that carries one through some of the world’s great spiritual traditions and wisdom teachings; then into shamanic traditions both ancient and currently practiced that embrace the beauty and magic of the arts in their practice, each on its own unique aesthetic terms; then back in time to the roots of our Western heritage in the form

of Plato and Pythagoras; and then on into more recent times to the discoveries of modern physicists and contemporary sound healers. I am left standing in awe of the immense grandeur, beauty and wisdom of it all. If even a small portion of this has been communicated in these pages, together with a contribution toward further understanding of sound healing, then I will be satisfied with the effort.

## BIBLIOGRAPHY

- Ashley-Farrand, T. (1999). *Healing mantras*. New York: Ballantine Wellspring.
- Andrews, Ted (1992). *Sacred sounds: Transformation through music and word*. St. Paul, MN: Llewellyn Publications.
- Astin, J.A. (1998). Why patients use alternative medicine: Results of a national survey. *The Journal of the American Medical Association*, 280 (1998), 1569-1575.
- Austin, D. (2009). *The theory and practice of vocal psychotherapy*. London: Jessica Kingsley Publishers.
- Ayers, S., Baum, A. & McManus, C. (2007). *Cambridge handbook of psychology, Health and medicine*, 2<sup>nd</sup> revised and extended edition. Cambridge: Cambridge University Press.
- Bakhtin, M. (2004). *The Dialogic imagination*. Austin: University of Texas Press.
- Barber, S. (2009). Cymatics and the new age of miracles. *The Spirit of Ma'at*, 1(8), 1-5.
- Barcan, R. (2009). Intuition and reason in the new age: A cultural study of medical clairvoyance. In D. Howes (ed.) *The sixth sense reader* (pp. 298-233). Oxford: Berg.
- Beaulieu, J. (1987). *Music and sound in the healing arts*. Barrytown, NY: Station Hill Press, Inc.
- Belasco, W. (2007). *Appetite for change: How the counterculture took on the food industry*, 2<sup>nd</sup> edition. New York: Cornell University Press.
- Bentov, I. (1977). *Stalking the wild pendulum: On the mechanics of consciousness*. Rochester, VT: Destiny Books.
- Bernstein, J. (1982). *Science observed*. New York: Basic Books.

- Besmer, F.E. (1983). *Horses, musicians & gods: The Hausa cult of possession-trance*. Nigeria: Ahmadu Bello University Press.
- Bishop, F. & Lewith, G. T. (2008). *Who uses CAM? A narrative review of demographic characteristics and health factors associated with CAM use*. Retrieved August 23, 2010 from <http://ecam.oxfordjournals.org>
- Bittman, B., Bruhn, K., Stevens, C., Westengard, J., & Umbach, O. (2003). Recreational music-making: A cost-effective group interdisciplinary strategy for reducing burnout and improving mood states in long-term care workers. *Advances in Mind-Body Medicine*, 19(3/4), 20-33.
- Bittman, B., Felten, L. Westengard, D., Simonton, O., Pappas, & J. Ninehouser, M. (2001). Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. *Alternative Therapy Health Medicine*, 7, 38-47.
- Bonny, H. & Savary, L. (1973). *Music and your mind: Listening with a new consciousness*. Port Townsend, WA: ICM Press.
- Boyd-Brewer, C. & McAffrey, R. (2004). Vibroacoustic sound therapy improves pain management and more. *Holistic Nursing Practice*, 18(3), 111-118
- Boyce-Tillman, J. (2000). *Constructing musical healing*. London: Jessica Kingsley.
- Bral, E. (1998) Caring for adults with chronic cancer pain. *American Journal of Nursing*, 98(4), 27-32.
- Braunstein, P., Doyle, M. (2002). *Imagine nation: The American counterculture of the 1960s and 70s*. New York: Routledge.
- Bruscia, K. (1995). Modes of consciousness in guided imagery and music (GIM).

- In C. Kenny (Ed.) *Listening, playing, creating: Essays on the power of sound* (pps. 165-199). Albany, NY: State University of New York Press.
- Burns D. (2001). The effect of the Bonny Method of Guided Imagery and Music on the mood and life quality of cancer patients. *Journal of Music Therapy*, 38 (1), 51–65.
- Campbell, D. (1991). *Music physician for times to come: An anthology*. Wheaton, IL: Quest Books.
- Capra, F. (1982). *The turning point: Science, society and the rising culture*. New York: Simon and Schuster.
- Cheetham, P., Le Monnier, K., & Brewster, S. (2001). Attitudes and use of alternative therapies in UK prostate cancer patients. *Prostate Cancer and Prostatic Diseases* (2001) 4, 235–241.
- Clandinin, J. (2007). Preface. In J. Clandinin (Ed.) *Handbook of narrative inquiry* (pp. ix-xviii). Thousand Oaks, CA: Sage Publications.
- Clandinin, J., and Connelly, M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass Publishers.
- Classen, C. (1993). *Worlds of sense: Exploring the senses in history and across cultures*. New York: Routledge.
- Classen, C. (1997). Foundations for an anthropology of the senses. *International Social Science Journal*, 52, 401-412.
- Classen, C. (1998). *The color of angels: Cosmology, gender and the aesthetic imagination*. New York: Routledge.
- Connelly, F.M., and Clandinin, D.J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 9(5), 2-14.

- Cook, P.M. (1997). *Shaman, Jhankri & Nele: Music healers of indigenous cultures*.  
Roslyn, NY: Ellipsis Arts.
- Crowe, B. and Scovel, M. (1996). An overview of sound healing practices: Implications  
for the profession of music therapy. *Music Therapy Perspectives*, Vol. 14, 21-28.
- Csordas, T. (1993). Somatic modes of attention. *Cultural Anthropology*, 8(2): 135-156.
- Davidson, Geoghegan, McLaughlin & Woodward (2005). Psychological characteristics  
of cancer patients who use complementary therapies. *Psycho-Oncology*, 14(3):  
187–195.
- De Rosny, E. (1985). *Healers in the night*. Maryknoll, NY: Orbis Books.
- D'Angelo (2005). *The healing power of the human voice*. Rochester, VT: Healing Arts  
Press.
- Diamond, J. (1983). *The life energy in music: Volume I*. Valley Cottage, NY: Archaeus  
Press.
- Diamond, J. (1983). *The life energy in music: Volume II*. Valley Cottage, NY: Archaeus  
Press.
- Dileo, C. (1997). Reflections on medical music therapy: biopsychosocial perspectives of  
the treatment process. In J. Loewy (Ed.) *Music therapy and pediatric pain* (pp.  
23-32). Cherry Hill, NJ: Jeffrey Books.
- Donnelly, Spykerboer & Thong (1985). Are patients who use alternative medicine  
dissatisfied with orthodox medicine? *The Medical Journal of Australia*, Vol.  
142.
- Dossey, L. (1993). *Healing words: The power of prayer and the practice of medicine*.  
San Francisco: HarperCollins.

- Drury, N. (2004). *The New age: Searching for the spiritual self*. London: Thames & Hudson Ltd.
- Edwards, S. (1992). *Signature sound technologies*. Athens, OH: Signature Sound Works.
- Eliade, M. (1964). *Shamanism: Archaic techniques of ecstasy*. Princeton, NJ: Princeton University Press.
- Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London: Sage Publications Ltd.
- Ernst, E. & White, A. The BBC survey of complementary medicine use in the UK. *Complementary Therapies in Medicine*, 8, 32-36.
- Foster, G. & Anderson, B. (1978). *Medical anthropology*. New York: John Wiley & Sons.
- Foundation for Integrated Medicine (2000). *Complementary and alternative medicine: A briefing by the Foundation for Integrated Medicine on the report by the House of Lords Select Committee on Science and Technology*. Retrieved August 25, 2010 from [http://www.chiro.org/LINKS/GUIDELINES/FULL/CAM\\_ABriefingbytheFoundation.html](http://www.chiro.org/LINKS/GUIDELINES/FULL/CAM_ABriefingbytheFoundation.html)
- Frisbie, C. (1980). Vocables in Navajo ceremonial music. *Ethnomusicology*, Vol. 24, No. 3, 347-392.
- Feuerstein, G. (2001). *The Yoga tradition: Its history, literature, philosophy and practice*. Prescott, AZ: Hohm Press.
- Foster, G. & Anderson, B. (1978). *Medical anthropology*. New York: John Wiley & Sons.
- Gallagher, Lagman, Walsh, Davis & LeGrand (2006). The clinical effects of music

- therapy in palliative medicine. *Supportive Care in Cancer*, 14(8), 859-866.
- Gardner-Gordon, J. (1993). *The healing voice: Traditional and contemporary toning, chanting and singing*. Freedom, CA: The Crossing Press.
- Gaynor, M.L. (1999). *The healing power of sound: Recovery from life-threatening illness using sound, voice and music*. Boston: Shambala.
- Gardner, K. (1997). *Sounding the inner landscape*. Rockport, MA: Element Books, Inc.
- Gerritsen, J. (2009). A review of research done on Tomatis auditory stimulation.
- Retrieved September 4, 2009 from <http://www.tomatis.com/English/Articles/Review>
- Goldman, J. (1992). *Healing sounds: The power of harmonics*. Rockport, MA: Shaftesbury, Dorset.
- Goldman, J. (2008). *The 7 Secrets of sound healing*. New York: Hay House, Inc.
- Geurts, C. L. (2002). *Culture and the senses: Bodily ways of knowing in an African community*. University of California Press: Berkeley.
- Goodman, T. (2007). *From novice to sound healer: An intuitive journey*. MA thesis, Goddard College, VT.
- Gook, P. (2005). Harmony, health and healing: Music's role in early modern Paracelsian thought. In Pelling, M. & Mandelbrote, S. (eds.) *The practice of reform in health, medicine and science, 1500-2000*. Aldershot, VT: Ashgate.
- Gurdjieff, G.I. (1963). *Meetings with remarkable men*. New York: E.P. Dutton & Co.
- Gurdjieff, G.I. (1992). *Beelzebub's tales to his grandson: An objectively impartial criticism of the life of man*. New York: Arkana.
- Halifax, J. (1982). *Shaman: The wounded healer*. New York: Crossroad



Publishing.

Hanegraaf, W.J. (1998). *New Age religion and western culture: Esotericism in the mirror of secular thought*. State University of New York Press: Albany, NY.

Hanser, S. & Thompson, L. (1994). Effects of a music therapy strategy on depressed older adults. *The Journal of Gerontology*, 49(6), 265-269.

Harrison, J. & Baron-Cohen, S. (1997). Introduction. In J. Harrison & S. Baron-Cohen (Eds.) *Synaesthesia: Classic and contemporary readings*. Oxford: Blackwell Publishers Ltd.

Heather, S. (2001). *The Healing power of sound*. London: College of Sound Healing.

Heather, S. (2004). *Sound healing practice*. London: College of Sound Healing.

Heller, T., Lee-Treeweek, G., Katz, J., Stone, J. & Spurr, S. (2005). *Perspectives on complementary and alternative medicine*. Oxford: Routledge.

Hinton, D., Howes, D. & Kirmayer, L. (2008). Toward a medical anthropology of sensations: Definitions and research agenda. *Transcultural Psychiatry*, 45(2), 142-162.

Howes, D. (1990). Controlling textuality: A call for a return to the senses. *Anthropologica*, 32(1), 55-73.

Howes, D. (2003). *Sensual relations*. Ann Arbor: University of Michigan Press.

Howes, D. (2005). Introduction. In D. Howes (Ed.) *Empire of the senses* (pp. 1-17). Oxford: Berg.

Howes, D. (2006). Cross-talk between the senses. *Senses & Society*, (1) 3, 381-390.

Howes, D. (2009). Introduction: The revolving sensorium. In D. Howes (Ed.) *The sixth sense reader* (pp. 1-52). Oxford: Berg.

- Howes, D. (2011). Sensation. *Material Religion*, 7(1), 92-99.
- Ihde, D. (1995). Paul Ricoeur's place in the hermeneutic tradition. In L. Hahn (Ed.) *In the philosophy of Paul Ricoeur* (pp. 55-77). Chicago: Open Court.
- Ihde, D. (1986). *Listening and voice: A phenomenology of sound*. Athens OH: Ohio University Press.
- Institute of Medicine of the National Academies (U.S.); Committee on the use of complementary and alternative medicine by the American public (2005). *Complementary and Alternative Medicine in the United States*. Washington, D.C.: The National Academies Press.
- Jenny, H. (1974). *Cymatics. Volume 2*. Basle, Switzerland: Basilus Press.
- Kauffman, R. (1969). Some aspects of aesthetics in the Shona music of Rhodesia. *Ethnomusicology*, 13(3), 507-511.
- Kahn, D. (2004). Ether ore: Mining vibrations in American modernist music. In V. Erlmann (Ed.) *Hearing cultures: Essays on sound, listening and modernity*. Oxford: Berg.
- Kaku, M. (1987). *Beyond Einstein: The cosmic quest for the theory of the universe*. New York: Anchor Books Doubleday.
- Keil, C. & Feld, S. (1994). *Music grooves*. Chicago: The University of Chicago Press.
- Kelner, M., Wellman, B. P. & Saks, M. (2003). *Complementary and alternative medicine: Challenge and change*. London: Routledge.
- Keyes, L. (1973). *Toning*. Marina del Rey, CA: DeVorss & Co.
- Khan, H. I. (1977). *Music*. Broadway, NY: Samuel Weiser Inc.
- Khan, H. I. (1967). *The mysticism of sound and music: The Sufi teachings of Hazrat*

- Inayat Khan*. Boston: Shambala.
- Khan, P. (1999). *Awakening: A Sufi experience*. New York: Putnam Books.
- Koithan, M., Verhoef, M., Bell, I., White, M., Mulkins, A. & Ritenbaugh, C. (2007). The process of whole person healing: 'Unstuckness' and beyond. *Journal of Alternative and Complementary Medicine*, 13(6), 1–10.
- Lederman, L. (1993). *The God particle: If the universe is the answer, what is the question?* New York: Bantam Doubleday.
- Leonard, G. (1978). *The silent pulse*. New York: Bantam Books, Inc.
- Lightmark, R. (2003). *A month-long study of the effects of holistic interventions for a 68-year-old widower coping with cancer*. M.A. thesis. Saybrook Graduate School and Research Center. AAT 1417682.
- Lynes, B. (1999). *The cancer cure that worked: Fifty years of suppression*. Queensville, Ontario, Canada: Marcus Books.
- Maman, F. (1984). *The role of music in the twenty-first century*. Redondo Beach, CA: Tama-Do Press.
- Maranhão, Tullio (1990). *The interpretation of dialogue*. Chicago: University of Chicago Press.
- Maranto, C. (1993). Applications of music in medicine. In M. Heal & T. Wigram (Eds.) *Music therapy in health and education* (pp. 153-174). London: Jessica Kingsley.
- McClellan, R. (1988). *The healing forces of music: History, theory and practice*. Warwick, NY: Amity House Inc.
- McDonough, Devine & Baxter (2007). *Complementary and alternative medicine:*

- Patterns or use in Northern Ireland*. Research Update No. 50. Retrieved August 27, 2010 from <http://www.ark.ac.uk>
- McLuhan, M. & Fiore, Quentin (1967). *The medium is the message: An inventory of effects*. New York: Bantam Books.
- Montello, L. (2002). *Essential musical intelligence: Using music as your path to healing, creativity and radiant wholeness*. Wheaton, IL: Quest Books.
- Nielsen, L. (2000). *In search of healing voices: An exploration of sound healers and vocal healing practices*. (Doctoral dissertation, California Institute of Integral Studies, 2000). *Dissertation Abstracts International*, AAT 9981175.
- Nichter, M. (2008). Coming to our senses: Appreciating the sensorial in medical anthropology. *Transcultural psychiatry*, 45(2), 163-197.
- Noonan, P. (1999). Take two tunes and call me in the morning. *USA weekend*.
- Ong, Bodeker & Stewart-Brown (2002). Health status of people using complementary and alternative medical practitioner services in 4 English counties. *American Journal of Public Health*, 92(10), 1653–1656.
- Oxford Dictionary of English (2005). Oxford: Oxford University Press.
- Papadakis, E. (2008) *Should aboriginal healing traditions be integrated into urban medical facilities?* Master's thesis. Department of Sociology and Anthropology, Concordia University.
- Perry, W. (2007). *Sound medicine*. Franklin Lakes, NJ: The Career Press, Inc.
- Powers, Gary (1986). *Sacred language: The nature of supernatural discourse in Lakota*. Norman, OK: University of Oklahoma Press.
- Purce, J. (1992). *The healing voice – A lecture & meditation* (audio cassette).

- Purce, J. (1987). Healing resonance. *Revision*, Vol. 10(1), 21-24.
- Putten, K.L. (1992). *Music, tone and sound-perceived-as-music in the healing process: A phenomenological study*. California Institute of Integral Studies. Ann Arbor: UMI.
- Ricoeur, P. (1991). Phenomenology and hermeneutics. In *From text to action: Essays in hermeneutics II*. Evanston, IL: Northwestern University Press.
- Rider, M. (1997). Entrainment music, healing imagery, and the rhythmic language of health and disease. In J. Loewy (Ed.) *Music therapy and pediatric pain*. (pp. 81-88). Cherry Hill, NJ: Jeffrey Books.
- Rider, M., Mickey, C., Weldin, C. & Hawkinson, R. (1991). The effects of toning, listening and singing on psychophysiological responses. In C. Maranto (Ed.) *Applications of music in medicine*. (pp.73-84). Washington, DC: National Association for Music Therapy.
- Ritenbaugh, C., Verhoef, M., Fleishman, S., Boon, H., & Leis, A. (2003). Whole systems research: A discipline for studying complementary and alternative medicine. *Alternative Therapies in Health and Medicine*, 9(4), 32–36.
- Rouget, G. (1985). *Music and trance: A theory of the relations between music and possession*. Chicago: University of Chicago Press.
- Roseman, M. (1991). *Healing sounds of the Malaysian rainforest: Temiar music and medicine*. Berkeley: University of California Press.
- Roseman, M. (1996). Pure products go crazy. In C. Laderman & M. Roseman (Eds.) *The performance of healing* (pp. 233-269). New York: Routledge.
- Rudyard, D. (1982). *The Magic of tone and the art of music*. Boulder: Shambala.

- Sarasvati, B. (1984). *Nada yoga: The science, psychology and philosophy of Anahata Nada Yoga*. Monroe, NY: Ananda Ashram Press.
- Scheper-Hughes, N. & Lock, M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly*, New Series, 1(1), 6-41.
- Schulz, M.L. (1998). *Awakening intuition: Using your mind-body network for insight and healing*. New York: Harmony Books.
- Science and Technology Committee (2000). *Complementary and alternative medicine. Report of the House of Lords select committee on science and technology: Session 1999-2000. HL paper 123*. London: The Stationery Office, November, 2000.
- Skilde, O. (1984). Low frequency sound massage – the music bath – a follow-up report. *Journal of the International Society of Music in Medicine*, 1984 Symposium, 253-255.
- Skilde, O. and Wigram, T. (1995) The effect of music, vocalization and vibration on brain and muscle tissue: Studies in vibroacoustic therapy. In T. Wigram, B. Saperston, & R. West (Eds.) *The art and science of music therapy: A handbook* (pp. 23-57). London: Harwood Academic Publications.
- S. Snow, D'Amico, M. (2010). The Drum circle project: A qualitative study with at-risk youth in a school setting. *Canadian Journal of Music Therapy*, 16(1), 12-40.
- Spintge, R. (1993) *Music and surgery and pain therapy*. Unpublished paper given to the NAMT/ AAMT/ CAMT.

- Steiner, R. (1983). *The inner nature of music and the experience of tone*. Hudson, NY: Anthroposophic Press.
- Stoller, P. (1997). *Sensuous scholarship*. Philadelphia: University of Pennsylvania Press.
- Stoller, P. (1984). Sound in Songhay cultural experience. *American Ethnologist*, 11(3) August.
- Tedlock, D. & Mannheim, B. (1995). *The Dialogic emergence of culture*. Urbana, IL: University of Chicago Press.
- Thompson, J. (2007). *Acoustic brainwave entrainment with binaural beats*. Center for Neuroacoustic Research. Retrieved January 3, 2009 from <http://www.neuroacoustic.com>
- Tomatis, A. (2001). *The conscious ear*. Barrytown, NY: Station Hill Press, Inc.
- Tomatis, A. (2005). *The ear and the voice*. Lanham, MD: The Scarecrow Press.
- Unsoeld, T. (2005). From star to cell: "The way of the soul." *Vision Magazine*. February 2005.
- van Campen, C. (2008). *The hidden sense: Synaesthesia in art and science*. Cambridge, MA: The MIT Press.
- Van Putten, K. (1992). Music, tone and sound-perceived-as-music in the healing process: A phenomenological study. (Doctoral dissertation, California Institute of Integral Studies, 1992). *Dissertation Abstracts International*, AAT 9405111.
- Waldon, E. (2001). The effects of group music therapy on mood states and cohesiveness in adult oncology patients. *Journal of Music Therapy*, 38 (3), 212-238.
- Weber, Renee (1982). Interview with Fritz Capra. In K. Wilber (ed.) *The Holographic paradigm and other paradoxes* (pp. 217-218). Boulder, Colorado: Shambhala.

- Wangyal, T. (2006). *Tibetan sound healing*. Boulder, CO: Sounds True, Inc.
- Whipple, B. & Glynn, N. (1992). Quantification of the effects of listening to music as a noninvasive method of pain control. *Scholarly Inquiry for Nursing Practice: An International Journal*, 6, 143-56.
- Wieder, J. (2006). *Resonant frequencies of the spine*. In *Massage & Bodywork Magazine*, October/November.
- Wigram, T. (1997a). The effect of VA therapy on multiply handicapped adults with high muscle tone and spasticity. In T. Wigram & C. Dileo (Eds.) *Music vibration and health* (pp. 143-148). Cherry Hill, NJ: Jeffrey Books.
- Wigram, T. (1997b). Vibroacoustic therapy in the treatment of Rett syndrome. In T. Wigram & C. Dileo (Eds.) *Music vibration and health* (pp. 149-155). Cherry Hill, NJ: Jeffrey Books.
- Wilson, T. (1991). Chant: The healing power of voice and ear, an interview with Alfred Tomatis, M.D. In D. Campbell (ed.) *Music physician for times to come* (pp. 11-29). Wheaton, IL: Quest Books.
- Woit, P. (2006). *Not even wrong- the failure of string theory and the search for unity in physical law*. New York: Basic Books.



## **Appendix I**

### **Sociological/Biographical Sketches of Study Participants**

B.A.

**Gender:** female

**Age:** 27

**Place of birth:**

Bromyard in Hereford, mid-England. I moved when I was 3 to a small village called Clun, and then shortly afterwards, to Newcastle-on-Clun, which was about 4 miles down the road.

**Siblings**

3 brothers. One's older than me, his name is Fergus, one's sort of 2 years younger than me and his name is Peter, and the other is 4 years younger and his name is Duncan.

**Parents**

My mum worked in a young offenders care place and she was a secretary there. My dad was a builder, and then, as I got a bit older, he went to college. He's an artist.

**Childhood**

We lived in a beautiful little village um, in the middle of nowhere really, with a forest behind us, on a big hill with a hill-fort at the top and a river at the bottom of the valley. And we got to play a lot outside in the woods, climbing trees, playing in the river, finding cray-fish, all sorts of fun stuff with water. Running about in the fields, got lots of good snow in the winter and had a really good sledding field. We all went to New Castle primary school, which was just down the road, so we learned, sort of to be quite responsible quite early, because there was no sort of immediate dangers really-it didn't seem that way being a child. So, um, we were able to walk to school by ourselves at quite an early age and able to go down to the shop by ourselves at quite an early age.

**School**

University degree; currently in an MA program in Play Therapy

**Career**

Well, because I'm a teacher at a special needs college. And I teach performing arts, so I teach dance, music, and theatre or drama. And we also do singing within music.

**S.A.**

**Gender:** female

**Age:** 53

**Place of birth**

Bronxville, NY; 1956; grew up in rural countryside of upstate New York  
(Has lived in England for 22 years).

**Siblings**

Had three brothers and two sisters; I was second oldest, with one older sister, and two younger brothers. One brother died when I was in University; he was 19.

**Parents**

Father is Irish-Scottish Catholic; Mother English-Welsh. Mother a stay-at-home mom.  
Father an engineer. They were a very close couple...and very fond of each other.

**Childhood**

I grew up playing in the woods basically, I grew up in the Great North Eastern woodlands...I have this profound love of nature,  
Big, chaotic household; my grandmother lived with us until I was 13. I've always liked privacy, I've always liked doing things on my own just because I grew up in a big family, I suppose.

Happy childhood; difficult adolescence: developed epilepsy at 13; my teenage years were tough because of the drugs...but I had some good friends.

We were really pretty much middle class growing up, but when I was a teenager one of my relatives died and my parents had a bit more money, that's why I said upper middle class.

**School**

I went away to university and studied comparative religions and oriental philosophies; went to India for 20 months.

**Career**

Healer

**Q.A.**

**Gender: female**

**Age: 65**

**Place of birth:**

The Hague, Holland (big city)

**Siblings**

middle child of 3 brothers and 2 sisters

**Parents**

Father was a teacher at the Rudolf Steiner School. Mother took in 4-5 other children for money, who wanted to go to the Steiner School, and looked after them

**Childhood**

I was raised in Holland. We had no choice but to go to the Rudolf Steiner School... We did an awful lot of singing at the Steiner School. We had to be a part of the choir and there was no getting out of it. We did a lot of art and other things.

**School**

Art school

**Career**

I developed my intuitive art, which I taught for 18 years with regular weekly classes, workshops every month, in lots of places, abroad, here and England.

Then I worked with a woman who did chanting and singing, and we did workshops together for 5-6 years. And then I was so interested in the voice, I decided to become a sound healer.

**P.E.**

**Gender:** Female

**Age:** 31

**Place of birth:**

Small town in Northwest Spain, called Alstoga

**Siblings**

Two older sisters, one seven years older, one five years older

**Parents**

Both teachers; very academic people; important to them that their children would be good students; brainwashed into them

**Childhood**

I would sing myself to sleep as a child using vowel sounds; and I was rocking myself, chu-chu-chu, which I think, what does that come from? ...singing my have been some sort of comforting thing for me, there must be something about the sound that you find, it's calming, relaxing, because I couldn't go to sleep without singing.

Countryside surrounding Alstoga really beautiful; very open landscape with heaths. Would travel to grandparents on weekends who also lived in the country; lots of animals. I was quite happy in my early years. Moved to Leon, a bigger town, when I was three. Became quite lonely around age 6, 7, when my mom was gone for the week with a new younger brother (baby) and my sisters were getting on with their lives. So my family was split. Then they decided to move to Barcelona which I didn't like so much; I missed the countryside a lot. I had trouble making friends; unhappy. Age 15, went to secondary school, things got much better.

Age 16, 17 had to decide what to study in university. Wanted photography, but no degree in that whatsoever in Spain. "So the creative side, it was either fine arts or advertising and P.R." – went into the latter (my sister had been in fine arts, but left after two years, it was this the story of my family of don't do like your sister.

**School**

Finished University

**Career**

jobs in photography.

**B.E.**

**Gender:** Female

**Age:** 33

**Place of birth:** Grew up in Wales. Travelled back and forth to London very regularly because my parents were from Essex in London area.

**Siblings:** One brother four years younger, one brother ten years younger

### **Parents**

my parents came from a mix of working class and middle class . And I was brought up a mixture of both . . we had little money but were educated and brought up in a very middle class way . . with quite a good education . . and told that we can achieve ant thing we put our heart and mind to. Dad teacher (primary school, specialized with kids with developmental disabilities), Mom homeopath. Dad taught “kind of like Steiner school for children who didn’t go to school”. Mom very alternative; baked bread, parents did organic gardening. Dad a musician, played drums and guitar and sang.

### **Childhood**

Grew up in country. Taken out of school at age 7, home-schooled by father. From age 7, I’d already started doing healing, had started fixing people with my hands. Neighbours were into Native American things and yoga; believed I had a great gift. I was able to participate in sweat lodges from age 13, right through my teens; gave me quite a good grounding in healing arts. My two brothers were very musical. Although my parents didn’t really believe in what I did (healing work), because I also sang, I was pushed on the singing front.

We were very poor...struggling most of the time...I remember...my mum growing vegetables just so we could eat. When my dad did manage to get work, he was very particular, you know, he built his own recording studio by hand, himself...we struggled for years...but music was always there.

### **School**

Left home at 14; home-schooled before that; many courses/trainings in healing modalities as an adult; currently doing a “high diploma” in anatomy and physiology

### **Career**

Healer; fixing people’s backs, sound healer; developing her own approach called “muscular resolution”

**P.J.**

**Gender:** Female

**Age:** 65

**Place of birth:**

Born in a very small village in Shropshire, England.

**Siblings**

One brother who's 3 years older

**Parents**

Father Welsh, Mother English. Father grew up on border of Wales and England, Mother grew up in same village I did. Both from working class backgrounds. Father a motor mechanic; Mother a community care worker. My dad, poverty-stricken upbringing. But he loved his work.

**Childhood**

My parents were quite young when they had children so they had quite a difficult time bringing us up. I didn't enjoy school very much, I quite enjoy my freedom, so having to go into classrooms and keep still – I didn't enjoy that very much but...I'm more of a practical person. I always like being around people and helping people and as I was growing up I sort of, ya, looked out for my friends, really. By listening to them, you know, if they were upset, or, you know, maybe suggesting ways they could overcome problems, you know. Tomboy growing up, not many girls. Bored as a teenager. Private person, didn't like others knowing my business. Didn't have courage to move away tho' did at age 20 for 6 months.

My home life (age 16) wasn't very good, because my parents used to, there was a lot of arguments there and I wasn't able to really study very well.

**School**

No university. My dad said we needed to go and get jobs, so I think that was his working class upbringing, you know, he didn't want me to go on to get educated. Wanted to go on to 6<sup>th</sup> form, but didn't.

**Work/Career**

Hairdresser – loved it, very good at it. Bass player in bands. Loved it. Community Care worker. Young and old people. Other jobs as well (artist promotion).

**N.J.**

**Gender: Female**

**Age: 65**

**Place of birth:**

Born in Dundee in Scotland, a bit town of about 200,000 people

**Siblings**

One sister who's six years older

**Parents**

My mother was a weaver in a factory and my father was a motor mechanic. My mother was also a good singer – soprano – amateur.

Parents separated when I was 13 – for 3 years, then got back together again.

**Childhood**

...had a fairly normal childhood I think. And we weren't well off by any means but we always had enough. We always had enough food. My parents separating – this had a fairly major impact on me because at the time, kind of 50 years ago, not many people, not many marriages broke up and so it took a bit of coming to terms with....left school at 15, worked in offices for 3 years, then trained to be a nurse.

**School**

left at 15

**Career**

Nurse; eventually became a yoga teacher as well, and trained in massage and aromatherapy; then sound healing with Simon

**M.J.**

**Gender:** Female

**Age:** 48

**Place of birth:**

I was born in a town called Walsall, (in Midlands, closest big city is Birmingham) small town, city; did you move or stay there throughout childhood? Lived in outskirts of large town, lived there all through childhood.

**Siblings**

Youngest of five children, two brothers and two sisters; oldest one is 17; big age gap between us; Sister born 1944, brother born 1947, brother born 1950 (or thereabouts), sister born 1956, me born 1961

**Parents**

Mom was 42 when she had me, and Dad was 53, so there was a bit of an age gap between them. Father was a chargehand (I think that's a supervisory role in a factory) in a company that made batteries. Working class. White collar. Mom was home-maker.

**Childhood**

The household was quite angry and shouting when I was little, and um, I think my strategy was just sort of to keep my head down and try not to make anyone angry, so it wasn't a very happy place, but I didn't, you know I didn't sort of think of that at the time. I didn't, you know I wasn't able to articulate that.

Um, I went to school and when I was eleven I went to grammar school, an all girls school and that was ok and I worked really hard to get my o levels (?) and then, and then I passed those and then I sort of went on a bit of an, I don't know, I didn't want to do anymore studying and I didn't know what I wanted to do, so I left school when I was seventeen so I sort of messed around for a year having done these o levels, then I messed around for a year, went to school but just was not present, just was looking out the window and doing all sorts of things like that. So at the same time I started to have like a social life and I got a lot of friends and I knew a lot of people and I just didn't want to do any work so I left school

**School**

Left at 17

**Career**

Accountant; also trained in homeopathy, And um...so I did the healing (course), I did some reiki, I did something called metamorphic technique which is again fabulous, very profound and then did the sound healing training.



**C.R.**

**Gender:** Male

**Age:** 59

**Place of birth:**

Born in Hinkley, Leicestershire, England

**Siblings**

One brother 6 years older

**Parents**

Father ran a hosiery factory with two other families; engineering director was his title; Mother stayed home to care for invalid son when C.R. was little. Wanted to be a nurse; ended up being this for the family (father also ill at one point). Mother described as very loving.

**Childhood**

Traumatic childhood: older brother bitten by a rat as an infant; developed Viles disease, leaving him a “spastic”. Brain and body didn’t develop normally, had to be in a wheelchair. Mother had to care for him full-time, leaving little time for C.R. C.R. ended up caretaking his brother as well. Father busy at work, also had little time for C.R. Age 7, brother sent to a home to live full-time. C.R. didn’t see him again for 7-8 years. Was also bullied as a 6-year-old child. Reached puberty, started doing well in studies. And was enjoying it. Went to Hinkley grammar school – trained more rugby players in England than any other school. I played rugby there.

**School**

Went to a famous high school where England’s best rugby players went. One year university. Then studied to be an accountant.

**Career**

Accountant for 13 years; then switched to train as a therapist

**J.P.**

**Gender:** Female

**Age:** 37

**Place of birth:** outskirts of South Hampton, England; age 2, moved to Kent. Age 6, moved to Australia for two years. Then moved back to Kent. But we were on the outskirts, part of South Hampton, so it was sort of semi-borderline with the sort of country. And I think I've been like that my whole life, like when we moved to Kent, we lived in a village outside the big town, but it was literally, if you walk three minutes one direction you were, actually walking maybe three minutes in one direction you were in the countryside, beautiful countryside, Kent countryside. And then if you walked two miles in the opposite direction you'd be in a town that connected you to, um, had a really good train station that connected you all around Kent and to London and everywhere very easily, so. I've kinda always had both, really, so village, small town, small village, but close to the opportunity to get to bigger places, I suppose.

**Siblings**

Sister 4 years older than me

**Parents**

Mother, hairdresser from Essex, England; Father, engineer from Newcastle. Dad soft, sensitive. During teenage years, he was anxious a lot, controlling, traditional. Very close to mother. Not close to father growing up.

**Childhood**

My parents moved around a lot. A shock to move to Australia; difficult but also exciting, full of adventures. As a teenager, very difficult years. Didn't get along with father: "he was quite touch on us as teenagers because he was quite controlling." Also tough because of where I was living (Ashford in Kent); aggressive place, lots of gangs. Music a big part of my adolescence; totally into hip-hop. Kind of saved me from a lot of teenage traumas

.

**School**

Attended really good college in fine arts in London, St. Vincents and St. Martins for one year. Completed 3 more years at another good art school in Bath, England. Did well, loved it. Could express feelings through art.

**Career**

Successful career as a solo singer-songwriter. Also did session work as a singer. Worked in Hollywood, New York, toured Europe, recorded, performed with very famous artists in stadiums, made very good money.

**B.M.**

**Gender:** Male

**Age:** 46

**Place of birth:**

Born in city of Manchester, England in the 1960s. Large city, described as having an “aggressive, loud feel to it”.

**Siblings**

One brother older, one younger. Also had an extended family of five step-brothers and three step-sisters.

**Parents**

Both teachers at the polytechnic level; both were artists as well; “very liberal parents”; we were brought up with art history, and taken to exhibitions

**Childhood**

I was very fortunate to be taken on holidays, within the U.K., mostly to the coast. So I had a lot of time to play and be free. Access to everything, so lots of choice; child of 60s; I had a lot of freedom...I enjoyed that. Had dyslexia; visual emphasis of parents helped. 10 years old – went on a trip to America; visiting a family in California; suffered some mild physical abuse; “which also helps to mold a personality, I suppose, depending on how severe it is. Mine was very mild, although it affects the fear levels, I think, in people, and so adrenaline and fear was something that I found exciting in my teenager years. I would race motorbikes, and regularly fall off them and bust myself up, but I found that...exciting, and it’s part of this learned process where people...repeat ways of accessing fright and flight.

Age 16 – left school; wanted to be a set designer like my father when he was younger, but became a “joiner” instead.

**School**

Dyslexia; left at age 16

**Career**

Joiner; wood worker

**B.L.**

**Gender:** female

**Age:** 44

**Place of birth:**

East Anglia, England 1965. Near Ely in Cambridgeshire. Very rural, flat and large farms. Very, very small hamlet, just a row of houses and the village school.

**Siblings**

One sister 6 years older; one brother 3 years older; I was the baby

**Parents**

My father was the head master at the school and my mother was the teacher. And parents taught me all through my primary education. My parents were teachers and of Welsh origin but we were brought up in England. I guess we were middle class but mum and dad were very down to earth and considered themselves to be working class folk. They aspired to bettering themselves through knowledge not with material goods.

**Childhood**

And we had a very strict upbringing. I think my brother and sister got the worst of it, if you like. I think they'd eased a bit by the time it was my turn.

So the youngest by 6, compared to my sister. So, yes, there were on-going tensions all through childhood, from this very strict upbringing but I didn't come away feeling bitter and twisted (laughs). Well, they were only doing their best for us, after all, weren't they? I think my brother and sister came away feeling resentful...

My parents had this two teacher headship of the school, and we lived in the school house and dad was the head master and mum was the teacher in the school next door, and so, my parents were my teachers for all of my primary school education.

When I was going through my schooling in the 70s, I felt very irritated that all the girls were being funnelled into secretarial and commerce courses... And I was determined to do something technically. I was really short and couldn't stand being treated as a child anymore so couldn't wait to leave school. Had a lot of intellectual ability. So I left school at 16 and got a job with the water authority in civil engineering post. Became a civil engineer, ended up free lancing – couldn't stand working for somebody else.

**School**

Left school at 16, eventually got an HND, which is a Higher National Diploma, and that is one step down from a degree...

**Career**

Civil engineer. Currently does a form of body work to help people with back problems.

**C.L.**

**Gender:** female

**Age:** 59

**Place of birth**

Burton-on-Trent in the Midlands (working class region)

**Siblings**

One sister three years older, one sister 5 years younger

**Parents**

Father from working class, poor family, and “Mansk” from Isle of Man, just off coast of England, from Liverpool really. Had a strict Methodist family upbringing. Became a pharmacist: a professional from a poor working class family. Mother is English, raised by a single parent, a mother who had married into wealth until her husband lost everything. She was a housewife until age 8, then had to get a full-time job.

**Childhood**

My parents were socialites; became very heavy social drinkers, part of the arty, drama-side of the local town. Went out with the doctors and the professional people. This was almost sort of bohemian, and didn’t marry well with either of their upbringings. Always parties, always drink in the house. My sister and I until the age of 8, were brought up to a very high standard of living. We were very well looked after, very well dressed, very well loved. 5 years old, my 3<sup>rd</sup> sister was born.

Age 8, my father went bankrupt because he had started taking prescription drugs out of the pharmacy and drinking beer along with it. Began hallucinating and couldn’t continue running the business. We became homeless and penniless and had to be housed by the local housing authority. Moved to Birmingham. My father still had a job but was really ill, taking drugs and drinking at the same time. Eventually he went into a mental institution and he disappeared from our lives and I never saw him. We moved back to my hometown; my mother then had to get a full-time job and I remember for months or a year, being totally abandoned as a child...Then I became aware my mother was drinking very, very heavily at the same time she was abandoning us. Eventually my father came back...At that time, we also discovered my younger sister had learning disabilities. When my father came back, he worked as a labourer in the local power station. About this time, my father attended one A.A. meeting and stopped drinking. I went to high school, an all-girl’s academic school.

**School**

Attended college, but dropped out.

**Career**

Because of his death, I actually stayed in the civil service for the next 15 years, and worked, and moved all over the country and got lots of promotions and got very high up in the civil service.