

# Review of: "Designing a Hypothetical Model of Fourfold Vedic Music Therapy (FVMT) from the Aśvamedhic Uttaramandrā-Gāthā"

Sheldon Siporin<sup>1</sup>

<sup>1</sup> Pace University

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Authors: Abirlal Gangopadhyay, J. S. R. Prasad [Designing a Hypothetical Model of Fourfold Vedic Music Therapy \(FVMT\) from the Aśvamedhic Uttaramandrā-Gāthā](#)

## Review by S. Siporin

### Brief Conclusion:

This article is fascinating and insightful in its discussion of ancient Vedic Indian Music which the authors suggest is a model of an early form of music therapy as applied to the rites of ancient Indian kings. The authors are to be commended on this historical research into a period in which only limited information may be available and in their creative ideas. It appears, however, that many key aspects of the historical methodology (e.g., the spiritual, the lyric aspects, the active nature of singing) are omitted by the authors from their proposed music therapy with minimal explanation.

The article could be improved by further elaborating on their reasons for these omissions. Further, contemporary ideas regarding, for example, circadian rhythms or self-affirmations, are not mentioned. Since they are key aspects of the rite as described, these should be referenced. Finally, there is perhaps a little too much discussion of philosophical or religious concepts which, while interesting, seem divorced from the authors' central theme and distract from the major focus.

### Discussion:

The authors point out that mental health was widely known in ancient India. According to general sources, Vedic Indian music, known as Sangita, is considered divine in origin and very closely identified with the Hindu gods and goddesses. The Goddess Sarasvatī, often depicted with the Vina instrument in hand, is believed to be the divine patroness of music.

The authors delve deeply into the interesting historical use of Indian music to help the temperament of ancient kings during the rite of *Uttaramandrā*, which dates back several millennia. The authors suggest that "The crux of this whole discussion is about the mental health of an individual who comes out of his/her daily routine" relating these to people

isolating themselves during the pandemic. The comparison has some useful similarities but is not a perfect parallel. Key aspects of the pandemic were the person's fear of illness, contamination, and death, not apparent in the situation of the king who temporarily abandons his status as part of his royal and spiritual duty. Still, it's an interesting suggestion and other situations (such as change of job, job loss, marriage, divorce or geographic relocation) might also be raised as possible situations which could also lead to similar stress.

The *Uttaramandrā* involves slow and loud singing (utterance). As described by the authors, during this ritual, the king had to give up his sceptre and other royal accoutrements or privileges and apparently enter into a kind of self-contemplation. Notably, the king during the Vedic period was a combined secular and religious figure who was accompanied by the priest during this rite. The religious aspect of this deserves some attention in terms of its therapeutic aspect, since it was integral to the king's rite.

The authors emphasize that this rite involved a certain amount of what might be termed self-deprivation or self-abnegation causing emotional distress. Bereft of his normal, familiar opulent lifestyle, the king's psychological state was adversely affected causing, in the words of the authors, "boredom" and "despair." To relieve this feeling, the king and the accompanying priest would sing "self-composed strains" and/or listen to Indian music. The authors believe that in this lies the origin of a form of music therapy.

Based on their research, the authors propose the development of Indian devotional music into a mode of music therapy. They suggest this model is applicable only to those of an Indian cultural heritage although this may be too limiting given that we live in an era of "world music" due to the internet. And it was decades ago that the sitar was introduced to millions by Ravi Shankar along with George Harrison of the Beatles.

### Listening to Music vs. Therapy

Of course, simply listening to music may have positive psychological effects but is not in itself "music therapy." The king's ritualistic "treatment" appears to have been highly structured in form and practice, including the instrumentation (e.g. Vina is a specified musical instrument associated with the Goddess.) As the authors state, "listening to *vīṇā*, played by a *brāhmaṇa* and a royal personage, maintains the mental state of the king" and the time of day or evening when it was to be performed is specified by the ritual.

Perhaps it might be helpful in this article if the authors would briefly discuss the perquisites of contemporary non-secular music therapy, whether as practiced in Western cultures or otherwise. This would provide a basis to compare or contrast the proposed model, which is "passive," involving just listening.

A question that arose is why the emphasis on the passive aspect of the *Uttaramandrā*? In descriptions of the "treatment" of the king, the authors make it clear that at times the king actively sang as well as passively listened. For example, the authors state

*"While the sāyaṃdhṛti[8] is performed, a royal personage should sing with a vīṇā in the evening. Both have to sing three*

*self-composed songs each, a total of six songs”*

The personalized aspect (“self-composed”) is also intriguing although later not commented on by the authors. This is another point that could be addressed and would improve the article.

### Active vs. Passive Modes

Contemporary music therapy often involves active involvement, not just passive listening (see e.g. [The Four Types Of Interventions In Music Therapy - Wellington Music Therapy \(wellingtonmusictherapyservices.com\)](#)). It is unclear from the authors’ historical discussion whether the passive or active form was more effective in alleviating the king’s emotional state. Probably, the limited historical information available makes this impossible to ascertain. Accordingly, it is not clear why the authors conclude by embracing only the passive component. Perhaps this is simply expediency? Notably, Kirtan, a form of “loving devotion” which derives from Vedic tradition (see e.g. [Sacred Music and Hindu Religious Experience: From Ancient Roots to the Modern Classical Tradition](#) Guy L. Beck religions-10-00085.pdf), used in certain contemporary forms of meditation, is an active not passive mode of vocalizing or chanting.

### Lyrics and Affirmations

Likewise, it seems also that the lyrics of the songs sung to and by the king were possibly a key ingredient in the king’s rite. For example, the authors note,

*“The brāhmaṇa sings the glories of kings’ charity, sacrifices, pious deeds, etc. The royal personage would sing the glories of the king in such a way that he recalls all his powerful authority and victorious deeds as he will resume the kingship...”*

One might compare this to the effect of laudatory statements or praise coupled with what today are called self-affirmations or positive self-talk used to improve a person’s mental or emotional state. It would make sense for the authors to at least note this. In short, the authors might clarify why they abandon as inapplicable elements that seem integral to the ritual “music treatment” of the ancient king and are in common psychological use today. Many people benefit from receiving praise as well as by using positive affirmations to improve their psychological state.

### Circadian Aspects

It is also notable that the rite required certain actions be done at specified times. Thus, as previously noted by the authors, the king is required to sing with a vina in the evening. Contemporary studies suggest the importance of circadian rhythms in the effectiveness of varied kinds of treatment. It appears that the ancient Indian traditions involving the king might be taking this into account. See for a contemporary example, *Chronopharmacology of psychotropic drugs: circadian rhythms in drug effects and its implications to rhythms in the brain* by [H Nagayama](#)<sup>1</sup>

### Specifics of Indian Music

The authors briefly mention the special nature of Indian as opposed to Western music.

*"With these seven standard notes, the basic scale of ancient Indian music is created, known as Śaḍja-grāma. The seriatim movement from each note with the other six notes are there, which is the heart of constructing a mūrchanā"*

More might be elaborated on regarding the special nature of Indian music as contrasted with Western forms and especially as applied for therapeutic purposes.

### Religious Aspects:

Although the rite of the king is replete with religious overtones, it is unclear to what extent, if any, this is to be incorporated into the proposed music therapy scheme. If it is to be dismissed as irrelevant, this might be addressed. The entire focus of the article depends on the religious and spiritual as well as secular aspects of the rite of the king, who was a religious as well as a royal personage. It is a good idea to address this.

### Four Stages

The four stages of the proposed music therapy suggested by the authors are identification, composition, execution and effect.

As described by the authors, *identification* involves a diagnostic step to identify the "somatic humour" of the subjects or what their emotional/psychological state is. How this might be done contemporarily, or how it was done in ancient times, if it was done at all in the case of the rite of the king, is not specified in the article. This needs clarification.

The second stage, the *composition* stage of music described by the authors is nonlyrical because the authors claim, without clear substantiation, that "eulogistic compositions in this era have little or no impact." One might suggest that affirming lyrics could be modified or tailored to the contemporary individual, and this could be examined by the authors.

What the authors term as the "execution" stage they contend involves "well versed musicians" which seemed to imply the hiring of live performers. Absent this, the result will not be, in the authors' terms, "aesthetic." Since we are in an age of digital music, which is both readily available and generally performed by well versed musicians, the authors might clarify what their intent is. Live, well-versed musicians can be expensive, making it economically inexpedient to use this mode of music therapy, if this is the only way such music therapy can be administered.

The final stage of *effect* is said to be dependent on "perfect timing and place." However, the authors do not explain how this is to be determined or achieved in the contemporary era. Given that the authors do not refer to circadian rhythms or similar contemporary research, this stage remains vague and should be elaborated on.

**Conclusion:** An excellent beginning and more work might greatly improve this article.

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