

# WFMT

## June 2010



World Federation of Music Therapy  
Federación Mundial de Musicoterapia

## Regional Liaison Paper

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***Music Therapy Worldwide: Exploring  
Trends and Challenges in Research,  
Practice, and Education***

# 25. Anniversary

## Celebrate with us

Share your wishes, thoughts, and stories

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Dr. Petra Kern, U.S.A.

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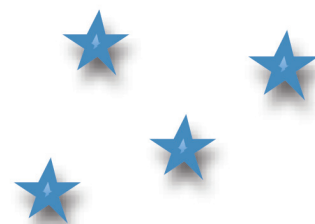
Ms. Marion Tennant, U.A..E.

#### Western Pacific

Tian Gao, China



*Supporting Music  
Therapy Worldwide*

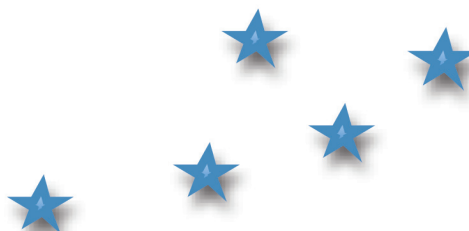


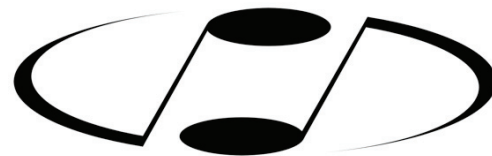
### ABSTRACT

'The World is where we are!' In this paper the Regional Liaisons of the World Federation of Music Therapy (WFMT) share information and their reflections on current trends and challenges in music therapy research, education, and practice from around the world. The authors describe these aspects of music therapy in Africa, Australia/New Zealand, North America, Latin America, Southeast Asia, Western Pacific, Eastern Mediterranean, and Europe.

In bringing alive their region of the world, the Regional Liaisons report on:

- Demographics in a snapshot of the region and its people,
- Work settings and populations served,
- Music therapy approaches applied,
- Undergraduate and graduate music therapy programs available,
- Key research and publications, and
- Future directions, perspectives, as well as personal vision statements.





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## PREFACE

Since the beginning of music therapy as a health profession, the field has come a long way. Students of music therapy take the opportunity to study abroad, professionals live and work in countries other than their origin, and the Internet makes it possible to access publications and communicate with colleagues around the globe. As music therapists we see clients from many different countries and backgrounds that requires cultural sensitivity and a diversified repertoire. Therefore, modern music therapy is based on a global understanding of our profession.

This paper aims to contribute to the global understanding of music therapy and to give an overview of the current status of the profession in each region. The Regional Liaisons of the World Federation of Music Therapy (WFMT) task is

- To be the contact and network person in a specific geographic area
- To distribute information related to WFMT
- To provide information to specific topics, and
- To bring ideas, suggestions, and information specific to the geographical area and relevant to the mission and work of the World Federation.

In 2009, we gathered information about clinical practice, education and training, and research and publications in music therapy by contacting music therapy colleagues in each region, reviewing literature, and evaluating current trends and challenges in music therapy. This information has been provided in eight video clips, which are posted on the WFMT website [www.wfmt.info](http://www.wfmt.info). This paper gives updated information and can be seen as accompanying handout to the video clips.

We hope you find the information helpful and enjoy the individual and cultural differences of each region and country.

Happy Anniversary to the WFMT and all of us!

Yours,

Petra Kern  
President of WFMT

## About the Author



Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT is a music therapists, researcher and educator and has lived and worked in Germany, Canada, and the U.S. She is a Visiting Scholar at the FPG Child Development Institute at the University of North Carolina, Chapel Hill and owner of the California-based company *Music Therapy Consulting*. Dr. Kern serves on several international committees and editorial boards and is the editor of AMTA's early childhood online magazine *imagine*.

Dr. Kern is the President of WFMT.  
Contact: [president@wfmt.info](mailto:president@wfmt.info)

[www.wfmt.info](http://www.wfmt.info)

# North America

By

Gene Ann Behrens  
Ph.D., MT-BC

## Snapshot of the Region and its People

### Area

**Canada:** 9,976,140 sq km

**United States:** 9,631,420 sq km

### Population

**Canada:** 28,846,761 (1996)

**United States:** 307,212,123 (2009)

### Ethnic Groups

**Canada:** British Isles origin 40%, French origin 27%, other European 20%, indigenous Indian and Eskimo 1.5% (1996)

**United States:** Caucasian 75.1%, African American 12.3%, Hispanic origin 12.5%, Asian 3.6%, American Indian and Alaska Native 0.9%, Native Hawaiian and other Pacific Islander 0.1%, other race 5.5% (2009)

### Median Age

Canada: 40.4 years

United States: 36.7 years

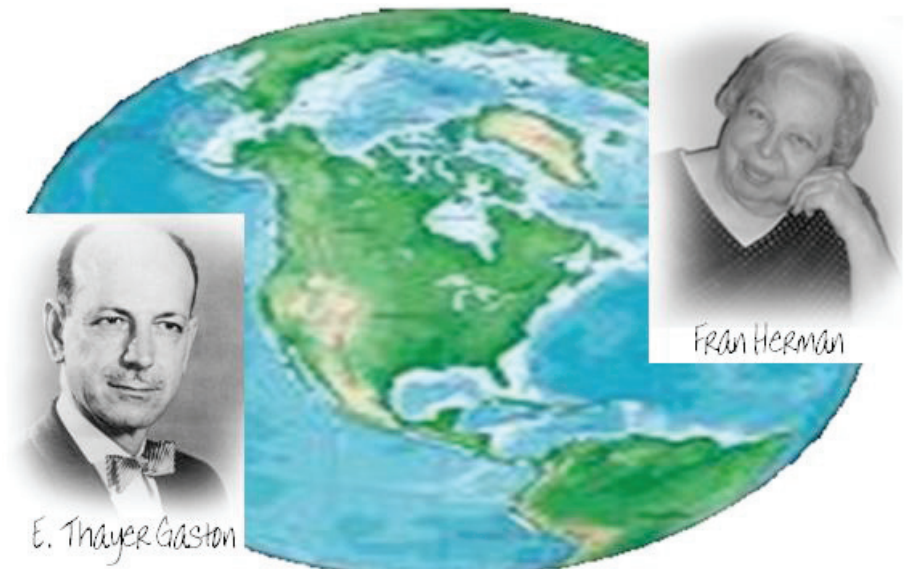
### Music Therapists

**Canada:** 388 (1996)

**United States:** 2,274 (2009);

### Source

Documented history of music therapy in Canada and the United States.



E. Thayer Gaston

*"The rich history of music therapy as a profession in Canada and the United States that has spanned the decades since the 1940s continues to support the promotion and development of a variety of models, methods, and techniques – all with the common focus of improving the well-being of individuals through the research based, systematic use of music in and as therapy."*

~Gene Ann Behrens

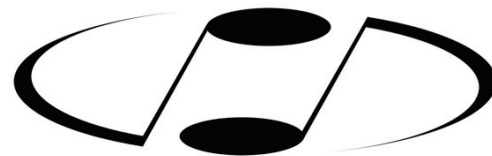
## INTRODUCTION

A strong professional organization exists in Canada (the Canadian Association for Music Therapy, CAMT) and the United States (the American Association for Music Therapy, AMTA) that focuses on advancing the awareness of music therapy. However, the practice of music therapy in Canada and the United States varies as a result of how health care is regulated and delivered. In Canada, a national system implemented in each province regulates how health care is provided and the recognition of music therapy as a treatment modality. Music therapists apply for positions at the facilities or programs, but the government regulations in each province controls the availability of jobs. As there is no universal health care system in the United States, the recognition of music therapy as a treatment modality is defined by each program, facility or individual paying for services. Salaries are paid by a facility or program; reimbursement from insurance companies, or statewide programs; or by private pay. One exception exists within the state of New York where a practice licensure bill was passed that defines the practice of music therapy.

## CLINICAL PRACTICE

As far as the types of approaches, populations, and settings, a music therapist's practice is very similar in Canada and the United States. In both countries, music therapists are influenced by one or more psychological approaches within their practices, behavioral, cognitive, psychodynamic, and humanistic, just to name the most common. Many practitioners in each country also seek out specialized training in specific methods such as Guided Imagery in Music, Nordoff Robbins, and Neurologic Music Therapy. Music therapists work with a wide range of populations, anywhere from infants, children, adults, and older adults within medical hospitals, schools, day care programs, correctional institutions, in and out-patient psychiatric programs, geriatric facilities, and palliative or hospice care, just to name a few. Their methods involve composing or improvising music, singing or playing symphonic or rhythmic instruments, and moving to, listening to, and discussing music.





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### TRAINING AND EDUCATION

The training of music therapists is somewhat similar in each country. Within Canada, seven schools provide an undergraduate degree in music therapy; two of those programs also provide a master's degree. Given that a number of graduate degrees also are obtained from Europe, an international perspective exists within the schools. Students complete four years of coursework and a 1000-hour supervised internship. Their credentialing process is regulated through their national association, CAMT, the Canadian Association for Music Therapy. After completing the internship and an approved written portfolio, the accreditation of MTA, Music Therapist Accredited, is obtained. To maintain the credential, music therapists complete 100 continuing education credits every five years.

Presently, there are 73 schools offering a degree in music therapy within the United States with 31 offering master and/or doctoral graduate degrees. For an undergraduate degree, students complete a total of 1200 hours of clinical work with at least 900 hours occurring during an internship. The credential, MT-BC, Music Therapist-Board Certified, are obtained by passing a exam from an independent organization, the Certification Board for Music Therapists. In both countries, music therapists need to obtain 100 continuing education credits every five years to maintain their credentials.

### RESEARCH AND PUBLICATIONS

A strong emphasis on research to support clinical practice exists in both countries. In Canada, research supporting the work of music therapists primarily comes from the universities and some from practitioners. Within the United States, practitioners and those at colleges and universities conduct evidence-based research. Quantitative and qualitative researchers exist in both countries with slightly more qualitative researchers existing in Canada.

Publications from CAMT include: *Canadian Journal of Music Therapy*, *CAMT newsletter*.

Publications from AMTA include: *Journal of Music Therapy*, *Music Therapy Perspectives*, *Music Therapy Matters On-line*, *Early Childhood Online Magazine*, *imagine*.

### FUTURE PERSPECTIVES

The mission statement for each professional organization focuses on advancing the awareness of music therapy. Within the United States, the focus is on promoting music therapy among facilities, programs, insurance agencies, and potential clients as well as state legislatures proposing licensure bills. Within Canada, the emphasis is on promoting the recognition of music therapy within the regulating system of each province. In addition, the associations in each country support the development of research and the evidence-based practice of music therapy. As the North American Liaison, I would like to support further interaction among music therapists in Canada and the United States and among music therapists in other countries.

### About the Author



Gene Ann Behrens, Ph.D., MT-BC is an associate professor and director of the music therapy program at Elizabethtown College, United States. She has worked in a variety of settings for over 35 years and also taught for the last 12 years. Her areas of interest are trauma and emotional coping skills.

She presents and is involved professionally at a regional, national, and international level.

Dr. Behrens serves as the WFMT Regional Liaison for North America. Contact: [northamerica@wfmt.info](mailto:northamerica@wfmt.info)

[www.wfmt.info](http://www.wfmt.info)

# Latin America

By

Cybelle Loureiro  
Ph.D., MT

## Snapshot of the Region and its People

### Area

Approximately 7880000 sq mi

### Population

More than 571 million

### Ethnic Groups

Amerindians, Whites, Mestizos, Mulattos,  
Blacks, Zambo, Asians

### Median Age

Argentina: 30.0 years

Brazil: 28.6 years

Bolivia: 21.9 years

Chile: 31.4 years

Colombia: 27.1 years

Cuba: 37.3 years

Ecuador: 25 years

Honduras: 20.3 years

México: 26.3 years

Paraguay: 21.9 years

Venezuela: 25.5 years

Uruguay: 33.41 years

### Music Therapists

Argentina: More than 2400

Brazil: 1800 to 1900 approximately

Cuba: 18

Colombia: 25 approximately

México: 94

Bolivia, Chile, Ecuador, Honduras, Paraguay,

Peru, Uruguay, and Venezuela:

No precise number available

### Source

<https://www.cia.gov/library/publications/the-world-factbook/fields/2177.html>

(est. July 2009)



Photo Source:

<http://www.ailtonpics.blogger.com.br/el-violin-1.jpg>

**"Yo tengo tantos hermanos, que no los puedo contar,  
en el valle, la montaña, en la pampa y en el mar."**

**"I have so many friends, that I cannot count,  
Friend in the mountains, in the pampas and in the sea."**

**~ Los Hermanos Athaulpa Yupanqui**

### INTRODUCTION

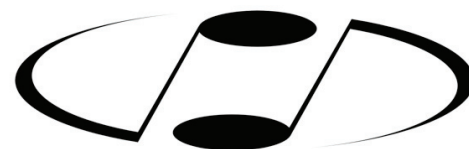
Latin American Music Therapy community is working hard for almost 60 years in order to consolidate educational and health programs into the following twelve countries: Argentina, Brazil, Colombia, Bolivia, Uruguay, Cuba, Venezuela, Chile, Peru, Honduras, and Mexico. Most of those countries have already bachelor, master's degree, or a specialization in music therapy.

Latin America music therapy emerged around 1950. Since then, the practicing of music therapy as health professional was approved by the government of the province of Buenos Aires, Argentina in 2005. Recently, in Brazil music therapy was received by the Brazilian Governmental Ministry of Work Code on Occupations (CBO) a work license under the employed code number 22.39-15. Most of the others countries are in the process of recognition as occupational health profession services or on music therapy educational courses recognition by government general education.

### CLINICAL PRACTICE

Music therapy practice in Latin America is offered to many populations, such as: neurologic rehabilitation, mental health, intensive care, substance abuse, gerontology, AIDS, haemodialysis treatment, cancer, autism, international problems, substance abuse, victims of sexual abuse, adolescent pregnancy, public and private special schools, early intervention centers, hospital schools and in the area of prevention services.

The common approaches in clinic practices in Latin America are based on different psychotherapy and more recently on neurologic music therapy approach.



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## TRAINING AND EDUCATION



**Argentina**  
Since 1966  
4 MT Training Programs



**Uruguay**  
Since 1966  
1992 Uruguayan Music Therapy School



**Honduras**  
Currently working on establishing the profession in the country



**Brazil**  
Since 1974  
5 MT Training Programs



**Cuba**  
Since 1988  
1993 Cuban MT group. First Music Therapy Laboratory/Academy of Sciences' Centre of Fundamental Brain Investigations



**Mexico**  
Humanistic Music Therapy Mexican since 1996.  
5 MT Training Courses



**Colombia**  
Since 1970  
1 MT Training Program in progress



**Venezuela**  
Since 1960  
5 postgraduate degrees.  
Latest opened in April 2010



**Bolivia**  
Few music therapists who have studied in other countries



**Peru**  
Since 1965  
No university training available.  
Currently working on establishing the profession in the country



**Chile**  
Established in 1977  
3 MT Training Courses

## RESEARCH AND PUBLICATIONS

Studies have been made in medical area, community health, special schools, in music and on assessment and clinical evaluation methods.  
Sample National Publications:

### Argentina

Revista de la Asociación Argentina de Musicoterapia. Argentina Music Therapy Journal. Revista Internacional Latinoamericana de Musicoterapia" (ISSN 0328-9125).

### Brazil

Revista Brasileira de Musicoterapia Brazilian Journal of Music Therapy.

### Mexico

A model of musical psychotherapy. Ediciones Libra, México. Music Therapy Internacional Perspectives: The Power of Music.

### Cuba

Physiopathology of Nervous System Proceedings, Memorias del INTERMOZG, Edit of Cuban Academy of Science. Boletín de Música, ed. Casa de las Américas, Cuba. Revista Clave, ed. La Habana, Cuba. Revista Cubana de Psicología, UH, La Habana.

## FUTURE PERSPECTIVES

The Latin American music therapy community is working hard all those five decades in order to consolidate more courses and to developing research. New trends on music therapy research are growing and opening new challenges for interdisciplinary and multidisciplinary research.

## About the Author



Cybelle Loureiro. Ph.D. is professor and the coordinator of the music therapy at the Federal University of Minas Gerais (UFMG). Her area of interest is stroke, multiple sclerosis, optic neuritis, and child development.

Dr. Loureiro serves as the WFMT regional Liaison for Latin America.

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# Eastern Mediterranean

By

Marion Tennant  
MA Music Therapy ARU  
Cambridge UK, BA, Dip  
Mus Ed (Dundee)

## Snapshot of the Region and its People

### Area

Combined area (highlighted in blue): 13.5 million sq km.

The region is bigger than Canada at 10 million and smaller than Russia at 17 million.

### Population

586,919,478  
(see table for details)

### Ethnic Groups

See table

### Median Age

See table

### Music Therapists

Exact number unknown

### Source

[http://www.intute.ac.uk/worldguide/html/802\\_people.html](http://www.intute.ac.uk/worldguide/html/802_people.html)

(All figures July 2009 estimates)



Map Source: WHO

**"Given such a diverse ethnic grouping of the countries contained in this region - a region which features wars; political unrest; poverty and famine, there is much need for cultural sensitivity and perhaps in this area, the need for music therapy is greatest."**

**~Marion Tennant**

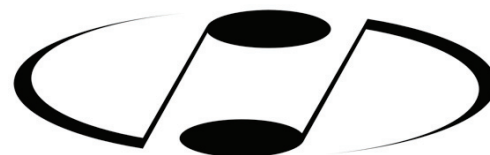
## INTRODUCTION

As yet, in this region, information is scant from many of the Embassies contacted. The countries that are in regular contact include Bahrain, Qatar, and Jordan. In Bahrain, the music therapist works free-lance and mainly in education. The Shafalah Centre – a special needs school was established approx 10 years ago by the wife of the Emir of Qatar and they have employed several music therapists over the years. Iran, Qatar and Egypt have featured on Country of the Month in the world forum for music therapy 'Voices'. There is also evidence of pockets of activity happening in some of the other countries where war and disruption to regular life happens. An Ashti (peace) drum circle in Iraq established by Christine Stevens and promotes leadership training programs. In Lebanon, the band AC/DC dedicated a music therapy room for sick children at Sarasota Hospital. There are probably many other activities going on but as yet have not been documented or brought to our attention.

## CLINICAL PRACTICE

I work independently in Dubai, mainly in the education sector. As yet the government has not recognized music as a therapy, so there is no music therapy practiced within the health system. One of the challenges we face is to gain the recognition that would allow us to work in the hospital setting.





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### TRAINING AND EDUCATION

In Amman, Jordan, the first established Bachelor Degree in Music Therapy was set up in the Arab Region at the National Music Conservatory and the first graduation will be in summer 2011.

### RESEARCH AND PUBLICATIONS

Currently not available!

### FUTURE PERSPECTIVES

What I would hope for in this region would be continuing raising of awareness, through education, of how music therapy can help people. Perhaps then, some of the barriers, which exist due to cultural concerns plus a varying degree of suspicion relating to music inherent in Islamic society, can be overcome.

**TABLE. Snapshot of the region and its people**

Country	Area sq/km	Population (July 2009)	Median Age	Ethnic Groups
Afghanistan	652,230	33,609,937	17.6	Pashtun 42% Tajik 27% Hazara 9%, Uzbek 9%, Other 13%
Bahrain	741	727,785	30.1	Bahraini 62.4% Non-Bahraini 37.6%
Djibouti	23,200	516,055	18.1	Somali 60% Afar 35% other 5% (french, arab, ethiopian, italian)
Egypt	1,001,450	83,082,869	24.8	Egyptian 99.6% other 0.4%
Iran	1,648,195	66,429,284	27	Persian 51% Azeri 24% other 25% (Kurd, Gilaki, Arab, Lur)
Iraq	438,317	28,945,657	20.4	Arab 75-80% Kurdish 15-20% other 5%
Jordan	89,342	6,342,948	24.3	Arab 98% other 2%
Kuwait	17,818	2,691,158	26.2	Kuwaiti 45% other Arab 35% Asian 9% Iranian 4% other 7%
Lebanon	10,400	4,017,095	29.3	Arab 95% Armenian 4% other 1%
Libyan Arab Jamahiriya	1,759,540	6,310,434	23.9	Berber and Arab 97% other 3% (greeks, maltese, italians, etc)
Morocco	446,550	34,859,364	25	Arab-Berber 99.1% other 0.9%
Oman	309,500	3,418,085	18.8	Arab, Baluchi, South Asian, African
Pakistan	796,095	176,242,949	20.8	Punjabi 44% Pashtun 15% Sindhi 14% Sariaki 8% other 19%
Qatar	11,586	833,285	30.8	Arab 40% Indian 18% Pakistani 18% Iranian 10% other 14%
Saudi Arabia	2,149,690	28,686,633	21.6	Arab 90% Afro-Asian 10%
Somalia	637,657	9,832,017	17.5	Somali 85% Bantu & others 15%
Sudan	2,505,813	41,087,825	19.1	Black 52% Arab 39% other 9%
Syrian Arab Republic	185,180	20,178,485	21.7	Arab 90% other 10%
Tunisia	163,610	10,486,339	29.2	Arab 98% other 2%
United Arab Emirates	83,600	4,798,491	30.1	Emirati 19% Arab & Iranian 23% South Asian 50% others 8%
Yemen	527,968	23,822,783	16.8	Predominantly Arab, also Afro-Arab, South Asian, European
	13,458,482	586,919,478		

Source: [http://www.intute.ac.uk/worldguide/html/802\\_people.html](http://www.intute.ac.uk/worldguide/html/802_people.html)

### About the Author



Marion Tennant (formally Ritchie) has lived and worked in Dubai for 8 years. As a former music teacher, she targeted special schools initially to raise awareness about music therapy. As a result Marion now runs music therapy sessions in the Dubai Autism Center, Rashid Pediatric Therapy Centre and the Al Noor Training Centre. She has written articles and given several presentations to various local groups about music therapy.

Marion Tennant serves as the WFMT regional Liaison for Eastern Mediterranean.  
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# Australia New Zealand

By

Anja Tait, RMT

## Snapshot of the Region and its People

### Area

**Australia:** 7.6 million sq km

**New Zealand:** 268,680 sq km

### Population

**Australia:** 22.3 million

**New Zealand:** 4.4 million

### Ethnic Groups

**Australia:** Indigenous Aboriginal population 2.5% of the total Australian population

**New Zealand:** Indigenous Maori population 14.6% of the total New Zealand population

### Median Age

**Australia:** 36.9 years

New Zealand: 36.5 years

### Music Therapists

**Australia:** 251

New Zealand: 28

### Source

Australian Bureau of Statistics  
<http://www.abs.gov.au>

Statistics New Zealand  
<http://www.stats.govt.nz/>

(All figures current March 13, 2010)



**"As Regional Liaison for Australia and New Zealand I bring my commitment to professional dialogue and learning partnerships across gender, generation, and culture, and across the waters that separate the people of our region"**

**~Anja Tait**

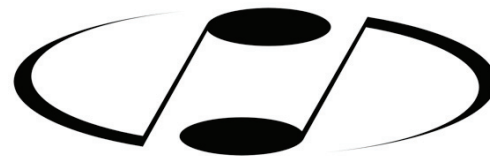
### INTRODUCTION

The World Federation of Music Therapy provides an opportunity to promote innovative professional exchanges. It's a chance to learn and celebrate throughout the world, the consonance and dissonance of our values, understandings and practices in music therapy. The professional associations for music therapy in Australia and New Zealand were both constituted in the 1970's, after long periods of advocacy by clinicians across disciplines and enlightened administrators across sectors.

### CLINICAL PRACTICE

All over the world, federal, state and local government regulations influence access to music therapy, as well as the philosophical standpoints that underpin clinical practices. This is no different in our region. New policies and priorities continually emerge for education, health, disability, community development, and the arts. Current government policies and funding priorities emphasize the delivery of programs that strengthen early childhood development and learning. There are also strong lobby groups for children with autism, aged care and end of life, Indigenous affairs, and mental health. There are opportunities for music therapy practice and research in Australia and New Zealand to become increasingly visible in this capricious political climate, representing a range of philosophical standpoints and clinical practices.

Many music therapists in our region work part-time or sessional, although there are increasing numbers of full-time employment opportunities. These positions may be funded substantively, but often rely on short-term funding from government bodies and philanthropy. There is increasing support from the corporate sector, with a heightened awareness in big business of the value of making visible social investments. Service delivery methods include interdisciplinary, inter-agency, child-centred, family-focused, individuals, families, small groups, community development, preventative approaches, early intervention and acute care.



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### TRAINING AND EDUCATION

In New Zealand music therapy graduate studies are offered at the New Zealand School of Music, a partnership between Massey University and Victoria University in Wellington. In Australia there are four universities offering graduate and post-graduate studies in music therapy: University of Melbourne, University of Queensland, University of Technology Sydney and the University of Western Sydney in partnership with Nordoff-Robbins Australia. In conjunction with The Music and Imagery Association of Australia, the University of Melbourne also offers Advanced level training for Registered Music Therapists in the Bonny Method of Guided Imagery and Music.

Flexible distance learning is a long-awaited new development for music therapy in the region. A Masters by coursework is now offered by the University of Melbourne comprising online study, weekend intensives, and supervised clinical practice in students' home states. Geographical distance has previously limited the capacity for people outside the major cities to access music therapy training.

### RESEARCH AND PUBLICATIONS

The publications record of Australian and New Zealand music therapists in the international literature hints at the diversity of practice and research in the region

- clinical studies in education, health and community
- education and training evaluations and innovations
- quantitative, qualitative, and mixed methods research designs
- theory building
- and policy development

Both organizations produce a peer-reviewed journal and have annual conferences and seminars to support continuing professional development requirements.

*Australian Journal of Music Therapy*  
<http://www.austmta.org.au>

*The New Zealand Journal of Music Therapy*  
<http://www.musictherapy.org.nz>

### FUTURE PERSPECTIVES

The diversity in music therapy research and practice mirrors the diversity of our populations in this region. As Regional Liaison for Australia and New Zealand I bring my commitment to professional dialogue and learning partnerships across gender, generation, and culture, and across the waters that separate the people of our region.

### About the Author



Anja Tait is a Registered Music Therapist, music educator and researcher. She works in the areas of family and community involvement, and early childhood learning and development, as Program Advisor, for Public Libraries & Indigenous Knowledge Centres, throughout the Northern Territory of Australia. Anja is the Director of ArtStories, a model of intergenerational learning and involvement with the arts.

Anja Tait serves as the WFMT Regional Liaison for Australia and New Zealand.  
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# Africa

By

Sunelle Fouché, MMUS  
(Music Therapy)

## Snapshot of the Region and its People

### Area

At about 30.2 million sq km. Africa is the second largest and second most-populous continent and includes 53 sovereign and independent countries.

### Population

1 Billion (Date of estimation: 2009)

### Median Age

South Africa: 23 years.

In some African states, half or more of the population is under 25 years of age.

### Music Therapists

South Africa: approximately 33 registered music therapists (Health Professions Council of South Africa, Annual Report, 2009)

### Source

<http://www.statssa.gov.za/publications/P0302/P03022007.pdf> - Mid-year population estimates 2007

<http://www.overpopulation.org/Africa.html>  
[http://en.wikipedia.org/wiki/Africa#cite\\_ref-67](http://en.wikipedia.org/wiki/Africa#cite_ref-67)



Photograph by The Music Therapy Community Clinic

*"If you can walk you can dance. If you can talk you can sing..."*

*~Zimbabwean Proverb*

### INTRODUCTION

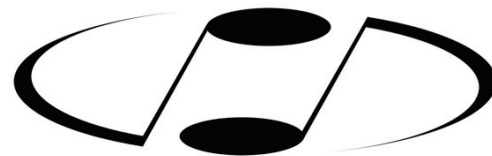
In many countries and cultures in Africa, music has formed part of healing rituals since the beginning of time – Africa knows that music heals. In South Africa, Music Therapy is a fairly young, but very dynamic profession. It is viewed as an allied health care profession and music therapists are registered with the Health Professions Council of South Africa.

### CLINICAL PRACTICE

There are approximately 30 registered music therapists in South Africa. They are working in different contexts ranging from private practice to community settings. Settings include centers for children and adults with special needs, children and adults with physical and mental disabilities, psychiatric clinics, schools for children with Autism and private hospitals. Music therapy programs in community settings offer psychosocial support to people and communities who have been affected by socio-economic issues such as HIV&AIDS and TB, violence and poverty.







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### TRAINING AND EDUCATION

The University of Pretoria offers the only Music Therapy training programme in South Africa and on the African continent. The training is in the form of a 2 year post graduate degree. Completion of this Masters degree leads to registration with the Health Professions Council of South Africa. This year, the University of Pretoria will be running its 7<sup>th</sup> Music Therapy training programme and the programme has delivered 34 graduates since its inception in 1999.

### RESEARCH AND PUBLICATIONS

As music therapy is such a young profession in South Africa and funding is limited, very little research has been published. However, music therapy programmes run by the non-profit organization, The Music Therapy Community Clinic have recently been part of an international research collaboration that studied Community Music Therapy in four countries (Norway, Israel, South Africa and England). The book entitled, *Where Music Helps – Community Music Therapy in Action and Reflection* was compiled by Stige, Ansdell, Elefant & Pavlicevic and develops disciplinary theory grounded in music therapists' work.

### FUTURE PERSPECTIVES

Africa is a fast continent with many different peoples and cultures. One of the challenges of this region is bringing together the many different voices of music therapists working in vastly different countries, contexts and settings. Although unique in its own way, many countries in Africa are faced with common issues related to poverty, illness and violence. Music therapy can be a powerful tool to offer psychosocial support to the children and adults; individuals, families and communities of Africa.



### About the Author



Sunelle Fouche graduated from the University of Pretoria's Masters in Music Therapy program. In 2002, she co-founded the Music Therapy Community Clinic (MTCC), a non-profit organization that provides music therapy services to underprivileged and previously disadvantaged communities in Cape Town, South Africa. She is currently serving as the executive director of the MTCC.

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# South East Asia

By

Dr. Sumathy Sundar

## Snapshot of the Region and its People

### Area

**India** 3,287,240 km<sup>2</sup>  
**Bangladesh** 147,570 km<sup>2</sup>  
**North Korea** 46,541 km<sup>2</sup>  
**Indonesia** 1,919,440 km<sup>2</sup>  
**Maldives** 298 km<sup>2</sup>  
**Myanmar** 676,578 km<sup>2</sup>  
**Nepal** 147,181 km<sup>2</sup>  
**Srilanka** 65,610 km<sup>2</sup>  
**Thailand** 513,120 km<sup>2</sup>  
**Timor Leste** 14,874 km<sup>2</sup>

### Population

**India** 1,028,610,328 (2001)  
**Bangladesh** 162,221,000 (2009)  
**North Korea** 22,665,345 (2009)  
**Indonesia** 229,965,000 (2009)  
**Maldives** 298,842 (2006)  
**Myanmar** 50,020,000 (2009)  
**Nepal** 28,875,140 (2007)  
**Srilanka** 21,324,791 (2008)  
**Thailand** 63,525,062 (2010)  
**Timor Leste** 1,134,000 (2009)

### Ethnic Groups

Indo Aryans, Dravidians, Austronesians, Chinese ethnic groups, Overseas Indians, Eurasians, Filipinos, Malays, Khmer people, Negrito, and Tai people

### Music Therapists

Exact number not known as in most of the countries there is no certification process and accredited training program yet.

### Source

en.wikipedia.org



Photo Source:  
photos.ibibo.com/photo/4720569

**"Music therapy in India integrates ancient healing practices and musical traditions."**

**~ Dr. Sumathy Sundar**

### INTRODUCTION

Music therapy in South East Asia is emerging, although it does not exist yet as a profession in most of the countries, except for India and Thailand. Strong efforts are made in both of these countries to introduce professional music therapy training and clinical programs. Establishment of academic curriculum and governmental accreditation are challenging. Music as part of healing practices still includes a strong belief system across many cultures in this region. Integration of ancient music healing traditions such as Raga Therapy and Shamanism are being formally evaluated in modern music therapy practice, research, and education.

### CLINICAL PRACTICE

#### India

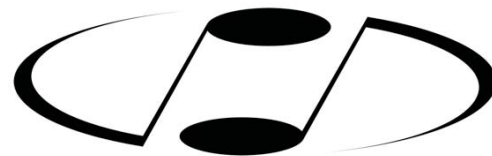
Music therapy practitioners use multiple techniques and approaches and base their approaches on exciting belief systems in the cultural, societal, and philosophical structures of India. Music therapy procedures integrate music healing traditions as well as receptive and active techniques. Most of the Indian music therapists work in special education settings and/or provide music therapy services in nursing homes, orphanages, hospices, general hospitals, and cancer units. The majority of the music therapy services are voluntary or part-time as music therapy is not a recognized health care profession yet.

#### Nepal

Autism Care Nepal has set up in collaboration with the Music Therapy Trust, New Delhi, India the first music therapy clinical program in Nepal.

#### Thailand

Currently, there are only a few formally trained music therapists practicing in Thailand. In collaboration with the University of Kansas' music therapy program, Mahidol University College of Music in Thailand began establishing clinical programs in June 2009. Although music therapy is still defined very broadly, the educational offerings at Mahidol University are promising to redefine music therapy as a profession that may improve health and wellness for a variety of populations.



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### TRAINING AND EDUCATION

There is no certification process for music therapy practitioners in India. Music Therapy Trust, a non-profit organization based in New Delhi and Bombay offers postgraduate diploma programs. The Chennai-based Nada Centre for Music Therapy recently started a distance education program introducing cultural applications based on historical healing traditions of Indian origin in clinical practice. Apollo Hospitals, Chennai also offers a one-year postgraduate diploma course in music therapy. There are no music therapy undergraduate or Master's program available.

In 2008, Mahidol University College of Music in Thailand has offered multi-day workshops in music therapy in collaboration with the University of Kansas's music therapy program followed by music therapy courses and certificate-training workshops titled "Therapeutic Use of Music" for professionals from various fields. In June 2011, Mahidol University College of Music will begin the first Master's degree program in South East Asia focusing on clinical practice and research skills.

### RESEARCH AND PUBLICATIONS

Music therapy research and publications are quite young in South East Asia. The following are professional publications from India:

Nada Centre for Music Therapy – Books on "What is Music?," "Medicinal Music," "Raga Therapy," "Music Therapy: The Sacred and the Profane and Self Music Therapy."

Music Therapy Trust - Newsletter

### FUTURE PERSPECTIVES

Music therapy as a modern health profession is yet to bloom fully in South East Asia. However, learning from the strengths and challenges of developing training and clinical programs in other countries and the support of WFMT, music therapy may grow exponentially in South East Asia. Thanks to dedicated and committed professionals and volunteers who work unceasingly towards the development of this profession many clients/patients may benefit from music therapy in the near future.



### About the Author



Dr. Sumathy Sundar is a music therapy clinician and has conducted research in music therapy and oncology at the University of Madras, India.

She co-founded the Nada Centre for Music Therapy, in Chennai, a non-profit organization dedicated to developing music therapy in India. Dr. Sundar is presenting internationally and has published her work in several journals. Her interest is to integrate Indian music healing traditions and Western approaches in modern music therapy practice, research and education in India.

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# Western Pacific

By

Tian Gao

MM, MT-BC

## Snapshot of the Region and its People

### Area

**China:** 9,600,000 sq km

**Japan:** 377,800 sq km

**Korea:** 99,600 sq km

### Population

**China:** 132,256,000 (2008)

**Japan:** 12,700,000 (2008)

**Korea:** 44,850,000 (2008)

### Music Therapy

**China:** 5 colleges, 500 undergraduate students, 15 graduate students, 600 other professionals, Professional MT Association since 2005, 160 members

**Japan:** 18 university programs, 7 college programs, 1450 certified therapists, Japanese Association c. 6400 members

Taiwan: 20 music therapists

**South Korea:** 600 music therapists, 11 undergraduate courses, c. 40 PhD students, host country of the 13th World Congress of Music Therapy

**Hong Kong:** 12 music therapists

**Singapore:** Association of Music Therapy Singapore has 14 members, 11 certified music therapists



Photograph by Tian Gao

*"In terms of governmental recognition it seems that there is a long way to go, but we are making determined efforts to reach that goal."  
~Tian Gao*

### INTRODUCTION

Music therapy has emerged within the Western Pacific as a quickly growing and diverse profession. During the past fifty years music therapy has been introduced to various countries of the region (Japan in 1960's, Korea and China in 1980's) and has since then seen strong growth and the establishment of many training courses. As in many other regions of the World, governmental recognition and accreditation is an important challenge within the Western Pacific.

### CLINICAL PRACTICE

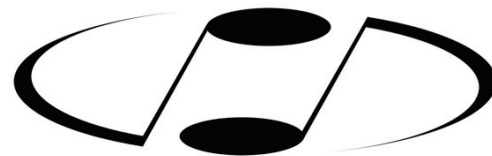
The clinical application of music therapy throughout the Western Pacific is quite similar, many music therapist are working in psychiatric hospitals, special educational schools, rehabilitation institutions. A smaller number of music therapists are working in medical settings and private practices.

### TRAINING AND EDUCATION

The developments of music therapy training and education are much faster than the clinic practices of music therapy in various countries of the Western Pacific area such as Japan.

The Japanese Music Therapy Association (JMTA) now approves 15 music therapy programs at the undergraduate level in universities and music colleges in Japan. The Association suggests a curriculum-based program for 4 years. The current system works this way: Students are certified as "provisional music therapist" after completing their internship in the 4 year-curriculum. They then graduate, go out to the field, practice for more than 3 years under supervision before being certified as a real "music therapist." There are large concerns as to the shortage of teaching staff, clinical sites and supervisors. Many of the staff are self-taught clinicians and sometimes have their own philosophy. It is also necessary to equip educators and supervisors to provide aspiring students not only with more expanded knowledge and skills, but also with opportunity for personal growth and development (Kana Okazaki-Sakaue, 2003).





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Since SookMyung Women's University first started the master's level music therapy training program in Korea during the spring of 1997, many other schools have followed its path and developed music therapy programs. There are now master's level music therapy programs at nine universities. In addition, there are also music therapy courses offered in continuing education centers at several other universities and educational institutions. A rough estimate of practicing music therapists in Korea is c.500, each with a master's degree, and about 200 music therapists from other types of training programs (e.g., students graduating from 6 or 12 month continuing education programs).

Since 2003, Korea has offered a PhD degree in music therapy. SookMyung Women's University, the pioneer of the first music therapy program in Korea, currently has about 60 doctoral students majoring in music therapy. Besides the Korean Music Therapy Association (KMTA), which is the first and only governmentally registered organization in Music Therapy in Korea, there are about five to six other music therapy related associations. Also, Korean music therapists work with certification issued by their associations. Although there were some calls for issuing licenses to creative arts therapists such as music therapists, there has yet to be any concrete decisions regarding the topic.

In China, this author received a music therapy master degree from Temple University in USA, and came back to Beijing at 1996, and established the first music therapy program at Central Conservatory of Music, Beijing. The course accepts 10 undergraduate and three graduate students each year, and 20 graduate students and 34 undergraduate students have graduated since 2003. Parallel to this, there have been six universities and colleges establishing music therapy programs. Four of these are music colleges, and two of them are medical schools.

#### RESEARCH AND PUBLICATIONS

Within the Western Pacific, research and publication work is emerging. Based on the development of clinical models, which incorporate eastern-medical perspectives, research studies are in development to capture the specific nature of the therapeutic role of music within these contemporary practices.

#### FUTURE PERSPECTIVES

The goal of music therapists in the Western Pacific is to attain governmental recognition, and promote the acceptance of music therapy in health institutions. It seems that we have a long way to go, but we are making determined efforts to reach the goal.

### About the Author



Tian Gao, M.M. is a professor and director of the music therapy program at the Central Conservatory of Music in Beijing, China. His area of interest is Post Traumatic Stress Disorder (PTSD).

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# Europe

By

Dr. Simon Gilbertson,  
Dip. MT, Dipl. MTh

## Snapshot of the Region and its People

### Area

c. 10,000,000 sq km (including 50  
countries)

### Population

731 million (UN, 2006)

### Median Age

40 years (UN, 2009)

### Music Therapists

There is a huge diversity in the  
number of music therapists working  
in the region – in some countries  
they are in single numbers, and in  
others, like Germany, more than  
2000 music therapists (Wosch, 2008)

### Source

United Nations, Population Division,  
DESA, <http://un.org/esa/population>

Wosch, T. (2007). There's Something  
New in Music Therapy in Germany.  
*Voices: A World Forum for Music  
Therapy*. Retrieved March 15, 2010,  
from  
[http://www.voices.no/country/mont\\_hgermany\\_may2008.php](http://www.voices.no/country/mont_hgermany_may2008.php)



***"Music therapy is, from many perspectives, a profession of bridges."***

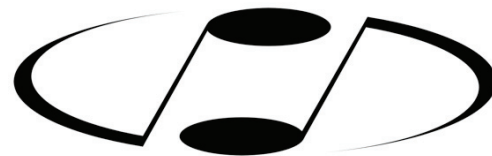
**~Dr. Simon Gilbertson**

### INTRODUCTION

Within the many countries of Europe there is a large diversity in the way that music therapy is integrated into health, education and community contexts. With an obvious shift away from a model of alternative intervention strategies, music therapists in Europe have in the past years explored the role music therapy has to play as an integrated therapy within institutions, groups and communities. The concept of 'diversity' is key to generating an understanding of how music therapy is implemented many of the 50 countries within Europe. This diversity does not only emerge from the large number of theoretical and practical models, methods and techniques, but also grows from and within the local and national cultures in which the music therapists live and work. In this geographical area there is a strong essence of cultural centering of music in and of therapy. Within the settings that music therapy is explored, bridges have been built between music therapy and the infrastructures that it serves. But Europe is not a place of utopia, and a large number of music therapists continue to work daily at enhancing the way in which their services are formally organized within the health and educational service provision of the counties and areas in which they work. State recognition continues to be a significant core issue within many European states. There are however, encouraging changes such as the celebration of the state recognition of music therapists in Austria that came into effect on the 1st July 2009. A great credit to all involved - this development is a wonderful sign of hope for many music therapists around Europe.

### CLINICAL PRACTICE

Within the European area, music therapy is implemented in diverse settings including general healthcare, psychiatry, oncology, neurology and neurological rehabilitation, neonatology and pediatrics, special education, prisons, deaf and hearing impaired children and adolescents, palliative and hospice care.



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In addition to these areas, there are exciting emerging areas of the application of music therapy focusing on local communities within organizations such as youth clubs, community welfare services, and community music groups.

Common approaches in music therapy in Europe are strongly referenced to theoretical considerations in other disciplines. In many countries within Europe, humanistic psychology has strongly influenced the models of music therapy that have been developed and expanded. Further, political conceptual frames have provided music therapists with a societal identity from which to develop the core values of music therapy. Psychoanalytic, behavioral, and medical models have widely been applied successfully in many sites around Europe. Also, the past twenty years has seen a strong and highly effective fusion of developmentally informed theory to practice, research and education of music therapy.

#### TRAINING AND EDUCATION

The first training course in music therapy began in 1959 in Vienna, Austria and there are now over 50 training courses in music therapy within Europe. Within many countries, music therapy study has been restricted to the postgraduate phase of studies, although there are an increasing number of courses that are developing strong undergraduate entry-level courses. In the future, it will be of significance how advanced level training will be conceptualized and formalized within Europe. With the increasing number of clinicians working in different areas during their careers, this may be increasingly become a significant aspect of training and education within Europe.

#### RESEARCH AND PUBLICATIONS

The number of studies and related published papers carried out within Europe is expanding in number and scope of focus. A culture of publications of a diverse range of type of evidence has successfully forced its way forward and readers of the contemporary music therapy literature can read from student authors, pilot studies, explorative narrative studies, randomized controlled trials and meta-analyses and systematic reviews. This is certainly one way forward in achieving a sensible balance between conceptual development of good ideas and providing evidence of efficacy of music therapy in the future.

#### FUTURE PERSPECTIVES

With its large number of states and cultures, Europe has continued to offer a wealth of diversity throughout history. Let's hope that the future of music therapy will be protected from 'monoculturism' and directionless globalization, and that it will be possible to maintain the diversity of cultures and the bridges that have been built between them.

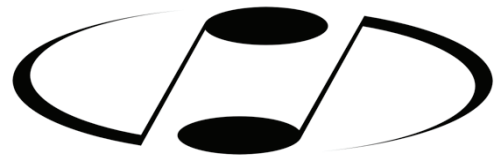
### About the Author



Dr. Simon Gilbertson is a music therapist, educator and researcher and has worked in England, Germany and Ireland since 1993. He is currently the Assistant Director of the MA in Music Therapy and Associate Director of the Music and Health Research Group at the University of Limerick, Ireland.

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