Music Therapy International Report

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Preface

We, the editors, are pleased to present to you this issue of the *Music Therapy International Report*. In this issue we have continued the "National Perspectives" information, as in previous volumes. This important information has become the trademark of our international publication.

Regular readers will notice several significant changes as a result of our efforts this year. For the first time the creation of this publication has been shared by two countries: Amelia Oldfield, from Great Britain; and Lisa Summer and Carole Kolb, from the United States. Although co-editorship between two countries was actually proposed from the inception of this publication, the Great Britain/U.S. collaboration has encouraged a number of other national associations to offer to contribute to editorial responsibility and costs for future issues.

Another change is the title. We watched as our publication grew out of its previous title, *The International Newsletter of Music Therapy*, and we have inaugurated a new one: *Music Therapy International Report*. The new title is reflective of the increased depth and breadth of international work in the music therapy field since the publication’s birth in 1983.

Indicative of this growth is Section One, "International Perspectives." Included are more reports on international music therapy conferences and international music therapy organizations than in previous issues.

Section Two, "Personal Perspectives," which is actually a variation upon a theme previously introduced, contains more detailed descriptions and opinions about what characterizes music therapy in different countries. These articles were written from the personal point of view of the authors and are not meant to be a definitive description of music therapy in those countries.

Section Three, "National Perspectives," contains the most up-to-date information available about music therapy in different countries. We decided to include only the most recent information (gathered in 1990) rather than to print, for the sake of comprehensiveness, dated information. At the end of this section is our final new addition. We have included several tables that give the reader a comparative view of clinical specialties, sites where music therapy is practiced, and music therapy approaches in various countries.

Many thanks to all those people who filled in questionnaires and wrote reports and articles. Without your hard work and cooperation this publication would not exist.

The Editors,
Lisa Summer (U.S.A.)
and
Amelia Oldfield (Great Britain)
Section 1:
International Perspectives
The Fifth International Congress
Music Therapy and Music Education
for the Handicapped
“Developments and Limits in Practice and Research”
August 23-27, 1989, Noordwijkerhout, The Netherlands

Margaret Heal (Great Britain)

Margaret Heal, music therapist from Canada who trained in Great Britain and has been working in Great Britain for the past three years, presented a paper at the 1989 music therapy conference in the Netherlands. She has written the following report on the conference.

Over two hundred delegates from twenty-four countries attended the Fifth International Congress, Music Therapy and Music Education for the Handicapped: “Developments and Limits in Practice and Research,” held at the Leewenhorst Congress Center Noordwijkhout, the Netherlands from August 23 until August 27, 1989. The Congress was organized by the Stichting Muzietherapie under the auspices of the International Association of Music for the Handicapped (I.A.M.H.) and the Nederlandse Vereniging voor Kreative Therapie (N.V.K.T.)

The location of the congress center, a large park set among 17 acres of ground, could not have been better. It was possible to escape from the area infested by music therapists, to be revived before another onslaught of congress experience!

The main theme of the congress was the practical and conceptual differences between music therapy as a form of psychotherapy, music therapy in special education and healthcare, and music education for the handicapped. Eighty-eight participants offered various papers, videos, workshops, and poster presentations over three and half days. It is unfortunate that there is only room in this report to mention the plenary sessions and not the parallel sessions.

The delegates were welcomed on Wednesday by Ben Gerits (President of the Stichting Muziektherapie), Dr. Rosalie Rebollo Pratt (Executive Director of the I.A.M.H.), and Liesbeth Fockema Andreae (Chairwoman for N.V.K.T.). The congress was then officially opened by Dr. D.J.D. Dees, Secretary of State. In the evening there was a video presentation “Music therapy, a therapy containing music” by Hans Koekoek.

Three plenary sessions were held on Thursday morning. Dr. David Ward (United Kingdom) discussed aspects of his paper “Aesthetic education and special needs.” This was followed by Esme Towse (United Kingdom) reading “Do music therapy techniques discourage the emergence of transference?” Professor Dr. Helmut Moog (German Democratic Republic) then presented “Learning specifics of singing.”

The afternoon was spent with the delegates attending two parallel sessions of their own choice. After dinner Dr. Rosalie Rebollo Pratt, Dr.
Matthew Lee, and Norman Goldberg (U.S.A.) jointly offered a video and panel discussion entitled “The music therapy program at Goldwater Memorial Hospital, recent publications and resources in the interface of therapy, education, and medicine.”

Friday morning began with Mary Priestley (United Kingdom) demonstrating and presenting a live session of “Couple therapy.” Three parallel sessions were held throughout the day. In the evening two parallel sessions were held. Dr. Franz Schalkwijk (the Netherlands) discussed “Concepts of music therapy: Towards a language for existing differences and similarities between the ways music is used in treatment.” This was followed by Professor Dr. Tadeusz Natanson (Poland) who presented “Practical and conceptual similarities and differences in music therapy — doubts and controversies.” The two papers were followed by a classical concert: the Amstel String Ensemble conducted by Kian Pin Hui, cello solo, Monique Bartels.

Professor Dr. Christopher Schwabe (Federal Republic of Germany) began Saturday with his paper “The specifics of the music-therapeutical practice from the point of view of the pedagogical, socio-psychological and medical support of the handicapped” translated ably by Susan Swartz. Dr. Beatrix Lumer-Hennebole (German Democratic Republic) then presented “Music therapy in schools and institutes for children with special educational needs.” A parallel session followed. The afternoon consisted of poster sessions and video presentations.

On Saturday night a dance was held with a Latin-American band. Delegates relaxed after the intensive three and a half days, refusing to give up long after the dance band had left. Stamping, barking, hand clapping, chair stomping, and glass clinking added to a frantic but ordered din that eventually found its own ending.

Breakfast on Sunday was thankfully an hour later than other mornings and was accompanied by soothing classical guitar music — much needed after the wild reveling of the night before. The final plenary session of the congress was by Dr. Judith Jellison (U.S.A.) presenting her paper “Research with handicapped children and youth. A focus for the future.”

During the congress, meetings had been held with representatives of the European community member countries. Resolutions were presented from these meetings. The four areas of discussion were: 1) international associations and the development of a network to share information. Special mention was made of the forming of a new International Advisory committee for E.C. member states; 2) training and education; 3) research and the need for the development of new paradigms, inter-disciplinary work and replication of studies; and 4) the need to develop an international computer network for music therapy. Special mention was made of the Data Communication System based in the Netherlands.

The congress was closed by Ben Gerits. All left exhausted but greatly enriched, most thankful to their hosts who had run a first class congress.
International Multi-Disciplinary Symposium
on Music Therapy and the Effects of Sound
December, 1989,
Palacio das Convencoes do Parque Anhembi,
Sao Paulo, Brazil

Tony Wigram (Great Britain)

This is a report of a visit made by Tony Wigram to Sao Paulo, Brazil, in December, 1989, for this Multi-Disciplinary Conference. It was funded by the British Council Office, Sao Paulo.

The content of the symposium was a mixture of presentations/lectures by music therapists from the international community, and also "Courses" that were run throughout the Symposium on various aspects of music therapy. Many of the people who were attending were recent graduates in music therapy from the school in Sao Paulo, and also other professionals from the fields of psychology, education and paramedics. It appeared that some of them were coming to the conference in order to obtain further skills, which gave the conference a slightly different flavor.

On the face of it, the content was quite varied and included many different subjects. From my own point of view, there was a serious problem in that no translation was made available into English. Although I was able to get an idea of what people were talking about with my limited knowledge of Spanish and French (along with some information from the presentations of speakers who spoke some English), much of the information in the presentations of other speakers was not understood. Very fortunately, I had an excellent interpreter for my papers, who was also able to give me some feedback on what other speakers were saying when she was present. I was extremely fortunate because the lady who translated for me, Selma de Oliveira, had only recently returned to Brazil after a year post graduate study in music therapy in Great Britain. Consequently, she was fluent in English as well as very knowledgeable on this rather specialized subject, and was not only able to translate my papers very well but also with a great deal of meaning. ONE PARTICULARLY SIGNIFICANT FEATURE was that many of the papers presented were theoretical. In other words, my colleagues from Argentina, Austria, Brazil, and Portugal mainly talked about the theory behind the practice of music therapy and also the training procedures in music therapy. There was a dearth of clinical work presented, and with the exception of myself, the Italian delegate, the German delegates, and one of the delegates from Brazil who presented videowork on music and movement with deaf clients, there was very little actual therapy work described. This is not untypical of conferences and seminars that I have attended in the past in Europe, both in Genoa and Paris, and my own personal feeling is that the people who attend these conferences are particularly interested in seeing examples of
clinical work and discussing the practice of music therapy rather than the theory.

I was also conscious of a political problem when I arrived. It appeared that the President of the Sao Paulo Music Therapy Association had become "estranged" from the conference organizers and, consequently, there was definitely a reduction in the number of music therapists who may have attended this conference. On the first day of the conference, there were probably less than 120 people gathered in an auditorium that was designed to hold 3500 people. This did not necessarily diminish from the value of the conference for the people who were there, and I certainly welcomed the opportunity to meet with the people who had come, to present the work I had done, and to discuss it with the delegates and other participants. However, it was apparent from the beginning that, owing to many people not coming who said they were going to come, there were great difficulties in co-ordinating a programme.

The following are examples of presentations I found of particular value:

• Dr. Rolando Benenzon (Argentinian psychiatrist and music therapist): "Music Therapy in a Scientific and Therapeutic Context"
• Professor Dorothee Storz (Austrian music therapist—psychiatry—and lecturer in music therapy, Vienna): "The School of Music Therapy in Vienna"
• Professor Dorothee Storz (Austrian music therapist—psychiatry—and lecturer in music therapy, Vienna): "Workshop on Group Improvisation"
• Professor Heinrich Moll (West German music therapist—psychiatry—and lecturer in music therapy): "A Video Presentation of Work with a Disturbed Child with 'Flattery Tic'
• Elisa Eiko Kajihira (Brazilian occupational therapist): "The Use of Music in the Movement of the Body as a Form of Expression and Communication with a Group of Deaf People"
• Round Table Presentations — Dr. Benenzon, Professor Storz, Professor Mutti (Italy), Dr. Moll, Professor Cadete (Portugal), Professor Reccia (Argentina), Professor Wigram: "The Development of Music Therapy in Different Countries, Professional, Clinical and Training Programmes"

In conclusion, the main benefits from making this trip were to establish contacts, generate interest, and clarify the processes of therapy with other professionals in Brazil.
IV Music Therapy Summer School
“Communication and Creativity”
July 1990, Vitoria, Spain

John Bean (Great Britain)

The fourth Music Therapy Summer School took place, again in Vitoria-Gasteiz, entitled “Communication and Creativity.” Patxi Del Campo (Spain) and Tony Wigram (Great Britain) organized the programme for the summer school, and teachers from abroad were invited to run courses including Helen Odell (Psychiatry), John Bean (Special Education), Ruth Bright (Elderly), and Gianluigi di Franco, Italy (Use of the voice).

These annual summer schools in music therapy have been organized by the School of Music Therapy, Vitoria, and are held for one week in July. Participants travel from all over Spain, from Europe, and this year also from South America. They include nurses, speech therapists, physiotherapists, teachers, ancillaries, psychologists, and music therapy students. It was an exciting opportunity for us to meet with the international tutors delivering other aspects of the course.

The atmosphere of the courses was extremely positive; participants came with much enthusiasm to learn more about music therapy and/or how they might better help their clients in their own places of work. Any initial musical inhibitions were quickly dispelled by great Spanish exhuberance! Group sizes ranged between 12 and 22 people. Another valuable aspect of the week was having the same personnel in the group for every workshop. This gave us time to explore clinical and musical issues in some depth. One striking feature the tutors observed was how, during the week, the students grew in their awareness of the value of active listening and silence as integral elements of improvisation.

The venue this year was the five-year-old Civic Conference Centre in the center of the city which had excellent facilities, including three video suites with screens measuring 2 x 3 meters. It was a skill in itself to communicate with accurate timing with the technician in his studio (above the suite) through the interpreter and telephone line!

The schedule for the week was extremely busy; we were “on duty” effectively until 7 p.m. each day. We each ran a three hour workshop every morning and supported discussions each afternoon. Tony Wigram gave an additional seminar during the week on “Stereotopies in musical behaviour, and the significance of musical behavior in diagnostic processes.”

Patxi del Campo has generated a great deal of support for music therapy from the Civic Council, the Basque Government, and the University of the Basque Country, and there were a number of press reviews of the course while we were there. However, the discipline of music therapy has not yet been officially recognised by the authorities in Spain, although they are gradually moving towards a form of course validation.
Dr. Leslie Bunt, chairperson of the British Society for music therapy, was invited to present a paper at this conference. This is a short report on that conference.

The VI World Congress of Music Therapy took place at the University of the State of Rio de Janeiro in Brazil. The main promoters of the congress were:

- the Brazilian Conservatory of Music
- the Association of Music Therapy of the State of Rio de Janeiro
- the University of the State of Rio de Janeiro

Dr. Cecilia Conde was President of the Congress with Dr. Rolando Benenzon as President of Honour. There was a large group of supporting music therapy organizations from Brazil, Argentina, and Uruguay.

There was a very special South American feel to the opening ceremony. After the opening speeches and introductions, we were treated to some local singing and dancing. The warmth and spontaneity of such music making became a regular feature of the week and a lasting memory of Rio. Ba Mamour, a musicologist and percussionist from Senegal, followed this opening session with a beautiful presentation of African drumming. He inspired the audience to echo him in calling vocalizations that got the whole congress moving and singing together. Other musical events took place during the breaks during the congress and at the end of each day.

The Brazilian hosts were able, in spite of the country’s severe economic constraints, to invite 24 guests to the congress. Each day opened with a plenary session given by one of the guests. Topics covered were:

- “Rhythm, sound and consciousness” (Dr. Carlos Byington, Brazil)
- “The role of music in the modification of psychotherapy paradigms: a theory of music therapy” (Dr. Even Ruud, Norway)
- “Working with and about dreams in integrative music therapy” (Dr. Isabelle Frohne, West Germany)
- “Music therapy and psychoanalysis” (Dr. Edith Lecourt, France)
- “Report on research concerning music therapy applied to autistic patients” (Dr. Rolando Benenzon, Argentina)

After each plenary address there was a round table:

- Musical language and music therapy
The other guests were involved in presenting papers and/or running workshops and courses over a series of days. As at any such congress there was a wide range to the themes of the workshops and courses including:

- “Musical improvisation” (Violeta de Gainza, Argentina)
- “Music therapy for musicians” (Dr. Cheryl Maranto, USA)
- “Music therapy with deaf patients” (Roberto Reccio, Argentina)
- “The legacy of the shaman in music therapy: implications for clinical practice” (Dr. Joseph Moreno, USA)
- “Creative relations of music therapy with dance therapy” (Maria Fux, Argentina)
- “Medical applications of music therapy including cancer and AIDS” (Dr. Cheryl Maranto, USA)
- “African rhythms” (Ba Mamour, Senegal)

These workshops and courses took place during the afternoon and were timetabled alongside other presentation by the invited guests such as:

- “Sound and sensitivity” (Dr. José Miguel Wisnik, Brazil)
- “The art and science of music therapy: Is there a synthesis?” (Dr. Leslie Bunt, Great Britain)
- “The rainbow of desire: the theatre as therapy” (Augusto Boal, Brazil)
- “Movement and identity: a contribution to music therapy” (Lola Brikman, Argentina)

There were also over 80 listed papers that took place in a variety of rooms in the later part of each afternoon. There does not appear to be an easy answer to the perennial problem of scheduling concurrent papers. It was frustrating not to have heard the presentations of colleagues with whom I had spent much time during the week. We can look forward to the publication of the proceedings. Perhaps the planners of the next congress could look at ways in which the conference could have divided at times into different sections, such as regular seminars on research or training. In this way we could have evolved a deeper level of debate and furthered our understanding of such areas internationally. It is obviously not easy to find a balance between accepting papers for presentation and providing enough space in the programme for debate and discussion. We seldom get a chance to meet at an international level and it would be good to programme specific times for small group discussions on relevant themes.
The congress also hosted meetings of the World Federation of Music Therapy.

The conference ended as it began with a plenary session. Both Dr. Gianluigi di Franco (Italy) and Ba Mamour sang to and with the conference participants, Ba Mamour also leading us in a joyous dance that acted as a profound summation to the international feel of the whole week.

Finally many thanks are due to Cecilia Conde, Rolando Benenzon and their colleagues in Brazil for planning and hosting such a week. Music and dance are very much alive in Brazil and it was wonderful to be with people who sing, dance and play with such a natural joy and spontaneity. Can we have less talk and even more music in the presentations themselves at the next congress? Is this passion for music not a major reason why we are who we are as music therapists?

NOTE: During the meetings of the World Federation of Music Therapists held in Rio de Janeiro, it was decided that the next World Music Therapy Conference would take place in Vitoria-Gasteiz, Spain, in 1993.

The Conference will be organized by the Escuela de Musicoterapia y Técnicas Grupales in Vitoria. The planning coordinator is:
- Patxi del Campo san Vincente
- Escuela de Musicoterapia y Técnicas Grupales
- Apartado 585
- 01080 Vitoria-Gasteiz
- Alava
- Spain
DCS Arts and Health
A Unique Combination of Databases and Datacommunication

Pieter van den Berk and Frans Vodegel
Hogeschool Nijmegen, The Netherlands

The Documentary Information and Communication System (DCS) in arts and health was developed at the Hogeschool Nijmegen in 1988. This unique system combines the many possibilities of a database with the many possibilities of a datacommunication system. Needless to say, because of the scope of this project, enthusiastic support from the international community as well as from users of the system is essential. The system has much to offer researchers, educators, supervisors, as well as clinicians in the fields of arts and health.

The prototype for the DCS Arts and Health was presented in August, 1989, at the Fifth International Congress of Music Therapy and Music Education for the Handicapped at Noordwijkerhout, Holland. The future development of this project was emphatically supported through a resolution. In Europe (i.e., England, Germany, Denmark, and the Netherlands), study groups, comprised of representatives of training institutes and professional music therapy associations, have been formed. Satellites of the DCS will be established in these countries. Also, a network to support the development of the system in the United States has been established.

The DCS Arts and Health and Its Possibilities

International cooperation is viewed as a primary way of further stimulating the field of music therapy and other disciplines within arts and health, particularly through research, curriculum development, instructional materials, software, and clinical information. International cooperation is already a reality, particularly with the current European political developments. Databases and datacommunication appear to play a significant role in these developments.

The primary objective of the DCS Arts and Health is to facilitate communication and information exchange among universities, training facilities, clinical facilities, and professional associations, both on national and international levels. Many types of diverse information can readily be shared through the capabilities of computers.

In the DCS Arts and Health, data is stored and accessible through an on-line data base. In addition, users of the system can communicate with each other and with the system. This system is unique and will likely serve as the prototype for similar systems in other fields.

The capabilities of the system are varied and include the following:
• an on-line database with relevant professional and scientific information
• the direct access to files containing information on the information network and users (public domain software)
• access through the documentalist (of the system node) information which is not yet available in the system but obtainable through other channels
• an electronic bulletin board containing announcements of conferences, new books and publications, the system, etc.
• transmission of datafiles
• transmission of short messages to and from other users of the system at that moment (chat message)
• transmission of electronic mail which is temporarily stored and the receiver notified of the message
• telecopying or fax services

It is anticipated that there will be three types of users of the system: Associate members (universities, associations, clinical facilities, special interest groups, researchers); Individual members (arts and health clinicians and other persons using their personal computers at work); and Student members in arts and health.

Scope of the System

The scope of the DCS Arts and Health is very broad. Contained in the system initially is information on traditional applications of music therapy, music in special education, the use of music in medicine, performing arts medicine (medical and psychological problems of performing artists), as well as information on the psychology of music. The content of the database will in the future also include similar information on dance, art, and drama therapies.

Information on these topics will be available not only from journals, but also from conference proceedings, theses, dissertations, and books. In addition, this information will be from international sources, however, the language of the system will be English.

Considering the scope of this project, it is obviously impossible for the headquarters in Holland to accomplish this on its own. Therefore, arrangements are being made with participating countries to cooperate in this effort. Undoubtedly the strength and ultimate success of the project depends on the participation of as many countries as possible.

In addition to this scientific literature, the system also contains professional information useful to the arts and health professional, such as information on conferences, addresses, information on various associations, etc.

Timeliness and accuracy of information contained in the system are important considerations. For bibliographical information, new entries are made within six months of publication. For other types of information, up-dating can be done directly on-line by the user, for example as with a change of address.
The User Networks

The DCS Arts and Health connects computers that are located at universities and professional associations for music therapy and arts and health in the participating countries. At the heart of this connection is a databank in which several databases containing specialized information on arts and health are stored. As was previously stated, cooperation among countries is the essence of the project. As a result, two networks have been developed: the European and the American networks.

The European Network

The European node will be situated in Nijmegen, Holland, with connections to satellites in England, Denmark, and Germany. There are plans for extensions to France, Greece, Spain, Italy, and Eastern Europe. Contacts have already been made for extensions to Japan and Australia. An extension is also planned to countries where music therapy, and other arts and health fields are still in their infancy. These countries will not have connections as independent satellites, and the ways that they may take part in the system is being studied.

The training facilities and professional associations for music therapy, and arts and health in the Netherlands are connected to the node at Nijmegen through terminals. The satellites of the European network are in turn the nodes for their own national systems to which the users in their countries are connected. Each satellite thus has its own complete DCS which includes the appropriate hardware and software. The total of these connections is the actual network of the DCS.

The DCS Arts and Health and the USA

Because of the long history of music therapy in the USA, there have been in the past a number of discussions regarding the possibilities of a computerized network. However, because of the scope and complexity of this project, these plans have yet to come to fruition. Momentum for this project grew following the presentation of the DCS prototype at the Noordwijkerhout conference. At the request of the headquarters in Nijmegen, Dr. Cheryl Maranto organized a mini-symposium on information retrieval in Philadelphia in March, 1990. A number of groups were represented at this symposium, including the American Association for Music Therapy, the National Association for Music Therapy, the International Arts Medicine Association, MEDART, Southern Methodist University, Temple University, the International Association for Music and the Handicapped, and the University of Louisville. At this meeting, it was decided that there would be a cooperation between the USA and Dutch efforts.

Representatives of the above-mentioned associations and universities formed a working group to prepare for the establishment of a coalition to support the system in November, 1990.

The European and American networks will be connected though a permanent computer line, creating a worldwide network. The exchange of
data travels through the American node and the headquarters at Nijmegen. Preparations for the transatlantic connection are in progress.

**Hardware and Software for the DCS Arts and Health**

By using computer modems, anyone, anywhere in the world can connect to the system, whether from home or from work. The system is also accessible through EARN-BITNET and other special data networks. For individuals who are computer novices, computer-assisted training software is available for specific training for using the DCS Software. To get access in the system, standard communication software is required.

**Future of the DCS Arts and Health**

The DCS Arts and Health is a project of the Centrum voor Beroepsontwikkelen en Methodiekontwikkeling (CBM) (Center for Professional Development and Method Development), a part of the Hogeschool Nijmegen. The CBM has been officially recognized by the Dutch Ministry of Education and Sciences. This project is funded for three years, but it will be necessary to develop the system and its organization so that it will be able to be self-supporting from then on.

In Europe, a prototype of the system is operational. In the US, plans for the system are progressing well. At the Fall 1990 NCATA Conference in Washington D.C., there will be a meeting of a coalition of various organizations interested in the system, as well as a meeting of Creative Arts Therapy Educators to inform them of the system. In addition, Frans Vodegel, Executive Director of the project, will present a session for conference attendees.

The DCS, in cooperation with a university in the US, is also working towards expanding the content of the system to other allied health professions such as occupational therapy, physical therapy, speech therapy and dietetics.

**About the authors . . .**

Frans Vodegel, Executive Director of the DCS Music Therapy, studied at the Brabant Conservatory in Tilburg and at the Royal Conservatory in the Hague. He has worked as a music therapist at the St. Maartens clinic and at the Academy de Kopse Hof in Nijmegen (which subsequently merged with the Hogeschool Nijmegen), and has taught at the music therapy training institute in Maastricht and in Sittard. He is currently in post-graduate training in information sciences at Utrecht State University.

Pieter van den Berk, country coordinator of The Netherlands, studied at the Brabant Conservatory in Tilburg and at the Royal Conservatory at The Hague. He was involved in the founding of the Institute for Music Therapy and now serves as coordinator of the department of Music Therapy at the Hogeschool Nijmegen. In addition to his work with the DCS Music Therapy, he is also involved with the Music Therapeutic Laboratory project (within the Hogeschool Nijmegen). This project attempts to research the clinical practices of music therapy and to develop new music therapy methods. He also is the Chairman of the Music Therapy section of the Dutch Association for Creative Therapy (NVKT).
World Federation of Music Therapy

Dr. Leslie Bunt (Great Britain)

Leslie Bunt, the first music therapist to obtain a Ph.D. in Great Britain, was invited to take part in the VI Congress of Music Therapy in Rio De Janeiro. He took part in World Federation meetings and has written the following report:

Meetings of the World Federation of Music Therapy (W.F.M.T.) were held during the VI World Congress of Music Therapy in Rio de Janeiro, July 15 to 20, 1990, thanks to the kind invitation of Dr. Roland Benenzon, Dr. Cecelia Conde and her congress organising committees.

The working party of the WFMT ratified the following points:

1. Aims

The aim of the WFMT remain as per the document prepared in Genoa at the V World Congress of Music Therapy during December, 1985, i.e.:

- to exchange and gather information on various aspects of music therapy in different countries
- through this exchange of information, to encourage an open-minded approach and an interest in different styles of music therapy
- to study the common aspects of the theory and practise of music therapy in different countries
- to consider all that may lead to common and generally acceptable definitions of music therapy

There was an additional aim, namely:

- The WFMT aims to be a non-hierarchical and non-profit making organization.

2. Criteria for Membership

Full Membership of the WFMT is available to all membership organizations which have the promotion of music therapy as the primary aim of the organization.

N.B.: A membership organization is one which invites membership from appropriately qualified or interested persons who pay fees for membership. Members of the organization elect office bearers.

Associate Membership is available to non-membership groups such as training courses. It is also available to organizations which include the promotion of music therapy among their stated aims and objectives.

Honorary Life Membership: At a World Congress of Music Therapy the WFMT can elect one honorary life member.

Patrons: The WFMT can invite individual and group benefactors to become patrons.
N.B.: To become eligible for membership each organization must supply a written summary of its aims and objectives, the name and address of an official representative, who will vote on its behalf and to whom all correspondence will be sent.

3. Voting Privileges

   Full Membership: One vote per country. For those countries where there is more than one member organization the vote can be divided fractionally, e.g., if there are four full member organizations in one country each has one quarter of a vote.
   
   Associate Membership: No right to vote
   Honorary Life Membership: No right to vote
   Patrons: No right to vote
   Officers and Co-ordinators of Commissions: No right to vote

4. Officers

   The following officers will serve as an Advisory Group to the WFMT: Chairperson, Deputy-Chairperson, Secretary/Treasurer and the Coordinators of the various commissions. The three officers — Chairperson, Deputy Chairperson, and Secretary/Treasurer — will serve in that office for a maximum of four years. They are not eligible for re-election to that office until a period of four years has elapsed. The various coordinators of the commissions may continue in office at the invitation of each commission. Three members of the Advisory Group will constitute a quorum.

5. Commissions

   The WFMT will form various commissions at each World Conference continuing the tradition of the co-ordinated projects initiated in Genoa. The topics will change according to the needs of the WFMT. During the VI World Congress of Music Therapy four commission were set up:
   
   • Commission on Professional Ethics
   • Commission on Training Programmes
   • Commission on Information Exchange and Communication
   • Commission to plan the next World Congress (Vitoria, Spain in 1993)
   
   Geographically-based working groups will report to the coordinator of each commission.

6. Fees

   Full membership: 150 US$ for an organization of 500 members or more;
   100 US$ for 100-499 members; 50 US$ for under 100 members
   Associate membership: 25 US$

   For further information on membership of the WFMT please contact the Secretary (Address below).
Address List Of Members Of Advisory Council

CHAIRPERSON:
Mrs. Ruth Bright
9, Ascot Avenue
Wahroonga
N.S.W. 2076
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DEPUTY CHAIRPERSON:
Dr. Rolando Benenzon
Sucre 2004 P2
1428 Buenos Aires
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SECRETARY/TREASURER:
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COORDINATOR OF
COMMISSION ON
COMMISSION ON TRAINING
PROGRAMMES:
Mrs. Denise Erdonmez
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COORDINATOR OF
COMMISSION ON
INFORMATION EXCHANGE
AND COMMUNICATION:
Dr. Joseph Moreno
Dept. of Music Therapy
Maryville College
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St. Louis, Missouri 63141
USA

COORDINATOR OF
COMMISSION TO PLAN THE
NEXT WORLD CONGRESS:
Sig. Patxi del Campo San Vincente
Escuela de Musicoterapia y Tecnicas Grupales
Apartado 585,01080
Vitoria-Gasteiz
Alava
Spain

COORDINATOR OF
COMMISSION ON PROFESSIONAL ETHICS:
Dr. Cheryl Maranto
Dept. of Music Therapy
Temple University
Broad St./Montgomery Ave.
Philadelphia, PA 19122
USA
International Association for Vibroacoustics

International Association for Vibroacoustics
Hovdingveien 98
Steinkjer N-7700
Norway

Officers:
President: Olav Skille (Norway)
Vice President: Petri Lehikoinen (Finland)
Secretary: Tony Wigram (Great Britain)
Secretary for Eastern Europe: Saina Tamm (Estonia)

Number of "Vibro Acoustic" therapists working in Norway:
15

Professional Conferences:
"Second International ISVA Symposium"
April 1989
Norwegian Report printed.

Professional Publications:
• The ISVA Bulletin
  First year of publication, 1 issue per year

Recent Publications in Vibro Acoustic Therapy:
Articles in APMT (Association of Professional Music Therapists in G.B.)
1990 Newsletter and in the AAMT (American Association for Music Therapy) 1990 issue of Music Therapy journal.

Training Programs:
Vibro Acoustic Therapists must be professionally educated in another therapeutic field before undertaking a three step education program.
International Association of Nordoff Robbins Music Therapists

International Association of Nordoff Robbins Music Therapists (IANRMT)
3 Leighton Place
London NW5 2QL
Great Britain

Professional Publications:
• The IANRMT Newsletter
  Eighth year of publication, 2 issues per year
  In English
  Yearly subscription fee: free to members of IANRMT. Full membership is open to Nordoff and Robbins trained music therapists only, but associate membership is open to any interested person. Fee: £10.

International Society for Music in Medicine

International Society for Music in Medicine
Aportkrankenhaus Hellerson
Lüdenscheid D-5880
Germany

Officers:
President: Roland Droh
Vice-President: Edward David
Vice-President: Manfred Clynes
Vice-President: Charles Eagle
Vice-President: Tadanobu Tsunoda
Executive Secretary: Ralph Spintge

Professional Conferences:
1989 CONFERENCE
"Fourth International Musicmedicine Symposium"
October 25-29, 1989
Proceedings from this conference will be available from MMB Music, Inc., St. Louis, MO (USA)

Recent Publications in Music Therapy:
• Aspects Of Musicmedicine
  Edited by Ralph Spintge and Roland Droh
MEDART, USA

MEDART, USA
Human Performance Analysis Laboratory
New York University
School of Education, Health, Nursing, and Arts Professions
and Rusk Institute of Rehabilitation Medicine
35 West Fourth Street, Suite 876
New York, NY 10003
U.S.A.

MEDART, USA is an organization committed to the triple mission of promoting:

- **The relationships between the Arts and Medicine:** with emphasis on philosophy, phenomenology, aesthetics, biology, kinesiology, bioengineering, ergonomics and the neuro-sciences.

- **Medicine for Arts:** including specialized medical and allied health care for performing and visual artists, aiming to prevent and treat their occupation-related disorders.

- **Arts as Medicine:** exploring and researching the numerous applications of the arts as treatment in medicine, i.e. music therapy, dance therapy, art therapy, and other creative art therapies.

MEDART, USA is affiliated with MEDART International, which is holding the FIRST WORLD CONGRESS ON ARTS MEDICINE, September 29th to October 4th, 1991, at the Hague in The Netherlands. If you are interested in presenting a paper, course, workshop, and/or are interested in receiving additional information about the Congress, contact:

New York University
Human Performance Analysis Laboratory
School of Education, Health, Nursing, and Arts
35 W. Fourth St., Suite 876
New York, NY 10003
FAX: 212-995-4043

OR

Hoboken Congress Organization
Erasmus University Rotterdam
P.O. Box 1738, 3000 Rotterdam
The Netherlands
FAX: 31-10-4367271
Music Therapists For Peace

Music Therapists For Peace
P. O. Box 743 - Cathedral Station
New York, NY 10025
U.S.A.

Officers:
Founder/Director: Edith Hillman Boxill
International Coordinator: Maria Elena Lopez Vinader
Membership Coordinator: David Currier
Media Coordinator: Carole Kolb
Administrative Assistant: Pamela Foote

Professional Conferences:
1989 CONFERENCES
"North American Conference on Peacemaking and Conflict Resolution"
February 28 - March 4, 1989
Montreal, Canada
This conference included a pre-conference course which involved participants in the conscious use of music and music-making to effect peaceful relationships and conflict resolution.

"Peacemaking Through Music Therapy"
June 1, 1989
This presentation was given by invitation of the United Nations Pacem in Terris (Peace on Earth) Society at the United Nations.

1990 CONFERENCE
"First Universal Music Therapists for Peace Day"
September 26, 1990
"Music Therapists for Peace" contacted music therapists worldwide, with the request to conduct music therapy sessions specifically within the context of peacemaking on the day of this inaugural event. A celebration in New York City was held.

Professional Publications:
- PeaceNotes
  Second year in publication, 2 issues per year
  In English
Section 2: Personal Perspectives
Music Therapy in Argentina

Maria Elena Lopez Vinader, M.A., CMT

I am very pleased to be able to speak to you about music therapy in Argentina. While I completed my masters degree at New York University in the United States, I maintained and kept close contact with the music therapists in Buenos Aires. I now live and have my practice in Posadas, Misiones, which is 1,000 kilometers north of Buenos Aires, where the University of El Salvador has a music therapy training program, housed in the School of Para Medical Disciplines of the School of Medicine.

Let me give you a brief history of music therapy in Argentina. The first program began at El Salvador University in 1966 and was supported by the members of the Argentinian Association of Music Therapy (ASAM). This curriculum is a three-year program and will be increased to a four-year program next year. They offer studies in the following areas: music therapy; medical areas: anatomy, neurology, psychiatric somiology; psychology; music: acoustics, electronic music, auditory perception, voice education, guitar, folklore, choir; philosophy; research methodology; theology (it is a Catholic university); and three years of body movement and expression coursework. There is no coursework in Guided Imagery and Music or art therapy offered unless the student has already studied the subject at another approved university. The students complete fieldwork in psychiatric hospitals with children and adults, in special education centers for the treatment of aphasia, and in diverse rehabilitation centers. It seems, from my experience, that the amount of time spent in internship and supervision is probably not enough to blend all the different areas of knowledge. However, I am aware of changes being made in the curriculum that will better satisfy the students' needs. The use of the piano is not mandatory, whereas a strong emphasis is placed upon the use of the body as an instrument. It is important to understand that Argentina, as well as other Latin American countries, is under major economic pressure which does not allow music therapists to have easy access to sophisticated instruments; hence, the sensible focus upon the body and voice (our own natural instruments) and upon creating our own instruments with available material.

One difficulty in the music therapist's education is that very few students speak English and that (due to economic pressures, again) there are virtually no translations of music therapy books from other languages. Fortunately, Edith Boxill was able to give workshops here recently and to share the humanistic approach to music therapy with our country. The strongest influence is the psychoanalytic approach, derived from Dr. Benenzon, a psychiatrist who is one of the main exponents of the music therapy field.

Music therapists in Argentina participate in symposia of allied disciplines such as Fonoaudiology, Psychiatry, Music Education, and the
Argentinian music therapists are always eager to participate in international meetings, and it is noteworthy that the first International Music Therapy Conference was held in Buenos Aires.

The ASAM has played a major role in the development of music therapy here by inviting pioneers such as Juliette Alvin, Edgar Willems, and Gerda Alexander to give courses and lectures. Another organization, Argentinian Association of Music Therapists (AMUSA) was created about 1976. This group is concerned with achieving recognition of the profession, improving salaries and insurance reimbursement, and improving the standards of music therapy. The El Salvador University program was the only one in this country until last year when another was created in the city of Rosario. (In our history there was also another school “Museo Social” which offered a short-lived one-year program, and there are currently rumors of a possible new program at the State University of Buenos Aires.) Argentina has been a leader in music therapy in South America, and Brazil and Uruguay have based their music therapy curricula on the El Salvador University program. Other Latin American countries which are still developing their own music therapy programs are supported by and model their curricula after the programs in our country, as well.

In Argentina, music therapy clinical practice is found in psychiatric hospitals, special education schools, centers for aphasia, and with developmentally disabled, deaf, blind, and more recently, with terminally ill.

There is a great deal of education to be done here regarding our profession, and I have participated in several interviews on radio, TV, and newspaper. During these four years of working toward educating our communities, I have seen results and benefits from my efforts. This was evidenced at a presentation last month by “Music Therapists For Peace” in which Edith Boxill, Ginger Clarkson, and myself spoke to more than two hundred people.

Being a “Music Therapist For Peace” helps me to be in touch with my community. I am also involved in a Foundation to preserve nature, which is a crucial matter in order to prolong the life of this planet. Misiones, my state, still holds a major area of subtropical forest with endangered species. As the International Coordinator for “Music Therapists For Peace,” I have had opportunities to participate in several national and international conferences. It is nourishing to meet other music therapists of the world and to share our cultures, music, and our hearts. I encourage all music therapists to start networking, to be involved in each of our communities to expand the healing benefits of music therapy. Even if you are alone in your area, as in my case, you can still join other peace groups and use your skills to bring people together in the hope that one day we will be truly evolved human beings expressing the divine Music of our souls.
About Maria Elena Lopez Vinader...

Maria Elena Lopez Vinader received her M.A. in Music Therapy from New York University and is now a music therapist in private practice in Posadas, Misiones, Argentina. She is a member of the Argentinian Association of Music Therapy and serves as the International Coordinator of Music Therapists For Peace.

Since returning to Posadas four years ago, her clinical work has centered around work with children and adults at a Rehabilitation Center for the Blind; co-founding a Holistic Center where she works with pregnant women in a team with an obstetrician and a yoga teacher; teaching at a college giving a course to future kindergarten teachers on music pedagogy; and working in private practice. In her practice she works with a varied population of adults, children and adolescents; among them are those with depressive disorders, developmentally disabled, learning disabled, and neurotics. She has also been working in conjunction with an art teacher to develop a preventive music therapy program.
Music Therapy: Alive and Well Down Under

Denise Erdonmez, RMT-BC, CMT

It is difficult to pinpoint a date to indicate the start of music therapy in Australia. We know that a group called the Society for Music Therapeutics was in existence in Sydney in 1905-1912, and that one of its functions was to organize recitals in hospitals. We commonly refer to the pioneering efforts of the Red Cross Society in establishing music therapy in Victoria and Queensland during the 1950's. The Red Cross organized concerts and recitals given by accomplished musicians for patients in large mental hospitals and for intellectually disabled people in institutional care. Key individuals have played a major role in the development of music therapy in Australia, none more than Ruth Bright, who pioneered clinical work, in South Australia and Sydney, and who has an impressive eight books on music therapy and related issues, to her credit.

In the late 1960’s Australians were training overseas in music therapy. Denise Erdonmez studied at Michigan State University and on returning to Australia established the first designated music therapist position in the country, at Larundel Psychiatric Hospital in Victoria.

In 1975, a group of 5 people established the Australian Music Therapy Association Inc. (A.M.T.A.) with the aims to promote music therapy by all possible means, to advise on training of music therapists, to establish and maintain professional standards for music therapists in Australia, to encourage research in all aspects of music therapy, and to liaise with international bodies. Ruth Bright was the inaugural National President. A.M.T.A. offers three types of membership: general interest category, student category, and professional music therapist category.

One of A.M.T.A.’s first tasks in 1975 was to develop the process of Certification to recognize those people with appropriate training as professional music therapists. (The term Certification will change in 1990 to Registration, and our professional music therapists will be R.M.T.’s.)

We have always advocated that music therapists be first and foremost competent musicians, and A.M.T.A. requires that candidates pass a music skills examination before being allowed into the profession. The examination ensures that music therapists can harmonize and transpose melodies at sight and by ear, can improvise in a variety of styles, and have a broad knowledge of song repertoire. In addition, Australian music therapists are examined on clinical reports of individual case studies and group projects. Evaluation formats are required to substantiate the effectiveness of procedures employed.

The establishment of the four-year training course in 1978 in the Faculty of Music, University of Melbourne, has been a mile-stone development for music therapy in Australia. One of the restrictions placed on the course in the early years was a quota of places — no more than eight places each year were offered. This quota was abandoned in 1988, and our numbers are
approximately 12-15 students per year. The course curriculum is similar in design to the N.A.M.T. (National Association for Music Therapy, U.S.A.) guidelines, and includes core music studies in performance, history, harmony and counterpoint, orchestration and aural training, as well as the specialist subjects in psychology, human development, and physiology. The core music therapy subjects include the Psychology of Music, Applications of Music in Therapy, and Advanced Skills in Musicianship (including improvisation, and music therapy methods). Twenty-six weeks of supervised clinical training are required before students graduate.

In 1990, the University of Melbourne offered for the first time a Graduate Diploma in Music Therapy, for people who hold a Bachelor of Music, or Bachelor of Music Education degree. The Graduate Diploma course is offered as a one-year full-time course of study, or two-year part-time course. In addition students are now entering the Master’s programme, completing research work in various facets of music therapy clinical applications. Two areas of research being undertaken by current Master’s degree students are: music assisted childbirth, and the role of music, particularly singing, in providing memory cuing for people with Alzheimer’s Disease. There is potential for Ph.D. studies to be taken in music therapy at the University of Melbourne.

It is anticipated that the University of Queensland will offer both undergraduate and Graduate Diploma training courses in music therapy from 1991. These courses will be offered through the Department of Music.

There are 75 qualified music therapists in Australia (April, 1990) who are employed in a diverse range of clinical and special education settings, including special schools, training centres, community programmes, early intervention programmes, psychiatric hospitals and clinics, nursing homes and hostels for the elderly, and specialised programmes for the confused elderly, terminally ill, and brain impaired.

Music therapists are employed in full time career-structured positions as well as part time jobs. Some music therapists prefer to work part time in music therapy while maintaining employment in teaching or as performing musicians.

Music therapy is a recognized profession in Australia with its own Industrial Awards which determine job description, qualifications, salary scales, and employment conditions. Music therapists are paid on par with physio-, speech, and occupational therapists.

One of the distinguishing features of music therapy in Australia is the eclecticism in practice and philosophy. Australians have trained in U.S. Universities, at the Guildhall and Nordoff-Robbins training centres, in the U.K., and bring to their practice of music therapy differing styles of musicianship and differing philosophical approaches. Our Annual Conferences reflect the diversity of approaches, and the continuing refinement of skills and theoretical groundwork.

We have gained greatly from the input of overseas experts, particularly Carol and Clive Robbins who were residents of Australia for some four
years, and who contributed substantially to the development of music therapy in Sydney. Other overseas experts have included Angela Fenwick (U.K.), George Duerksen (U.S.A.), Susan Munro (at that time from Canada), Don Michel (U.S.A), Ken Bruscia (U.S.A.), and Julienne Cartwright (Nordoff-Robbins, Scotland).

A.M.T.A. is also developing Guided Imagery and Music training in Australia, and Linda Keiser, Alison Short and Madelaine Ventre have conducted training courses here.

Much of the future directions for music therapy in Australia depend on keeping abreast with the discrete changes in service delivery in health and special education. Australia is presently committed to the community model of health care and applications of music therapy need to be modified to address the needs of careers as well as those with illness or disability. Within the community care model, the concept of normalization ensures that people who have been institutionalized for long periods of time have the opportunity of being integrated back into the community. In special education, the integration policy is well established and disabled children are educated in 'regular' primary schools, rather than schools specifically designed for a disability area.

The challenge for me personally as an educator of music therapists is to maintain the fundamental base of music therapy theory and practice without compromise, but at the same time push into new directions to keep the music therapy spirit vital and ever growing. The richness of music as an art form, and the multiplicity of its applications to improve the quality of life for people of all ages and in all circumstances make for an interesting and challenging future. Music therapy is alive and well down under.

About Denise Erdonmez . . .

Denise Erdonmez graduated from the University of Melbourne with a Bachelor of Music degree in 1967, then attended Michigan State University to take out a second Bachelor of Music degree in Music Therapy. She completed her clinical internship at Northville Psychiatric Hospital, Detroit, and on her return to Australia in 1971 established the first music therapy programme at Larundel Psychiatric Hospital, with acute and long-term patients. She developed an NAMT-approved clinical training programme at Larundel, which operated until 1980, when she resigned to become the inaugural Lecturer of Music Therapy at the University of Melbourne. Her clinical work since 1980 has included music therapy programmes for the Multiple Sclerosis Society, for the confused elderly, brain damaged and neurologically impaired. She gained her Master's degree in 1987 and her present research interests include the brain's processing of musical information, G.I.M., and the physiological response of the body to music. She is presently a Ph.D. candidate at the University of Melbourne. Since 1975, she has served on the Certification, Education and Clinical Training Committees of the Australian Music Therapy Association, and has served two terms as National President. She is also a Consultant to the New Zealand Society for Music Therapy.
Music Therapy: A Canadian Viewpoint

Connie Isenberg-Grzeda, M.M.T., RMT-BC, MTA

The founding of the Canadian Music Therapy Association in 1974 and its subsequent official incorporation in 1977 under its present name, Canadian Association for Music Therapy, were the direct outgrowth of the concerted efforts of a small group of pioneering music therapists in Canada. These three women — Fran Herman, Thérèse Pageau, and Norma Sharpe, actively involved music therapy clinicians and advocates of music therapy since the 1950’s — provided the direction and the vision that resulted in the organization of the first annual national conference in 1974 and in the establishment of the association.

The Canadian Association for Music Therapy (CAMT) is presently the sole professional association in the country. A regional chapter of the association exists in British Columbia. The goals of the CAMT are to promote the use and development of music therapy as a form of treatment; to establish, maintain and approve standards for both treatment and professional practice, and for the education and training of music therapists; and to encourage, develop and promote research and a body of literature within the discipline of music therapy. Although CAMT is not presently publishing a professional journal, a book of conference proceedings is published on an annual basis.

There are three established training programmes in the country. Capilano College in Vancouver, British Columbia, has been offering music therapy training since 1976. This training, which had previously been offered at a diploma level, has just begun (1990) to be offered within the context of a Bachelor’s degree. Université du Québec à Montréal in Montréal, Quebec, has been offering a Bachelor’s level programme in music therapy since 1985. This is the only French-language training programme available in the country. Wilfred Laurier University in Waterloo, Ontario, has been offering a Bachelor’s level programme since 1986.

These three programmes are quite different from each other. Many of the differences can be understood to result from a variety of sources, including the sociological and cultural characteristics of the regions of the country within which they find themselves; the degree to which music therapy is developed within the communities surrounding the music therapy programmes; and the training, expertise and orientations of the faculty members associated with each of the training programmes.

A fourth music therapy training programme has just been developed at University of Windsor in Windsor, Ontario, and is accepting its first class of students in the fall of 1990. Whereas it is still too early to determine the place of this programme in the overall picture, its very existence testifies to the growth and development of music therapy as a discipline across the country.
Ease of employment varies across the country. One factor which seems to influence employment opportunities is the degree to which music therapy is established as a profession within the geographic area. A recent survey of Canadian music therapists seems to indicate that the major areas of employment are geriatric and chronic care facilities, residential treatment centres for the developmentally handicapped (mental retardation, etc.), psychiatric facilities and private practice. Although it seems to be getting easier to create music therapy jobs, overall it still remains difficult for music therapists to penetrate the excessively traditional and fortified escarpments of the medical and health care system structure.

My own clinical experience acquired over the last fifteen years has been primarily in the areas of geriatrics and child and adolescent psychiatry. I have been coordinating the music therapy training programme at University of Quebec in Montreal since its inception, and I have thus been in a very privileged position that enables me to monitor the growth of music therapy within Quebec’s francophone mental health community as well as across Canada. I have also had the opportunity to participate actively in the work of the Education Committee of the CAMT thus acquiring a vision that encompasses and yet transcends the educational needs of any one particular community or group.

My personal thesis is that we cannot divorce trends in education from the concerns and issues of the educators responsible for that education and that these concerns will find their expression in the content, structure and/or form of the educational programmes for which they are responsible. The responsibility is, therefore, a great one because one’s philosophy and theoretical orientation, one’s skills and competencies, one’s concerns and issues all filter down to the students whom we train thereby influencing the present and future development of the profession in Canada.

Is there something that we can refer to as a specifically Canadian music therapy identity? In an article in a Montreal newspaper, The Gazette, on October 20, 1989, Carol Goar cites the Stanford University sociologist, Seymour Lipset, who states that Canadians are forever searching for their national identity and that to do so they constantly define themselves by what they are not — Americans!

I must admit that the comparative study is a seductive one and one to which I, personally, have fallen prey on various occasions. There is always a temptation when describing music therapy in Canada, to compare it to music therapy elsewhere. I have given conference presentations on the differences between music therapy education in Canada and that in the United States; and on the differences in the clinical practice and professional identity of music therapists in Canada as compared to those in France.

This comparative style enables one to address the question of specificity and to focus particular attention on that which is unique to one country. One may hypothesize that we feel compelled to prove our uniqueness so as to justify the very existence of the professional practice of
music therapy in our country.

Let us look within this country, Canada, rather than toward the borders. If we accept the importance of educators in colouring the professional identity of music therapists trained within that country, we must acknowledge that most Canadian music therapy educators and clinical field supervisors are the products of diverse training programmes in the U.S., in England, and in Germany. It is the adaptation of these various models of training and philosophical stances to the Canadian landscape that provides a major challenge to Canadian educators. We can hopefully meet this challenge by remaining sufficiently open so as to embrace differences but sufficiently contained so as to find our common bonds.

What are the commonly held beliefs regarding music therapy across this vast nation? Canadian music therapists emphasize the importance of the music therapist’s musicianship and the basic humanism inherent to the music therapeutic relationship. This latter, rather than representing an adherence to one particular theoretical orientation, reflects an emphasis on the importance of the human relationship between the therapist and the client that unfolds through the aesthetic experience which they share.

A developmental model is often used as a metaphor to characterize the growth and the current state of the profession of music therapy. I would like to suggest that Canadians are struggling with childhood, adolescent and adult tasks concurrently. Among the basic questions that we are asking ourselves regularly are: What are the skills necessary for our survival? Where is our place within the mental health community of professions? Where will we find jobs? What is the essence of our work? How can we make contributions to the wider mental health community? How can we contribute to the understanding of humanity?

About Connie Isenberg-Grzeda...

Connie Isenberg-Grzeda has been a professor of music therapy at the University of Quebec in Montreal since 1984 and has coordinated the music therapy programme since its inception in 1985.

Ms. Isenberg-Grzeda had worked for many years as music therapist at Douglas Hospital Centre in Montreal, a psychiatric hospital, and had served as clinical training director for NAMT from 1977-1986.

Ms. Isenberg-Grzeda has been a consulting editor for THE JOURNAL OF MUSIC THERAPY (NAMT) since 1984.

Ms. Isenberg-Grzeda has regularly presented at national and regional conferences over the last decade and presented at the last NCATA conference.

In November 1989, Ms. Isenberg-Grzeda, was an invited speaker at the Second International Conference of Francophone Countries organized by the French Association for Music Therapy in Paris, France. At that time, she made contact with music therapists from Italy, Switzerland, and Israel.
Music therapy, used as a treatment modality, has been employed in Denmark since the early 1960s when self-taught music therapists began working with a variety of clinical populations. Populations served have included the physically disabled, mentally retarded, those with psychiatric difficulties and the elderly. These early therapists were typically professionally educated as music teachers, musicians, special education teachers, physical therapists, or occupational therapists. The lack of formal criteria for both training and standards of practice led to a plethora of idiosyncratic forms of treatment. As well, the demands of the medical community for experimental validation of existent treatment forms required novel approaches to research. Consequently, the need arose to establish music therapy as an autonomous profession. The Danish Association for Music Therapy was founded in 1969. Its members began to offer brief, non-academic training courses that focused on concrete goals for specific populations. These early courses were not of a psychodynamic nature, instead focusing on psycho-educational goals for populations such as the deaf, autistic and elderly.

In 1978, members of the professional association presented working papers that would serve as the basis for the development of a university training and degree in music therapy. These efforts bore fruit in 1982 with the birth of the first academic training in music therapy in all of Scandinavia. The program consisted of a four-year masters degree program at the University of Aalborg — a public university (as are all the Danish universities) where students are not required to pay tuition. Since its inception, the program has been run by the present author and Professor Inge N. Pedersen, both of whom possess Masters degrees in music and the German equivalent of a Masters (diplome) in music therapy.

In Denmark there are currently two professional associations for music therapists. The older association — Dansk Forbund for Musikterapi — has a membership of 200 self-taught and academically trained music therapists. The Musikterapeutforeningen — founded in 1988 — claims 30 members and is exclusively for university trained therapists. Both associations organize conferences, symposia, workshops, advanced training courses, and public information events; serve as liaisons to the Danish government; and publish their own journal.

Today there are approximately 61 music therapists employed in Denmark, 37 of whom are university trained. This may seem like a small number until one realizes that the entire population of Denmark is 4.9 million. In both the public and private sector, expressive and receptive music therapy is beginning to be recognized as a valid form of therapy, on a par with other forms of psychotherapy.
The Academic Training in Aalborg

Applicants to the music therapy program must first possess a studentereksamen — a diploma which has no exact American equivalent but which might correspond to an associate’s degree. They must then pass a comprehensive entrance interview that assesses the potential student’s musical, relational and communicative skills. Each entering class of 12 students receives both group and individual instruction. They follow three parallel tracks in their education:

The skill track consists of training in vocal, tonal piano and movement improvisation; sight-reading; free group improvisation; arrangement; composition; graphic notation; performance; solfege; the use of various instruments; acquiring a repertoire in classical, jazz and pop music in both piano and voice, and ensemble playing.

The clinical track consists of participation in individual and group analytical music therapy, individual and group music therapy supervision, supervised training in conducting both group and individual music therapy sessions, group body therapy, a six-week observational practicum in Denmark or another country (Germany, England, Switzerland, France, Scotland, Norway, Sweden or the U.S.), and a half-year internship at an institution in Denmark.

The theoretical track consists of study in music therapy theory, music theory, psychology, medicine, psychiatry, psychotherapy theory, the philosophy of science, theoretical supervision, all of which culminates in the writing of a thesis which integrates theory and practice. This integration is pursued at every level of the study. As an example, the musical examples in the theory component of the skill track are taken from actual therapy sessions.

Four times each year guest speakers from related fields are invited to present at the university. Once each year, the students participate in a week-long experiential workshop in a related therapy form, such as movement, art or bodywork.

The major theoretical orientation of the program is psychodynamic and humanistic. The individual music therapy that each student participates in as a client is conducted only by university-trained music therapists. The philosophical orientations from which the students can choose here include gestalt, psychoanalytic, humanistic, psychodynamic, and Jungian orientations.

A General Overview of the Employment Situation for Music Therapists in Denmark

Most music therapists have been able to obtain either part-time or full-time employment. Typical placements include residential institutions for physically and psychiatrically disabled children and adults, psychiatric hospitals, private outpatient clinics, orphanages, therapeutic communities, special education schools, music schools, geriatric centers, holistic health centers focusing on preventive interventions, and on the university’s music therapy faculty.
Nonetheless, these jobs are not easy to come by for three prime reasons: Denmark has a very high unemployment rate of 9.5%; the budget for the entire health-care system is currently being reduced; and lastly, the government has not followed through on promises to create music positions. Most of the university educated music therapists have created their own positions.

Unique Aspects of Music Therapy in Denmark

In general the music tradition has been rooted in the field of special education and of psychotherapy, and has been known as a profession which works as part of a team with the other professions. The university training in music therapy emphasizes the importance of the student’s personal experience — as a client — in individual music therapy. This work proceeds on a relatively deep level and addresses childhood trauma and other formative experiences crucial to the development of the personality, as well as more current issues.

Continuing in this tradition, practicing music therapists are expected to maintain both their own private therapy and supervision as long as they continue to see clients. These requirements are formalized in the ethical guidelines of the music therapy association.

Music therapy in special education has traditionally flourished in Denmark, and much pioneering work has been done with different populations such as deaf and language-impaired children and adults.

About Benedikte Barth Scheiby . . .

Benedikte Barth Scheiby is a professor on the Music Therapy faculty at Aalborg University. She is also a member of the adjunct faculty in Music Therapy Education at the University of Music and Art in Hamburg, Germany, where her work focuses on the importance of understanding body language, physical movement, and postural patterns in relation to clinical music therapy process.

She also has maintained a private practice for adults and children with a wide variety of psychiatric diagnoses, as well as higher functioning individuals. She offers music therapy supervision and has been active in promoting the development of music therapy through workshops, talks, and newspaper and radio interviews.

Benedikte sees herself as a pioneer in developing a specific, self-experiential music therapy training form in which the student learns about the essence of music therapy as a treatment modality by being a client him/herself. Her special interest is in the “bodily” dimension of music therapy; in addition to music and music therapy degrees, she is also a trained bioenergetic body therapist.

Presently, Benedikte is working under a research fellowship funded jointly by the American Council of Learned Societies and the Danish Humanistic Research Council. This research involves interviewing prominent American music therapy researchers who have been developing research models that are directly applicable to their clinical practice. This work is affiliated with the New York University music therapy program.
Balance and Health in Music Therapy
(France)

Professor Jacques Jost

Brief History

In 1954, the "Centre d'Études Radiophoniques de la Radiodiffusion Télévision Française" suggested that a study on the affective power of music using encephalograms would be of value. This study was undertaken by the "Laboratoire d'Electroencéphalographie de la Clinique des Maladies Mentales et de l'Encéphale" at the Medical faculty in Paris.

For 18 years, the study and the application of psychomusical techniques in psychiatry was undertaken in collaboration with the doctors: Guilhot, Garnier, and Jost. Part of this work was done in the laboratory of Interpersonal Communication Studies attached to the "École Pratique des Hautes Études," under the professor Baruk.

In 1971, the first "Centre International de Musicothérapie et des Techniques Psychomusicales" (International Centre for Music Therapy and Psychomusical Techniques) was created in France.

In 1974, the first World Music Therapy Conference took place at the "Hôpital de la Salpêtrière" in Paris.

Today's development of music therapy leads to a number of thoughts on the credibility of this therapy. Precise methodologies need to be studied and applied, without forgetting that any technique can only be of value when the quality of the relationship between the patient and the therapist is also taken into consideration.

Principal Methodologies

We will briefly describe the principal French methodologies and will also look at the new psychomusical techniques adapted towards "prevention" and in particular to the preparation of childbirth. These techniques include: relaxation, analgesia and "body harmony" under musical induction.

There are several general orientations in the applications of psychomusical techniques:

1) Therapeutic music or music therapy
2) Musical relaxation
3) Body expression and music, or body harmony
4) Sound analgesia

1) MUSIC THERAPY
Music therapy is the direct application of music towards therapeutic ends. Music therapy is used more in psychiatry for the treatment of certain neuroses and psychoses. The process is identical to that of classical
psychotherapy with the single and important difference that verbal induction is replaced by musical induction. Music therapy is especially recommended when communication with the patient is particularly difficult.

There are two different types of techniques:
- receptive music therapy techniques
- active music therapy techniques

Receptive techniques consist in suggesting to the patient that he or she listens to several musical works which will progressively help him or her to become conscious of a new “state.”

Active techniques allow the patient to produce music him- or herself and to communicate non-verbally with the therapist or with other people.

We will give an example here of the application of a receptive music therapy technique. This method, which has been used since 1960 with schizophrenics and anxious or depressed people, has had encouraging results.

The technique is based not only on the affective power of certain musical works but also on their associative power. We have therefore defined a method of association consisting of three musical pieces:
- The first piece must evoke the psychological difficulties of the patient and be at one with the mood of the patient.
- The second piece must contain many melodic and harmonic lines in order to neutralise the effect of the first piece of music.
- The third piece must have the desired effect, stimulating or calming, with all the different variations of reactions depending on the piece of music chosen and the reactions of the patient.

This method makes it possible to create a receptive mood which facilitates the therapeutic process. This therapeutic process can consist of a variety of approaches which can be used simultaneously or one after another (relaxation, sound expression, body expression, etc.).

MUSICAL TEST

Before establishing a programme of music, a musical receptivity test is suggested to each patient. This test is based on the analysis of the affective and emotional reactions of more than 5000 subjects of all ages, cultures and backgrounds and with a variety of psychological difficulties.

Given that the choice of a piece of music reflects a spiritual state, an affective failing or some or other desire, it is understandable that the statistical study of these musical choices leads to parameters which can influence and orient future therapy.

2) MUSICAL RELAXATION

There are two major tendencies amongst today's relaxation techniques: those using principally concentration (Schultz, Jacobson, oriental relaxation) and those aiming at the search for a “floating minimal vigilance,” psychotherapeutical type relaxation. Musical relaxation comes
into this second category. Here the music becomes the relaxing agent replacing the "Tepnos Logos." The meaning of the musical work is less obvious and more difficult to decode than verbal language, in spite of the fact that the "Tepnos Logos" is often perceived in a musical way. The person who is relaxing can let him or herself be soothed by the melody of the voice, the "music" of the voice being void of verbal meaning.

Musical relaxation techniques can take various forms:

a) Simply listening to a piece of music specially chosen for relaxation.
b) Listening to a piece of relaxing music having first been given verbal instructions.
c) Listening to a piece of music with vocal instructions at the same time.
d) Musical association of four pieces played one after another:
   - peaceful music: this is not especially calm music but music which allows the listener to get rid of emotions and tensions in his or her own time.
   - calming music: calm, reassuring music which allows the listener to "let go."
   - relaxing music: this music should not have wide variations of tone colour or dynamics and should preferably use low frequency sounds. The music should lead the listener to a state of "hypo-vigilance" and allow a lowering of muscle tone.
   - "Awakening" music: should allow the listener to build up his or her muscle tone again and return to a normal state of vigilance.

3) BODY HARMONY UNDER AUDIO-VISUAL INDUCTION
The term "body expression" (expression corporelle) covers a multitude of possibilities often badly defined, some of which are close to mime or danse. The "body expression" practiced at the Centre International de Musicothérapie is non-directive. The music and the associations resulting from the music facilitate free body expression and total liberty. The projection of slides associated with the different pieces of music helps to break down inhibitions and to allow a total harmony of movement and communication with others.

4) ANALGESIA-PREPARATION FOR CHILDBIRTH
One method consists of a series of relaxation sessions under musical induction, accompanied by massage in harmony with the sound waves. This technique has the advantage of acting psychologically and physically while encouraging total relaxation and avoiding stress or anxiety. The feeling of general well being and the freeing up of the body facilitate easier child birth.

A second method by sound sophronisation leads to a change in the level
of consciousness and results in analgesia of the genital organs. This technique is very complex and requires a special training in sophrology.

These techniques are recognised in France by the Centre National d’Information sur les Droits de la Femme (C.N.I.D.F.).

Conclusion

The most “up to date” application of music therapy still needs to be considered. This is the prophylactic use of psychomusical relaxation to prevent overwork and the emotions and sensory difficulties that our active and competitive society causes without precautions.

About Jacques Jost . . .

Jacques Jost is the founder and president of the “Centre International de Musicothérapie” in Paris. He has worked as a music therapist at the “Hôpital Psychiatrique de l’Education Nationale” for many years. He is co-author of the book “la Musicothérapie et les Méthodes Nouvelles d’Association des Techniques.” He has presented papers at International Music Therapy Conferences all over the world and was Vice Chairman for the World Federation of Music Therapists. He has a great interest in different types of music therapy approaches and has invited music therapists from many different countries to run workshops at his Centre.
Music Therapy in Germany

Barbara Griessmeier, MT (Heidelberg)

The first ideas of music as a form of therapy in Germany came up with Rudolf Steiner and his philosophy in the 1920's; but music therapy as a profession did not start until the early seventies; in 1972 the German Society of Music Therapy (DGMT) was founded. The first music therapists were mainly teachers and musicians who had discovered the therapeutic use of music in their field of work. They were either self-trained or had studied abroad; and in the beginning they rarely worked as fully recognized music therapists.

During the last 15 years, music therapy as a profession has been constantly developing. In 1979 a four-year undergraduate training course was set up in Heidelberg. This course is now fully recognized by state authorities. In addition, there are four other University courses in Hamburg, Berlin, Aachen, and Herdecke offering postgraduate studies for teachers, musicians, doctors, and educationalists. There are also a number of private training courses.

The German Society of Music Therapy (DGMT) now has about 650 members. Besides big annual meetings, other activities are organized on a more regional basis. The Society organizes workshops on a variety of themes concerning both traditional and new aspects of music therapy, and also shows a strong interest in research and training. Besides the German Society of Music Therapy (DGMT) there is also the German Association of Music Therapy (DBVMT), whose main concern is to establish equal working conditions for all professional music therapists. In addition, there are several creative or art therapy societies, which show a strong interest in music therapy, such as the International Association for Art, Creativity and Therapy (IAACT).

The employment situation is fairly good: most music therapists find work, but not always in the specialty they originally wanted. They are employed both by state and private organizations. There is still a wide range of working conditions and general acceptance of the music therapist in different institutions, depending more or less on the employer's personal opinion regarding music therapy. In Germany, most music therapists work in psychiatric and psychosomatic hospitals or with children in need of special care. So far only very few music therapists have their own private practice. Not too many music therapists work in the field of mental handicap, as most of the training courses show a strong interest in psychotherapy.

Personally, I have been working with children suffering from cancer at Frankfurt University Hospital for the last three years. Oncology is a completely new field for music therapist in this country; besides myself with a full time job there are only a couple of colleagues working on a part-time basis.
I feel the use of creative art therapies could be an enormous contribution to the treatment of patients in the medical field in general, and not only for the terminally ill. In times of great progress in medicine it is important to look again at the human being as a whole, and to give him or her all possible support to cope with their illness.

In my work I feel fully integrated in the medical team. I have great freedom in the organization of my work, including research and public relations. In my experience, most children love the idea of music in hospital; they use it to overcome physical, psychological, emotional or social problems. Music helps the children to have fun, to overcome sickness in times of chemotherapy, to overcome physical handicaps induced by brain tumors, to work through emotional problems, or just to find new friends.

All in all, I feel the situation of music therapy in Germany is fairly good. There is a growing interest in music therapy from various parts of society, and music therapy as a profession is well accepted. In the future it will be necessary to intensify the area of research techniques and to define more clearly the different methods of music therapy that are used.

Still there are some struggles to be overcome, as it is not easy to find a definition of music therapy that can be accepted by all therapists. However, I personally feel that the existing variety of opinions is an advantage for the development of music therapy in general, as music itself is always open to everybody from every approach.

About Barbara Griessmeier . . .

Barbara Griessmeier took part in the Heidelberg training course from 1981-1985. As part of the course she did an internship in Great Britain for 14 weeks, working with various leading music therapists. In 1985, she took part in the International Symposium for Training in Music Therapy, where she made a lot of contacts with music therapists from all over the world.

As there is nearly no experience in music therapy with the terminally ill in Germany, she is trying to set up contacts with colleagues working in this area. She is considering going abroad for further qualifications as there is little possibility of post graduate music therapy studies in Germany.
A Brief Look at Music Therapy in Great Britain

Amelia Oldfield, M. Phil., R.M.Th.

As in many other countries, the initial development of music therapy as a profession in Great Britain is closely associated with a few creative, “go ahead” and very energetic people. We owe a great deal in particular to Juliette Alvin (1898-1982) who was not only one of a group of people to found the first music therapy society in G.B., the British Society for Music Therapy (B.S.M.T.) in 1958, but also set up the first music therapy training course at the Guildhall School of Music and Drama in 1969.

The B.S.M.T. still exists today and aims primarily to “promote the use and development of music therapy in the treatment, education, rehabilitation and training of children and adults suffering from emotional, physical or mental handicap. It is a non-professional body whose membership is open to all whose vocational activities enable them to further the objects of the Society.” (B.S.M.T. 1990). Gradually, as the number of qualified music therapists increased, there was a need for an association that would be primarily concerned with the working needs of qualified music therapists. This led to the creation of the Association of Professional Music therapists (A.P.M.T.), in 1976. In addition to looking at professional matters concerning pay and conditions of work, the A.P.M.T. provides a forum for information exchange for working music therapists. In recent years the B.S.M.T. and the A.P.M.T. have worked closely together on a number of projects including the publication of the Journal of British Music Therapy and the preparation for the first International Music Therapy Conference in Music Therapy in Great Britain to be held in Cambridge in April 1992.

In addition to the music therapy training course at the Guildhall School of Music and Drama which has continued without interruption since 1969, there are now two other training courses; the Nordoff and Robbins training course validated by the City University, and a course held at the Roehampton Institute of Higher Education. Although the three courses vary somewhat in philosophy and content they are all one year post graduate courses and the vast majority of students are music graduates. On successful completion of any one of the three courses students can become full members of the Association of Professional Music Therapists and add the letters R.M.Th. (Registered Music Therapist) to their name. Newly qualified music therapists can usually find work quite quickly as there are always some vacant music therapy posts. However, it may take some time to find work in a specific field (such as childhood autism for example), especially if one is looking for work in a particular region.

Music Therapy is relatively well established in G.B. in that it is a recognised profession within the National Health Service. Music Therapists working in the National Health Service have their own career structure and conditions of work similar to those of physiotherapists or occupational
therapists. There are approximately 200 music therapists working in this country at the moment. In 1987 the A.P.M.T. worked out the following statistics regarding music therapy employment:

A.P.M.T. Membership (9.12.87)
171 members. 114 working as music therapists, some full-time, some part time. The remaining 57 are music therapy students or are not working as music therapists.

Areas of Work:

NATIONAL HEALTH SERVICE: Mainly mental handicap hospitals or homes and psychiatric hospitals or centres: 56.
EDUCATION DEPARTMENT: Mainly special schools and adult education units: 44.
PRIVATE ORGANISATIONS: Mainly charities such as “Mencap” or “The Spastic Society”: 23.
SOCIAL SERVICES: Mainly probation Services, adult training centres: 6
MUSIC THERAPISTS WORKING PRIVATELY AT HOME: 7.

N.B.: Many music therapists have several part-time jobs and work for more than one employer. These figures do not, therefore, add up to the total number of music therapists working at that time. (A.P.M.T. 1987)

The most obvious and important characteristic about music therapists in G.B. is that they are all proficient musicians and they almost all hold a music degree. This is because Juliette Alvin, who was such an influential figure in the development of music therapy in G.B., was herself a professional cellist and believed that music therapists had to have a very high standard of musicianship. There is also a great emphasis on the use of live, improvised music either in individual or in group music therapy sessions. Music therapists in G.B. generally seem to make less use of pre-composed music and of recorded music than their colleagues in Europe or the U.S.A. The fact that music therapy as it is practised in G.B. places so great an importance on practical musical skills gives music therapists a clear professional identity. It means that there are less overlaps between music therapists and other professionals such as occupational therapists, clinical psychologists or psychotherapists than there are in other countries where practical musical skills are not such a high priority. Music therapists in G.B. usually tend to work closely with other professionals but at the same time their own role can remain quite clear.

A recent development in G.B. has been the appointing by the A.P.M.T. of approved music therapy supervisors. Prospective supervisors (all qualified music therapists) sent in application forms and were then invited to attend an interview. A list of supervisors will therefore soon be available to A.P.M.T. members who will be able to obtain supervision if they so wish. This development is the result of several years of discussion and a pilot project organised by the A.P.M.T. It follows the recognition that one years music therapy training is often insufficient to fully equip people to practice.
Supervision will be available to any interested music therapists but it is thought that it will be particularly useful for newly trained music therapists.

In recent years, many music therapists working in large psychiatric or mental handicap hospitals have had to reorganise their work as their clients have left the institutions and been rehoused in "the community". As a result, there are now more "community" music therapy posts where music therapists cover a geographical area rather than being attached to a particular institution. However, these music therapists often have to contend with practical difficulties such as the transport of instruments and time wasted in travel. The A.P.M.T. has tried to provide support and advice for music therapists whose jobs have been at risk because of National Health Service Institutions being closed down. In this case it is particularly important to make it quite clear to administrators that clients who are being deprived of previous music therapy services because they have moved are missing a vital part of their treatment.

As 1992 approaches, music therapists in Great Britain are looking into the issue of employment throughout the EEC. A first step has been to form a working group of EEC music therapists to examine the common points and differences between EEC training courses.

Thus, the changing face of Europe is one of many exciting new developments which music therapists in Great Britain look forward to.

About Amelia Oldfield . . .

Amelia Oldfield completed the Guildhall School of Music and Drama music therapy training course in July 1980. Since September 1980 she has worked as a music therapist for the Cambridge Health Authority first in a Hospital for the mentally handicapped and more recently at a Child Development Centre and at a centre for children with psychiatric difficulties. She obtained a M. Phil. degree from the City University, London, for a music therapy research project with profoundly mentally handicapped adults. She has published many papers on various aspects of her clinical work and is co-author of the book "Pied Piper—Musical activities to develop basic skills" (awaiting publication by C.U.P. in the Spring 1991).

She was International Secretary for the Association of Professional Music Therapists between 1981 and 1985, Chairperson in 1986 and 1987 and has been on the Advisory Council since that date.

She has run numerous workshops and given lectures both in G.B. and abroad (France, Spain, Finland, Italy and West Germany) and was a committee member of the World Federation of Music Therapists between 1985 and 1990.
Music therapy began in Japan shortly after World War II. In this early period, college music teachers actively introduced music therapy theory in Japan through the translation of publications from other countries, especially American music therapy texts.

In 1967, Juliette Alvin visited Japan to promote music therapy and influenced its growth here. Also in 1984, Clive Robbins came to Japan and offered lectures and seminars which gave a strong impetus to our cause, especially in the field of handicapped children.

In recent years, however, the rapid progress of technology and the increasing numbers in our aged populations have produced new and difficult diseases which we are unable to treat (especially stress maladies from our complex environment). This is a complex social issue for us.

Japan now has a large market of commercial music tapes, CDs, and “Body-Sonic” hardware which are being sold in our communities. Under these circumstances, we have come to the conclusion that we must have qualified music therapists, as in the advanced nations, in order to properly guide consumers.

With this in mind, after five years of much deliberation and preparation, in 1988 the Nippon Institute of Music Therapy was been established under joint cooperation with its paternal medical institution, Institute of Oriental Medicine International (with a history of nearly 30 years) in Osaka. The Nippon Institute of Music Therapy (NIMT), a private and independent institution, now has a two-year course ultimately aimed at earning a Master’s Degree, mostly by correspondence, with some attendance. Our successful candidates will be qualified as music therapists approved by the Japanese Institute for Music Therapy (JIMT). This is the first institute of its kind in Japan to foster music therapists from already licensed medical professional and health-oriented musicians.

One of the most outstanding features of this Institute is that the unique theory and techniques of Traditional Chinese Medicine and those of Western Medicine are harmoniously combined and applied in various methods of treatments with maximum efficacy in social rehabilitation. Thus, our philosophy of music therapy is quite different from that of other countries.

Concerning the employment situation in Japan, I must report first that music is supervised by the Ministry of Education, while therapy is supervised by the Ministry of Health and Welfare, thus making it difficult to get these two fields united. Universities and colleges which have a school of music are not allowed to set up a course of music therapy, since there is strong objection from the medical fields, especially the Japan Medical Association.

So, music therapy is basically oriented to the patients, as an alternative
treatment among other treatments. At present, music therapists (without another professional credential) would find it difficult to obtain employment at hospitals, nursing homes, businesses, hospices, etc. Our students at NIMT are professionals including doctors, dentists, pharmacists, acupuncturists, and nurses, as well as music school teachers, and teachers of primary, junior and senior high schools.

In Japan the National Insurance System is completely established throughout the country. However, the Japanese authorities have not granted music therapy official approval. Only psychiatrists can practice music therapy with medical care insurance coverage; even so, the fee is very low. In this area, I am of the opinion that when music therapists independently run a practice the treatments should be made on a consultation fee basis, that is to say, hourly rates, for technical music performance and transportation, etc.

Last but not least, two American music therapists have been invited to Japan by NIMT and JIMT as guest lecturers. Dr. Cheryl D. Maranto, former president of NAMT, is coming in November, 1990, and Barbara Hesser, Director of Music Therapy at New York University, is scheduled to visit in November, 1991. Both of these visits to this country will, I firmly believe, contribute greatly to Japanese music therapy.

About Harry K. Nishihata . . .

Dr. Nishihata is the founder of the Japanese Institute for Music Therapy and the Nippon Institute of Music Therapy, and has made endless efforts in activating Japan's music therapy field at home and abroad. He is indeed a pioneer in Japan for music therapy education and training.

Although he is a medical doctor, he prefers traditional Chinese medicine to modern medicine. He is also a licensed acupuncturist and practices this with music. While he is busy in education and training at NIMT, he still sees several patients a day. He has given many lectures and published technical articles on music therapy. He is no stranger to the United States, having studied at Brigham Young University in the United States in his youth (he is now 60 years old). Having an internationally-oriented attitude has allowed him to meet many professional music therapists, and he considers himself fortunate to count many music therapists as colleagues.

He is very active in the following tasks: 1) encouragement of international personal exchange, 2) the study of the theory of music therapy as a medical science, 3) the unification of other therapies such as psychotherapy, art therapy, dance therapy, poetry therapy, and chanting therapy, etc., 4) the assessment of our social surroundings, and 5) the unification of the fields of preventive medicine and health sciences. He firmly believes that there will be a growing demand and need for music therapists in the field of medicine, in Japanese industry, and in social communities.
A Glance at Music Therapy
in Poland

Prof. Dr. Tadeusz Natanson

Music therapy in Poland, like in many other countries, has its roots long ago in the past. However, it is only in the second half of the 20th century that music therapy has taken on its present “modern” and “institutionalised” form. A significant date in the development of music therapy in Poland is the creation of the Institute of Music Therapy at the Academy of Music in Wroclaw in 1972. Since 1984, a second centre, namely the Institute of Music Therapy at the University of Silesia in Cieszyn, has been created. The socio-political conditions in Poland till the beginning of 1989 meant that music therapy did not develop around a national association or society for music therapy but rather at the above mentioned Institutes. These Institutes brought together music therapists who had previously worked on their own and later those who had graduated from the Institute at Wroclaw. At the same time music therapy activities have been developing in several other Hospitals, Centres and Sanatoriums (for example: The Neurological Clinic at the Psychoneurological Institute in Warsaw, the Department of Rehabilitative Rhythmics at the Academy of Music in Lodz, the Psychiatric Sanatorium in Mozna, the Children’s Health Centre in Warsaw). However, the majority of music therapists working in these centres co-operate closely with the Institutes in Cieszyn and Wroclaw.

The first training program in Poland was created in 1973 as a two year postgraduate course in music therapy at the Academy of Music at Wroclaw. In 1980, we started a five year interdisciplinary program at that Institute, which led to a master’s degree. The training at the Institute at Cieszyn is somewhat different. This Institute is part of the Artistic-Pedagogical Faculty, which has determined that the main thrust of its activity should be directed towards preventative measures in the educational field. Primary school teachers and kindergarten nurses receive in-service training in the form of lectures and classes. Thus, the curriculum is not typical of a music therapy training programme, but serves as a supplementary training programme, with elements of music therapy, for future teachers.

The fundamental transformation and rebuilding of the political, social, and economic system in Poland, which began in 1989, also has had an influence on music therapy. On the one hand, financial difficulties and cuts in the areas of health, education, culture and social welfare threaten to reduce the amount of funding available for music therapy research, training and practice. On the other hand changes in the State structure mean that music therapy services also have to be reorganised. The worst problem is that the previous ineffective systems no longer work and the new ones are not yet working.

So far, all healthcare and social welfare was the States’ responsibility. Music therapists could, therefore, only be employed in state hospitals or
centres. The employment of music therapists depended upon a centrally planned and centrally controlled regime. Nowadays, when the possibility of private medical practice and clinics is emerging, new criteria regarding the employment of music therapists will have to be elaborated. It is impossible to predict whether these new criteria will be to the advantage of music therapists or not. At present, the number of qualified music therapists only meet a small percentage of the need for music therapy services in Poland and it is possible that financial difficulties will cause further cuts in the music therapy services.

Music therapy in Poland, as in many other countries, embraces a wide scope of activities. It is applied in the treatment of both psychic and somatic (or it might be better to say psychosomatic and somatopsychic) diseases, in rehabilitation and resocialisation, and also in related areas such as geriatrics, obstetrics and the treatment of alcoholics and drug addicts. There is also a growing interest in musical prophylaxis and its application within the educational process. The "Polish school of music therapy" — if such a term can be used — is characterised by a variety of opinions, methods and techniques without any single one being dominant. The basic assumption is that music therapists should have a very comprehensive understanding of music therapy itself while at the same time showing respect and understanding for a variety of approaches and techniques applied in different areas and in different ways. Thus, many approaches and techniques have been elaborated and used by our music therapists, but I am incapable of saying whether they are characteristic or typical of music therapy in Poland only.

Regarding basic theoretical research, an examination of musical substance as the means of music therapy seems to be specially developed in our country. These investigations are concerned with an objective assessment of the therapeutical value of given music (musical substance). As far as I know only two or three articles devoted to this problem have been published in the last 20 years. Recently, the University of Cieszyn has developed a new program of investigation regarding the relationships between the musical culture and the culture of sexual life, given that sexual life and behaviour are understood as being part of interhuman relations and connections. This program will also facilitate the development of further research devoted to the treatment of sexual disturbances. The lack of publications related to these areas allows me to assume either that this Polish research is unique or at least fairly rare.

About Tadeusz Natanson...

Tadeusz Natanson is both a composer and a pedagogue with a strong "humanistic" interest. His activity in music therapy embraces mainly the following areas:

1) Investigations of music (musical substance) as the means of music therapy.
2) Research in music therapy as an important factor in humanising and rehumanising contemporary life.

3) Problems regarding the organisation of music therapy, first of all problems to do with music therapy training and also the wider and closer co-operation of both all-Polish and international research programs.

He has also been involved in research regarding the connections and relationships between musical culture and the culture of sexual life (sexual behaviours, their manifestations etc.). He maintains contact with a wide variety of specialists in different disciplines and participates in meetings of the Polish Academy of Sexological Science which is composed of most notable sexologists and humanists both from Poland and from abroad.

The financial hardships in Poland have limited the number of International Conferences he has been able to attend. Nevertheless he recently took part both in the International Leadership Conference, “Music therapy, Special Education, and Medicine in the U.S.A. (Provo/Utah, April 1987) and in the Fifth International Congress "Music Therapy and Music Education for the Handicapped" in the Netherlands (Noordwijkerhout, August 1989).
The Emergence of Music Therapy in Russia
In One Breath: People of the Earth Together

Alan Wittenberg, M.A., CMT

When one travels, it seems that destiny or karma fills in the gaps as we leave our daily routines and resources. Having made nine trips to the U.S.S.R., there is much to reflect upon and convey. In November of 1986 "Glasnost and Perestroika" were distant rumors; Gorbachev and Reagan were yet to meet; the 15 Soviet Republics were unquestionably dependent and compliant upon Moscow and unified as the United Soviet Socialists Republics (U.S.S.R.), the "East Block" countries were our communist, socialist, Leninist adversaries (both in terms of ideology and military establishments); the Berlin Wall was materially and symbolically "Chip Proof"; "People to People" efforts and "Citizen Diplomacy" between the U.S. and U.S.S.R. (on the scale which we now know them) were in their infancy; and about this same time President Reagan made his famous reference to the Soviet Union as "a nation of godless people," "the evil empire."

Fortunately, in the little town of Surry, Maine, U.S.A. (population 900), there was and is a most talented, committed, and visionary musician, Walter Nowick, founder and director of the Surry Opera Company — a "People to People" organization which has fostered understanding and friendship between Soviet, Japanese, Canadian, and U.S. performers and audiences.

It was with the Surry Opera Company (S.O.C.) that I first traveled to Leningrad, Moscow, and Tbilisi, Georgia, in November 1986. Our concerts of operatic excerpts sung in Russian, Georgian, Italian, German, and English evoked deep emotions and facilitated interaction; the forming of relationships was a natural outgrowth of the music. We felt, cried, embraced, and clapped with our audiences. We became friends and wanted to know and understand each other better. Indeed, it was an inspiring form of "International Music Therapy."

Our performances did not take place in clinical settings, but in many instances they changed people's lives. Their personal psychology, self-concept, sense of self and others, and global awareness was fundamentally expanded and heightened. In the terminology of Abraham Maslow, for many it was a "peak experience." The initial stages of release/catharsis, identification, association, trust, familiarity, understanding, and personal and interpersonal insight were all possible as we shared our breath and sound with Soviet audiences. During the following three S.O.C. tours to the U.S.S.R., this musical joining became more dynamic as we performed jointly with Soviet Orchestras and choruses. We were close, in spite of conditioning, doubts, differences, and the distance between our countries. In one moment, sound, and breath, we were together in unity and harmony.
As music therapists, we reach out through sound to make contact with our clients. From birth until death, a person’s sound or silence is fundamental to his/her being. As music arouses that which is innate, intuitive, and instinctual, we often touch the spirit and soul of our clients, as well as striving for developmental progress, resolution of conflict, and expansion of expressive affect.

From the first 1986 trip (during which I was not planning or seeking to make any professional contacts), it was possible to meet with administrative officials, clinicians, highly regarded private practitioners, and healers to observe their work.

During the following six trips (and two S.O.C. tours) to the U.S.S.R., there were numerous official and unofficial meetings in Leningrad, Moscow, Tbilisi, and even Kurgan, Siberia. After the mandatory exchanges of business cards and dissemination of samples of music therapy literature, I often made a few short statements pertaining to music therapy, methodology, education, international associations, literature, and the relevance of music therapy in regards to specific populations. We discussed proposals for a series of introductory music therapy lecture/demonstrations, collaborative efforts, research, and exchange possibilities.

The response was always favorable, positive, and at times quite enthusiastic. “We are very interested, we understand, it will be of great benefit, we want, we can, we will.” In the words of my father (a veteran N.Y.C. garment district salesman) “words are cheap.” This prophecy certainly proved to be true. Numerous meetings, letters, phone calls, telexes, and trips to the U.S.S.R. later, there was not only no official invitation, there was no response!

As there are no university training programs, associations for music therapy, or state jobs in music therapy, it is somewhat understandable that Soviet officials were not willing to take the responsibility for inviting a specialist in a non-existent (in the U.S.S.R.) field.

With the help of two Leningrad women, and the great changes in international affairs, and political/socio/economic life of the U.S.S.R., an invitation was faxed in the fall of 1989. “Minor-Neva, State Consulting Enterprise” in Leningrad offered an official invitation to introduce, consult, and implement music therapy programs. The Minor-Neva consultants and the director of the firm made it possible to introduce music therapy via lectures, workshops, direct clinical work, collaborative efforts, T.V. exposure, video documentation, and in conjunction with their own work, in managerial/consulting industrial psychology.

Rather quickly a psychologist from the Bekhterev Institute and I formed a good collaborative relationship co-leading a series of group sessions with borderline personality patients. Lecture/demonstrations and experiential workshops were conducted in various Leningrad institutes, clinics, psychological cooperatives, and private homes. An unexpected acknowledgment of music therapy came in the form of an interview and a
group session (with children and adults) broadcast on Moscow and Leningrad T.V.

In short, the professional and personal contacts that were made were the beginning of introductory, collaborative, and exchange possibilities for music therapists with Soviet clinicians. The following portion from a letter written by the psychologist from Bekhterev Institute illustrates the open response to music therapy in Leningrad:

"This experience illuminated for me new possibilities of psychotherapeutic work with groups and individuals. Even four sessions with my discussion group of borderline patients were enough to initiate more deep emotional processes in all involved patients. . . . I also observed music therapy sessions with retarded and autistic children. . . . I was fascinated with the technique and children's favorable responses, which were unpredictable for their doctors and parents, and induced more hope in them and belief in their client's and child's potentialities. There exists a great need for such medical services in Leningrad. . . . One more thing. I was pleasantly surprised to see how easily the representatives of very different cultures and professional backgrounds can find common language and how friendly our contacts may be."

The possibilities for future projects between music therapists worldwide and clinicians and institutes in the U.S.S.R. are multi-faceted. Humanistically, professionally, and simply as "people of the earth together," it is a path we must explore.

In the not so distant future, it may even be possible to establish a training program and center for music therapy in the U.S.S.R. I would like to help in networking music therapists who are interested in traveling to the U.S.S.R. in order to present, work, or teach as individuals or in a team format. Contact me at P.O. Box 141, Surry, ME, U.S.A. 04684 (Residence telephone, 207-667-1308; Business telephone, 207-941-4149). Anyone interested in singing with (or accompanying) the S.O.C. on future tours (one is planned for the spring of 1991 to Novosibirsk, a leading Soviet scientific center) may also contact me.

About Alan Wittenberg . . .

Alan Wittenberg, M.A., CMT, is a consultant music therapist working with mentally retarded, autistic, psychiatric, and geriatric psychiatric populations in Bangor, Maine, and Ellsworth, Maine, U.S.A.
Music Therapy in the United States
Janice Dvorkin, M.A., M.S., CMT-BC

I frequently describe the field of music therapy as a spectrum which spans between the sound healers, on one hand, and the music therapists, who use music within the scientific systems of therapy which have been established within the medical, or mental health fields, in which they are employed. As a clinical supervisor and teacher of music therapy, I observe the growth of students into professionals as they work to find their balance point within this spectrum.

The field of music therapy, in the United States, began formally with the inception of a professional organization, the National Association for Music Therapy in the early 1950's. This organization set criteria for the education and training of a professional music therapist, as well as developing the research literature for a new field. The use of music with patients for whom traditional therapies were not helpful was appreciated and music therapists were hired in increasingly greater numbers in government hospitals, developmental centers, and private hospitals. As the numbers grew, so did the way in which music therapy was practiced. Musicians with varied interests, backgrounds and theories on how music can be used to aid in healing were attracted to the field and a second professional organization, the American Association for Music Therapy, was started in 1971. In addition to the university based education programs on the Bachelors, Masters and Doctoral level, alternative routes of professional certification are now available. An objective test of minimum competency (Board Certification) has been developed within the past decade.

A recent development in the music therapy field is the emphasis on advanced competencies and education beyond the minimum standards of the job. This has included the establishment of institute training in specialized approaches within the growing field: e.g. Guided Imagery and Music (GIM) by Helen Bonny, the Nordoff-Robbins method, Polarity Wellness Training, etc. Universities and professional conferences are also offering advanced, continuing education courses. Many clinicians, who have continued their own educational pursuits in their areas of interest, and become proficient as music therapists in their respective areas of health, are now offering their expertise as clinical supervisors. The establishment of supervision for practicing music therapists truly marks the professional status with which we, and others, view ourselves.

Many music therapists continue to be employed by large institutions, such as hospitals, nursing homes, developmental centers, and schools. At present, there are increasing numbers of music therapy, or creative arts therapy centers in major cities, which provide individual and group music therapy to the community. In addition, music therapists are opening private practices in greater numbers and the interest among students is also increasing in this area. Music therapists are also sharing their unique work
at professional conferences in related fields with greater frequency.

As a music therapist for the past 11 years, I have also grown and developed within the spectrum and with the field. As I presently complete a Doctoral degree in School and Community Psychology, I constantly find the compatibility of my studies in psychology and music therapy has increased my abilities as a music and verbal therapist. As a teacher of Masters level music therapy students, I have been able to share ideas about the developing formalization of music therapy as a viable form of psychotherapy and have watched these students develop these ideas and concepts still further. In my role as speaker at various professional conferences and hospital Grand Rounds lectures, I have been able to demonstrate and communicate about the power of music as a therapeutic tool when used in the hands of a trained music therapist. And I have, therefore, been a recipient of increased respect from other professionals for a field which remains comparatively new. My recent training in psychology has opened the door towards exploring methods of research to empirically demonstrate the efficacy of music therapy as a psychotherapy. And as a clinical supervisor, I work towards sharing in the continuing growth of a therapist's clinical skills beyond their university training and in furthering their awareness of the intense therapist/patient relationship: verbally, musically and non-verbally.

In the United States, music therapists are not licensed and music is used by therapists in other fields as part of their work. In discussions with these therapists, they have been able to appreciate their limited use of this medium in their work and have been very interested in seeking information from the journals and literature which are provided by the professional organizations of music therapy. This educative work is a constant challenge for music therapy in the United States. As music therapists begin to work in every aspect of physical medicine and mental health, the use of music in trained hands will become expected, rather than merely appreciated. Due to the clinical proficiency of trained music therapists, there is finally an acknowledgment of the field of music therapy beyond the appreciation of the "healthy enjoyment" of the musical experience.

About Janice Dvorkin . . .

Janice Dvorkin is a Certified Music Therapist-Board Certified (CMT-BC) with the American Association for Music Therapy. She has worked extensively in acute and long-term psychiatry, and her work has included alcoholic, phobic, and eating disordered clients. She has supervised music therapy interns in clinical settings and, lectured at various colleges, and is an Adjunct Lecturer for the New York University Music Therapy Department. She has presented her work on music therapy with borderline personality disorders at various conferences in the U.S. and Canada. She is a clinical supervisor for practicing music therapists in New York City. Janice is currently completing her Psy.D. in school community psychology at Pace University and is a Vice-President of the American Association for Music Therapy.
Section 3: National Perspectives

NOTE: The "National Perspectives" section includes current information from associations who returned their 1990 questionnaire. The AAMT office maintains a more complete address list of additional international associations. Inquiries about obtaining this list may be directed to the American Association for Music Therapy, P.O. Box 27177, Philadelphia, PA 19118 U.S.A.
ARGENTINA

Associación Argentina de Musicoterapia (A.S.A.M.)
Andonaegui n° 1894
C.P. 1431
Buenos Aires
Rca. ARGENTINA

Associación de Musicoterapeutas de la República Argentina
(A.Mu.R.A.)
Avenida Corrientes
nº 5992 C.P. 1414
Buenos Aires
Rca. ARGENTINA

Professional Publications:
• Revista de Musicoterapia
  Editado por Associación Argentina de Musicoterapia
• Boletin de Musicoterapia de A.Mu.R.A.

Update on Licensure:
The three year program at the Music Therapy School of Buenos Aires, which functions in the School of Medicine, is preparing to add an extra year of training in order to be able to offer a professional license.

Training Program:
Leonor A.L. Forsthuber de Alemann
Music Therapy School of Buenos Aires
Carrera de Musicoterapia
Escuela de Disciplinas Paramedicas
Facultad de Medicina de la Universidad del Salvador
Tucuman 1845 - (1050) Capital Federal
Rca. Argentina

AUSTRALIA

Australian Music Therapy Association
2/31 Abercrombie St.
Deepdene
Victoria 3101
Australia
(AUSTRALIA, cont’d.)

Officers:
President: Denise Erdonmez
Vice-President: Dianne Allison
Secretary/Treasurer: Margaret Evans

Number of Practicing Music Therapists in Country: 80

Professional Conferences:
1990 CONFERENCE
“Music Therapy: Toward 2000”
September 28-30, 1990
University of Queensland

Professional Publications:
• *Australian Journal Of Music Therapy*
  First year of publication, 1 issue per year
  In English
• *Bulletin*
  Fifteenth year of publication, 4 issues per year
  In English
  Address to write to for subscription:
  Australian Music Therapy Association
  2/31 Abercrombie Street
  Deepdene, Victoria 3101
  Australia

Recent Publications in Music Therapy:
• *Why Does That Happen?*
  By Ruth Bright

Update on Licensure:
The accreditation title “Certification” will be replaced with
“Registration” (R.M.T.) to better convey the rigours of four years of
university education and training.

Training Programs:
University of Melbourne
Faculty of Music
Parkville
Victoria 3052
Australia
A four year undergraduate degree course, plus a new one year full time Graduate Diploma course

Recent trends/Health care issues:
De-institutionalization has placed people in community homes, with support for carers, not therapists. Regionalization has affected health care — accountants now direct health care services! Some militant disabled people have successfully pushed an anti-therapist campaign.

AUSTRIA

Österreichischer Berufsverband der Musiktherapeuten (Ö.B.M.)
Austrian Association for Music therapists
Schwarzspanierstrasse 13
A-1090 Wien
Austria

Officers:
President: Renate Lentsh
Vice-President: Angelika Erlach
Treasurer: Barbara Tesarek
Secretary: Sigrid Raab

Number of Practicing Music Therapists in Country:
100

Professional Conferences:
1989 CONFERENCE
"First International Symposium for Music Therapy in Vienna"
September 29 - October 1, 1989
250 Participants, 14 Presenters from the following countries:
Austria(4), West Germany(2), Switzerland(2), East Germany(1), Hungary(1), Israel(1), Great Britain(1), U.S.A.(1), Turkey(1).

Professional Publications:
• Zeitschrift Des Österreichischen Berufsverbandes Der Musiktherapeuten
Sixth year of publication, 4 issues per year
In German
Yearly subscription fee: $20
Address to write to for subscription:
Österreichischer Berufsverband der Musiktherapeuten (Ö.B.M.)
Schwarzspanierstrasse 13,
A-1090 Wien
Austria
Recent Publications in Music Therapy:
• **Vom Klang Zu Wort**
  *From Sound to Word*
  Musiktherapeutische Umschau, 9, 174-179, 1988
  By Angelika Erlach
• **Weltsprache Musik Als Kommunikationsmedium**
  *World-Language Music as Communication Medium*
  Ö.B.M. - Zeitschrift, 1/86, 5-26, 1986
  By Angelika Erlach and Renate Lentsch.
• **Documentation Des 1 Internationalen Musiktherapiesymposiums In Wien**
  *Documentation for the First International Symposium for Music Therapy in Vienna*

Update on Licensure:
The Music Therapy Course at the Viennese Academy for Music is becoming a short-term study.

A newly created law regarding psychotherapy means that music therapists are eligible for post-graduate psychotherapy training and to practice psychotherapy professionally.

Training Programs:
Hochschule für Music und Darstellende Kunst
Lothringerstrasse 18,
A-1030 Wien, Austria

A three to four year training program. A post-graduate training course is in the process of being planned by the ÖBM at the moment.

Recent trends/Health care issues:
The newly created law regarding psychotherapy (mentioned above) will effect the practice of music therapy in Austria.

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**BRAZIL**

Associação de Musicoterapia do Paraná
Calixa Postal 6095- Ag. Marechal
80020 Curitiba- Paraná
Brasil

Number of Practicing Music Therapists in Country:
38 in the state
Officers:
President: Sheila M. Ogasavara Beggiato Volpi
Vice-President: Eulide Jazar Weibel
First Secretary: Ana Rita M. Tomaz
Second Secretary: Denise H. Meneghini
First Treasurer: Sony R. Petris
Second Treasurer: Luciane C. Pepplow

Professional Conferences:
1989 CONFERENCE
“Música e Consciência”
May 20, 1989
“Curso de Terapêutica com Psicose Infanto-Juvenil”
October 20, 1989
“V Simpósio Brasileiro de Musicoterapia”
October 20-22, 1989

Update on Licensure:
There are many music therapists with the one official government registration who practice in private schools and hospitals.

Training Program:
Fundacao Faculdade de Artes do Paraná (state of Parana)

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CANADA

Canadian Association for Music Therapy
Box 2132
Sarnia, Ontario N7T 7L1
Canada
Telephone: 519-542-6221

Number of Practicing Music Therapists in Country:
285 members of CAMT

Officers:
President: Cheryl Beggs
Past-President: Doreen Alexander
Vice-President: Doug Ramsey
Treasurer: Bill Shugar
Honorary Secretary: Stephen Williams
Professional Conferences:
1990 CONFERENCE
"Catalyst For Change"
May, 1990
Wilfrid Laurier University, Waterloo, Ontario

1991 CONFERENCE
"Music: The Genesis"
May, 1991
Regina, Saskatchewan

Professional Publications:
• Conference Proceedings
  Eleventh year in publication, 1 issue per year
  In English/French
  Address to write to for subscription:
    (part of membership subscription)
    Canadian Association for Music Therapy
    Box 2132
    Sarnia, Ontario N7T 7L1
    Canada

• Canadian Association For Music Therapy Newsletter
  Fifteenth year in publication, 4 issues per year
  In English/French

Recent Publications in Music Therapy:
• Music Therapy Management and Practice
  By Cheryl Beggs (Rose Leigh Publishing, Ontario)

Training Programs:
Wilfrid Laurier University — a four year program
University of Quebec — a three year program in French
Capilano College (as of 1990) — a four year program
University of Windsor — a new four year program

Recent trends/Health care issues:
Regulation of Ontario’s health profession and the Goods and Services Tax affects music therapy practice.
COLOMBIA

Estudio de Musicoterapia
Carrera 19 No. 72-30
Bogota, D.E.
Colombia

Number of Practicing Music Therapists in Country:
Approximately 4

Officers:
Maria Isabel Reyes (Paris, France)
Alberto Amaya

Recent Publications in Music Therapy:
• Music Therapy, An Experience With A Group Of Schizophrenic Patients
  By Alberto Amaya, Luisa Rveda, and Rocio Bamios
  In Spanish

Update on Licensure:
The few practicing music therapists hold foreign certification. Musicians are beginning to work, especially within institutions for the elderly and for mentally handicapped, under supervision of music therapists. Music therapy has just recently been recognized by the medical and health authorities as a therapeutic medium. It has been quite an effort to convince the health authorities of the need to organize music therapy departments within the different health institutions.

DENMARK

NOTE: For further information about Denmark, refer to the article by Benedikte Barth Scheiby in Section 2.

Dansk Forbund for Musikterapi
(Danish Association for Music Therapy)
Kochsvej 28
1812 Frederiksberg C
Denmark

Officers:
President: Nina Holten

Professional Publications:
• Musik of Terapi (journal)
Musikterapeutforeningen
(The Academic Association for Music Therapists)
Kattesundet 31
9000 Aalborg
Denmark

Officers:
President: Hanne Mette Kortegaard.

Professional Publication:
• Dansk Akademisk Tidsskrift for Musikterapi (journal)

Training Program:
The Music Therapy Education Program
Aalborg Universitetscenter
Fibigerstrade 5
9220 Aalborg
Denmark

Program directors: Prof. Inge N. Pedersen & Prof. Benedikte Barth Scheiby

FRANCE

NOTE: We have received completed questionnaires from two organizations in
France both of which appear also to be training courses. See also the article by
Jacques Jost in Section 2.

Atelier de Musicothérapie de Bordeaux (A.M.Bx)
45, rue du Général de Gaule
Parempuyre 33290
France

Officers:
President: Gerard Ducourneau
Secretary: Jean-Philippe Brun
Treasurer: Colette Maisterrena

Professional Publications:
• Musique Thérapie Communication
  Fourth year of publication, 2 issues per year
  In French and Spanish
Yearly subscription fee: 80 French Francs (including postage)
Address to write to for subscription:
A.M.Bx
45 rue du Général de Gaule
France 33290

Recent Publications in Music Therapy:
• *Musicothérapie-clinique-technique-formation*
  Editions Privat
  By Gérard Ducourneau
  In French
• *Musicoterapia*
  Spanish Translation of "Introduction à la Musicothérapie"
  By Gérard Ducourneau
• *Bégaiement-inhibition-musicothérapie*
  Ed. du NON VERBAL A.M.Bx
  By Roland Vallée

Université Paul Valéry
Département de Musicothérapie
17 rue Abbé de l’Epée
34000 Montpellier
France

Professional Conferences:
Musicothérapie et Enfants Sourds

Recent Publications in Music Therapy:
• *La Musique Du Fou Intelligent*
  Editions Fuzeau 79440 Courlay
  By Jean Marie Guiraud Caladou
  In French
• *Musirève (laser Disk)*
  Editions Fuzeau
  By Jean Marie Guiraud Caladou
GERMANY

Deutsche Gesellschaft für Musiktherapie
e.V., Postfach 10 1224
6900 Heidelberg 1
Germany
(A large society for all those involved with music therapy)

Deutscher Berufsverband der Musiktherapeuten
c/o Dr. Klaus
Oberdieckweg, Finkelhaus
3113 Suderburg
2 Hossering
Germany
(An association for professional music therapists)

Professional Conferences:
"Zu Wirkungsweisen der Musik in der Musiktherapie" (The ways in which music works in music therapy)
April 27-29, 1990

Professional Publications:
• Musiktherapeutische Umschau, Forschung Und Praxis Der Musiktherapie
  Eleventh year of publication, 4 issues per year
  Yearly subscription fee: DM: 86
  In German, with English summaries
  Address to write to for subscription:
  Deutsche Gesellschaft für Musiktherapie
e.V., Postfach 10 1224
  6900 Heidelberg 1, Germany

Recent Publications in Music Therapy:
• Modellversuch: Dipl.-aufbaustudium Musiktherapie, Dokumentation Teil
  III-abschlussbericht
  (Pilot study: Building up a music therapy program, part III Report)
  In German
• Dokumentation Der Fachtagung Musiktherapie Auf Dem Musika Congress,
  Hamburg 1987
  (Music therapy documentation on the “Musica Congress”
  Hamburg 1987)
  In German
Training Programs:
Fachhochschule für Musiktherapie
Ziegelhauser Landstr. 1
6900 Heidelberg
Germany

Institut für Musiktherapie der Hochschule für Musik and Darstellende Kunst, Hamburg.
Harvestehuder Weg 12,
D-2000 Hamburg
Germany

Universität Witten/Herdecke
Institut für Musiktherapie
Beckweg 4
5804 Herdecke
Germany

Staatliche Hochschule für Musik, Rheinland
Aureliusstrasse 9
D-5100 Aachen
Germany

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GREAT BRITAIN

Association of Professional Music Therapists
The Meadow
68 Pierce Lane
Fulbourn
Cambridge CB1 5DL
Great Britain

Officers:
Chairperson: Rachel Darnley Smith
Deputy Chairperson: Anne Sloboda
Treasurer: Graham Mackenzie
International Secretary: Helen Loth
Publicity: Fiona Ritchie

Number of Practicing Music Therapists in Country:
200

Professional Conferences:
(GREAT BRITAIN, cont’d.)


Professional Publications:
- **Journal Of British Music Therapy**
  (Joint Publication of the A.P.M.T. and the B.S.M.T.)
  Third year of publication, 2 issues per year
  In English
  Yearly subscription fee: £16
  Address to write to for subscription:
    Distribution Secretary
    69 Avondale Avenue
    East Barnet,
    Herts, EN4 8NB
    Great Britain

- **Association Of Professional Music Therapists Newsletter**
  Fourteenth year of publication, 4 issues per year
  In English
  Yearly subscription: free to A.P.M.T. members
  Available to A.P.M.T. members only

Update on Licensure:
Music Therapy Graduates from all three training courses in G.B. are now entitled to use the letters RM.Th (Registered Music Therapist) after their name when they become full members of the Association of Professional Music Therapists.

Training Programs:
(All three training courses are one year, post-graduate courses)

The Guildhall School of Music and Drama
The Barbican
London EC2Y 8DT
Great Britain

The Nordoff-Robbins Music Therapy Centre
3 Leighton Place
London NW5 2QL
Great Britain

Roehampton Institute
Roehampton Lane
London SW15 5PU
Great Britain
British Society for Music Therapy  
69 Avondale Avenue  
East Barnet  
Herts EN4 8NB  
Great Britain

Officers:  
Chairman: Dr Leslie Bunt  
Executive Committee:  
Pixie Holland  
Christine Atkinson  
Mary Priestley  
Kay Sobey  
Tony Wigram

Professional Conferences:  
1989 ANNUAL CONFERENCE  
"New Developments in Music Therapy"  
November 18th, 1989  

1990 ANNUAL CONFERENCE  
"Communication"  
November 10th, 1990

Professional Publications  
• British Society For Music Therapy Bulletin  
  Third year of publication, 4 issues per year  
  Yearly subscription fee: free to members of the Society  
  The yearly fee to join the B.S.M.T. is £20. This also means you get  
  the Journal of British Music Therapy (see above).  
  Address to write to for subscription:  
    Distribution Secretary  
    69 Avondale Avenue  
    East Barnet,  
    Herts, EN4 8NB  
    Great Britain

Recent Publications in Music Therapy:  
• Conference Papers of the 1989 Conference:  
  "New Developments in Music Therapy"  
  Available from the B.S.M.T. at the above address.
The Israeli Association of Creative and Expressive Therapies (ICET)
c/o Mrs. Yoma Levi
Gelber Street 26
Jerusalem
Israel

Number of Practicing Music Therapists in Country:
102

Officers:
Chairperson: Yona Shahr-Levi
General Secretary: Shmuel Spitzer
Secretary, Tel-Aviv Branch: Yael Barkay
Secretary, Haifa Branch: Keren Cohen
Secretary, Jerusalem Branch: Moti Mecmori
Registration and Supervision Committee: Chava Sekeles and Ofra Bruno

Professional Conferences:
1989-90 CONFERENCE
"Case Analysis in Music Therapy"
September 1989-July 1990
Organized by the Jerusalem Branch of Music Therapy as a once per month meeting (presentations, analysis and discussion of case analysis).

1990 CONFERENCE
"Passages"
March 21, 1990
A one-day conference for the different art therapies sections and branches of ICET.

Professional Publications:
• Israeli Association Of Creative And Expressive Therapies Newsletter
  Eighteenth year in publication, 1 issue per year
  In Hebrew
  Address to write to for subscription:
    (part of membership subscription)
    Mr. S. Spitzer
    P.O. Box 9052
    Jerusalem 91030
    Israel
• Passages In Therapy: Proceedings Of The ICET 1990 Study Day
  In Hebrew
Recent Publications in Music Therapy:

• *Music In Therapy For The Visually Impaired Child*
  By Eitana Shanan
  In English

• *The Development Of Music Therapy At An Institution For Adolescent Girls In Distress*
  By Michael D. Band
  In English

• *Normal Human Rythmicity And Its Non-physical Applications*
  By Irit Ofri
  In Hebrew

• *Awaiting Adoption*
  By Monique Gordon

Update on Licensure:
The Ministry of Health recognized music therapy as a para-medical profession.

Training Programs:
Institute of Therapeutic Education
The David Yellin Teachers College
Jerusalem
Israel

Bar-Ilan University
Music Therapy Program
Tel Aviv
Israel

ITALY

"Anni verdi" Ente Morale
Via Colautti 28
00152 Roma
Italy

Officers:
President: Lancellotti Mauro
Director: Saraceni Vincenzo Healt

Professional Publications:

• *Armonie Di Anni Verdi*
  Third year of publication, 12 issues per year
  In Italian
  Yearly subscription fee: 30 000 Lire
Address to write to for subscription:
Armonie di Anni Verdi
Via Q. Majorana 145
00158 Roma
Italy

• Rivista Di Musicoterapia
  (no further information available)

JAPAN

The Nippon Institute of Music Therapy (NIMT)
The Japanese Institute for Music Therapy (JIMT)
10-3,3-Chome Doshomachi, Chuo-Ku
Osaka 541
Japan

Officers:
President: Harry K. Nishihata
Vice-President: Kiichi Onoda
Vice-President: Fuminori Yamauchi
Vice-President: Yoshitsugu Hayashi
International Director: Susumu Iwagami

Professional Conferences:
1989 CONFERENCE
"The Third ASEAN Congress of Oriental Medicine"
September 2-3, 1989
Bangkok, Thailand
  In this Congress, Music Therapy combined with Traditional
  Oriental Medicine was discussed. (Special guest speaker: Dr.
  Harry K. Nishihata)

"Music Therapy in America"
November 23, 1990
  This is an annual meeting of the Chinese Traditional Medicine
  Association. Dr. Cheryl D. Maranto, Past President of the
  National Association for Music Therapy will speak.

Professional Publications:
• Chinese Medicine Reports
  Fourth year of publication
  In Japanese
Recent Publications in Music Therapy:

• *The Theory Of Yin-yang Five Elements And Its Unique Applications To Music Therapy*
  By Dr. Hany K. Nishihata
• *Music Therapy Based On The Theory Of Traditional Oriental Medicine*
  By Dr. Hany K. Nishihata
• *Music And Breathing Exercise: Singing Within Organization*
  By Dr. Hany K. Nishihata

Training Programs:
The Japanese Institute for Music Therapy has established an exclusive two year training program, offering a Master of Music Therapy degree, to those who hold a degree beyond the B.A. In February, 1991, the first professional Japanese music therapists will graduate from JIMT.

Recent trends/Health care issues:
In recent years, music therapy has been increasing in popularity among health professionals and health-oriented musicians. One concern is the question for how the new licensed music therapists will present themselves. At present, music therapy does not qualify for health insurance and most music therapy is billed under the category of psychotherapy. However, music therapists at the JIMT offer sessions to clients with an hourly "consultant fee."

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Japanese Association of Music Psychology and Therapy (JAMT)
Wakamiya 31-1 ~#204
Shinjuku-ku, Tokyo, 162
Japan

Number of Practicing Music Therapists in Country:
300 (200 may work in fields related to music therapy)

Officers:
Head Secretary/Editor: Hitoshi Sakurabayashi
Editorial Secretary: Yohji Hayashi
Information Secretary: Keiko Ito

Professional Conferences:
1989 ANNUAL CONFERENCE
December 9, 1989

1990 ANNUAL CONFERENCE
December, 1990
(JAPAN, cont’d.)

Professional Publications:
• *Tokyo-Musashino Annual Of Music Therapy (TMAMT)*
  Eighteenth year of publication, 1 issue per year
  In Japanese and English
  ISSN 0389-7192
  Yearly subscription fee: 1000 yen
  Address to write to for subscription:
    Wakamiya 31-1 #204
    Shinjuku-ku
    Tokyo 162
    Japan

Recent Publications in Music Therapy:
• *Kokoro-o-hiraku Ongaku - Ryohouteki Ongakukyoiku*
  *(Opening Mind Through Music: On Therapeutic Music Education)*
  By Hitoshi Sakurabayashi

• *Jiheishóji No Tameno Ongakuryóhó No Jissai*
  *(Practice In Music Therapy For Autistic Children)*
  By Tadafumi Yamamatsu

Recent trends/Health care issues:
There are some indications that music therapy may be applied in hospice/palliative care in the near future.

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Japan Bio-Music Association
2-48-9～#406, Horimachi, Nakano-ku
Tokyo, 164
Japan
(No further information received on this association.)

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The Netherlands

Note: The first address given is that of a creative arts therapies association. The second address is the music therapy branch of that association.

*Nederlandse Vereniging voor Kreative Therapie (N.V.K.T.)*
Central Secretariat
Kastanjelaan 36
1214 LJ Hilversum
The Netherlands
Officers:
President: Liesbeth Fockema Andreae
Secretary: Just de Wijs.

Music therapy section of the N.V.K.T.
Secretariat
Brandnetel 82
1689 SG Hoorn
The Netherlands

Officers:
Chairman: Pieter van den Berk
Secretary: Marcel Hansen

Professional Conferences:

Professional Publications:
- *Tijdschrift Voor Kreative Therapie*
  Ninth year of publication, 4 issues per year
  In Dutch with English summaries
  Yearly subscription fee: $30
  Address to write to for subscription:
    Jet Gabriels
    Rijndijkstraat 15
    2314 NG Leiden
    The Netherlands

Recent Publications in Music Therapy:
- *Muziek In De Hulpverlening Aan Geestelijk Gehandicapten* (Music in the care of the mentally handicapped), 1988
  By Dr. Franz Schalkwijk

- *Opstellen Over Kreative Therapie* (Essays on creative therapy), 1990
  Edited by Dr. F. Schalkwijk, C Luttikhuis

- *Musiektherapie En Psychotherapie* (Music therapy in psychotherapy)
  By Dr. Henk Smeysters
NATIONAL PERSPECTIVES

(THE NETHERLANDS, cont’d.)

Training Programs:
Hogeschool Nijmegen
Postbus 9029
6500 JK Nijmegen
The Netherlands
tel: (0)80-236853

Hogeschool Midden Nederland
Posbus 1128
3800 BC Amersfoort
The Netherlands
tel: (0)33-728300

Hogeschool Sittard
Postbus 69
6130 AB Sittard
The Netherlands
tel: (0)4490-91212

NEW ZEALAND

New Zealand Society for Music Therapy Inc.
47 The Crowsnest
Whitby, Porirua
New Zealand

Number of Practicing Music Therapists in Country:
8

Officers:
President: Judith White
Chairperson: Betty Toomey

Professional Conferences:
1990 CONFERENCE
“Music and Change”
September 1-2, 1990

Professional Publications:
• Annual Journal
  Fifteenth year, 1 issue per year
  In English
  Yearly subscription fee: U.S. $25
  Address to write to for subscription:
New Zealand Society for Music Therapy Inc.
47 The Crowsnest
Whitby, Porirua
New Zealand

Training Programs:
Associateship of the New Zealand Society for Music Therapy
Proposed tertiary course in 1992

Recent trends/Health care issues:
The re-organization of the New Zealand health system and social welfare system has placed more emphasis on holistic and preventive care. The move towards community-based care has increased.

NORWAY

Norsk Forening for Musikkterapi
c/o Gladengveien 8-10
Oslo 6
Norway

Officers:
Chairman: Ingrid Slogedal

Number of Practicing Music Therapists in Country:
70

Professional Conferences:
“Music Therapy Training Courses in Scandinavia”
May 1989
“Improvisation in Music Therapy”
January 1991

Contact Person:
Brynjulf Stige
Box 163
6861 Sandane
Norway

Professional Publications:
• Musikkterapi
  4 issues per year
  Yearly subscription fee: $30
  Address to write for subscription:
Recent Publications in Music Therapy:

- **Lyg Od Vekst**  
  *(Sound and growth)*  
  Nosk Musikforlag  
  By Tom Naess

- **Musikk Lyd Bevegelse**  
  *(Music sound movement)*  
  Nord Press  
  By Gro Elisabeth Hallan and Tonhild Strand Hauge

- **Musikk Som Kommunikation Og Samhandling**  
  *(Music as communication and interaction)*  
  Solum, Oslo, 1990  
  By Even Ruud

Training Programs:

Ostlandets Musikkonservatorium  
Vetlandsveien 45  
0685 Oslo 6, Norway

Hogskuleutdanninga pa Sandane  
Box 163A  
6861 Sandane, Norway

Recent trends/Health care issues:

A new law, effective from January 1991, about the integration of the mentally disabled, will result in de-institutionalization.

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**POLAND**

Note: There is no Music Therapy Association in Poland, but the Institute listed below to some extent fulfils the role of an association. (See article by Dr. Tadeusz Natanson in Section 2 for more details)

Institute of Music Therapy  
University of Silesia  
62 ul. Bielska,  
43 400 Cieszyn,  
Poland
Officers:
Director: Prof. Dr. Tadeusz Natanson

Number of Practicing Music Therapists in Country:
100

Professional Conferences:
VIth National Conference
"Ethical and Organisational Problems of Music Therapists"
May 27-28, 1989

VIIth National Conference
"Music Therapy - Successes and Disappointments"
May 26-27, 1990

Professional Publications:
• Scientific Papers of the Academy of Music in Wroclaw
  Fourteenth year of publication, one issue per year
  Fee: None
  Languages: Polish with summaries in German, English or French

Recent Publications in Music Therapy:
• Muzyka I Terapia
  (Music and Therapy)
  By Dr. Zofia Konaszkiewicz
• Muzyka Powazna W Zyciu Oswob Chorych I Niepelnosprawnych W Swietle
  Literatury Autobiograficznej I Wspomieniowej
  (Serious Music in the Life of Ill and Handicapped People in the Light of Autobiographic Literature and Reminiscences)
  By Dr. Zofia Konaszkiewicz
• W Strone Ilosciowej Oceny Jakosci Dziala Muzycznego
  (Towards a Quantitative Assessment of the Quality of a Musical Work)
  By Dr. Tadeusz Natanson

Training Programs:
Department of Music Therapy
Academy of Music
204 ul. Powstancowslaskich
53-140 Wroclaw
Poland
(A five year course leading to an MA degree, established in 1980)
Recent trends/Health care issues: Poland is in the midst of socio-political and economic changes. The health care system is being restructured. In general, preventative care is gaining strength but time will tell what the results of the re-organization of the health care system will lead to.

SOUTH AFRICA

Music Therapy Society of Southern Africa
P.O. Box 57
Newlands 7725, Cape Town
South Africa

The Music Therapy Society of South Africa and the South African Institute of Music Therapy have amalgamated to form the current organization.

Number of Practicing Music Therapists in Country: 6

Officers:
President: Eletta Blumgard
Vice-President: Helen Henderson
Secretary: Millicent Rink
Treasurer: Jean Bull

Professional Conferences:
1990 CONFERENCE
(Part of Music Education Conference)
"Curriculum Aspects of Music Therapy"
April, 1990

1990 CONFERENCE
"Music in Special Education"
September, 1990
A practical course designed for feedback from practicing music therapists in Cape Town.

Professional Publications:
• South African Journal Of Music Therapy
   Sixth year of publication, 2 issues per year
   In English and Afrikaans
   Yearly subscription fee: R15
Address to write to for subscription:
Jean Bull
53, 2nd Street
Linden, Johannesburg 2191
South Africa

Update on Licensure:
There is a strong move for Medical and Dental Council recognition (two persons have been accepted). At present there are twelve diplomates from the University of Cape Town who, along with other professional musicians, are involved in various fields.

Training Programs:
Mrs. Helen Henderson
Department of Music Therapy
University of Cape Town
Cape Town, South Africa 7700
The former post-graduate two year diploma is in abeyance. A new program with more emphasis upon a medical curriculum has been instated, and is awaiting approval by the South African Medical and Dental Council.

Recent trends/Health care issues:
Due to the new emphasis placed upon medical/dental recognition in South Africa, the society is interested in information from other countries about their situation in regards to recognition by the medical profession.

SPAIN

Asociacion para el Estudio e Investigation de la Musica
La Terapia y Comunication
Escuela de Musicoterapia y Tecnicas Grupales
Apartado 585
01080 Vitoria - Gasteiz
Spain

Number of Practicing Music Therapists in Country:
20

Professional Conferences:
First European Music Therapy Seminar
“Music Therapy and Health”
10-14 July 1989
Second European Music Therapy Seminar
"Comunicacion and Creativity"
2-6 July 1990

Recent Publications in Music Therapy:
- *Musicoterapia: Situacion Actual*
  By Patxi del Campo San Vincente
- *Manual De Musicoterapia*
  By Patxi del Campo San Vincente and Aitor Loroño
- *Holomusica*
  By Carlos D. Fregtman
- *Cuerpo, Musica Y Terapia*
  By Carlos D. Fregtman
- *Taller De Biomusica*
  By Aitor Loroño and Patxi del Campo San Vincente

Training Programs:
Escuela de Musicoterapia y Técnicas Grupales
Apartado 585
01080 Vitoria - Gasteiz
Spain

Centro de Investigatión Musicoterapéutica (MI-CIM)
Apartado 126
48080 Bilbao
Vizcaya
Spain

Officers:
President: Aitor Loroño
Vice-President: Angel Manuel Tazán

Professional Conferences:
"Music Therapy in Institutions"
Dr. R. Benenzon
February 1, 1990

Professional Publications:
- *Musica, Terapia Y Communication*
  Fourth year of publication, 2 issues per year
  In Spanish
  Yearly subscription: 800 Pesetas
  Address to write to for subscription:
Recent Publications in Music Therapy:

• *Musicoterapia, La Communicacion Musical: Su Funcion Y Sus Metodos En Terapia Y Reeducacion*  
  (Music Therapy, Musical Communication: its function and methods in therapy and reeducation)  
  By Gérard Ducourneau

Asociacion Espanola de Musicoterapia  
C Pedroñeras, 2  
Bajo C  
28043 Madrid  
Spain

Officers:  
President: J. Daniel Terán Fierro  
Vice-President: Monica Marina  
Secretary: José Bermejo

Associació Catalana de Musicoterapia  
C. Vinya del Forn 16  
08781 St. Esteve Sesrovires  
(Barcelona)  
Spain

Officers:  
President: Dr. Serafina Poch  
Vice-President: Dr. Joseph Llorens  
Secretary: Mr Joseph Serrabona

Professional Conferences:  
“Creative Dance and its Application in Music Therapy”  
Prof. Wolfgang Stange  
September 28-30, 1990

Recent Publications in Music Therapy:  

• *La Musica Com A Vehicle De Salut*  
  (Music as a Means of Health), a section in the book “La Parella Avui” (the Couple Today)  
  Edit. La Llar del Llibre, Barcelona, 1989
Swedish Association for Music Therapy
C/O Hammarlund
Kunstengatan 12
S-113
57 Stockholm
Sweden

Training Programs:
Musikterapi Institutet Uppsala
Kungsgatan 46
S-753 21 Uppsala
Sweden
Ingesunds Musikhögskola
S-67100 Arvika
Sweden

The above two courses are identical and are based on the “Functional Music Therapy Method” by Lasse Hjelm.

Musikhögskola i Stockholm
Valhallavägen 103-109
Stockholm
Sweden

The above course is a music psychotherapy training.

Lund University
Department of Musicology
Spec. Dept. of Music in Medicine
Music Therapy
Kävlingevä 20, gen
S-222, Lund
Sweden

Olu-Birgit Jeppson is building up a resource library on music in medicine and music therapy in this department.
Svenske förbundet för musikterapi
c/o Kungliga Musikaliska Akademien
Blasieholmstorg 8
S-111 48 Stockholm
Sweden

Officers:
President: Sören Oscarsson
Vice-President: Birgitta Anderson
Treasurer: Hans Jörgen Alsing
Officers: Christine Norlen, Margareta van Gilpen, Stina Järva

Number of Practicing Music Therapists in Country:
50 students have completed the training program at the National College of Music in Stockholm. Approximately 30 of them work in music therapy.

Professional Conferences:
1989 CONFERENCE
“Musicpsychotherapy Symposium”
April 25, 1989

1990 CONFERENCE
“Music, Health, and Education”
March 25, 1990

Professional Publications:
• Musikterapi
  Fourth year of publication, 2 issues per year
  In Swedish
  Yearly Subscription Fee: 8 kr 150
  Address to write to for subscription:
  Svenske förbundet Musikterapi
  c/o Kungl. Musikaliska Akademien
  Blasieholmstorg 8
  111 48 Stockholm, Sweden

Recent Publications in Music Therapy:
• Funderingar Kring Musikens Terapeutiks Möjlig heter
  (Thoughts about the Therapeutic Possibilities of Music)
  By Urban Yman

• Writing and Supervising Papers about Music Therapy
  By Bertil Sundin

• Orden Brikar Komma När Man Sjunger
  (The Words are Coming When You Sing/Music Activities for Small Handicapped Children)
  By Britt Marie Adolfson
Training Programs:
The National College of Music in Stockholm
Music Therapy Department
Valhallavagen 103-109
115 31 Stockholm
Sweden
This is a part-time, three-year course which trains music teachers, but is also open for other students with similar training in music and experiences from health care and special education.

Recent trends/Health care issues:
We can see an increasing interest among people working with psychiatric patients to contact music therapists and to employ them for a few hours a week. There are very few music therapists who work full-time in our country.

SWITZERLAND

Schweizerischer Berufsverband für Musiktherapie (SFMT)
Chemin des Combes 15
1802 Corseaux
Switzerland

Officers:
President: Mrs A.T. Sahli
Treasurer: Mrs U.V. Burg-Hen
Registrar: Mrs R. Utzinger
Council Members: Mr K.B. Muller, Mr W. Kläy

Number of Practicing Music Therapists in Country:
50 (graduates from the Colombier training course); 36 under the title SFMT.

Professional Conferences:
“Music Therapy with Alcoholics”
October 21, 1989

“Official Recognition of Music Therapy”
November 10, 1990
Contact person: Muriel de Montmollon
This is a National day conference regarding the recognition of music therapy as a profession by the Health Service.
Professional Publications:
• Musiktherapie Informationsblatt des SFMT
  8th year of publication, 2 issues per year
  In German and French
  Yearly subscription fee: 20 Swiss Francs
  Address to write to for subscription:
    Ursula von Burg-Hen
    Tellstr. 32
    9000 St. Gallen
    Switzerland

Update on Licensure:
The SFMT is working on a concept for the recognition of music therapy
as a profession. There is now one insurance company which pays a set
sum per year for music therapy.

Training Programs:
In French:
École de Musicothérapie de Neuchatel
8a, Chemin de la Saunerie
2013 Colombier
Switzerland
  The next intake will be in September 1992.

In German:
Berufsbegleitende Ausbildung Musiktherapie (BAM)
Kilchbergstr. 113
Ch-8038 Zurich
Switzerland

Recent trends/Health Care issues:
Hospitals are becoming progressively more interested in music therapy,
particularly in the areas of terminal care, cancer, AIDS, and other serious
illnesses.
American Association for Music Therapy
P. O. Box 27177
Philadelphia, PA 19118
U.S.A.
Telephone: 215-242-4450

Officers:
President: Concetta Tomaino
Immediate Past-President: Cynthia Briggs
Secretary: Marcia Murphy
Treasurer: Mark Whiteling
Executive Director: Marcia Broucek
Vice-President of Conferences: Judi Rubin-Bosco
Vice-President of Member Services: David Ramsey
Vice-President of School Services: Michele Forinash
Vice-President of Public Services: Fred Silverstone
Vice-President of Human Resource Development: Janice Dvorkin
Vice-President of Financial Resource Development: Margo Hennebach

Number of Practicing Music Therapists in Country:
Approximately 322 in the organization

Professional Conferences:
1990 CONFERENCES
“Weekend Intensive for Music Therapists”
March 30 - April 1, 1990
This special program provided music therapists with the opportunity to participate in one of six intensive advanced study modules. This program yielded positive responses from the many attendees.

“Creativity Through Collaboration”
National Coalition of Arts Therapy Associations Joint Conference
November 1-5, 1990
Washington, DC
Over 300 sessions and pre-conference intensives representative of current work in the Creative Arts Therapies.

1991 CONFERENCE
“Twentieth Anniversary Conference”
June 7-9, 1991
THEME: “Where We’ve Been, Where We Are, Where We’re Going”
Professional Publications:

- **Music Therapy**
  - Ninth year in publication, 1 issue per year
  - In English
  - Yearly subscription fee: $15 for individuals, $25 for institutions, plus postage

- **Music Therapy International Report**
  - Seventh volume
  - In English
  - Yearly subscription fee: $10 plus postage

- **"Tuning In"**
  - Newsletter, 4 issues per year
  - In English
  - Yearly subscription fee: $15 plus postage

Address to write to for all subscriptions:
AAMT
P.O. Box 27177
Philadelphia, PA 19118
U.S.A.

Recent Publications in Music Therapy:

- **The Next Step Forward: Music Therapy With The Terminally Ill**
  - Edited by Jenny Martin
  - Calvary Hospital, 1740 Eastchester Road, Bronx, NY 10461

- **The Field Of Play: A Guide For The Theory And Practice Of Music Therapy**
  - By Carolyn Bereznak Kenny

- **Improvisational Models Of Music Therapy**
  - By Kenneth Bruscia

Update on Licensure:
The ACMT (Advanced Certified Music Therapist) became effective in September of 1989. This new credential is intended to stimulate and acknowledge advanced training and experience in the field of music therapy. Certified (or equivalent) individuals with graduate degrees and several years of clinical experience, who have participated actively in the profession, may apply for the ACMT through the AAMT office.

Training programs:
Emmanuel College — Boston, MA
Hahnemann University — Philadelphia, PA
Immaculata College — Immaculata, PA
Molloy College — Rockville Center, NY
New York University — New York, NY
St. Mary-of-the-Woods College — St. Mary-of-the-Woods, IN
Temple University — Philadelphia, PA
Recent trends/Health care issues:
The move toward preventive/holistic care and the localization by state of reimbursement guidelines for acute and long-term institutions are trends which will have impact upon music therapy in the United States.

National Association for Music Therapy
505 Eleventh Street, SE
Washington, D.C. 20003
U.S.A.
Telephone: 202-543-6864

Officers:
President: Barbara J. Crowe
President-Elect: Suzanne B. Hanser
Vice-President: Barbara Hesser
Past-President: Cheryl Maranto
Executive Director: Andrea Farbman

Number of Practicing Music Therapists in Country:
2500 in the organization

Professional Conferences:
1990 CONFERENCE
"Creativity Through Collaboration"
November 1-5, 1990
Washington, DC
National Coalition of Arts Therapy Associations Joint Conference (with music therapy, art therapy, dance therapy, psychodrama, drama therapy, and poetry therapy)

Professional Publications:
- Journal of Music Therapy
  Twenty-sixth year in publication, 4 issues per year
  In English
  Yearly subscription fee: $25 ($30 foreign)
  Address to write to for subscription:
    NAMT
    505 Eleventh Street S.W.
    Washington, D.C. 20003
    U.S.A.
- Music Therapy Perspectives
  Eighth year in publication, 1 issue per year
  In English
Training Programs:

- University of Alabama
  University, AL
- Arizona State University
  Tempe, AZ
- California State Univ. at Long Beach
  Long Beach, CA
- California State Univ. at Northridge
  Northridge, CA
- University of Pacific
  Stockton, CA
- Colorado State University
  Ft. Collins, CO
- Howard University
  Washington, DC
- Florida State University
  Tallahassee, FL
- University of Miami
  Miami, FL
- Georgia College
  Milledgeville, GA
- University of Georgia
  Athens, GA
- University of Iowa
  Iowa City, IA
- Wartburg College
  Waverly, IA
- Illinois State University
  Normal, IL
- Western Illinois University
  Macomb, IL
- Indiana University at Fort Wayne
  Ft. Wayne, IN
- University of Evansville
  Evansville, IN
- University of Kansas
  Lawrence, KS
- Anna Maria College
  Paxton, MA
- Eastern Michigan University
  Ypsilanti, MI
- Michigan State University
  East Lansing, MI
- Wayne State University
  Detroit, MI
- Western Michigan University
  Kalamazoo, MI
- Augsburg College
  Minneapolis, MN
- College of St. Teresa
  Winona, MN
- University of Minnesota
  Minneapolis, MN
- Maryville College
  St. Louis, MO
- University of Missouri at Kansas City
  Kansas City, MO
- William Carey College
  Hattiesbury, MS
- Eastern Montana College
  Billings, MT
- East Carolina University
  Greenville, NC
- Queens College
  Charlotte, NC
- Montclair State College
  Upper Montclair, NJ
- Eastern New Mexico University
  Portales, NM
- Nazareth College
  Rochester, NY
- SUNY-Fredonia
  Fredonia, NY
- State University at New Paltz
  New Paltz, NY
- Baldwin-Wallace College
  Berea, OH
- Mount St. Joseph on the Ohio
  Mount St. Joseph, OH
- Ohio University
  Athens, OH
- University of Dayton
  Dayton, OH
- Phillips University
  Enid, OK
- Southwestern Oklahoma State University
  Weatherford, OK
- Willamette University
  Salem, OR
- College Misericordia
  Dallas, PA
- Duquesne University
  Pittsburgh, PA
- Elizabethtown College
  Elizabethtown, PA
- Hahnemann University
  Philadelphia, PA
- Mansfield University
  Mansfield, PA
- Marywood College
  Scranton, PA
Recent Publications in Music Therapy:

• Effectiveness Of Music Therapy Procedures: Documentation Of Research And Clinical Practice
  By Charles E. Furman

Recent trends/Health care issues:
Changes and restrictions in health care funding has had a great impact upon the practice of music therapy in the U.S. Increased interest in AIDS clients, traumatic head injury rehabilitation, and Alzheimer’s patients have opened new job possibilities. Holistic health care and increased interest in general wellness and personal self-growth are also expanding practices.

Certification Board for Music Therapists
Suite 326 Box 345
6336 North Oracle Road
Tucson, AZ 85704
Telephone: 800-765-CBMT

Over 4,000 music therapists have met the requirements for Board Certification and have been granted the credential MT-BC by the Certification Board for Music Therapists (CBMT), an independent certifying body. The CBMT annually administers an examination that tests the knowledge, skills, and abilities required for the competent practice of music therapy at the entry level. To sit for the exam, music therapists must have successfully completed the academic and clinical...
requirements for music therapy, or their equivalent, as established by the American Association for Music Therapy (AAMT) or the National Association for Music Therapy (NAMT). For those music therapists who have trained outside the United States, there is an alternate application process available. The CBMT exam is based on the current clinical practice of music therapy in hospitals, clinics, day treatment and rehabilitation facilities, community mental health centers, schools, special service agencies, nursing homes, hospice centers, special music schools, creative arts centers, and private practice.

The CBMT also establishes criteria for and monitors the continuing competence and professional growth of Board Certified Music Therapists through its Recertification Program. By the end of a five year certification cycle, each MT-BC must complete a recertification plan that includes completing Continuing Education and/or taking the current exam.

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**URUGUAY**

Asociacion Uruguaya de Musicoterapia (ASUM)
18 de julio 2042 bis apto. 1101
11200 Montevideo
Uruguay

Number of Practicing Music Therapists in Country: 5

**Officers:**
Presidente: Lyda Florez
Secretaria de Actas: Maria Teresita Da Silva
Secretaria: Alicia Azuri
Tesorero: Myriam Blanco
Vice-Presidente: Esperanza Alzamendi

**Professional Publication:**
*Boletín De La Asociación Uruguaya De Musioterapia*
Published from 1970-1973, 2 issues per year
In Spanish
## Areas of Music Therapy Clinical Practice

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Facilities in which Music Therapists are Employed

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Theoretical Orientations with which Music Therapists Identify

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