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Edited by
Lisa Summer, M.C.A.T., RMT-BC, GIM Fellow (United States)
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Second Nordic Music Therapy Conference
May 5-8, 1994 in Sweden
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VIII Summer School/VI European Music Therapy Seminar
July 11-15, 1994 in Spain
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Second International Conference on Creative Arts in Psychotherapy, Education, and Medicine
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Third European Arts Therapies Conference
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Palliative Music Therapy Conference
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Third European Music Therapy Conference
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8th World Congress of Music Therapy/2nd International Congress of the World Federation of Music Therapy (WFMT)
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This volume (#9) of the MUSIC THERAPY INTERNATIONAL REPORT focuses upon the current state of music therapy training today; and, in doing so, is a companion to the previous volume (#8). It is fitting that Carolyn Kenny and Barbara Hesser introduce this issue with their “personal perspectives.” Kenny’s unique multicultural perspective invites us to become aware of our own cultural identity within the profession of music therapy. Her article serves as a reminder to enjoy and appreciate the rich diversity you will encounter as you read the subsequent articles from different countries. Barbara Hesser, whose impact upon music therapy is evident through her own work, and through the work of the students and colleagues she has influenced across the globe, proffers her vision regarding advanced music therapy training. Completing the special features of this volume is an impressive, comprehensive survey report by Denise Erdonmez, Chairperson of the World Federation of Music Therapy (WFMT) Commission on Education, Training, and Accreditation. The next articles in Section 1 (Personal Perspectives) complete the endeavor to report upon music therapy training worldwide which began in the previous issue. Whereas Volume #8 contained articles reflecting the current status of music therapy training in fifteen European countries, this volume features eight articles on training from Argentina, Australia, Brazil, Canada, Israel, Russia, South Africa, and the United States. Each author describes the unique development of music therapy training in his or her country, giving us the opportunity to appreciate cultural differences in music therapy training across the globe.

Section 2 (National Perspectives) consists of short reports from countries who are still developing music therapy practice, and who do not yet have an established music therapy training. These authors, from China, Cuba, Hong Kong, Japan Korea, Mexico, New Zealand, Singapore, and Taiwan, offer us their view of the current status of music therapy in their country.

Section 3 (International Perspectives) contains announcements, and reports from international music therapy conferences and organizations. In this section, you will see significant evidence of this decade’s enhanced global professional exchange in regard music therapy clinical practice, education, and research.

For many of the authors who have contributed to this volume English is a second language. I have worked to maintain the integrity and individuality of each author’s voice. I hope that these articles will expand your view of music therapy across the globe. And I invite you to consider your own role in helping to deepen the individual practice of music therapy and in expanding its practice worldwide. It is an opportune time to increase our professional exchange through national and international
organizations, attending and presenting at conferences, making use of computer communications, and contributing our body of literature. Across the globe we are joining together, building power, establishing the international status of music therapy.

Acknowledgments

This volume was inspired by and is dedicated to music therapy educators worldwide. Special thanks to proofreaders Drew Hubbard and Jenny Martin Coughman for their vigilant attention to details, to Henk Smeijsters for his contributions to the design of companion volumes #8 and #9, to Cheryl Maranto for her help in contacting music therapists across the globe, to Andrea Frisch for her support of this volume, and to Marcia Broucek for her creative, hard work.

LISA SUMMER, M.C.A.T., RMT-BC, is Coordinator of Guided Imagery and Music Programs at the Bonny Foundation, teaching GIM in the U.S.A. and in Europe, and conducts a private practice in St. Thomas, Virgin Islands.
SECTION 1:

Personal Perspectives on Music Therapy Training
They Didn't Know
Because They Never Asked:
Cultural Issues in Music Therapy Training

Carolyn Kenny

We find ourselves part of a historical moment. Never before have we been so far away and yet so close to one another at the same time. Through the development of sophisticated media technology, global neighbors, who are geographically on the other side of the world, are all of a sudden in our living rooms. Transportation and communication systems have placed us all, in some ways, in the same story. No longer are we free from the images of starvation, war, dissent of others so seemingly far away. No longer can we close our eyes and pretend. We are all touched by each others' dilemmas and each other's stories.

Our presence in this historical moment offers special opportunities to educators worldwide. Our challenge is to prepare our students for cultural pluralism, an inevitable reality for global citizens. Music therapy educators have a responsibility to create training programs which prepare students for this reality and which offer the awareness, knowledge, and skills necessary to function in the new global community. It is time to take a serious look at our philosophy of education for music therapy and to transform our curricula to reflect leadership in preparation for the future.

Far too often we fall into the illusion that music therapy itself is an isolated culture. We are only recently beginning to formulate our identity worldwide, to define our "specialization." Yet now we are historically swept away into an escalated development, if we are to take our place and become an important voice in our rapidly changing societies, which so often are themselves attempting to come to terms with "identity."

Music therapy programs that integrate a creative arts therapies approach have learned something about this. Here we have a necessary interdisciplinary dialogue. Students and faculty are required to ask the question, "How are we alike and different amongst music, art, movement, drama, poetry?" This interdisciplinary dialogue can serve as a model for essential discursive processes central in cultural pluralism.
Serious questions must be asked by music therapy administrators and educators before we can truly say that we are leaders in our time. And it only seems natural that in a time when issues of "culture" are at the forefront, those engaged in "the arts" would come into their positions of leadership. Commentators on the dangers of dominant cultures often criticize altruistic liberal leaders addressing only economic and political approaches to marginalized groups by emphasizing the limited results of the "food and shelter" mentality. Their rationale is that as long as we consider these to be the only basic needs, marginalized groups will continue to be suppressed and oppressed because even though they have food and shelter, they are still deprived of their vehicles of expression, and thus their voices in the global story. They continue to be perceived as "less than" by the dominant group. The arts are food. They are also power. And it is through the art forms that we behold cultures as whole and complete with their own integrated stories, suffering and all.

Practical questions for music therapy training programs, regarding issues of culture would be:

- Does the body of administrators, educators, and students represent the demographics of the region? In other words, are all cultural groups in the region represented in music therapy programs? Equal representation, in and of itself, would transform programs because, in most cases, a variety of cultures would be represented. This is a research and recruitment question and initiates other questions:
  - Is music therapy relevant for all cultural groups?
  - How is care provided for health and healing in these groups?
  - Do minorities represented in the academic body truly represent their cultures, or have they had to sacrifice fundamental cultural values to acquire status in the dominant society?
  - What are the hazards of the "professional identity" when one wishes to serve particular cultural groups?
- Does the curriculum have one token "multicultural course," or is the entire curriculum infused with cultural issues? In other words, do all courses provide opportunities for serious dialogues in issues of culture?
- Does the curriculum have an emphasis on how to work together in groups in which there is a wide range of approaches and views? In other words, are we preparing our students to be in a position to understand group process and facilitation when "difference" is the key, to truly hear the position of the other, the voices of the others?
- Does the curriculum emphasize world musics? In other words, do we encourage our students to develop a wide vocabulary of music
in various cultural idioms, as well as knowledge about what the music means and how it functions in the various cultures, particularly how the musics serve to facilitate healing and change?

Studies have been done which attempt to identify the characteristics required for a successful multicultural therapist. Some of these characteristics are:

**Awareness and knowledge of one’s own cultural identity.** I find that in my teaching, many students have difficulty with the very concept of “culture.” In a sense this is natural, because culture is implied. We take it for granted. Only when there is a comparison with another who is “different,” do we become aware of our own culture. Often my introduction for students in the area of cultural awareness is to brainstorm with them saying “Let’s identify the elements of culture”. This is explored through an open systems field exercise which encourages students to articulate what culture means to them. Often one half of the elements produced by the students could be categorized as arts, expression, ritual. Through this, students come to appreciate that we all have customs and conventions which are culturally derived. They can ask questions about the difference between personal issues and cultural issues—a good beginning.

**A wide range of experience in different cultures.** Of course traveling, or being part of a bicultural family, or speaking a second language are obvious advantages. But sometimes students are not aware of the range of their cultural experience. I attempt to help them discover this range by taking a “cultural inventory,” which I describe as not only cultural, but “your experiences with difference.” This keeps the cultural category broad enough to include any other who is perceived as different. It also helps students begin to identify their own prejudice and bias.

**A high tolerance for paradox.** As the world becomes more and more complex, we see the tendency for black and white thinking escalating. People are overwhelmed with choices, with ideas presented by the media, with new moral dilemmas, with variety. Many students respond to this dilemma by avoiding complexity and paradox, when in fact, as educators, we have a responsibility to assist them in holding the tension. Music provides a beautiful model for tension and demonstrates the value of paradox and complexity. We help our students to
transfer this aesthetic reality into cognitive and affective domains.

**A capacity to embrace ambiguity.** Once again in the arts we have tremendous resources which demonstrate the value of ambiguity. Many great pieces of art, music, poetry derive their power from their plasticity, their fluidity, their mystery, allowing for "the space in-between." And notice that this characteristic does not suggest that we allow or tolerate ambiguity, but rather that we embrace it. In the classroom, once again this can be modeled through the arts themselves, through first hand reports of cultural experience, great prose pieces and essays, stories. It also can be modeled by educators who reject the intellectual archetype of the charismatic know-it-all. Rigidity and fundamentalism are the great enemies of the cultural dialogue. Occasionally say: "I don't know." Or, "I'm not sure yet," or "I have a sense, an intuition, but it's not clear yet."

**Resourcefulness and a good imagination.** Perhaps this is where those of us working in the areas of the arts have the most advantage. We must necessarily be resourceful and imaginative, or our work in music therapy will not be effective. I encourage my students early in courses through experiential methods. I have them create a "cultural collage" cutting and pasting images from magazines, while listening to some piece of music, which is itself a collage of the world, such as Peter Gabriel's "Passion." I conduct a meditation to help them identify an "other" within themselves, role play this other in a cultural interview with a peer, then process the experience.

There are many teaching methods which can encourage these fundamental characteristics. Yet, if we are committed to being sincere, we must resist the temptation to believe that there is one easy answer. Perhaps these characteristics should be monitored before students enter the classroom. Perhaps we should screen for applicants who are suitable to the work by including these characteristics in criteria for admission. Unless we view the task as multidimensional and complex, we are missing the mark. There are far too many programs in music therapy and other training fields which offer only token solutions to the cultural questions, or leave it out entirely. This is not a time for rhetoric, but rather for integrity and leadership.

For a long time we have known that artists are effective change agents in our societies. Yes, the stories contain power, the stories of the lives of people, of groups. We have also known that because artists often represent the voices of dissent, they too have been marginalized by many mainstream
societies, and perceived as dangerous, because they challenge the status quo.

How ironic for those of us who are music therapists and have been a part of so many lives which have benefitted from "the arts." We see positive results in individual change. And we can be a part of positive results for social change as well.

But this means taking a position of leadership when it comes to cultural pluralism; not just token gestures on behalf of a pop phenomenon, but a deep reflection about what it really means for ourselves, our students, our clients worldwide, our future as professionals in a multicultural society. If we ask these questions and take action based upon intelligent and sincere dialogue, compassion, and maturity as global citizens, we can participate in our historical moment fully.

Do we have an awareness and knowledge of our own culture of music therapy and how it is related to other professional cultures? Have we identified our "cultural music therapies"? In other words, how does the sphere of influence of "culture" effect the way we construct music therapy philosophy, theory, and practice in each of our regions and countries? Can we sit at the table and discuss our similarities and our differences clearly and compassionately? How do we deal with conflict in our own field? Do we meet each other with sincerity and authenticity? Or do we avoid, isolate, pretend, or cover up?

And most important, do we design our training programs to generate questions as well as answers. In cultural stories, too often we hear: "They didn't know because they never asked."

CAROLYN KENNY, Ph.D., CMT, MTA, has been practicing and teaching music therapy for 25 years. Currently she is teaching at Capilano College in Vancouver, British Columbia, and working towards establishing advanced music therapy training in Canada.

She is editor of Listening, Playing, Creating: Essays on the Power of Sound, a collection of essays published by the State University of New York Press this year. Her clinical work and theoretical teachings are chronicled in other publications including two music therapy textbooks. ADDRESS: Capilano College; Department of Music Therapy; 2055 Purcell Way; N. Vancouver, British Columbia V7J 3H5; Canada; PHONE: 604-986-1911 x2306; FAX: 604-984-4993.
Beyond Entry-Level Training

Barbara Hesser

Music therapy is the conscious use of sound, tone and music for the increased mental, physical, emotional and spiritual health of people of all ages. I define music therapy broadly in an effort to be inclusive rather than to set rigid guidelines about the many potential and varied uses that music can have. Music can be used for remediation of problems in all areas of functioning as well as to prevent problems and increase the well-being of clients.

Recently, due to the many possible ways that music can be used and the wide variety of people who can benefit from music therapy, specializations are beginning to emerge in the field of music therapy. It is encouraging that the uses of music in/as therapy have grown to such an extent that we need to specialize. There seem to be four large areas emerging: Music in Medicine, Music in Psychotherapy, Sound and Music Healing, and Music in Special Education.

In addition to the two American music therapy associations, special organizations have been formed to develop these areas of specialization such as: The International Society for Music in Medicine, Med Arts International, The International Association of Music for the Handicapped, and very soon there will be a Sound Healers Association. There has been a great deal of attention focused on these specialization areas recently through increased press coverage, governmental action, new journals, and national and international conferences.

This new trend toward specialization raises interesting and important questions for our profession and will naturally impact upon the future of our education and training programs. More students will be seeking training in specialized areas of music therapy. In light of these changes in our profession, we will need to reevaluate our education and training policies and procedures, and focus our attention upon creating innovative advanced training programs which offer training in these specific areas of music therapy.

The American Association for Music Therapy currently uses competencies (Bruscia, Hesser & Boxill, 1981) to guide entry-level training. Entry-level training programs (bachelors degrees and equivalencies) are designed to offer beginning students a broad understanding of the field of music therapy. Students are encouraged to develop a basic understanding of established music therapy approaches and their application to many different client populations. They are taught to assess clients, plan and carry out music therapy treatment, and to evaluate this process. The student is encouraged to develop flexible musical skills that can be applied with a wide range of clinical populations. This training is intended to prepare the music therapist to enter the job market with a basic understanding of the profession.
Currently, certification in music therapy in the U.S. is at the entry level. Comparatively few music therapists in the U.S. have undertaken advanced clinical training in music therapy, but the numbers are growing. At the present time there are very few colleges, universities, or post graduate institutes that are offering advanced clinical training programs.

We will want to develop more masters, doctoral, and post graduate training programs in music therapy to provide the advanced training that will be needed in the coming years. We need to encourage entry-level therapists to continue their education in order to better prepare them for our growing profession.

The music therapy organizations need to create competencies that address the various skills and knowledge needed by advanced clinicians. Perhaps an advanced credential for music therapy will also need to be developed, such as the ACMT (Advanced Certified Music Therapist) recently established by the American Association for Music Therapy.

It will be difficult for any one university or college to offer the expert music therapy staff and curriculum required for training students in every area of advanced practice. Each college or university could offer a specialization which emphasizes the strengths and talents of its music therapy faculty and affiliated clinical programs and supervisors. Each graduate program can specify particular advanced competencies upon which their training will focus. Different advanced competencies can be addressed in masters degrees, doctoral degrees and post graduate training programs. Each advanced specialization might necessitate a different type and length of training.

I have devoted my professional life to the exploration of advanced music therapy training. Many years ago I closed the entry-level music therapy program at New York University to focus exclusively on advanced clinical training. The U.S. had many entry-level programs at that time and few advanced training programs. I have developed both a masters and doctoral degree program in music therapy, and explored different types of post graduate training institutes for clinicians who do not wish to pursue a doctoral degree. Although a fuller discussion of this important topic is beyond the scope of this article, I would like to begin a dialogue on the important issues.

It seems to me that a masters degree program is the ideal place to offer entry-level music therapists an opportunity to develop advanced competencies in one area of treatment (music medicine, music psychotherapy, sound and music healing or music in special education), with one specific client population (psychiatric adults and children, etc.) and/or in one specific music therapy approach (i.e., Nordoff Robbins). If a student does not choose to use an approach that has already been developed they can be assisted to develop their own unique treatment approach which is based on their personal world view, musical skills and abilities.
Because of my clinical interests and the expertise of my current clinical faculty, I have begun to focus my advanced training programs on the area of Music Psychotherapy. Students are carefully auditioned and interviewed and we select those students who demonstrate the ability and readiness to practice in this particular specialization. While in the graduate program, all students are either working as a music therapist or they are in a supervised clinical placement. The masters-level competencies for this program are:

1. To select a patient population and study in depth the problems that affect these clients (i.e., mental, emotional, physical, spiritual, sociological, ethical, etc.).
2. To develop a music therapy treatment approach that is best suited to the needs of the clients and the skills and abilities of the therapist.
3. To develop a theoretical framework for their treatment approach.
4. To develop an in-depth understanding of the dynamics and process of individual and group therapy for this population.
5. To expand the student's ability to use music in their treatment approach.
6. To expand the student's personal awareness and help them recognize the impact of their personality on the music therapy process.

The doctoral degree is designed for practicing music therapy clinicians with many years of clinical experience as well as a music therapy masters degree. We choose professionals who have a well developed clinical music therapy approach. The doctoral curriculum offers advanced competencies in the areas of qualitative clinical research, advanced music therapy supervision, teaching and administration skills. I believe qualitative research is an area that needs exploration and application in the field of music therapy, and allows the advanced clinician an in-depth study of the process of their clinical work.

Our post graduate institutes in music therapy at this time are designed for advanced clinicians who wish to deepen their clinical expertise in one specific approach to music therapy. Institute programs which lead to certification are currently available in Nordoff Robbins and The Bonny Method of Guided Imagery and Music. We are also exploring the possibility of an integrative music psychotherapy institute that offers one core curriculum and a number of possible specializations which are practiced by different faculty.

Although training is different all over the world, most countries still focus most of their music therapy training on entry-level practice. In the late seventies and early eighties there were several important international symposia, that focused specifically on education and training. At that time the discussion was centered on entry-level training. I hope that this article will stimulate a forum for discussion among the world community. It is
important that we continue to come together in small international groups to share our ideas on advanced-level training.

Reference

BARBARA HESSER, MA, CMT, is Director of Music Therapy Education at New York University, including a master and doctorate of the arts degree programs; and Project Director of the Nordoff/Robbins Music Therapy Clinic. She is also a GIM Fellow in private practice. ADDRESS: New York University; Music Therapy Program; 777 Education Building; 35 West 4th Street; NY, NY 10003; PHONE: 212-998-5452; FAX: 212-995-4043.
Special Report from The World Federation of Music Therapy Commission on Education, Training and Accreditation

Denise Erdonmez

In 1992, the World Federation of Music Therapy and the European Music Therapy Committee joined forces to devise a comprehensive questionnaire on music therapy training courses throughout the world. The questionnaire was devised by Tony Wigram, Denise Erdonmez and Hanne Mette Kortegaard.

A list of training courses in each country was developed from a number of sources. A total of 140 courses were found to exist in 27 countries of the world, with the predominant number being offered in the U.S.A. (a total of 69), and the remaining 71 spread throughout the other 26 countries.

In distributing the questionnaire, a sample of courses in the U.S.A. was chosen. Questionnaires were sent to each of the remaining courses in the remaining 26 countries in which music therapy training exists.

The following core areas of study were surveyed:

1. Music studies—practical, theoretical, history etc.
2. Music therapy studies—philosophies and theories
3. Music therapy methods—analytical, creative, receptive and specific methods
4. Music therapy in disability areas—child and adult clients
5. Medical/psychology/scientific studies
6. Clinical practice—number of hours required and content
7. Personal development of students
8. Accreditation of the course

Four course categories were identified from the responses:

1. Comprehensive courses (e.g., 3-4-5-year undergraduate degree programs and 1-2 year post-graduate programs), ideally leading to accreditation
2. Programs following specialist theories or approaches—e.g., Nordoff-Robbins Music Therapy and Ontopsychological Music Therapy
3. Introductory courses—which may prepare students for full comprehensive courses, or may be the only training available in some countries struggling to pioneer music therapy
4. Creative arts therapies courses (where music therapy is one of several creative arts therapies taught)
The common areas taught in all courses were:

1. Music therapy philosophies, theories, methods and techniques
2. A range of disabling conditions, diseases and illnesses
3. Clinical training is required in all courses

In terms of other "core" areas of study (i.e., music, psychology studies, medical studies), there were large differences both in length and depth of study. The major difference however, was in the length of the courses. The shortest course (of the institutions responding to the questionnaire) was one year, the longest, 5 1/2 years. There was a large discrepancy between these two figures. The difference in length of training has obvious implications for the depth of study that is offered. Clinical training hours, for example, ranged from 12 hours (the lowest) to 1344 hours (the highest).

Most courses selected students on the basis of interview and audition, and selection was made on entry to the course. The age of students in undergraduate courses was mostly in the 18-21 years age bracket (52%). Post-graduate courses attracted older students—33% in the 25-30 year old bracket and 30% in the 30+ age range.

In response to a question about the philosophy of the course, most identified the course as eclectic in breadth, humanistic/existential in philosophy; and oriented to music, medicine, and/or psychology.

In the section on music studies there was a wide range of responses. Post-graduate courses which required students to have a Bachelor of Music degree on entry had no further music requirements in the post-graduate course. Two of the post-graduate courses, and three of the private courses, however, did not require music practical skills at all. This would suggest that the students in these courses were not practicing/performing musicians. We asked about various theories of music therapy taught, and found interesting results based on geographical areas. Theories such as behavioral, humanistic and existential tended to be covered by the majority of courses; however, the theories of Klein, Winnicott, and Bion generally were not taught in the U.S.A., Canada, Australia, or South Africa, whereas they were taught either at basic or in-depth level in Europe and Argentina.

The greatest commonality was found in the response to music therapy methods. Most courses taught clinical improvisation, psychotherapeutic techniques and the use of songs in therapy. The next most common techniques taught were: analytical approaches, receptive techniques, activity based methods, and movement and music. Less common approaches were: relaxation techniques, music and imagery, Orff techniques, music and art, music and drama, and physiological applications. The use of technology (computers, recording equipment) was least taught.

The client populations covered in training courses tended to be similar, with the field of psychiatry being taught in all but three courses. Other areas most often taught included: intellectual impairment (mentally
handicapped), physically handicapped, sensory impaired, communication disorders, autism and emotional disorders. The less common areas taught were: “normal” clients, older adults (the aged), terminally ill, and dementia. The areas least taught were: artists, offenders/prisoners, HIV/AIDS, substance abuse, medical problems, neurological conditions, prevention of disease, pregnancy and childbirth.

There were wide differences in the degree of medical studies undertaken—some courses not offering subjects such as physiology and anatomy, and other courses requiring in-depth studies in these areas.

In the area of psychology studies, most courses required an in-depth study of normal development, abnormal development and group processes. Areas studied at basic level include grief counselling and bereavement, family therapy and general counselling skills.

The question regarding clinical training had poor reliability. The questionnaire did not take into account that clinical training hours occur after the completion of university training in the U.S.A. (and possibly elsewhere). Some respondents in the U.S.A. referred to the 1040 hours required after completion of the course, and other respondents didn’t. The results were quite varied across all respondents: 12 hours the lowest response, 1344 the highest response. In response to a question about how many clinical areas were included in clinical training, most courses required three or more different areas. Most courses included case analysis, assessment, program design, evaluation and closure to programs in their clinical training requirements. Most courses required direct supervision and group supervision to be given by a qualified music therapist. Maintaining notes about client progress was required by most courses and an ethical code of practice was taught and maintained by most.

The question about personal development of students raised interesting results. Most courses did not require students to undertake personal therapy within the course, and several course directors commented that they felt it was unethical to do so. Group music therapy for students was conducted in a few courses, one course requiring 200 hours or more in group music therapy experience for students. In response to the question of whether personal development was monitored, most respondents stated that it was monitored by periodic discussions with staff.

On the question of students being counselled out of the course, most training institutions stated that this occurred if the student failed the required subjects—that is, academic standards were the deciding factor. A few course directors stated that they counselled unsuitable students out of the course with supervision.

The rate of students dropping out of courses tended to be 10% for undergraduate degree courses, 6% for post-graduate courses and 20% for privately run courses. The fail rate for private courses was 25%. This finding suggests that students being taught within privately run courses may have difficulty meeting the requirements, or perhaps in maintaining motivation.
In terms of recognition of the course, 25% mentioned that their course was not recognized by a government agency. Most were recognized by an academic institution, and by the music therapy profession.

Future Developments

The next stage of development for the Commission on Education, Training and Accreditation is to identify common modules of study in the four categories of courses, and to develop Model Guidelines for each. The Commission will also maintain a register of courses throughout the world.

It is not the intention of the World Federation to examine, monitor or pass judgment on the music therapy training courses of the world. Instead, the World Federation will devise Guidelines for training programs so that institutions wishing to develop a full, comprehensive course may have a document to refer to. In those countries where music therapy is not recognized by government bodies, the Guidelines may prove helpful in efforts to have the training course recognized.

The results of this questionnaire have been immensely helpful in identifying the length, breadth and scope of training in music therapy which is offered across the globe. The next step is to gain further insight into the depth and essence of the studies offered. Future surveys will be conducted within each of the four course categories to determine the essence of the training goals and purposes.

DENISE ERDONMEZ, M.Mus., AMT-BC, is the founder of the music therapy course at the University of Melbourne, and a co-founder of the Australian Music Therapy Association. She has served two terms as President of AMTA. Presently she is Chair of the Commission of Education, Training and Accreditation of the World Federation of Music Therapy. ADDRESS: University of Melbourne; Faculty of Music; Parkville, Victoria 3052; Australia; PHONE: 613-344-5259; FAX: 613-344-5346.
Music Therapy in Argentina

Diego Schapira

The history of music therapy in Argentina began almost three decades ago, and throughout these years of development the field has flourished. Of the approximately 1,300 music therapists, 95% have graduated from the Faculty of Medicine of the University of El Salvador (a private school), a three year program (38 subjects—approximately 2,600 hours) which culminates in a university degree. This program was founded in 1966 by Dr. Julio Bernaldo de Quirós. Dr. Rolando Benenzon was in charge of the Headmaster’s Office for more than fifteen years.

In 1989, a new three year program was created at the Instituto Superior del Parana (private school) in the city of Rosario, Province of Santa Fé. In 1994, a new music therapy program was established in the Faculty of Psychology of the University of Buenos Aires (a state university).

This is a brief summary of music therapy programs through 1994. It must be noted, however, that since 1993, the Asociación de Musicoterapeutas de la Republica Argentina (A.MU.RA.—Music Therapists Association of the Argentine Republic) has offered a post-graduate course on clinical music therapy in the city of Rosario, exclusively geared for music therapists. This one year program consists of two annual courses: Research in Music Therapy and Didactic Music Therapy; as well as four 4-month courses: Music Therapy in Mental Health I (children and teenagers), Music Therapy in Mental Health II (adults and the aged), Music Therapy for the Motor and Neuromotor Disabled and Music Therapy for the Sensoperceptive Disabled.

The duration of the various music therapy programs is related to the three kinds of university programs in Argentina, and is an important variable to be considered since a program’s length affects its scope. The programs are either three years or less (short courses), 4-5 years in duration or a bachelors degree, or a Ph.D.

Until 1994, specializations were studied within the framework of the Argentine short course. Unfortunately, this situation has limited the development of music therapists here. For example, although music therapists working in hospitals are sufficiently qualified, they are not permitted to serve as chief of a department. This educational limitation has
also prevented the passing of a law to enable music therapists to become administrators in private mental health institutions or in rehabilitation centers for the disabled.

**Necessary changes for a new perspective**

Aware of these difficulties, the music therapy community (joined mainly under A.MU.R.A.) and the different music therapy programs worked together to create a more in-depth training. The result of these negotiations was the closing of the Rosario short course in favor of a five-year masters course. Beginning in 1995, this program is offered by the recently founded Universidad Abierta Interamericana (Open Interamerican University, private school).

Concomitantly, the University of El Salvador program advanced its program to offer a four year masters degree, still granting the music therapy degree in three years. The lengthening of the music therapy programs will influence the scope of music therapy in the near future, and it is possible to foresee an advancement for music therapy in the hierarchical structure of the disciplines of health technologies and sciences.

The work of professional music therapists in Argentina within the last few decades has brought about the following accomplishments.

1. The profile of Argentinean music therapy has been clearly defined within traditional settings such as in clinical work with clients with illnesses such as psychosis, neuromotor and sensoperceptive disabilities. Advances in music therapy epistemology and professional ethics have contributed towards a professional profile.

2. The establishment of the role of music therapy in traditional settings has given us the credibility to expand our practice with other clientele, and has resulted in the development of new specializations in clinical practice. Important advances have been achieved in the treatment of neurosis and addictions, the learning disabled, eating disorders, symptomatic and asymptomatic HIV virus carriers, and the terminally ill as well as with patients in hemodialysis, intensive care treatment, and in childbirth.

3. Because of the theoretical and technical advances in our clinical practice music therapy is now considered effective as a primary treatment option for patients. In addition, music therapy has become an accepted modality within the growing field of preventive treatment.

4. Music therapy is now considered as a treatment modality in the plans for the reform of the mental health treatment system on our continent, which has been formalized through the Caracas Declaration in 1990, and through the Mar del Plata Document, in 1991, published by the Organización Panamericana de la Salud (Panamerican Health Organization).
Finally this year, music therapy in Argentina has grown beyond its previously restricted status to become recognized in academia. In my opinion, this is a positive step since the concept of music therapy as a post-graduate specialization of other disciplines is outdated. Now, the field of music therapy, the study of man in relation to the world of sounds in which he is immersed, has gained its own epistemological and academic autonomy.

DIEGO SCHAPIRA graduated from the University of El Salvador. He is an appointed Teacher in the Post Graduate Course of Clinical Music Therapy, Didactic Music Therapy Department; Supervisor of the Music Therapy Area in the Centro Nacional de Reeducación Social (National Center of Social Reeducation and the National Hospital for Rehabilitation of Addiction; Past President of A.MU.R.A.; and a member of the World Federation of Music Therapy Council, Chair of the Ethics and Research Commission. ADDRESS: Zapata 542 5th floor (1426); Buenos Aires, Argentina; PHONE/FAX: 01-772-6467 or 01-775-8725.
Music Therapy Training in Australia

Denise Erdonmez

History of the Development of Training Courses

The University of Melbourne established the first training course in music therapy in 1978. For many years this was the only course available, and a large majority of practicing music therapists in Australia are graduates of this course.

The University of Queensland established training courses in music therapy in 1991, and in 1994 two courses were established in Sydney, New South Wales: at the University of Technology in Sydney, and the Nordoff-Robbins Music Therapy Centre in Sydney, New South Wales.

Context

The tertiary education system in Australia has traditionally offered undergraduate degree courses and post-graduate courses at master’s and Ph.D. level. We also offer Graduate Diploma courses, which are designed for people with existing tertiary qualifications to make a career change. The Graduate Diploma courses are fee-paying.

The music therapy courses in Australia are offered at three levels. The four-year undergraduate degree courses are best suited to students leaving secondary school—The University of Melbourne, and The University of Queensland. Graduate Diploma courses are best suited to people with tertiary qualifications making a career change to music therapy—The University of Melbourne (2 years full time), The University of Queensland (1 year full time), The University of Technology, Sydney (2 years part time), and the Nordoff-Robbins Music Therapy Centre, Australia (1 year full time). Master and Ph.D. degrees are available, as well—The University of Melbourne, and The University of Queensland. The University of Melbourne also offers a 2-year part time course at Advanced level in the Bonny Method of Guided Imagery and Music (GIM).

Therapeutic Orientation

The University based courses have adopted an eclectic approach to music therapy education, preparing students for clinical work with clients of all ages and a wide range of special needs. Different theoretical approaches are covered so that graduates have an understanding of various contexts in which music therapy is practiced.

The Nordoff-Robbins music therapy course teaches the theory and practice of Nordoff-Robbins music therapy as it applies to work with children and adult clients. Therapists from different clinical backgrounds give presentations to students throughout the course.
Credentials

Registration with the Australian Music Therapy Association is required in order to practice as a music therapist in Australia. All graduates of Australian courses are eligible to apply for registration with A.M.T.A. upon completion of academic studies and the required 1040 hours of supervised clinical training. Graduates of music therapy courses in other countries may also apply for registration with the AMTA Inc. At present, applications are reviewed according to equivalency of standards in clinical practice, theoretical knowledge, and written case material. As registration in Australia is moving toward a competency based credentials system, the current procedure will be reviewed.

In the State of Victoria there is a government specification (called an "industrial award") for music therapy, giving details of educational requirements, job description, and salary scale. Music therapists are paid on a salary equivalent with occupational, physio- and speech therapists.

Future Developments

At present all music therapy courses in Australia are located on the east coast of the country. The State of Western Australia is enjoying a period of growth in the number of music therapists practicing there, and new jobs are being created. It is hoped that in future years a course may develop there and in the State of South Australia.

Factors Which Influence Training in Australia

It is difficult for music therapists to secure full time employment in hospitals and health facilities in Australia. This is partly due to a continuing recession, but also due to changes in the way health funding is administered. "Case mix" funding is a system whereby hospitals are funded for provision of services to patients based upon prescribed professional services. At present it is difficult to argue for music therapy services in hospitals which are geared towards servicing the highest number of patients, rather than the quality of that service.

Nursing homes (homes for the aged) continue to employ music therapists in large numbers, but the positions are part time so that music therapists do not have the avenues for promotion and for a career structure. It is essential for music therapy students to gain skills in promoting music therapy, establishing new programs and providing in-service education to professional colleagues. These skills are being taught within the music therapy training programs.

A second factor which influences training is that Australia is increasingly becoming a multicultural country. Clients in music therapy sessions may come from diverse cultural backgrounds and our music therapy graduates need to know familiar songs from European and Asian countries to engage clients in music of their specific cultures.

The strength of all four courses in music therapy in Australia lies in the integration of clinical training requirements within the course structure,
so that students bring their clinical experience into the seminar room for discussion of goals of therapy, methods utilized, issues and difficulties arising from clinical practice. This encourages students to discuss their music therapy practice and to gain confidence in the peer group context.

DENISE ERDONMEZ, M.Mus., AMT-BC, was the founder of the music therapy course at the University of Melbourne and co-founder of the Australian Music Therapy Association. She is a Fellow in the Bonny Method of Guided Imagery and Music (GIM) and has recently introduced training in this method at the University of Melbourne. Presently she chairs the Commission on Education, Training and Accreditation of the World Federation of Music Therapy. ADDRESS: The University of Melbourne; Faculty of Music; Parkville, Victoria; Australia 3052; PHONE: +61-3-344-5256; FAX: +61-3-344-5346.
Current Status of Music Therapy Training in Brazil

Lia Rejane Mendes Barcellos

The origins of music therapy in Brazil can be traced back to music education, which was very important in the country in the 1950’s. The first music therapy courses were established to train music educators from private and public schools. This first training grew and expanded through interfacing with other training sites at special education schools as well as in psychiatric clinics. As a result the professors directing these courses realized the importance of the use of music as a therapeutic medium as well as the necessity of providing quality training to professionals. They understood that music therapy training would need to sufficiently prepare professionals to join interdisciplinary teams working in special education, rehabilitation, and mental health. Thus, in 1972, at the Brazilian Music Conservatory (the CBM), a private school in Rio de Janeiro, the first music therapy program was established on the initiative of three music educators: Cecilia Conde (currently directing the course), Doris Hoyer de Carvalho, and Gabriele de Souza e Silva. It should be noted that these directors came to the program with expertise in various areas: psychiatry, special education, and rehabilitation, respectively. In my opinion, this diversity contributed to the gradual clarification of the definition and limits of music therapy and music education which occurred under the supervision of the Argentinian psychiatrist and music therapist, Dr. Rolando Benenzon.

In 1969, Clotilde Leining, a music therapist organized a specialized post-graduate program in music therapy at the State School of Education of Parana (in the southern part of the country). This program was offered to music education graduates until 1980 when it was converted into a four-year undergraduate training program. In 1985, in Sao Paulo, another training program was created at the private school, Marcelo Tupinamba School, whose director is Dr. Carlos Randi. In 1992 a post-graduate program in music therapy was set up at the Brazilian Music Conservatory of Rio de Janeiro. Subsequently, another post-graduate program was established at the Marcelo Tupinamba School; and in 1993, in Goiania, (in the central-western region) a post-graduate training program in Music Therapy in Special Education was founded. This is the first music therapy program to be offered in a Federal University in Brazil. Most recently, two additional undergraduate programs have been established: one in Salvador, Bahia, at the Catholic University of Salvador and the other in the interior of Sao Paulo in Ribeirao Preto at a private university.

All five of the undergraduate programs in Brazil are 4 - 4 1/2 year (full time) programs. Their classes take place in one period, and the practical work and supervision in another (morning and afternoon, for example).
The basic requirements for entry to the undergraduate programs include: completion of secondary education; a music examination (music theory, basic aural skills, instrumental or voice, including execution—equivalent to the third technical level, improvisation and sight-reading ability); a university entrance examination assessing general knowledge in sciences, humanities, and languages; and an interview. The courses in Bahia and Sao Paulo do not require previous musical knowledge, but the directors are contemplating the possibility of offering a preparatory course in music for students before they enter the program.

In order to be admitted to the Post Graduate program at the CBM of Rio de Janeiro the requirements are as follows: a degree in music therapy or a related field such as health or music; a theoretical test on a theme related to music and/or music therapy; a language test (English, French or German); a music test; as well as an interview. Candidates who have a music background take 90 hours in music therapy and, at the same time, study human biology, neurology and psychiatry.

Other states such as Rio Grande do Sul, Minas Gerais and Sta. Catarina which do not have training programs, nevertheless, are carrying out clinical work in music therapy and they have established music therapy associations which organize introductory courses and national events such as symposia. Some summer programs in these states also include introductory courses in music therapy in their coursework.

The music therapy courses in Brazil do not have any specific theoretical approach, although they emphasize the humanistic/existential approach. However, the programs include amongst their various curricula approaches such as psychoanalysis, Jungian psychology, gestalt and behaviorism, so that the students have a broad background, and may choose the theoretical basis which is most appropriate for them.

In Brazil there is no central body qualifying music therapists to carry out their profession; in fact, this has not yet been properly regulated. Nevertheless, there are many institutions, including governmental facilities, which include music therapists as a part of their interdisciplinary teams. Many of these institutions choose music therapists through a public examination.

Music therapy courses are closely linked to the nine Music Therapy Associations in Brazil, which are presently organized into a Brazilian Federation to take care of professional matters at a national level.

The fact that music is one of the most prominent forms of cultural expression in Brazil, has influenced, without doubt, the creation of various music therapy programs. The presence of the music of folk culture is felt in clinical practice through rhythmic and melodic contrasts, scales characteristic of specific regions of the country, and harmonies. These folk elements are equally prevalent in improvisation, as they are in songs brought by patients and music therapists. Instruments which are part of the country's folk culture are selected and used with ease by patients. Dances, games and other aspects of folk culture are performed by some
music therapists and are well accepted by patients. Pieces of music associated with religious practices of African origin, such as Candomble, are re-created by patients. The movements, dances and instruments of these practices are also frequently part of the expression of the patient’s inner experiences. Radio and television has had a marked influence upon Brazilian culture in popularizing certain types of music, such as country music. This has contributed to an expansion of styles, singers, composers, and instruments, utilized by patients since they are currently in vogue. Sometimes the specific music of the culture is the “common ground” between the music therapist and the patient, thus allowing a connection to develop with ease. This common ground may also function as a means of creating and/or maintaining the link between the patient and reality.

Some events such as the VI World Congress of Music Therapy and the Latin American Music Therapy Meeting held in September 1994, by the CBM and the Music Therapy Association of Rio de Janeiro, among others, have contributed greatly to the development of music therapy in this country. This second event was intended to initiate debate on the social situation in Latin America, and regarding music therapy’s role with clientele such as drug addicts, prisoners, juvenile offenders, and homeless children. This event has already had an impact upon the authorities of the State of Rio de Janeiro who included music therapy in a recent examination in order to contract professionals to work with these clients. The Latin American Music Therapy Meeting has certainly had an impact, not only upon employment policies with relation to music therapy, but also in the clinical practice and training of music therapists. Music therapy programs have already begun to raise the awareness of students regarding the social problems prevalent in Brazil, including the growing incidence of AIDS, encouraging them to address these problems in their practice of music therapy.

In my opinion, however, music therapy must develop even further. Brazilian music therapists need greater incentive for research, the possibility of publishing and translating literature, governmental scholarships to study in other countries, a strengthening of professional identity, and a greater awareness of the professional associations.

The importance of music and creativity in Brazilian folk culture have helped to quickly advance the development of the Brazilian music therapist to a level comparable to countries which have an academic tradition in the field. The profession of music therapy in Brazil is growing, and there is ample evidence that music therapy can, and will continue to, play a role in improving the quality of life of the Brazilian people.

LIA REJANE MENDES BARCELLOS, Clinical Music Therapist, is the Former Coordinator of the Music Therapy Program in the Conservatorio Brasileiro de Musica. She is a professor in this program, a member of the Director Council, and President of the Clinical Practice Commission of the World Federation of Music Therapy. ADDRESS: Rua Guilhermina Guinle, 74/1402; 22270-060 - Rio de Janeiro, RJ; Brazil; PHONE/FAX: 021-240-6131.
Music Therapy Education in Canada:  
A Cooperative Effort  

Connie Isenberg-Grzeda

The first music therapy program in Canada was established at Capilano College in Vancouver, British Columbia in 1976. Nine years later (1985) and almost three thousand miles away, the second music therapy program was established at the University of Quebec in Montreal, in Montreal, Quebec. The inception of the third and fourth, and geographically more central, training programs followed in rapid succession, at Wilfrid Laurier University in Waterloo, Ontario in 1986 and at the University of Windsor in Windsor, Ontario in 1990.

The program at Capilano College, originally a two-year diploma program, became a four-year bachelor’s-level program in 1990, the degree being granted by the Open University of British Columbia. The bachelor’s-level program at the University of Windsor, initially a joint program with Wayne State University in Detroit, Michigan just became an independent program in the fall of 1994. So now, all four of these trainings are bachelor’s-level programs followed by a 1000-hour supervised internship which is required by the Canadian Association for Music Therapy prior to seeking accreditation from the association. The University of Quebec in Montreal has not yet integrated this internship into its formal program.

The Canadian Association for Music Therapy serves as the central body establishing standards for the accreditation of individual music therapists and for the approval of music therapy training programs. Several years ago the Education Committee of the association established an Education Sub-committee mandated to develop and revise the CAMT Music Therapy Competencies list, the CAMT Music Therapy Curriculum Guide, the CAMT Guidelines for Entry into a Music Therapy Program, and the CAMT Standards and Procedures for Approval of Education Programs. This sub-committee includes the designated director/coordinator of each training program in the country. What has been most remarkable in this work is the degree of collaboration and cooperation, as well as a willingness to approve standards considered to be in the best interest of the profession, despite the fact that one’s own university might be unable to meet the standards in the short-term. How is it that these educators have managed to arrive at agreement by placing the needs of the profession before the security of their own program? Has the committee been perceived as a source of support for requests at the individual university level rather than as a source of competition or threat; and if so, how can we understand this?

Certainly we, as music therapy educators in Canada, have each struggled with our own images of the “ideal” training versus the “real” training that we are able to provide. At times we have lived as if both
co-exist, and this has helped us to achieve what otherwise might not have been attainable. At other times, we have allowed ourselves to act as if the two coincide and this attitude may on occasion lead to the creation of confusion for our students, as well as frustration for ourselves. I have felt the latter most acutely in relation to questions of the conceptualization of music therapy as an activity therapy within the context of an undergraduate-level educational system, and the resistance to this conceptualization on the part of some educators.

Adherence to a conceptualization of music therapy as a form of nonverbal or music psychotherapy rather than an activity therapy, when training occurs at an undergraduate level, has allowed for the mistaken belief that graduates of a bachelor's program can function as psychotherapists. It is possible that this misconception, combined with limited employment possibilities, has contributed to the intense interest in Guided Imagery and Music (GIM) manifested by graduates in Quebec and British Columbia. The somewhat dangerous assumption is that this type of technique will enable recent graduates to more easily find employment or become self-employed despite having no previous clinical experience.

The "ideal" that is confounded with the "real" in this instance has to do with the level at which music therapy training occurs. Although some of the educators in Canada strongly support basic music therapy training at the bachelor's level and others believe that it should occur at the master's level, the common meeting ground is in the belief that graduate programs must exist. I do not believe that it is coincidental that the first three of the four programs to be established are presently at varying stages of exploring, seeking approval for, and/or developing graduate training programs. Is the reality of a graduate program at any one of these universities being perceived as a source of support for requests at the other universities rather than as a source of competition or threat; and if so, how can we understand this?

There are countries in which particular training programs represent particular "schools" of music therapy. Whereas this may stimulate healthy debate, it may also generate rivalries and competitive feelings and strivings. Territoriality could be a natural offshoot of these feelings. The diversity of training and backgrounds of music therapy educators in Canada could easily have led to the establishment of "schools," but to the contrary, despite certain unique characteristics, there tends to be an underlying shared philosophical and clinical approach that transcends differences. The philosophical foundation tends to be humanistic. Music therapists are viewed as people first, musicians and therapists second. Belief in the centrality of music within the therapeutic process presupposes a need for the music therapist to be an accomplished musician. The development of improvisational skills is emphasized. The considered importance of the clinical component is manifested in the extensive practicum and field placement requirements.
How is it possible in a field characterized by as many definitions as there are clinicians, in a country characterized by diversity and differences, that music therapy education is characterized by a cooperative spirit? The following statistics offer some explanations: four university training programs; 111 accredited music therapists (as of fall 1993); 30,530,000 potential clients; 3,849,674 square miles! As these statistics depict, Canada is a vast country with very few music therapy training programs. Those that do exist are far enough removed from the others to effectively eliminate competition for students. The exchange of students across the country enriches each of the programs rather than depleting the source of students. Students that come from other parts of the country are viewed as gifts, bringing with them a different cultural heritage, a different music, a different way of being. They return to their homes bringing with them a part of the new culture to which they have been exposed. The geographic distance and the limited number of faculty members also serve to encourage mutual support as a way of combatting professional isolation.

Another factor that might contribute to this essentially noncompetitive system where decisions are made through negotiation is the predominance of female faculty members. The ways in which this has influenced the direction of music therapy training in Canada remains to be explored.

CONNIE ISENBERG-GRZEDA is a full-time music therapy professor at the University of Quebec in Montreal where she founded the first university-based music therapy training program in Canada. She is one of the charter members of the Canadian Association for Music Therapy and has remained actively involved in this association and the National Association for Music Therapy in various capacities over the last two decades. Her extensive clinical experience has been fueled by a commitment to a belief in music psychotherapy, leading her to pursue training in Guided Imagery and Music, marriage and family therapy, and psychodynamically-oriented psychotherapy. ADDRESS: University of Quebec in Montreal; Music Department; Pavillon de la Musique; Case Postale 8888, Succursale “Centre-Ville”; Montreal, Quebec; Canada H3C 3P8; PHONE: 514-987-8533; FAX: 514-987-4637.
Music Therapy in Israel

*Dorit Amir*

Current Status of Music Therapy Training

There are three music therapy training programs that are recognized by the Israeli Association of Creative and Expressive Therapies (I.C.E.T.). The music therapy program at Bar Ilan University in Ramat Gan is a joint program of the Department of Musicology and Psychology. This program was created in 1982 by Dr. Dorit Amir, ACMT, who has been its head since it started. It is the only music therapy program on a university level in Israel. The theoretical framework of the program is based upon the perception of music as a unique and powerful expressive-therapeutic phenomenon used within the fields of psychotherapy and medicine. Upon completion of two years of academic courses (theoretical and practical) and field work with various populations, a diploma as a “Music Therapist” is granted by the university.

The music therapy program at David Yellin College: Institute of Therapeutic Education in Jerusalem began in 1981 by Dr. Chava Sekeles, RMT (Isr.), who has been its director since that time. The approach utilized is the developmental-integrative model in music therapy. After two years of theoretical and practical studies, and field work, graduates of this program are awarded a professional diploma as a “Music Therapist.”

The music therapy program at the Levinsky College of Education in Tel Aviv combines music therapy and movement/dance therapy in special education. It was created in 1981 by Dalia Razin, M.A., DTR (Isr.). Ilana Shoham, M.A., M & DTR (Isr.) served as its director during the years 1988-1994, and since September 1994 Dr. Eti Avraham and Michal Armon have directed the program. Its theoretical perspective is based upon the perception that the elements of music and movement have much in common and resemble those systems from which human beings’ lives are composed. Therefore, music and movement/dance are integrated in therapy and in the coursework. After completing two years of theoretical and experiential studies combined with field work, a professional diploma as a “Teacher-Therapist in Music and Movement in Special Education” is conferred.

My Vision for the Future

Much has been written about the past and the present of music therapy in Israel. Therefore, I believe it is time to contemplate the future of the profession in terms of training and practice. To date, there is no advanced music therapy training in Israel. Most professional music therapists in Israel choose advancement through degrees in related fields such as psychology, social work, and psychotherapy; some travel abroad for advanced studies (Master’s and Doctorate) in music therapy. Within the
next 5-10 years, I believe that this situation will change. In the near future Bar Ilan University will offer a masters degree in music therapy. In addition, I hope that we will also have at least one program on a doctoral level.

When looking at music therapy from a scientific point of view, there are three areas to consider: practice, research and theory. The profession of music therapy in Israel has developed mainly around practice, while research and theory have been neglected. In the coming years we need to develop these two areas. We must encourage music therapists and other scholars to research our work in order to gain more knowledge about the meaning of music therapy. Research will help to establish theories regarding the unique healing power of music, which will have a direct impact upon practice. Hopefully, in the near future we will have a few research projects in music therapy underway.

The difficulties of writing about work in music therapy have been presented at conferences all over the world. Yet, we need to write if we want to become a well respected profession and to have a place among the other health related professions. In October 1992, the first issue of the Israeli journal, Therapy Through The Arts, was published. Its editors are Dr. Dorit Amir, ACMT, and Amira Lavi-Or, AT. My hope is the journal, which is published once per year in the Hebrew language, will encourage therapists to write more about their work by serving as a forum for sharing work and ideas with colleagues and other professionals.

Our national conference is usually held every other year. It is a joint conference for all the expressive therapy fields—Art Therapy, Music Therapy, Movement\Dance Therapy, Drama Therapy, Psychodrama and Bibliotherapy. In recent years we have grown tremendously in numbers of programs, students and professionals. Music therapists work in mental institutions and other settings and often feel lonely and isolated. It is difficult for these professionals to explain the work they do (sometimes even to themselves). I believe that the time is right to conduct our own conferences, symposiums and dialogues in music therapy. We have a lot to learn from each other.

In previous years we invited music therapy international leaders to come and teach here. The first, Professor Barbara Hesser from New York University, taught in the Rubin Academy of Music in Jerusalem in 1982; last year we hosted Clive and Carol Robbins, who taught their unique approach to music therapy in a three day intensive course in Jerusalem. We enjoyed these visits and learned a great deal. I would like to see more exchange with institutions from abroad. There is a great need for leading music therapists from all over the world to come and teach in our programs.

Last but not least, I want to share my vision for the near future. We enter a new era in the Middle East. The possibility of having peace and establishing normal relationships with our Arab neighbors becomes more real. We have a lot of fear but also great excitement and hope for the future. It will be wonderful to organize an international music therapy conference where music therapists from all over the world, and especially from our
neighboring Arab countries, will come to visit our beautiful country and share their work with us.

DORIT AMIR, DA, ACMT, is the head of the music therapy program at Bar Ilan University in Israel. She maintains a private practice and works with children and adults with various problems. Dr. Amir is the Co-Editor of the new Israeli journal: Therapy Through the Arts. ADDRESS: Bar-Ilan University; Department of Musicology; 52900 Ramat-Gan; PHONE: 03-5318 405; FAX: 03 5347 601.
The St. Petersburg Center for Music Therapy

Alan Wittenberg

Prologue

Russia is a land of greatness, struggle and spirit, and, perhaps most of all, soul. It is the people, along with the beauty and depth of their culture, which was most striking to a second-generation U.S. born New Yorker who now lives in rural Maine (Surry, population 990).

As elementary school students on Long Island, we were taught to protect ourselves against the Soviet threat through drills in which we crouched under heavy wooden desks and against hall lockers. It was beyond my imagination that some thirty years later I would have a strong connection with the people, culture, and development of a music therapy center in St. Petersburg, Russia.

Recently, I was deeply moved as I viewed the telecast of the peace agreement between Israel and Jordan. Perhaps we are becoming more understanding and forgiving; there is a real hope for harmony as we come a little closer to becoming “people of the earth together.”

Isn’t the essence of music therapy about coming together, coming closer, integrating and ultimately making contact? Isn’t it about listening, responding, stimulating and completing a Gestalt? The seeds for the St. Petersburg Center for Music Therapy (SPCMT) were planted through my Russian Jewish family heritage and nourished by visits to Russia with the Surry Opera Company (SOC) beginning in 1986; and now, the creation of the SPCMT is a most wonderful flower that is beginning to bloom.

St. Petersburg Center for Music Therapy

The SPCMT was conceived as a clinical and humanitarian project that would provide on-going music therapy treatment services and music therapy training programs for future Russian specialists. The SPCMT is a unique project in Russia today; it fosters the development of music therapy as well as promotes understanding, friendship, and international exchange. To my knowledge there are no other centers, training programs, university courses or credentials for music therapy in Russia. The SPCMT plans to develop a Russian association and journal for music therapy.

Following the approval of the SPCMT as an officially registered center with the city of St. Petersburg in August of 1993, we commenced our first two-year training program in October of 1993. There are approximately twenty four promising students enrolled in the first training program. A staff of clinical and medical specialists, musicians, guest lecturers, and consultants lead classes, workshops and practicums. The training program consists of six basic lines of study: music therapy methodology, process and
SECTION 1: PERSONAL PERSPECTIVES

literature, psychology, pathology, psychotherapy/group dynamics, music therapy clinical practicum, and special topic lectures in related fields.

Most recently, the SPCMT presented "Music Therapy: Making Contact" (MTMC) which took place in Bangor, Maine, USA August 4-14, 1994. MTMC was the third international conference presented by SPCMT, and it coincided with the first anniversary of the founding of the SPCMT. The prior conferences, "Music Therapy, Psychology and Pathology I and II," took place during the fall of 1992 and spring of 1993 in St. Petersburg, Russia.

Presenters, registrants and guests from Russia, Japan, Germany, France, Denmark and the U.S. were in attendance for the conferences. The MTMC conference was particularly meaningful, since it was the first time that Russians from the SPCMT presented their study and work in the field of music therapy in the U.S. In addition, eighteen presenters and registrants from Japan attended the MTMC. Alliances and, in some cases, exchanges have begun between the SPCMT and clinical and medical centers in St. Petersburg; the University of St. Petersburg; the College of Medical Technology; Kyoto University, Kyoto, Japan; the Institute of Psychology and Music Therapy at Paris V (Sorbonne) University, Paris, France; the Conservatory of Music in Tbilisi, Republic of Georgia; Studio 49 of Munich, Germany; the American Association for Music Therapy; and the Nordoff Robbins Music Therapy Clinic at New York University, New York. The SPCMT plans to publish or release the MTMC Conference proceedings which will contain reports and papers by Russian, Japanese, Georgian, and U.S. presenters.

The SPCMT and the MTMC Conference have made a meaningful beginning in the development of music therapy in Russia. In the future, the SPCMT would like to form an exchange network for the study and practice of music therapy with the A.A.M.T. and Kyoto University, as well as with other centers and countries.

The SPCMT is still fragile and is experiencing growing pains as Russian society tries to cope with its alarming rate of political, economic, and cultural change. Anyone wishing further information about the SPCMT or the MTMC proceedings, please contact Alan Wittenberg or Julia Firtich, SPCMT Administrative Director, 13 Millonaya St., St. Petersburg, Russia 191065, Tel. 812-315-0923, Fax 812-311-7758.

ALAN WITIENBERG, M.A., CMT, is a member of the A.A.M.T. He is the Founder/Director of the St. Petersburg Center for Music Therapy, St. Petersburg, Russia and maintains a consulting and clinical practice with several agencies in the state of Maine. ADDRESS: P.O. Box 141; Surry, ME 04684; U.S.A.; PHONE: 207-667-1308; FAX: 207-667-6752.
Music Therapy in South Africa

Sheila C. Woodward

The Music Therapy Society of Southern Africa has, for 22 years, advanced the cause of Music Therapy in South Africa. During this time the struggle for public and professional recognition has continued unabated. One of its goals has been the regular publication of The South African Journal of Music Therapy, containing articles, summaries, book reviews, and notices of relevant national and international events. Further aims have been the provision of in-service training for music therapists, and the development of public and government awareness of the profession. These have been achieved by holding lectures, workshops, seminars, national conferences, and through representation in political movements concerned with changing national medical, education and arts policies. A major event in the calendar of this society was the recent 2nd Biennial National Conference. The guest speakers were Oliver Sacks, author of the book Awakenings, and Concetta Tomaino, Director of Music Therapy at the Beth Abraham Hospital in New York, U.S.A. A high level of professionalism in the organization of the conference and in the papers presented, resulted in outstanding reviews from the public.

Music therapists have been active in South Africa for the past few decades, mostly having received their training at medical hospitals, clinics, educational institutions, children's homes, in private practice, and in communities. Clients who receive music therapy services are the physically and mentally disabled, geriatrics, persons with psychological and social disabilities, those suffering from language and communication disorders, the deaf and hearing impaired, victims of violence, children with learning disabilities, and others. However, the only official music therapy training offered in the field was a diploma at the University of Cape Town for several years during the 1980's. Unfortunately, this diploma was not recognized by the South African Medical and Dental Council (SAMDC) and was discontinued.

Since that time the society has striven to promote the establishment of recognized training courses throughout the country. At present, two degree courses have been approved by the relevant University authorities, one at the University of Cape Town (UCT) and one at the University of Durban-Westville. The former has the recognition of the South African Medical and Dental Council (approved by the Board of Occupational Therapy). Application has been made for the establishment of a board of Music Therapy on the SAMDC. It is considered of paramount importance that the courses include strong medical training, with the inclusion of psychology, anatomy, and physiology courses as well as a high concentration of clinical practice. The UCT Bachelor of Music (Therapy) course is a four-year program. Post-graduate courses are likely to be implemented at both the universities mentioned.
Currently, because of cutbacks in government funding to universities, departments are generally not being established without external funding. The figure required for a degree course is in the region of $75,000 per annum, to be committed by the funder for a minimum period of 7 years. If funding is found for the University of Cape Town, it is projected that applicants for the position of lecturer in music therapy will be solicited nationally and internationally. The assistance of the international community in the establishment of these courses is sincerely requested. With its recent political changes, South Africa is at the dawn of a new era, a time when music therapy can play a significant role in the healing of its people.

SHEILA C. WOODWARD is a music education specialist, lecturing and conducting research at the University of the Western Cape. She is Chairperson of the Cape branch of the Music Therapy Society of South Africa, and is committed to improving the status of music therapy in South Africa, and to the establishment of training and employment in the field. ADDRESS: c/o The Music Therapy Society of Southern Africa; P.O. 44482; Linden; 2104; South Africa; PHONE: 21-762-3523; FAX: 21-6851054.
Music Therapy Education in the United States of America

Paul Nolan

The education of the music therapist in the United States has been the topic of a great deal of research and literature. This article, regrettably, cannot list the numerous pertinent contributions due to limited space. Most of the literature is available through automated bibliographical retrieval systems. This contribution will attempt to briefly summarize the history of the profession in the U.S. while drawing a relationship between the development of the associations and educational developments. Issues related to the present state of education are addressed through input from music therapy program directors. A theoretical model presenting the relationship between clinical experience, communication within the profession, and development of clinical education competencies is offered.

History

As can be found in all countries, the history of music and healing, or health care, is as old as recorded history. The history of music and health care in the U.S. is long and rich. For an excellent description of the history of music therapy in the United States, see An Introduction to Music Therapy, Theory and Practice (Chapter 2) by Davis, Gfeller, and Thaut, and Psychiatric Music Therapy by Florence Tyson.

The profession of music therapy in the United States began during the second World War. During this time a relationship developed between several music interest organizations and a variety of hospital workers throughout the veterans hospitals system. These individuals were, at first, interested in developing music programs and enhancing existing programs within these hospitals. Many of these music programs took place on large wards in hospitals, and it was noted that many of the patients were very responsive to the environment once music was added. Music, as well as each of the other arts modalities, was successful in eliciting responses from severely regressed patients.

Because of the psychiatric consequences of combat and the large numbers of men and women involved in the war, the demand for mental health care at this time was greater than ever. The system was severely taxed by the numbers of patients needing treatment. The mental health system had to make adjustments in the type of treatment available and the manner in which it was delivered. Group treatment was a necessary format in order to provide care to the sheer numbers of patients. Music therapy, group therapy, dance therapy and art therapy grew as treatment modalities during this era due, in part, to the ability of these modalities to be used in groups and because these methods were able to facilitate improved contact with reality within an interpersonal framework.
Simultaneously, as a result of reports of the therapeutic use of music in these clinical settings, and from a variety of other influences, colleges and universities in the 1940's began to develop undergraduate and graduate programs in music therapy. In 1950, the first meetings of what was to become the National Association for Music Therapy (NAMT) took place. In 1956 the Association established the credential "Registered Music Therapist" (RMT) which verifies that the music therapist has met educational standards set by the NAMT and the National Association for Schools of Music. Twenty one years later, the American Association for Music Therapy (AAMT) was established and introduced alternatives in undergraduate education, particularly in the areas of internship. The AAMT established the "Certified Music Therapist" credential to verify that the music therapist has met the educational standards set by the AAMT. In 1985 the AAMT established the credential "Advanced Certification in Music Therapy" (ACMT). Beginning in 1994, both associations have been negotiating an agreement to unify as one association, tentatively called the United States Association for Music Therapy, bearing only one credential. If the unification is enacted, both associations would place a moratorium on changes in education policy for four years. During that interval, a joint commission would be convened to consider any changes deemed necessary to education policies.

The Certification Board for Music Therapists (CBMT) was incorporated in 1983 and grants the title "Music Therapist—Board Certified" to those music therapists who pass a standardized national exam. The CBMT has also established a system for continuing education whereby music therapists must demonstrate advancement of knowledge through CBMT-approved educational formats.

Philosophical Orientations

The philosophical orientations which guide music therapy education and practice in the United States have a history which parallels trends in mental health practice and education. Although the documentation is not well established, a review of early literature and conference proceedings from the NAMT suggests that during the 1950s the practice of music therapy interfaced with psychoanalytic orientations. This was also the prevailing orientation within large institutions at that time. The general orientation in the music therapy literature shifted toward behavior modification by the mid 1960s. Twenty years later, the academic programs began to include more diverse orientations which reflected the biological, emotional, behavioral, and social responses to music therapy experiences. At the current time, there is no consensus regarding any single psychological theory which fully explains the human response to music. The academic programs, association publications, and conferences reflect a wide, rich spectrum of approaches to the understanding of the therapeutic processes in the now vast field of music therapy.
Competency-Based Education

Both associations have developed competencies as guidelines for education. In 1978, AAMT adopted an inventory of competencies required for the entry-level credential (CMT) (Kim, 1990). In 1993 the NAMT adopted education competencies which are to be reviewed every five years. In addition to the creation and updating of the professional competencies, both associations contribute toward the growth of the profession through journals, national and regional conferences, and mass media exposure.

Today, the music therapist receives education in areas of music therapy, music, sciences (health, mental health, and natural), liberal arts and electives. The undergraduate degree is completed in four years. NAMT requires a six month internship at an NAMT-approved site following the completion of all academic course work. AAMT includes the internship during the final year of the bachelors degree. Both associations encourage educators to prepare students for entry into the field by incorporating their respective competencies into their curricula. For an excellent review of the educational guidelines of the NAMT and the AAMT the reader is directed to Scartelli (1987). Also, Carla Hoskins has created an excellent, unpublished, review of the literature on NAMT competencies (1994).

Currently there are 62 schools approved by the National Association for Music Therapy and eight schools approved by the American Association for Music Therapy. Two of these schools are approved by both associations. Of the 68 academic music therapy programs, 21 offer graduate education. Currently, New York University is the only program which offers a doctorate degree specific to music therapy; however, some of the graduate programs offer a doctorate in an allied area such as music education.

Survey Responses

Music therapy directors from 19 schools returned questionnaires which asked:

1. *Their view of the ideal music therapy education program.*
   Most responses to this question suggested a greater emphasis on integration of theory, clinical skills, and functional musical skills in the undergraduate experience. This suggestion has appeared in much of the literature on music therapy education in the past 10 years. It remains unclear if educators are able to acquire the resources in faculty and supervised practicum sites to facilitate such an integration. For further reading on integrating mental health sciences with music therapy practice see Nolan (in press). Other responses to this question included: provide music training first, then offer music therapy education; improve musicianship; increase knowledge of the problems and needs of the client groups.
2. What are the main issues or dilemmas facing educators today?
The issues which the music therapy educators feel need to be discussed are: the need for improved musical skills relevant to the clinical practice of the music therapist; improve our ability to collaborate with other health professionals; allow for specialties in the educational process (psychiatry, psychology, and physical therapy, for example, have specializations in adult or child treatment); address the high rate of attrition in the field; discuss entry-level criteria, or increase the entry level to the masters degree, or create a masters-level entry into the field; the utilization of research; include more emphasis in the educational process on holistic health and spirituality; developing and implementing competencies; creating music therapy assessments; and increasing accountability in the educational process. Two respondents questioned if music therapy education should even be located in a school of music, as opposed to a school of allied health sciences, school of medicine, or other health-related department or school.

3. Have changes in health care policies affected their program?
The respondents stated that changes in health care policies in the U.S. have placed a greater need to improve education in areas of: documentation; adapting music therapy to very short-term care; developing marketing skills; adapting to the needs of the medical community and relating to wellness models. One school reported that changes in health care policy have not effected the education program. Many of the respondents stated that changes have increased the availability of jobs, as well as increased the enrollment in their program. A few schools reported the reverse of this. Almost all of the responding educators stated that they have incorporated changes in health care policies into their course work.

4. How have changes in music culture influenced their program?
This final question produced the fewest responses. Most responses stated that efforts were being made to incorporate music which is culturally diverse into the curriculum. Some schools are including influences from ethnomusicology into course work. Some schools report an increase of electronic music and instruments into functional music skills classes. Others report the increase of popular music culture, i.e., rap, music video into course work. This was linked by one educator with an increase in enrollment. These responses are interesting in that it seems that some music therapy educators are addressing a problem which lies in the difference between the music culture within the school of music and the music culture
in the clinic. Music therapy students generally study western art music, theory and practice for 5-15 years during their education. As music therapists, they use non-western instruments (Orff-type xylophones, Afro-Cuban percussion instruments, etc.) and scales (pentatonic), as well as improvisation techniques, which are generally not taught in traditional music schools at the undergraduate level. Thus, the therapist is, at times, musically unprepared to relate to the music culture within the clinic, i.e., inner city adolescents, despite the fact that the music school requirements have been passed. Here lies an area which will hopefully be somewhat improved as the education competencies become a stronger influence in music therapy curricula.

Summary and Conclusions
The profession of music therapy in the U.S. is at a very exciting stage in its development. There is a huge increase in the clinical populations which were once foreign to, or on the fringe of traditional practice. Music therapy literature, conference presentations, and descriptions in the mass media document the use of music therapy with a wide array of new medical applications (surgery, obstetrics, oncology, AIDS, pain management, neonatal, etc.), outpatient populations (eating disorders, families, performing artists, sports medicine, university students, employee wellness/stress management, etc.) and many other areas. These applications continue to present the challenge to music therapy educators (and adjunct faculty), some of whom are no longer clinically active and have little knowledge of the realities of current trends in health care. The future holds both a promise and an additional challenge. The promise lies in the continuation of the organic pattern which has fueled all practice and clinical education from the beginning of the profession. The pattern is as follows: first a clinician encounters a new clinical problem or need (a novel population). Then she or he experiments with appropriate methods and remains observant of client responses. When a therapeutic result is noted the clinician reports to others through one of the educational pathways, such as a conference presentation, publication, media coverage, or other communication. Then others begin to address similar clinical issues within this same population with similar methods. Documentation continues to surface on the use of music therapy within this new setting. Gradually, the material surfaces into the course work of one or a few of the education programs. At some point, quantitative research may develop using the method with the new population; or, as is more often the case, qualitative research (case studies, etc.) continue to alert professional members, and gradually, the general public, to the new findings. This process continues to the point where educators are reporting the literature and demonstrating the methods to a new generation of students, who may, at some time, adapt the methods for use with yet another new population, which begins the
cycle again. This is the manner in which music therapy has developed many of its "truths" throughout the history of the profession. A clinical finding becomes replicated and documented through multiple case reports, enters into the literature, and then is incorporated into the classroom. The new material gradually becomes, or contributes to, a knowledge, skill, or ability area as part of an educational competency. This method of gathering the materials from the clinic for clinical education in the classroom took root in the early Veterans Administration hospital days and has continued to fuel the educational needs and growth of the profession.

However, if this process continues, how can we package the continued expansiveness of clinical knowledge into the small allocations of music therapy course work available within the current formulas of the undergraduate music school curriculum? The educators and education policy makers seem to have this issue as a top priority for debate and solution finding. Thus far, the educational legacy of our profession seems to have carried the field of music therapy from an interesting curiosity in the 1950’s to a major contributor to health care in the twenty-first century.

NOTE: The following schools generously contributed survey responses which added to the material and conclusions of this article. I am grateful to the educators who rushed their responses to meet the deadline:

Alverno College
University of Wisconsin, Oshkosh
Wartburg College
University of Georgia
Augsburg College
Florida State University
Molloy College
Duquesne University
Immaculata College
New York University
Lesley College
Texas Woman's University
Queens College
University of Kansas
Montclair State College
Michigan State University
Eastern Michigan University
Southern Oklahoma State University
Medical College of Pennsylvania/
Hahnemann University

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PAUL NOLAN, M.C.A.T., RMT-BC, is the Director of Music Therapy Education at the Medical College of Pennsylvania and Hahnemann University in Philadelphia. He is on the Editorial and Advisory boards of *Music Therapy, The Arts In Psychotherapy,* and *The International Journal of Arts Medicine.* ADDRESS: Hahnemann University; Department of Creative Arts Therapies; Broad and Vine Streets; Mail Stop 905; Philadelphia, PA 19102-1192; PHONE: 215-762-6927; FAX: 215-762-6933.
SECTION 2:
National Perspectives
Updates from Developing Countries
Music Therapy in China

Hong-Yi Zhang

China is an oriental country with a very long history. Two thousand years ago references to the use of music to cure diseases appeared in ancient Chinese medical books. However, as a modern science, music therapy has only been in existence since the 1980s in China. Since then, modern music therapy has been developed with traditional Chinese medical theory and has spread rapidly throughout the whole country.

The first application of music therapy in China was music electrotherapy. In 1981, the military hospital in Shen-yang city successfully used a regular phonograph to generate electrical signals for physiotherapy. Later, other hospitals developed a music electroacupuncture and a music electroacupuncture anaesthesia method. In South China, the Ma-Wang-Dui convalescent center in Chang-Sha city (Hunan province) developed a music psychotherapy method. This method has been used at this hospital since 1984.

In 1988, the Chinese National Music Institute cooperated with the Beijing Huei Luong Guan Hospital to design a recreative music therapy program. This program has received a Science and Technology Award from the Beijing city government. The first department of music therapy in China was established in 1989. Students in this program complete their training within three years.

The Chinese Music Therapy Institute, established in 1989, is the only professional organization for music therapy in China. The Institute has more than 100 members representing over 25 provinces. According to the regulations of the Institute, meetings for academic exchange are held every two years. Three meetings have been held thus far and a summary of the music therapy presentations have been published. In addition to these summaries, three newsletters are published. Currently, the Institute does not have the authority to give music therapy licensure.

Three methods of music therapy are most commonly used in China. Most of the music therapy units of hospitals use receptive music therapy methods. The music therapy staff selects music which is designed to relieve physical and emotional tension, to create moods, and to relieve boredom. The type of music used for this therapy is Chinese folk music. Associate Professor Hong-yi Zhang designed the recreative method in which listening, singing, playing, and composing are used primarily with schizophrenic patients. The music electrotherapy method is based upon Chinese medical theory; the equipment is specially designed.

Music therapy in China receives minimal support from the Health Department of the Chinese Government; consequently, it is facing many difficulties. In many ways, music therapy is relegated to the status of an adjunctive therapy. Hopefully, these problems will be solved gradually as economic reform occurs in China.
Teresa Fernandez De Juan

The Cuban Music Therapy Group was not established until 1988. As antecedent, one researcher, psychologist Rafael Alvisa, had been utilizing the selection of specific musical excerpts for therapy. I belonged to a Research Institute from which I contacted neuropsychologists, doctors, music professors, psychologists, and a biologist from several institutions. This was of great importance to the growth of music therapy in Cuba, in part, because it has allowed us a multidisciplinary perspective on the field. But, in addition, this group of professionals has aided the investigation of music as a therapeutic agent in order to proffer scientific support for introducing music therapy to our country. From the investigative point of view, our group has identified studies regarding: 1) the interhemispheric effect of different musical selections in patients with pathological anxiety; 2) the effect of "prointellective music" on cortical tone in left and right-handed subjects; and 3) the effect of "soporific music excerpts" upon immediate anxiety, and upon circulatory, respiratory, and skin responses of subjects. These studies have supported our clinical work with the following: children with motor and learning disorders at a special school, patients with chronic kidney disorders hospitalized for hemodialysis treatment, and hospitalized patients with anxiety disorders. In addition, music therapy has been utilized in combination with "psychoballet" techniques. Currently in Cuba we are extending our practice to yoga, high blood pressure treatment, as well as palliative elements in treatments such as "electro-acupuncture, electrosleep, moxibustion and massages."

Because there is no music therapy training available in Cuba, I travelled to Argentina to work with Dr. Benenzon as an advisor, and to Rio de Janeiro where I was exposed to the program at the Brazilian Music Conservatory as well as the work of Cecelia Conde, Lia Rejane and others. These influences have helped me to introduce additional scientific basis into our music therapy work in Cuba.

Currently, I am pleased to report that music therapy services are requested by several institutions here. With the aid of publications and
trainings offered to us by foreign colleagues, we, in Cuba, hope to make ourselves heard more and more in the important science of music therapy.

TERESA FERNANDEZ DE JUAN holds a Ph.D. in Psychological Sciences. She is Head of the Treatment Group of the Psychological and Social Center of the Academy of Sciences of Cuba, and the Cuban Music Therapy Group. She has received national recognition for her clinical-investigative work which is also known in Bulgaria, Brazil, Spain, and Argentina. ADDRESS: c/o Calle Meseta, No. 1912, dpto. 3; seccion Jardines del Sol, Playas; de Tijuana, Tijuana, B.C., Mexico; FAX: 661-33550 or 661-33556 (c/o Redi Gomis Hernandez, El Colegio de la Frontera Norte—temporary); Calle H #510; Apto. 5 entre 21 y 23; Vedado, Ciudad; Habana, Cuba.

Music Therapy in Hong Kong

Kawa Paul Pang

In discussing the practice of music therapy in Hong Kong the reader must bear in mind that Hong Kong is an international city, predominantly influenced by the West despite its 98% Chinese population. The main language is Cantonese, with English as the second language. Chinese traditional music is only a subculture in the grand music scene in Hong Kong. In therapy also, Western psychological thought prevails, i.e., behavioral, humanistic, and psychoanalytical theories. Thus, the development of music therapy in Hong Kong has not escaped the influence of the West. As a matter of fact, all three practicing music therapists in Hong Kong were foreign-trained in either the U.S.A. or in Australia.

Pang’s Music Therapy and Development Center for the Exceptional Children is the only place in Hong Kong that currently provides music therapy services. Music therapy is not officially included in the medical, rehabilitation, or special education structure in Hong Kong. In fact, the author has known of only one special school (Sunnyside School) which was able to offer music therapy services to its students. This was due to the dedication of the school’s principal, Mr. Law kai Hong, who found his own funding to support the program.

The author graduated from Florida State University and has been registered with the National Association for Music Therapy (USA) since May, 1984. After a futile search for music therapy employment, the author taught in a special school for six years after returning to Hong Kong. The establishment of our music therapy center, in 1990, was an important step in the development of music therapy in Hong Kong. There are now two qualified music therapists in Hong Kong besides the author—Piera Lee and Alice Kong—who are also working part-time in the author’s center.
Pang’s is currently serving over 80 clients on a regular basis. The center provides individual and group music therapy sessions for handicapped children ages 2-16. In addition, the Berard’s type of Auditory Integration Training has recently been introduced at the center. We have basically adopted a behavioral approach using music as a structure, stimulus, and reinforcement for desirable behaviors during the treatment process. Special emphasis is placed upon the initial stage of rapport building between the client and the therapist. Treatment process generally follows a three-stage model developed by the author: a) guided music play stage; b) guided music learning stage; and c) music development stage.

The author and the other two music therapists are planning to establish a Hong Kong Association for Music Therapy this year in order to promote the use of music therapy in rehabilitation, to regulate music therapy practice, and to work on governmental recognition in Hong Kong.

International speakers who have conducted music therapy workshops in Hong Kong include: Bruce M. Saperston and Glen Fifield of Utah State University (U.S.A.) in 1989, Arthur Harvey, Music For Health Services Foundation (U.S.A.) in 1992 and most recently, Joseph Moreno of Maryville University (U.S.A.) in 1995. Each of these speakers has contributed to a better understanding of music therapy in the fields of rehabilitation and special education in Hong Kong.

Music Therapy is in a germinal stage in Hong Kong and despite the lack of music therapy programs here, there is a general knowledge and acceptance of the therapeutic Uses of music in the area of rehabilitation. The development of music therapy will be complicated by politics for there will be a transfer of Hong Kong’s sovereignty from the United Kingdom to the People’s Republic of China in 1997. Although the author anticipates that establishing the music therapy field in Hong Kong will be a long process, the feeling is that music therapy will eventually blossom as a widely recognized profession in Hong Kong.

KAWA PAUL PANG graduated from Florida State University in 1983 and became a Registered Music Therapist with the National Association for Music Therapy (U.S.A.) in 1984. He has a Certificate in Special Education (mental handicap), a Diploma in Education (music), and is a Certified Practitioner-Auditory Integration Training. Currently, he directs Pang’s Music Therapy and Development Centre for Exceptional Children and teaches two courses on music therapy at Hong Kong University. ADDRESS: 5/F Fung Woo Building; 279 Des Voeux Road C.; Sheung Wan; Hong Kong; PHONE: (852) 2815-0688; FAX: (852) 2815-6243.
Music Therapy in Japan

Kana Okazaki

Music therapy in Japan will be entering its most exciting and transforming phase in the next few years. There is a plan in progress to form a Japanese national association for music therapy by integrating all of the music therapy study groups and local associations which are currently in existence.

Although there is no officially established qualification nor legal recognition by the government of music therapy, it has been a field of interest among musicians, special school teachers, psychologists, psychiatrists, nurses, etc. in Japan. Since the first visit of Juliette Alvin in 1969, music therapy has been practiced by several pioneering individuals such as Dr. Yamamatsu (psychologist), Dr. Murai (psychiatrist and professional musician), Dr. Matsui (psychiatrist), Mr. Tohyama (special school educator), Dr. Kuribayashi (music educator and later Ph.D. music therapist). Also, Professor Sakurabayashi (psychologist) has been a key person in the development of music therapy in Japan as he established the Japanese Association of Music Psychology and Therapy.

During the 1970s and 1980s, there was an increase in the number of self-taught music therapists and also some qualified therapists who studied abroad. These individuals began practicing in institutions such as welfare centers, nursing homes, rehabilitation centers, and hospitals, and formed several music therapy study groups, some of which later became local associations.

Simultaneously, the word "music therapy" was being used as a more commercialized term by some CD music companies who became highly successful in selling CDs to stimulate relaxing feelings and to decrease stress for people who were "workaholics." Although this commercialized "music therapy" generated interest in the use of music in healing and therapy, some people in Japan came to believe that a music therapist is an individual who plays relaxing CDs!

Currently, many people (musicians, doctors, nurses, music teachers, special education teachers, caretakers, psychologists, speech therapists, occupational therapists, physical therapists, certified music therapists from abroad, etc) practice music therapy in Japan with geriatrics, mentally handicapped children and adolescents, and psychiatric clientele. For example, the Tokyo Association for Music Therapy (President, Dr. Yasuji Murai) which is the first association in Japan to have only practicing clinicians for its members, has nearly 80 members who have already practiced music therapy for more than 3 years; and 350 co-members who are currently involved in music therapy in some capacity. Most members are female clinicians and are part-time employees. There are several music colleges and universities which offer music therapy lectures by the advanced clinician members of the Tokyo Association. Some of them also
offer clinical experiences. However, when the national organization is established, it will be necessary to set up a nationally recognized training course. In order to do this, we must have more quality, well-trained educators to provide students not only with music therapy knowledge and skills, but also with an emphasis upon their personal growth and development.

In my opinion, the impression of the general public in Japan regarding therapy is that one must be very ill to receive therapy. Psychotherapy is not accepted as a social fabric of the society in our culture. Also, in regard our culture, often the therapeutic goals are group-oriented or family-oriented, and not in service of an individual. I have felt keenly the importance of applying my learning from western music therapy sources into our Japanese society.

The music therapy field in Japan is definitely in a transitional phase and I hope that it will be successful in its further development. Music therapy’s expressive and playful elements will provide a much needed form of therapy to serve our clientele in Japan.

(Special thanks goes to Dr. Yasuji Murai and Ms. Yoko Monma for providing the updated information for this article.)

KANA OKAZAKI is a music therapist trained at the Nordoff-Robbins Music Therapy Center in London. She is currently completing her masters degree at New York University. ADDRESS: 18 Gramercy Park South #716; New York City, NY 10003; (Japan: 5-3-15, likura; Sawara-Ku; Fukoka-City; Fukoka, Japan, 814-01); PHONE: 212-388-7676 (Japan: 092-864-5315); FAX: 212-677-0640.

Music Therapy in Korea

Sumi Paik

Throughout history, music has played an important role for Korean people. Currently, music is widely used in social gatherings and the music field is highly developed. Music has been used for enjoyment and for self expression, as well as a traditional healing tool for shamanistic rituals and therapeutic meditations (i.e.: “Young ka Mu Do,” Synn, 1986).

The idea of modern music therapy was introduced in Korea around the early 1950s by American trained Korean psychiatrists. By the 1960s music was used for therapeutic recreation at the Petrus Neuropsychiatry Clinic, Seoul National Mental Hospital, and the Neuropsychiatric Unit of the Soonchunhyang University Hospital (Synn, 1986). In 1983 the Korean Association for Clinical Art was established and led by psychiatrists. Presently it has about 300 active members who are clinicians, artists, and
educators. Since its founding, regular meetings focusing on music, art, dance, and drama therapy have been held four times a year. The organization presents seminars and workshops, and publishes a journal and newsletter (Chung, 1984).

During the mid 1980s several Koreans went to America and Europe to study music therapy; and gradually, the concept of music therapy was introduced to the general public in Korea. Trained music therapists B.C. Choi and M.H. Kim visited Korea and facilitated several workshops, and have written articles about music therapy. B.C. Choi has provided music therapy workshops for Koreans in the U.S.A., as well. Other professionals such as psychiatrists, social workers, and educators have begun to publish their experiences using music in their practices. Some of these professionals have opened music therapy clinics and developed music therapy study groups.

While there are an increasing number of Korean music therapy students and therapists abroad, there was no formally trained music therapist in Korea until January 1994 when German trained music therapist E.K. Ha started a private practice.

Currently, about 40% of Korean clinicians (psychologists, psychiatrists, social workers, and special education teachers), educators, and musicians in psychiatric hospitals are believed to be using music for recreation and as a supportive therapeutic tool (Chung, 1992). Many of these people are enthusiastic about studying and practicing music therapy; and, in 1992, several founded the Korean Music Therapy Association which has a membership of 120 (Yoon, 1994). In-Je University medical school, Myung-Gee University, and Ewah University offer non-degree music therapy courses (Yoon, Choi, Yumm, 1994). Since 1990, psychiatrist Dr. Chung has held a music therapy study program once per week, and he plans to offer a music therapy certificate for participants (Chung, 1994).

Koreans are enthusiastic about the practice and growth of music therapy, yet there are several potential dangers. There is, as yet, no Korean music therapy training, nor have Korean professionals had adequate exposure to the practice of clinical music therapy by trained music therapists. Therefore, Korean professionals have not had the opportunity to develop a full understanding of the therapeutic effects of music; and because of this naiveté, there is a tendency towards sensationalizing music therapy. Also, despite the fact that there are groups and individuals with interest in music therapy, there has not been sufficient cooperation among them. In addition, regardless of the overwhelming interest in music therapy, most psychiatrists in Korea view music therapy with skepticism. Not only do they not understand music therapy as depth oriented therapy, but they also view it as a threat to their practice.

In general, the development of music therapy in Korea has great potential. Although music therapy is not presently protected by the law because current mental health laws do not cover creative arts therapies (Ha, 1994), changes in the laws which will establish guidelines for creative arts
therapists are expected in the near future. Also, certified and registered music therapists from abroad would be able to practice music therapy legally in Korea. For the music therapy field to grow in Korea, it needs to have cooperative communication among all involved in music therapy. It is through cooperative efforts that the field can develop standards and ethical guidelines in order to establish a solid professional education system for music therapy.

References

SUMI PAIK, MA, GMT, has been working at Bronx Lebanon Hospital Center, Department of psychiatry as a music therapist for 5 years. She researched music therapy in Korea for her thesis in 1989. She is one of the founding members of the Korean Association of Music Therapy in America. ADDRESS: Korean Association of Music Therapy in America; c/o Sook Huyn Kim; 521 Aspen Woods Drive; Yardley, PA 19067; U.S.A.; PHONE: 215-335-7167 x8662.

Music Therapy in Mexico

*Victor Muñoz Polit*

The establishment of music therapy as a field in Mexico began in 1984 when Dario de Hoyos and I began offering workshops and courses at various universities and institutes whose activities were dedicated to promoting psychotherapy and human development. In those years we worked with approximately 1500 people across the country. In 1989 we formed the Humanistic Institute of Music Therapy in order to continue our workshops and intensive courses. In addition, the institute aims to: 1) offer training in music therapy; 2) promote research in music therapy; 3) foster creativity within the field; and 4) publicize the field throughout Mexico. My colleagues, Eduardo Soto, Armando Corte, Jacqueline Larrainzar and Roxana Aguilar, and I have been creating a “humanistic model” of music therapy which is defined as follows: Humanistic music therapy refers to the psychotherapeutic space wherein the personal and transpersonal
development of the person through sound and music is facilitated, using an approach emphasizing respect, acceptance, empathy and congruence. Implicit in this holistic model is the interrelationship between sound and the whole human being, i.e., physical, mental, emotional and spiritual components.

The basic clinical view of the Institute emphasizes the development of human potential and the search for individual harmony, equilibrium and the re-establishment of interpersonal relationship, thereby enhancing self-esteem. At the Institute a humanistic existential model is used. The goals of this model are the development of human potential, human plenitude, and the acquisition of consciousness at all levels, simultaneous with the promotion of spiritual development. Sound, music, and human resonance are used as vibratory possibilities to expand consciousness and to find a creative path for the individual. The person is encouraged to recover his unique rhythm, melody, harmony, and timbre, so that he can develop his own “concert” and can orchestrate his own resources, both within the therapeutic space and his daily life.

The most important influences upon our music therapy practice in Mexico are found in the existential humanistic movement—including authors such as Carl Rogers (Client-Centered Therapy), Fritz Pearls (Gestalt), Abraham Maslow, Rollo May, and Victor Frankl; and in the “psycho-corporeal” therapy movement, authors such as John Pierrakos (Core Energetics), Wilhem Reich (Corporeal Therapy) and Alexander Lowen (Bioenergetics). Other significant influences upon our work are the theories of Jacobo Levi Moreno (Psychodrama and Psychomusic), Ken Wilber (Transpersonal Therapy), and Carlos Castaneda (Shamanic Cosmovision), as well as ideas from yoga and meditation.

Clinically, the Humanistic Music Therapy Institute serves teenage and adult clients, 20- to 45-years-old. Previously, individuals with serious psychiatric disturbances were seen; however, more recently, treatment has focused upon individuals with neurosis only. Clients are seen both individually and in groups.

In Mexico, most music therapists must work privately with groups or individuals. There are few institutions which offer music therapy as a form of treatment, nor is it included in any institutional programs, at least in the field of medicine. However, during the past decade as music therapy has been promoted in Mexico, it has become utilized as a viable, alternative option for intervention by professionals already working in the health, psychology, education, music, art, and recreation areas. Although some of the individuals trained at the Humanistic Music Therapy Institute rely solely on music therapy as a form of treatment in their work, the large majority of our graduates are working as psychotherapists, doctors, nurses, social workers, educators, and musicians.

The Humanistic Music Therapy Institute is the only formal music therapy training in Mexico. The objectives of the two year training program are to provide students with: 1) a theoretical model of music therapy;
2) group psychomusical techniques; 3) music therapy intervention strategies for groups and individuals; 4) foundations of humanistic psychology; 5) personal experiences within the humanistic model; and 6) opportunities for personal and transpersonal development. To date, we have graduated two generations of students from the institute.

The information above pertains primarily to my own work, and I would like to acknowledge the following individuals who have made significant contributions to the development of music therapy in Mexico: Lucrecia Arroyo Ortiz and Eduardo Soto García (Mexicans); and Dominique Bertrand, Carlos D. Fregtman, Mariela Pietragalla, and Daniel Prieto (foreigners). Lucrecia Arroyo Ortiz works with normal children in educational environments, and also with children with various handicaps, i.e., mental, sensory, physical and/or behavioral or developmental problems. Mariela Pietragalla is the Director of the Mexican Institute of Music Therapy and she is working in Argentina. Another institution here, The Center for Auditory Stimulation, uses the Tomatis Method with children having various problems, such as language disorders, dyslexia, learning difficulties, and autism; and with normal adults, to develop their attention, concentration, and reading skills.

References

VICTOR MUÑOZ POLIT, Ph.D., is a psychotherapist and music therapist. He is the Founder/Director of the Humanistic Music Therapy Institute. ADDRESS: Matias Romero 1221 Col. del Valle; Mexico, D.F.C.P. 03100; PHONE: 525-604-61-60; FAX: 525-688-28-48.

Music Therapy in New Zealand

Lisabeth Toomey

The New Zealand Society for Music Therapy (NZSMT) was founded in 1974 and has a present membership of 150. It is governed by a National Executive of eight members elected at the annual conference and has a paid administrator. Independently incorporated branches in Auckland, Wellington and Christchurch carry out activities at the local level. The NZSMT publishes an annual journal and a quarterly newsletter, Mus. T. Branches also issue newsletters of local events.
Of immediate concern to the NZSMT is the establishment of a tertiary training course in music therapy. Negotiations are continuing with tertiary institutions in Wellington, the capital city.

The Society itself has developed an interim training, which is an accreditation course organized by the Accreditation Committee, responsible to the National Executive. The comprehensive program is a modular-based distance education undertaken in conjunction with supervised and clinical work. Candidates are examined in music skills; complete a written case study, a treatise, and a final Viva Voce conducted before an examining panel. In addition, compulsory music therapy centered courses are offered by New Zealand, and international, tutors. This New Zealand based qualification, Associate of the New Zealand Society for Music Therapy (ANZSMT), is recognized in Australia and Great Britain. Additional recognition by other countries for the ANZSMT is being sought.

There are currently ten candidates involved in this training. Since its inception in 1980, six women have achieved the ANZSMT qualification. Of the fifteen known music therapists currently in New Zealand, six qualified in England, two in Australia, one in Austria and six in New Zealand; all are women. The two New Zealanders who have trained in the U.S.A. have remained there to work. At present there are two New Zealand students studying in Melbourne, Australia and one in New Jersey, U.S.A.

The diversity of training backgrounds is reflected in the style of clinical practice of music therapists here. Some music therapists work in education within multi-disciplinary teams delivering early intervention and early childhood services or at schools for the blind, deaf or intellectually and physically disabled. One therapist is a Senior Lecturer in Music at a College of Education. Others work in the health sector, particularly with the elderly in residential care and with intellectually disabled adults.

The writer has specialized in the practice of the Bonny Method of Guided Imagery and Music (GIM). To date, forty-seven people have undertaken some level of GIM training in New Zealand; six are in the Level III internship.

Over recent years the New Zealand Government has imposed major restructuring of both the health and education sectors throughout the country. There is an ongoing debate about the responsibility for services and their funding. This has created difficulties for the establishment of music therapy practice in institutions and has contributed to its slow growth and generally low profile.

Most therapists work part time, sometimes in more than one position and in allied occupations. Salaries continue to be negotiated individually. This year the first full time position in music therapy was established in the residential care of the elderly. In addition, experienced music therapists offer consultations to education and health services and undertake workshops and courses in their area of expertise.
Music Therapy in Singapore

Mixie Eddy and Audrey Ruyters

It is interesting to note that while music of all kinds is extremely popular in multicultural Singapore, the profession of music therapy is practically non-existent. In fact, it was not until 1991 that one of the authors of this article, Audrey Ruyters (a British-trained Singaporean music therapist), became the first full-time music therapist in Singapore, working at a special school for multiply-handicapped children. However, had she not gone to England for her university studies, she would never have become aware of the field of music therapy! Subsequently, two Australian-trained music therapists, Eudora Chiu from Hong Kong and Ann Greenhall from Australia, were employed as music therapists in special schools in Singapore. Meanwhile, Mixie Eddy (the co-author of this article and who is an MA-certified counselor trained in America), has been practicing music therapy with expatriate mainstream/ESL students at an international school here. Yet, she does not call herself, nor was she hired as a "music therapist" per se.

Music therapy is certainly in its "infancy stage" of development in Singapore. We must ask, "Why is there such a lack of awareness about the music therapy field?" and "Why are there so few music therapists working in Singapore, particularly at hospitals, hospices, psychiatric centers, and other special schools?" Perhaps the best way to answer these questions is to point out that Singapore, itself, has gone through a major transformation during the past few decades to become the highly industrialized, modernized, and sophisticated society it is today. Nevertheless, several areas (notably education in the fine arts) have not kept pace with the other major developments here. Singapore's main university, the National University of Singapore, still does not offer the BA or BFA degrees in music. Although there are a number of music educators and performers in this country, most of them have been trained at local government sponsored teacher training colleges (such as the National Institute of Education), or LaSalle-SIA College of the Arts which is affiliated with Kingston University.
in the U.K. (a 3-year diploma course is offered at this college), or with private tutors who have usually attained certification at music schools overseas. However, these institutions have not, as yet, offered a program in music therapy. At present, Singapore is reliant upon those music therapists mentioned above who have studied music therapy overseas to bring music therapy to our country. However, in its first important step towards recognizing the need to provide more qualified music therapists in Singapore, our National Council for Social Service recently established an annual scholarship to provide funding for one Singaporean or permanent resident to study music therapy in the United Kingdom and then to return to Singapore to work in the field. In addition, the NCSS recently invited Dr. Arthur Harvey, Director of the Music for Health Services Foundation in the U.S., to provide music therapy workshops for special education teachers.

Hopefully in the near future as the tremendous benefits of music therapy become recognized throughout Singapore, there will not only be more jobs created in music therapy, but also an opportunity for more people here to pursue the field of music therapy at a recognized local institution.

AUDREY RUYTERS received a Diploma in Music Therapy (GSMD/York) from the Guildhall School of Music and Drama, London, in 1989 and worked for two years with multiply-handicapped children and adults in Cambridge. Upon her return to Singapore in 1991, she has been working at a special school for multiply-handicapped children. ADDRESS: Margaret Drive Special School; 501 Margaret Drive; Singapore 0314; PHONE: (65) 472-7077; FAX: (65) 473-9739.

MIXIE EDDY, M.A., CMT, has a C.A.S. in counseling psychology and studied music therapy at Immaculata College in the U.S.A. For many years she was a school counselor in Vermont and for the past four years in Singapore at the ISS International School, where she incorporates music therapy in work with mainstreamed expatriate ESL students, as well as with learning disabled students from many Asian and European countries. ADDRESS: 257 Arcadia Road; Block D #05-02; Singapore 1128; PHONE: (65) 467-3136; FAX: (65) 468-9105 E-MAIL: MKEddy@MCIMAIL.COM.
Music Therapy in Taiwan

Fei-Lin Hsiao

Music therapy began approximately ten years ago in Taiwan when music educators adapted the Orff method to serve handicapped children. Subsequently, a few counselors and special educators also applied music therapy in their work at counseling centers, institutes, and special schools. For example, Sister Huguette Chapdelaine, who received some training in Canada, started a “music therapy for self-growth group” at the Hua-Ming Counseling Center in 1985. Sister Chapdelaine offered ten GIM sessions each term for adults who sought self-growth. She also trained Ms. H.M. Chen, a social worker, as her co-therapist.

Two years later, Ms. K. M. Lin, (Ph.D. in Special Education) Chairperson of the Special Education Department at the National Taipei Teaching College, combined Orff music activities with special education skills to work with mentally retarded children. Ms. Lin offers a music therapy workshop each year for special school teachers. In addition, she has published a book “Music Therapy and Education and Manual-Basic Concepts and Activities Design” based upon her research papers. During this time, Ms. Y. Kang (MA in Psychology) studied music therapy in the U.S.A. and subsequently practiced music therapy with mentally retarded children. She is now a special school counselor.

In 1990, Ms. C. S. Ou, CMT (MA in Music Education), returned from the U.S.A. to develop music therapy in Taiwan. Prior to this, she had worked with blind, multiply handicapped children in a special school for eighteen years. She was the first person to teach a music therapy course at a Taiwanese university. She also established the first music therapy center in Taiwan under the Gospel Cultural Foundation.

Within the last two years, a few Taiwanese music therapists have returned from the U.S. and Germany. They have been hired by hospitals (in psychiatric or physical therapy departments), special schools, child development centers, and various foundations for the handicapped. These therapists work with mentally, physically or emotionally handicapped patients.

In November 1993, the “Music Therapy Study Group” was formed by a group of therapists and educators who were enthusiastic about the development of music therapy in Taiwan. The group members held bi-monthly meetings where the music therapists presented their work for discussion. Transcripts of the meetings were sent to all people interested in the field.

In October 1994, the Department of Music Therapy, Very Special Arts Taiwan R.O.C. was founded. The organization’s goals include introducing music therapy to the public, publishing a quarterly journal, establishing a music therapy library, inviting foreign music therapists for lectures and workshops, offering music therapy training courses, translating books and
articles, and conducting research on music therapy. The pioneering efforts of these founding members are sure to bring widespread recognition of music therapy not only to the medical and special education field, but also to the general public of Taiwan.

FEI-LIN HSIAO, MA, CMT, a graduate of New York University, currently works at the Taipei Municipal School for the Mentally Retarded. ADDRESS: 599, Teh-Hua Street; Taichung, Taiwan, R.O.C.; PHONE: 011-886-4-203-0919; FAX: 011-886-2-351-2586.
SECTION 3:

International Perspectives on International Music Therapy Organizations and Conferences
INTERNATIONAL ANNOUNCEMENTS

You can obtain a copy of a current list of music therapy training programs worldwide by sending a request to Lisa Summer, Editor; Music Therapy International Report; American Association for Music Therapy; P.O. Box 80012; Valley Forge, PA 19484.

The Documentary, Information & Communication System (DICS) brings the music therapy world closer together! Through your computer and a telephone, you can search for information about music therapy—literature, educational programs, current research, professional organizations, as well as communicate with other music therapist/DICS users internationally. For information, please contact: DICS Expertise Centers International; Hogeschool Nijmegen; Studierichting Kreative Therapie; Postbus 9029; 6500 JK Nijmegen, The Netherlands.

MMB Music, Inc. announces a new address for ordering music therapy publications and materials: Contemporary Arts Building; 3526 Washington Avenue; St. Louis, MO 63103-1019; U.S.A.; 314-531-9635 or 800-543-3771 (from the U.S.A. or Canada); FAX: 314-531-8384.

Now available, MUSIC THERAPY: INTERNATIONAL PERSPECTIVES by Cheryl Dileo Maranto is a new publication which reports upon music therapy practice worldwide. It contains chapters from thirty-eight countries, as well as a comprehensive chronology of international music therapy developments. Contact: Jeffrey Books; 5451 Downs Run; Pipersville, PA 18947.

Inge Nygaard Pederson of the Music Therapy Program at Aalborg University in Denmark has established a Ph.D. program which aims to serve the international community. Established in 1993, the program is linked to the Aalborg University masters program in music therapy and to the Aalborg Music Therapy Treatment and Research Clinic, as well as to the Nordic Research Network Group in music therapy, the European Music Therapy Committee (EMTC), and other educational, research, and mental health institutions internationally. The working language of the new Ph.D. program is English. For information contact: The Department of Music Therapy; Aalborg University; Kroghstrade 6; DK-9220 Aalborg; Denmark; PHONE: +45-98158522; FAX: +45-98151382.
World Federation of Music Therapy

Cheryl Dileo Maranto

The Constitution of the World Federation of Music Therapy was ratified in 1993 at the VII World Congress of Music Therapy in Vitoria, Spain, and as such, it is the official organization for music therapy internationally. The current members of its Council, elected in Spain are: Cheryl Maranto (USA), President; Patxi del Campo san Vincente (Spain), Secretary/Treasurer; Ruth Bright (Australia), Past-President; Denise Erdonmez (Australia), Chair of the Commission on Education, Training and Registration; Lia Rejane Barcellos (Brazil), Chair of the Commission on Clinical Practice; Hans-Helmut Decker-Voigt (Germany), Chair of the Commission on the 8th World Congress; Tony Wigram (United Kingdom), Chair of the Commission on Government Accreditation; Diego Schapira (Argentina), Chair of the Commission on Ethics and Research; Joseph Moreno (USA), Chair of the Commission on Publications; Gianluigi di Franco (Italy), Co-Opted Member; Zhang Hong-yi (China), Co-Opted Member; and Gabriella Wagner (Argentina), Co-Opted Member.

Much work has transpired since the organization became official in 1993. Its Council has met three times—in Toronto, Capri, Italy, and Rio de Janeiro. Some of the highlights of this work are mentioned in this report.

Membership in the World Federation is open to music therapy organizations and supporting organizations around the world as well as to individual music therapists.

A priority for the WFMT during the coming year is the establishment of a working relationship and affiliation with several international groups, i.e., the World Health Organization and the International Music Council.

The Commissions of the WFMT have developed model guidelines for Ethics, Registration, and Research which may be used by its members to develop similar guidelines in their own countries. An extensive survey on education and training practices has been undertaken, the results of which will form the basis for model guidelines in these areas. Work towards the establishment of an official definition of music therapy and the identification of various schools of practice in music therapy has begun. A packet of materials has been developed to assist members in achieving government recognition in their respective countries.
Plans for the 8th World Congress of Music Therapy (the second Congress of the World Federation of Music Therapy) to be held in Hamburg, Germany, July 14-20, 1996 are well underway. Helmut Schmidt has agreed to serve as the patron for this congress.

The WFMT publishes a Bulletin several times per year for its members. In addition, a WFMT brochure is in its final stages of development, and an international journal will become a reality in the near future. The WFMT headquarters is now officially located with its Secretary/Treasurer in Vitoria, Spain. Databanks containing professional, clinical and scholarly information are being developed for future use. For membership or further information, please contact Patxi del Campo san Vincente, Apartado 585. 01080 Vitoria-Gasteiz, Pais Vasco, Spain.

To be considered truly representative, the World Federation of Music Therapy is eager to embrace the membership of all music therapy organizations internationally.

CHERYL DILEO MARANTO, Ph.D., RMT-BC, is President of the World Federation of Music Therapy, Professor and Coordinator of Music Therapy at Temple University (USA), and a Past-President of the National Association for Music Therapy, USA. ADDRESS: Temple University; Department of Music Education and Music Therapy; 1938 Park Mall; TU 298-00; Philadelphia, PA 19122; U.S.A.; PHONE: 215-204-8542.

The International Society
For Music In Medicine

Ralph Spintge

The International Society For Music In Medicine (ISMM) was founded on the occasion of the first symposium, “Anxiety, Pain and Music,” held at Sportkrankenhaus Hellersen in Luedenscheid Germany on December 3, 1982, where its office has been situated since that time. ISMM is a medical research association and, according to the statutes of the society, as much as one third of the membership may be made up of scientists and representatives from other academic specialties with a special knowledge or skill in Music Medicine. Scientific exchange is organized through international conferences and through the International Journal of Arts Medicine, IJAM, published by MMB Music Inc. (St. Louis, MO, U.S.A). ISMM consists of members from around the world, and currently two-thirds of its members are medical doctors. Roland Droh, MD is the President; Ralph Spintge, MD serves as Executive Director.

More specifically, ISMM was incorporated as a non-profit, tax-exempt international organization with the following goals:
• To foster research into the therapeutic mechanisms of music and dance.
• To improve the management of patients through musical means by bringing together scientists, physicians, music therapists, musicians, psychologists and other professionals of various disciplines and backgrounds who are interested in Music Medicine/Music Therapy and related research.
• To promote education and training (and support) for academic qualification programs such as Ph.D. programs.
• To encourage the development and adoption of a uniform nomenclature and definition regarding Music Medicine.
• To establish standards relating to the use of music and dance in therapy.

The sixth international conference is scheduled for 1996 to take place at the University of Texas Health Science Center in San Antonio, Texas, co-sponsored by the ISMM and The Music Research Institute at UTSA. Presently, our research is attempting to determine what musical structures or variables in music are responsible for certain effects. Recent results of neurophysiological and neuropsychological research support the concept that rhythm is probably the most powerful parameter [for details see: Pratt, R.R. & Spintge, R. (1995) Music Medicine Volume II. Saint Louis, MO: MMB, Inc].

RALPH SPINGTE, a medical doctor, is Director of the Interdisciplinary Pain Clinic at Sportkrankenhaus Hellersen, Germany and Associate Editor of the International Journal of Arts Medicine (IJAM). ADDRESS: Paulmannshoeherstr.17; D-58515 Luedenscheid, Germany; PHONE: (0)2351 945 2260; FAX: (0)2351 945 17 or (0)2351 39664.

The International Arts-Medicine Association

Karen Barton

The International Arts-Medicine Association (IAMA) is a non-profit, tax-exempt organization. IAMA was founded in Philadelphia in 1985 by poet/occupational physician Richard L. Lippin to provide a forum for interdisciplinary, international communication between arts and health professionals. In addition to serving the needs of arts and health professionals, IAMA also helps to educate the general public about arts-medicine. The IAMA conceptualization of arts-medicine is unique in
its breadth. Three tenets comprise the foundation of all organizational activity:

- Artists and performing artists are important human assets whose health must be protected and promoted.
- Arts have enormous healing powers for individuals, institutions and society as a whole.
- Arts can play a significant role in rehumanizing health education and health care institutions.

IAMA has two publications: a quarterly *Newsletter* which is the only comprehensive source of information about arts-medicine conferences, publications and clinical and research activity around the world; and a biannual journal, *The International Journal of Arts Medicine*, the first comprehensive, international peer-reviewed arts-medicine publication. IAMA provides its membership with a support structure and network of kindred spirits with complementary needs and interests. Among the three hundred IAMA members from twenty-two countries are individuals from a variety of backgrounds including physician artists, musicians, poets, actors and singers; physical and occupational therapists, orthopedic surgeons, neurologists, psychiatrists, arts therapists, podiatrists, artists and performing artists, psychologists, and social workers.

The primary focus of the organization is the coordination and dissemination of information about arts-medicine activities including research, education, clinical services, and performance and health communities. The Association sponsors educational, research, clinical and performance/exhibition activities.

The journal and newsletter, as well as an annual membership directory, are included in the cost of membership. In addition, there are reduced conference fees for IAMA members attending IAMA-sponsored or co-sponsored events.

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KAREN BARTON, MSS, ACSW, has a masters degree in psychiatric social work and worked in the social work field for seventeen years prior to starting her own wellness and desk-top publishing businesses. She is currently Acting Executive Director of the International Arts-Medicine Association, under the direction of IAMA founder/president, Richard L. Lippin, MD. ADDRESS: 3600 Market Street; Philadelphia, PA 19104; U.S.A.; PHONE/FAX: 610-525-3784.
Music Therapists For Peace, Inc.

Edith Hillman Boxill

Music Therapists For Peace, Inc. (MTP) is more than a worldwide network of like-minded music therapists. It is an evolutionary context—a GLOBAL CONTEXT based in the vision of making a vital contribution to the peace and healing of our wounded planet Earth. Applying innovative as well as tried-and-true methods unique to music therapy, the broad and deep scope of our work encompasses many diverse forms and untold possibilities. As "ambassadors of peace through music therapy," we of MTP reach beyond the treatment room—out to all people(s), especially the children...

Since its inception in 1988, MTP has participated in World Congresses and Conferences such as the VI World Congress, Rio de Janeiro, Brazil; the VII World Congress and I Congress of the World Federation of Music Therapy, Vitoria, Spain; the Joint Music Therapy Conference, Toronto, Canada; the Creative Arts Therapies Conference, St. Petersburg, Russia; and annual conferences of AAMT, national and regional conferences of NAMT, and NCATA. MTP is a full voting member of The World Federation of Music Therapy.

In 1990, the first Universal Music Therapists For Peace Day was inaugurated in conjunction with the United Nations International Day of Peace at the United Nations. The fifth, held in 1994, was especially noteworthy. Through the efforts of MTP, for the first time in both the history of UNESCO (United Nations Educational, Scientific, and Cultural Organization) and of music therapy, music therapists will serve on UNESCO Rehabilitation Teams. At the request of the director of the UNESCO-Chernobyl Programme, MTP held a benefit to fund music therapists for three-month service in Chernobyl. Current projects are:

- A Pilot Peace Curriculum designed to reduce violence in schools and promote alternative behaviors through music therapy techniques.
- The formation of a Music Therapists For Peace Corps to provide music therapy services through UNICEF (United Nations Children's Fund).
- An MTP book comprised of a compilation of different viewpoints about peace through music and music therapy.
- Presentation at the Omega Institute Conference; April, 1995.
- Training workshops/seminars/roundtables.

MTP invites you to join the worldwide network. Contact us at the address/phone below.
EDITH HILLMAN BOXILL, CMT, is internationally recognized both as a clinician and Founder-Director of Music Therapists For Peace, Inc. She is a former professor of music therapy at New York University and Director of Music Therapy at Manhattan Developmental Services, and author of Music Therapy for the Developmentally Disabled, a textbook used worldwide in university music therapy programs. She has served on the board of the American Association for Music Therapy, and a scholarship fund for music therapy students has been established in her name at New York University. ADDRESS: Music Therapists For Peace, Inc.; P.O. Box 743, Cathedral Station; New York, NY 10025; U.S.A.; PHONE/FAX: 212-865-6895.


Jacqueline Verdeau-Pailles

The 7th ISME Commission members are music teachers in special education, music therapists, and physicians particularly concerned in the relations between arts and medicine and in performance related problems. The ISME Commission chair is Jacqueline Verdeau-Pailles (France); commission members are Shirley Harris (Australia), Daniela Laufer (Germany), Janet Montgomery (USA), Chava Sekeles (Israel), and Tony Wigram (United Kingdom); working Committee members are Rosalie Pratt (USA), Hunter Fry, (Australia), Yoshiko Fukuda (Japan), and Lianna Polychroniadou (Greece).

The Research Seminar was hosted by Daniel Sher, Dean of the College of Music at the University of Colorado in Boulder and organized by Janet Montgomery, in a stimulating and friendly atmosphere. The focus of the research seminar, “Evolution in Music Therapy, Music in Special Education, and Music Medicine: Specialized Approaches” was related to the theme, “Tradition and Change,” for the ISME International Conference in Tampa, Florida. Twenty persons attended the seminar, six as participants, fourteen as presenters, on the following topics: research about the neuro and psychophysiological impact of music, and its implications; pedagogical methods in music special education; the use of music as an educational or as a therapeutic tool in the field of medicine; clinical cases in music education; a special group experience with music; a current view of music therapy.

The commission held three sessions in Tampa during the international conference (July 18-23, 1994). Despite several cancellations and organizational difficulties, the audience showed much interest and participated actively in the discussions which occurred. The presentations
were: evolution in music therapy, music in anesthesia for hospitalized children, music in the care of children suffering from cancer, music for disabled teenagers, psychological approach of composers and musical compositions, computer-assisted instruction for students with disabilities, and unlocking musicality using “soundbeam” as a new key to eloquence.

The next ISME conference will take place in Amsterdam in July, 1996. The dates and meeting place of the Research Seminar will be decided in the near future.

The 7th ISME Commission is open to the work of all persons who utilize music to help disabled people and who desire communication with other colleagues. We are concerned with relations with the six other ISME Commissions, and with associations in the fields of music therapy, arts therapy, and arts-medicine; as well as with the importance of communication between the members of our own commission.

JACQUELINE VERDEAU-PAILLES, M.D., is a neurologist, psychiatrist, and music therapist and teaches music therapy and art therapy at the University of Paris V—Rene Descartes. She is the Vice President of ISME, Chair of the 7th Commission of ISME International on “Music in Special Education, Music Therapy and Music-Medicine,” Vice President of the French Society of Psychopathology of Expression, Secretary General (International Relations) of the International Society of Psychopathology of Expression, and a member of the board of the French Association for Music Therapy (A.F.M.). ADDRESS: Domaine de Boyer; St Martin de Villereglan; 11300 Limoux; France; PHONE: 68-31-10-71; FAX: 68-31-30-60.


Tony Wigram

On July 18, 1993 the European Music Therapy Committee (EMTC) met in Vitoria, Spain, before the World Congress of Music Therapy. At this meeting plans were made for a pre-conference that was being organized and held in Capri, Italy by the Italian representative on the EMTC, Dr. Gianluigi di Franco. In addition, the EMTC decided to establish itself more formally as a formal body representing music therapy within Europe with a constitution, as well with as a document describing its function.

On June 2, 1994 the EMTC met again, this time in Capri, Italy as part of the pre-conference. Representatives from England, Denmark, Italy, Greece, Belgium, Netherlands, Austria, Sweden, France and Germany were present at the meeting, as well as invited guests from Germany and the U.S.A. Representatives from Spain, Cyprus, Norway, Switzerland and
Finland were unable to attend this meeting but are represented on the European Music Therapy Committee. At this meeting: 1) The Committee agreed to invite representatives onto the Committee from former Eastern European countries in order to establish strong links between all countries in Europe; 2) The EMTC consulted with the Danish organizations involved in preparing for the next European Congress to be held in Aalborg, Denmark in 1995 (the EMTC supports this conference); 3) as decided at the previous meeting, the EMTC agreed upon a constitution, establishing itself as a formal body representing music therapy within Europe; and finally, 4) Tony Wigram, who has been coordinating the EMTC since it began in 1989, was elected to continue in the role of coordinator for an additional three years.

Currently, there are three working groups/sub-committees of the EMTC. The Training Sub-Committee is continuing to use the WEK questionnaire (a comprehensive questionnaire on music therapy training prepared by members of the EMTC and the WFMT) to obtain as much information as possible about all training courses in music therapy within Europe. All courses in European countries would be invited to complete the questionnaire; the results to be collated for the European Congress in Aalborg. The Research Sub-Committee is currently updating the research register in order to produce a second publication, and the Registration Sub-Committee is working to establish different methods of registration procedures for music therapy within European countries. Countries or organizations who would like information about the work of the EMTC should contact Tony Wigram at the address below.

TONY WIGRAM is the Chairman of the British Society for Music Therapy; Associate Professor at the University of Aalborg, Denmark, and music therapist at Harper House Children's Service in England. ADDRESS: Institut for Musik og Musikterapi; Aalborg Universitet; Krostraede 6; 9220 Aalborg; Denmark; PHONE: 0923-857315 (England); FAX: 0727-843151 (England) or 45-98-151382 (Denmark).
Today the therapeutic application of music is found to be an effective treatment from fetal life to states of deep coma. It is significant that auditory perception is the first of the senses to develop in the human being.

The 1st Congress of the World Federation of Music Therapy and the 7th World Congress of Music Therapy were celebrated in Vitoria-Gasteiz, Spain on July 19-23, 1993. Under the honorary presidency of Her Majesty, Queen Da Sofia of Spain, the Music Therapy School in Vitoria-Gasteiz (Music, Art & Process) represented by Patxi Del Campo San Vicente organized this event.

Seven hundred participants from 38 countries attended a program that included more than 200 papers and 38 workshops in which new perspectives and advances in the field of music therapy were presented. The principal contributions during the Congress were in the areas of clinical application of music as therapy and research.

The Scientific Committee for this Congress consisted of 38 professionals from 12 countries, and was coordinated by Tony Wigram. The following objectives were defined for this Congress:

1. To promote and disseminate developments in scientific research and music therapy theory.
2. To disseminate to all professions various approaches in the clinical practice of music therapy.
3. To develop relationships and exchange clinical experiences between music therapy professionals and associations from different countries.
4. To promote discussion regarding music therapy training.
The program was structured into four topic areas with subsections as follows: **Clinical Music Therapy** included music therapy with people with various sensory, mental and physical handicaps, music therapy and mental health, and music therapy in general medicine; **Music Therapy and Experimental Research** included psychology and music, neurophysiological approaches in research, development of the musical function, and acoustics and sound perception; **Music and Music Therapy** consisted of technical and musical aspects, culture, music and music therapy, and music and musical development; and **the Formation and “Role” of the Music Therapist** focused upon training programs, methodology, programming, aims, training designs, the music therapist’s “role” in the institutions, the music therapist’s professional profile, and the ethical code of the music therapist.

**International Seminars and Workshops**

As an introduction to the Congress, four theoretical and practical workshops were held by internationally known therapists: Kenneth Bruscia, “Imagery in Music Psychotherapy: From Improvisation to Guided Listening”; Isabelle Frohne-Hagemann, “The Musical Construction of Reality in Music Therapy”; Rhami Oruc Guvenc, “Oriental Music Therapy”; and Silvia Nakkach, “Transpersonal Singing—The Healing and Freeing Energy of the Voice.” The Congress was opened by Mr. Fernando Buesa, the Vice President of the Basque Government, followed by the keynote presentation of the Congress by the distinguished and prestigious neuroscientist and teacher, Dr. Karl Pribram, (Stanford University, U.S.A) who lectured regarding the relationship between the hemispheres of the brain and cognitive and artistic processes in the human being.

The papers at the Congress primarily addressed the question of the process of music therapy at both an artistic and scientific level. From Holland, a paper was presented on work with asphasia. Five clients in a rehabilitation center were described in this paper where significant progress was made in the restoration of speech. An Argentinean specialist presented work with a cerebral palsy client. The treatment began 10 years ago working with body dialogue using melody. At a pre-verbal level, the client developed a communication code which was meaningful in both gesture and sound. This client, 42 years old, has now reached a high degree of autonomy.

Papers about terminal illnesses reflected the emotional conflicts resulting from these particular diseases, and depicted how vocal and instrumental improvisation can help clients: 1) to cope with a diagnosis such as AIDs or cancer; 2) to deal with the regression resulting from their illness; and 3) when the rhythm of life has been broken, to re-establish the rhythm and balance of life.

During the Congress, numerous work groups and round tables addressed concerns regarding the criteria of training, evaluation, and research in music therapy; and three meetings of the World Federation of
Music Therapy took place. The Scientific program of the Congress was complemented with a wide variety of music and cultural activities. The Congress closed with a positive evaluation by Congress members and a proposal for the next World Congress to be held in Hamburg, Germany in 1996. The abstracts of the congress presentations are compiled in book form. This collection demonstrates the varied experience and background both of the Congress presenters and their clinical and theoretical work. For one week, Vitoria-Gasteiz became a center for music therapy with a multi-national gathering of professionals. The General Coordinator and the Scientific Coordinator would like to express their appreciation and gratitude to all those involved in the running of this Congress, and to the many music therapists and other professionals who travelled from all over the world to participate. The success of this Congress was largely due to the significant attendance of these professionals.

PAXTI DEL CAMPO SAN VICENTE was the General Coordinator of the 7th World Congress and is currently Director of the Post-graduate course in music therapy in Vitoria-Gasteiz.

TONY WIGRAM served as the Scientific Coordinator of the 7th World Congress. He is an Associate Professor in Music Therapy at the University of Aalborg, Denmark and the Coordinator of the European Music Therapy Committee.

Vth International Symposium on Music Medicine

Donald A. Hodges

The Vth International Symposium on Music Medicine was held in San Antonio, Texas, March 17-19, 1994. An official gathering of the International Society for Music in Medicine, this symposium was co-hosted by the Institute for Music Research at the University of Texas at San Antonio and the University of Texas Health Science Center at San Antonio. Partial funding for the event was received from the Mind Science Foundation (San Antonio).

A wide variety of professional specialties was represented in the background and training of those who attended, including physicians, nurses, neuroscientists, psychologists, music therapists, and music educators, among others. More than sixty presenters at the symposium came from twelve countries: Argentina, Canada, Germany, Hungary, India, Italy, Norway, Poland, Scotland, Spain, Switzerland, and the U.S A.
A number of papers fell under the heading "Music, Physiology and Physics," including papers on music and brain mapping, EEG, and event-related potentials, and on physiology, math, music, and medicine. Under the heading of "Music, Specific Populations and Therapy," papers were given on the effects of popular music on youth culture, applications of music vibration therapy, the use of music with pain patients, stroke and Parkinson's patients, Alzheimer's patients, mentally handicapped individuals, patients with psychiatric disorders, cardiac patients, and women in childbirth. Additional papers were presented on "Performing Arts Medicine" and "Professional Issues and Theoretical Perspectives;" the latter including papers on the CAIRSS bibliographic database of music research literature and a proposal for a Ph.D. in Music Medicine. Also, a number of workshops were given involving active participation.

Selected papers from those presented at the symposium are published in Music Medicine II, available from MMB Music in St. Louis, MO, U.S.A. (PHONE: 314-531-9635). For more information about the International Society for Music in Medicine, contact the Executive Director, Ralph Spintge in Ludenscheid, Germany; FAX: 49-2351-94517.

DONALD A. HODGES is Professor and Director of the Institute for Music Research (IMR) at the University of Texas at San Antonio. The IMR is involved in a variety of computer services (including the CAIRSS on-line, bibliographic database of music research literature), conferences, research, publications, and presentations. ADDRESS: Institute for Music Research; 6900 N. Loop 1604 West, University of Texas at San Antonio; San Antonio, TX 78249-0645; PHONE: 210-691-5317; FAX: 210-691-4381; e-mail: dhodges@lonestar.utsa.edu.

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Second Nordic Music Therapy Conference

Ingrid Hammarlund

The Second Nordic Music Therapy Conference was held on May 5-8, 1994 at The Nordic Folk High School in Kungalv, Sweden.

The conference was organized by the music therapy training program at the Royal College of Music in Stockholm in collaboration with the Swedish Music Therapy Association and sponsored by the Royal College of Music. (There is no Nordic Music Therapy Organization.) The conference theme was Nordic Resonance-Nordic Interaction.

INGRID HAMMARLUND is the Coordinator of the Music Therapy Training Program in Stockholm, Sweden. ADDRESS: Kungstengsllgatan 12; 113 57 Stockholm; Sweden; PHONE: +46-8-16 18 62; FAX: +46-8-664 14 24.
VIII Summer School/VI European Music Therapy Seminar

Patxi Del Campo San Vicente

The VIII Summer School/VI European Music Therapy Seminar was held in Vitoria-Gasteiz, Spain on July 11-15, 1994. Its theme was “Music, Art and Process” and it was sponsored by the following organizations: Escuela de Musicoterapia y Tecnicas Grupales “Musica, Arte y Proceso,” Departamento de Didactica de la Expresion Musical, Plastica y Corporal de la Universidad del Pais Vasco, and the European Music Therapy Committee. The participants of this seminar, which included nurses, speech therapists, physiotherapists, teachers, ancillaries, psychologists, and music therapy students, travelled from all over Spain, Europe, and North America to attend. The main benefits of this Summer School were to establish contacts, generate interest, and clarify the processes of therapy with other professionals. Each morning teachers led 4-hour workshops, and each afternoon they facilitated discussions.


PAXTI DEL CAMPO SAN VICENTE is Director of the Post-graduate course in music therapy in Vitoria-Gasteiz, Spain; ADDRESS: Calle San Antonio; 13 01080 Vitoria-Gasteiz; Spain; PHONE: 34 45 143311; FAX: 34 45 144224.

1st International Symposium for Qualitative Research in Music Therapy

Henk Smeijsters

On July 29-30, 1994 the First International Symposium for Qualitative Research in Music Therapy was held in Düsseldorf (Germany). The symposium was organized by Dr. Mechtild Langenberg on behalf of the Clinic for Psychosomatic Medicine and Psychotherapy of the Heinrich-Heine-University (Director, Wolfgang Tress). It was supported
by the Dutch Music Therapy Foundation represented by Henk Smeijsters and sponsored by the Heinrich-Heine-University and the Dutch Music Therapy Research Fund of BUMA. At the symposium there were six presented papers, discussions, and a concluding statement.

Kenneth Aigen (U.S.A.) brought to the fore new values that characterize qualitative research such as the “personal experience” of client and music therapist/researcher, as well as the “context dependence” of these experiences. He suggested that the researcher should not be afraid to make personal choices in carrying out research.

Henk Smeijsters (The Netherlands) stressed the need for qualitative research, as well as the necessity to develop research procedures to conduct the selection, coding, and interpretation of qualitative data. He presented concepts including “chain of evidence,” “triangulation,” and “pattern matching.”

Carolyn Kenny (Canada) expressed the need to use a new vocabulary to describe music therapy. She introduced concepts such as “holistic” and “naturalistic,” and related her ideas about “aesthetic experience” and “free fantasy variation” in the work of Husserl, Merleau-Ponty, Adorno and Marcuse.

Kenneth Bruscia (U.S.A.) presented his concept about different levels of consciousness while doing research. He used “countertransference” to describe the attempts of the music therapist/researcher to bring to consciousness the client’s experiences. Bruscia also introduced the concept of the “authenticity” of the researcher.

Dorit Amir (Israel) described her qualitative research into “meaningful moments.” She used “purposive sampling” and “grounded theory” and related several intrapersonal and interpersonal meaningful moments to factors that contributed to these moments, as well as addressing the effects of these moments upon the lives of the client and music therapist.

Mechtild Langenberg, Jörg Frommer and Michael Langenbach (Germany) described their qualitative method. Client, music therapist and independent observers “resonate” to the improvisation with images, ideas and feelings. Through content analysis, this data is classified as motives, and is related to musical processes which are analyzed by musicians.

At the end of the conference, David Aldridge (Germany) concluded that in the future it will be important to develop communication with therapists and researchers from other disciplines. In his opinion, this will only be possible when one is able to utilize a language that is understandable across disciplines.

Additional invited guests included: Kimmo Lehtonen (Finland), Gabriella Giordanella Perilli (Italy), Even Ruud (Norway), Hanne-Mette Kortegaard (Denmark), Penny Rogers (UK), Benedikte Barth-Sheiby and Barbara Wheeler (U.S.A.). The papers and discussions will be published in 1995 by Barcelona Publishers; 1121 N. Rapps Dam Road; Phoenixville, PA 19460-1909. There will be a follow up meeting at the World Congress of
Music Therapy in 1996 (Hamburg) and/or an additional symposium scheduled for 1997.

HENK SMEIJSTERS, Ph.D., is Coordinator of the Music Therapy Program at the Hogeschool Enschede, Co-Director of the Music Therapy Laboratory of the Hogeschool Nijmegen, and guest lecturer at the University of Nijmegen.

ADDRESS: Hogeschool Enschede; Department of Music Therapy; Postbus 70.000 - 7500 KB Enschede; The Netherlands; PHONE: 053-871723; FAX: 053-301689.

Second International Conference on Creative Arts in Psychotherapy, Education, and Medicine

Maryanne Olsen and Edith Hillman Boxill

Music therapy was well represented at the Second International Conference on Creative Arts in Psychotherapy, Education, and Medicine, which was held in St. Petersburg, Russia in August, 1994. Professionals from the U.S., Canada, and Russia participated, offering more than thirty-five workshops in art, dance/movement, drama, music, and poetry therapy. Three workshops were offered by music therapists whose work encompasses a broad spectrum of the practice of music therapy: Edith Hillman Boxill, Joy Indomenico, and Gee Gee Smith.

Edith Hillman Boxill, Founder/Director of Music Therapists For Peace (MTP) and Joy Indomenico, Coordinator of the MTP Creative Arts Therapies Task Force, opened the Conference with the ringing of a Peace Bell and a musical meditation for peace. This was followed by “Music Therapy: A Multicultural World Perspective,” a presentation designed to explore the cross-cultural role of music therapists through networking and creating harmonious relations with diverse peoples/cultures of our planet. This opening session established immediate contact between people of different countries, bringing a spirit of community which remained with us throughout our time together at this conference.

The conference, which will be held again in August, 1995, is organized as a joint effort between Cross Cultural Consultants (U.S.) and Harmony Institute (Russia). Its goal is to create and increase opportunities for the development and practice of the creative arts as applied to psychotherapy and education in Russia and other republics of the former Soviet Union, to create cross-cultural networking and exchanges among practitioners from the East and West, and to obtain opportunities for Russian professionals to come to the U.S. for intensive training in the practice and application of the creative arts in the helping professions.
The need for these continued efforts was demonstrated by one Russian in particular, Alexandra Mikkhailovna, Ph.D. of the Orsk Pedagogical Institute, who had traveled 40 hours to come to the conference. She spoke movingly about how deeply she was affected by this opportunity to meet us and exchange ideas. Such a response is not unique. A group of music therapy students from the St. Petersburg Center for Music Therapy (founded by Alan Wittenberg) were more than enthusiastic about sharing learning experiences and meeting with other Western colleagues. These important connections were rewarding for conference participants from both East and West.

The conference workshops in music therapy included a training session by Edith Hillman Boxill and Joy Indomenico based on "A Curriculum for Peace," that dealt with ways to reduce violence rampant in schools through the therapeutic use of music. Experiential and didactic components offered specific techniques and music materials. Gee Gee Smith's session "Music Therapy: Creativity and Healing in Substance Abuse Recovery" was received enthusiastically by Russian music therapy students. Their response to the rich variety of percussion instruments and music therapy activities was a pleasure to behold. The rapport that was established through the nonverbal use of music was an excellent testimonial to the effectiveness of music as a therapeutic tool.

The conference ended with a banquet reception of wonderfully prepared traditional Russian dishes which were enhanced even more by the melodious sounds of balalaikas and guitars in the background. We said our fond farewells, and several Russian music therapy students played the guitar and sang a "goodbye" song composed especially for the American music therapists, a memory that will resonate forever, for all of us.

Information about the upcoming 1995 Conference can be obtained by contacting Maryanne Olsen at the address below.


EDITH HILLMAN BOXILL, CMT, is the Founder/Director of Music Therapists For Peace, Inc., former professor of music therapy at New York University and Director of Music Therapy at Manhattan Developmental Services. ADDRESS: Music Therapists For Peace, Inc.; P.O. Box 743, Cathedral Station; New York, NY 10025; U.S.A.; PHONE/FAX: 212-865-6895.
Third European Arts Therapies Conference

Henk Smeijsters

The Third European Arts Therapies Conference was held on September 14-17, 1994 in Ferrara (Italy). This conference was an initiative of the European Consortium for Arts Therapies in Education (ECArTE), a consortium of higher education training institutions for the arts therapies. There are member institutions from several European countries: The Netherlands, United Kingdom, France, Germany, Finland, and Belgium.

The conference included lectures, workshops, seminars, and round tables about art therapy, dance therapy, drama therapy and music therapy. There were music therapy lectures on case histories, theory, training, and research.

Jean Eisler (U.K.) presented video demonstrations about how meaningful interactive musical moments fostered confidence and self-growth with an autistic client and a Down’s Syndrome client. Jurgen Weckel (Germany) described case examples and methods (Nordoff-Robbins approach) illustrating the contribution of music therapy in the process of recovery in head trauma patients. Nigel Alan Hartley (U.K.) emphasized the contribution of music therapy in the experience of the “here-and-now” emotional life of persons affected by HIV/AIDS. Other lectures addressed the possibilities of music therapy with women in forensic psychiatric settings (Katie Santos, U.K.), the effects of music on anaesthesia (Alain Carre, France), and music as a means of preventing children’s disorders (Augusta Bassi Nazzaro, Italy). Renate Spitzner (Austria) described how work with music as a social factor can stimulate resocialization.

Jacqueline Z. Robarts (U.K.) gave an overview of her theory of improvisational music therapy including the phenomenological properties of music, the dynamic forms of music and their “proto-narrative” significance, and metaphors and symbols evoked in the music therapy process. Alison Levinge (U.K.) shared her perspective, based upon Winnicott’s theories, which included a description of the various ways in which a child utilizes objects in the musical environment. Dr. Manarolo (Italy) concentrated on the manner in which listening to music can lead to regression.

There also were some integrative theoretical perspectives presented. Maria Elena Garcia and Pier Luigi Postacchini compared parameters between movement in dance therapy and sound in music therapy. Stefania Guerra Lisi (Italy) described the use of multisensory stimuli and the synesthetic characteristic of sound to enhance self-identity and self-expression in severely handicapped adults.

David Aldridge (Germany) illustrated how the Nordoff-Robbins approach creates significant developmental changes in developmentally delayed children which can be measured by musical and non-musical
assessment scales. In one lecture Henk Smeijsters (Netherlands) focused upon techniques of qualitative research; in another lecture he presented the provisional outcomes of a qualitative research study supporting the treatment of a client suffering from musicogenic epilepsy. Mechtild Langenberg (Germany) gave an illustration of the “sounding board function” in research where members of a research panel are asked to associate images and emotions while listening to musical improvisation. Giovanna Muti (Italy) described the results of a treatment group/control group design influencing communication in seriously disabled clients. Some of the participants of the Dusseldorf conference also gave a lecture about research in Ferrara.

Workshops addressed themes such as the creative music making of physically disabled clients (Adele Drake, Michelle McCormack and Cormac O’Kane, U.K.), the experience of music as an audible image that can create other kinds of images (Heidi Ahonen-Eerikainen, Finland), using the voice as a means to express emotions (Gianluigi di Franco, Italy), and training (Wita Szulo, Poland; Pier Luigi Postacchini and Claudio Bonanomi, Italy).

The papers and discussions from the conference will be published in Volume 1 and Volume 4 of the Conference Proceedings.

Information about ECArTE can be obtained through: Secretary of ECArTE; Hogeschool Nijmegen; Creative Arts Therapies; P.O. Box 9020; Nijmegen, The Netherlands.

HENK SMEIJSTERS, Ph.D., is Coordinator of the Music Therapy Program at the Hogeschool Enschede, Coordinator of the Music Therapy Laboratory of the Hogeschool Nijmegen, and guest lecturer at the University of Nijmegen.

Palliative Music Therapy Conference in England

Kenneth Bruscia

An international conference on music therapy in palliative care was held on September 22-24, 1994 in Oxford, England. The conference was organized by Dr. Colin Lee, music therapist at the Sir Michael Sobell House, a hospice facility in Oxford. The first day began with a keynote address by Susan Porchet-Munro, outlining essential components of palliative care education, and the need for perspectives from music therapy. Dr. Robert Twycross, Director of the Sir Michael Sobell House, and a leader in the field, followed with a warm and enthusiastic welcome, and many exciting ideas regarding the importance of music in palliative care. Presenters for the
remainder of the day included Howard Delmonte from England (Why Work with the Dying?), Cathleen O'Neill from the U.S.A. (Music Therapy for Caregivers), Hilka Osika from Sweden (Music Therapy for Cancer Patients), and Mary Boyle from the U.S.A. (Music and Coma). The second day opened with a keynote paper on Guided Imagery and Music with AIDS by Kenneth Bruscia, followed by two other presentations on the Use of Improvisation with AIDS, one by Lutz Neugebauer from Germany and the other by Nigel Hartley from England. Other speakers included Clare O'Callaghan from Australia (Song-Writing Themes in Palliative Care), Friederike von Hodenberg from Germany (Music Therapy with Radiation and Chemotherapy), Wendy Magee from England (Music Therapy with Huntington's Disease), Denise Erdonmez from Australia (GIM with Motor Neuron Disease), Katherine Ryan from the U.S.A. (Music Therapy in Pediatric Bereavement) and Colin Lee from England (Improvisation in Bereavement). In the evening, attendants were treated to a magnificent concert by The Orsino Ensemble with Colin Lee at the piano.

David Aldridge opened the third day with a keynote paper on Spirituality, Hope and Creativity. Following were presentations by Kirstin Robertson from Australia (Music Therapy and Spiritual Needs), Deborah Salmon from Canada (Music and Emotion), Cathy Durham from England (Music Therapy with Head Injuries), Leslie Bunt from England (Where Words Fail, Music Takes Over), Mary Rykov from Canada (Therapeutic Touch), Anne Olofsson from Sweden (Expressive Therapy with Cancer), and Gillian Stevens and Hilary Lomas from England (Art Therapy with Niemann-Picks). A special highlight of the day was a demonstration of the truly beautiful wooden sounding bowls—all hand made by Tobias Kaye, and already in use by several music therapists.

Each day was very full, very tiring, and very exhilarating. The conference provided truly wonderful opportunities to share thoughts, concerns and music with kindred professionals—the presentations were stimulating, creative, and very contrasting in topic and approach; there was music throughout each day; the atmosphere was intimate and supportive, and everyone shared freely of themselves. Plans are underway to publish a book of proceedings and to hold another conference in a few years. A special thanks to Colin Lee for his vision and hard work.

KENNETH BRUSCIA, Ph.D., CMT-BC, is a former President of the American Association for Music Therapy (AAMT) and the National Coalition of Arts Therapies Associations (NCATA). Currently, he is a Professor of Music Therapy at Temple University (U.S.A.) and is a GIM Fellow. ADDRESS: Temple University; Department of Music Education and Music Therapy; 1938 Park Mall; TU 298-00; Philadelphia, PA 19122; U.S.A.; PHONE: 215-204-8542.
Third European Music Therapy Conference

Hanne-Mette Kortegaard

The Third European Music Therapy Conference, Music Therapy within Multi-Disciplinary Teams, facilitated by the European Music Therapy Committee will be held on June 17-20, 1995 in Aalborg, Denmark. It aims to reflect the variety of music therapy practice, research and training in Europe today. The conference will focus upon the role of music therapy within multi-disciplinary teams.

The keynote presentations include: Music Therapy in Psychiatry (Helen Odell-Miller, U.K.); Music Therapy with the Mentally Handicapped (Anne Steen Moller, Denmark); Music Therapy Research (David Alridge, Germany and Even Ruud, Norway). There will also be a round table discussion regarding music therapy training.

The Scientific Committee, led by Hanne-Mette Kortegaard (Denmark) is formed by smaller groups representing different clinical and academic fields. The members of the Committee have been appointed in order to reflect the diversity of European Music Therapy.

HANNE-METIE KORTEGAARD is the Scientific Coordinator of the European Music Therapy Committee and is head of the recently established Treatment and Research Clinic at Aalborg University/Aalborg Psychiatric Hospital, Denmark. ADDRESS: Aalborg University; Department of Music Therapy; Kroghstrade 6; DK-9220 Aalborg, Denmark PHONE: +45 98158522; FAX: +45 98151382.

8th World Congress of Music Therapy/
2nd International Congress of the World
Federation of Music Therapy (WFMT)

Hans-Helmut Decker-Voigt

The 8th World Congress will be held in Hamburg, Germany on July 14-20, 1996. This Congress is also the 2nd International Congress of the World Federation of Music Therapy (WFMT). It was initiated by the WFMT and will work in the spirit of its statutes.

The importance of this year’s Congress is enhanced by the fact that it is available for significant participation by former Eastern Bloc countries. Until 1989, representatives of these countries were prevented from attending by borders running through Germany and through Europe as a whole. These borders, which constituted a physical expression of an
irreconcilable split, are now open (or at least more open than before). Now it is time to address the mental borders that still exist due to lack of information and lack of contact. Considering the elimination of the borders between East and West, and the attendance at previous world congresses we anticipate over 1,500 participants from thirty nations to this year's World Congress.

This Congress will represent a "Tradition of Progress" and aims to give an overview of the broad spectrum of intervention capabilities practiced internationally in music therapy. Morning events will focus upon: music therapy in the context of specific societies (e.g., North America, South America, Central Europe, Eastern Europe), music therapy research and activities, and practical fields/applications of music therapy (prevention, crisis intervention, rehabilitation, therapy, and post-care). Afternoons will provide an open program with items from all over the world. The official languages of the Congress are German, English, and Spanish.

The 8th World Congress of Music Therapy takes place at the initiative of the Congress Centrum Hamburg in cooperation with the management of the Hochschule fur Musik und Theater Hamburg and its Institute of Music Therapy, in conjunction with the Land government of Hamburg. For further information, contact: 8th World Congress of Music Therapy 1996; c/o Congress Centrum Hamburg; Congress Organization; Junguisstrasse 13; P.O. Box 30 2480; D-20308 Hamburg; Federal Republic of Germany.

HANS-HELMUT DECKER-VOIGT, Ph.D./MA, is Dean of the Institute of Music Therapy of the Hochschule fur Musik und Theater Hamburg and is the General Chair of the WFMT for the 8th World Congress.