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## Addressing Diversities in Music Therapy Theory, Practice and Research: Major Challenges

An interview with Jörg Fachner

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### Introduction

I am very pleased to have the opportunity to introduce this interview. Dr. Jörg Fachner plays a very important role in music therapy research through his editorship of *Music Therapy Today* and work with [www.musictherapyworld.net](http://www.musictherapyworld.net); through his own research, writing, and presenting; and through his work with David Aldridge at the University of Witten-Herdecke. I am delighted that readers of *Voices* have an opportunity to learn about some of his thoughts and views on music therapy research and related areas. I am interested in Jörg's views about the diversity of music therapy research and how he expands upon this in so many of the ways in which this diversity manifests itself. Reading this interview helps me to clarify and understand some of these diverse purposes, settings, and approaches.

I am also pleased to have a part in presenting another interview by Sumathy Sundar, who has helped us learn about several important voices in music therapy through her interviews. Sumathy's willingness to make the effort to make these people's views heard is appreciated and is part of how *Voices* can continue to help us expand our understanding of music therapy.

I am also glad to be able to introduce myself in my new role as Interview Co-Editor. I will be working with Leslie Bunt, who began the *Voices* interviews, to develop the interviews. I have been honored to work with Thomas Wosch to develop the Discussion section of *Voices* since the inception of this publication and am looking forward to moving into this new role with the discussions.

Barbara L. Wheeler—Series Editor



### Context

**Sumathy Sundar:** Music therapy, unlike other complementary and alternative treatment approaches, faces difficulty in framing a strong theoretical background for uniform practice and research globally. Through diverse work experiences of music therapists across the world, we realize that the profile of music therapy is both very

complicated and diverse creating difficulties in understanding the work and in drawing together various concepts underlying its therapeutic principles. Thanks to the many on-line international journals, world forums and other e resources which encourage international dialogues and communications, we gain increased awareness of more and more complex issues to be considered for the development of this profession in terms of theory and research, based on which practice could be safely made.

Research reflections and practice experiences still witness newer and relevant themes which need to be addressed to understand more objectively the most subjective personal musical experiences contributing to the therapeutic effects of music and to vouch for its universality in being therapeutic through diversified ways of practice.

Music therapy is one discipline wherein practice is based more on intuition and creativity and research aims in certain kinds of approaches to be based on pure objectivity. Innumerable variables like culture, tradition, beliefs, context, language, societal set ups and religion interfere profoundly while demonstrating the therapeutic effects scientifically. The applications, procedures, methods and protocols followed by music therapists vary so much in theory, practice and research globally in diverse cultures and contexts. It not only astounds us but also confounds us as to how all these could be integrated and could be presented as relevant in developing this discipline and profession in one's own country.

This interview with Dr. Jörg Fachner focuses on various issues that emerge while working in clinical set-ups in two different international scenarios and discusses the ways by which these themes and pieces of research reflections could be integrated in clinical practice, theory and research.

Dr. Jörg Fachner is Managing Editor of the music therapy research and service site [musictherapyworld.net](http://musictherapyworld.net) and Editor of the e-journal, [Musictherapytoday.com](http://Musictherapytoday.com). His research interests and publications focus on qualitative research aspects of music, therapy and medicine, music physiology, and psychology, youth and pop culture, altered states of consciousness, transcultural psychiatry and anthropology of the body. In this interview he shares with us his expertise, ideas and experiences for the benefit of the music therapy readers.

## Interview

**Sumathy Sundar:** Dr. Fachner, any discipline in an early stage of development faces many challenges in striking a balance between theory, practice and research. With relevance to music therapy, the beneficial effects of music tested on interdisciplinary applications recommend customization unlike the 'pill effect' which is not cultural. Paracetamols and brufens act the same way irrespective of caste, creed and religion. Though universality is vouched for the therapeutic benefits of music, there are multidimensional influences operating under different contexts and conditions to elicit required therapeutic benefits. These influences may be societal, cultural, historical, traditional and professional. How do they nurture the development of music therapy? Are they challenges to be overcome for strengthening this discipline in terms of theory, practice and research and how are we progressing? Is the development of music therapy knowledge, conceptualizing and theorizing becoming difficult due to these diverse factors influencing any benefits? Many questions like this rise to young and budding music therapists especially in countries where music therapy is just evolving. You have been working as a medical faculty in an university in Germany and have been researching on music therapy in clinical set-ups for a long time. Have you ever felt that there are immense diversities in music therapy profession and discipline which have to be addressed globally?

**Jörg Fachner:** You see as there are that many diverse approaches and practice settings we have established our website entitled "music therapy world". There is a world of music and, accordingly, ideas on music and its therapeutic benefits. We can share this diversity and see what is different in our client groups or what is a common feature. But it seems that we will not be able to formulate something like the laws of music therapy action in healing rituals. As the Chair for Qualitative Research in Medicine at Witten/Herdecke University, David Aldridge has always stressed that there is an art-inherent need for the diversity of research methods suitable to the unique practice settings of music therapy. We have to accept that this research topic

has no generalizable orthodox methodology. So when research projects address music therapy in clinical settings the research question according to the situation, the patients and the therapists involved has to dominate the choice of methods. Music therapy happens because people need help. The situation of help varies, the setting varies and the clients come to music therapy with problems not to be addressed only from a somatic perspective, i.e. using music as a medicine for the body like you would use Aspirin or whatever for a headache. But all the different therapeutic approaches use music and its elements and that is why we can call our profession music therapy.

As artists are striving for an individualised expression and a unique individual profile their output is diverse and will be different from the output of other artists. This is an inherent consequence of using art in or as therapy. No artist will strive for an orthodox expression that can be categorised according to standardised rules or conventions. Diversity is somehow a consequence when using art. We will never be as orthodox in our approaches as medical approaches are.

**Sumathy Sundar:** What are the major diversities do you think that music therapy experiences which would interfere with the therapeutic results?

**Jörg Fachner:** This touches the question whether music therapy has options to be a standardized practice with a corresponding generalized research methodology. This is something I think that will never happen. In art there will always be the diversity of methods, cultural settings, regional health belief systems, different biographies of music enculturation and reception. The practice of doing music therapy is always a unique situation and this uniqueness has to be taken into account when looking at results. This is why single case studies or studies with multiple baselines dominate music therapy research. It is an adequate way to document what has to be taken into account. Research methods are means for formalising our knowledge so that we can compare what we do. What Aldridge in his book *Case Studies in Music Therapy Research* (Jessica Kingsley Publishers: London, 2004) argues for is a flexible structure that can be applied to clinical practice. The practice is allowed to remain true to itself, although any research endeavour, by the nature of its reflexivity scrutiny, alters practice. In doing research we ask questions of ourselves as clinicians, and when we involve our patients in the process, then they too will reflect about what is going on.

**Sumathy Sundar:** In a country having a rich cultural and traditional heritage on healing with diverse languages, religions and culture, music therapy theory and research remains very challenging. The music therapist has to address many issues. I have always felt that music therapy practice and research are much more complicated that whatever is presented through books and knowledge base. What are your views?

**Jörg Fachner:** It is. The practice is always more complex than a theoretical reduction. Further, when we start to believe that music or art can be used in a standardised manner we start limiting the possibilities that art can open. This would surely interfere with the therapeutic results that are possible, if we would trust only on reduced best practice models for our therapeutic work with human beings. It's ok for presenting our outcome but surely not for our work. The therapeutic process has nothing to do with applying for a passport at the appropriate desk or checking boxes on a questionnaire. There are rituals which are connected to music which seem to have the quality of a repeatable process but the inner experiences and the focus of attention of those involved will always be different according to the uniqueness of the situation of the rituals happening.

As Rouget in ethnomusicology has criticised Neher's nomothetic idea that trance can be induced only by playing drums in a certain tempo and loudness, and has proposed a merely context dependent view on trance induction we have to be aware that there are cultural differences when listening to music. We have to accept this and adjust our ideas to the tradition of healing rituals used in different regions of the world.

Research on music and the brain has shown that there are always different centres of the brain lighting up according to the biographic involvement, familiarity and complexity of the music presented. Positivist science believes that we will be able to witness invariant patterns and commonalities according to the number of cases used. It is a

nice dream.

**Sumathy Sundar:** There is also much diversity in the theoretical base we have. Each and every day we practice, new themes keep emerging and we feel many ideas and pieces of information have to be integrated to arrive at a standard and dependable practice. Can you please elaborate on this?

**Jörg Fachner:** We might take a look at the development of scientific disciplines. Philosophy is not only philosophy. We have different approaches to philosophy and we have different schools of thinking. There is Existentialism, Phenomenology, Critical Positivism, Transcendentalism, Pragmatism, Hermeneutics and so forth. All have developed over a long period of time and different trains of thoughts and theoretical explanations emerged. The questions of the different approaches seem to deal with the same basic problems of existence, thinking limitations of senses and knowledge, destination of mankind and the how and why of living in democracy or being different from the animals. Over the course of time some questions have found refined answers, some questions appeared to be solved, others are still inspiring for the upcoming philosophers. So there will never be an end to it. Since the world is turning we are growing into knowledge and learn to live with incomplete solutions. Or as David Aldridge has pointed out, we improvise our present as a continuing performance.

**Sumathy Sundar:** We also do so in research, especially in India with very many healing traditions which were practiced since ancient times and are now being examined in a scientific manner. The diverse research reflections do not match the information base we have and the general beliefs about the healing systems.

**Jörg Fachner:** Research methods are part of a scientific belief system which might be based on natural science ideas or based on ethnological, on psychological, economical or political issues. Research is part of the culture and therefore naturally it addresses what has been asked or questioned in that particular cultural tradition. But as it is a part, it cannot give the complete picture. Being raised up in our culture we have implicit knowledge about the relationships without being aware of all connections all the time. Therefore, research can try to re-search and find what we already know, as the ancient Greek Plato already pointed out. The difference is that methods (should) help to document the way to the answers/results and transfer our implicit into explicit knowledge. This opens the opportunity to objectify the logical steps of the particular train of thoughts. But this makes research a time-consuming endeavour. Further, the scope of giving proper answers is limited to the small possible scales of the topic elaborated. Practicing the implicit knowledge, i.e. doing it, doing practice means for most of the people involved 'Don't care that much about questions and reasoning', it is only necessary to make intuitive decisions 'on the fly' and elaborate solutions instinctively.

The dominant culture is based on questions of technical nature, questions about causes and functions that have to be objectified and solved for reasons of effectiveness, progress and handling. Art has always questioned such mindless and profane processes.

**Sumathy Sundar:** Do you think superstitions and false beliefs about healing traditions cause bias in music therapy practice, results and the knowledge and theoretical base we try to create?

**Jörg Fachner:** Rationality cannot move all the mist away that is needed to be human. Sometimes implicit knowledge has a strong irrational base. But as music therapy is based on interaction between those playing, listening and moving, i.e. based on a performance of what we implicitly know, we might be able to transform the unspeakable into a medium we can listen to. But we need to learn from the rich cultural heritage about how healing traditions performed, I mean how rituals have been done in detail and to accept even the strangest cosmologies and reasons for doing so. Let me tell you this story. Listening to an Inca shaman presenting his knowledge about tobacco he, -after some (for me) really weird tales on the origins of the world- he said one sentence: 'Tobacco is the smell of the woman'. This might sound insulting at first glance when we think of a filled astray or of the smell of a pub in the morning, but if you look at this sentence from a metaphorical point it is one of the best pictures I have ever heard about addiction. Considering the role of the limbic system and the reward system in relationship bonding when couples meet and how smell will transmit

a message to your genes, in the sense that this woman fits perfectly to you and your family plans. In addition, substances will trigger the mesolimbic reward system and this causes bodily sensations that are experienced as chilling and comfortable for those who are getting used to tobacco. Third, the limbic system is strongly connected with the nose via the olfactory bulb and has been named the Rhinencephalon, which includes the Latin word for smelling. So this somehow dull, at first glance, sentence became filled up with a lot of meaning. So to answer your question, since we have such diverse cultural traditions including many belief systems, cosmologies and diversities in the ecology of their ideas we have to be aware that the scientific view on the world is just part of a dominance culture which must not have the ultimate answers.

**Sumathy Sundar:** But if we are very objective about the healing traditions, the originality of the intended application may be lost and we have the danger of trying to dismiss and corner the benefits in the name of science. What are your views on this and how could this be addressed?

**Jörg Fachner:** There is a difference between learning from the healing traditions and practicing traditions. When we try to understand what has been done we have to be aware that it fitted into an ecological niche according to the needs of the patients in contact with the performance of that healing culture. When we look at folk medicine only to understand the substances used as practiced in our medical profession or in some branches of the ethnopharmacology then we might benefit from the substances but we might dismiss the mind-bending rituals that were attached to it. Many healing rituals were added to the substance but the other way round was also true, substance was added to successful rituals.

Concerning the practice of healing traditions we should be aware that we could not transform them directly into another setting. The setting of the healing tradition is related to the culture, which means everything counts: from geographical, meteorological conditions, like humidity and temperature of the locations where healing took place, to the typical interior symbolising cultural traditions, to interaction patterns while drinking a cup of whatever, to gestures and their meanings etc. Maas and Strubelt have described this in detail in their chapter of our book on music and altered states. But on the other hand, practising healing traditions without transforming principles into contemporised symbols is a complicate process as well. Gerhard Tucek has described this in his last articles on traditional oriental music therapy. You can't beam all the practices of a healing tradition -attached to a medical aetiology which was based on the humoral pathology of Galen- into a modern clinic, just by believing the healing powers would be inherent in the musical practice of playing and dancing like two hundred years ago. After criticising the relationship approaches in his early papers he turned into a transforming approach integrating relationship and traditional methods as well.

In sociology Thomas P. Wilson has told us about the difference of normative and interpretative paradigms to understand human behaviour. The normative paradigm explains for example deviant behaviour from a base of normative ideas, which act like laws to decide on deviance without asking about the authorisation process of these laws. The interpretative paradigm however asks for the context of the behaviour and tries to understand it in terms of a relationship pattern. Here deviance from a normative concept will not be identified as a failure, here deviance will be understood as a construction of dominant groups that define some behaviour as deviant and other behaviour as normal. This explanation of deviant behaviour helped to solve inherent contradictions of the normative approach and fitted much better to a multidimensional and complex world with differing cultures, values and orientation.

Translated into our problem: Music therapy approaches with a determined explanative structure of action-reaction relationship, whether it will be based on a cosmology, a hermetic tradition or a mechanistic idea of physical sounds making the body vibrate in a certain way will always be suspect to those looking at the interactive processes happening at the same time. Postmodern music therapy is about relationship, works with interaction and interpretation of what is happening in a given therapeutic situation. But the question, whether it is the music itself or the context and its relationships can be observed in most of the discussions about music and its therapeutic potential in

medicine, ethnotherapy, music therapy research, even in musicology when try to understand and explain popular music, etc. So music and its performance remains a mystery.

**Sumathy Sundar:** How do you think we can improve upon the knowledge base in understanding the profile of music therapy, for example in the academic curriculum and the text books of music therapy? I find while recording the musical preferences and musical taste, many factors like life style, prior knowledge and cultivated taste for a specific type of music, interest for music in family lineage, the level of exposure to music, societal set-ups, the need to address the spiritual well-being, the beliefs about the value systems, everything mattered.

**Jörg Fachner:** Music therapy will have a diversity of methods like all other academic disciplines. But we have to understand that it is an academic discipline of its own. Music therapy is a discipline which has evolved out of practice and is aimed at the needs of the patient, his specific illness and behaviour, his personality and biography; this means, doing music therapy is related to a situation which is based on an interaction between a patient and a therapist. Music therapy happens at a certain place and its setting, which might be a hospital, a hospice, a private practice, a school, a forensic hospital, seminars for personality development, ethnotherapy settings or whatever the setting may be. The reason for music therapy is that people need help. Since the beginnings of music therapy, we have been influenced by other disciplines like medicine, psychology, pedagogics, and philosophy and surely by our root disciplines which are the music sciences in general.

As already stated before we might look at the diversity of philosophical approaches. All of these approaches are philosophical. There have always been certain trends of the scientific Zeitgeist, which put music therapy under pressure to steer into the harbour of a certain discipline of scientific orthodoxy. At music therapy conferences we heard all those differing voices, ideas and struggles, but could also see and hear all the different voices of the orchestra that are 'music therapy'. So when we talk about music therapy then we talk about a variety of research and practice issues. This is because we work with aesthetics, with art and individuals in processes of healing as therapists, in the Greek sense of the word therapy, which is *therapeuia*, i.e. to accompany the patients on their way into, through and out of the unknown of their illnesses. Here we have to employ our empathy, intuition and musical skills to use the richness of the different cultural heritages, the diversity of art and its floating and etheric values to find and understand the specific combination which fits to the one patient we are currently working with. And you have to be informed about the medical progress and perspective of your client's disease, the psychological approaches to this particular pathology, etc. Nobody said music therapy is an easy job.

**Sumathy Sundar:** Music therapy is not like a pill which acts uniformly on all individuals on a specific function on any particular symptom or disease. Culture and context are major diversities that interfere with our work. Don't you think that our theoretical base must focus on, and integrate, more cultural aspects, societal set-ups that should also be considered to increase knowledge base? And controlling or choosing a homogenous cultural background that includes many criteria becomes difficult in group studies.

**Jörg Fachner:** Surely it is difficult, but as said before, we have to ask the right questions to choose the appropriate methodology. For the good of our patients we are not allowed to choose a methodology just because it is currently 'up-to-date' like researching music therapy from the stance: this needs to be accepted by clinicians, or this research design needs to be integrated into evidence bases, but even this has to be done.

Anyway, I think there is no major direction music therapy should go for. I think every music therapist and researcher should do what he or she can and wants to do but do it the best they can. This will increase our knowledge base. We are a discipline that has diversity on its flags since we started. We should be determined to protect this flame with multidimensional thinking. This is needed in order to understand what happens in music therapy. Our only problem will be approaches that might seem to cover a lot of problems at once. Those one-best-way approaches, they won't last long.

Ten years later another scientific orthodoxy will challenge us with new problems. And again they will tell us that this is the only way to do it right. Let's see.

**Sumathy Sundar:** With these diversities it becomes difficult to experiment. Objectively, controlling very many variables and objective evaluation of the therapeutic benefits become challenging to meet the scientific rigours expected of in a medical set-up. What is your experience on this form of music therapy being accepted by the medical fraternity as a dependable form of complementary therapy? To what extent should we improve upon regarding theory and research considering the diversities?

**Jörg Fachner:** Music therapy can cover issues that cannot be covered by medical remedies. But research from a therapeutic perspective is not medical science in that it has no generalisable reference. The importance of such work is in its particular subjective and unconventional reference. While the aesthetic may appear to occupy a pole opposite to the scientific, Aldridge proposes that a pluralist stance is necessary to express the life of human beings. Pluralism is being used here in the sense that no political, ideological, cultural or ethnic group is allowed to dominate the discussion. Emphasising one authoritative base for music therapy research is suspicious. The quest for one superior model for empirical evaluation is the quest for disciplinary power and an attempt to marginalise other opinions. We have differing ways of languaging music therapy, as we have of musicking, but we can still respond to each other and find commonalities of understanding. These will be local rather than global. No one group can claim hegemony, nor absolute understanding of the truth of what music therapy is. A challenge is for us all to come together and merge those various understandings. To do that we tell our varying stories in differing ways, all of which have their own validity. Whether they have a validity outside our own field of expertise depends upon how we negotiate that validity and which languages we encourage. One of these languages will surely be research and amongst its dialects will be those of case studies, amongst clinical trials and a rich variety of other methodological approaches.

**Sumathy Sundar:** Finally, how do you think that all these diversities could be addressed effectively especially in countries where music therapy is in early stages of development? MT could develop better, building a firm foundation in creating a knowledge base in theory, practice and research if these issues are addressed in a standard curriculum and presented to music therapy students, researchers and practitioners.

**Jörg Fachner:** I think it is necessary to start with what is there and to use what is part of the daily musical life world because we want help our patients to help themselves in the regions where they belong to. So it is important to respect local traditions and on the other hand to know about what is the current debate in our profession. But as music therapy is about using music in therapeutic settings we have to work with what we have. Even physicians have to accept that they cannot use the MRT for every patient they meet. Sometimes there is a big difference between what is and what could or should be.

I agree that music as an academic discipline has reached a level which allows to divide music therapy training courses into a general and a specialised part of the training. But it is the big chance for countries where music therapy develops to be aware of this and to integrate this into the concept of their study courses.

**Sumathy Sundar:** Many thanks on behalf of Voices for sharing your precious time and expertise with us. I am sure all our music therapy colleagues would be stimulated and would both benefit and gain clarification about the intricacies of music therapy from reading this interview.

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