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How to Introduce Standards for Competent Music Therapy, Education and Training in Countries where Music Therapy is in an Early Stage of Development

An Interview with Michael G McGuire



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The electronic transcript of Sumathy Sundar's interview with Michael McGuire arrived while I was working in Greece and coincidentally several themes from the interview resonate with my experience working there with music therapy colleagues. During the seminars I held in Greece interest was expressed in learning about the developmental stages in the growth of music therapy training and the profession worldwide. I was able to illustrate the stages using a developmental and lifespan model with particular reference to the US, the UK and my experiences in Italy. In fact several of the small but strong core of pioneering music therapists had originally trained in the US and UK (as well as Germany) and have returned to work in Greece. How then were these colleagues to adapt the rigours of their training experiences to the Greek culture and, like Sumathy and her colleagues in India, find ways of setting up a training course within a Greek institution? Will this be achieved by developing more links with universities, private music schools or centres where music therapy has already established a strong clinical base? Is the way forward to set up a music therapy centre like the Nada Centre for Music Therapy in India? How best can the goodwill and influence of supportive colleagues such as composers and musicologists be harnessed without losing the central position of the music therapist in any future music therapy training? Can a new training be positioned in a setting that will provide the strongest support for the future governmental recognition of music therapy and appropriate levels of pay and conditions for the professional music therapists?

While in Greece I was reminded of the early developmental stages in other countries with many Greek colleagues working privately and at times, in order to promote new work, accepting work on a voluntary basis. I have worked alongside my fair share of incredible pioneers both in the UK and in Italy and I was able to share some of these experiences. In our discussions we focused on the problems to be faced during the transition from this pioneering stage to respond to the call for local training and the setting-up of courses and more established and recognised work. Comparisons of universal patterns and trends may be useful but, as indicated in the interview, we need to listen to local needs and to be very sensitive and open to culturally-specific issues. For example ancient healing uses of music are well-rooted in Greek culture, as in India, and participants at the seminars were interested in my references to Greek mythology in relation to music therapy. And how do ancient folk traditions sit side by side with use of improvisation or the use of western classical music, for example?

Working as a music therapist unites several roles of the 21st century musician including composer, arranger, instrumentalist/singer/performer, improviser, teacher, leader, trainer and business person etc. For the development of music therapy these roles are placed in a

context that requires further clinical and therapeutic knowledge and understanding, again how these aspects are organised and delivered relates very much to specific cultural situations, philosophical and value systems. These themes come across strongly in the interview. The evolution of effective therapeutic work in action is clearly paramount as a means for establishing further academic and professional recognition and as Micheal McGuire comments 'it is the knowledge, skills and abilities that the person demonstrates (my italics) that define the person's level of education, training and professionalism.'

Note: I am grateful to Carolyn Kenny for working on this interview with Sumathy Sundar whilst I was away from my office.

Leslie Bunt—Series Editor
Bristol, June 11, 2006.

Introduction

Sundar: Music Therapy is in the early stages of development in India. Therefore there is an evolving need in the country to develop and provide structured and quality- based academic education and training programs and to create a frame work for developing competencies which form a part of every academic and clinical program. These educational programs and competencies can help to: a) develop music therapy as an applied field and as a discipline; b) bring to the global forefront the therapeutic components of Indian music through research; c) meet the increasing interests amidst students to take up MT as a profession; and 4) meet the demands of health care teams in clinical settings to introduce complementary therapies into the context of integrated health care and holistic approaches in the treatment the disease. Some organizations, like Nada Centre for Music Therapy, are striving to develop a comprehensive curriculum to study music therapy in the Indian system of education and to simultaneously meet international standards while honoring the uniqueness of Indian music and its healing traditions.

Music therapy practice in Western countries is very advanced and its theoretical background is largely based on psycho therapy which is a purely a western concept. Whereas the cultural and traditional Indian music has a spiritual and philosophical influence, which expresses one's devotional feelings. This is an integral part of one's religion and is a unique aspect of Indian Music Therapy. It is very important that instead of merely copying western music therapy concepts, competencies should be developed for education and training programs suitable to the culturally sensitive approaches, techniques or methods adopted in various unique clinical situations in a particular country. This interview with Dr. McGuire is an attempt to get an expert opinion on Music Therapy Competencies and certain issues underlying a framework for establishing standards in countries where music therapy is just evolving, as in India.

Interview

Sundar: Dr. McGuire, Indian traditional systems of health and healing have originated since ancient times. Various musical treatment approaches like Nada Yoga and Raga Chikitsa (Treatment by Raga-s), are not only scientific ,alternative or complementary therapies but also guide participants in the art of living. Traditionally, these practices integrate spirituality and address the imbalance between mind, body and spirit in improving health. Globally music therapy perspectives are widening, warranting deeper understanding of various healing traditions and requiring an open mind to examine these traditions for positive outcomes in patient care.

Music therapy in India is just evolving and there is a need to develop practice and research to bring to the International forefront, the therapeutic utility of the great treasure of the unique Raga system of music and the positive approach of the Indian healing traditions advocating health. A developing discipline grows with the introduction of a systematic academic curriculum that conforms to high standards encouraging research and practice. The emerging need in India is to set standards for such academic curricula, aiming at competent music therapy practice suitable to Indian culture as rather than to advocate, design, and implement western systems and methods of practice may not be absolutely practical or relevant to the Indian culture.

However, Indian Music Therapy has a lot to learn from the West since the West has seen the development of this field over a period of 50 years. In the United States, you

have been a pioneer in establishing Music Therapy competencies through rigorous research and in a way, have given a direction to large professional organizations like the American Music Therapy Association, which is doing a great deal of work regarding competencies and levels of practice now. It is of paramount importance to develop systems and procedures using the Indian resources to be adopted in Indian clinical situations. I feel that during this interview it would be helpful if you could share your experience and expertise for those of us who are working to establish structured academic programs and competencies beyond the Western world. What do you think is the best way to identify for unique styles of practice in order to train the budding students who aspire to be music therapists?

McGuire: I think the best way to start identifying competencies depends on the country, its culture, and how much literature might be published in music therapy. Perhaps one way that would be common to all countries would be to gather expert opinions from practitioners of music therapy. This was certainly one way that was used in the development of the competencies in the United States. Another way that I believe would be common in all countries would be to observe music therapy practitioners in their work, and write down what it is they do. In other words do an analysis of observed music therapy tasks. One of the most important ways for the task force that I chaired to identify competencies was to review the professional music therapy literature. We were fortunate enough to have significant research done over a period of years that we reviewed and considered in our deliberations. It *might* be helpful to use pre-established competencies as a starting point, to determine where there are commonalities within each unique culture in terms of what music, music therapy, and clinical knowledge is necessary to be a therapist whose work is centered in music, whose core of the work is music.

Sundar: Tiny organizations like Nada Centre for Music Therapy has been conducting nationwide surveys and also convening national and international conferences on Music Therapy to bring together experts from diverse fields of specialization like medicine, musicology, psychology, alternative medicine and also self taught music therapists to consider their view points in developing this discipline in the academic and professional fronts and to develop unique styles of practice. How reliable are these viewpoints and the survey results and how could they be rated as most of them are not professional music therapists but are only experts in their own fields trying to integrate music to their field?

McGuire: It is nearly impossible for me to determine how reliable some of this information would be, but I do believe it would be helpful, nonetheless. When I became chair of the competencies task force, we had an incredible number of items to review, and to make decisions about whether or not to accept or reject. Fortunately, there was a great deal of interest in the development of the competencies, so practitioners throughout the country were willing to give us their opinions.

Sundar: In most of the countries, the broad areas of foundations identified for competent music therapy may be grouped under music foundations, clinical foundations and music therapy foundations. But don't you think the actual divisions in these areas are placed in culture and so differ and have to be identified suitably?

McGuire: I certainly believe that it will be absolutely necessary for the analysis of competent music therapy to be culturally specific. However, it also seems to me that knowledge, skills, and abilities in music, music therapy, and clinical foundations would need to be identified, regardless of the cultural base.

Sundar: The music therapy profession encounters many challenging clinical situations during which the music therapist has to perform multiple roles – similar to that of a musician, a clinician, a psychologist, a nurse, and sometimes a social worker. It is so demanding to work in such situations, that it not only needs professionalism but also a mental maturity and personal growth. How do you think the academic structure and training can meet these requirements to shape the aspiring music therapists?

McGuire: First of all, I'd like to say that the music therapist really performs within only one role – that of the music therapist. While some of the skills we demonstrate are

similar to those of a psychologist, a nurse, or social worker, I believe our work should always be from our unique basis as a music therapist. One of the things I believe will assist in the development of music therapy throughout the world is that practitioners recognize their unique position within the treatment community and within the specific treatment plans for people receiving music therapy. Now, to your question: As we know, the education and training of music therapists is multi-faceted. Those aspiring to join this wonderful profession must develop as musicians as well as therapists. I believe that as much time as possible must be devoted to musicianship skills, as well as personal-therapeutic skills. For many years, I have believed that it would be beneficial if the undergraduate degree (in the USA, this typically takes 4 to 5 years after high school) were actually a *pre* music therapy degree, and that the concentrated work to become a professional music therapist occur at the master's level. In the USA, this is the model that is used in art therapy and dance therapy. I think it makes sense, as it takes advantage of the maturation that learners go through as they proceed through the undergraduate and then the graduate degree. At all levels of the education and training of music therapists, I believe there must be experiential components in which music therapy students observe clinical music therapy, practice clinical music therapy skills, and participate in music therapy as a client – or at least as an experiential learner of the clinical music therapy process.

Sundar: What do you think would be the ideal period during which the music therapists get professionally trained fully, a five- year course with one year specialization in a specific area after the school finals? Or what do you suggest?

McGuire: Ah, I believe I answered this question, at least to some degree, in the above response. It is very difficult to predict what would be the ideal learning period for music therapists. There are academic traditions in all countries which would obviously influence how the education and training of music therapists would take place. Minimally, music therapy students must enter a program with well-developed music skills. During their education and training, they would continue to develop their music performance skills, as well as their music therapy personal and professional skills, and acquire knowledge that will help them be successful, well-educated citizens. Perhaps in a truly ideal situation, competencies would be defined and aspiring music therapists would not be deemed as fully educated and trained until they demonstrated the knowledge, skills, and abilities reflected in the competencies.

Sundar: I think the first step towards certifying competent music therapists would be to introduce rigorous and strong foundational academic and training standards instead of settling for different lower levels of certification like diplomas which might dilute the sanctity of the profession. What are your expert views?

McGuire: This very much sounds like a culturally-based question! In the USA, the tradition is for students to apply to programs which meet strong academic and training standards and that are accredited by organizations that are independent of the educational institution. Ultimately, it is not necessarily the structure in which a person learns – whether that is within a strong academic environment, or one that is less rigorous – but it is the knowledge, skills and abilities that the person demonstrates that define the person's level of education, training, and professionalism.

Sundar: Who can be on the Board of certifying music therapists? Can a body of experts in musicology, psychology, medicine, Yoga and complementary and alternative medicine in the initial stages?

McGuire: I think it is necessary for music therapists to certify other music therapists. I certainly wouldn't want a musicologist to certify a medical doctor or a Yoga master to certify a musicologist. How this is accomplished in the initial stages is difficult! Perhaps an initial board would be comprised of people who self-identify as music therapists as their primary professional role. This group of people might do the initial definition of knowledge, skills and abilities and then they themselves would demonstrate these abilities prior to establishing themselves as a board. Although I know that there are experts in other fields who believe in music therapy, and may have even personally experienced its efficacy, they really can not know how to define music therapy.

Sundar: How do you think other music therapy colleagues who are experts in establishing music therapy courses in their countries could help countries where music therapy is developing? *Voices: A World Forum for Music Therapy*, gives a very good platform and hears all the voices putting forth various issues involved in the development of this discipline in different countries. It helps in the exchange of ideas and creates an awareness of what is happening in various parts of the world. Can well-established organizations or experts, who continue to assist in the development of professional music therapy in their countries, help in identifying standards of excellence suitable to each country in collaboration with experts in that particular country?

McGuire: Experts could provide their knowledge, based in their own experiences, to others who are developing professional music therapy in their countries. They could make available the history of the development of music therapy in their countries, as well as identify how competent music therapy is defined in their countries. I believe it would be necessary for them to spend time in the country to which they are consulting to observe music therapy practices and to interview people who have different perspectives on music therapy in their country. Everyone involved would understand that the experts' opinions would be culturally-bound, and that the experts would need to have knowledge of the culture and educational practices in those countries developing music therapy standards. The consulting experts would need a very broad view of the music and treatment communities in the country where they are consulting. It would be extremely helpful if everyone maintained an open mind during this developmental process.

Sundar: It was wonderful that you shared your expertise and experience with us through *Voices*. Your voice will not only stimulate many ideas globally wherever music therapy is evolving, it will pave the way for more and more deliberations from experts all over the world to help in this continuing process of developing this discipline. Many thanks on behalf of *Voices*.

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