

May 25th, 2010

Dear all nice colleagues,

The Asian Music Therapy Symposium 2009 was held on March 8th, 2009 at the Japan Education Center, Tokyo, Japan. The purposes of this Symposium were to clarify the present situation of music therapy practice and education in Asian countries, and to think about how music therapy should be practiced in Asia, which has different cultural backgrounds and lifestyles from Europe and America.

Japanese Music Therapy Association (JMTA) invited the following six special panelists from different Asian countries to this Symposium.

1. Dr. Sumathy Sundar, a Co-founder and Honorary President of the Nada Centre for Music Therapy, India,
2. Dr. Bussakorn Sumrongthon , a Vice Dean (Associate Professor), Applied Arts at Chulalongkorn University, Thailand,
3. Dr. Patsy Tan , a Music Therapist at Singapore General Hospital, Singapore,
4. Dr. Tian Gao (material presented) , a Director of Music Therapy Research Center (Associate Professor), China,
5. Dr. Hyun Ju Chong-, a Program Director of Music Therapy Course at Ewha Womans University, Korea,
6. Dr. Nobuko Saji, a Professor at School of Nursing, Miyagi University, Japan and Chair of International Affairs Committee of Japanese Music Therapy Association

They were all experienced music therapists and also dedicated music therapy educators and researchers. Unfortunately Dr. Tian Gao, Chinese panelist, could not attend this symposium, but he gave us a lot of information about music therapy practice and education in China.

During the symposium, we have had exciting and interesting presentations and lively discussions on the topic of “Asian music therapy practices, education and challenges” by the panelists. JMTA is very much delighted to announce the amazing results we have achieved during this Asian Music Therapy Symposium 2009 through this report and hopes that this fruitful report will contribute to further development of music therapy in Asia and also to the other countries in the world.

Thank you.

Sincerely Yours

Nobuko Saji

Dr. Nobuko Saji

Chair of 2009 International Affairs Committee of JMTA

**Report on Asian Music Therapy
Symposium 2009 in Tokyo**

Nobuko Saji, Kana Okazaki,

Yuhji Igari, Hiroshi Bando and Takayuki Saito

2009 International Affairs Committee of Japanese Music Therapy Association

Program of Asian Music Therapy Symposium 2009 in Tokyo

Date: March 8th, 2009, 12:45 pm to 16:30 pm

Venue: Japan Education Center

Welcome Greeting and Introduction about 6 Representative Panelists

Presenter; Dr. Nobuko Saji

Chair of International Affairs Committee of Japanese Music Therapy Association

Section 1:

“Current Status of Music Therapy Practice and Education in Their Respective Countries.”

Section 2:

”Problems and Perspective in Asian Music Therapy.”

Panelist: Dr. Bussakorn Sumrongthon

Vice Dean (Associate Professor), Applied Arts at Chulalongkorn University, Thailand

Panelist: Dr. Sumathy Sundar

Co-founder and Honorary President of the Nada Centre for Music Therapy, India

Panelist: Dr. Patsy Tan

Music Therapist at Singapore General Hospital, Singapore

Panelist: Dr. Tian Gao (Material Presented)

Director of Music Therapy Research Center (Associate Professor), China

Panelist: Dr. Hyun Ju Chong

Program Director of Music Therapy Course at Ewha Womans University, Korea

Panelist: Dr. Nobuko Saji

Professor at School of Nursing, Miyagi University, Japan

Presider of Symposium: Ms. Michiko Kato

Chair of Training and Education Committee of Japanese Music Therapy Association

Report on Asian Music Therapy Symposium 2009 in Tokyo

Nobuko Saji, Kana Okazaki, Yuhji Igari, Hiroshi Bando and Takayuki Saito

2009 International Affairs Committee of Japanese Music Therapy Association

Abstract

Introduction:The “Asian Music Therapy Symposium 2009” was held on March (Sunday), in the Japan Education Center Hitotsubashi Hall, Tokyo, Japan. Six music therapists representing 6 Asian countries participated (only one of whom presented an article), and a lively exchange of opinions occurred on the topic of “Asian music therapy practices, education and challenges”. This was the first such meeting in Asia and the interesting results from the symposium are reported.

Purpose: The purposes were 1) to clarify the present situation in Asian music therapy practice and education, and 2) to think about how music therapy should be practiced in Asia (uniqueness), which has different cultural backgrounds and lifestyle from Europe and America.

Methods:1) Panelists were one representative music therapist from each of the 6 countries in Southwest Asia (India), Southeast Asia (Singapore, Thailand), and East Asia (China, Korea, Japan).

2) The program consisted of two parts. The first was “the current state of music therapy practices and education in each country”, and the second was “Asian music therapy practice and education challenges and prospects”. Opinions were exchanged in each section.

3) The participants were members of the Association and general applicants. Simultaneous interpretation equipment was used, and slides were projected simultaneously in English and Japanese on two large screens on the stage.

4) The symposium was developed and run with the cooperation of the International Exchange Committee, Training and Workshop Committees, volunteer members, and the Association head office.

Results and consideration: In Section 1, each panelist reported on (1) trends in music therapy, (2) traditional techniques and characteristics, (3) music therapist training education guidelines, (4) music therapist training organizations, (5) number of music therapists and their areas of interest, (6) music therapy societies or associations, (7) other special considerations.

In Section 2 it was emphasized that (1) in Asia there are regions where music therapy societies or associations have not yet been established and regions where such organizations are already active; (2) together with the training of music therapists at a level equal to international standards, strong project systems associated with relevant areas are needed to conduct music therapy research based

on scientific evidence; and (3) there is a need to carefully maintain music therapy rooted in the cultures and ethnic backgrounds of Asia, which differ from those of Europe and America.

Summary:

1. Efforts have been made to establish more effective and original music therapy based on the traditional music of the home country and its cultural background.
2. Music therapy education varies greatly by country, from countries with no specialized music therapy courses to countries in which education and research on music therapy is conducted in colleges and graduate schools.
3. The need was confirmed for qualitative and quantitative research with greater sharing of information and promotion of research activities with researchers in related fields.

Keywords: Asian music therapy symposium, music therapist, music training education, music therapy, Japanese Music Therapy Association (JMTA)

Introduction

The Asian Music Therapy Symposium 2009 in Japan, sponsored by the Japanese Music Therapy Association's International Affairs Committee, was held on Sunday March 8, 2009 at the Japan Education Center Hitotsubashi Hall in Tokyo, Japan. Asia now comprises 23 countries, and music therapists representing 6 of these countries (1 Southwest Asian nation, 2 Southeast Asian, 3 East Asian) were invited to this year's symposium. The symposium lasted approximately three and a half hours, during which the representatives discussed the topics concerning the current state of Asian music therapy practices, education, and challenges.

Presentations on music therapy practice and education in Asia thus far have been limited to individual Asian music therapists reporting separately on their practical research and other topics at venues such as the triennial World Congress of Music Therapy and European Music Therapy Congress, and at music therapy conferences held annual in each individual country. A particular aspect of this situation is that while information regarding music therapy in each of the individual Asian countries can now easily be found in Europe and America, there is little opportunity to learn more about music therapy from compatriots in the Asian area apart from news disseminated on their websites.

Six music therapists from 3 major regions of Asia, whose traditions and cultures differ from the West's, joined together at this conference and directly exchanged views on the current state of music therapy practice and education in Asian countries and the challenges faced in these areas, describing projects that merit attention not only in Asia, but in the music therapy field worldwide. The result was a very detailed and interesting conference, which we summarize in this report.

Purposes

The purposes of holding the Asian Symposium of Music Therapy in Japan 2009 were:

1. to clarify the present situation regarding music therapy practice and education in the Asian region, and
2. to consider proper (i.e., unique) methods of music therapy practice in Asia, based on Asia's particular cultural background and lifestyle customs, which differ from those in Europe and the U.S.

Methods

1. Symposium panelists

The Japanese Music Therapy Association's International Affairs Committee selected 6 panelists from among leading music therapists, primarily from Asia, who are now actively engaged in practical research and educational instruction in music therapy (Figure 1&2).

The panelists are introduced in the following:

1) Southwest Asia (Representing India): Dr. Sumathy Sundar

Co-founder and honorary president of the Nada Centre for Music Therapy, World Federation of Music Therapy Regional Liaison for Southeast Asia, graduate of Bristol University's Music Therapy Course, PhD research scholar in Music Therapy at the University of Madras, MA in Music and Applied Psychology

2) Southeast Asia (Representing Thailand): Dr. Bussakorn Sumrongthon

Vice Dean (Associate Professor), Applied Arts at Chulalongkorn University, founding member of Journal of Music and Medicine, Director of Thai Traditional Music and Culture Research Center, Co-Director of Thailand Urban Research Plaza (PhD)

3) Southeast Asia (Representing Singapore): Dr. Patsy Tan

Music Therapist at Singapore General Hospital, Singapore's largest and oldest general hospital, U.S.-certified music therapist (MT-BC), Neurologic Music Therapist (NMT), Neonatal Intensive Care Unit Music Therapist (NICU-MT), founding member of the Association for Music Therapy (Singapore), founding member of the International Association for Music and Medicine (PhD)

4) East Asia (Representing China): Dr. Tian Gao (Material Presented)

Director of Music Therapy Research Center (Associate Professor), World Federation of Music Therapy Regional Liaison for East Asia, graduate of Temple University's Music Therapy Course (PhD)

5) East Asia (Representing Korea): Dr. Hyun Ju Chong

Program director of music therapy course at Ewha Womans University, graduate (MA) of Temple University's Music Therapy Course (MA), graduate of Kansas University's Graduate School Music Therapy Course (PhD)

6) East Asia (Representing Japan): Dr. Nobuko Saji

Professor of School of Nursing, Miyagi University. Director at Japanese Music Therapy Association,

Chair of JMTA International Affairs Committee, Chair of World Federation of Music Therapy's Commission on Clinical Practice, graduate of Tokyo University of the Arts Center for Music Research (MA), Research Fellow at Goldsmiths College, University of London, graduate of Graduate School of Education, Tohoku University

2. The program of Asian Music Therapy Symposium

The symposium consisted of two programs lasting a total of approximately three and a half hours. In the first part, the panelists each spent approximately 20 minutes describing the current status of music therapy practice and education in their respective countries. At times, the presentations included video and live music performances, resulting in a very interesting event. While Dr. Tian Gao of China unfortunately was unable to attend because of a sudden illness, he was able to provide an article presenting his information. We truly appreciate his cooperation in participating.

The second part of the program consisted of a question and answer session with the representatives from each of the countries described in the first program, followed by a lively exchange of views regarding problems and perspectives in Asia's music therapy sphere.

3. Determination of the symposium's attendees and venue

This symposium was held on the second day of a combined training and lecture program conducted by the JMTA. The approximately 400 symposium attendees included about 60 persons who both participated in the previous day's training and attended the symposium.

Three main criteria were used in determining the location.

(1) The venue needed to have a booth for simultaneous interpretation at the back of the hall. Therefore, equipment for simultaneous interpretation was also needed to allow participants to switch between English and Japanese and maximize the content each panelist could present within their allotted time.

(2) Two large screens were needed on stage to allow simultaneous projection of English and Japanese slides.

(3) Since the print appearing on the screens would be difficult to read for attendees seated towards the back of the space, organizers distributed handouts with content identical to the slides.¹⁾

4. Progress and running of the symposium

As mentioned above, this symposium comprised the latter portion of a lecture and training event. The program committee for the day of the symposium was led by Michiko Kato, chair of the JMTA's Training and Education Committee (Figure 3). Preparations leading up to the symposium and operations on the day of the symposium itself were successful thanks to the dedicated efforts of the five members of the International Affairs Committee.

Further help was generously provided by JMTA full-member volunteers with credentials in music therapy earned overseas. These volunteers worked individually with the panelists on tasks ranging from translation of lecture materials into Japanese to guidance and assistance before and after the symposium.

Results

1. Section 1: Current status of music therapy practice and education in each country

Approximately 6 months prior to the symposium, we distributed a questionnaire (see Material 1) to panelists asking which topics they definitely wanted to address in describing the current status of music therapy practice and education in their respective countries during the first part of the symposium. As a result, there were some panelists who focused in their Section 1 presentations on topics in the questionnaire, and some who, while touching on the questionnaire items, presented completely original content.

All of the panelists reported on the 7 following subjects:

- 1) Overall trends in music therapy,
- 2) Traditional techniques and therapeutic characteristics,
- 3) Guidelines for training and educating music therapists,
- 4) Organizations for developing and training music therapists,
- 5) Number of music therapists and areas of clients,
- 6) Music therapy societies and associations, and
- 7) Other special considerations.

The panelists' presentations are summarized below.

★India: Southwest Asia

1) Music therapy in India blends ancient healing arts with traditional music; thus, it is profoundly related to Indian philosophy, culture, and civilization. An additional characteristic is the spiritual intent. However, therapists are also trying to achieve a fusion with Western methods through clinical practice and research, while maintaining cultural sensitivity to local characteristics and lifestyles.

2) India's ancient traditional therapies are divided into three major types. The first comprises the Vedic Traditions, the second Ayurveda and yoga, and the third the Esoteric practices like Nada yoga and Nadopasana. Symposium members hearing Veda music for the first time were absorbed, especially the Vedic Traditions and Ayurveda music as sung by India's Dr. Sumathy Sundar.

3) The country does not yet have guidelines for training and educating music therapists. Since the methods and approach to music therapy in India differ from Western concepts, developing

guidelines will require development of an approach and curriculum that are highly sensitive to the country's culture.

4) Cultivation and training of music therapists is implemented by four organizations. One is the Nada Music Therapy Center. This center studies the development of DLP programs. The second is the Music Therapy Trust. This organization provides education at the graduate school level. Third is the Apollo Hospital (Chennai). This institution conducts a 4-year university music therapy program and 1-year advanced-level (diploma) program. The fourth organization is the Pankaj Kasturi hospitals, Kerala. This institution offers Certificate Course in Music Therapy.

5) India now has approximately 50 music therapists, including two music therapists with credentials acquired abroad. Clients receiving music therapy mainly comprise the elderly, children with developmental disorders, and terminally ill patients.

6) No music therapy societies or associations have been established yet.

7) As Indian music therapy practices are deeply rooted in spiritual beliefs and traditional culture, its integration with traditional healing systems is complex. This makes it a particularly Indian technique.

★ Thailand Southeast Asia

1) Music therapy in Thailand is categorized into three major groups based on the type of client. First is music therapy for recreation. Vocal and instrumental performances and listening to music for relaxation constitutes a recreational activity in which participants are free to join in as they like. Music therapy is also used to maintain health, including music therapy to improve muscular motion, muscle strength, and reflexes, and music therapy used in childbirth classes.

The second type is music therapy used as a special treatment for patients. In this mode of music therapy, therapists passively or actively engage in musical activities to help alleviate patients' pain, stress, and anxiety. For example, this is used in cancer therapy as a means of inducing meditation in order to improve immunity. Another example of music therapy practice is with autistic children and children with Asperger's syndrome, who listen to Thai folk music due to its analgesic affect.

The third category is that of musical performances as an urban ritual. Music is used and performed by local residents, Hindus, and others to communicate the wonder of being.

2) The Thai people have a keen awareness of their country's arts and traditions, and music therapy here makes use of folk instruments to help pass on Thailand's cultural traditions and preserve Thai culture.

3) There are no guidelines for training and educating music therapists. However, one school, Ransit University, offers a program with a minor in music therapy. There is no system of certification.

4) There are no organizations for cultivating and training music therapists. This is due to the fact that music therapy is not yet included as a bachelor's degree program.

5) Music therapists have no status in Thailand's health and welfare system. Thus, there is only one music therapy specialist (the panelist from Thailand), who earned her certification abroad. However, there is a movement among physicians, nurses, and artists and performers to use music therapy in hospitals and other health facilities, schools, prisons, and so forth. Clients receiving music therapy mainly include cancer patients, persons with emotional disorders, the elderly, children with developmental disorders, prisoners, chronically ill patients, and patients with cerebrovascular disorders.

6) Currently, Thailand has no specialized music therapy societies or associations.

7) In Thailand, those engaged in medical treatment, particularly nurses, are active in using music therapy in alleviating pain, for relaxation care, and in rehabilitation.

★ Singapore :Southeast Asia

1) In Singapore, music therapy gained recognition as a service for disabled persons as one of "Singapore's social services" (1991). Actually, until recently, music therapy in Singapore was limited to the field of special education as an essential activity in schools for children with disabilities. The National Council of Social Service (NCSS) supports the status of music therapists, and also offers scholarships in music therapy.

2) Music therapy for children with special needs employs behavioral techniques for specific objectives (such as skills acquisition and improvement of social functioning).

3) Singapore has no guidelines for training and educating music therapists.

4) Currently there are no organizations for cultivating and training music therapists in Singapore. However, Singapore's national Nanyang Academy of Fine Arts (NAFA) began offering "Introduction to Music Therapy" as an elective subject in November 2006. NAFA further started offering a second elective in 2007 with the aim of providing experiential training. Lasalle-SIA initiated a similar course in November 2007.

5) Singapore's music therapists first appeared in the 1980s, and now there are 13 music therapists active in the country. Clients receiving music therapy are mainly children with developmental disorders, terminally ill patients, and patients with cerebrovascular disorders.

6) A music therapy society was inaugurated on September 19, 2007. It initially had 11 pioneering female music therapists, and 13 music therapists are now active in the group. The society's objectives are, one, to raise general awareness of music therapy in Singapore, and two, to act as an organization providing services to Singapore's music therapists.

7) Singapore is a multilingual society, where languages spoken include English, Chinese, Malay, and Tamil. Numerous religions are also practiced, including Buddhism, Islam, Hinduism,

Catholicism and other Christian faiths, Sikhism, Taoism, and Confucianism. These differences can present difficulties to mutual understanding. Furthermore, the health system basically operates on the principle that people are responsible for maintaining their own health and for paying their own medical expenses. The country does, however, implement a policy of “shared burden” for medical expenses of the disabled and the poor.

★ China :East Asia

1) The progress of music therapy in China is split into two periods, with the year 1997 dividing the two. Since 1997 Chinese music therapy has existed within the realm of science, and developed rapidly.

2) In China, music therapy is based on traditional Chinese medical theories. In accordance with these theories, in the traditional Chinese (5-tone) scale, each tone is considered to have the power to heal one of 5 different internal organs. C corresponds to the spleen, D to the lungs, E to the liver, G to the heart, and A to the kidneys.

3) Guidelines for training and educating music therapists are based on Temple University’s music therapy curriculum. Since 2004, extramural music therapy training programs have offered classes in the beginning level (5th level) and intermediate level (2nd level). Trainees include physicians and nurses, musicians, music students, and clinical psychologists. A qualifying system was established in China in 2008, and approximately 80 qualified music therapists have been registered.

4) Organizations for cultivating and training music therapists include 5 universities that confer bachelors and masters degrees in music. As of 2008, 500 music therapy students have been enrolled. Of the 5 schools, 2 universities have instructors with extensive specialized training in music therapy. No university in Hong Kong features any music therapy major curriculum. However, a number of universities do offer opportunities for music therapy education in the form of elective courses that are open even to students who are not music therapy majors. In Taiwan, National Taiwan University of the Arts initiated a music therapy course in 2006.

5) China currently has approximately 80 qualified music therapists registered. In Hong Kong, there are 12 music therapists who have acquired certification overseas. Taiwan has 4 music therapists who have acquired certification overseas.

6) There are 3 music therapy associations in this region. The Chinese Professional Music Therapist Association was established in 2007 and currently has approximately 200 members. The Hong Kong Music Therapy Association, also established in 2007, has 12 members. Established in 1996, the Taiwan Music Therapy Association has 24 members.

7) China’s postgraduate curriculum has a strong focus on psychological approaches, including individual psychotherapy and groups, psychotherapeutic music, imagery techniques, trauma intervention methods, and music therapy (I, II).

★ Korea: East Asia

1) In Korea, demand for music therapy at schools is currently on the rise, along with an increase in the number of full-time music therapists. In addition, government has bolstered support for and recognition of research and development in music therapy.

2) One characteristic of music therapy education in Korea is that the subject is primarily taught in postgraduate courses. Thus, development of detailed curricula and analyses of the music therapy profession conducted by the Korean Ministry of Commerce, Industry, and Energy's (now Ministry of Knowledge Economy) Research Institute for Vocational Education and Training brought about a system to provide theories and knowledge required for music therapist training courses, with the materials resulting from such analyses utilized as the foundation of the educational curriculum.

3) There is no organization that controls or regulates music therapy educational curricula in Korea. Thus, each educational institution conducts training according to its own individual guidelines.

4) Organizations for cultivating and training music therapists include one university (undergraduate) and 9 graduate schools that have established courses for education of music therapists. Korea does not yet have a unified system of qualifications. Thus, each individual university, graduate school, and society incorporates and authorizes its own separate system for verifying qualifications. Besides masters degrees, there is a broad range of standards used as commonly recognized qualifications for music therapists. These include completion of internships lasting 540 to 1060 hours and the obligation to renew credentials every 3 to 5 years.

5) As of March 2009, there were 339 music therapists employed in Korea. Roughly half of graduates (693) have been employed as music therapists. Clients receiving music therapy are overwhelmingly disabled children, followed by persons with multiple issues and the elderly.

6) Korea has 3 professional music therapy organizations, the Korean Music Therapy Association, the Korea Music Therapy Education Association, and the Korean Music Therapy Association for Clinical Practice & Applied Science, but there is no unified entity.

7) The Korean panelist provided a very detailed report on the results of a questionnaire survey. As of March 2009, 94 music therapists were employed full time, while 245 had part-time employment, approximately 2.6 times the number of full-time music therapists. Full-time positions were primarily found at music therapy centers and social welfare facilities, while part-time positions were often included work at after-school programs, disabled children's centers, university lecturer positions, and the like. Salaries are about \$25,000 for full-time music therapists and \$50-\$80 per session for part-time music therapists.

★ Japan: East Asia

1) The history of music therapy in Japan can be divided into three periods. The first period (1950s-1970s) was a time of initial development and growing awareness of music therapy. It was during this period that Juliette Alvin came to Japan. During the second period (1971-1994), numerous research groups and societies were established. Clive and Carol Robbins were in Japan. The third period (1995-present) saw the birth of a single, unified music therapy society (the original forerunner of the current Japan Music Therapy Association) and establishment of guidelines for the cultivating and training of music therapists and system of authorizing qualifications. As of March 2009, 1,631 music therapists had been recognized as qualified by the JMTA. Since 1995, more than 20 leading music therapists from Europe and the U.S. have visited Japan and given lectures in music therapy practice.

2) Although based on the western model, Japanese music therapy follows original practices designed to suit the client. Music therapy in Japan includes, for example, traditional Japanese instruments and musical elements such as children's folk songs and beanbags, *wadaiko* (Japanese drums), *koto* (Japanese zither), *shakuhachi* (bamboo flute), *shigin* (recitation of Chinese poetry), *shamisen* (three-string lute), *kusabue* (reed pipe), and folk dance, as well as group songs, children's songs, *enka* ballads, and folk music.

3) Guidelines for training and educating music therapists were established in 1996 ("Guideline 96"), and based on these guidelines, the Japan Federation of Music Therapy certified its first music therapists in 1997. The organization was renamed in 2001 as the Japan Music Therapy Association (JMTA), at which time its guidelines were also revised with the "Guideline 01." Currently (2010), revision of Guideline 01 is being studied following completion of a provisional certification system.

4) As of March 2009, there were 26 schools (universities, junior colleges, and vocational schools) certified by the JTMA as institutions for cultivating and training music therapists.

5) As of March 2009, Japan had 1,631 JMTA-certified music therapists. Including music therapists who have been certified by other local governmental and independent organizations, those with Level 1 certification from the Japan Education Council for Music Therapists, and music therapists who have acquired certification abroad, Japan has an estimated total of approximately 3,000 practicing music therapists. The largest group of clients receiving music therapy is the elderly, followed by children with developmental disorders and the mentally disabled.

6) The present Japan Music Therapy Association was unified in 2001. Eight branches around the country carry out operations while coordinating efforts with the head offices.

7) With annual national conferences, local branch meetings, and other activities, the Japan Music Therapy Association publishes practical research, provides meeting sites, and publishes an academic journal. The association is also working to realize a national governmental qualification system for music therapists.

1. Section 2: Problems and perspectives in Asian music therapy

The following describes discussions based on problems and perspectives presented by the 5 panelists (Table 1).

1) It appears that organizing music therapy societies and associations and establishing institutions for cultivating and training music therapists anytime soon will be difficult in Singapore, with its mixture of many languages and religions, and in Thailand and India, due to the lack of qualified and certified music therapists. However, this difficulty has deepened the knowledge and understanding of music therapy in these countries, and will lead to practical results, beginning with greater demand for and trust in the practices of music therapy. Music therapists continue to work without undue haste, sure that the results will come.

2) Asia needs both to develop music therapists at a level equal to international standards and to conduct practical research based on scientific evidence. Thus associations are promoting both qualitative and quantitative research while conducting joint research with experts in related fields. In the future, publishing an official journal for music therapy research in the Asian region will be of great significance.

3) Since Asia's traditional music, ethnicities, and sensitivities are based on a cultural background differing from those in Europe and the U.S., it is desirable to establish an original system of music therapy that, while referring to the western model, is suited to each country's own clients.

4) Is university department level music therapy education sufficient, or must it reach the postgraduate level? Music therapists not only need to acquire knowledge and skill, they must also possess sound judgment and a very humanistic nature. Furthermore, music therapy comprises the three branches: practice, research, and theory (Gaston, 1968). This requires specialized, postgraduate-level education and practical experience.

Discussion

1. Current status of music therapy practice and education in each country

Information on the current status of music therapy practice and education in each of the 6 Asian countries provided in the first section has been combined with the results of a questionnaire survey conducted prior to the symposium and summarized in Table 2 and Table 3. Firstly, the following point can be gleaned from the state of music therapy practice in the 6 Asian nations indicated in Table 2.

1) Music therapy societies and associations have been established in Singapore, China, Korea, and Japan, but not in India or Thailand. It is thought that the concentration of music therapy societies and associations, particularly in the East Asian countries of China, Korea, and Japan, with 1-3

organizations in each country, has resulted in music therapist qualifying and certification systems and increased the numbers of music therapists. Japan is the only country in Asia that maintains a nationally unified organization similar to the societies and associations in advanced western nations. It was confirmed that Japan is home to the greatest number of board-certified music therapists.

In China, however, political issues make it difficult to create any such integrated body that includes Hong Kong and Taiwan. Furthermore, the Asian region includes countries like Singapore that feature a mix of multiple languages and religions. Therefore, it is not necessarily desirable to establish unified societies and associations in Asian countries. Rather, it may be better to organize these bodies according to the conditions in each country.

The two following points were confirmed from the state of music therapy education in the six Asian countries (Table 3).

2) China, Korea, and Japan are East Asian nations whose educational institutions conduct music therapist training courses in accordance with music therapy educational guidelines. In Korea particularly, with the exception of 1 university, all other schools conduct postgraduate-level courses at a level close to that found in music therapy education in the west. Meanwhile, the fact that students in all 6 of these Asian countries can attend music therapy lectures as elective classes is considered to be a sign that music therapy has reached a stage of greater popularity and understanding.

3) While research projects in areas related to music therapy are needed to produce more scientific evidence, institutions for training music therapists cannot yet be called sufficient, even in relatively well-prepared China, Korea, and Japan. Music therapy practices in each of the countries are based on traditional music, and it is thought that a different methodology than the western model of collecting information and applying statistical methods may be needed.

2. Problems and perspectives in Asian music therapy

1) It appears that organizing music therapy societies and associations and establishing institutions for cultivating and training music therapists anytime soon will be difficult in Singapore, with its mixture of many languages and religions, and Thailand and India, due to the lack of qualified and certified music therapists. We should begin to see results when knowledge and understanding of music therapy are acquired, supported by a balance of supply and demand for music therapy practices. While believing that such a time will indeed arrive, it was also confirmed that dialog and cooperation are needed.

2) All the panelists forwarded the idea that training music therapists to international standards and conducting music therapy research based on scientific evidence requires a more robust project system that includes related fields.

3) Use of music in Asia is based on a different cultural and ethnic context than that in Europe and the U.S. The need to continue to value and preserve traditional music was emphasized, particularly in India and Thailand.

3. Future symposium topics

1) While the budget for this symposium permitted attendance of representatives of 6 Asian countries, it is believed that an overall grasp of music therapy in Asia will require additional knowledge and fuller information about music therapy in other countries in Asia (e.g. the Philippines and Mongolia). Furthermore, it was thought that expanding the Asian symposium and discussing Asian music therapy with western music therapists at global music therapy symposia would be meaningful.

2) The most common comment regarding the Asian Music Therapy Symposium in the March 2009 lecture and training questionnaire was “This was a valuable opportunity that allowed us to hear directly about music therapy in Asia, which is difficult to learn about otherwise.” Other comments included, “We learned of the tremendous struggles our predecessors went through to advance Japanese music therapy to international levels, and felt very thankful for this,” “We got a sense of the high level of music therapy education and music therapists in Korea,” “This was the first time I’d heard traditional Indian Veda live; it was fascinating,” “I was glad to be invited, but I thought that only a half-day symposium was too short,” and other such responses.

Summary

1. Efforts were being made to establish more effective, unique music therapy practices based on the traditional musical and cultural backgrounds of the panelists’ countries.
2. Conditions regarding music therapy education vary greatly, from countries with no specialized music therapy courses to nations conducting educational research at universities and graduate schools.
3. The participants confirmed a need for qualitative and quantitative research, promoting further information gathering and research activity with researchers in related fields.

Acknowledgements

We would like to express our thanks to the six panelists for their cooperation in concluding this symposium in the scheduled time. Deep appreciation also goes to coordinator Michiko Kato, the International Affairs Committee and staff at JMTA headquarters for their dedicated preparations before and direction on the day of the symposium. Japanese translations for handouts of the

panelists' materials and individual assistance for panelists on the day of the symposium were provided by the following young full JMTA members, who acquired their music therapist credentials abroad: Makiko Takahashi, Yukiko Mitsudome, Ai Sato, Soyoka Konno, Ayako Sugata and Tsugiko Kakizaki. The panelists were very impressed with the assistance and expressed their gratitude. Lastly, we would like to express our heartfelt thanks to those who helped with this event, including those who participated in the symposium.

References

- 1) Proceedings of the 2008 Japanese Music Therapy Association Training and Lecture Conference, Japanese Music Therapy Association, March 2009. There is a symposium with only three East Asian countries (Korea, Taiwan, Japan) (Report on the Asian Music Therapy Symposium sponsored by Senzoku Gakuen College of Music, 2005).
- 2) Gaston, E. Thayer (1968) Music Therapy, New York; Macmillan Publishing, 30-44.



Figure 1. Nations represented 6 of 23 Asian nations.



Figure 3. Symposium with representative panelists



Figure 2. Panelists represented 6 of 23 Asian nations.

- 4.4 Is music therapy service paid?(all paid, all unpaid volunteer, both)
- 4.5 Where do full time music therapist mostly work? (circle most two)
 hospital, other facility, school, public facility, hospice,
 other ()
- 4.6 What is the average salary for a full time music therapist?
 (Under 10,000 yen, Under 50,000 yen, 100,000 yen or above, 200,000 yen or above)
- 4.7 What is the average session fee for a part time music therapist?
 (Under 500 yen, 1,000 yen or above, 2,000 yen or above, 3,000 yen or above)
- 4.8 Are you satisfied with your working environment?
 (Yes No)
- 4.9 If you answer No in question 4.8, what is the reason?
 ()
- What kind of improvement would you seek?
 ()
- 4.10 Indicate the aspects that make the music therapy practice in your country different from that of other countries. Indicate the most unique aspects of music therapy practice or the original way or methodology in music therapy.
 ()

♪ Thank you for your cooperation ♪

Table 1. Problems and perspectives of music therapy practice and education

As of March, 2009

Nation	Problems	Perspectives
India	<p>Developing guideline will require development of an approach and curriculum that are highly sensitive to the country's culture.</p> <p>In music therapy research the integration with traditional healing system is complex.</p>	<p>Since Indian philosophy and traditional music differ from Western concepts, Indian music therapy will keep the tradition.</p> <p>Significant for Asian music therapists to have a regular meeting, and to publish cooperatively the journal of tentative name, "Asian Federation for music therapy".</p>
Thailand	<p>Since qualified music therapist is only one, it will be difficult to establish Thai Music Therapy Association.</p>	<p>Need the support and funds to educate a music therapist with an international level.</p> <p>Music therapy research using scientific methods is advanced cooperatively with related specialists.</p>
Singapore	<p>Singapore is a multilingual society and numerous religions are also practiced. Since these differences can present difficulties to mutual understanding and qualified music therapists are only 13 persons, Singapore Music Therapy Association cannot have consensus activities.</p>	<p>The country does implement a policy of "shared burden" for medical expenses of the disabled and the poor, but gives no fund for supporting music therapy.</p> <p>Music therapists do the best to raise general awareness of music therapy in Singapore.</p>
Korea	<p>Academic Definition; Controversy around use of word "therapy" and Remedy vs. Therapy, Stereotype involved "being in therapy" and Professional acknowledgement on the Music Therapy being a systemized academic field.</p> <p>Professional issues; Short history of the field – Both academically and professionally, Lack of evidence-based research in Music Therapy, and Acknowledgement of MT Intervention in all applied areas.</p> <p>Practice; MT- Service areas expanding and needing more professional MT with specialization, Need ONE Professional organization for ONE voice to promote MT profession in Korea.</p> <p>Education; Need to communicate among universities to offer specialized MT programs</p>	<p>Systemize MT-Services within education, medical, social services (Education: After-School Programs, Medical: Palliative, Psychiatric and Social: Social rehabilitation, Welfare, Community MT).</p> <p>Systemize Education Curriculum, Efficient Use of Infra-Resource of University, Specialized MT in fields of practice and Development of data-based MT. protocols</p>
Japan	<p>Recognition of specialty; In medical and educational field, and also generally, the specialty of music therapy is not fully recognized Therapy and Recreation; Difficulty in understanding the difference between "therapy" and "recreation for pleasure".</p> <p>Academic Research; Not enough scientific evidences in order to prove the therapeutic effects. Education; Need to standardize the training curriculum and the quality of the educator, in order to enhance the quality of MT education, Need to take account of theories of other related disciplines, and carry out researches in cooperation with specialists in other fields and young music therapists who qualified overseas, How to teach specialized MT practical training and How to integrate Japanese traditional art and folk music elements.</p>	<p>Experiment various approaches to meet the needs of clients, Team up with specialists of other related fields and investigate both qualitative and quantitative evidences and Discover music therapy practice methods rooted in Japanese peoples', nature and culture.</p>

Cf. Since Dr. Gao of China was unfortunately a manual presenter, the second session was discussed by five panelists.

Table 2 Asian Music Therapy Practice presented by 6 Asian music therapists

As of March, 2009

Nations	Societies and Associations	Qualified Music therapist and certification systems	Members of music therapists	Practice spaces	Clients	Therapeutic characteristics
India	×	×	Approximately 50 music therapists, including 2 music therapists with credentials acquired abroad	Hospitals, schools and nursing homes	Elderly people, children with developmental disorders and /terminally ill patients	Integrates ancient healing practice and musical traditions
Thailand	×	×	1 music therapist with credential acquired abroad	General hospitals, schools, nursing homes and prisons	Terminally ill patients, who patients, children with developmental disorders, and prisoners	People have a keen awareness of their country's arts and tradition, and music therapy here makes use of folk instruments
Singapore	Singapore Music Therapy Association was inaugurated in 2007.	×	13 music therapists	Homes, schools with special education and hospitals	Children with developmental disorders, terminally ill patients	Music therapy for children with special needs employs behaviorist techniques for special objectives.
China	Chinese Professional Music Therapy Association, established in 2007, Hong Kong Music Therapy Association, established in 2007 and Taiwan Music Therapy Association, established in 1996 .	A qualification system, established in China in 2008.	In China 80 music therapists registered in China and qualified abroad. In Hong Kong 12 music therapists qualified abroad. In Taiwan 24 music therapists qualified abroad.	In China; hospitals, special educational schools and psychotherapy institutions and prisons. In Hong Kong; mostly child populations. In Taiwan; mental hospitals, child, elderly populations	In China; Earthquake sufferers and Child populations	In China; Graduate major courses are Psychotherapy, Music imagery techniques and Trauma interventions and music therapy.
Korea	The Korea Music Therapy Association, The Korean Music Therapy Education,	Not yet have a unified system of qualification. Each individual university, graduate	339 music therapists Employed in Korea.	Music Therapy Centers and Social Welfare Facilities	Overwhelmingly children with developmental disorders, persons with multiple	Government has bolstered support for and recognition of research and development in music

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	The Korea Music Therapy Association for Clinical Practice & Applied Science.	school and society incorporates and authorizes its own separate system for verifying qualification.			issues and the elderly.	therapy.
Japan	Japanese Music Therapy Association (JMTA) organized in 2001 (approximately 6500 members)	Guidelines for Music Therapy Training and Education were established in 1996. The license qualified by JMTA in 1997.	1631 music therapists qualified by JMTA. Including music therapists certified by other local governmental and independent organizations, and therapists who have acquired certification abroad, approximately 3000 practicing music therapists.	Hospitals, schools, nursing homes and personal homes.	Elderly people with dementia, children with developmental disorders, and mentally disabled people.	Although based on the western model , Japanese music therapy follows original practices designed to suit the clients (for examples, traditional Japanese instruments and musical elements.

Table 3 Asian Music Therapy Training and Education

As of March,2009

Nation	Educational institution with MT training courses	Guidelines and curriculum
India	<p>Master program: 2 institutions (Nada Music therapy Center and Music Trust),</p> <p>1-year diploma program:1 institution (Apollo Hospital),</p> <p>4-year university program and MT certification course:2 institutions (Apollo Hospital and Pankajakasthuri Medical College).</p>	<p>Not yet have guideline or MT training and education.</p> <p>Since the methods and approach to MT in India differ from Western concepts, developing guidelines will require development of an approach and curriculum that are highly sensitive to the Indian culture.</p>
Thailand	<p>One school (Ransit University) offers a program with a minor in music therapy, but there is no system of certification.</p>	<p>No organization for cultivating and training music therapists, because music therapy is not yet included as a bachelor's degree program.</p>
Singapore	<p>No organization for cultivating and training music therapist.</p> <p>However Singapore's National Academy of Fine Arts (FAFA) began offering "Introduction to MT" as an elective subject in 2006. NAFA further started a second elective in 2007 with the aim of providing experiential training.</p> <p>Lasalle-SIA initiated a similar course in 2007.</p>	<p>No guideline for training and educating music therapists</p>
China	<p>In China, organizations for cultivating and training music therapists included 5 universities that confer bachelors and masters degrees in music. Of the 5 schools, 2 universities have institutions with extensive specialized training in music therapy.</p> <p>In Hong Kong, no university features any music therapy major curriculum However, a number of universities do offer opportunities for music therapy education in the form of elective courses.</p> <p>In Taiwan, National Taiwan University of the Arts initiated a music therapy course in 2006.</p>	<p>In China: Guideline for training and educating music therapists is based on Temple University's music therapy curriculum.</p> <p>A qualifying system was established in China in 2008, and approximately 80 qualified music therapists have been registered.</p> <p>China's postgraduate curriculum has a strong focus on psychological approaches, including individual psychotherapy and groups, psychotherapeutic music therapy, imagery techniques, trauma intervention methods and music therapy I, II.</p>
Korea	<p>10 graduate schools (2-year master program) and 1 university (4-year undergraduate program) have organizations for cultivating and training music therapists.</p> <p>14 continued-education institutes provide 1 year-long certification program.</p>	<p>No organization that controls or regulates music therapy educational curricula in Korea. Thus, each educational institution conducts training according to its own individual guidelines.</p>
Japan	<p>There were 26 schools (universities, junior colleges and vocational schools) certified by the JMTA as institutions for cultivating and training music therapists.</p> <p>And graduate schools with or without music therapy courses.</p>	<p>Guidelines for training and educating music therapists were established in 1996.The organization was renamed in 2001 as JMTA, at which time its guidelines were also revised with the "Guideline 01".</p> <p>Currently, revision of "Guideline 01" is being studied following completion of a provisional certification system.</p>