

# An Overview of the Practice and Potential of Music Therapy in India: Biographical Approaches and Art-based Interventions in Mental Disorders

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**Abstract:** This article presents a general overview of the development of Music Therapy as an adjunct tool for healing. The practice and potential of Music Therapy in India focusing on biographical approaches and art-based interventions in mental health forms the central theme of this paper. Three rapidly increasing mental disorders namely, Dementia, ADHD and Autism are central to this synthesis.

**Keywords:** ADHD, Autism dementia, India, mental health, music therapy, education, COVID-19.

## 1. Introduction

Music is omnipresent across world cultures and has both power and value. Fundamental to us, it is a core human experience that comes naturally, spontaneously and is played and listened to by persons of all ages irrespective of differences in race or ethnic background. Music also provides entertainment both actively and passively. The functional capacity of music as an expression of art as well as a source of healing has been known to man since antiquity. Production of music across cultures has been plethoric, yet at the same time, one can safely say that most of it has been ephemeral and trivialized. This is significantly small in the journey of exploring the potential of music as medicine. If truth be told, in the fear of being left out, the intellectual and medical tradition has not, for all intents and purposes, given this area of knowledge the diligent attention it deserves. Until the 18th century medical science was influenced by both religion and the humanities, however, rapid development in medicine, especially in the field of physiology and pathology drastically changed to favor the latter. Therefore, in the post industrialized world, as we sought technological advancement much of our indigenous knowledge systems have been compromised or left void of systematic, scholarly, and skeptical inquiry. It is only since the end of the nineteenth century, especially the decades following the Second World War, a slow movement against the comatose attitude towards ancient wisdom, indigenous conceptions of health and healing, therapeutics of alien cultures and classical tradition have begun to change. In our

contemporary times the healing powers of music are being rediscovered as modern science and medicine revisits our understanding of the relationship between humans and music and how music as a medium can affect patients and physicians. Such inquiry has been reflected in the growing interest shown worldwide by the research community in the field of music as a therapeutical tool.

The problem stems from the reality that Allopathic medical practice does not consider therapeutic practices an integral component of conventional medicine owing to the lack of adequate biomedical explanations. Based on this exclusive biomedical reliance, other types or approaches to medicine are categorized as complementary and alternative medicine (CAM), or integrative medicine. Alternative medicine refers to approaches that use non-mainstream methods only. When non-mainstream approaches are used “instead of” conventional medicine, they are categorized as alternative medicine. Integrative medicine uses all approaches, both conventional and non-mainstream. The focus is on treating the whole person, rather than treating only a specific symptom or condition. A non-mainstream treatment is called “complementary” when it used alongside conventional medicine. Determined by this criterion, Music Therapy falls under CAM depending on its applications for specific requirements.

A relatively new profession among contemporary therapeutic disciplines, formal definitions of MT have witnessed changes in emphasis owing to cultural shifts, institutionalization, different needs, attitudes towards health and healthcare, contexts as well as relevance to newer research outcomes. Defining what is music and what constitutes as medicine itself is a complex issue. For brevity of this paper yet considering the wide scope Mt as a profession has to offer, that too across culture multiple definitions are worth noting. In the early development of the professional standard definition in UK was Juliette Alvin's from 1975: 'Music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorder.' By the 1980s a considerable development

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in the field of MT in the United States widened the professional outlook toward MT. According to a 1996 bulletin published by the World Federation of Music Therapy (WFMT), MT 'is the use of music and/or musical elements (sound, rhythm, melody, and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilisation, expression, organisation and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs.' Moreover, MT aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra- and interpersonal integration and, consequently, a better quality of life through prevention, rehabilitation, or treatment." ((July 1996) WFMT, Bulletin, 1.

MT is also defined as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program." (AMTA, 1998).

MT as a clinical discipline is a research based, time-honored allied health profession dealing with physical, emotional, cognitive, and social requirements of an individual. Moreover, it is important to note that MT uses music to achieve non-musical goals.

The aim of this paper is to present an overview on the practice

and potential of Music Therapy (MT) in India focusing on biographical approaches and art-based interventions in mental health. We will look at the past and present developments in the field of Music Therapy in India in comparison with the significant historical developments in the West and elucidate the future of Music Therapy in India.

## 2. Significant Historical Developments in Music Therapy Worldwide and in India

This Section outlines the significant historical development worldwide and in India. To provide a comprehensive chronological sequence facilitating a bird's eye view, tabular format is preferred. This section is divided into two sections. Section A will deal with the significant developments worldwide and Section B will present a focused view on India.

### A. Historical Developments Worldwide in the Field of Music Therapy for the Period 1900 Until World War I

The significant historical developments worldwide in the field of Music Therapy can be divided in four major phases as represented in the following subsections. Mainly, the nascent stage beginning in 1900 until the outbreak of World War I. The final phase, beginning from the 1970s until present is the longest and most recent.

Table 1  
Significant historical developments worldwide for the period 1900 until World War I

1900 until World War I	1900	Eva Augusta Vesceilius presented a lecture on "Effect of Music," at the annual meeting of the International Metaphysical League, held at Madison Square Garden in New York City.
	1903	The National Society of Musical Therapeutics founded by Vesceilius.
	1913	Vesceilius launched first ever American MT periodical, <i>Music and Health</i> .

Table 2  
Significant historical developments worldwide during the Interwar period

Interwar period 1919 to 1944	1919	Course in Musicotherapy taught at Columbia University by British musician, Margaret Anderton, specializing in treating orthopaedic and paralysis cases.
	1926	National Association for Music in Hospitals formed by Isa Maud Ilsen.
	1936	Willem van de Wall, who had pioneered the use of music therapy in state-funded facilities, wrote the first "how to" music therapy text, <i>Music in Institutions</i> .
	1941	Harriet Ayer Seymour founded the National Foundation of Music Therapy.
	1944	Michigan State University - School of Music established first academic curriculum in MT designed to specifically train Music Therapists.

Table 3  
Significant historical developments worldwide post-World War II until 1960s

Post-World War II until 1960s	1945	National Music Council (NMC) formed a community called "The Committee on the Use of Music in Hospitals."
	1946	Kansas University, Texas, first full academic course taught.
		Willem van de Wall published <i>Music in Hospitals</i> stressing the need for professional collaboration between hospital workers and musician and presented a plan for integration of a music program into the hospital service.
	1947	The College of the Pacific founded.
	1948	Chicago Musical College, Alverno College founded.
	1950	National Association of Music Therapy (NAMT) formed at a meeting in New York at the American Music Center and during its early years served as the establishment of the registered music therapist (RMT) the entry-level MT credential, a designation which provided assurance to employers that the therapist had met educational and clinical standards set by NAMT.
	1954	Austrian Society for the Promotion of Music Therapy founded.
	1956	National Association for Schools of Music (NASM) served as the accrediting agency.
	1958	Juliette Alvin founded the Society for Music Therapy and Remedial Music, UK. Later renamed The British Society for Music Therapy (BSMT) in 1967.
	1962	Hitoshi Sakurabayashi of Tokyo National University of Fine Arts publishes <i>Art as Behavior (Seikatsu no Geijutsu)</i> the first Japanese book that included MT. followed by a book <i>Music Therapy: Psychotherapy through Music (Myujikku Serapi: Ongaku ni yoru Shinri-ryōhō)</i> , penned by Prof. Tadafumi Yamamatsu of Osaka City University. Alvin's trips to Japan were inspiring the former Japanese who pioneered the leadership in MT in Japan.
	1968	Guildhall School of Music and Drama, London. First training course.
	1969	Danish Society for Music Therapy formed.

**B. Significant Historical Developments Worldwide During the Interwar Period**

Next, the interwar period saw a big development due to the heightened demand for healing and treatment for physical and mental ailments arising out of the war situation.

**C. Significant Historical Developments Worldwide Post-World War II Until the 1960s**

The third phase saw a big departure towards establishment of academic courses beginning with Michigan State University; introducing to and integrating MT with hospitals; and creation of associations that provided a foundational base as institutional bodies to offer credentials that set the ball rolling for legitimizing MT as a profession.

**D. Significant Historical Developments Worldwide from 1970s to 2000**

The table 4 shows the significant historical developments worldwide from 1970s to 2000.

**E. Significant Historical Developments Worldwide from 2000s to the Present**

The table 5 shows the significant historical developments worldwide from 2000 to the present.

**F. Significant Historical Developments in India**

Music Therapy as a profession has come to India from the West. However, Music as a form of therapy in India dates back to around 5000-2000BCE. Indian classical music is said to have its origins in the ancient scriptures, the Vedas. Specifically, the Samaveda which consist of verses for chanting. Indian ancient knowledge systems are predominantly based on oral tradition. The Indian Classical Music has two branches 1) The North Indian Classical Music and 2) the south Indian Classical Music usually referred to as Carnatic Classical Music, both are known to have a common traditional origin from the 13th century. These two classical traditions have more than hundreds of Ragas or sounds that 'invoke emotions in the mind', and taal or 'rhythmic structures and cycles', which provide a basis for compositions born out of innumerable permutations and combinations. Ascending and descending notes or swaras add the necessary melodic notes to the compositions. These Ragas and improvisation are considered to possess healing powers and

Table 4  
Significant historical developments worldwide from 1970s to 2000

1970s to Present	1971	Urban Federation of Music Therapy (UFMT) founded in New York University. NYU was the first university to be granted NASM accreditation for its music therapy degree program.
	1976	Association of Professional Music Therapists (APMT) formed.
	1980	Research Fellowship set up at the City University, London. Southlands College (now Roehampton Institute), new course.
	1981	AAMT's journal Music Therapy first published.
	1982	NAMT's Music Therapy Perspectives.
		Award of pay and grading structure for music and art therapists by the US Department of Health and Social Security.
	1983	International Newsletter of Music Therapy. Edited by Wanda Lathom and Charles Eagle, the first Monograph Series was published in 1984, made possible by a grant funded through the Office of Special Education.
	1985	First National Coalition of Arts Therapies Associations (NCATA) Joint Conference was held in New York City.
	1986	Certification Board for Music Therapists (CBMT) has been accredited by the National Commission for Certifying Agencies. Currently the CBMT is responsible for certifying MTs to practise.
	1989	Bristol University, first part-time course.
	1991	European Music Therapy Association (EMTA) established.
	1994	Anglia Polytechnic University, first MA course.
	1996	State Registration of MT achieved in UK.
	1997	Welsh College of Music and Drama, Cardiff UK, new course.
	1998	American Music Therapy Association (AMTA) formed.
2001	Japanese Music Therapy Association founded.	

Table 5  
Significant historical developments worldwide from 2000 to the present

2000s to present	2001	Japanese Music Therapy Association founded.
	2002	Established a course in University of Edinburgh. In 2005 the programme moved to Queen Margaret University College, renamed Queen Margaret University in 2007.
	2011	In the UK as a natural progression the BSMT and APMT merged to form a single umbrella organization called the British Association for Music Therapy. University of South Wales established a validating training course.

Table 6  
Significant historical developments in MT in India

2004 onwards	2004	Nada Centre for Music Therapy (NCMT) established.
	2005	The Music Therapy Trust (TMTT) formed.
	2010	Indian Association of Music Therapy (IAMT) established.
	2011	Indian Association of Professional Music Therapists formed.
	2017	Mental Health Care Act mandated the right to mental health. Efforts are being made to implement the law in its true spirit in most of the Indian states.
	2018	Indian Music Therapy Association (IMTA) established.
	2022	Union Budget introduced in February allocated 7% towards mental health announcing the setting up of a National Tele Mental Health programme which will launch 23 mental health centers nationwide.

the ability to improve the well-being of a person.

While, these form a major component of the method chosen and execution of MT practices in India it should be noted that MT as a profession has been introduced to India through Western influence and inspirations. The blend of Western knowledge of medicine, developed systemic practice of MT as a profession and the exchange of ancient Indian knowledge of Indian classical music and traditional of music as a form of healing is what makes MT in India unique.

### 3. Scholarly Research Publications Worldwide

There is a growing body of literature in the field of MT. The historical developments in MT has seen a slow rise and mainly since the onus of building research was on the shoulder of individuals and small community of scholars. Over the years

mts (music therapists), musicians, educators, historians have produced books, journal articles, and doctoral dissertations. This section presents an overview of the major scientific journals shedding light on their region and language of publication.

The table 7 shows the list of European scientific journals of MT.

The table 8 shows the scientific journals of MT in the Americas. The table reveals that publications from North America are all in English and Latin American journals are mainly offered in Spanish and Portuguese.

The table 9 shows the list of scientific journals of MT in Asia and Oceania.

Japan and Korea publish in Japanese and Korean respectively and publications arising out of Australia, India and New Zealand are in English. Although there is a rising body of

Table 7  
European Scientific Journals of Music Therapy

EUROPE	Belgium	Tijdschrift voor Muziektherapie	Dutch
	Denmark	Tidsskriftet Dansk Musikterapi (TDMT)	Danish
	France	La Revue française de Musicothérapie	French
		Revue de Musicothérapie "Musique – Thérapie – Communication "(A.M.Bx)	French
	Germany	Musiktherapeutische Umschau (MU)	German
		Musik und Gesundheit (MuG)	German
		Journal of Arts Therapies (JAT)	English
	Italy	Musica et Terapia, Quaderni italiani di musicoterapia	Italian
	Norway	Musikkterapi	Norwegian
	Poland	M Polskie pismo muzykoterapeutyczne	Polish
	Portugal	Revista Portuguesa de Musicoterapia (RPMT)	Portuguese
	Spain	Revista de Investigación en Musicoterapia	Spanish
UK	British Journal of Music Therapy	English	
	Leading tone	English	

Table 8  
Scientific Journals of Music Therapy in the Americas

LATIN AMERICA	Argentina	ECOS-Revista Científica	Spanish
		Revista Digital de la Red Latinoamericana de Musicoterapia para la Primera Infancia	Spanish
	Brazil	Brazilian Journal of Music Therapy	Portuguese
		Revista InCantare	Portuguese
NORTH AMERICA	Canada	Canadian Journal of Music Therapy	English
	USA	Dialogues in Music Therapy Education	English
		Imagine	English
		Journal of Music Therapy (JMT)	English
		Music Therapy	English
		Music Therapy Matters	English
Music Therapy Perspective	English		

Table 9  
Scientific Journals of Music Therapy in Asia and Oceania

ASIA	India	International Journal of Music Therapy	English
	Japan	Japanese Journal of Music Therapy	Japanese
	South Korea	Journal of Music and Human Behavior	Korean
OCEANIA	Australia	Australian Journal of Music Therapy	English
	New Zealand	New Zealand Journal of Music Therapy	English

Table 10  
International Scientific Journals of Music Therapy

INTERNATIONAL	Approaches: An Interdisciplinary Journal of Music Therapy	English
	Music Therapy Today	English
	Music and Medicine	English
	Nordic Journal of Music Therapy (NJMT)	English
	Voices	English
	Journal of Association for Music and Imagery	English

literature published in various Indian languages most do not fall under the list of major publications. Yet they provide a rich source of scholarly research and exchange of research ideas.

The table 10 shows the list of International scientific journals of MT. The table reveals the international scientific journals published in the English language. The tabular representations in this section reveal that regional scientific journals published in English language are thirteen in number, seven from the Americas, three from Europe, three from Asia and Oceania. Moreover, major international scientific journals published are six in number, all of which are offered in English.

#### 4. Music Therapy and Mental Disorders

Music therapy is recognised as being applicable to a wide range of healthcare and social contexts. The practice of MT can be categorized into seven current perspectives: medical, behavioural, culture-centred, humanistic, music-centred, psychodynamic, transpersonal. It is important to note that the music is not an end in itself but is used as a means to an end with the central focus being on the use of sounds and music within therapeutic relationships and no single perspective, individual or group approach is privileged. If we look at the historical development in previous sections, two main areas of practical work have been with adults with learning and with adults with mental disabilities at hospitals and institutions. In the recent years this arena has changed to one of community mental health.

Mental health can be defined as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’. It is an integral part of health and the foundation for well-being and effective functioning of individuals. It includes mental well-being, prevention of mental disorders, treatment, and rehabilitation.

The burden of mental health is growing globally as well as in India. The Covid-19 pandemic has further increased the burden by not only causing physical illness and loss of life and income but also left an unprecedented influence on mental health, especially in urban cities. Countries like India have shown alarming statistics regarding the onset of these mental disorders during adolescence and adulthood, with about 15% of Indian adults requiring professional help. Among the multitude of disorders, surveys have shown that depression and anxiety disorder have the highest prevalence rate in Indian citizens. Many have attributed this to lack of mental health care, poor implementation by the government and highly priced treatment facilities. The stigma and discrimination associated with mental health is one of the primary reasons for lack of access to treatment and care needed. While the exact causes of these disorders have not been identified, certain trends in lifestyle factors like genetics, environment, presence of childhood trauma, standards of living are top among the list.

Dementia is an umbrella term that refers to a collection of syndromes rather than a singular disease affecting memory, cognition and behaviour, and has a substantial impact on an individual's daily functioning. The common symptoms are

impaired memory, thinking, language, comprehension, judgement, calculation, decision making, learning capacity and orientation, occurring due to the damage and death of brain cells. It is a progressive condition with symptoms getting worse over time. That said, dementia is not a normal part of ageing and can affect young people though rarely. An individual can be suffering from more than one form (mixed dementia) of dementia.

With significant personal, societal and economic consequences, dementia is one of the major causes of disability among older people and those with Early Onset Dementia (EOD). Worldwide there are 50 million suffering from dementia and India ranks second on the global list with an estimated 5 million people and many more at high risk of developing this condition with no cure as per the 'Dementia in India 2020' report published by the Alzheimer's and Related Disorders Society of India (ARDSI).

There are over 100 diseases that may cause dementia. The most common causes of dementia include Alzheimer's disease (ALZ), Vascular dementia (VD) dementia with Lewy bodies (LBD) and Frontotemporal Dementia (FTD) accounting for 90% of all dementias. ALZ is the most common type of dementia and diagnosis can be complex since the former three frequently coexist. Though nonpharmacological treatment (NPT) is the first line of treatment for dementia, by choice, treatment has persisted to remain pharmacological in approach. Development of drugs, cost of human labor and time, and quicker administration of medication are the driving factors. However, recent scientific research, education and awareness campaigns have paved the way for a slow yet positive change in trend. Categorizing dementia on the basis of nature of symptoms such as the following determine the choice of NPT.

##### Cognitive/emotion-oriented interventions

- Reminiscence therapy
- Simulated presence therapy (SPT)
- Validation therapy

##### Sensory stimulation interventions

- Acupuncture
- Aromatherapy
- Light therapy
- Massage/touch
- Music therapy
- Snoezelen multisensory stimulation
- Transcutaneous electrical nerve stimulation (TENS)
- Behavior management Techniques (BMT)

##### Other psychosocial interventions

- Animal-assisted therapy
- Exercise

##### *Autism Spectrum Disorder (ASD):*

ASD including autism, denotes a group of neurodevelopmental disorders with social interaction, verbal, and nonverbal communication difficulties in different levels and monotonous behaviors. Autism has an adverse effect on the brain's normal social and communication ability with symptoms showing in the initial three years of life causing individuals affected with ASD to be subjected to peer refusal

and social seclusion. Social and communication deficits may impact academic performance, occupational accomplishment, and mood/anxiety setbacks, which demands an early intervention to counterbalance the potential risk factors that could impact their social competence and cognitive problem-solving proficiencies. The TRIAD Special Skills Assessment (TSSA) is a criterion-based tool which provides more specific assessment considering parent, teacher, and direct interaction with the children. The Cochrane Collection reviews of randomized clinical trials (RCT) showed evidence about the positive effect of MT on ASD and emphasized about the possibility of MT to increase social adaptation skills in children with ASD and to promoting the quality of parent-child relationships. The Cochrane reviewed ten studies and analyzed the short- and medium-term effect of MT interventions (1 week to 7 months) for ASD children and presented that MT intervention can rectify the major issues among ASD children. The prime idea of using music interventions is to improve nonmusical abilities such as communication, social and academic standards among individuals with ASD.

*Attention Deficit Hyperactivity Disorder (ADHD):*

ADHD is an extremely widespread disorder in the world and in India that is affected by neurodevelopment. Occurring in one's childhood, it is found that almost 11.32% of children in India suffer from this disorder. Life with ADHD can be challenging, and both the child and their parents can feel overwhelmed following a diagnosis. A formal ADHD diagnosis must come from a physician or mental health care specialist who often utilizes assessments to help evaluate specific ADHD symptoms. Evaluations assess social, emotional, and academic functioning since they have a strong bearing and can often mimic or worsen the symptoms of ADHD. The Evaluation process may include 1) a Clinical Interview with parents (and older children/adolescents), 2) standardized checklists from parents and teachers, 3) taking a family history review, 4) general behavioral observation and 5) an assessment of attention through paper-and-pencil and/or computer-based tests. In the final stage, 6) an interpretation of results with parents (and older children/adolescents) to review results and recommendations.

Broadly ADHD is divided into 3 main types of neurobehavioral disorders: Predominantly Inattentive Presentation, Predominantly Hyperactive-Impulsive Presentation and Combined Presentation. Predominantly Inattentive Presentation, is characterized primarily by inattentive concentration or a deficit of sustained attention. Typically, one would not be able to 'organize or finish a task, to pay attention to details, or to follow instructions or conversations.' Other observations in this disorder are symptoms such as procrastination, hesitation, and forgetfulness or others that causing one to disregard schedules and not pay attention would also be observed in this disorder.

Predominantly Hyperactive-Impulsive Presentation, symptoms are related to movement. Individuals tend to fidget and are unable to sit in one position for extended periods of time. Some form of constant movement is exhibited. In children, one would notice them having trouble staying in his

or her chair. Their tendency to frequently run and jump inappropriately over objects due to lack of self control, from being compelled to move in some instances extremely vigorously which could lead to more accidents. In a social setting, one would not be able to wait for others to finish speaking and would tend to talk more or when not required such as battling with impulsivity control seen in inappropriate babbling, or blurting out words.

*A. Models and Interventions Used in MT*

MT may involve the engagement of musical activity such as singing, or playing an instrument, or listening to songs or music. Individuals may retain the ability to sing old songs, and musical abilities appear to be preserved in some individuals despite aphasia and memory loss. Music interventions range from activities administered by a professional music therapist to the presentation of recorded music by caregivers to patients in an individual or group setting. There are numerous internationally well-known established models of MT. A comprehensive list based on an interpretation of their theoretical foundations and practical procedures is listed below:

*1) Analytical Music Therapy (AMT) also known as Mary Priestley Model*

This method invites you to sing or play an instrument in an unplanned, musical "conversation" to convey one's unconscious thoughts, which one may then reflect on and discuss with their therapist.

*2) Benenzon Model of Music Therapy (BMMT)*

Developed largely in Latin countries since 1996. This approach mixes the act of composing music with some psychoanalytical ideas which form the starting point for this therapy model. Finding your "musical sound identity" by relating the exterior sounds that most closely resemble your internal psychological state is said to be a component of BMMT.

*3) Cognitive Behavioral Music Therapy (CBMT)*

Music and Cognitive Behavioral therapy (CBT) are combined in Cognitive Behavioral Music Therapy (CBMT). Music is employed in CBMT to change some behaviors and encourage others. This method is structured and not improvised; it could involve dancing, singing, or playing an instrument.

*4) Community Music Therapy (CoMT)*

CoMT is focused on using music to facilitate change on the community level. It is done in a group setting and requires a high level of engagement from each member.

*5) Creative Music Therapy (CMT) or Nordoff-Robbins Music Therapy*

CMT involves having the patient play an instrument (typically a cymbal or drum) while the therapist provides accompaniment with a different instrument. Music is a tool used in the improvisational process to help with self-expression.

*6) The Guided Imagery and Music (GIM)*

Guided Imagery and Music also known as the Helen Bonny Model (BMGIM). This model used in this type of therapy to pique the imagination. With this approach, the patient/clients describe the emotions, perceptions, recollections, and mental

images they have when listening to music.

#### 7) *Vocal Psychotherapy*

One can connect with their emotions and impulses by using different voice exercises, ambient noises, and breathing techniques. Using this technique, enable one to feel more connected to themselves.

### 5. MT in India

The overall trend in music therapy is positive. Social skill improvement is one among the area for MT intervention as the distinctive aspects of music-based approaches have shown to aid ASD individuals significantly. Different types of MT intervention methods have been established which comprises of improvisational music therapy and neurological music therapy. Extensive reports about MT in ASD shows encouraging results. More studies among various populations, different age groups, different severity levels of ASD, as well as focus on all domains of ASD, such as communication and motor skills are needed in order to accomplish promising results. Further research will facilitate better understanding of the environmental, social, and psychological mechanisms through which these improvements operate.

A special edition published in Honor of the United Nations 75th Anniversary titled "Music as a Global Resource: Solutions for Cultural, Social, Health, Educational, Environmental and Economic Issues" by the International Council of Caring Communities (ICCC) an NGO with special consultative status in the Council on Economic and Social Development. Three initiatives are worth introducing.

Aashwas Music Therapy and Wellness Advisory Services LLP runs a project initiative called 'Opening Minds' that works on four areas: building awareness about clinical music therapy, capacity building, education and training, and launching pilot music therapy projects to diverse groups in varied settings. These activities are spread across India. The project aims to serve the following organizations and individuals: educational institutions, hospitals and psychiatric clinics, special educators, teachers and students, healthcare staff, and NGOs and other organizations dealing with children who have special needs or any other form of disability.

Opening Minds' plan is to deliver music therapy to a wider range of venues, including:

- Pre-school nurseries and assessment centers for children with special needs;
- Special schools, including those for children with mild and severe learning difficulties and with hearing or visual impairments;
- Residential schools for children with behavioural or emotional problems;
- Community-based day centers;
- Hospices and respite centers for children and adults;
- Day centers run by the Probation Service;
- Hospitals and units for people with physical disabilities or neurological problems;
- Community-based services for people with learning difficulties and mental health problems;

- Day centers for the elderly; and
- Businesses and corporations for those suffering from stress-related symptoms.

The initiatives are independent of any particular genre or genres of music. Western classical is used, as well as jazz, Hindustani classical, and Indian folk music. Indian and international musical instruments are employed.

The immediate and medium-term outcomes of the project are to:

- Build awareness of clinical music therapy;
- Launch education and skill sharing programs on music therapy; and
- Build partnerships with educational institutions, NGOs working on mental health, disability and education, hospitals, and psychiatric clinics.

The long-term objective of the initiative is to establish clinical music therapy education and professional development in India.

Another project, titled Nalanda Way Foundation: Chennai and Delhi Children's Choir is an initiative that has stood for 15 years, working in the field of arts for the underprivileged. The children's choirs are world-class choirs comprising children from marginalized sections and trained by the Nalanda Way music team. Every year, over 1,400 children from across 500 government and trust-run schools in Chennai and Delhi National Capital Regions (NCRs) are auditioned, with 55 children selected to be part of these exclusive groups. Children with special needs are included in these groups. The children are trained by professional musicians, and they undergo intensive training to learn the dynamics of voice culture, choir singing, and performing across various platforms. In this project, children from some of the poorest parts of Chennai and Delhi, who are marginalized due to poverty, caste, and religion, are selected and trained by professional musicians. Children have tremendous capacity for aesthetic experience, and research has shown that music helps in levelling the "learning field" across socio-economic boundaries, improves student retention, and reduces the achievement gap. Thus, the choir platform provides a perfect vehicle for members to discover their own passions and express themselves. The message about music's current and future global role is that "Every child can experience, learn and express themselves through music from cultures around the world. Music is used as an instrument of peace, justice, and kindness. Children use the power of music to help the world heal."

SVARAM Sound Experience (musical Instruments and Research) was initiated in 2003 for at-risk youth, to combat widespread unemployment and its dire consequences of alcoholism, violence, and gang formation. Because there was a necessity for skill development, practice, and instrument building, SVARAM decided to offer a vocational training opportunity to teach the craft of instrument making to a selected group of youngsters in a pilot project. Initially, the program outlined a five-year plan to initiate, establish, and sustain the work that is now in its 17th year and fourth cycle. The senior staff has organized a work force of 50 artisans, trainees,

administrators, and young media professionals. While instrument builders provide the necessary sound sources for music, they often are not practicing musicians but have all the skills of tuning, as well as basic playing aptitude. Nourished by the principles of music, the motto and foundation of the work aims for harmony, equality, and a balanced composition of the team. The program has a performance group that offers soundscapes for special cultural functions and ceremonies.

## 6. Conclusion

This paper presented an overview on the practice and potential of music therapy in India.

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