

History and Limitations of Music Therapy around the world

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Abstract

The therapeutic usage of music for mental illness has existed for a long time and has been rediscovered recently. In recent times, many scientific studies have been conducted investigating the effects of music on many mental illnesses and disorders, such as anxiety, depression, schizophrenia, manic psychosis, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD).

Music therapy is part of the area of psychology and psychotherapy, which is a small part of the broad practices of expressive arts therapy. Expressive arts therapy combines psychology with the creative process to promote emotional growth and healing. Studies have proven that music therapy has a healing effect on treating mental illness. However, there are some limitations to the therapeutic usage of music and areas where music therapy is lacking, especially in India.

As a branch of educational psychology, music psychology has undergone a long development process. This article explores the complex relationship between music and mental health and provides an in-depth review of the science underlying music's long-lasting impact on the human psyche, the limitations of music therapy, and the areas where it lacks. This paper summarizes the history of research in music psychology and analyzes the current state of research about the past and current practices that are used in music therapy all around the world and the cons/drawbacks of music therapy.

Keywords – Music Therapy, History, Educational Psychology, Mental Disorders, limitations

Introduction

Greek physicians used lyres, and flutes to heal their patients. Vibrations have been used to deal with intellectual disturbance, resulting in sleep, and useful resource digestion. Ancient Egyptians used musical incantations for healing functions and Aristotle (323-373 BCE), in his well-known book 'De Anima', said that flute songs should arouse sturdy feelings and purify the soul (Meymandi, 2009).

One of the earliest documented proofs of the effectiveness of song remedy in the mental situation of an affected person is written in the Christian Bible. Around approximately a thousand BC, King Saul's scientific file said that he was bothered by a distressing spirit from the Lord that ended in despair and fear: "But the Spirit of the LORD departed from Saul, and a distressing spirit from the LORD bothered him. (1 Samuel 16:14)". The biblical words "the distressing spirit from the Lord" may be assumed to suggest an irritable mood, psychomotor Agitation or retardation, insomnia or hypersomnia, faded capacity to think or make decisions, sadness, and or low concentration (Ben-Noun, 2013). However, King Saul's therapist, David, solved the mental situation by playing a soothing track with the harp: "And so it becomes, each time the spirit from God become upon Saul, that David might take a harp and play it with his hand. Then Saul might come to be refreshed and well, and the distressing spirit would go away from him (1 Samuel 16:23)". This is a historical account of a successful treatment of a mental situation with the use of music therapy.

Pythagoras in Greece used Music to assist relaxation of fears, anger, and concerns. It became Plato who said, "Music has the energy to touch the intimate areas of our soul and ignites the imagination" (Dos Santos et al., 2019). Around 324 BC, the sanity of Alexander the Great was restored using the music of lyres. Also, throughout the reign of Elizabeth I, Thomas Campian, the physicist became additionally a lyricist, a composer, and a vocalist. He practiced philosophical therapy for depression and associated problems through songs. Notable additionally in Jacobean England, Thomas Cogan and Richard Brown supplied music remedies to their sufferers (Oliver & Dos Santos, 2019).

The first music remedy offerings were provided to a huge organization of mentally unwell sufferers in the nineteenth century (Jernigan, 2021). It is said that a huge number of music therapy experiments came about in Blackwell's Island's Mental asylum. In that study, physiological and mental responses to the music classes were taken through a group of physicians as more than forty instrumental musicians and vocalists performed and the subjects listened.

American Music Therapy Association (AMTA) defines Music Therapy as the clinical and empirical use of music interventions to perform individualized requirements through a healing relationship with a credentialed expert who has finished an authorized Music Therapy program (AMTA, 2005). Hannibal et al state that Music Therapy with a psychodynamic and relationally orientated technique to solve problems is made from musical and verbal interventions which can be used to create important approaches for mental extrude and support (Hannibal et al., 2012).

Musical interventions for therapy will be active wherein the subject makes music through improvisation, songwriting, or track performance (Wigram, 2004), or receptive wherein the subject listens and responds to the track. The track for the receptive mode of intervention is once in a while selected by the affected person or at different instances by the therapist (Grocke & Castle, 2011).

Having defined Music therapy, it is going to be essential to say its counterpart –Music medicine. There are wonderful variations between Music Therapy and Music Medicine. In Music Therapy, a healing relationship ought to be shaped with the subject so that the subject's health can be enhanced and his non-public needs and aspirations attained. The therapeutic relationship has to deal with the emotional, social, cognitive, and behavioral requirements of the subject (Raglio et al in Bellapu et al., (2021).

History of Research in Music Psychology

World History

The scope of this study is relatively broad and the content is relatively complex. For example, if you want to understand the law of sound reflection, it mainly applies to the auditory organs. You can also feel it by touch. Modern music psychology also came into being in the 19th century and is the result of the efforts of the experimental psychology school.

Helmholtz, a famous German psychologist, conducted a detailed study of psycho music and published a book in 1863 called "The Theory of Sound Sensation as the Physiological Basis of Music Theory". This book analyzes acoustic theory in detail, takes Ohm's law as the basic theory, and after continuous research and accumulation, summarizes the essence of this book and develops it into a book. This book lays the foundation for future generations to understand music psychology.

From 1801 to 1887, Fischner established the psychophysical law based on his predecessors. The reason this theory was introduced into the world is because it passed numerous strength tests. By observing themselves and recording the psychological changes in hearing and vision under the influence of sound, musicians better studied auditory psychology and visual psychology, thereby laying the theoretical foundation for subsequent research. From 1838 to 1916, Mach built on his predecessors, focusing on the relationship between expression and emotions, and analyzed the relationship between emotions and music.

Music psychology was fully established in 1883, and its founder was Stemph. At the same time as its establishment, he published a book called "Musical Psychology". The research direction and content of this book are mainly to integrate Helmholtz's research theory, integrate the researcher's physiology and physics, align music research with syllable research, focus on the relationship between dissonance and consonance, and accurately define these emotions. In 1883 and 1890, "Musical Psychology" began to be published, and many experimental theories and experimental cases were recorded. The whole book focuses on the theory of musical harmony.

Researchers believe that people's understanding of music comes mainly from recognizing the harmony of music. However, many people do not understand music. Although their discrimination

ability may be relatively low, the old nerves may not play any role in music appreciation. This book had a great impact on musicology. Over time, the students of researchers Köhler, Lewin, and Kauf developed Gestalt psychology. In the process of continuous development, this psychology gradually matured and was finally established. Based on the research theories of the three students, Levi changed the direction of his research from the study of hearing pathology to the study of music psychology and achieved outstanding results. In the early 20th century, music psychology attracted more attention but gradually diverged. Later generations began to focus on the relationship between psychology and music. For example, Schaer asked questions about musical talent, and Kurt specifically looked at the music-psychology curve.

As the research deepened, Mr. Shishore and his students worked together to develop several perceptual tools for conducting experiments. These instruments form the substantial basis of concert performances. In addition, they can play high and low accompaniments, record vibrato and spectrum, analyze each element that influences music, and develop specific research methods. In the course of the research, Shishore paid great attention to the study of vibrato, proposed pitch detection methods in his research, and analyzed the phenomenon of 'normal illusion'. Soviet psychologist Rheprov also contributed to the study of music psychology. He believed that the essence of music was rhythm, tonality, and listening to music. His research led to a deeper understanding of music and music psychology.

History of Music and Music Therapy in India

The history of Indian music contains many claims about how music has influenced listeners and performers. One claim is about the famous Dhrupad singer Tansen, who was said to have lit lamps with his masterful rendition of Raga Deepak (the fire raga) and to have been able to alleviate the scorching heat by singing Raga Megh Malhar (the rain raga) composed by Raga Deepak.

Another famous claim is about Pandit Omkarnath Thakur of the Gwalior Gharana, who is said to have cured Benito Mussolini of his insomnia during his trip to Italy. Moreover, the legendary singer is said to have played Raga Kafi to calm wild lions at the Kabul Zoo. From the 12th to 14th centuries, there were references to people such as Jayadeva, Narayana Tirtha, and Annamacharya, who brought the deceased back to life through music. According to Rammohan (2017), Muthuswami Dikshitar composed a song Brihaspate from raga Athana to cure a disciple of his stomach ailment (Rammohan, 2017).

However, from a research perspective, without scientific evidence, authentic data, and documentation, these can only be accepted as claims with the possibility of further research. Dr. Kinjaluk addressed the current state of research and literature in India with much criticism. He noted that "apart from a few old stories, well-known anecdotes, and hypotheses, there is almost no literature on music therapy in India". He emphasized the need for authentic research and evidence-based studies. He mentioned the available literature consisting of extensive theses for Ph.D. and M.Phil.

Research studies conducted in India have shown that music therapy is beneficial for various medical conditions. It affects the heart rate and oxygen saturation in premature infants (Paul, Gupta, Singh, Deorari & Pandey, 1999). It is suitable for reducing the need for sedation during surgery under spinal anesthesia as a non-pharmacological alternative (when no drugs are used to treat pain) (Bansal et al., 2010).

Music therapy has been shown beneficial for the body, mind, and brain of patients with heart and brain problems as well as mental and emotional problems (Banerjee, Shankha, Sengupta & Ghosh, 2015) and has also been shown to be beneficial for elderly people with high blood pressure (Lakshmi & Sharma, 2015). Also, different anesthetic agents (heart and lung-related) during cardiopulmonary bypass (Kar, Ganguly, Roy & Goswami, 2015), pain and anxiety in cancer patients (Krishnaswami & Nair, 2016), and pulmonary rehabilitation in patients with chronic obstructive pulmonary disease (Sabana, Sunder & Jaiganesh, 2020).

Apart from these proven effects, music therapy impacts the academic performance of nursing students (Indira et al., 2018). It has a positive effect on depression, anxiety, and stress levels in patients with depression (Sunitha, Algoodkar & Smitha, 2018) and helps reduce the severity of depression in patients diagnosed with depression (Algoodkar & Sunitha, 2019).

It has also been shown to help improve social skills in children with autism (Bharathi, Venugopal & Vellingiri, 2019) and social and emotional skills in children with ADHD (Mahendran & Jagdeesan, 2017). Such insights have helped in understanding the practical application of Indian music in various physical, mental, and emotional conditions in humans.

Research studies from an Indian perspective have motivated further research in this field. Here, we find various music therapy organizations, wellness and therapy centers, music therapy units set up by various hospitals on their campuses, professional music therapists, psychologists, counselors, and even musicians playing an important role.

There is a branch of ancient Indian medicine known as Ayurveda that details how music can cure various ailments of the body and mind. This particular process of application is called Raga Chikitsa or Raga Vidya. Although this form of music therapy is less commonly used in modern times, many Indian classical musicians and scholars have dedicated themselves to the study and practice of this form of music therapy. Indian music is intended to evoke certain emotions and moods in the mind, body, and soul of the listener. It is therefore not surprising that this genre is particularly well suited for therapeutic use. Raags are classified according to the time of day that is best suited for playing them and the primary rasa or emotion that they evoke.

Today's practitioners of Raga Chikitsa are from both Hindustani and Carnatic traditions and test the effect of playing different ragas on people suffering from physical or mental ailments. Kunakudi Vaidyanathan, who passed away in 2004, headed the Centre for Raga Studies in Chennai where he trained for many years and conducted research.

Speaking to The Hindu about the healing powers of raga music, he cited the example of raga Sankarabharanam and said, "Raga Sankarabharanam is a powerful healing agent. It heals mental illnesses, calms troubled minds, and restores peace and harmony. Sankarabharanam, if practiced for a period of time and with dedication, can cure mental illnesses which are said to be beyond the scope of medical treatment."

Some believe that the effect of ragas on the physical body is due to the relationship between a particular sound, and its frequency with the chakras, the seven energy centers of the body. Just like ragas, each chakra is assigned a specific color and different properties. For example, the Navi chakra, which controls the solar plexus and stomach area, is said to be supported by Abhoggi, Malkauns/Hinduram, and Bhimparasi. The chakras are cleansed through these ragas, which are said to help the physical body with things like digestion, bring about a change of attitude and inner

transformation, and help in abandoning vices and compulsive habits. Scientific research into the effects of certain devices on the environment has led to some unusual discoveries.

Jagadish Chandra Bose studied the effects of the shankha (conch shell) blown during religious ceremonies. He claimed that it killed or inactivated pathogenic bacteria as long as the clay was permeated. Other researchers concluded that blowing the shankha could be recommended as a cheap and effective way to treat physical health ailments and could also help patients with hysteria, epilepsy, and leprosy.

Current Scenario of Music Therapy in India

The catalyst for music therapy to become established as a profession in Western countries was in 1943 during World War II. The U.S. Army offered recreational music programs to wounded soldiers, but eventually, the introduction of systematically implemented and evaluated therapeutic music applications was required. The outcomes of these music programs are known to be good (Gooding & Langston, 2019). However, the programs were not still called music therapy, as music was only provided to soldiers as a medium for motivation, stimulation, morale-boosting, and entertainment.

By the mid-1940s, research supporting the use of music as therapy served as significant scientific evidence supporting the development of music therapy training programs in the United States. Later, around 1983, the Board for Certification of Music Therapists was established (CBMT, 2021). By the 1990s, the profession of music therapist was established around the world, including in India. In India, organizations such as the Music Therapy Training and Research Centre, Chennai School of Music Therapy, Nada Music Therapy Centre, and the Indian Music Therapy Association offer professional training, certificates, diplomas, and graduate, postgraduate, and research courses in music therapy. Survey participants felt that these developments in the field of music therapy were a good thing, with some participants reporting that research studies conducted in India were scientifically sound.

Music therapy has received less attention in India compared to the West. Despite a rich musical tradition in both Indian and Carnatic classical music, India is still lagging in its efforts to establish the profession of music therapy (Singh, Chandra, & Chakraborty, 2018). About the reported therapeutic uses of music, there are fewer studies investigating the effects of using music as a therapeutic agent in India compared to the West. In 1855, there were records of the use of music as a therapeutic agent to calm agitated patients in a psychiatric hospital in Dhaka or Dacca (Indian subcontinent), now part of Bangladesh. This is a historical example of music being used to treat patients in hospitals (Sharma, 2004).

Limitations of Music Therapy around the World

1. Limited research on long-term effects: Although many studies have shown positive short-term results of music therapy, there are gaps in our understanding of its long-term duration effects. This limitation makes it difficult to assess whether effects persist over time or whether continued

treatment is needed to maintain improvement. Longitudinal studies are needed to better understand the durability of music therapy effects across different conditions and populations.

2. Diversity of treatment approaches: Music therapy includes a wide range of techniques, from active music-making to receptive listening. This diversity is beneficial in tailoring treatment to individual needs, but the lack of uniformity makes it difficult to compare results from different studies or to develop evidence-based guidelines for any particular illness.

3. Limited accessibility: Despite increasing awareness of the potential benefits of music therapy, music therapy is not widely available in healthcare settings. These factors include:

- Shortage of trained music therapists.
- Lack of insurance coverage or reimbursement in many areas.
- Limited inclusion in standard treatment protocols.
- Geographic differences in availability, especially in rural or underserved areas.

4. Potential for overstimulation: Although many people respond positively to music therapy, not everyone will benefit. Some patients, especially those with sensory processing disorders, autism spectrum disorder, or certain neurological conditions, may find musical stimuli overwhelming or distressing. This limitation highlights the importance of individual assessment and careful application of music therapy techniques.

5. Cultural limitations: Music is deeply rooted in cultural contexts, and its emotional and psychological effects vary greatly across different cultures. This presents challenges such as:

- Selecting appropriate music for therapy in multicultural environments.
- Interpreting responses to music across cultural boundaries.
- Developing culturally sensitive treatment approaches.
- Generalizing research findings to diverse populations.

6. Dependence on patient participation: The effectiveness of music therapy often depends heavily on the active participation of patients. This can be difficult for those with severe physical limitations, cognitive impairments, or who simply have no interest in musical activities. A challenge in the field remains to develop strategies to engage reluctant or unable participants.

7. Integration with other therapies: There is limited research on how to optimally integrate music therapy with other treatments. Understanding synergies and potential conflicts with other treatments may improve overall treatment outcomes.

8. Challenges in measurement: Quantifying the effects of music therapy can be difficult, especially for subjective outcomes such as emotional well-being and pain perception. The development of more robust and standardized measurement tools is essential to advance research in this field.

9. Mechanism of Action: Although the benefits of music therapy have been demonstrated in numerous studies, there is still much to learn about the underlying neurological and physiological mechanisms. A deeper understanding of how music therapy works may allow for more targeted and effective interventions.

Limitations of Music Therapy specifically in India

1. Limited Recognition and Regulation: In India, music therapy is still in the process of establishing itself as a formal academic discipline. Unlike countries where music therapists are established as a medical profession, India does not have a standardized system for certifying music therapists or regulating their practice. This lack of formal recognition can lead to problems such as:

- Inconsistent training standards.
- Possible misuse of the term "music therapist" by untrained practitioners.
- Difficulties in integrating music therapy into mainstream healthcare.
- Challenges in obtaining insurance coverage for music therapy services.

2. Lack of Trained Professionals: The shortage of trained music therapists in India is a major limitation. This shortage is due to several factors:

- Limited number of facilities offering formal training in music therapy.
- Lack of awareness of music therapy as a career option.
- Migration of trained professionals: Some trained professionals go abroad in search of better opportunities.
- Difficulties in reconciling traditional music training with modern therapeutic techniques.

This shortage limits access to services, especially in rural and underserved areas.

3. Challenges of Cultural Diversity: India's rich cultural diversity, while a strength in many ways, also poses certain challenges for music therapy:

- Different musical traditions in different regions make it difficult to develop a universally applicable approach.
- Different cultural attitudes towards music and music's role in healing.
- Language barriers exist as India has 22 official languages and numerous dialects.
- Different emotional and psychological responses to different music elements depending on the cultural background.

Therapists must be culturally competent and adaptable to work effectively in these different contexts.

4. Limited Research Infrastructure: Though there is growing interest in music therapy research in India, several factors hinder sound scientific research:

- Limited funding for music therapy research.
- Lack of specialized research centers focusing on music therapy.
- Challenges in music therapy in conducting large-scale and long-term studies due to limited resources.
- Limited collaboration between music therapists and other health researchers.

This research gap makes it difficult to build solid evidence base tailored to the Indian context.

5. Integration with traditional healing practices: India has a rich tradition of using music for healing, particularly through systems such as Raga therapy. However, there are several challenges to integrating these traditional approaches into modern music therapy:

- Potential inconsistencies between traditional and modern approaches.
- Lack of scientific validation of some traditional practices.

- Resistance from practitioners of traditional methods to modern evidence-based approaches.
 - Difficulties in standardizing and quantifying outcomes of traditional music-based healing.
- 6. Economic Barriers:** In countries where many people struggle to access primary health care, music therapy often faces economic challenges:
- The perception that music therapy is an unnecessarily needed service.
 - Limited government funding for music therapy programs.
 - Lack of insurance coverage for music therapy services.
 - Affordability issues for potential patients, especially those in low-income groups.

Conclusion

The objective of this paper was to explore the current practice of music therapy around the world, especially in India, how far we have come in the past four decades, and how we are evolving in the process. This study not only helped in capturing the aspects of music therapy practice but also provided a holistic view of the current practice.

Those who practice music therapy or use music as a therapeutic tool alongside other therapies are now considered as an aspect of music therapy itself. In the overall picture of music therapy practice, the standard training and professional certification of music therapists in India is an important point to focus on as the standard training of any discipline, be it art, science or any other specialty, will determine the future of that discipline. The remaining aspects such as research, training, career and future of each discipline will depend on the development of standards to guide the training of music therapists. After training, another important point to focus on is to promote scientific research in the field.

Currently, doctors in many countries consider music therapy as a form of complementary and alternative medicine, but India lags in this regard. Experimental research studies should be encouraged to substantiate claims and observations about the healing properties of various genres of Indian music. Such research studies and scientific literature will further support and promote appropriate methods and interventions in music therapy from an Indian perspective. Paying attention to the two major aspects of music therapy, namely education and research, will help establish the field as a strong profession in no time. Efforts, small or big, should go in the right direction. Music therapy is a field of great opportunities for people from all backgrounds, but we need a strong foundation in our country from which researchers and learners can get guidance and motivation for their future projects.

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