

INTERVIEWS

The History, Current Role, and Future of Music Therapy in India:

International Interviews with Prof. Dr. Sumathy Sundar and Aastha Luthra

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Abstract

This paper is based on an assignment conducted for a graduate music therapy course which included interviews with Prof. Dr. Sumathy Sundar and Aastha Luthra, both music therapists currently practicing in India. It is a compilation of personal communications and writings from Prof. Dr. Sundar and Luthra, with some additional background from Dr. Sangeeta Swamy, on the history, current role, and future of music therapy in India. This paper acknowledges the effects of colonization; outlines current music therapy educational practices, theoretical orientations, methods, instruments, populations, and settings; honors the cultural diversity of this complex country; and highlights the personal role that music can also play for music therapists. In addition, this paper seeks to increase the dialogue regarding both the challenges and sources of hope in building the future of music therapy in India.

Keywords: *music therapy, India, interview*

Interview Submission

“Be open to learning music therapy from your colleagues all over the world. There is so much exciting happening within this young field. Each region has something unique to offer. There are similarities, and all programs operate within a global framework. However, the art side is different. Learn and enjoy its complexity” (S. Sundar, personal communication, October 23, 2018).

This paper is based on an assignment completed in the fall of 2018 for a graduate music therapy course at Augsburg University in Minneapolis, Minnesota, USA, which included interviews via email with Prof. Dr. Sumathy Sundar and Aastha Luthra, both music therapists currently practicing in India. It is a compilation of personal communications and writings from Prof. Dr. Sundar and Luthra, with some additional background from Dr. Sangeeta Swamy, on the history, current role, and future of music therapy in India. It acknowledges the effects of colonization; outlines current music

therapy educational practices, theoretical orientations, methods, instruments, populations, and settings; honors the cultural diversity of this complex country; and highlights the personal role that music can also play for music therapists. In addition, this paper seeks to increase the dialogue regarding both the challenges and sources of hope in building the future of music therapy in India.

While this is my paper and my perspective, it is not my own culture. As an experienced and registered yoga teacher as well as a board-certified music therapist, I have sought to learn about the history of yoga in South Asia and to integrate it into my personal and professional practices in a culturally respectful and humble manner. As part of that journey, I have added meaning to the assignments for my graduate degree (such as this international interview) by using them to delve more deeply into this topic. I believe that it is essential for me to acknowledge that I share Prof. Dr. Sundar and Luthra's responses through my own individual lens as a White, Norwegian/German/Danish cisgender female from the United States. I believe that it is vital for us all to continue exploring the critical issue of appropriation and will do my best throughout this paper to detail the history, current role, and future of music therapy in India in ways that respect and honor the traditions from which this practice has evolved. With that said, any errors are mine alone, and you are always welcome to reach out to me at jhicks@joyfulnoisesllc.com with any concerns or corrections.

Past

Colonization in India

Because India has been repeatedly invaded and colonized by other countries during the past 400 years, it is vital to acknowledge the effects of colonization in order to understand and effectively work with and learn from the perspectives of individuals from India. In particular, the British colonization, from the mid-18th through mid-20th centuries, has had a pervasive influence on the diverse culture of this country. During this period of colonization, Indian farmers were heavily taxed, which Swamy (2017) informed us “[depleted] the country of resources such as spices, teas, and textiles and [contributed] to famines and mass starvation. Christian missionaries also unsuccessfully attempted a mass conversion of Indians to Christianity and created schools taught only in English” (p. 66).

Many years of nonviolent resistance and civil disobedience led by Mahatma Gandhi finally resulted in India being granted its independence in 1947. Unfortunately, the British had also instigated violent conflict between Hindus and Muslims, which led to “partition” and the division of India into the separate countries now known as India, Pakistan, and Bangladesh (formerly West and East Pakistan). This resulted in forced migration, the loss of property, and even more animosity between individuals from these cultures. The effects of this period of colonization continue to resonate within the extended families of Indians today, influencing everything from language to the economy to music (Swamy, 2017).

Music in India

Luthra brought up India's history of colonization when describing how music was used in her country's fight for freedom. As she noted, “In India, there has always been a culture of creating a change through music.” (A. Luthra, personal communication, October 22, 2018).

In addition, music and chanting have been and continue to be essential parts of most Indian religions. Ancient Hindu texts describe using hymns for healing illness, and singing and listening to sacred hymns are thought to provide spiritual healing and improve mental health according to Islamic belief (Swamy, 2017). Both Prof. Dr. Sundar (S. Sundar, personal communication, October 23, 2018) and Swamy (2017) noted that certain ragas, discussed in further detail below, are even believed to “bring cure,

enhance mood, and serve as a medium of prayer to seek health from god” (S. Sundar, personal communication, October 23, 2018).

Furthermore, “Indian traditional systems of health and healing also include various musical treatment approaches” (Sundar, 2007, p. 397). One of the most commonly known traditional Indian healing practices is Ayurveda. Swamy (2017) explained that Ayurveda means “the science of life” (p. 76) and originated in India around 500 B.C. Its roots are in Hinduism, and its focus is on promoting healing by “balancing the doshas or elements that make up the body, known as vata (air), pitta (fire), and kapha (water and earth)” (Swamy, 2017, p. 76). Its practices are so integrated into everyday life that many are used without identifying them as such, for example using certain herbs or spices as home remedies (Swamy, 2017). Ayurveda also includes the use of music to help balance the doshas. It is just one of the examples of the ways that sound and music have been used for thousands of years to promote healing in India (Swamy, 2017).

Music Therapy in India

Despite the importance of music in India, music therapy as a profession and clinical discipline is still in its developmental stages (Swamy, 2017). The Indian Association of Professional Music Therapists was founded in 2011, with only approximately 10 professional members and two schools noted as of 2013 (World Federation of Music Therapy [WFMT], 2013). In December of 2018, the Indian Music Therapy Association (IMTA) was founded

to propagate Music Therapy as a medical intervention, to make a professional forum for the working Music Therapists of India, to enlarge the research and education of Music Therapy in India, and to make people aware of the therapeutic impact of music with the help of volunteers and other professionals. (WFMT, 2019, para. 5)

The most recent WFMT Fact Page (2019) lists approximately 50 professionals now practicing in India as well as three schools offering certification and one school offering a graduate degree program.

While you will see some similarities related to their original interest and experiences in music, Prof. Dr. Sundar and Luthra have had very different music therapy journeys, which have led them to diverse music therapy practices. This made interviewing both of them particularly interesting. Just as the experience of one music therapist in the United States of America would not fully encompass the totality of music therapy in the USA, the experience of one music therapist (or even two music therapists) in India does not fully encompass the totality of music therapy in that country either.

Prof. Dr. Sundar’s Journey

Prof. Dr. Sundar has master’s degrees in Carnatic music and applied psychology with a specialization in clinical psychology (Sundar & Millet, 2013). She learned about music therapy while completing her doctorate in “musical interventions in cancer care” (LinkedIn, n.d.). It was only at that point that she learned the difference between music for healing, music medicine, and music therapy. Her passion was instrumental in increasing her understanding of how music can heal and in “understanding modern science through ancient wisdom” (S. Sundar, personal communication, October 23, 2018).

At that time, formal training in music therapy was not available in India. Therefore, Prof. Dr. Sundar’s music therapy education was primarily self-directed, as she used textbooks, international conferences, and technology to learn all she could about music therapy and to assimilate this knowledge into her previous background in music and psychology (Sundar & Millet, 2013). She shared,

As I was not formally educated in music therapy, the learning was in a long and circuitous way. There were a lot of challenges in learning music therapy all by oneself. It was not easy at all. I had to understand music therapy by integrating bits and pieces of informa-

tion I collected from various resources. (S. Sundar, personal communication, October 23, 2018)

Prof. Dr. Sundar cofounded the Nada Centre for Music Therapy in 2004 and was a founding board member of the International Association for Music and Medicine. She has served for more than 10 years for the WFMT, first as their Regional Liaison for South East Asia and currently as their Education and Training Commission Chair. Her current positions as Professor of Music Therapy and Director of the Center for Music Therapy Education and Research at Sri Balaji Vidyapeeth, a health sciences university based in Pondicherry, will be discussed further below.

Luthra's Journey

Luthra began singing under professional supervision at the age of two and a half and holds a Master's degree in Hindustani Classical Vocal Music.

However, Luthra was also interested in how music can change “the dimensions of human mechanism” (A. Luthra, personal communication, October 22, 2018). Like Prof. Dr. Sundar, Luthra started her own self-directed search by reading Indian books on how music can make a difference in people's lives. While she found references to “music as a healing object” (A. Luthra, personal communication, October 22, 2018), she wanted to go deeper into understanding this concept. That is when she learned about music therapy. By this time, Luthra had options for her training and chose to go to The Music Therapy Trust, which offers a Post Graduate Diploma in Clinical Music Therapy (A. Luthra, personal communication, October 22, 2018; Luthra, 2014; *The Music Therapy Trust*, 2018). This program is now offered in academic collaboration with St. Mira's College for Girls, Pune, with an examiner from Anglia Ruskin University, UK, charged with assessing the final case study presentations and vivas necessary for program completion.

Luthra had approximately three and a half years of experience as a music therapist at the time of this interview and has worked as a “Clinical Music Therapy Consultant” in a variety of settings with diverse populations, including mental health, neurological rehabilitation, and clinical hospitals as well as with children with special needs, children with cancer, and the elderly (A. Luthra, personal communication, October 22, 2018).

Present

Music in India

Music continues to play a vital role in India. As Prof. Dr. Sundar shares, “Music is spiritual and religious and ritualistic in nature apart from being a socio-cultural experience, a medium of prayer to seek health from god...music and chanting are tools to meditate and relax and to keep one's body, mind, and the soul in a balanced manner” (S. Sundar, personal communication, October 23, 2018). In order to keep this balance, Luthra stated that music “is as important as a cup of morning tea in every Indian individual's life. Everyone is grown with some sort of lullabies and melodies, so it is an important part of everyone's life” (A. Luthra, personal communication, October 22, 2018).

Classical music, in which both Prof. Dr. Sundar and Luthra are trained, is considered serious and refined art music in India, much like European classical music. Both Indian and European classical music also have sacred roots, with Indian classical music being based upon ancient scriptures. Indian classical music comes from oral traditions, with Hindustani being more prominent in North India and Carnatic primarily found in South India. As Swamy (2017) explained, “Both forms involve lengthy and complex improvisations ... based on an ancient system of raga, rasa, and tala, focusing on text, melody, rhythm, and improvisation” (p. 81). Raga, the primary melodic focus of Indian music (Rao & Rao, 2014), is “a unique melodic motif with a specific ascending and descending scale pattern ... expressed through microtones, melismas, and ornamental slides” (Swamy, 2017, p. 81). Ragas are usually associated with certain seasons, times

of day, deities, and even colors (Rao & Rao, 2014; Swamy, 2017). Ragas are also associated with specific rasas. Rasa means “flavor” and signifies a specific emotional state inspired by the raga. The tala is the specific rhythmic pattern or framework that is repeated cyclically throughout the raga (Rao & Rao, 2014; Swamy, 2017). While (as noted above) some ragas are believed to enhance mood and health, the main focus of Indian classical music is on “aesthetic appreciation, scholarship, spiritual growth, healing, and maintaining and preserving cultural values” (Swamy, 2017, p. 81).

Music Therapy in India

Education

Because Prof. Dr. Sundar’s own music therapy education was so challenging, she felt that it was important to develop a training program that would provide a “structured learning environment” (S. Sundar, personal communication, October 23, 2018) for anyone in India who wanted to delve into the complexities of music therapy. She is now Director of the Chennai School of Music Therapy and leads their Postgraduate Diploma training program in collaboration with the IMC University of Applied Sciences in Krems, Austria. She also directs the Postgraduate Diploma in Music Therapy, the Master of Science in Medical Music Therapy, and the Ph.D. program in Music Therapy for the Centre for Music Therapy Education and Research at Mahatma Gandhi Medical College and Research Institute of Sri Balaji Vidyapeeth University in Pondicherry, India (LinkedIn, n.d.). As she shared,

I train most of the music therapists in India and the training is my understanding of music therapy making a differentiation between healing and therapy and how it is important to integrate culture and healing traditions reviewing the traditional practices in physiological, social, psychological, spiritual, and chronological perspectives. This training includes an innovative course (module) on Traditional Healing Practices wherein the students learn about healing practices and know to integrate them in practice with scientific endorsement. (S. Sundar, personal communication, October 23, 2018).

Because Luthra did not receive her training from Prof. Dr. Sundar, it was particularly interesting to compare and contrast their experiences and understandings of music therapy. As is true for music therapists across the globe, philosophies of and clinical practices in music therapy are influenced by many factors, including the theoretical orientation of and experiences music therapists have in the places where they are trained.

Theoretical Orientations, Methods, and Instruments

Luthra noted that she practices from a community music therapy and culturally-centered music therapy perspective. She focused on culturally-centered clinical music therapy for her dissertation, which she describes as using “the clinical process with their culture of using music” (Luthra, 2014, p. 32).

While Prof. Dr. Sundar’s training and work have a more medical and scientific foundation, a natural result of her own education, she still supports using a “spiritually and culturally sensitive model” (Sundar & Millett, 2013, p. 3) of music therapy and trains her students to be “client-centered” (S. Sundar, personal communication, October 23, 2018). Luthra (2014) also affirmed that “clinical music therapy believes in a client-centered approach” (p. 34) in India. In addition, Prof. Dr. Sundar stated that, despite the deep religious roots that music has in India, in her training program, “all music therapists are trained to be secular in practice” (S. Sundar, personal communication, October 23, 2018).

As far as what the practice of music therapy in India actually looks like, it appears that receptive listening experiences were most commonly used in the past (Sundar, 2014). However, the development of training programs and more advanced clinical practices have resulted in more diverse methods now being used (S. Sundar, personal communication, October 23, 2018). Prof. Dr. Sundar most commonly includes “raga

improvisation, with and without imagery, chanting, playing musical instruments, interactive singing and listening experiences, and songwriting” (S. Sundar, personal communication, October 23, 2018). Luthra described using “improvisation in playing instruments...holding, extension, dialoguing, matching, mirroring, imitating, copying, accompanying, turn-taking, silence, singing for joy, receptive interventions, and singing therapy” (A. Luthra, personal communication, October 22, 2018).

Prof. Dr. Sundar continues to use her voice as her primary instrument, as she is a vocalist and Indian classical music tends to be centered around the voice (S. Sundar, personal communication, October 23, 2018). Luthra also uses her voice as her primary instrument, although she states that “guitar and xylophones are the easiest to grab attention with” and “instruments like metallophones, tublophones, ektaras, djembes, keyboards, bells, and small percussion are always useful” (A. Luthra, personal communication, October 22, 2018) when working with individuals with different needs.

Populations, Settings, and Cultures

Luthra perceives that much of the focus in India has traditionally been on music therapy for individuals with learning disabilities. However, Luthra’s diverse clinical experiences described above demonstrate that music therapy is now implemented in a broader range of settings, including prisons and even armies, and is being used to address a wide range of challenges, including substance use, mental health disorders, and various types of disabilities. Music therapy is even being used for “woman empowerment,” civil services, and general wellbeing (A. Luthra, personal communication, October 22, 2018). Luthra further stated in her dissertation that “it is for anyone and everyone” (Luthra, 2014).

Luthra also affirmed that the answer to every music therapy question is the same in India as it is in the United States, “It depends!” Or, as Luthra more specifically stated, “It absolutely depends on the client’s age and needs” (A. Luthra, personal communication, October 22, 2018) and as Prof. Dr. Sundar confirmed, “All methods are used with all the clients depending on the context and their needs” (S. Sundar, personal communication, October 23, 2018).

This is particularly true when working with clients who may speak a different dialect or language, who may come from a different religious background, or who may come from a different caste or other cultural group than you. “India is a very culturally diverse country. To work with diversity, it is really important to be open-minded personally. Acceptability and an urge to learn keeps you going in this country” (A. Luthra, personal communication, October 22, 2018). Or, as she described in her dissertation on culturally-centered clinical music therapy, “Here everything is tied up with the cultural knot” (Luthra, 2014, p. 35).

Prof. Dr. Sundar details how she works with students who speak a variety of languages and dialects and who represent a variety of cultures as well as how multicultural competency is taught as part of their music therapy training in India. In fact, her students are taught to

record the musical profile which takes into consideration factors like music liking, music listening patterns, music training, family music traditions, community music traditions, and musical preferences and accordingly the musical experiences are chosen.... Music therapists are trained to use musical experience always within the music cultural profile of the patient/client with whom we work and so we use all methods as I said earlier according to the patient’s cultural orientations. (S. Sundar, personal communication, October 23, 2018).

Luthra (2014) describes this as the “clinical perspective under cultural influence” (p. 35).

Personal Uses of Music

Both Prof. Dr. Sundar and Luthra have past experience as performers. Prof. Dr. Sundar currently sings a variety of genres of music for her students as part of her teaching and for recordings as part of her music therapy research. In addition, Prof. Dr. Sundar shares that she also sings a lot to her grandchildren (S. Sundar, personal communication, October 23, 2018). Luthra, on the other hand, prefers no music in her personal space and stated that she climbs the Himalayas for her own self-care (A. Luthra, personal communication, October 22, 2018).

Future

Music Therapy in India

Challenges

Both Prof. Dr. Sundar and Luthra expressed concerns about the growth of music therapy in India, with Luthra ascribing part of the challenge to the fact that musicians are paid so much more than music therapists are (A. Luthra, personal communication, October 22, 2018). In addition, Prof. Dr. Sundar believes that part of the delay in advancing music therapy as a profession is actually because of how embedded the music of India is as a traditional healing practice and a lack of understanding in how this is differentiated from music therapy.

Bringing awareness to the difference between music for healing and music therapy is one of the challenges that Prof. Dr. Sundar has faced in building her training programs. As she stated, “Healing practices have to be integrated into music therapy practice, education, and research with a scientific inquiry in mind. This is an ongoing challenge. What I have been able to reach is the tip of the iceberg” (S. Sundar, personal communication, October 23, 2018).

Hope

On the other hand, this embedded understanding of the healing power of music can also help medical professionals more easily see the potential for the work music therapists can do and can be “comforting” to those who might be concerned about treatment or “afraid to even visit a doctor” (A. Luthra, personal communication, October 22, 2018). As Prof. Dr. Sundar stated,

Healing is only an art. Music therapy is both an art and a science. The science side of music therapy is the same throughout the globe. It is only the art side where music therapy becomes different in India as many healing traditions are integrated in an evidence-based manner. (S. Sundar, personal communication, October 23, 2018).

She emphasized the potential for music therapy to develop as the “perfect balance” between both the art and the science (S. Sundar, personal communication, October 23, 2018).

The art side is often found in qualitative resources like audio and video documentation and interviews with the patients and their caretakers that can positively influence and inform future clinical practice. In order to maximize the potential of the science side, Prof. Dr. Sundar also strongly encourages quantitative research which will hopefully lead to music therapy being referred as part of regular medical care in India. She is starting to see the results of all of her efforts. As she shared,

In 2013 the medical school ‘Sri Balaji Vidyapeeth’ invited me to develop music medicine and music therapy clinical practice, education, and research as a part of regular medical care with a salutogenic focus. What else can be more rewarding to me? Nothing.” (S. Sundar, personal communication, October 23, 2018)

Luthra is also excited by the diverse dimensions of music therapy and the multitude of potential areas in which to work, described in some detail above (A. Luthra, personal communication, October 22, 2018). After my conversations with both Prof. Dr. Sundar

and Luthra, I am excited, too – by the work that both of them are doing in India, by the growth I see happening in our field in both their country and around the globe, and by the ways that further conversations and collaborations such as those inspired by this publication can enhance that growth.

Resources and Final Thoughts

As music therapists seek to be more culturally and globally aware, it is important to have resources that we can access and trust.

Dr. Sangeeta Swamy's chapter in the Whitehead-Pleaux and Tan (2017) book entitled *Cultural Intersections in Music Therapy* is a helpful resource for those working with any South Asian clients. Swamy has also developed and researched culturally centered music and imagery (or CCMI) with Indian adults (2011), which takes into account cultural factors such as “religion, caste, class, regional identity, and personal musical preferences” (Swamy, 2017, p. 65), as well as an “ethnic identity assessment” (Swamy, 2017, p. 66). Luthra's (2014) dissertation is an interesting source for both case studies and another perspective on culturally-centered clinical music therapy. In this, she references Stige's (2002) text on *Culture-Centered Music Therapy*, a foundational resource for every music therapist striving to understand the impact of the complex and always-evolving cultural identities of both therapists and clients on current and future clinical practice, theory, and research.

Prof. Dr. Sundar also has a wealth of knowledge available through her many research articles. I have shared a few of these in the references below but would also suggest you search for her articles on ResearchGate.net. Of course, the World Federation of Music Therapy (WFMT) is also a valuable resource, and the links to the 2013 and 2019 fact pages on India are included in the reference list.

Both Prof. Dr. Sundar and Luthra encouraged me to visit India, and I sincerely do hope to do so one day. I am grateful to both Prof. Dr. Sundar and Luthra, as well as to Dr. Swamy, for sharing their experiences and wisdom – and their joy – with me. As Luthra reminds us, “Sharing joy and happiness is across cultures” (A. Luthra, personal communication, October 22, 2018).

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Author the author

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