

Full-Length Article

The Birth of the Malaysian Society for Music in Medicine: A Concerted Move to Promote the Use of Music for Therapeutic Purposes

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Abstract

Malaysia is a multi-cultural society and the resulting myriad forms of music played in the nation are an ethnomusicologist's haven. A simple cross-sample taken across the different kinds of music available reflects a diverse range reflective of much of the Asian region as a whole. Music medicine has existed for as long as the indigenous tribes have lived in the region. Formalized music therapy started in Malaysia approximately two decades ago by way of Western trained music therapists and is still in its infancy in therapeutic usage. As allopathic practitioners increasingly develop an evidence-based holistic mindset to complementary healing modalities, it is hoped that the use of music for therapeutic purposes will increase over time, and be localized for a population that blends Western, Chinese, Indian and indigenous healing systems. Efforts are made to conduct research using music-based intervention to provide evidence for integration of music medicine into Malaysian healthcare.

Keywords: *Analgesic consumption, Malaysia, Music medicine, Music therapy, Palliative*

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Introduction

Malaysia is populated with slightly over 29 million inhabitants of different ethnicities [1]. As a nation that gained its independence from the British in 1957, it has a multitude of influences from different cultures owing to its strategic location as a seaport of the Western Peninsula, and the lush rainforests and bountiful seas on Borneo island. As part of the Malay Archipelago and flanked by the Andaman, South China and Sulu Seas, its immediate neighbors are Singapore, Thailand, Philippines, Brunei and Indonesia. The majority

population is made up of Malays, which comprise over half of the population, followed by the large Chinese and Indian minorities, and eighteen official tribes of indigenous peoples. Due to Malaysia's centuries-old history of settlers, traders and conquerors, there are also people of Sinhalese, Dutch, Portuguese and Arab descent among others. This mix of cultures is reflected in the country's healing systems, with different modalities of healing often sought both alternatively and simultaneously to Western medical treatment. Notwithstanding these, some seek complementary modalities such as music interventions based on traditional medicine systems of the various ethnicities.

Music for Healing Purposes: A Cultural Heritage

As in all forms of civilization, music in the days of old not only served to entertain and educate the people, but also for religious and healing purposes. Malaysia's cultural heritage is teeming with influences from the traditional Malay, tribal folk music, Chinese and Indian music as well as Western from the Dutch, Portuguese, and later the British. The Jungian archetype of the shaman as medicine (wo)man, music maker and healer-magician is alive and well, particularly among the tribal peoples of Malaysia, also known as the Orang Asal, or

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Original People. Each ethnic group has its own sets of instruments, producing different music for different purposes, the use of which has been very well preserved in this country.

Today there are many forms of complementary and alternative (CAM) methods of healing practiced alongside Western allopathic medicine, and patients often seek treatment from more than one form of healing. Treatments generally tend to be from the traditional Malay form of healing using local herbs and remedies, Traditional Chinese Medicine (TCM), Ayurveda (Traditional Indian Medicine) as well as consulting the local witch doctor, known as *bomoh*. Popular CAM methods include nutritional therapy, hypnotherapy, herbal remedies, homeopathy, therapeutic massage, acupuncture (mostly Chinese, but some Japanese and Western variants also exist here), and music therapy. Belief in spirits and the existence of the spiritual realm is commonplace, and often music plays a role to invoke these spirits, or to drive them away. Music plays a large role in the current mainstream religious practices as well which encompasses healing of the patient spiritually and emotionally. There is active musical production of Hindu religious music, Buddhist chants and songs, Western Christian music and Arab-influenced Islamic chants. Whichever the religious faith, songs are often heard during prayer times.

In order to obtain better understanding of the various influences of Malaysian music, one needs to understand the history of the Malaysian people. The indigenous folk tribes, or the Orang Asal, inhabit the foothills of the rainforest in Peninsula Malaysia on the West, which are subdivided into three categories based on ethnic and cultural criteria: the (a) Semangor, (b) Negrito, and (c) Senoi and Proto-Malay or Aboriginal Malay [2]. In East Malaysia, the major ethnic groups include Iban, Bidayuh, Melanau and Orang Ulu in Sarawak, and Kadazan-Dusun, Bajau, Brunei Malay and Murut in Sabah.

In Roseman's (1991) [3] *Healing Sounds from the Malaysian Rainforest*, it was noted that a Malaysian native tribe known as Temiar believed that the main purpose for music is for healing rituals. A major technique of healing involved singing/trance-dancing ceremonies in which mediums sing tunes and texts imparted to them during the dream by spirit guides. Illness was seen as the soul losing its way, and the ceremonial singing was seen as a way to guide the soul back to the 'right' path. The Temiar songs are considered 'paths' (akin to jungle routes) that link mediums, female chorus members, trance-dancers and the patients with the spirits of the jungle and the tribe settlement. Even in the treatment of less severe afflictions, healing involves singing by the medium, albeit outside the ceremonial context [4].

Semang people, like most other Orang Asal tribes, see the earth as a disc of land resting on a snake, dragon or turtle that floats in an underground sea. Healers are called *hala*, and are classified into 'big' *hala* (this is passed down through the generations) and 'small' *hala*, where knowledge of religious

songs and rituals are passed down from a deceased shaman in the form of a tiger spirit. Bamboo musical instruments, like the jaw harp or nose flute, are used as part of ceremonial ritual and special healing songs in conjunction with crystals and herbs to treat the patient [5].

In the longhouses of Sarawak, music has always been one of the key healing tools used in native rituals. In the Bisaya communities, the violin or viola was used to lead the chanting by the healer and in the Melanau communities chanting and spiritual ceremonial objects were also used. Most of the native communities of Sarawak had healing ceremonies by calling the spiritual world through their chants whilst the healer used various healing practices in the process. The Ibans would offer animal sacrifices whilst the sick person sits on a gong and the healer chants with the brass ensemble accompanying with a hypnotizing repetitive rhythm whilst the healer calls the spirits to leave the sick person and to enter the animal instead. In some native longhouses, Orang Ulu communities used the *ruding* (small reed played by tapping with one hand whilst the mouth blows in a continuous breath) to send healing messages through the wind to loved ones who were far away. In all these traditional healing practices, words, music, ceremonial objects and usually repetitive monotonous drones or chants were used to heal the sick. These were usually also accompanied by their sacrificial offerings [6].

The Western coastal town of Melaka on Peninsula Malaysia, and Johor in the south of the Peninsula, were great empires in the 14th and 15th centuries and Indian traders travelled to the Malay Archipelago, in the 14th century, bringing Hinduism and its complex system of Raga music to the region [7]. Indian classical music is divided into two types of ragas: Carnatic (from the South) and Hindustani (from the North). A raga is a tonal framework for composition and improvisation (one of many unique musical scales) [7]. There are many different and complex classifications of ragas, and in Malaysia, as most of the Indian population is from South India, the Carnatic ragas are more prevalent. Ragas and rhythmic drumming plays an important role in the lives of Indians of the Hindu religion. Malaysia is particularly famous for the Thaipusam festival, which attracts thousands of devotees and tourists alike. After a period of prayer, penance, and fasting, some participants enter trance states with the aid of rhythmic chanting, drumming, and singing. It is during these trance states that hundreds of devotees have hooks and spears pierced through different parts of their bodies. Continuous music also accompanies these devotees as they carry elaborate chariot like ornaments known as the *kavadi* from one temple to another miles away. In this festival, music plays an integral role in helping devotees to enhance their spirituality, withstand pain, and overcome fatigue.

Indonesian musical culture, being the surrounding neighboring culture, has had a lot of impact on Malay musical forms. Indonesian Javanese, Minangkabau, Achehnese, Bugis and Sumatrans migrated to the Southern part of Peninsula Malaysia and brought with them their different musical forms

and *bomoh* healings. The use of gong-chime ensembles like the *gamelan*, tuned to different pentatonic and heptatonic scales, has now taken on a signature sound of Malay (and Indonesian) music, and was brought to Malaysia by the Javanese. Other musical forms include the *kuda kepang* and *wayang purwa*. The Minangkabaus mostly settled in the west coast state of Negeri Sembilan, and brought with them another kind of gong-chime ensemble, called the *caklempong*. People from the adjacent islands of Java and Sumatra settled down in Malaysia, as well as small populations of Southern Siamese, particularly in the Northern states of Kelantan, Kedah and Perlis. The Malay people, influenced by Hindu as well as the neighboring Thai civilization, developed several different types of dance-drama healing with music and art forms influenced by the surrounding culture. One of the forms of healing considered as the most authentically Malay (with Hindu-Buddhist origins, but the least influenced by neighboring cultures) present as the dying art of the Malay theatrical dance known as Mak Yong. This involves trance dancing, spirit possession and a small orchestra comprising mainly of the three-stringed spiked lute, drum (*gendang*) and gongs. It may also include the flute (*serunai*), *keduk* drums and small cymbals (*kesi*). The Mak Yong was declared a UNESCO Heritage art form in 2005 [8].

Around the 1400s Chinese dignitaries and traders also migrated to Malaysia, most notably the legendary Princess Hang Li Poh who brought her entourage with her upon her marriage to the Sultan of Melaka. Chinese culture grew and assimilated into the region, and musically this meant that Chinese music theory and arrangement (notes on a pentatonic scale derived from a harmonic series), as well as instruments (largely consisting of drums and gongs, but also stringed instruments like the *erhu* (Chinese violin) and *guzheng* (zither) were integrated. The uses of music in healing are mostly for religious festivals to usher in good luck and drive bad spirits away.

Arab traders also travelled to Malaysia in the 14th century, bringing Islam to the country which spread through intermarriages, trade and Muslim missionaries. The use of Arab and Jawi, spread, and two main art forms influenced by the Muslims of the Middle East include the *zapin*, which is a popular dance particularly in the states of Johor, Pahang and Selangor, accompanied by a *gambus*(lyre), and the *joget*, (also influenced by the arrival of the Portuguese traders). Religious group-singing in the form of various choruses are accompanied by frame drum ensembles such as the *hadrah*, *rodah*, *kompanyang*, *dabus* and *dikirrebana*. *Nasheed*, a capella groups singing moral and religious songs, remains popular.

With the introduction of Christianity by the Portuguese traders and other missionaries, hymns and Western instruments, particularly the violin and guitar were also brought to the region. The *joget*, a lively and popular dance performed by couples evolved from the settlement of these people and is performed during cultural celebrations and

Malay weddings, especially in Melaka where the Portuguese embarked [9].

After a hundred years under the Portuguese, the port town of Melaka fell to Dutch rule in 1641 and then into British hands during the Napoleonic War one to two hundred years later [2]. Western instruments including those of marching bands and orchestras were brought to this empirical outpost and instruments like the piano, violin and guitar together with Western drum sets remain popular musical instruments to this day, and form the basis of modern music therapy as well as Christian worship. Further introduction of more Chinese and Indians brought as servants and workers by the British to the territory reinforced the cultural presence of the music of both ethnic groups. However, the Malay, Chinese and Indian musical forms remain largely separate.

Current Applications of Music Medicine in Malaysia

In the light of realizing the therapeutic effect of music, a group of likeminded professionals in the healthcare practice, academic and music industry were drawn together to set up the Malaysian Society for Music in Medicine (MSMM) (Figure 1) which was registered with the Malaysian Registrar of Societies (ROS) in April 2013 [10]. This move was very much inspired from the works shared during the 2nd International Conference of the International Association for Music & Medicine (IAMM) held in Bangkok, Thailand in July 2012, especially research and practice in the South East Asian regions.



Figure 1: MSMM logo. A stethoscope arranged to depict a treble clef, which advocates the use of music in medicine.

The MSMM was set up with the aim to create awareness and promote the use of music in mind-body healing in various states of health and in maintaining well-being as an integral part of today's preventive and holistic medicine. It serves as an avenue for interdisciplinary collaborations in research and education as well as for networking with international organizations with similar goals. The Ministry of Health (MOH) Traditional and Complementary Medicine Division (T&CMD) Standing Committee has approved and recognized Music Medicine (Music therapy, Therapeutic/clinical music

practice, Sound therapy, Sound/music healing) as complementary modalities. MSMM was officially admitted as a full member of the Federation of Complementary and Natural Medical Associations, Malaysia (FCNMAM) in effect from 2 July 2013 onwards. The practice of Music Medicine in Malaysia shall be bound under the T&CM Act gazetted in February 2013. Since then, MSMM has delivered several talks on music medicine at various healthcare and tertiary academic institutions as well as public seminars and scientific conferences both local and international.

Bringing Live Music to Malaysian Healthcare Facilities

The inaugural MSMM voluntary activity of the Society began with a Mother's Day celebration organized by the Kasih Hospice Care Society at Selayang Hospital, Kuala Lumpur (Figure 2). Dr Sharon Chong and Assistant Professor James Yeow went from bed to bed to provide musical relief around the cubicles in the palliative unit. The ethnically-diverse inpatients were serenaded with familiar songs in Malay, English and Chinese using instruments such as guitars, violin, flute and rain stick as well as the angelic voices of Kasih Hospice volunteers.

Apart from inpatients themselves, the hearts of the caregivers and hospital staff present were equally touched by the live singing and the soothing sounds of the musical accompaniment. Some patients started singing and dancing along to the joyful tunes while the ones who were bedridden lightened up with smiles of joy and serenity while tapping their fingers to the rhythm. A female patient remarked that for a moment, her cancer pain was "gone" when we filled her private room with familiar tunes, leaving her visibly moved and continually expressing her gratitude for such an experience.

As the response from the initial visit was overwhelmingly positive, a subsequent visit was made by MSMM committee members, Dr Foo I-Wei and local music therapists Sherrene Teh and Cheryl Mow (Figure 3). The combined eagerness and care of the volunteers managed to brighten up an otherwise routine dreary day in the ward.

Some songs from yesteryears brought cheerful expressions to the terminally ill, while other songs visibly soothed them and calmed their breathing.

To date, voluntary visits to provide therapeutic music services have also been made to other major hospitals in Malaysia as more local healthcare authorities are becoming aware and convinced of the power of music to enhance harmony, healing and hope, particularly in oncology and palliative care. Live music has also been provided during non-invasive and minimally invasive medical procedures in some complementary healthcare centers in the country.

Music Therapy in Malaysia

To date, there are five music therapists providing services in Malaysia since approximately two decades ago. They were all Western-trained: United States of America, United Kingdom and Australia. Techniques used in local music therapy sessions encompass a wide range of methods and frameworks, including lyric analysis, lyric substitution, improvisation, toning, guided imagery and music, music psychotherapy, resource-oriented music therapy, and cognitive behavioral methods.

Music therapy in Malaysia started off in private practice, mostly in the pediatric specialty, serving children with special needs, in particular children with autism, cerebral palsy, Down syndrome, and Attention Deficit Hyperactivity Disorder (ADHD). Currently, music therapy is still in its infancy stage in Malaysia and faces many challenges to its establishment as a key therapy. One of them is that it does not receive any subsidies from the government in lieu of those received for the more established complementary therapies, namely Malay postnatal massage, acupuncture and herbal therapy practiced in oncology care offered in the few integrated hospitals around the country; hence music therapy has not been part of a formal modality in public schools or hospitals. This explains why most therapists travel to clients' homes, work with non-governmental organizations (NGOs) and have part-time arrangements with private centers instead of being under full-time employment in medical settings.



Figure 2: MSMM's first visit to the palliative ward of a tertiary hospital. The visit was made possible by the Kasih Hospice Society, Malaysia. Two MSMM members are seen providing patients with their songs of preference. Both patients and caregivers responded positively to the session. (Photos courtesy of Kasih Hospice Society, Malaysia)

Occasionally, some of them conduct stress management and relaxation workshops for corporate clients as well as for charitable causes while some also work as educators at tertiary level. This differs from the relatively more established music therapy practice in the neighboring country Singapore, as music therapists in the latter are also employed as allied health providers in various national specialty centers and hospitals such as Singapore General Hospital's Centre for Hearing and Ear Implants [11], KK Women's & Children's Hospital [12] and Khoo Teck Puat Hospital [13], alongside being contracted by NGOs and some running private practices. Although a very much smaller country with a corresponding smaller population, the number of practicing music therapists has grown to twice as many as in Malaysia within a decade, which made the formation of Association for Music Therapy Singapore (AMTS) possible in 2007 [14]. Another advancement in Singapore that Malaysian music therapists also hope to attain is having introductory courses to Music Therapy made available in various higher institutions of learning such as those offered at Nanyang Academy of Fine Arts, National Institute of Education and Lasalle College of the Arts [15].

The first person to practice music therapy in Malaysia was Shoba Ramanathan in 1995, who started off as a freelance music therapist working with those suffering from autistic spectrum disorders in the Klang Valley, where the country's capital is located. To jumpstart the awareness of music therapy in Malaysia, Assistant Professor James Yeow at the Faculty of Social Sciences & Liberal Arts of UCSI University gave a series of public talks in their School of Music and various other organizations including the Malaysian Philharmonic Orchestra, JobStreet.com Malaysia and the Malaysian Institute of Management. With a natural aptitude and early training in music, he pursued a major in music therapy and a minor in psychology at the Western Illinois University, USA, getting inducted into the International Honor Society in Psychology there. When he returned, he earned a Master Degree in counseling from Universiti Putra Malaysia (UPM) and is a psychology instructor.

He has presented his research work in regional and international conferences and conducted training to both multi-national and homegrown companies. He serves as vice president of the MSMM.

Sherrere Teh earned a Bachelor degree in Music from UCSI University, is a skilled pianist. She then went on to earn a Master degree in Music therapy from the University of Melbourne, Australia. Upon graduation, she underwent training to become a registered music therapist with the Australian Music Therapy Association (AMTA). She currently works with children with special needs and is appointed the Honorary Treasurer of MSMM.

Cheryl Mow, also Australian trained, graduated with a Bachelor of Music in Arranging from the University of Westminster, UK before pursuing her Master in Music Therapy at the University of Queensland where she graduated on the Dean's List. She has extensive experience in dealing with people in aged care, children, adults in mental health settings and students in special schools. She was previously attached to a disability center in Australia as a Music Therapist and an aged care facility as a Diversional Therapist. She also supervised students from the University of Queensland, was trained in teaching at Forte School of Music and in Orff Schulwerk, Australia. Also an accomplished musician, she had previously worked as a music arranger, performer and educator before deciding to incorporate helping people in a therapeutic context, which she discovered was fulfilling to her.

Other pioneering music therapists include Lim Kar Gee in Selangor who sees the adult population suffering from psychological disorders and those under palliative care, while Gurpreet Kaur Kalsi, based in Sabah, provides her services to the terminally ill.

Advocacy has played a major role in increasing public awareness within the community. Although not all healthcare practitioners know about music therapy, the awareness has increased tremendously in recent years through publicizing the work of local music therapists in numerous newspaper articles, individual websites and promotional posts on social media.



Figure 3: MSMM's second visit to palliative ward of a tertiary hospital. Once again organized by Kasih Hospice Society, Malaysia, two music therapists are seen providing music session assisted by Kasih Hospice volunteers. Songs from yesteryears brought cheerful expressions to the terminally ill. (Photos courtesy of Kasih Hospice Society, Malaysia)

With that, Malaysian music therapists are now contracted by individual schools as the population that is of most interest to music therapy is children with special needs. With the constantly increasing awareness, some of the Malaysian music therapists feel that they are short-handed and have to turn down potential clients at times since there are only a handful of them practicing in the country.

Research and Education: Future Direction of Music Medicine in Malaysia

The World Health Organization defines health as more than a mere absence of disease, and points towards a holistic and integrated model of optimum function [16]. At present, most of the musical instruments used in Malaysian music therapy are Western. In the future, we would like to explore the use of traditional instruments such as the gamelan and gong in clinical setting [17]. Indeed, as explained above religious ceremonies of the main beliefs in this country namely Islam, Buddhism, Hinduism, and Christianity incorporate music to enhance spirituality of its devotees. The challenge, therefore, for Malaysian practitioners is not only to have fluency in speaking and singing in multiple languages but to understand the unique cultural and religious practices, thus integrating elements from diverse ethnicities in music interventions. The other challenges faced by music therapists in Malaysia are how to communicate and educate anxious parents of children with special needs in a very academically focused and learning based society.

Although most well-informed healthcare providers are rather receptive, the main challenge throughout these years was to obtain government recognition, which has been very fruitful through the recent efforts of MSMM and FCNMAM. Undeniably, there is a need for more research study to be conducted locally; particularly those designed to objectively yield high-level evidences of positive outcomes to support integrating music therapy into the current healthcare system. This poses yet another challenge to the local music therapists to turn their daily practice into research to achieve this long-term goal.

Apart from the psychosocial, emotional and spiritual uplift, music has been shown to provide biological benefits ranging from symptomatic relief with lesser reliance on drugs particularly in pain management, controlling stress hormones, improving motor and cognitive functions and immunity [18-21]. Realizing the beneficial effects of music on the above conditions, the research sub-committee of MSMM is exploring feasibility of conducting similar studies in the Malaysian setting. To begin with, we have placed a special emphasis in studying the effect of music interventions on pain and anxiety among orthopedic patients in perioperative settings. In addition, there is also an overwhelming interest in studying such effect in terminal cancer patients who are normally on opioid analgesics such as morphine to alleviate excruciating pain experienced at this stage of the disease. We

are particularly interested in combining analgesics and use of various music systems, as there are many evidences indicating that the doses of drugs could be reduced significantly when music-based interventions were included in the management of pain [19, 22-25]. Therapeutically this would herald a new milestone since low doses of analgesics would produce less adverse effects. Below are some of the research efforts to date:

1. Discussions with local and regional collaborators on studying the effect of music intervention in alleviating perioperative pain and anxiety including analgesic consumption.
2. Discussions with the country's pain specialists and research authorities on studying the effect of music in chronic pain management in cancer patients under palliative care.

As we continue to deliver educational talks to create awareness among general public and healthcare policy makers of the therapeutic effects of music, we hope to see the Malaysian medical fraternity support the use of music for the benefit of all across the multi-ethnic and multi-religious society. MSMM is a recognized professional body under the FCNMAM, which is the sole umbrella body for complementary therapies appointed by the Malaysian Ministry of Health T&CMD [26]. It is envisaged that MSMM shall also play a major role in setting up local training programs for professional development as well as regulating professional practice in music therapy and music medicine in the near future.

We hope to accomplish this by continuing to make inroads into academic and professional bodies to pioneer and facilitate formal studies into the role of music intervention in healthcare, educating both the lay and professional audience on the different aspects of music medicine and developing our outreach programs to the acute and terminally ill. Music as a universal language indeed reaches to the depths of the soul of all mankind regardless of socio-cultural background, and in a country that can serve as an ideal cross-section of a region inhabited by different people, there are many different avenues and a host of potential for exploration towards a healthy body and a healthy populace across gender, age and racial barriers.

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