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Special Issue

Music and Medicine in South East Asia

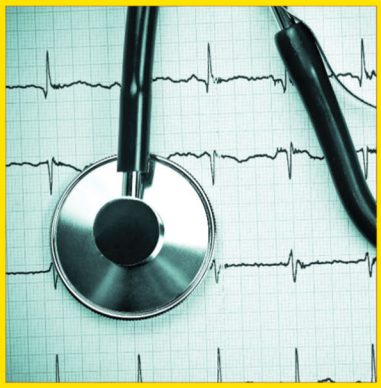
Guest Editors

Jane Edwards, PhD, RMT, Patravoot Vatanasapt, MD, MS
and Bussakorn Binson, PhD










Editors

Joanne V. Loewy, DA, LCAT, MT-BC & Ralph Spintge, MD

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Editorial

Preface to the Special Issue: Music and Medicine in South East Asia - New Horizons in Rapidly Developing Health Care Systems

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Welcome to Volume 6 of 'Music and Medicine'. You may notice our sleek new on-line look. We are proud to be amongst many of our scientific peer journals-who are going 'Green.' This growing trend in academia provides preservation of our global resources while still affording readers access to information with immediacy.

Our journal changed hands in 2014. The International Association for Music and Medicine (IAMM) is presently the sole owner of 'Music and Medicine'. President Jane Edwards along with Publications Chair Helen Shoemark, and a new Editorial team have worked tirelessly to create new systems and a new platform for our journal. In February, Julian Koenig was appointed Production Manager and he has ensured ease of information-sharing. His leadership in this role has been instrumental. In April, the board appointed Amy Clements-Cortes as the new Managing Editor. We are grateful to Shelley Andrews, Virginia Hawkins, and to SAGE for our launch, and their help with the ease of transfer to the IAMM. We are equally grateful to our Editorial Board who has stepped up to assist with the many changes that have taken place, and our authors, who have been patient with our change of platforms. Most of all, we thank you, our wonderful readership, who have shown appreciation, devotion and eagerness to read recent research, theory and practice outcomes, all of which are addressed within this journal-exclusively committed to the integration of music and medicine. This Special Issue is no exception.

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Prof. Dr. med. Ralph Spintge, Address: Deptartment of Algesiology and Interdisciplinary Pain Medicine, Regional Pain Centre DGS, Sportklinik Hellersen, 58515 Lüdenscheid, Germany Email: Ralph.Spintge@hellersen.de | COI statement: The authors declared that no financial support was given for the writing of this article. The authors have no conflict of interest to declare.

According to the World Health Organization (WHO), SEA (South East Asia) includes 13 countries, alphabetized heretofore, adding India and Bangladesh to the original 11 cited countries: Bangladesh, Brunei, Cambodia, India, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste, Vietnam, with an overall population amounting to about 26% of global population. Specific issues exist for all countries in SEA, and these issues have certain implications for MusicMedicine and Music Therapy that are present in the education, research and practice of these countries.

First of all, traditional music in SEA is as varied as its many ethnic and cultural entities. Thus Music Therapy and MusicMedicine concepts show a wealth of regional-specific approaches. Domains of this variety are presented in this issue of Music and Medicine.

Despite their diversity, Southeast Asian countries are attempting to achieve a common identity in their quest to seek mutually acceptable and effective solutions to key health challenges [1]. One key issue, which can be also observed in all health care systems around the world, is that of aging societies. Today the portion of people between the ages of 25 to 59 is the largest in each of the countries in SEA summing up to about 40% of populations on average with a maximum of about 50% in Thailand, Singapore and Indonesia. At the same time as countries in the region succeed in bringing communicable diseases under control, the importance of chronic disease control programs will become increasingly pressing [2-4].

In general, demand for accessible and affordable healthcare in SEA is rapidly rising. MusicMedicine and Music Therapy can contribute significantly also in this respect [5]. Treatment approaches for patients with chronic diseases are complex, as well as multidimensional and integrative. MusicMedicine and Music Therapy can be a significant part of such approaches [5,6].

Considering these variables as examples for complex and multimodal applications and programs from different countries in South East Asia, we are pleased to reflect these topics as undertaken by three guest Editors for this Special

Issue. Through their dedication, international outreach and desire for sharing pioneering efforts manifesting in under exposed parts of the world with regard to integrative music and medicine, Special guest editors, Jane Edwards, Patravoot Vatanasapt, and Bussakorn Binson have succeeded in attracting a most thought-provoking collection of stimulating papers stemming from the present hot spot of both global socioeconomic and health care development: South East Asia.

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Guest Editorial

Addressing the Culture Shock of Hospitalization through the Co-Operation between Music and Medicine

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Culture shock is a term created some decades ago to describe the psychological disorientation one can experience when encountering a new social and cultural situation for the first time [1]. It was initially used to describe new experiences in a country different from where one grew up but the term has also been used more broadly to describe personal experiences in transition to new professional roles [2] and to account for distinctiveness in the experience of being a minority cultural group [3]. Those of us who have worked in hospitals, or have been admitted for treatment, know that for many patients hospitalization can be disorienting. The hospital can be unfamiliar; the people, the lighting, the noise, and the smells. Even the feel of the bed linen, the height of the bed, and the way the lighting is arranged can require mental effort to adjust to the new experience.

Admission to a hospital is a unique type of culture shock. The psychological disorientation can sometimes be as difficult as undergoing treatments. It is difficult to sleep, it can be impossible to relax, it can be irritating to hear so many people talking together, whether nearby or in the distance. Sometimes there are multiple sound sources such as other patients' TVs, radios, and music players. What an oasis music can provide in such a situation! Whether a music therapist comes to bedside to share music, or a clinical treatment room is used for the opportunity to play some music, or whether one listens to self-selected music through headphones, within moments transportation to a familiar and comforting world occurs. The balm that music can provide in hospital settings leads to this special issue on Music and Medicine in South East Asia where many developments in music and medicine practice and research can be discovered and celebrated.

The idea for this special issue was formed after the 2nd international IAMM conference held at Chulalongkorn University, Bangkok in July 2012. This conference was a superb opportunity for sharing and community building across music and medicine internationally. Due to the location of the conference many delegates from Thailand were present but other countries across the South East Asia region were represented including presenters and participants from Indonesia, Malaysia, the Philippines, Singapore, and Vietnam. Southeast Asia is a region comprised of an immense variety of ethnic groups, culture, and faiths. Almost one-thousand languages are spoken within ten countries in the region. The land mass covers 3% of the total land on the earth, with almost 9% of the global population, or about 600 million inhabitants. The geographical landscape ranges from mountains, plateaus, and to the peninsular and islands between the Indian and Pacific Ocean. The region of Southeast Asia is inhabited by a heterogeneous population with a wide range of traditions, religions and life styles. By the year 2015, the Association of Southeast Asian Nations (ASEAN) will establish a regional economic integration or the ASEAN Economic Community (AEC) aiming to achieve a single market and production base, this includes medical services [4,5]. The declaration of AEC will certainly accelerate a dramatic change in health care services in this region. Parallel to improving health care systems to serve their own population, many countries in the region have developed plans to be a destination for medical service clients from around the world. Although music medicine and music therapy are new to the modern Western medicine practiced in this region, in Thailand the indigenous music of various regions has been used as a means for healing the spirit in traditional medical approaches. With growing knowledge and evidence for the role of music and medicine, the alternative views from this region should be compelling to the rest of the world.

Some of the papers presented in this special issue are authored by delegates from the 2012 IAMM conference. Others papers were submitted because to include representation of voices from across the region. The guest editors traced the work and efforts of many of the authors

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through word of mouth and internet searches. Papers from Thailand, Singapore, Malaysia, and the Philippines are published in this issue with contributions from music therapists, ethnomusicologists, allied health practitioners, and medical doctors. The topics covered range from music based therapy work with children and adults with cancer, traditional music healing rituals, and the development of professional associations of music therapy and societies for music and medicine.

Two papers refer to MusicMedicine practices in Thailand and present diverse perspectives to music integration within health and medical care. A medical perspective on uses of music for patients following larengectomy is presented in the paper *Music speaks the words: An integrated program for rehabilitation of post laryngectomy patients in Khon Kaen, Thailand* by Patravoot Vatanasapt, a head and neck surgeon working in Khon Kaen province along with his co-authors Nutchanart Vatanasapt, Supawan Laohasiriwong, and Benjamin Prathanee. Bussakorn Binson and Made Mantle Hood, both ethnomusicologists, describe healing rituals from Thailand and Bali in their paper *Cognitive Collaborations: Sounding Thai and Balinese Sensibilities in Healing Rituals*.
Marisa Marin, a clinical psychologist practicing in the Philippines, indicates how music can be used as a therapeutic support for children in hospital who are dying in the paper *Exploring Therapeutic Songwriting for Filipino Children with Leukemia*. Her paper describes, through case examples, the cultural sensitivity and language skills needed to deal with complex psychosocial issues in a multicultural environment. Two papers from Singapore show that there have been extensive developments within music therapy spearheaded by the professional association, and in particular within medical contexts. A collaboration between professionals resulted in the paper authored by the Singapore Music Therapy Association, *Developing Music Therapy as a Professional Allied Healthcare Discipline: The task ahead for the Association for Music Therapy, Singapore*. In their paper *Music Therapy at SingHealth* Patsy Tan, Ashley Spears, Melanie Kwan and Christal Chiang write about how Medical Music Therapy has been developed within a hospital network in Singapore.

Two papers from Malaysia provide further perspectives to the diversity of MusicMedicine practices in the region. Ethnomusicologist Patricia Hardwick describes the Mak Yong healing ritual in the paper *The Body Becoming: Transformative Performance in Malaysian Mak Yong*. A group of medical practitioners and researchers Sharon Chong, I-Wei Foo, James Lai, Hock Yeow, Geraldine Law, and Johnson Stanslas describe the development of a society for music and medicine in Malaysia in their paper *The Birth of Malaysian Society for Music in Medicine: A Concerted Move to Promote the Use of Music for Therapeutic Purposes*.

The diversity of music practices in healthcare rituals and treatments in South East Asia is well represented in this excellent range of papers. The growth of music and medicine practices in this region will be followed with interest by IAMM members and the international community of music and medicine practitioners and researchers.

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Full-Length Article

Music Speaks the Words: An Integrated Program for Rehabilitation of Post Laryngectomy Patients in Khon Kaen, Thailand

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Abstract

Music is known to be beneficial for cancer patients. Patients undergoing laryngectomy experience profound changes in speech, swallowing, breathing, mobility and some sequelae of the disease or post irradiation effects; thus a comprehensive rehabilitation program is necessary. Music, art, and dance were integrated into our institution's monthly speech rehabilitation program and the annual "*Art 4'Mee Camp*", a multidisciplinary care program. The various techniques used were eurhythmy, rhythmic voice projection, body expression and mirroring, and creative music making. Religious traditional art was also applied as a therapeutic mean. We found 75 percent success rate in esophageal speech training with the participants well accommodated in all activities. Under limited resources, the integrated music, dance, and art combined to the rehabilitation program worked well in allowing a holistic care for the patients.

Keywords: ***Music, Art, Dance, Laryngectomy, Cancer, Thailand*** multilingual abstract | **mmd.iammonline.com**

Introduction

Music is a part of the long-standing cultural identity of Thailand. In an aspect of ritual, it has been used in traditional medicine as a healing remedy [1]. Although music used in modern medicine is a new entity in Thailand, increasing numbers of health care centers have allowed music to be used in their services. With scarce number of music therapists, music has been exercised to soothe and entertain the patients mostly by volunteering musicians or health care personnel.

Khon Kaen is a center of education and health care in the northeast of Thailand, where Srinagarind Hospital, a university hospital, is situated. Cancer is a major health problem in this region; therefor, the hospital serves as a super tertiary center for cancer treatment in the northeast region covering almost one-third of the population of Thailand. Majority of cancer patients were diagnosed in advanced stage, almost 60 percent presented with pain [2]. In addition to the modalities for curative treatment, including surgery, radiation, and chemotherapy; we have worked in cooperation as a multidisciplinary team approach to improve the quality of life of the patients. Previous music therapy initiated in our medical settings was mostly passive listening. A randomized controlled trial was conducted using local traditional instrumental music in cancer patients receiving chemotherapy in our hospital, it showed a significant reduction in pain score and anxiety in treatment arm [3].

Head and neck cancer is one of the major cancer burdens in Thailand, with an incidence of 14.2 per 100,000 in males and 9.7 per 100,000 in females [4]. About 170,000 outpatient visits and 26,000 admissions nationwide costed around 21.8 million USD in the year 2010 (excluding intangible cost) [5]. Besides their mortality, cancer involving the head and neck region and its treatment potentially causes crucial functional deficits. Especially cancer of the larynx or hypopharynx extensively affects the patient's quality of life. More than 80 percent of laryngeal/hypopharyngeal cancer patients presented in advanced stage beyond possible laryngeal preservation, most cases end up having their larynx removed, the procedure called laryngectomy. By (total) laryngectomy procedure; the larynx, with surrounding neck tissues, is removed; the trachea is mobilized to open on the lower neck for breathing; the remaining pharyngeal tissue is closed to create a neopharynx. Resulting in many functional deficits include speaking, swallowing, breathing, and physical disabilities around the head and neck region, not to mention disfiguring, emotional and behavioral disturbance [6].

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This article describes a model of integrating music, dance, and art into a comprehensive rehabilitation program for laryngeal cancer patients undergoing laryngectomy.

Methodology

Concepts

After removal of the larynx, the patients (called laryngectomee) have to breathe through the tracheostostoma, swallow through the neopharynx, and are certainly unable to speak. As the incidence of this cancer is about 10 times more common in males than females [3], with undermined self esteem along with multiple disabilities; most cases developed depression, anger or sometimes aggressive behavior after the laryngectomy. The idea is to work on their abilities to overcome their disabilities. Music, dance, and art were used as tools to exercise on their perception and expression, which were distorted, by the disease and its treatment. Therefore, we incorporated music and art into an established speech rehabilitation program to develop an integrative rehabilitation program for laryngectomees.

Participants

We recruited the patients diagnosed as laryngeal or hypopharyngeal cancer, who had undergone total laryngectomy, with or without postoperative radiotherapy, and their caregivers to participate in the program. The health care personnel involved in this program included otolaryngologists, speech and language pathologists, physical therapists, nurses, social workers, and music, dance, and art instructors. All patients and health care personnel participated in all activities without categorizing as patient or medical personnel.

Interventions

The music, dance, and art were used in the two main activities for rehabilitation of the laryngectomees (*Table 1*).

(1) The music program was integrated into the previous esophageal speech-training program, a monthly hospital-based activity conducted by the speech and language pathologists and laryngectomee volunteers. The music supplement was aimed to support the esophageal speech training, included creative music making, music and movement, music and breathing. We also used music to accompany the esophageal voice projection, which concluded by singing and dancing the traditional song by esophageal voice (depending on their ability).

(2) The Art 4'Mee camp, stands for the arts for the laryngectomees, was held annually. It is a two-day program designed specifically for the laryngectomees and their care givers with aims to support and empower them in order to regain their normal livelihood. The use of music, dance, and art in this camp is encouraging for internal connection between their body and mind, and external connection among the participants. Besides music, dance, and art; the program included meditation, yoga based exercise, and workshop for self-care.

Table 1: *The programs on integrated rehabilitation for laryngectomee*

Programs
Monthly esophageal speech training program
Esophageal speech training
Physical therapy
Music (Eurhythmy, Rhythmic voice projection, and Creative music making)
Art 4'Mee camp
Music (Eurhythmy, Body expression and mirroring, Dance improvisation, and Creative music making)
Art (Art work, exhibition, and reflection)
Yoga and physical exercise
Meditation and Buddhist sermon
Training for self-care (Cancer surveillance, Self health care, Self physical therapy, Healthy food - good taste)

The music program was based on a participatory group approach conducted by the author who is a music educator (NV) and physician (PV) with the ratio of therapist-to-participants about one-to-fifteen. All music uses in this program is a live music with the duration of 20-30 minutes for each session.

Eurhythmy [7], was conducted for the participants to use their body movement according to the melody, harmony, and rhythm; in connecting to all others. The idea is for the participants to bring out their inner qualities of language and music what they could not express verbally. Rhythmic voice projection was directed by using music to trigger their esophageal voice syllables. Body expression and mirroring was applied from a drama therapy. One expressed his trouble or difficulty as a statue, the other imitated as a reflection, and one modified the statue to resolve the difficulty. This was not only to allow expression of oneself, but also to encourage empathy of others. Dance improvisation allowed the participants to spontaneously create their movements according to the music and stories. Creative music making is a group music performance with their own choice of instruments and by spontaneity (improvisation) without any melodic guidance. This could be participated without needs of any background on music performance [8].

The art educator conducted the art program on a basis of expression and reflection. Different art works were chosen in each year. For instance, the participants were instructed to draw and paint on cloth the Buddha image in various poses according to the day of the week they were born on, called Prabot (similar to Pattachitra from India) [9] e.g. participants born on Thursday draw a meditation pose (*Figure 1*). All art works were exhibited at the end of the day and the

participants were allowed to reflect on the works in response to the question "*how do you like it?*".

This program is not a research-based project. However, it was evaluated by several measures as an assessment on their routine service. The esophageal speech competency was monitored along with the monthly training program. In the camp, all participants were interviewed and requested to anonymously express their thoughts and feelings by writing on a leaf shape sticky note to put on the Tree of Hope.

Figure 1: *Prabot, the art works of Buddha image in various poses according to the day of the week by the laryngectomees*

Results

In our pilot program between October 2010 - August 2011, 16 laryngectomized patients with 14 caregivers participated in the program. All participants accommodated well with all activities with satisfaction. Although all cases were complete absence of speech initially, twelve of 16 cases demonstrated an improvement on their esophageal speech outcome after average 5 out of 11 times of participation during a one year period. Half of improved cases could produce ≥3 syllable/word sentences, and the other half could produce 1 or 2 syllable/word sentences. None of participants had a previous experience on a formal music lessons. Although they were unfamiliar with music performance, they were eager to engage into all music, dance, and art activities.

The messages delivered through the Tree of Hope, although subjective, reflected the apparent change in the participants. According to the context of the messages, we found subjective positive attitude towards living. e.g. "*I once felt desperate with suicidal ideas, now I'm encouraged to live.*" , "*This camp made me feel like being reborn. I am feeling happy to be part of the people here*" etc. Moreover, for the medical personnel, most responses reflected an empathetic sense. An unexpected outcome was the otolaryngology trainees to deeply express their empathy toward the laryngectomized patients, and initiated further activities to support the rehabilitation programs for the laryngectomees.

Discussion

The use of music, dance, and art for laryngectomized patients is sparse in the scientific literature. No music therapy program was found in the literature search through the indexed journal databases. We used existing limited resources to work on limited abilities of the individuals. After (total) laryngectomy, most crucial physiology in the head and neck region are distorted, such as breathing, swallowing, smelling, body moving; and certain functions are completely lost i.e. laryngeal voice and some sacrificed nerves. This enhances the underlying anxiety and depression on suffering of cancer. By a positive approach, we worked on their abilities instead of their disabilities.

The principle of using music, dance, and art in this program is based on the 5 mechanisms from A to E.

(A) Aesthetic experience; exposure to the beauty of music, dance, and art is related to activating the sensorimotor area, core emotional center and reward circuit in the brain [10]. The benefit of aesthetic experience is not only for pleasure, but the evidence showed that music stimulation on the nucleus accumbens can reduce depression.

(B) Bridging the gap; as most cases were isolated in the community due to communication gap, the designed music program allowed each individual to connect to each other and act as a part of the group without verbal communication required.

(C) Creativity exercise; almost all cases were a family leader, suffering from cancer with disabilities undermined their self-esteem [11]. The ability to create music with the sense of achievement is valuable for the participants. Potentially, it will enhance their self worth and fulfillment.

(D) Driving the internal activities; according to the principle of anthroposophy, the elements of music was selectively used to stimulate thinking (melody), feeling (harmony) and willing (rhythm) [12]. This was supportive and stimulative for the speech and physical rehabilitation activities.

(E) Expressive communication; under limited speech, music, dance, and art allowed a safe zone for participants to express their feelings and thoughts through their works [13].
The above mechanisms ensured the use of music, dance, and art to integrate in medical setting with holistic benefits.

For the speech rehabilitation of the laryngectomized patients, there are 3 methods available, i.e. esophageal speech, tracheoesophageal puncture (TEP) with prosthesis, and electrolarynx. Although TEP is widely accepted as the most effective one [14], it is less feasible in developing countries that the high cost prosthesis need to be exchanged in every 6 months with potential complications including granulation tissue formation (4.2%), deglutition of prosthesis (12.7%), TEP enlargement/leakage around prosthesis (19.1%), mediastinitis (3.1%), and paraesophageal abscess (3.1%) [15]. While the electrolarynx is ready to use; it is less practical and more expensive. Its monotone and monoloudness restrics its

capacity for tonal language as Thai. It is applied for those who fails the other two methods. We, therefore, have implemented esophageal speech as the mainstay for rehabilitation in our center. However, with lower success rate comparing to other techniques, a well-organized continuing program is crucial. By this approach, with 75 percent success rate for speech rehabilitation, we could save about 14,000 USD for the electrolarynx of only 12 cases. Moreover, we found the laryngectomees were better accommodated to the program than the beginning years.

Although the program was successfully conducted in our center, there were several limitations to be addressed. Firstly, we focused more on action to implement the program rather than conducting the research. Thus, more objective outcomes are needed to evaluate the effectiveness of the program. Secondly, as most cases were from low socioeconomic status and resided in remote areas, it is challenging to maintain their continuing participation in the program throughout the year. However, we have initiated the fund for laryngectomee in the northeast to support the travel cost and relevant expense in visiting the rehabilitation program beyond the payment from the government by universal coverage scheme.

In conclusion, we presented the model of integrating music, dance, and art into a comprehensive rehabilitation program for laryngectomized patients. With specific goals in designing the program, we found the participants accommodated well with all activities, and potential benefits in enhancing the outcomes of the rehabilitation program. Further evaluation, nevertheless, is required to objectively determine the effectiveness of the program.

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Biographical Statements

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Benjamas Prathanee is an associate professor in speech and language pathology, a pioneer in the Northeast of Thailand.

Full-Length Article

Cognitive Collaborations: Sounding Southeast Asian Sensibilities in Thai and Balinese Rituals

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Abstract

This article assesses the relationship between Thai and Balinese healing rituals focusing on music and indigenous explanatory models about emotional and cognitive processes. Emphasis is placed on how music and cognitive processes are conceptualised in both historical literature and contemporary interpretive frameworks in two geographically distinct areas of Southeast Asia. Both authors have spent decades observing rituals, performing music, and analysing musical structures. Yet there have been few opportunities to collaborate on a comparison of their findings. This essay will articulate how music is thought to have a direct physiological affect on its participants. The article first examines cross-cultural discourses in the literature that contain theoretical approaches to music and cognition. Then the article describes and compares Thai and Balinese healing rituals that address not only cognitive, but also corporeal and spiritual concepts that relate to broader Southeast Asian approaches to music and the mind.

Keywords: ***Medical Ethnomusicology; Communal Healing; Thai Music, Balinese Music***

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Southeast Asian Sensibilities

In the title of this article, the phrase *'Southeast Asian Sensibilities'* references a region and its values and ways of understanding. Sensibilities are defined as, "*An understanding of, or ability to decide about what is good or valuable, especially in conjunction with artistic or social activities*" [1]. The reasons for highlighting the 'sensibilities' of a region stem from a recent 'identity crisis' experienced among colleagues in Europe in the field of ethnomusicology. In 2007, European ethnomusicologists held an international symposium at Cardiff University in the United Kingdom entitled 'National Ethnomusicologies'. This was undertaken because of the increasing supremacy of American ethnomusicology, which tends to theoretically and methodologically dominate discipline direction. In the symposium, participants argued for '...a distinctive disciplinary voice in Europe' [2]. Scholars such as Ursula Hemetek maintained that folklore still informs Austrian approaches to the discipline and leading American ethnomusicologist, Philip Bohlman provided a post-modern critique of hegemonic discourses where the nation and the discipline are interdependent. In relation to music and the mind, authors of the current article observe that Western conceptions of the mind tend to dominate discourse as well. We are not alone in this observation.

Asian clinical psychologists recently drew their line in the proverbial geographic sand with regards to Western hegemony concerning matters of the mind. About the monograph, *Asian Culture and Psychotherapy: Implications for East and West*, Goffredo Bartocci writes:

It is a salient fact that the contemporary, formal mode of psychotherapy has been derived mainly from the West. The theories for understanding human nature that comprise the foundation of the clinical practice of therapy, such as those of human behavior, personality, psychological development [among others...] are based primarily on the clinical experiences and research of Western scholars and clinicians [3].

Korean psychologist, Kwang-Iel Kim, contributed a chapter entitled 'Culture-relevant Psychotherapy in Korea'. Although tending to polarize the issue into binaries, Kim does indicate that Western approaches are inductive and analytic while Easterners are deductive and value collective consciousness as an essential indicator of the 'self'. Whatever position taken along the continuum, it is clear studies of music and the mind will benefit from finding epistemological solutions to enhance our understanding of what may be called Freud's 'multicultural Ego'.

PRODUCTION NOTES | Address correspondence to: Associate Prof. Dr. Made Mantle Hood, Universiti Putra Malaysia, Department of Music, Faculty of Human Ecology, 43400 UPM Serdang Selangor, Malaysia, Email: made.hood@gmail.com | COI statement: The authors declared that Chulalongkorn University and the Center of Excellence in Thai Music and Culture, Faculty of Fine and Applied Arts supported the research and publication of this article. The authors have no conflict of interest to declare.

Closer to Southeast Asia, senior Indonesian music expert, Judith Becker has also critiqued Western-based ethnomusicology conceptions of music, trance and the mind. Her pioneering study entitled *Deep Listeners: Music, Emotion, and Trancing* (2004) [4] evidences the pyscho-somatic affect of music and emotion with examples from rhythm-driven gong cycles in Indonesia. In these musical frameworks, she highlights the importance of both collective and personal rituals as a means for participants to achieve altered states of consciousness, a kind of 'musical metamorphosis'. Her revelations about trance could only have been made through giving equal merit to Southeast Asian sensibilities, as well as Western cognitive sciences on issues of music and the mind. It is not our intention to polarize the issue but rather highlight the importance of a complementarity of approaches. As Bartocci writes, *"Examining Asian experiences and perspectives will enable us to better compare them with those of the West, thereby learning from and complementing each other and leading to a more wholesome approach"* [5]. With the surge of interest in Music and Cognition that coincides with the dawn of the 'Asian century', it seems pertinent to highlight distinctive disciplinary voices and look locally for sources that make a significant contribution to music and mind scholarship in Southeast Asia. One of these distinct voices comes from the Northern Issan region of Thailand where musical collective and personal ritual relationships between shaman, patient and community dictate curative methods in healing.

Curative Therapy: Visual, kinaesthetic and sonic approaches

Despite its omnipresence, music plays an ancillary role in the performance of ritual healing in Thailand. Its sonic attributes meld with visual, literary and extra-musical stimulus resulting in a holistic approach to treatment. In several examples of Thai Music and ritual healing, music perfects the aesthetic experience by announcing the arrangement of ritual to participants. It also amplifies notions of perceived sacredness as music mediates between healer, patient and spirits. However, music is not just limited to sonic aesthetics and aural elements of sacredness. It also provides accompaniment to kinaesthetic movement in ritual. Ritual music examples from Kong Puja drum traditions of Northern Thailand are designated as 'ritual supporters' utilized during the worship of the three gems of Buddhism and to notify monks to perform their religious devotion rituals. In Southern Thailand Phon drums signal events during religious ritual. These examples suggest a multitude of aesthetic experiences inherent in ritual music. Music allows a healer to amplify his supernatural powers and stimulate patients' minds and emotions through visual, kinaesthetic and sonic means.

Pre-Buddhist animism beliefs permeate present-day Thai ritual healing contexts. Temporal intersections overlap when shamans, patients and ritual participants convene during healing rituals. As social icons representing a continuity of past experiences, shamans predate Buddhist monks and have animism-based counterparts in many other corners of history in the region of Southeast Asia [6]. In addition, the ritual economy of shaman-based practices suggests a continuity of patronage for shamans in the region. Across generations, patients and ritual participants have sought shaman. They enact prescriptive rituals to help placate malicious spirits and harmonize individual as well as intersecting emotional and social energies.

However, it is made clear in this article that although healing rituals have a continuity of presence, neither meaning nor music have been left unchanged. Rather healing rituals represent a syncretic blend of faiths fused in local and regional approaches to ritual. Furthermore semantic value changes with generational tendencies where meaning is derived through multifarious approaches to ritual, healing and music.

Northern Thailand Phee Faa Healing Ritual

One such case study demonstrating this multitude is the Phee Faa healing ritual from the Northern Isan region of Thailand. In the ritual, a medium facilitates healing with the aide of an indigenous musical instrument called *khaen*. The khaen is a kind of mouth organ constructed from eight slender bamboo tubes, each containing a brass free-reed that vibrates when air passes through a central hollowed out hardwood reservoir (*Figure 1*). A *khaen* player blows into the reservoir and controls air circulation with his fingers and thumbs, activating airflow to chambers via finger holes to facilitate melodies. Crucial to the discussion here is the use of breath and the indigenous explanatory model among Isan that the *khaen*'s melodies bridge the realms of perceived reality, ancestral domains, and cognitive realms.

Figure 1: *Northern Isan Khaen player accompanying Phee Faa healer*

Breath produces the *khaen's* musical melodies that become a generative force for the Phee Faa healer to transcend into the realm of spirit possession. The physiological affect of lungs pumping air through the instrument drives melodic repetition and cyclical structural frameworks, key elements of trance

inducing musics in numerous cultures [7]. Because a *khaen* produces sound both during exhalation and inhalation, the physiological fusion of breath and sound results in a continuous melodic flow. In other words, musicians do not stop playing to take a breath. This means melodies flow in a repetitious, unbroken manner aiding the medium in accessing ancestral spirits through continual sonic engagement. Indeed much trance music relies on repetition and drone-like sonic structures. In the absence of *khaen*, healing could not take place, demonstrating the essentiality and fusion of musical aesthetic with curative modalities.

Dancing treatments in the curative process

The study of Phee Faa ritual of Roengbuthra & Sumrongthong describes that kinaesthetic movement is also a generative force for a Phee Faa shaman to access ancestral spirits for the healing ritual [8]. A single *khaen* mouth organ accompanies Phee Faa ritual dances that invoke healing spirits such as Phee Faa the 'heavenly spirit' and Ern Kwan the 'guardian spirit'. The following table lists the sequential events of a Phee Faa ritual where kinaesthetic movement and drone-like melodies induce trance and healing. Six functional dances and corresponding *khaen* melodies organize the ritual into divisions of functionality.

Name of Dance	Sequential Function in Treatment
1. Phee Faa	healer's invitation dance to Phee Faa as 'heavenly spirit' and generative force in the internal body of the practitioner
2. Saung	'Look Through' Diagnosis
3. Ern Kwan	Guardian Spirit Invitation
4. Pua	Healing/treatment
5. Sangson	Instructions to patient and his/her relatives on proper conduct
6. Soong	Farewell to Phee Faa

Table 1: *Ritual dance sequence of Mor Lam healer in the Phee Faa North Isaan regional healing ritual*

The first dance evokes the heavenly deity who bares the name of the ritual itself: Phee Faa. In this preliminary dance, the healer herself is called Mor Lam who makes invitation to the heavenly spirit to literally enter her body. Acting as a vessel for the supreme spirit, Mor Lam then conducts a diagnostic dance called *Saung* to determine the illness of the patient. During this 'diagnoistic choreography', pha kai or a tray of ritual implements including a bottle of talc, a small mirror and a jar of pomade aide the medium in 'looking through' the patient. Not unlike a village x-ray, the medium views internal images through the mirror to diagnose the extent of the illness and its cause. It is not uncommon for the medium to recognize symptoms caused by malicious spirits or whether or not the patient has consciously, or unconsciously been disrespectful to any spirit. Accompanied by the continuous melodies of the khaen mouth organ, a raw egg is hurled against the floor and the shaman reads its abstract splatter pattern.

Inevitably, treatment requires the performance of the Ern Kwan dance to call upon the patient's particular guardian spirit. After summoning the guardian spirit, another dance called Pua heals the patient's aliments, balancing his/her energies and placating any mischievous spirits. The final choreography instructs (Sangson) not only the patient, but also the immediate relatives of the patient as to the proper way to conduct themselves in relation to the patient's illness.

This last stage of consultation with family members is telling. It indicates that an individual's illness is remedied not just in the immediate context of a ritual, but through the ongoing maintenance of the household environment. Family members share responsibility for an individual's health and well-being. In the system of communal ritual healing, it is the community that contributes to the problem/illness/imbalance and therefore it is the community that aides in the healing process. In addition, calling upon the patient's guardian spirit further confirms a broader Southeast Asian healing concept where a homology, or what Marina Roseman observes about the Temiar of Malaysia as an 'essential sameness' that exists between man and spirits [9].

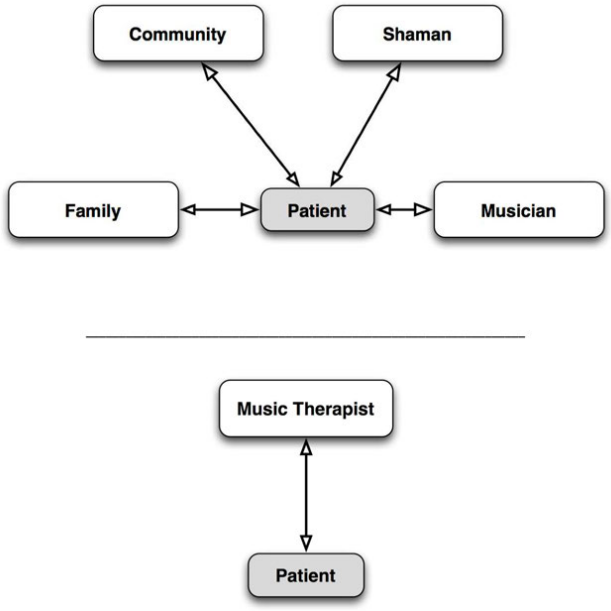

Figure 2: *Cognitive collaborations between multiple stakeholders versus singular relationships in Western-based music therapy treatments*

The diagram in Figure 2 depicts the interdependencies in and the belief system in healing rituals. As opposed to a unilateral relationship between a single music therapist and a patient,

Southeast Asian healing rituals involve multiple agents. The community assists in enacting in ritual preparation. Immediate family members subscribe to a Shaman's prescriptive remedies as key players in therapy. Music envelopes a soundscape and meanings, both visual and sonic, latch on to the sonic stimulate. Therefore collaboration between multiple cognitive forces is an approach to treatment that best describes music and healing rituals.

We now turn to the Indonesian island of Bali to look locally at a Hindu-Balinese philosophy about music, the mind and a preventative approach to healing. Here research draws on historiography and ethnography rather than musical analysis of sonic structures, which have been undertaken in previous studies [10]. Rather than quantifying musical modes or analysing melodies, our gaze falls upon an ethnography of performance to prevent the escalation of aggressive and amoral behavioural tendencies caused by being born during a particular week in the Balinese calendar. As with the Thai example above, cognitive collaborations from multiple participants provide numerous pathways for a patient to alleviate symptoms.

Preventative therapy - performing shadows and literary epics

The island of Bali is a Hindu enclave in Indonesia, a country with the largest Muslim population in the world. However in Bali, religiosity permeates in, and through pre-Hindu social networks that drive communal approaches to faith and worship, even in modern times. It is this drive in community, this strength-in-numbers attitude that creates the dazzling and colourful displays of ritual offerings at temple ceremonies. Equally significant to the ornately prepared offerings is the firm belief in causality and birth-related predispositions toward behavioural abnormalities.

One such preventative ritual safeguarding against this is *sapu leger*, a healing ceremony for individuals born during a spiritually dangerous and unstable week in the Balinese calendar called *wuku wayang*. The culturally constructed notion of most Balinese Hindus is that a baby born during *wuku wayang* inherits *watak keras*, a character of emotion described as impatient, easily angered, socially removed, and aggressive. For the unfortunate, *sapu leger* becomes an obligatory healing ritual that must be enacted within the life cycle of that individual. Most parents fulfil this obligation six months after the birth of their child as a complement to name giving ceremonies, first clipping of the hair and fingernails, after-birth blessings and other life cycle rituals. Others who may not be able to afford the extra expense associated with the *sapuh leger* postpone the ritual. However, the longer the ritual is postponed, the more embedded the notion of spiritual torment becomes in the cognitive workings of not only the individual, but in the family and community of that individual. Therefore the multiple proponents involved in healing continuously reinforce the *sapu leger* music-infused healing ritual as the culturally appropriate remedy.

Music offered during *sapu leger* draws from the shadow puppet repertoire called *wayang kulit*, a shadow puppet theatre with one puppeteer and up to four musicians. The repertoire is not ritual specific. However, when coupled with the *sapu leger* context, its potentiality expands to become an interdependent sonic link between the cognitive mind frame of participants and the pantheon of Hindu deities. As 'cognitive collaborators', musicians play percussion instruments made of bronze metal keys suspended over bamboo resonators.

Figure 3: *bronze keyed metallophone used during Balinese sapuh leger healing ritual*

Keys are struck with soft wooden mallets that produce bright and resonant tones and melodies. The puppeteer called *dalang* narrates stories from the Mahabharata Indian epic through song and heightened speech. Both the music and singing accompany a specific set of puppet characters and prescribed scenes in a night-ritual presentation of the shadow puppet play.

Mythology and philosophical mediation

In the play, music, theatre and a specific storyline are combined as an elaborate preparation for the principal purpose of the ritual: the consecration of healing holy water. The story retells a myth about the origins of the shadow play itself and the origins of *wuku wayang*. The mythological origins of *wayang* allude to the performing art's transformative power in relation to a human being's mental, emotional and spiritual states. Furthermore there are indications that the performance of wayang to heal individuals born during *wuku wayang* mediates philosophical concepts found in *lontar* palm-leaf manuscripts with ethnographic accounts about music and emotion.

In the origin myth of wayang, a widespread pestilence spreads throughout the world after the God Siwa transforms into the evil demon Kala Rudra to court his banished wife Durga (Parwati). The mythology centres around the Hindu

pantheon of deities becoming the puppeteer and musicians in order to pacify troubling demons wreaking havoc. In the myth, Brahma and Visnu become the puppeteer's right and left hand assistant and Iswara becomes the dalang himself operating puppets and narrating stories. The four gods from the four cardinal directions, Catur Loka Phala, become the musicians of the gender metallophone family called *gender wayang*. After enticing Kala Rudra and Durga with the shadow puppet theatre and music, the two demons are reminded of their origins and transform back into their divine states [11].

The Tripartite Formulation of the Psyche

The key word in this mythology is transformation, a generative force still associated with the music and performance of shadow puppetry. Remedying illness and correcting predispositions requires the transformation of an individual's character attributes that reflect the binary of good and evil in human beings. In the Hindu *panca-sradha* philosophy, good and evil energies abound and have direct affect on the character attributes of the psyche. Just as Freud's tripartite formulation of the psyche into a super ego, ego and id, Balinese character attributes a trilogy of interdependent constituents called *triguna* that make up the psyche. The three constituents are *satwam*, *rajas* and *tamas* [12]. *Satwam* may be described as a person's ability to create and maintain notions and ideas that are benevolent, pure and virtuous. In contrast, *rajas* is the human quality of 'passion, emotion, motivation and desire'. The third *guna* is *tamas* for when the mind is weak, it brings about those qualities that reflect, 'mental darkness and the cause of heaviness, ignorance, lust, anger and sorrow' [13]. According to the *triguna* concept, all three *gunas* exist in each individual in varying degrees.

This comparison between Eastern and Western approaches to the mind yields aspects of Southeast Asian sensibilities under purvey here. As a framework for decoding causality in illness, indigenous explanatory models such as the *triguna* provide insight into how music and character are interlinked, especially in ritual contexts where music functions as a religious offering. It also relates directly to the therapeutic aspects of the shadow play. As the Balinese arts researcher Nyoman Sedana writes, *"Both western psychology and Balinese conceptions of the spirit world see the human being as vulnerable to numerous unconscious motives. In order to win favor from spirits, humans need to appease them by offering the best treatment possible. Art is the best product of a human being and thus becomes the ideal antidote to evil. The philosophical basis of wayang by using music, song, dance, and narrative is to exorcise the demonic, showing us what it looks like and returning it into its divine form"* [14]. Sapuh leger shadow theatre is limited to those puppeteers who have studied sacred scriptures (lontar Darma Pewayangan and Lontar Sapuh Leger) and are able to recite the necessary mantras for the blessing of holy water (*pangruatan air suci*). An accomplished puppeteer must navigate scriptures and anoint offerings dedicated to Dewa Siwa, the demonic manifestation of a principal Hindu deity.

In order alleviate psychosomatic disturbances associated with being born at the wrong time, *"...traditionally healed patients' experiences are restructured through a culturally validated system of symbols and meanings"* [6]. In the story of *sapu leger*, these symbols manifest in the theatrical presentation of Dewa Siwa's son Dewa Kala who devours babies born during the *wuku wayang* week. Usually performed in the household of the individual on his or her Balinese birthday, the puppeteer often personalizes the story, using the person's name in the context of the story while performing the rite. This is of particular note because articulating actual names in the context of *wayang* creates a direct link between the real-life world of a Balinese and that of his or her gods.

Sapu leger treats a distinct socially defined group of individuals born in a specific time period deemed spiritually unstable. That said, the ceremony is enacted by the broader community for the benefit of affected individuals. Despite its somewhat esoteric associations to ancient Hindu epics, philosophies and folk beliefs, both rural and urban populations regularly enact *sapu leger* as a preventative therapy to curb negative behavioural tendencies. The personalization of community ritual where healer, musicians, and family members cognitively collaborate for the benefit of the patient has significant ramifications in the healing process to alleviate stress and anxiety associated with the condition of being born during *wuku wayang*.

Conclusion

In this paper, we have examined Thai and Balinese sensibilities in matters related to the mind and music. As 'an understanding of, or an ability to assess artistic values', we have framed these sensibilities as distinct paradigms from Western approaches to music and cognition. The indigenous dance of Mor Lam called *Saung* places emphasis on interdependency in Thai curative methods. Music as a sonic force penetrates and has a physiological affect, propelling a healer's kinaesthetic movement towards his patient's troubled psychosomatic state. In both Thai and Balinese rituals, the essentiality of sound reverberates both in the exterior physical sound scape as well as the internal, corporeal realm of the patient. This 'culture-specific conceptualization' sees cognitive, corporeal, and emotional realms of inquiry as intertwined elements that are not easily separated. The multiple agents involved in healing represent a cognitive collaboration in the healing process.

Social, religious and contextual sensibilities in music and healing are actively engaged in therapy in both Thai and Balinese ritual healing ceremonies. Social sensibilities mean a patient's illness or condition implicates family, friends and community members. Healers regularly associate psychosomatic illness with unresolved tension among family members. Having them involved in ceremony integrates them

either passively or actively as agents in the healing process. Religious sensibilities also play out in Thai and Balinese healing ceremonies where the sonic aesthetic of *khaen* and *gender wayang* instruments invoke a sonic aesthetic of spiritual stimulation. Unlike many other music therapies that utilize generic New Age Music, the specific sensibilities of these two musical forms entice, promote, and invite collaboration between members of community, family, musicians and healers who bring benefits to the patient in the healing process.

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Full-Length Article

Exploring Therapeutic Songwriting for Filipino Children with Leukemia

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Abstract

This study explored the use of songwriting as a therapeutic tool for Filipino children with leukemia to alleviate pain and to accept death. Using a clinical-descriptive phenomenological approach, four children with leukemia were purposively selected to have individual therapy sessions. Findings show that music making, specifically songwriting, can be a therapeutic intervention for children in pain and in preparation for their death. Furthermore, common themes of the songs are discussed and the role of a therapist is mentioned.

Keywords: ***Therapeutic Songwriting, Children, Cancer, Philippines*** multilingual abstract | **mmd.iammonline.com**

Introduction

Music is an integral part of many peoples' lives. Here in the Philippines, people have used music as a form of entertainment in many areas of social and educational life but it is less common to consider the therapeutic power of music. However, it is worth mentioning the ways in which music has been used to cure ailments in the remote places of the Philippines in current times as well as before the existence of hospitals. Jose Maceda, a Filipino composer and one of the leading ethnomusicologists in our country has observed and experienced being part of a curing ceremony of the Magindanaon culture. Maceda [1] described how the Ambak (the medium who is like a Shaman) explained the belief that no cures can take place without music. He further mentioned that this musical magic has equal importance to dance movements, the participation of the spirits, and the tension of the audience. These are all considered to be directly connected to each other. In further work on this topic Maceda [2] collected vocal music with the names of the Filipino indigenous peoples and the names of the ritual music or song used for curing the sick. Similarly to the Magindanaon some had used a medium like the Ambak to perform the ritual. Therefore, it is also important to mention how the Ambak has a major role in being able to know the right combination of what is needed in the ritual for healing to take place, even determining the slightest quality of sound played in the instrument.

At present, there have been no published articles about songwriting as a therapeutic intervention for hospital setting in three main libraries that have collections of local studies. Most published journal articles based on work in the Philippines is focused on listening to music as a way of creating therapeutic change. In recent years, music has started to be used in medical settings. Doctors and nurses in the Philippines have studied the medical condition of patients comparing those who had some music listening to those who did not receive any music experiences. In the following section of this report these studies will be briefly reviewed. Almazan, Patoza, and Arogata [3] investigated the effect on stuporous patients (n=24) receiving mechanical ventilation who listened to CDs of classical music. Their findings showed that listening to classical music improved their level of consciousness. In another study, the anxiety of patients before surgery and the amount of Midazolam (sedative) used during surgery both decreased in the music group who selected classical and jazz music as compared to the non-music group (n=76) [4]. Even their systolic blood pressure lowered after listening to music. The same results were evident in the lower blood pressure and respiratory rate of hypertensive patients who were assigned to the music group and listened to instrumental music with a slow tempo as compared to the slow-breathing exercise group and no intervention group [5]. Labraque, Rosales, Rosales & Fiel [6] found that the music group exposed to classical music and nature sounds of their choice from a pre-selected music reduced the reported labor pain during childbirth as compared to the non-music group.

In a similar research design that compared music group and non music group among Filipino newborns who underwent heel prick blood extraction (n=35), the babies who listened to classical music manifested positive effects of

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shortened duration of crying, decreased cardiac and respiratory rates, and higher oxygen saturation [7]. Generato [8] had observed the same positive effect in easing the pain of neonates through music (n=59). Again, the babies in this study were divided into two groups, the music and non-music group during the heel prick blood extraction. The group exposed to classical music exhibited shortened duration of crying and improved cardiac rate. However, no difference was seen in the oxygen saturation in both groups. In another study, Custodio [9] wanted to simply find out the difference of healthy babies (n=30) who were exposed to classical music using earphones and babies who were placed in a quiet environment. Findings showed that infants exposed to music had lower cardiac and respiratory rate and increased oxygen saturation as opposed to the infants who had a quiet environment. The calming effect of exposure to music brought about the further suggestion from the researchers that music should be introduced into the hospital setting.

In all of this research of music's effects in this country the process of songwriting is hardly mentioned. To date, there has been no literature that has shown how songwriting is used for therapeutic purposes in the Philippines. Reports from other countries have indicated the use of songwriting as a useful music therapy method for hospitalized children. Kennelly [10] described how songs and the process of songwriting became an effective tool in giving emotional support to an adolescent boy during the crucial life threatening stage of his life. Other researchers have mentioned songwriting as one of the music therapy methods used for self-expression and making connection that can be a source of communication and can be therapeutic for people who are dying [11,12]. Music therapists have also composed songs for a one-day event with the therapeutic purpose of creating group cohesion and to reduce anxiety during the occasion as they gather again after experiencing a loss of a family member [13]. In addition, songwriting has also been used to help the grieving process of adolescents to express issues regarding the death of their loved ones [14], and for pre-adolescent children as well [15].

As a psychologist in a tertiary pediatric hospital in the Philippines, I have been part of a medical team who were willing to integrate my music play approach into the hematology unit, which treated mostly children with leukemia. Since music as a therapy was something new to them, I designed my sessions with the children in response to their needs. This research explores and describes therapeutic songwriting as a way of supporting children in their last stage of their lives. It is my intention to introduce songwriting, as a therapeutic intervention in the Philippine hospital setting for children with leukemia. Moreover, this current report show how discover common themes were found in the songs created in our therapy sessions.

Working with sick children in the last stages of their lives

During my scheduled days in the hospital, I was sometimes called by the doctors to visit patients who were in the last stages of their lives; what is described as *salvage therapy*. Salvage therapy, is a term doctors here had coined if, medically, nothing else can be done except to give pain relievers while waiting for the inevitable. So, I was tasked with helping to make children's remaining days as comfortable as possible, and also to prepare them for death. Upon the recommendation of the doctors, I scheduled my therapy sessions with the children in the hospital according to priority. In the late 1990's to early 2000, I was the lone psychologist of the hematology unit of a tertiary pediatric hospital in the National Capital Region of the Philippines.

I integrated play and other expressive therapies techniques, specifically music making, into my practice. The doctors have given me freedom to do my own approach in my therapy visits to all the hematology patients in the charity ward and private rooms.

I have chosen to describe 4 children with leukemia, aged 8-11, who I worked with in their last stages of their lives. I have changed their names for the purpose of confidentiality. It has taken me years to finally write about these children because of several reasons. Firstly, I needed to locate families to ask permission in writing about their children but until the present, it has still been a challenge for me to do so since they live in other regions of our country. Also, some of the contact files from the hospital were already disposed of after the patient had died. Second, as the only psychologist here who uses music in my work, specifically songwriting, I am also struggling to write this report and provide a context. Lastly, as a therapist, I also have to take care of my own grieving process and healing after being with children who one by one died after having a personal-therapeutic relationship with them.

In analyzing the cases, I have written my observations, personal detailed account, personal reflections, of the therapy sessions that had a therapeutic songwriting as an intervention. In addition, I have analyzed the lyrics used in the songs written, finding the common themes of the songs.

Results

This reflective inquiry is presented in a descriptive, phenomenological, and clinical manner, consisting of narrative accounts of the therapeutic process of the songwriting therapy sessions. The unique cases of each of the four children are discussed separately, drawing pertinent themes in their songs.

Nancy: So Many People To Thank

Nancy, 10 year-old girl, diagnosed with Acute Lymphocytic Leukemia (ALL) at age 6.5. Her mother and a caregiver accompanied her to the hospital. I had heard about her and her prowess to play the organ. I had the chance to start working with her, when the head doctor asked me to visit her in her private room to provide musical support to her because any time she could die. My therapeutic goal then was to establish rapport for the first and maybe the last time and make a song preparing her for death. I did not expect that it was going to be easy for me to do so. From the minute I entered her room, she welcomed me with an exhausted expression and said to me that she could already see angels. And that prompted me to suggest writing a song about angels with her. Her face lit up and she agreed. When I asked what was her language preference, she requested if it could be written in English so that the whole world could understand. And so she narrated her story, telling me too, about a saint and how much she had to thank all the people that helped her and took care of her while in the hospital. She enumerated all of them from the doctors, nurses, teachers, media people, to her mom and her *yaya* (caregiver). As she was telling her story, I was writing the lyrics of the song and asking her approval at each stanza. At a certain point, she asked me what the word unbearable meant when I put it as part of a stanza. When I translated it in the Filipino language, she understood what it meant and affirmatively said, *'Tama yon!'* (*'Thats right!'*) with her worried smiling face. When the whole song was over, I sang and played the keyboard for her (*Appendix A*). She had a joyful face and reacted by saying, *'Ang bilis mo naman nagawa yung kanta.'* (*'You made the song so fast.'*) I replied, *'I was inspired by your story and by my own angel.'*

I told her that I would visit her again the next day to teach her the song and we would try to record the song too. I suggested that while waiting for me, she could look at the lyrics and draw first. She said she was looking forward to it and agreed that she would also draw while waiting for me. Upon my next visit, she already put the lyrics of the song in an artwork she did and beamingly showed it to me (*Figure 1*). It was very rewarding and relaxing to play the keyboard for her as I taught her the song. Four days after, I heard the news that she was back in the hospital. I thought I could record the song with her, but she died a few hours before I reached the hospital. At first I could not understand why the doctor was congratulating me. It was only afterwards that I found out that during the last 4 days of Nancy's life, she was at peace and blissfully humming the song.

For Nancy, the songwriting process was a way of relaxation while confined in the hospital. It also became an expression of her thoughts and feelings. This was also a means to have a personal-therapeutic connection with me as her psychologist. I was there to give comfort and assurance that she will leave a legacy, song of gratitude to her family and friends.

Figure 1: *The artwork of Nancy with the lyrics of Angels given to me*

Nick: Longing To Go Home

Nick, 8 year-old boy, diagnosed with ALL at age 6. For 2 years, since the first day he came to the hospital I have regularly met with Nick as he went through his medical treatments. The doctor assigned to him had scheduled his chemotherapy and confinement during my scheduled days in the hospital, upon the continuous request of Nick and his family to see me. It came to a point that Nick had to stay in the hospital for 6 months due to complications of his illness. He became good friends with JB (see below). Both boys would play together as they waited for their procedure in the hematology unit. Both of them had participated in the activities offered for the patients like art and music. Every time I visited Nick in his room we played with whatever toys he had. Nick and his mother would update me on Nick's medical condition, and Nick and I would talk about how he felt. I had experienced his mood swings from being happy to sad, fearful to angry. I witnessed the deterioration of his physical built from a once chubby, fair complexioned boy to a lanky one and with discolored skin. Sometimes we played music together using the percussion instruments, to just pour out his pent-up emotions. During one of our sessions, he told me he was already missing home and that he wanted to play with his younger brother and his friends back home. He also missed playing with JB. It was then that I took the opportunity to ask him if we could write a song about friends and he shyly

agreed. English was his language preference in writing the lyrics. I placed the tambourine and toy drum near him as I asked him some questions about who were his friends, and what activities he did with them. As he was answering the questions, I was making the song already (*Appendix B*). He timidly smiled when I told him the song was almost finished. I sang the song *a capella* but using a drum to keep my beat. His restless demeanor changed to a more attentive and relaxed manner as I sang it. I asked him if he liked the song and if I properly described what a friend was to him. He just happily said, *"Yes"*.

When I told him that he had to finish the song by thinking of the title, he just simply smiled and stated, *'Friends'*. I visited him twice a week after making the song, singing the song with him or singing the song to him when he was too weak to even speak. After a month, I handed a framed copy of the lyrics of the song to his mother when I paid my last respects to Nick during my final visit, this time at the funeral home.

For Nick, the songwriting session became therapeutic as he expressed his longing to play and be with his friends. Also, it became a source of promoting positive change, altering his mood from being restless and impatient to having a relaxed disposition. As his therapist, I wanted to lessen his anxiety and boredom in the hospital. It also made our therapeutic relationship stronger as we were able to accomplish a song together.

JB: Let Me Do My Song

JB, 8 year-old boy, diagnosed with ALL at age 5. I was with him and his family from Day 1 of his medical condition. He got a sponsor for his medical treatment because he was curable and was responding very well to his treatment. He was a cute, dark-complexioned, intelligent, and kind boy who loved to play. Almost always, our session would include playing toy soldiers and cars. And he would always take pride in saying he got a high grade in Math. He was always part of the group of children who performed and sang for any event in the hospital. Nick became one of his best friends in the hospital. The mother and the father took turns to accompany him to the hospital. In spite of the fact that he came from a poor family, it had always moved me deeply to see how he would open a pack of chips and would offer it to all the children in the charity ward before getting a piece for himself. Unfortunately, when he was about to be considered off-therapy, he caught an infection that made his condition deteriorate so fast. Upon the doctor's recommendation, I had to visit him in the charity ward to prepare him for death. On the day that I visited him for songwriting, he already knew our schedule. I assigned him to think of a topic of a song the last time we met because he said he wanted to make one. The minute he saw me from a distance he signaled his parents to leave the charity ward. To my surprise, he was already prepared and started reciting the lyrics in a *sing-song manner* making the first two verses on his own (*Appendix C*). I had to rush to write down all of the lyrics he was dictating. He wanted to continue the song with me because it was not yet finished. I told him, I was so impressed with his two stanzas but asked him if we could change the third person pronoun sila (them) to tayo (we). I had to change it for him to own the feeling he expressed in the lyrics. He agreed. Intuitively, I felt in this moment that he was beginning to face the inevitability of his death. Our eye contact meant the beginning of a new stanza, a stanza that would be a transition to express the finality of life.

As we continued, I asked him what he wanted to say next for his new stanza. He was again reciting the first line of the third verse in a *sing-song manner* with a reflective smile. I sang it back to him, adding a little bit of melody to his vocal chanting. The flow of the lyrics went steadily. We were in a higher dimension, our hearts singing together as if we knew the next lyrics and melody of the song before we even made it. At a certain point he asked me a word he wanted to put but could not think of the word, *future*. I even teased him along the way to check if he knew the words he was dictating to me and he confidently said, "*Yes*".

When we paused, I asked his permission if I could end the song already with my own words. He nodded and gave me a go signal because he really wanted me to do the last lines of the song, and so I did (*Appendix C*). We looked at each other and gave each other a "high 5". This time, to clearly show him that I got the message of his last line, I just repeated what he said, changing just a few words. I knew we were thinking on the same level. Before I left, I tapped and rested my hand on his shoulder because I couldn't hug him even if I wanted to. To hug him meant letting him feel I was crying inside.

To end the songwriting process, I asked him what was the title of the song and he replied, *'Ang Mundo Ay Para Sa Lahat'* (The World Is For Everyone). The parents asked him what he did and he just told them, "We made a song, but it's our secret." The parents did not know exactly what transpired during our therapy session. They only found out about the lyrics of the song when I gave them a framed copy of the words when I went to JB's wake 4 days after we made it.

For JB the songwriting therapy session was his way of preparing himself for death. Even though he didn't verbalize it, it was evident in the process of writing the song itself. The session allowed him to express himself. And as for me, writing the song with him was my contribution to his legacy of leaving the song behind for his loved ones. Furthermore, I worked with his process and ensured that there was some acceptance of his deteriorating condition.

Liezl: The Fear of Butterfly

Liezl, was an 11 year-old girl, diagnosed with Acute Myeloid Leukemia (AML). It was always tiring for Liezl to travel and go to the hospital because she lived a long way away in the provinces. And most of the time, due to financial constraints,

she also missed her scheduled medical treatment. I only had the chance to visit her in the charity ward two times before I had the songwriting therapy session with her. In those 2 visits I noticed how thin, and fragile she was. She told me how she dreaded coming to the hospital because of the medical procedure she has to go through. I also found out how she loved to sing and dance. On my third visit, three days after my previous visit, I told her that while waiting to have her chemotherapy we could create a song regarding her fear about the medical procedure. She agreed and when I asked her questions about her feelings, she emphasized how she did not like medical injections. She described how she did not like the butterfly- shaped needle because it was painful when they pricked her with it. But she also knew she had to do it or else her condition would get worse. While she was sharing her concern, I was already writing the first two stanzas. I used the Filipino language. When I asked her what she did in order to help her cope and ease the pain, she mentioned praying and playing. I also reminded her that she can also sing and dance. She even teased me by saying, *'dance like Michael Jackson in Thriller'*. And when I affirmed that she can do that, she showed her smile and gave a timid laugh. When I told her that the song was finished (*Appendix D*), she entitled the song, *'Takot Kalimutan, Lunas Harapin'* (*Forget Your Fears and Find a Solution*). She said, *'Let's try singing it already.'* She attempted to apply a fast tempo to the tune because she thought it would be more fun to sing it that way. And so we sang and laughed while doing it.

The last I knew of her was from the doctors. She didn't continue coming back and it was hard to contact her family because of where they lived. The doctors suspected that she had already died.

For Liezl, the songwriting session was used to distract her while waiting for the medical treatment that she feared. It also helped her calm down and ease her tension. And apart from enjoying it, it also provided a means of self-expression for her. As for me, it was to develop a personal-therapeutic relationship with her. I integrated in the lyrics the possible ways that she tried to cope with the discomfort and pain that was part of her medical treatment.

Discussion

Songwriting with patients confined in the hospital has been an activity that enables them to express the pain and hardships they feel and experience with their illness [16]. This study has shown how four children, diagnosed with leukemia expressed their feelings and thoughts through songwriting while undergoing medical treatment, and facing impending death. Liezl used the songwriting process to express her fear of undergoing a medical procedure, and to ease her tension while waiting to undergo treatment. Nancy approved of the word *suffering* to be part of the lyrics of her song. JB and Nick had expressed their feelings of isolation, and longing to play and be with friends.

It is important for me to emphasize that all topics, themes, titles of the songs were drawn from the requests made during conversations with the patients. Even the preference of the language used was their choice. 2 of them preferred the song to be written in English, while the other 2 used the Filipino language. All of them made the title of their own song. The choice of topic in our songwriting therapy session was greatly dependent on the children. For Nick, I based it on our conversation when he mentioned how he already missed playing with his brother and friends. For Liezl, it was based on her disposition of being nervous while waiting for a medical procedure. For Nancy, it was based on her welcoming remark of seeing angels when I entered the room. For JB, it was continuing and completing a song that he already started to write before the songwriting therapy session. It is well accepted in therapy that it is significant to empower the child by following his lead and respecting his pace [17].

All 4 children wanted their caregivers to be out of the room, or not near us while composing the song. It became a sacred time for them, especially for JB, when he even mentioned to his parents that we wrote a song but it was our secret. Among the 4 children, only JB contributed to the actual lyrics of the song. For the other 3 children, I was the one who wrote the lyrics while they narrated their story, their concern and feelings during the therapeutic process on that day. But it was only Nancy who had the chance to put the lyrics of the song in an artwork.

The song provides an opportunity to use metaphors and symbols to describe situations that are otherwise difficult to articulate [18]. JB and Nancy had a feeling that death was about to come as implied in their songs. Though we never discussed about the topic of death per se, the titles of their songs implied an awareness of their impending death.

JB and Nancy had utilized this songwriting therapy session to write songs that they wanted to share and leave behind like a legacy. Nancy was able to express this because through the song, she wanted to express her gratitude to the people who journeyed with her. Though JB did not express this verbally, I sensed it from his unspoken word and gesture that at the time, the song was a secret, but he would leave it to me to share it with others, specifically his parents, when he was gone. O' Callaghan, Petering, Thomas & Crappsley [19] concluded that patients are usually joyful when they hear their completed legacies. They further explained that it carries them through the loss embedded in the work, elicits new insights, affirms existing ways of knowing, and brings relief in the knowledge that others will experience what they want known [19]. It gives the children the sense of pride and joy in accomplishing something tangible.

During the individual songwriting process, one can see how happy and comforted the children are. Music making can evoke a positive disposition resulting in them being active and eager to learn, and sing the song. As I have always explained to parents and doctors, going through any kind of music based therapy experience should have one of its objectives the

element of fun. Hospitalized children enjoy just being in the music moment. This confirms what Hilliard [20] has emphasized; that music therapy sessions can provide opportunities for children to have fun while engaging in treatment goals.

It is relevant for me to mention how vital the role of the therapist in this crucial stage of the children's lives. It is essential that the music therapist working with such vulnerable children is able to be immediate in her creative contribution since each session should be conceptualized as a complete treatment, due to the possibility of discharge or worsening condition [18]. As experienced in the cases presented, JB and Nancy had lived only a few days more.

Edwards [21] suggested similarly that the role of the music therapist is emergent and responsive rather than defined and certain in each and every circumstance of attending a procedure, working with at the bedside or during a regular, scheduled session. In order for therapy to take place effectively, we should be flexible and sensitive to the child's present concern and act on it accordingly. The doctors have also played a major role in telling me who to prioritize among the patients. They have always respected my strategy with each child and the therapeutic intervention I used. It is also important to mention that it involves a competent therapist to know the techniques that are needed in a particular therapy session. As Bruscia [22] explained, while music can be beneficial without the help of a therapist, music therapy requires the skilled application of music by a therapist.

Significantly, I would like to emphasize how the Filipino children who are hospitalized can benefit from having a music play therapy experiences and to say how much songwriting can be an effective tool in easing their pain and can make lasting therapist-child-relationship even in preparing them for death.

My Personal Journey

I am much amazed how an individual songwriting therapy session with each one of the children can transform their weak fragile disposition to being "alive", active, and enthusiastic to do and finish the song. The songwriting process became a magical bonding of making my personal-therapeutic relationship stronger with each one of them. This music based therapy intervention was really therapeutic not just for them but also for me. We found comfort while being immersed in the process of creating a song. And the timing of making a song on a particular day of the children's confinement was also an important factor to consider. I am grateful to the doctors that trusted me to do undertake music based therapy with their patients in the hematology unit of the Children's Medical Center Philippines presently known as Dr. Fe del Mundo General Hospital. Even using music in this way was unfamiliar to them, I was able to educate them through my experience with the patients. Moreso, my warmest appreciation and admiration to the parents of these children, who have shown me what patience, love and dedication is. And my deepest gratitude to these 4 children, Nancy, Nick, JB and Liezl who have been my source of inspiration and motivation to continually believe in the healing power of music and to continually use it as my medium to serve other children. I have been truly blessed by being a part of their earthly life.

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Biographical Statements

Marisa V Marin, MA, RP, CSCLP is a registered psychologist in the Philippines. She is a founding board member and past president of the Philippine Association for Child and Play Therapy (Philplay) and part of a team of psychologists of the MLAC Psychosocial Services for Well-being. She was the past psychologist of the hematology unit of Dr. Fe del Mundo General Hospital and continuously supports the activities of Leukemic Indigents Fund Endowment (L.I.F.E).

APPENDIX A: ANGELS

Before I used to wonder
If angels are true
I often ask myself
"Are you really there with me"

Often times I realize
Even if angels with wings
Are not here
I know they're here, they simply are
Because you are here with me

Sufferings are unbearable at times
But you lessen these burdens for me

*If there's anything
I've learned from all these things
Angels are disguised in people we meet
And this is just a passing place
for me for you for all of us. (repeat *)

APPENDIX B: Friends

A friend is someone you can talk to
A friend is someone you play with
But sometimes they start a fight
Still they are your friends.

A friend is someone you ride with a bike
A friend is someone you laugh with
But sometimes they annoy you
Still they are your friends.

Friends, friends friends
That's how we are with one another

Friends friends, friends
For life and forever.

APPENDIX C: Ang Mundo Ay Para Sa Lahat
[The world is for all of us]

Ang mundo ay bilog
[The world is round]
Paikot-ikot
[It just goes on in circles]
Tulad ng ating buhay
[Just like our life]
Minsa'y masaya,
[Sometimes it's happy]
Mga bata'y naglalaro
[The children are playing]
Maganda ang paligid
[Our surrounding is beautiful]
Maganda ang panahon
[It is a pleasant day]
Hindi sila nalulungkot
[They don't feel sad]

Minsan nama'y malungkot
[Sometimes life can be sad]
Naging masama ang panahon
[The day is bad]
'di makalabas at 'di makalaro
[Can't go out and play]
Sa loob lang ng kanilang bahay
[And we're just confined in our homes]
Nalulungkot sila 'pag walang kalaro
[They feel sad if there is no one to play with]

Dapat hindi nalang maging malungkot
[Lets just try not to be sad]
Dahil makakapaglaro naman ulit
[Because someday we can play again]
Kayat habang mag-isa magdasal na lang
[While alone lets just pray]
at manalig
[And have faith that]
Na kinabukasan gumanda na ang panahon
[There will be a brighter future ahead of us]

Sana sa susunod na araw
[I hope in the coming days]

Gumanda na ulit ang panahon
[It will be a brighter day]
Sana sa susunod na araw
[I hope in the coming days]
Gumanda na ulit ang panahon
[It will be a brighter day]
Maganda na ang panahon
[It is already a lovely day]

APPENDIX D: Takot Kalimutan, Lunas Harapin
[Forget your fears, find a solution]

Heto na naman
[Here we go again]
At nadarama
[I can feel it once more]
Takot ay hindi maiwasan
[The fear I can't avoid]
Sakit ko'y baka lumala
[My sickness might get worse]

Masasaktan na naman ba ako?
[Will I feel the pain again?]
Buntong hininga paulit-ulit na lang
[Always sighing every now and then]
Dahil sa injection
[Because of the injection]
Lalo na sa butterfly
[Specially that butterfly-shaped injection]

*Takot ko'y 'di maalis
[My fear doesn't leave me]*
Pero puede namang mabawasan
[But I know it could be lessen]
Nagdadasal na lang ako
[If I pray]
Naglalaro ng gameboy
[And play my gameboy]
Para malibang
[To be distracted]
At sumaya kahit konti.
[And to be happy even just a bit.]

Nalulungkot, minsay' nahihilo pa
[I feel sad and sometime dizzy too]
Daanin ko na lang sa kanta
[But lets just sing]
O di kaya'y sumayaw
[Or dance]
At tumula na. (repeat *)
[And recite a poem too.]

Full-Length Article

Developing Music Therapy as a Professional Allied Healthcare Discipline: The Task Ahead for the Association for Music Therapy, Singapore

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[1]*Association for Music Therapy (AMTS), Singapore*

Abstract

The founding of the *Association for Music Therapy, Singapore* (AMTS) in September 2007 marked a new chapter in the formalization of the profession in Singapore. Although music therapy (MT) had been available locally since 1963, it took another forty-four years to gather eleven pioneering members together in order to establish a professional society. In the ensuing six years, AMTS' efforts to create awareness via annual MT Days and themed symposium workshops have increased visibility for the field of music therapy. The purpose of this paper, then, is to detail the historical background, current challenges and future directions of music therapy in Singapore.

Keywords: ***Music Therapy, Association, Profession, Singapore*** multilingual abstract | **mmd.iammonline.com**

Background

Singapore, though geographically small and highly urbanized, is the second most densely populated independent country in the world with a multi-racial, ethnic and religious population of 5.3 million people (2011) [1]. Strategically located at the southern tip of the Malayan Peninsular, slightly north of the equator, Singapore became independent in 1965 and has steadily progressed to first world status as one of the world's busiest sea ports.

The population comprises over three-fourths Chinese, 14% Malay, 8% Indian and 1.4% others, including Eurasians, or those of mixed European-Asian parentage [2]. The mix of Malay, Chinese, Indian and European influences have intermingled although each racial group has distinct languages, dialects and religious-cultural practices. Hence, racial tolerance and understanding has been promoted at all levels from education to housing.

Such a multicultural setting poses language and communicational barriers, and presents a myriad of challenges for the growth and development of music therapy as a profession. Whilst English is the official business language, most Singaporeans also speak their native mother tongue (for examples, Mandarin, Malay, Tamil, Malayalam, Telugu) and the creole *Singlish* (or Singapore English), a unique, syllable-timed blending of English and local Hokkien, Cantonese, Malay, Tamil as well as American slang, with acquired local meanings that may differ from their original meanings. This diversity presents as a both a barrier and an opportunity to framing relevant local public awareness pitches, bridging clinical expectations and formulating research protocols.

The Association for Music Therapy Singapore (AMTS)

In September 2007, the *Association for Music Therapy* was founded with eleven members. Ng Wang Feng served as the first President, along with Melanie Kwan, Secretary, and Loi Wei Ming, Treasurer. The mission of the newly formed organization was to promote public awareness about music therapy as an international healthcare profession and to serve as an organizational body for professionals [3].

In 2009, AMTS became a member of the *World Federation of Music Therapy* and also in December, began publishing a newsletter, Music Therapy Times, twice a year. By 2013, publication of the newsletter was shifted to an annual feature in conjunction with MT Day [4]. Despite the small membership, the organization energetically pulled together for various events: namely, submitting a bid to host the *World Congress of Music Therapy* in Singapore (2017), and two Music Therapy Symposiums to date. It was later decided to hold off on finalizing the bid until a time where there were more professional and student members to help with the logistics. The theme of the Inaugural Symposium in 2011 "Global Evidence of Efficacy" was pitched toward healthcare

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professionals, and in 2012, the theme was "Music for the Special Child: Musically Motivating Developmental Milestones in Special Education and Early Intervention." The latter was pitched toward special educators because the latter had indicated an interest and need for training in applying music strategies within special education classroom contexts.

Historical Beginnings of MT: Serving Children with Special Needs

The first music therapists worked in special education settings. The earliest record was that of Louise Cheng returning from the United States with a Bachelor's degree in music therapy [5]. The former head of the music department of the local Teacher's Training College also published the first local case study in 1989 [6]. The scene saw a growth spurt during the late 1980s and early 1990s with merit scholarships being offered by the National Council of Social Services to send interested scholars for training. To date, there have been three scholars: May Goh Cluelee, Loi Wei Ming and Melissa Loh.

The *Association for the Educationally Subnormal Children* (AESN) (now known as the Association for Persons with Special Needs), Rainbow Center Special Schools in Margaret Drive and Balestier Road were the earliest employment settings. Adding to the contributions of the late Louisa Cheng were Judith Senway (NZ), Eudora Chiu (HK) and Anne Greenhall (Australia). The three worked at the Association for Persons with Special Needs in the 1990s. Audrey Ruyters-Lim started at Rainbow Centre in 2001 and was subsequently followed by May Goh-Cluelee, Ng Wang Feng, Loi Wei Ming, Jenny Lee and Jacqueline Chow. Similar work was initiated and expanded by Angela Mee Lee, Chen Hsueh Lien and Evelyn Lee at the *Asian Women's Welfare Association* (AWWA) from 2001, and by Clara Chong at the St Andrew's Autism Centre from 2005. At the Thye Hua Kwan Moral Early Intervention Program for Infants and Children (EIPIC), David Khlentzos returned to Australia after completing his contract. Jacqueline Chow (HK) had a brief stint there before she joined Rainbow Centre. Angela Tsai and Sophie Yu (both from Taiwan) began working at the EIPIC Centre in 2013.

The first papers on music therapy and special education were presented by May Goh Cluelee and Audrey Ruyters-Lim: a poster on "Incorporating Visual Structure Into Music Therapy for Children With Autism Spectrum Disorder" in 2002, and a workshop on "Music Therapy and children with Down Syndrome" in 2004 [7,8]. More recently, in 2010, Loi Wei Ming examined the effects of songs and improvisation used in music therapy on the communication skills of four children diagnosed with autism spectrum disorder. Each child acted as the control group for another child within the pair over six sessions of intervention followed by six weeks of no-intervention for one child in the pair. Three of the four showed increased targeted communication behavior. The fourth had a slight increase in targeted communication behavior after six weeks of no intervention.

First steps into the public health system

In 2005, Dr. Patsy Tan was employed by the Singapore General Hospital (SGH) as an Auditory Verbal Therapist with the ENT Department. There was no music therapy position at the time. In March 2007, Melanie Kwan wrote proposals to KK Hospital, Dover Park Hospice and Alexandra Hospital [now Khoo Teck Puat Hospital (KTPH)] and started pilot programs. The positive outcomes led to a music therapist position in January 2008 serving all hospitalized children at KKH, the islands' specialized acute tertiary hospital for women and children, and contractual hours at the other facilities. An award of funding through the Arts for Health grant under SingHealth Foundation led to recruitment of a full-time music therapist, Ashley Spears in July 2010. Services were expanded to women receiving treatment for cancer at KKH and to pilot outpatient music therapy services for children with medical issues and associated developmental delays or other special needs [9].

In 2007, Dr. Patsy Tan at SGH launched a tailored program for children with cochlear implants, "Music to the Ears". It was the first-such program for children with hearing impairments in Southeast Asia. In 2008, The Music & Creative Therapy Unit was set up. By 2009, services were available to patients receiving hematological treatment, neuro-rehabilitation and for burns. Charissa Tan, also a psychologist, had provided services through the *Leukaemia and Lymphoma Foundation* in 2009 before joining SGH in 2011. That year, Christal Chiang, from Hong Kong, was recruited for inpatient neuro-rehabilitation at SGH. In 2012, an award of *Ministry of Health* funding led to the expansion of inpatient music therapy initiatives for persons with dementia at KTPH. Jane Tan was recruited for inpatient dementia programming in the *Care for Persons with Acute Mental Impairments* (CAMI) ward five mornings each week. The inpatient palliative care and the weekly *Music Therapy and Structured Activities Program* (MAP) were continued for outpatients at KTPH under Melanie Kwan.

Public education initiatives

In order to promote greater awareness of music therapy as a profession, AMTS began to hold public talks targeted at various community groups, such as the Teochew Poit Ip Huay Kuan. The local vernacular, e.g. Malay and Mandarin dialects, was used to reach out to the different audiences. Since 2010, AMTS began hosting an annual Music Therapy Community Awareness Day in April each year. The Inaugural event was launched on April 11, 2010 with Dr. Clive Robbins as the Distinguished Speaker. In 2011, the theme was "Building Musical Bridges" where local music therapists shared about their work with various client populations then engaged the participants with interactive music making. In 2012, the theme was "Sowing seeds of possibility: Music Therapy with children," and in 2013, "Music Therapy as a Career" was

pitched to pre-university students and the working adult exploring career transitions.

Professional Representation and Advocacy

AMTS has been invited to provide input and feedback to various decision makers and leaders of various healthcare organizations, as well as the statutory boards such as the Singapore Ministry of Health. For example, in 2009, "Music Therapy in SingHealth: Introduction to Clinical Aspects and Operations," was presented by Ng Wang Feng, Patsy Tan, Audrey Ruyters-Lim and Melanie Kwan to the leadership of *Singhealth*, one of six nationally-managed healthcare groups [10].

The Association also prepared a detailed response to the Clinical Practice Guidelines on Autism that was published by the Ministry of Health, Singapore (2010) [11]. Evidence from a thorough literature review was used to counter the statements that music therapy was not recommended in the "routine management of children with ASD due to inconclusive evidence" (p. 71). AMTS has networked with, and continues to hold ongoing discussions with the leadership of the National Arts Council in 2011 about collaborative community programming for music and wellbeing, and with representatives from the Agency for Integrated Care in 2012 to address needs within the long-term care sector.

Foreign Talent

Music therapists from many countries have been attracted to work in Singapore since the early days and were keen to be affiliated with AMTS. Their conscientious input has helped in small part to address the demand for clinical services due to the small numbers of professionally trained music therapists locally.

These colleagues have included Australian Pamela Fisher at the St. Clare Autism School (2007-09), New Zealander Taiwanese Jenny Lee at the Rainbow Centre Yishun Park School (2008-11), David Khlentzos at the Moral EIPIC (2009-11), American Ashley Spears at KK Hospital (2010-current), Macau-born Christal Chiang at SGH (2011-current), Taiwanese Sophie Yu Yi-Yi and Angela Tsai at Moral EIPIC (2013-current) and Thai Patchawan Poopityastaporn. Associate members have included Malaysian Gurpreet Kalsi, German Susanne Heinze, Argentinian Irene Lo Coco, Finnish pediatric occupational and music therapist Suvi Pitkola and Stacey Douglas from the United Kingdom.

Mentors and Visiting Guests

AMTS has also hosted many international experts over the years. In 2008, Dr. Kate Gfeller was invited as a visiting expert for the launch of the music therapy service for the children with hearing impairments in the *Listen & Talk* program at SGH. During his historical visit from 7th to 14th April 2010, organized by then MT student Jane Tan, the indefatigable Dr. Clive Robbins was the Distinguished Speaker at the Inaugural MT Community Awareness Day event that year. Drs. Deb Burns, Joanne Loewy and Deforia Lane provided an international perspective on "Music Therapy in Healthcare: Global Evidence of Efficacy," for the Inaugural Healthcare Symposium in 2011, held at four venues—Khoo Teck Puat Hospital, Tan Tock Seng Hospital, KK Hospital and the Ang Mo Kio Thye Hua Kwan Hospital. Doctoral Student Carmen Cheong-Clinch also shared about her work with teenagers in Australia.

The 2nd Music Therapy symposium addressed "Music for the Special Child: Musically Motivating Developmental Milestones in Special Education and Early Intervention." There were three parts to the 2012 event, each targeted to a different audience—an afternoon Public Forum session for parents, the Main MT Symposium held over two days addressed to the public and related professionals, and two days of classroom training to empower teachers and related professionals on using music strategies in the classroom. Dr. Katrina McFerran, from the *University of Melbourne*, and Elizabeth Schwartz, of *Alternatives for Children, Long Island, New York*, were the visiting mentors.

Ongoing Challenges

Five years after its founding in 2007, the *Association for Music Therapy, Singapore* (AMTS) has 31 professional members (13 of whom are practicing locally), three associate members and three student members. Their services are available at special schools and early intervention centers. These include *Thye Hwa Kwan Moral EIPIC*, *AWWA Early Years Centre*, *AWWA School*, *Rainbow Centre Margaret Drive* and *Yishun Park Schools*, and *St Andrew's Autism Centre*. Other therapists are in private practice and meeting crucial needs—for example, modulating behavior of at-risk youth at Beyond Social Services, and supporting active aging wellness initiatives through the Health Promotion Board. In addition, music therapy is accessible at the *Singapore General Hospital*, *KK Women's and Children's Hospital*, the *Khoo Teck Puat Hospital*, and *Dover Park Hospice*. There are support groups for Cancer survivors, patients with heart failure, and those who have received heart and lung transplants, or who are receiving treatment for burns as well as those with Parkinson's disease, for children and adults with muscular dystrophy, and for clients at a residential mental health facility.

As there were reports of self-taught and self-professed music therapists due to the lack of an accreditation body for music therapists, AMTS had initially adopted public education as its mission. The initial aim was to dispel myths and educate the public to distinguish music therapy as active and individualized (and preferably live) treatment by trained professionals, distinct from sound or auditory models of therapy which may consist of using costly pre-programmed recordings with ambiguous effects and that excluded a therapeutic musical relationship. The fruits of this thrust are being realized as more inquiries are being channeled directly

to the association. The association also functions as an organizational body for professionally trained music therapists, and is acting to verify training, as well as define and uphold professional ethics and standards. Members are expected to maintain current professional status with the professional music therapy association of the country of training, for concurrent reciprocal status locally. Professional members are also expected to participate in ongoing continuing education and professional development projects.

In addition, there are two common misconceptions that present an ongoing challenge in the development of Music Therapy as a profession in Singapore. The first is the prescriptive model of music, generally held by general members of the public, where there may be the expectation that a piece of music might provide relief or cure of each particular symptom or problem presented. The second is the view by some medical professionals that music therapy clinical practices are not scientific or evidence-based due to the lack of randomized control trials.

As discussed by Charlotte Plum (2011), many music therapy outcomes do not easily lend themselves to be quantified or documented within randomized control trials in the strictly scientific paradigm of the biomedical model [12]. There are other proponents of a variety of research methodologies, as long as the protocols are held to rigorous standards [13,14]. Indeed, with an aging population and the need to improve quality of life of the chronic and terminally ill, there is increased openness to holistic models of healthcare. For example, music therapy received a Grade B, Level 1 rating in the most recent Clinical Practice Guidelines on Dementia [15]: "*Music therapy, wherever feasible, is encouraged in the care of persons with dementia and helps in ameliorating the behavioural and neuropsychiatric symptoms of dementia (pg 53)* [15]".

However, while the role of trained professional music therapists was acknowledged in the revised Clinical Practice Guidelines, a statement was also made that other professionals or family caregivers could provide music therapy. This was because the medical definition of music therapy cited was that of Munro and Mount's (1978), as "the controlled use of music and its influences on the human to aid in the physiological, psychological and emotional integration of the individual during the treatment of illness and disability [16]." There is no question that music is therapeutic and its benefits can be widely accessed beyond clinical settings. However, the need to define and establish professional boundaries of clinical practice is still pertinent. Thus, the way forward may be to increase awareness and visibility of Music therapy as a relationship-based therapeutic process, using music towards functional outcomes as systematically set forth by Bruscia [17].

Development of MT education and training

At present, there is no formal music therapy training available in Singapore. Since 2006, Ng Wang Feng has offered introductory level overview electives through *Nanyang Academy of Fine Art* (NAFA) for third year Diploma of Music Teaching students and Bachelor of Music majors. An optional follow-up module provides opportunities for hands-on and experiential learning under Dr. Patsy Tan, for students to gain exposure with real clients under supervision. The Singapore General Hospital also runs a one-day whirlwind tour of music therapy at regular intervals. An overview of MT course is periodically available through the *Professional Development External Program* at *Lasalle College of the Arts*.

Due to the lack of local university-level training to date, the music therapists in Singapore have all graduated from accredited programs overseas--in the United States, United Kingdom, Australia and New Zealand. The training gained overseas is diverse, from psychotherapeutic and humanistic orientations in Europe to behavioral models prevalent in the United States of America. Several music therapists have completed postgraduate specialist modules, including Neurologic Music Therapy training or *Neonatal Intensive Care Unit Music Therapy* (NICU-MT). Each professional applies an eclectic mix of theories and methods in their professional practice, and the range of diversity is welcome in the community setting, but greeted with skepticism within medical circles. However, there is a small group of medical professionals who have recognized the benefits of music therapy for their patients, beyond the standard biomedical paradigm. This group has paved the way for music therapists to contribute to the care of patients under one of the seven clusters.

Until such a time where it may be feasible to articulate local standards of competencies and an ethical code of practice, the professional standards for clinical practice governed by respective professional music therapy associations in each respective country have been adopted. AMTS verifies the credentials of local professionals. Professional members are expected to be current professional members of the association of the country where they received their training,

There is a need to explore partnerships with established and internationally-renowned music therapy training programs to get local training off the ground, and for more highly trained and experienced lecturers with doctoral degrees to return to coordinate and root tertiary level basic training programs at the local university level. In addition, there is a need for experienced supervisors who are familiar with local populations to oversee clinical placements of aspiring students and music therapy interns. The fact that Singapore is a small city presents strengths and limitations in terms of logistics and capacity.

Sustainability

In terms of socialized medicine, the government actively influences and subsidizes pricing to maximize benefit for the majority [18-19]. The rate of the cost increases within the public sector is also the benchmark for the pricing policies of

the private sector [20]. Music therapy has yet to be recognized as a healthcare discipline even though the bill to regulate the Allied Health Professions was passed in 2011 [21]. To date, only Physical Therapy, Occupational Therapy and Speech Language Pathology are regulated professions under this Bill, even though a longer list of other allied healthcare professions were acknowledged. AMTS submitted a formal document, in October 2010, on the qualifications of music therapists to the authorities and music therapists also responded to the Ministry of Health's online feedback exercise. Hence, the ongoing priorities are to ground clinical practices, as well as to generate a pool of well-designed local research studies, in order to garner support for local professional training. This is necessary because without the buy-in from the public sector, there will be limited career opportunities for new graduates from the training programs.

Research and Professional Presentations

Local professionals have also been active participants in local and overseas conferences. As the destination of the Second Conference of the International Association for Music and Medicine (2012) was in Bangkok, a large number of abstracts were submitted and accepted [22-27]. In addition, Singapore music therapy was also represented in international as well as local conferences [28-37] and publications [38-46].

Future Directions

Music therapists in Singapore face unique opportunities and challenges, in order to contribute to evidence-based and clinically-based music therapy practices that are culturally relevant to a diverse multicultural population, and to fit well within the local model of healthcare delivery [19,28]. Recruitment of overseas trained professionals is also an uphill task because of language and communicational barriers associated with the range of groups served, such as elderly populations. With few numbers of trained professionals, there are barriers to making clinical services accessible and affordable to the groups that will most benefit from music therapy. Hence, ongoing research projects are taking place at the *Singapore General Hospital*, *KK Women's and Children's Hospital*, KTPH, *Rainbow Centre and Dover Park Hospice*. These efforts will provide much needed local data on the impact and effects of music therapy on various conditions and clinical populations in Singapore.

The efforts of two handfuls of music therapists need to be exponentially multiplied in each setting in order for services to be more widely accessible and economically feasible to those who would benefit most—children with special needs and learning challenges, or adults with brain injuries and neurological disorders, for examples; and in areas where internationally, Music Therapy has a strong evidence-base for clinical efficiency—in Stroke and Parkinson rehabilitation, and other medical music therapy contexts such as in NICU or palliative/end-of-life care settings.

Moreover, even though Music Therapy has documented impact in mental healthcare and wellness overseas, the local work for Mental Health Music Therapy is still in its infancy. There is a need for qualified professionals to return and establish and provide a clinical basis for work with the mentally ill and mental health populations, and thus enlarge on the public education efforts of other local music therapists.

Conclusion

The continued development and further growth of Music Therapy in Singapore will need to be focused equally as a three-legged stool: clinical practice, music therapy education and training, and professional development and research. In order to grow and develop as a profession, Singapore Music Therapy will continually need dedicated and trained music therapists who are knowledgeably articulate about various models and paradigms of music therapy. The field will continue to sink roots with each seed planted by those who are able to culturally adapt best practices to different populations, ages, and conditions within the local context.

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Biographical Statements

Melanie Kwan was a founding officer of the Association for Music Therapy, Singapore (AMTS) and served two terms as President from 2010-2014.

Ng Wang Feng graduated with a Master of Music Therapy from Temple University and was the founding President of AMTS.

Christal Chiang served as an officer of AMTS from 2012-2014.

Hui Min Loi has served as an officer of AMTS from 2007 to 2009 and from 2012-14.

Ashley Spears has been a member of AMTS since 2010.

Evelyn Lee has been a member of AMTS since 2013. She works with children with multiple disabilities and autism in special education setting.

Dr. Patsy Tan was a founding member of both AMTS as well as the International Association for Music and Medicine.

Audrey Ruyters- Lim was a founding member of AMTS and the first music therapist at Rainbow Centre.

Full-Length Article

Music Therapy at SingHealth

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Abstract

Since the first official music therapy program was started in 2005, clinical services and research activities have started to have a modest impact across the SingHealth network. While tracking the milestones achieved, this paper will detail some of the challenges that were encountered when pioneering music therapy within a healthcare cluster in Singapore: namely, funding and debunking common misconceptions. Strategies to bridge cultural adaptations and overcome systemic funding challenges included piloting a wide range of clinical programs, and tapping into research, grant, or other third party funding. Ongoing work is being carried out to frame adjunctive clinical treatment pathways within the acute, rehabilitation, and long-term care settings.

Keywords: ***Development, Clinical Services, Medical Music Therapy, Singapore, SingHealth***

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Healthcare in Singapore

Singapore, with a population of 5.31 million [1] is located at the southern tip of the Malay Peninsula in Southeast Asia, and has been internationally recognized for its efficiency in running one of the best healthcare infrastructures in Asia [2]. In 2000, the World Health Organization ranked this small, multi-cultural island-city in 6th place when comparing the performance of healthcare systems from around the world [3]. The high ranking highlighted successful community health outcomes that had been achieved with its low government expenditure, amounting to only 3-4% annual GDP [4].

Singapore's universal healthcare system was devised to ensure that all Singaporean citizens and permanent residents have equal access to quality and affordable basic medical services. To create this infrastructure, the governing body, Singapore's Ministry of Health focused on three ideals: promotion of healthy lifestyles and preventive healthcare; personal responsibility for wellbeing through mandatory healthcare savings and copayments for treatment; and management of affordable and competitive costs--through the private sector which provided 80% of primary and preventative care, and conversely, the tertiary care sector which provided 80% of hospital care [4-5].

This efficient framework had been designed to contain the costs of healthcare. Yet, even with the highest level of financial assistance, healthcare costs tend to accumulate and become a substantial financial burden especially for patients with chronic or terminal conditions. As Singaporeans tend to view the family as a unit, based upon its Confucianistic roots in collectivism, or the social outlook of interdependence, the costs of care are shouldered by patients and their families. With this in mind, patients tend to be conscious of healthcare service costs and the impact it may bear on the family's finances. In other words, culturally, it is rather common for a patient to refuse recommended services so as not to stress the family's finances. The majority of households are dual-income, and caregiving of children, the medically frail, and the elderly is often left in the hands of foreign domestic helpers. As we outline the development of music therapy within the nationalized healthcare system, specifically SingHealth, we will look more closely at some of the barriers posed by local and cultural influences, related funding challenges, and discuss various strategies that were explored or implemented for overcoming them.

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Lee Peng Patsy Tan, PhD, MT-BC, Singapore General Hospital, Allied Health Division, Bowyer Block B Level 2, Outram Road, Singapore 169608, Email: patsy.tan.l.p@sgh.com.sg | COI statement: The authors declared that no financial support was given for the writing of this article. The authors have no conflict of interest to declare.

Music Therapy at SingHealth

SingHealth, the largest academic healthcare cluster in Singapore, sees approximately 3 million patients and performs 175,000 surgeries annually [6]. This makes up for over half, 51%, of all day surgeries in Singapore [7]. Established in 2000, the group operates two major hospitals along with polyclinics and specialists centres. Currently, SingHealth employs four music therapists between its two major hospitals, namely, the Singapore General Hospital (SGH) and Ksdang Kerbau Women's and Children's Hospital (KKH).

Although Music therapy is increasingly gaining recognition as an allied healthcare profession around the world, the discipline has yet to be formally recognized as one of the "core" allied healthcare therapies (such as Physiotherapy or Occupational Therapy) by the governing body, Singapore's Ministry of Health. Hence, no clinical pathway has yet been defined to access subvention for medical music therapy services. This lack of subvention translates into costs being fully absorbed by patients and their families. In addition, there has been a demand for data to demonstrate the need for and validate the efficacy of music interventions with local populations. However, the lack of funding itself has made it difficult to gather the supporting clinical evidence and collection of local data has been opportunistic with small numbers. In addition, amongst the general public and professional bodies, widespread misconceptions about music therapy abound.

Patients and medical teams had in the past, tended to assume one of three false assumptions: first, music therapists prescribe music, second, their role is to entertain patients who are bored, or third, that they "teach" patients to play or sing songs. A common response was that of surprise to hear that training is at a university level and that one must obtain a formal degree abroad (there are no local training facilities at this time) as compared to the assumption that anyone can "do" (such as shake a maraccas and sing to residents in a nursing home) or only needs to complete a short certification course to learn a technique or method. In recent years, there has been greater understanding about the unique role of trained professionals as various clinical initiatives have yielded positive outcomes across numerous medical populations.

Thus, the misconceptions about music therapy have gradually been addressed alongside concurrent efforts by the local professional association in raising the awareness of this allied health profession. The foundation has, in this way, been slowly and painstakingly laid for ongoing advocacy efforts--to educate various audiences how to discern between music medicine and the clinical interventions by trained music therapists; that in fact, music therapy was not a collection of music strategies or techniques that could be applied by other disciplines. The various clinical efforts at both hospitals did generate positive interest, and SingHealth Administrators even requested a formal presentation to learn more about the role of music therapists within the public healthcare framework in 2009 [8]. With a foot-hold placed in the door within the public healthcare system, the process of building a local evidence base had begun.

Next, we will explore the steps taken to initiate and develop clinical programming as outlined in *Figure 1*. Various implications from cultural contexts in Singapore will also be discussed, as they are unique in and of themselves, and are markedly distinct from those framed in the West. Lastly, the goals for advancing medical music therapy in Singapore in the years to come will be outlined.

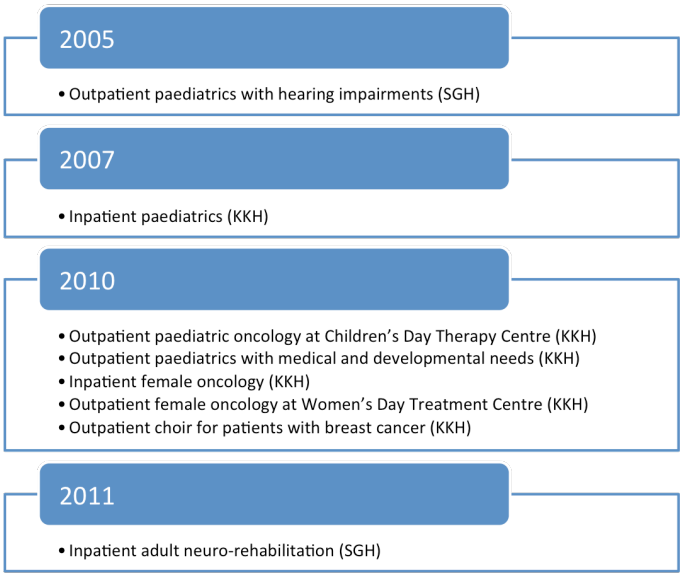

Figure 1: *Expansion of Clinical Services at SingHealth*

2005: Paediatric Outpatients with Hearing Impairments (SGH)

The Centre for Hearing and Ear Implants at SGH, a first-of-its-kind in the Asia-Pacific region, specializes in treating children and adults suffering from various types of hearing disorders [9]. Its "Listen and Talk Programme", launched in July 2001, has provided hearing screening, audiology services, auditory-verbal therapy, parental guidance, along with school and home visits [10]. The first music therapist was also qualified and employed at the SGN ENT Centre as an Auditory-Verbal Therapist as there was no medical music therapy position in 2005. When team members decided that the Centre should consider offering services that would be unique, it was a natural bridge to launch music therapy services for the hearing impaired. A case study on the "*Musical Experience of a Pre-lingual Teenage Cochlear Implant Recipient in Singapore*" was conducted that same year [11].

Hence, with funding from the National Kidney and SingHealth Foundations, musical instruments were purchased and a room was renovated to accommodate the distinct acoustic needs for piloting music therapy in 2006. Sixteen children with hearing impairments were selected for the initial

pilot programme. Data collection for the pilot programme included pitch and rhythm perception as well as progress in speech and language assessments conducted by the Auditory-Verbal Therapists.

The program was specially designed for hearing impaired children whose medical condition was compounded with developmental issues or a severe language delay. As these children were of normal intelligence but identified as "at-risk" under the Singapore's mainstream educational curriculum, music therapy goals were designed to ensure the children were able to cope with the demands of mainstream classrooms and participate in all of the school activities like their normal-hearing peers (*Figure 2*). With the successful pilot, the first music therapy program in Southeast Asia, "*Music to the Ears*" was officially launched by March of 2007 [12].

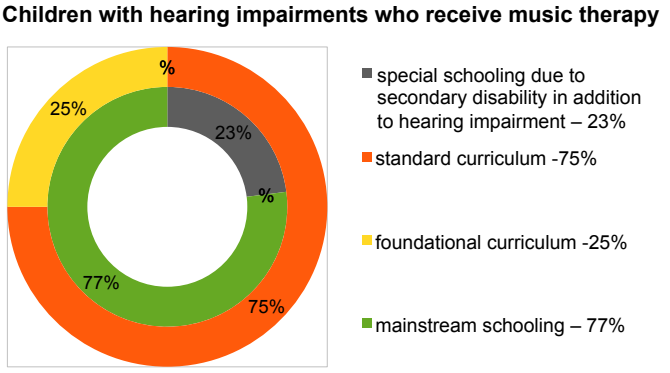

Figure 2: *Successful Transition to Mainstream Schooling*

In addition, about 10% of the children in the "Music to the Ears" programme moved on to learn a musical instrument and progress through the curriculum administered by the Associated Board of the Royal Schools of Music (ABRSM). Many positive comments were received from the parents,. According to a letter from Y. S. Tan (March 2009), "*My daughter is a six year old hearing impaired child who has been going for music therapy for the past six months. I am very pleased by her progress that she has made in her hearing ability and speech articulation . . . as a child, she loves the lively and musical way the therapy is conducted . . . I have seen many children, like my daughter, improve.*"

During the pilot phases of "Music to the Ears" program, these patients were able to access music therapy services fully funded by the hospital. However, after the pilot phase, patients were charged for music therapy services. Financial assistance was made available to qualified patients based upon means-testing (to evaluate financial status and eligibility for assistance) by the medical social worker. The funding for financial assistance was made available through fundraising events. The positive feedback and results supported the importance of music therapy, specifically for the hearing impaired population, and directly led to continued program growth.

Three years after the first initiative, The Music and Creative Therapy Unit was set up in 2008 to widen the range of populations served within the Outram campus. Music therapy came under the umbrella of the Allied Health Division and a full-time position became available. As the work of music therapists expanded, the distinctions between medical music therapy and the use of music within other allied health professions became clearer and respected over time. The outpatient services for the hearing impaired patients continued while services were extended to the recipients of heart and lung transplants, as well as Parkinson's and Alzheimer's disease support groups. By 2009, the music therapy services were expanded to various wards which included haematology, neurology, burns and neuro-rehabilitation. Funding models followed the "*Music to the Ears*" program, whereby pilots were at first funded by the hospital and once considered official, became chargeable to the patient. So as to ensure access for those with financial concerns, means-testing was once again provided through the medical social worker to bridge affordable services for those in need.

2007: Inpatient Pediatrics (KKH)

In September 2007, a two-month pilot music therapy program was offered to hospitalized children. This pilot was the result of more than six months of meetings and pitching proposals to the hospital administration. Under the auspices of the Hospital Play department, then headed by a psychologist who had undergone Child Life training overseas, the music therapist provided coverage in the general, High Dependency and surgical wards.

The objective of the pilot programming was to demonstrate how music could address the needs of local hospitalized children and to document the outcomes of music interventions with pediatric and adolescent populations[13]. The first challenge was to educate the staff that music therapy did not equate musical play with the children, nor was it for entertainment purposes. This challenge was overcome by giving internal talks to the medical and nursing teams, and communicating the positive and functional outcomes observed within sessions to both parents and the medical team.

During the pilot program, 314 pediatric patients who received services showed improved positive coping behaviors. The goal of music therapy was to empower hospitalized children to utilize opportunities within the music to regain their locus of control, and to remain calm before, during and after medical procedures. The medical team observed that negative behaviours (e.g. fretfulness, crying, regression, withdrawal, low mood) were reduced. For instance, three young patients with special needs did not require any sedation to complete their elective EEG as a result of interventions from the music therapist. Other procedures that were supported included lumbar punctures and needle sticks [13].

Rehabilitation and Allied Health Services (KKH)

The positive results of the pilot program enabled the hospital administration to have a better understanding about the benefits of music therapy for pediatric patients. It also provided the justification for increased staffing to service other hospitalized patients over the years. Still, it took another three months before the first local formal music therapy position was framed, and another two and a half years before a full-time medical music therapist was recruited in 2010. The latter was made possible by an award of grant funding to explore music interventions for female patients with cancer.

At KKH, music therapy services have resided under the Rehabilitation Department along with other allied health professionals (Occupational Therapy, Physiotherapy, Speech Language Therapy) working together as a multi-disciplinary team. As a specialized tertiary-level centre treating a wide range of female and pediatric conditions, inpatient clinical services have tended to be diffused throughout the hospital. For instance, care within the wards has not been clustered according to the category of medical conditions but instead wards are organized based on the level of financial assistance patients received while taking into account their medical needs. Thus, music therapy initiatives had been pitched broadly and the referrals have come from all across the hospital, from numerous internal and external teams.

The resulting diffuse effect of pitching music therapy across the lifespan has been both an asset as well as a challenge, given the limitations of staffing. Networks have been built across teams ranging from the Neonatal Intensive Care Unit to Psychosocial Trauma Support Services to Women's Oncology (Breast Cancer and Gynae-Oncology). On numerous occasions, a careful juggling act was required in order to sustain old networks and nurture established services, as well as to develop new initiatives. In addition, KKH music therapists had also been invited to provide professional input, e.g. for managing noise pollution in the Neonatal Intensive Care Units, to provide supportive care at external events , e.g. Breast Cancer, Thalassemia, and Eczema Support Groups, and to provide educational opportunities at external events, for example, the Inaugural Paediatric and Perinatal Annual Congress in 2012 [14].

The weekly caseload averages 30 pediatric patients who are seen anywhere from one to five times a week, depending on the severity of their needs. On a monthly average, 14 pediatric patients are newly referred by the medical team. Overall the caseload consists of 46% new pediatric inpatient referrals, 46% repeat admissions of previously known oncology/hematology patients, and 6% of patients who were being followed up from the previous month. The top three reasons for referral include: to support coping, to alleviate anxiety/fear, and to promote positive mood/motivation.

Although referrals for services need to be signed off by the attending doctor, any member of the team, e.g. Medical Social Worker, allied health therapists, or nurses, can flag the patient for screening and Assessment. As the hospital is a training facility, there are regular rotations of trainee doctors and nurses who are scheduled through fixed terms of clinical attachments, resulting in an ever present need to educate and create awareness. Though the caseload has remained consistent—with more than thirty patients each week, the staffing has remained limited. Attempts to alleviate staffing challenges continue to be an issue. Traditional methods, such as an internship training programme, have been hindered by a limited pool of interns due to the lack of local university-level academic programs. In addition, the local standard practice of fees being charged by local institutions for interns' training stints is different from overseas models which might provide the intern with a stipend. However, clinical observations and placements are regularly provided on a case-by-case basis.

To date, an average of more than 1000 sessions have taken place in both the paediatric and women's wards annually. Thus far, patients have been able to access music therapy services free-of-charge, seeded through grant-funding from the hospital's endowment and the *SingHealth Arts for Health* funds. Various funding models that fit within Singapore's healthcare culture have since been discussed towards sustainability and service growth. Many patients that receive services regularly are from disadvantaged backgrounds with poor social histories, have limited family resources, or are awaiting foster-care placements. Hence, the advocacy of and justification of accessible services for those with the highest needs and least amount of resources will continue to be an ongoing challenge.

2010: Music Therapy for Female Oncology Patients at KKH

With the award of the SingHealth's Arts for Health funding and expansion of its team of music therapists, the music therapy service began to develop its work with the teams at the Women's Day Treatment Centre and Oncology wards in July 2010. Many of the patients referred to music therapy by the medical team exhibited low mood and/or pain. Patients who had been hospitalized for over a week were screened for distress or unmet needs [15]. As the presence of the music therapists became more visible across the hospital, other medical teams would occasionally also refer pregnant women on bed rest to support their coping and decrease their anxiety. By 2012, the service received an average of eight referrals for adult females who were hospitalized each month.

The Women's Day Treatment Centre is where patients receive their chemotherapy as outpatients. Before services were started, an informal pre-intervention survey was carried out over two weeks. Patients were invited by the nurses to fill out a one-page form about their music interests, background, preferences and perceived needs while receiving outpatient treatment. The informal, opportunistic survey results of 76 respondents identified areas of emotional need (*Figure 3*) and opened a window to engage the female oncology patients with music interventions targeted at promoting positive coping strategies, moderating mood swings during the course of treatment, and refocusing acute pain and

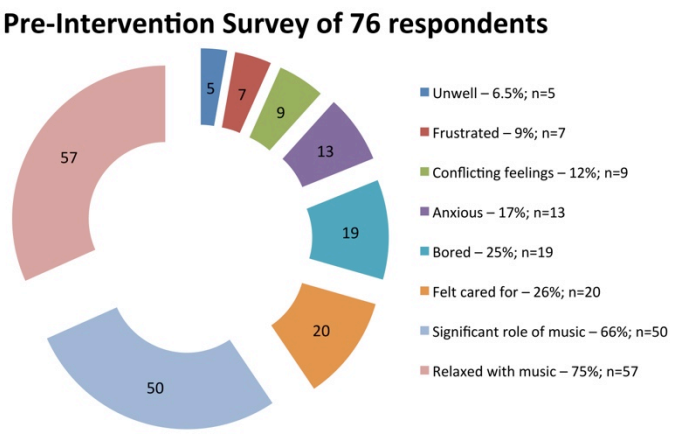

Figure 3: *Pre-Intervention Survey of the Emotional Needs of Female Oncology Outpatients*

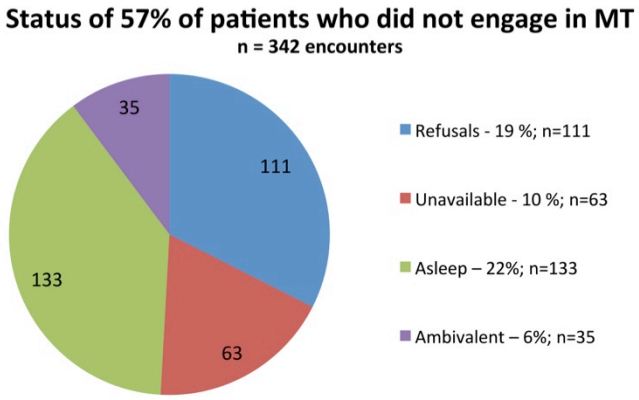

Figure 4: *Status of 57% outpatients who did not engage in MT*

discomfort to an aesthetically pleasing auditory stimulus for relaxation or rest [16,17].

Subsequently, in 2012, a preliminary program analysis (M. Kwan, MT-BC, unpublished data, March 2013) was conducted of the responses for the first 287 outpatients at the Women's Day Treatment Centre. This background information was useful in order to better understand and articulate the needs of patients, logistical challenges, and benefits of music therapy with local oncology patients. The data showed a 43% acceptance and participation rate, with 3 patients receiving up to seven sessions. The music therapists had conducted 262 sessions over 134 hours. The information will be used to frame future research protocols with controls.

Of the 262 sessions that took place, 100 (38%) involved passive listening (where there was no spontaneous or active singing or playing of instruments, and the patient listened to live music by the therapist with or without vocals of familiar selections that were identified at the point of contact, and following verbal or musical cues for deep breathing to facilitate relaxation). 130 (50%) sessions were characterized by listening, active singing or playing experiences, or the use of mixed modalities (both active and passive). 48 (19%) sessions were characterized by high energy and participation, whereby patients actively engaged in singing, playing, discussing lyrics or song-writing. In fact, the preliminary data was helpful to dispel prevalent misconceptions by members of the staff or public, i.e. that music was "child's play", performance or entertainment, that music did not fit within a hospital environment, or that patients may be too ill to engage. In reality, several patients reported that they found music helpful during the initial needle-stick procedure, especially during their first visit. For example, a patient anonymously expressed her value of experiencing music interventions for the management of pain, along with concern over the costs of treatment before being discharged (anonymous written feedback communication, July 2012), "*If the hospital is able to provide this service free, in fact, is a merit point to help the patients to move out of their depression, pain, worries. If this service is charged, the music therapist will have less chance(s) to get close to the patient(s) to deliver their professional help to heal the patients.*"

While some refusals (*Figure 4*) could be attributed to feeling unwell or lethargic due to treatment, the high numbers of ambivalent and refusal responses were also reflective of some local cultural barriers. These barriers to engagement in music included, for examples, the perception that music was a skill that needed time and practice to acquire, or that those with lower educational levels would not be able to appreciate music as a sophisticated entity, and lastly, that the sickly had no use or mood for music. For some patients, these barriers were addressed in the subsequent weeks, where increased opportunities for engagement led to their participation in one or more sessions.

As the patients were all receiving treatment in the same room, the majority of patients reported that they were not inconvenienced by music they heard in their environment. Only one patient strongly refused and subsequently, sessions were scheduled around her visits to honor her wishes. As each patient had their individual plan for treatment, their appointments tended to vary in timing and frequency. This has made continuity of care a challenge, as patients may not be scheduled at the same time each week. To overcome this obstacle, short-term goals that could be achieved within one session ensured appropriate closure in case there was no subsequent session. Sessions were also timed to coincide with the patient's scheduled course of treatments in order to address longer-term goals. The focus was on equipping patients with coping skills through music for their immediate needs and also to affirm their internal and external coping resources for anticipated future challenges.

On a monthly average, 25 patients were supported through music to identify and utilize positive coping strategies that would serve to reduce their anxiety or discomfort

associated with treatment at the Women's Day Treatment Centre in 2012 [18-20]. The service had appeared to be generally well-received by staff, patients and their family members and visitors. One patient reflected anonymously after her session (written feedback, July, 2012), "*Music therapy has its way to pull a patient out of the fire (pain, frustration, stress, depression).*" The background information provided a context to discuss adaptations, which were necessary for local populations, and served as a background to frame formal research protocols.

2010: Meeting the Unmet Needs of Female Oncology Patients (KKH)

It had been reported that more than 1550 women were diagnosed with breast cancer each year in Singapore. [21]. As these patients face unique challenges, the value of peer support has been key to their recovery. Hence, in 2010, a weekly choir was set up in conjunction with the Alpine Blossoms Breast Cancer Support Group to promote reintegration back to one's daily life through singing and music appreciation. The enthusiastic nursing staff initiated and facilitated ongoing recruitment and logistical support of this choir. The aims were to increase opportunities for peer support and encourage acceptance of illness and its accompanying life changes. Choir members were encouraged to share their musical preferences and made song requests towards a "Holiday Delights" concert. Friends and family were invited to support this annual concert. Due to the wide range of music preferences, songs from a variety of genres were sung in Mandarin, and other dialects as well as English. With facilitation from the music therapists, choir members also worked on an original song each year. The choir had since also participated in events such as *SingHealth Inspirational Patient Award Ceremony* (2011) and other hospital-related events. Based upon the positive responses of these participants, the nurses at the Breast Cancer unit expressed keenness for further collaboration to support the unmet needs of newly diagnosed patients that were related to mood, anxiety and quality of life. This led to developing of adjunctive outpatient support group programming to promote positive coping through music strategies for women recently diagnosed with breast cancer and who are undergoing chemotherapy. After completion, these patients, along with those diagnosed with other types of cancer would be invited to participate in the Choir.

Outpatient Paediatric Oncology (KKH)

Various projects had been explored to gather data on local needs, to test the feasibility for programming, and to demonstrate the role of music therapy with a range of populations within the hospital. For example, in 2010, the music therapists began to visit the *Children's Day Therapy Center*, where pediatric patients received chemotherapy and blood products as outpatients. Music therapy was aimed to decrease anxiety and normalize the environment for the patients, family members, and staff. Paediatric patients were encouraged through music to engage with their peers, express their feelings, and demonstrate their locus of control.

During the pilot programme, a total of 74 children received services, along with their family when present. A pilot post-intervention survey had a return rate of 71% (12 of 17 surveys were completed). The survey scale had a range of the following five choices: "*not at all helpful, not helpful, undecided, somewhat helpful, and very helpful.*" In relation to the effect of music therapy to decrease their child's anxiety while in the hospital, 100% found the session "*somewhat helpful* to *very helpful*". In addition, 90% of the caregivers found the sessions to be "*somewhat helpful* to *very helpful*" for their own stress and anxiety. Of the parents who completed the survey, all (100%) felt that music therapy should be considered a valuable service in the hospital. This data helped to demonstrate the validity that parents saw in the program for their children with chronic medical needs.

Paediatric Outpatients with Medical and Developmental Needs (KKH)

Another pilot outpatient program was initiated in August of 2010. There had been an identified lack of accessible professional services within the community for children under the age of seven with chronic medical needs and a diagnosis of developmental or learning delays. The pilot Early Intervention program was offered at no cost to participants to address this gap in services, and the program data served to justify the feasibility of implementing a cost-recovery model in the future for pediatric outpatients.

A single in-service session was sufficient in generating a steady flow of 53 referrals that filled the caseload over the 17 months of the pilot program. The most common reason for referral was to promote the development of communication skills. Other reasons for referral were to support the development of social skills, sensory processing and self-regulation. 61% of patients referred received 2 or more sessions and showed many positive responses during the music therapy sessions. Improvements were observed in areas such as nonverbal/and verbal communication, peer interaction, impulse control, following of directions, attending to tasks, imitation, self-awareness, identification and spontaneous engagement. The cultural emphasis on "home programs", where parents would tend to prefer learning the skills of facilitating various activities at home versus coming in to the hospital for therapy on a regular basis, was a challenge in therapy. To overcome this challenge, parents were encouraged to participate within the sessions and music resources were given to them so that they could continue to musically engage with their child at home.

After completion of data collection, the pilot outpatient program was concluded in December 2011. A survey was administered and completed by seven of the ten parents, with the results showing that 100% of the parents "*strongly agreed*"

that their child had benefitted from music therapy. One parent wrote anonymously (written program feedback, December 2011), "*Before the music therapy, my child showed no sign of improvement with many sessions of speech therapy for the past years. Only during this year, she vocalized some sounds and we see her interest in learning improve and her social skill are also better than before. She always looks forward to the music therapy session*" and "*My son's words increased from 3, which it had been for almost a year, to 20 or so since we started music therapy. He is more willing to respond and interact with the help of his therapist.*" In addition, 100% shared that they would be willing to pay for outpatient music therapy services. These positive results, including the high number of parents willing to pay for services, has put the department in a strong position to justify increased recruitment of staff once the hospital is able to iron out some of the other logistical challenges.

2011: Inpatient Adult Neuro-rehabilitation (SGH)

There was another shift in the perception of the power of music after a presentation by Dr. Gottfried Schlaug about Melodic Intonation Therapy with stroke patients in 2011. The neuro-rehabilitation doctors and the Director of the Allied Health Division began to display an interest in learning more about the benefits of music for patient care. The music therapists were able to share supporting literature and advocate about the role of music therapy in rehabilitation. The adminstrators' support led to the launch of music therapy programming to enhance the functional and socio-emotional aspects of care in 2011, with the Singapore General Hospital serving as the pioneering institution of music therapy for local neuro-rehabilitation populations.

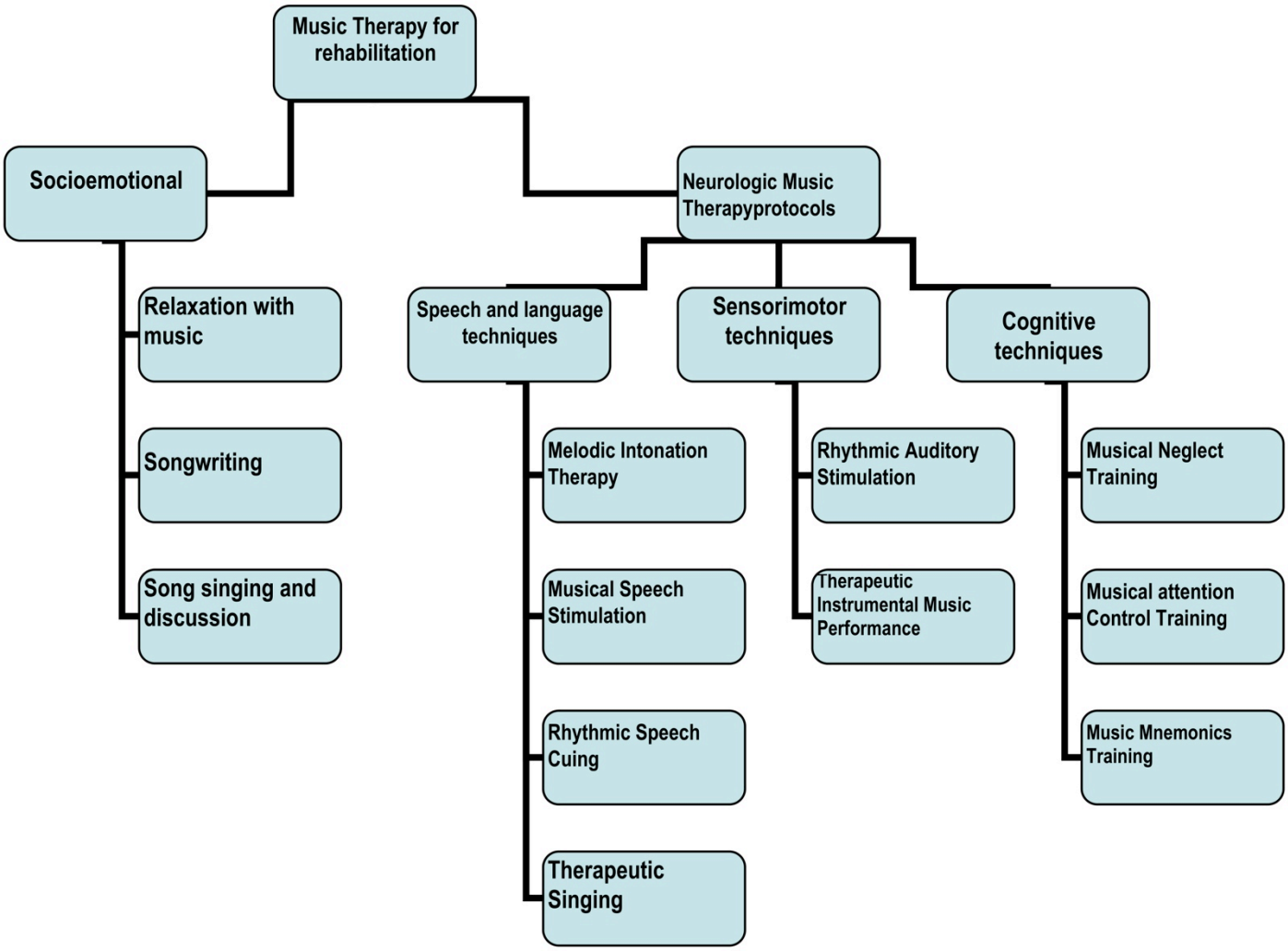

Figure 4: *Music Therapy Interventions for Rehabilitation*

Most of the inpatients that were referred suffered from stroke, Parkinson's disease, traumatic brain injuries or spinal cord injuries. Clinical interventions were individualized to facilitate emotional adjustment and rehabilitation of functional skills, in collaboration with other disciplines.

The ultimate goal was to improve quality of life and facilitate the most "independent" state possible for patients with their various conditions. Research has shown that 55% of the acute stroke rehabilitation population in Singapore experience depression [22].

After assessment, music therapy interventions were implemented according to the multidisciplinary team's rehabilitation goal towards functional recovery (*Figure* 5). The average caseload of 25 inpatients were seen two to five times each week, based on their needs and treatment plan. To date, over 250 inpatients have been referred for music therapy from a multidisciplinary team and more than 1700 inpatient sessions have been conducted. The primary reasons for referral were socioemotional support (51%), cognitive rehabilitation (27%), sensorimotor (13%) and speech rehabilitation (9%). Changes and mood and pain were studied. Analysis of the data showed an average of 28% improvement for mood and 38% reduction for pain perception within a single music therapy session [23].

The effectiveness of using music for pain management was further supported by patient feedback. According to a letter from H. B. Abas (November, 2011), "*I have suffered from 'failed back syndrome' for the last few years. The pain is very terrible, where I can't control and it occurs from my back, shooting down to my right leg to toes. It also prevents me from having a good sleep at night. Therefore, I have to depend on a very strong painkiller 'Oxycodone' just to control the pain . . . After (a) few sessions of music therapy, my pain (was much better) controlled, meaning that I can sleep well at night and participate in many daily activities in the ward. My painkiller dosage also has been reduced. If I feel very painful while doing exercises or after, I just sing or hum a song . . . That helps me with managing my pain better.*" While there have been many positive results from this program, there have also been numerous challenges.

One challenge often faced by local elderly hospitalized patients relates to their lack of motivation which may compromise their quality of life. The low motivation may affect their mood and become more apparent during significantly long hospital stays. It may be attributed to certain cultural beliefs, such as having entitlement to take it easy after working hard during one's prime. This lack of motivation may be further reinforced by the concept of filial piety where one expects to be dutifully cared for by one's children. Many families in Singapore employ domestic helpers in the homes to assist with care of young children and the elderly. The presence of these domestic workers inadvertently tends to foster the mindset mentioned above. For some patients, familiar music has been used effectively as a positive reinforcement and motivator towards active participation during ward activities. The music interventions had increased their compliance with rehabilitation goals. In this way, music therapists had been able to collaboratively co-treat with other allied healthcare professionals, as well as motivate patient's adherence to medical protocols.

Nevertheless, despite the challenges, the positive outcomes of improved mood and limb functions led the Music and Creative Therapy Unit to secure research grant funding and IRB approval to engage in three projects over the past two years, that are ongoing: to study the effects of *Therapeutic Instrumental Music Playing* (TIMP) on improving the upper limb functions, the effect of music on the mood and participation of stroke patients, and *Rhythmic Auditory Stimulation* (RAS) on gait performance of Parkinson's patients.

The Future of Music Therapy at SingHealth

Since the first official music therapy program was started in 2005, clinical services and research activities have started to have a modest impact across the SingHealth network. The small pool of trained professionals available in Singapore, has limited medical music therapists at SingHealth to be purely clinically-focused in their work. There have been minor explorations of tapping research funding to demonstrate efficacy. Ongoing work is being done to frame adjunctive clinical treatment pathways within the acute, rehabilitation, and long-term care settings. As efforts have been channeled into creating better understanding about the role and effect of music therapy for different populations within the hospital, there will be increased clarity to defining clinical pathways and referral guidelines, i.e. when to refer to music therapist, psychologist or medical social worker. It is hoped that the dialogue about holistic healthcare may eventually broaden to include cultural, ethical, and spiritual aspects of healthcare. But for the present, music therapists within SingHealth remain resolved to find solutions for sustaining accessible and affordable services in a manner that fits within the Group's vision for excellence and leadership.

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Biographical Statements

Dr. Patsy Tan, a Board-Certified Music Therapist (MT-BC, CBMT,USA), one of the founding members for both the Association for Music Therapy, Singapore as well as International Association for Music and Medicine, introduced music therapy into local healthcare settings in Singapore.

Ms. Ashley Spears, a Board-Certified Music Therapist (MT-BC, CBMT, USA) since 2010, works with children and women in an acute medical setting in Singapore.

Ms. Melanie Kwan, a Board-Certified Music Therapist (MT-BC, CMBT, USA) since 2000, has expanded the awareness about music therapy for local dementia, hospice and palliative care populations, in addition to developing paediatric and women's services at KK Hospital.

Ms. Christal Chiang, a Board-Certified Music Therapist (MT-BC, CBMT, USA) since 2008, works with patients undergoing rehabilitation due to neurological diseases, e.g. Stroke, Traumatic Brain Injuries, Parkinson's Disease at Singapore General Hospital.

Full-Length Article

The Body Becoming: Transformative Performance in Malaysian Mak Yong

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Abstract

Mak yong is a Malay dance drama found in southern Thailand, northern Malaysia, and the Riau Islands of Indonesia. The form of *mak yong* currently performed in the northern Malaysian state of Kelantan requires its practitioners to be storytellers, actors, singers, dancers, musicians, and in the context of ritual performances, healers. Drawing upon interviews with performers, this article will explore first-hand accounts of the embodied experiences of individual Kelantanese *mak yong* practitioners during their performances of the *Menghadap Rebab*, the opening song and dance of a *mak yong* performance. This article will examine how prayer is understood by many Kelantanese *mak yong* performers to be an important aspect of their internal performances and will investigate how individual *mak yong* performers engage traditional Kelantanese understandings of the body during their performances.

Keywords: ***Performance, Transformation, Embodiment*** multilingual abstract | **mmd.iammonline.com**

Background

Scholars of ritual and healing performances emphasize the emergent quality of performance as essential to the physical, emotional, and temporal transformations that often take place during these events [1-3]. While music, dance, and the vocalized recitation of prayers are aspects of ritual that are externally observable, other aspects of transformative performances are internal to a patient or practitioner and involve the use of prayer, sacred imagery, and an engagement with individual and culturally specific understandings of the self [1,2]. Investigation into the embodied experience of a performer provides a unique perspective on simultaneous internal and external performance and the phenomenology of transformation that often takes place during ritual and healing performances [1-3].

Drawing upon interviews with traditional performers, this article will explore first-hand accounts of the embodied experiences of individual Kelantanese *mak yong* practitioners of their performances of the first opening solo of the *Menghadap Rebab,* the song and dance that preface a *mak yong* performance in both entertainment and ritual healing contexts. I will examine how prayer and an engagement with sacred imagery are understood by many traditional Kelantanese *mak yong* performers to be an important part of their internal performances, and how this prayerful meditation can be physically referenced in a performer's externalized dance movements. I will also investigate how fetal gestation and birth are understood by many traditionally trained *mak yong* performers as intertwined with Kelantanese Malay theories of the body, and how individual performers describe their engagement with these concepts through internal imaginal performances while dancing and singing the opening dance of the *Menghadap Rebab*.

The Macrocosm: *Mak Yong* in Social Context

Mak yong is a form of Malay folk theater that is traditionally staged in the round (*see note 1*). Itinerant *mak yong* troupes once performed throughout the southern Thai provinces of Yala, Narathiwat, and Pattani, the northern Malaysian states of Kelantan, Terengganu, and Kedah, the Riau Islands of Indonesia, and briefly on the Indonesian island of Sumatra [4-8]. *Mak yong* performances incorporate music, dance, and slapstick humor, and begin with a series of eight or more songs and dances that introduce the stock characters of a king, a queen, clowns, and palace maid servants. After the danced preamble, the identity of the king and his country are announced to the audience via a formalized speech, which

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Note 1 This method of staging allows the audience to surround the performance and experience the event from multiple perspectives. The close proximity of the audience to the performance also provides an immediate connection between performers and the audience and allows audience members to observe minute details of performance practice.

signals the beginning of the dramatic performance of a particular tale associated with a divine sovereign. As a *mak yong* story progresses, other *mak yong* songs and dances are performed during scenes in which the lead character is sleeping or bathing, to highlight emotionally charged scenes, to signal the changing of scenes, or for walking or traveling [4,8].

Represented as a classical Malay dance drama used to entertain the rulers of the Malay sultanates of Kelantan and Pattani from time immemorial, *mak yong* has been incorporated by the Malaysian federal government into Malaysian interpretations of national heritage since the 1970s [7,9]. Outside of Kelantan, the study of *mak yong* as a form of secular entertainment has been incorporated into the arts curriculum of several major Malaysian universities as well as ASWARA, the Malaysian National Academy of Arts, Culture, and Heritage (*see note 2*). Despite the attention that *mak yong* has received at the national level in Malaysia, *mak yong* was banned in 1991 in its home state of Kelantan by PAS, the Islamic political party that controls the northern Malaysian state [7,9]. PAS banned performances of Kelantanese *mak yong* under the same statue they used to ban gambling and prostitution [7,9]. Citing the links of *mak yong* to ritual and pre-Islamic religious systems PAS leaders argue that *mak yong* performances are *syirik*, or polytheistic, a charge of heresy that contemporary *mak yong* practitioners who consider themselves faithful Muslims, find abhorrent [7]. PAS leaders also object to the prominent roles of women in *mak yong* performances, arguing that their presence on stage is inappropriate and leads to an immoral objectification of female performers [7]. The continued support of *mak yong* by the Malaysian federal government as a symbol of the Malaysian nation and its ban by PAS in the opposition held state of Kelantan, has turned this UNESCO world heritage art into a highly charged Malaysian political symbol that seems to pit Malay ethnic nationalism against Islamic fundamentalism [7]. While the twenty-three year old PAS ban has all but obliterated the rural entertainment form of *mak yong*, *mak yong* performances do continue in Kelantan, incorporated into Kelantanese *main 'teri* healing rituals [6-8].

Main 'teri ritual performances have been used for generations by Kelantanese practitioners to treat spiritual disturbances, psychological conditions, and social disruptions. The term *main 'teri* is thought to be a shortened form of *main puteri* or *main peteri* [10]. While some practitioners speculate that the term *main puteri*, to play the princess, originates from tales that link the birth of the genre to the legendary Kelantanese princess *Puteri Saadong* [11], researchers and performers that choose to emphasize the healing aspects of the performance, often interpret *'teri* as a shortened form of the Kelantanese Malay word *peteri,* meaning to solder [10]. Associating *main 'teri* with the metallurgy technique of soldering, contributes to some practitioners' understanding of their art as a means to repair broken bodies and make whole fractured souls.

Main 'teri currently coexists with Western medical practice in Kelantan as a complementary medical system based on traditional East Coast Malay understandings of the body [8]. *Main 'teri* patients often seek Western medical care for their ailments first, turning to *main 'teri* practitioners only if they find that their condition is unresponsive to, or untreatable by Western medical practice [6,8]. Kelantanese healers regard each individual human body as a miniature state, metaphorically referred to in *main 'teri* as a royal palace ruled over by an embattled sovereign: the human person a microcosm that reflects the social macrocosm, full of contending forces [8,12]. Intrigued by the symbolic system at play in *main 'teri*, anthropologist Clive Kessler theorized that *main 'teri* ritual events were a form of political negotiation as ritual specialists seemed to wage an internal battle for a patient's health through the use of political metaphors [1].

The Microcosm: Visions of Transformation during the *Menghadap Rebab*

Mak yong performances for entertainment or ritual healing are always begun with a performance of the song and the dance of the *Menghadap Rebab*. A performance of the *Menghadap Rebab* is divided into two main parts [4,5,13]. The first section of the *Menghadap Rebab* consists of several verses sung by the *Pak Yong,* the lead performer that takes on the role of the king, and is musically guided by the melody [13]. This melody is open to an individual *Pak Yong's* expansion and contraction of the timing of individual notes as well as personal vocal embellishments [5,13]. A series of eight beat gong cycles or *gongan* that foreshadow the musical structure of the second section of the *Menghadap Rebab* replace the melody as the defining structure of the second solo [5,13]. The second part of the *Menghadap Rebab* consists of the dance of the *Menghadap Rebab* and is musically structured by eight beat gong cycles, repeated four times to form a thirty-two beat

Note 2 While many traditional *mak yong* performers have been commissioned to come from rural Kelantan and Terengganu to academic institutions in the urbane centers of Kuala Lumpur and Penang to teach large groups of eager Malaysian undergraduates, large class sizes, a comparatively short period of study, and bias against ritual aspects of the form hinder the ability of village *mak yong* masters to convey more than basic techniques in *mak yong* theatrical performance. The re-contextualization of the art from a folk performance learned over a lifetime of observation, introspection, personal inquiry, and apprenticeship to a master teacher, to a term-limited college course taught in the context of an urban institution of higher learning inhibits the desire of traditional *mak yong* performers to educate their students on the unique philosophy of the body that underpins their art. The late Ali bin Ibrahim, a *mak yong* master and contract instructor of *mak yong* at many Malaysian universities, used a metaphor of the body to describe the level of knowledge that he was able to impart to his non-Kelantanese Malaysian university students. Pak Ali explained that their knowledge only extended to the skin, the shallow outer covering of the form. The flesh and blood of *mak yong* performance, knowledge of its connection to Kelantanese Malay conceptualizations of the body essential to understanding *mak yong's* healing function in ritual contexts Pak Ali reserved for a handful of select students who made the long journey to study with him at his home in rural Kelantan.

structure that continues until the end of the piece [5,13]. The names of the dance movements of dance of *Menghadap Rebab* as well as the majority of their symbolic significance are derived from the lyrics sung by the lead performer, or *Pak Yong*, and the dance movements of the *Menghadap Rebab* are often interpreted by traditional performers as an embodiment of the poetic verse encapsulated in the lyrics [5].

I have documented the movement vocabulary of the *Menghadap Rebab* and explored the structural and symbolic links between its sung lyrics and dance movements at length in previous work [5]. In the following discussion, I want to move beyond examinations of surface symbolism of mimetic movement to investigate how performers understand aspects of their sung and danced performances to be external kinesthetic representations of internal performances of personal prayer and individual philosophical reflection on traditional Kelantanese understandings of the self.

الله

Figure 1: *The word Allah written in Arabic.*

Many *mak yong* performers acknowledge that their dance performances can include kinesthetic embodiments of prayer. The late *mak yong* master, Ali bin Ibrahim, or Pak Ali identified two movements that he referred to as *ibu tari*, the mother movements, the foundations of *mak yong* dance. The first movement, often referred to as the point of beginning, is the opening movement of the dance of the *Menghadap Rebab* and is repeated before the beginning of each new verse. The movement of the point of beginning is understood by many performers to be a physical inscription of Allah (*Figure 1*), its repeated performance an embodied reminder of the omnipresence, unity and greatness of God (*Figure 2*) [7,8]. The meanings attributed to the second mother movement, sometimes referred to as four are multivalent (*Figure 3*). The four raised fingers symbolize the four essential elements of earth, water, fire, and wind that are understood to compose the human body according to Kelantanese Malay humoralism. The delicate curvature of the wrist and the hyperextension of the fingers in this position is a physical reference to the idealized refined masculinity of Maharaja Sri Rama, the lead character of the epic of the Ramayana featured in Kelantanese shadow puppetry. The often involuntary fluttering of the four raised fingers that occurs when a *mak yong* performer's hands are held in the position of four can simultaneously signify a refinement of movement, the pulse of the human heart, or even an embodied response to an internal wind felt rising within a performer during performance that causes their hands to flutter involuntarily, much in the way that wind rustles the leaves of a tree.

Figure 2: *A detail of the right hand of Fatimah binti Abdullah in the position of titik bermula, the point of beginning, a movement often understood to be an embodied representation of the word Allah written in Arabic script. Photo: Patricia Hardwick, 2004.*

Figure 3: *Pak Yong Rahimah binti Zakaria demonstrates a hand position that is often interpreted by mak yong performers as corresponding to earth, water, fire, and wind, the four elements that compose the human body. This hand position can also be interpreted as representative of the five daily prayers required of Muslims, or the five pillars of Islam. Photo: Patricia Hardwick, 2005.*

The Role of Music in Raising the Internal Winds

When *mak yong* performance is incorporated into *mak yong-main 'teri* healing rituals, *mak yong* songs are performed in *cara 'teri*, or *'teri* style [8]. Performing *mak yong* songs in *'teri* style involves speeding up the interlocking rhythms of the two *gendang* drums and adding the beaten brass percussion instruments of the hand held metal cymbals of the *canang,* and the *kesi* [8]. Variations in drumming speed are gauged by the *gendang* drummers to facilitate the raising of a patient's internal wind, or *angin*. Wind, one of the four humors understood to compose the human body, is a term used by Kelantanese Malays to describe internal human desire, and has been compared by medical anthropologist Carol Laderman to the western concept of temperament [10]. Few people are fortunate enough to obtain their desires, or live up to their personal talents; and this can cause a sense of imbalance in the force that drives an individual, as their wind becomes blocked. Symptoms of blocked wind are similar to those of psychological illnesses or depression as despondent patients are unable to sleep, and unwilling to eat or bathe. The bodies of once robust, healthy individuals suffering from illnesses of blocked wind are said to become wasted and thin and patients become unable to socially engage or independently care for themselves.

The goal of a *main 'teri* performance is assess to what type of blocked wind is causing a patient's affliction, and to facilitate its release through a ritual healing performance. A *main 'teri* performance begins by testing the various winds, beginning with the wind of *'teri*, then moving on to the wind of were-tiger, the wind of the midwife and the wind of the traditional healer, before continuing to the realm of the twelve demi-gods, a term used to refer to illnesses that can be cured through the performance of the traditional Kelantanese performing arts. The winds of the Kelantanese performing arts include the wind of dance, the wind of shadow puppetry, the wind of *mak yong*, and the wind of *silat*, a traditional Malay martial art. A performer of the Kelantanese traditional performing arts is said to deliver an inspired performance when they play with wind, channeling their passion into performance. Winds associated with Kelantanese traditional performing arts or with traditional healing professions including midwifery and the professions of traditional healers are understood to be hereditary and can be present in individuals without their knowledge. The descendants of traditional performers or traditional healers can thus be carriers of these winds, and may need to go through a *main 'teri* ritual performance to release ancestral winds that have become blocked as members of the younger generation rarely study traditional performance or healing practices.

There is a strong socio-psychological connection between the *gendang* drummers and a *mak yong-main 'teri* patient. According to Awang bin Omar, also known as Che Amat, a *mak yong-main 'teri* practitioner a traditional healer specializing in diseases of wind, the *gendang* drummers are actually able to sense an individual patient's wind even before a patient is able to feel the wind rising within their own body. The addition of the metal cymbals of the *canang* and *kesi* syncopate to the interlocking rhythms of the two *gendang* drums. Performers credit their judicious control of this rhythmic complexity with enabling them to assist their patients to achieve *lupa*, or forgetting, an altered state of consciousness in which a patient's wind is said become unblocked, blowing freely within their body. During *lupa*, the state of forgetting, patients claim to be unaware of their dramatic actions. Patients are also unable to recall their actions after they have been released from their altered state.

Visions of Becoming: Imaginal Performances and the *Menghadap Rebab*

Recognizing the importance of thoughtful prayer, sacred imagery, and the power of the imagination to religious healing, American anthropologist Thomas Csordas states that "performance thus invites us- though we do not yet always accept the invitation- to go beyond the sequence of action and the organization of text to the phenomenology of healing and being healed [2]." Csordas examines how members of the American Catholic Charismatic Renewal, Catholics who have adopted ritual features of American Pentecostalism, employ "sequences of imagery not as elements in healing performance but as performances in their own right, as a kind of performance within performance that may not even be observable." [2] These events Csordas terms "imaginal performances" [2], that is, images, events, and visions that appear in the mind's eye of healers and patients and that are embodied during healing performances.

Many traditional *mak yong* performers actively describe the process of personal engagement with sacred imagery to be essential to the transformative power of a performance of the *Menghadap Rebab*. These imaginal performances were once regarded by *mak yong* performers as an important aspect of the *ilmu dalam*, or internal wisdom of *mak yong* performance. This section of the article will explore how two *mak yong* performers, Zainab binti Yaccob, or Mok Jennab (*see note 3*)

Note 3 Zainab binti Yaccob began to study *mak yong* in 1951 in the village of Kedemit, Tumpat, Kelantan under the tutelage of her senior relative Munah binti Bakar (Mek Munah). During a *mak yong* performance career that spanned over six decades in both ritual and entertainment contexts, Mok Jennab performed with several *mak yong* troupes including one headed by Mek Munah and her husband Pak Nik Hassan and another headed by Abdullah bin Awang and his wife Bidah binti Yusuf, or Bidah Bunga Tanjung. In 1968 Mok Jennab participated in the first *mak yong* performances to be documented on film by American ethnomusicologist William P. Malm. Her performances took her to the Malaysian states of Terengganu, Kedah, Selangor, Pahang and Kelantan. Her students include Siti Eshah binti Wan Mat Kib and Fatimah binti Abdullah. Mok Jennab died at the age of 85 in 2007 in the village of Kedemit, Tumpat, Kelantan.

and MD Gel bin Mat Dali (*see note 4*), or Pak Agel understand the engagement of prayer and visualization of sacred imagery as an important part of the internal performance of the *Menghadap Rebab*.

The *Menghadap Rebab* begins as performers enter into the performance space and sit in a cross-legged position known as *bertipuh* (*Figure 4*). The performer sits before the *rebab,* a three stringed spiked bowed lute that came to Malaysia from the Near East. The cross-legged position assumed by *mak yong* performers before the performance of the *Menghadap Rebab* is understood by many traditionally trained performers to mirror the fetal position assumed by an infant within the womb of its mother.

As Pak Agel explains: "*The sitting position in the Menghadap Rebab is also symbolic of a baby within the womb […] When we sit bertipuh, the two worlds have a similarity. When a baby is in the womb, it sits like this. After that when we face the rebab we also sit bertipuh and until we get to the stage where we pray. For Malays, as Muslims, we pray as we sit bertipuh. That is why the words 'returning to tipuh' it has as symbolic meaning […] It represents an aspect of Islam*" [oral interview with MD Gel bin Mat Dali, 2012].

In assuming the position of *bertipuh*, the position of a performer's body echoes the position of the fetus in the womb, creating an embodied reminder of the miracle of each individual's creation. Meditation on the power that brings life into the world while sitting in the position *bertipuh* can inspire sincere prayer and thanksgiving (*Figure 5*).

The late Mok Jennab, explained her personal process of prayer and reflection as she sat *bertipuh*, in the cross-legged fetal position before the *rebab*: "*We enter into the panggung, we ask for our safety. Oh Allah, oh my God, I desire and pray that you will give long life, I don't want anyone to make a mistake, I don't want danger to befall anyone. Oh Allah, oh my God, it is not our power, but the power of Allah that enables us to be great performers. This is not to say that we perform for the fun of it. To perform this we ask for our safety, we ask for our old stories from our ancestors that lived before us. We sit like this as we did before when we asked, when we desired to come out of our place of origins. Out of our mother's womb. We asked to come out of our mothers, we wanted to come out and see, to observe the heavens and the earth. That is why when a baby comes out it cries. [In this act] we ask that we are given safety and blessings, that our years will be many […]*" [oral interview with Zainab binti Yaccob 2005].

Maternal imagery in *mak yong* is not limited to movement vocabulary or an individual performer's personal engagement with sacred imagery, but resonates throughout the instrumentation of a *mak yong* orchestra (*Figure 6*). The *tetawak*, or brass gongs, and the *gendang,* or the double-headed barrel drums covered in goatskin and cowhide both come in a mother-child pair (*Figure 7*).

Figure 4: *Pak Yong Nisah binti Mamat sits in the position of bertipuh before the rebab during a mak yong performance in rural Kelantan. Photo: Patricia Hardwick, 2005.*

The *rebab*, described by *rebab* maker Che Mat Jusoh, is a representation of a woman possessing a head, ears, neck, body, shoulders, chest, robe, hair, and feet [14]. A *rebab* is thought to possess female sexual characteristics including a waist, bottom, and even a single nipple [14]. Understanding the *rebab* in terms of female anatomy is linked to traditional myths told by *mak yong* performers of the creation of the first *rebab* out of the corpse of a devoted mother whose voice, reincarnated in the sound of the instrument, had the power to reach beyond death to soothe the broken heart of her pining child [13].

Note 4 MD Gel bin Mat Dali, or Pak Agel began to play music for *mak yong* performances when he was nine years old. Born into a *mak yong* family, he began to study acting techniques with his mother, Supiah binti Mat Ali and Ali bin Ibrahim. Pak Agel began to perform as a *mak yong* actor in 2000 and is exceedingly well versed in the philosophy of *mak yong* performance taught to him by his mother Mok Supiah and his formal teacher, Pak Ali.

Just as an infant waits quietly within its mother's womb for the day of its birth, the *Pak Yong* or the lead performer, dressed as a divine king sits before the *rebab* on a blessed stage and waits for the sound of the *nyawa rebab*, the breath of the *rebab*, to breathe life into his or her song, the opening stanzas of the *Menghadap Rebab*: "*A saga is about to unfold; There is much news to tell. Oh there arises a strong desire to hear That which I want to recount. A king, A country, Aaaaaa He takes the trousers, wraps them about his legs. Our shirt we wrap around our body; The clothing sticks to the sweet skin. Ayo aaaa, Ayo We; We have finished our dressing, We hope the king wants to descend, Descend to walk, oh Miss! [. . .] He takes the trousers, and steps into them. The body enters the shirt. A sarong cloth, a man's selendang, A cloth that is looped about body, tied at the waist, Seven times it meets its end, this cloth is named cindai jate*" [oral interview with Zainab binti Yaccob, 2005].

Figure 5: *Abdul Kadir bin Dollah in prayerful contemplation before the rebab. Photo: Patricia Hardwick, 2006.*

Figure 6: *View one of a traditional mak yong orchestra. Instruments pictured from left to right: canang-kesi, gendang anak, gendang ibu. Photo: Lim Chuen Ming, 2013.*

Figure 7: *View two of a mak yong orchestra. Instruments pictured include the gendang anak, gendang ibu, tetawak anak, tetawak ibu, and the rebab played by Awang bin Omar (Che Amat). Pak Yong, Nisah binti Mamat. Photo: Lim Chuen Ming, 2013.*

Malaysian theater scholar Ghulam-Sarwar Yousof argues that it is during the singing of these first stanzas of the *Menghadap Rebab* that the ritual legitimization and transformation of the *Pak Yong* from a mere performer into the character of the god-king takes place [4]. While Ghulam-Sarwar's analysis of the transformative nature of the performance of the *Menghadap Rebab* for a *Pak Yong* is insightful, his observation only brushes the surface of the external transformation of the *Pak Yong* in relation to the role the actress will play during the subsequent performance of a tale. Interviews with Mok Jennab, and Pak Agel reveal that an internal transformation also occurs, as performers interpret the performance of this section of the *Menghadap Rebab* as a physical enactment of the story of our origins as human beings, each individual a

tiny metaphoric king, in the process of being clothed in royal regalia of flesh, bone, and skin within the womb.

Mok Jennab explains: "*When we sit before [the rebab] and sing 'a saga is about to unfold', we relay a story about ourselves. We [infants in the womb] want to face people, to come out and see, observe the heavens and the earth. We recite about what God has done to our mothers, so that we may arise and come into being. . . at the time that we [sing] 'they wilt as we carry them upon our heads,' this is the time that we want to come out, come out of our mothers, as we come out, exit [from our mothers] our mothers fade, wilt. It is like two breaths, one has [vitality], one doesn't have. We come out of our covering. If we don't, we won't be ready. That which we have, it comes out, exits, our placenta breaks, the baby cries […]*" [oral interview with Zainab binti Yaccob, 2005].

Mok Jennab viewed her performance of the opening solo of the *Menghadap Rebab* as a reiteration of each individual's own creation. She understood her sung accounts of the dressing of the *Pak Yong* to detail the development of a fetus within the maternal womb. To her, a performance of the *Menghadap Rebab* culminated in the symbolic rebirth of herself as an infant, brought into the world through great difficulty by a devoted mother. Mok Jennab held the view that life is cyclical: a child's vitality waxes as its mother's vitality wanes. This reiteration of one's human origin was to her the power of the role of the *Pak Yong* (*see note 5*) [AUDIO].

Pak Agel eloquently elaborates on the multivalent meaning of the *Menghadap Rebab*, noting that the performance has meaning at a variety of levels (*Figure 8*). On the surface, the lyrics of the song of the *Menghadap Rebab* describe and the dancers kinesthetically embody the gentle sway of leaves, the blooming and fading of flowers, the swinging of a sarong cradle in the wind, the opening of a fighting cock's wings, the uncoiling of a serpent, the raising of an elephant's trunk. Yet, as Pak Agel explains, on a deeper level many practitioners understood these embodied representations as symbols of their own creation and birth.

"*Truly the story in the song of the Menghadap Rebab, there is something for us to understand, but it is not always the same. One [level] of it tells of the natural world, and the like, because the lyrics mention trees, mention flowers, and also the actions of animals. […] On a deeper level, it is as if we are speaking about the story of birth, we are telling of the time that we ourselves as a child want to emerge from the being of our mother and so on*" [oral interview with MD Gel bin Mat Dali, 2012].

Figure 8: *MD Gel bin Mat Dali plays the ibu gendang during a mak yong performance in Kelantan. Photo: Patricia Hardwick: 2006.*

An embryo within the maternal womb is understood by many Kelantanese healers as an incarnation of Dewa Muda, a divine demi-god, and the character of Dewa Muda is thought to be present in varying degrees in each individual. Dewa Muda is a personification of *nafsu*, or human desire and represents the immature aspect of ourselves, the eternal infant or inner child that is driven by desire rather than reason or rational thought. Kelantanese healers explain that the character of Dewa Muda, and by extension each individual human being, has three birth siblings that correspond to the placenta, the amniotic sac, and the birth waters. Most ritual healing performances of *mak yong* include episodes from the epic of *Dewa Muda* in which a patient, dressed in royal finery, embodies the character of Dewa Muda as a means to work through personal pathos. Skilled *mak yong* actors and actresses speak and sing on behalf of their patient and guide them through the dances.

Note 5 Please refer to the first audio link accompanying this article to hear Abdul Kadir bin Dollah, or Pak Kadir, one of the last traditionally trained male *Pak Yong* performing the entertainment version of the *Menghadap Rebab* with Rahimah binti Zakaria, Nisah binti Mamat, and Siti Eshah binti Wan Mat Kib. This audio recording was taken from the opening night of a performance of the *mak yong* play *Raja Tangkai Hati* that I commissioned and filmed from January 21, 2006- January 24, 2006 in the village of Gabus To' Uban, Pasir Mas, Kelantan as part of my research. Pak Kadir begins to sing his version of the opening stanzas discussed above at 1.17. Pak Kadir currently resides in the state of Terengganu and is related to *mak yong* performers that migrated from the southern Thai state of Pattani into Malaysia in the mid-twentieth century. This recording captures the first time that he had performed the *Menghadap Rebab* as a *Pak Yong* in twenty-five years.

Dewa Muda's gender, like that of an infant forming the womb, or gender of a *Pak Yong*, is ambiguous, and only revealed when the character of Dewa Muda is named and personified by an individual in a *mak yong* performance.

As Pak Agel explains: "*It is not certain if Dewa Muda is a man or a woman. Because we also, if now we have many scientists, when we want to know if the child in the womb is a boy or a girl we can go and get a scan, we can go and see, right? But in the time before, we did not yet know if [the baby] was a boy or a girl […]. So it is within the uchapkan (the verses) of mak yong. 'The country has not yet been named, its identity not yet revealed' The body has not yet been named, before we break the story, Meaning that from there we have not yet begun […] Meaning that when we go to a bit into the philosophy, we see these things, it is something like that thing with the representations in the womb. The child [in the womb] has not yet been named. We do not yet know if it is a boy or a girl […] In a mak yong panggung it is not certain who will become Dewa Muda. If Manisah becomes Dewa Muda, meaning Dewa Muda is female, because Manisah is a woman, right? But if Pak Agel becomes Dewa Muda, meaning Dewa Muda is a male […] .Before this [the point in the performance that a performer or patient takes on the role of Dewa Muda] we cannot ascertain the identity of Dewa Muda, and whether [the character] is male or female*" [oral interview with MD Gel bin Mat Dali, 2012].

The implicit process of transformation from human being to the avatar of a divine demi-god facilitated through the internal imaginal performances described by professional performers Mok Jennab and Pak Agel is made explicit in the context of a ritual *mak yong-main 'teri*. During *a mak yong-main 'teri* performance that I observed on August 14, 2005 in the village of Morak, Tumpat, Kelantan, professional *mak yong* performers Nisah binti Mamat and Siti Eshah binti Wan Mat Kib led patients Mek Bidah and her young daughter through a ritual version of the *Menghadap Rebab.* While Mek Bidah and her daughter are not professional performers, they are the descendents of *mak yong* performers and thus the recipients of the hereditary wind of *mak yong*. Mek Bidah and her daughter were diagnosed by the traditional healers with the wind of Dewa Muda. Aware of the strength of her hereditary winds, Mek Bidah made a vow to perform a *mak yong-main 'teri* every three to five years in order to release these winds and maintain her health.

As Nisah binti Mamat led Mek Bidah and her daughter through the process of transformation she sang of the excellent lineage of her patients, the incarnation of her patients in the womb of their mothers, the emergent identities of her patients as independent beings, and the ultimate ritualized transfiguration of her patients into the eternally youthful Dewa Muda, the son of the King of Java and the Princess of the Half-Concealed Moon. A transcription and translation of Mek Nisah's song of transformation is included below. Please refer to the second audio link accompanying this article to hear Mek Nisah's performance [AUDIO].

"La Young Royal, if you listen carefully then; if you listen well, oh so well oh. Because I want to relate to you Young Royal that you are a person of good lineage; your pedigree is that of wonderful Kings oh. Leaving one plane, la Young Royal you have much ahead of you then. Leaving one use, another use arises then. You arise, arise from your royal mother; Yes Young Royal you leave your royal mother. You arise as a child, you leave the child. You lose your name. Watch over our child, listen very carefully: your name is small Dewa Muda, from the air; your father's name is the King of Java; your mother's name is the Princess of the Half-Concealed Moon. They are people of good lineage that everyone has always approved of. Small Dewa Muda is a person of good lineage. You Young Royal must be watched over on the stage of Inu, the theater of Turas" (see note 6) [oral interview with Nisah binti Mamat, 2005].

Conclusion

A performance of the *Menghadap Rebab* combines metaphysical lyrics with prayerful movement, instrumentation representing the symbiotic relationship between mother and child, and the internal imaginal performances of *mak yong* actors, actresses, and patients to emphasize rebirth and renewal and to create a powerful performance of transformation in both ritual and entertainment contexts. This performance is a delicately spun web of prayerful thanksgiving, visions of renewal, metaphors of fertility, and rejuvenation woven together with carefully regulated percussion and stratified polyphony to facilitate an embodied experience of transcendence for its performers. This complex process of performance encourages seasoned practitioners and the patients they lead through ritualized performances to envision the recreation of their corporeal human existence through the metaphor of dressing a divine king, before inviting them to transcend their pedestrian human identity to embody the eternally youthful demigod Dewa Muda.

Before a performance of the *Menghadap Rebab*, the lead performer, or *Pak Yong,* physically echoes the descent of a demi-god from the Heavenly Kingdom as they enter the stage. Through its wafting, voicelike sound, the mother figure of the *rebab*, breathes life into the performance of the *Pak Yong* who sits before the *rebab* in a position that mirrors that of a fetus in the womb. During the opening aria of the *Menghadap Rebab*, a performer playing the role of *Pak Yong* engages in an

Note 6 The formulaic phrase, *panggung Inu, gelengge Turas*, the stage of Inu, the theater of Turas is often repeated in *mak yong* and *mak yong-main 'teri*. Inu is the prince of Koripan, a character found in the Panji cycle of tales whose stories and character are often intermingled with that of Maharaja Sri Rama in Kelantanese shadow puppet tradition *wayang siam*. Turas is the name once used in the now extinct Kelantanese shadow puppet tradition of *wayang jawa* to refer to the clown character known as Wok Long in *wayang siam*. Wok Long was created from the body dirt of Pak Dogol, also known as Semar, a beautiful demi-god that came to earth and in an act of compassion, transformed himself into a humble earthly form.

internal imaginal performance to reenact his or her own personal creation, the breath of the performer joining with that of a resurrected mother, in the form of the *rebab,* to sing of the miracle of the performer's conception and physical development. As the performer sings of the descent of the divine king from the Heavenly Kingdom, we learn from the narratives of Mok Jennab and Pak Agel that *mak yong* performers envision their own incarnation and descent from the womb, as they imagine their separation from their mothers to walk alone in the world of humanity.

Within the ritual context of a *mak yong-main 'teri*, the implicit transformation that is facilitated through prayer and the internal imaginal performances of professional *mak yong* performers like Mok Jennab and Pak Agel trained in *ilmu dalam*, the internal knowledge of *mak yong* performance is externalized and made explicit for patients. During a *mak yong-main 'teri, mak yong* masters dress their patients in the royal regalia of the *Pak Yong*, lead them through physical prayers embodied in *mak yong*'s movement vocabulary, and sing to their patients a narration of their impeccable heritage, and their miraculous incarnation within their mother's womb, before they facilitate a patient's ritualized rebirth as the heavenly prince Dewa Muda, the eternal infant and personification of human desire.

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Biographical Statement

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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, Minangkabaus, 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, rodat, kompang, 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.

Sherrene 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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Production Editor's Note

Moving In-House and Setting the Pace

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Here we are! The first self-published issue of *'Music and Medicine*' is complete-55 pages in total, with a special theme on *Music and Medicine in South East Asia*. Changing the platform of a journal that has been generously launched and supported by a professional publication house (*SAGE)* for the last 5 years has been a challenging task. Transitions such as this come with a variety of technical and practical issues that require attention in order to be addressed and solved.

The scientific community in general - and in particular the health sciences - are facing huge challenges these days. "*How should the entire scientific enterprise change to produce reliable and accessible evidence […]?* " [1]. One crucial aspect in ensuring research quality, is the wide availability of journal reports [2]. Electronic-only access has grown, and is growing still, quite dramatically [3]. The number of citations to online articles is greater than the number for offline articles [4]. Given both economic conditions, and maintenance and control of content necessities, as well long-term access and preservation, transferring the journal to an *online-only* format is a contemporary decision [3]. Allowances have been made by the IAMM and the editorial board to ensure ease of publication, and wide availability of reviewed articles as they will appear in *Music and Medicine.* Current developments emphasize that open access publishing [5,6] will change science – again and *Music and Medicine* is well prepared to meet these challenges, with an Editorial team that is dedicated.

Six months ago IAMM President Jane Edwards invited me onboard, offering me the position of *Production Editor*. Having authored several papers in *Music and Medicine*, I was thrilled to become involved in the future development of the journal, with the goal to increase its global influence through expanded circulation and readership. While I have multiple responsibilities, my job description is well defined. This first online published issue contains a total of *39.806* words, written by *29* authors. My job is to ensure that every single word is treated with the utmost devotion and dedication, and to support 29 people in presenting their work through a professional layout in the best manner possible. This very last, 56th page of the present issue, and within each and every upcoming issue will be reserved for the *Production Editor's Note*. This new section will report error corrections regarding the previously published issues (starting with MMD-6-2), updates on the *Author Guidelines*, and will additionally communicate all other aspects involved in the production of the journal. While, the all-new online submission system (mmd.iammonline.com) is currently up and running, slight adjustments to the *Author Guidelines* will be necessary within the near future, in order to ensure a smooth production process from submission to online publication.

In order to allow for the necessary time period required to anchor the new systems and establish the workflow, there will be one more issue this year. We will then return to a quarterly publication in 2015. *Music and Medicine* is accepting new submissions for future editions. Please continue to support our growth by submitting to the journal and asking your colleagues and scholarly peers to submit. In order to be open to the demands of a variety of submission types (i.e. single case reports, systematic reviews, clinical trails), we will announce new *Journal Sections* including fast-track online submissions soon.

The most apparent change readers may notice thus far, is the new appearance of the journal itself. While I hope that you enjoy the new look of *Music and Medicine*, I am happy to hear your continued feedback and suggestions, as this first issue only sets the pace for those to come.

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