

Sound as Solace: Insights into the Evolution and Practice of Music Therapy in India

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3 4 5 Introduction

6
7 Music has always occupied a powerful space in human life, serving as a vital source of
8 comfort, cultural identity, spiritual expression and emotional regulation. Across centuries
9 and civilizations, music has not only entertained but also healed, offering a means
10 through which people process trauma, reduce anxiety, and reconnect with themselves
11 and others. In recent decades, the idea of using music in a formal therapeutic setting
12 has gained global traction. Music therapy has emerged as a structured, evidence-based
13 approach led by trained professionals to support mental wellbeing. It covers receptive
14 techniques, such as guided listening and imagery, and active techniques, including
15 improvisation, composition, and instrument playing.

16
17 In India, however, the therapeutic use of music is not a recent innovation. It is an
18 ancient legacy, embedded in the country's cultural, spiritual and medical traditions. The
19 Indian conception of sound as a healing force predates modern psychology and
20 neuroscience. From the singing of Vedic hymns to the intricate structure of ragas, music
21 has long been understood as a medium that can influence mood, alter consciousness
22 and even aid physical recovery. While modern music therapy programs in India may
23 adopt global practices, they increasingly turn to these indigenous foundations to
24 develop culturally relevant and spiritually resonant therapeutic approaches.

25
26 **8** The field of music therapy in India today is at a critical juncture. While it draws
27 inspiration from Western clinical frameworks, it also seeks to revive and validate India's
28 own healing traditions through research and training. With growing interest from both
29 mental health professionals and academic institutions, music therapy in India is evolving
30 into a multidisciplinary practice that sits at the crossroads of science, culture and
31 tradition.

32 33 34 Roots and Historical Evolution to the Present (Timeline)

35
36 The idea that music can serve as a form of healing is deeply rooted in Indian philosophy
37 and tradition. From the earliest Vedic texts to modern clinical applications, the
38 relationship between sound and well-being has evolved but never disappeared.

39 *Sāmaveda*, one of India's fundamental scriptures, fused spirituality and melody through
40 precise chanting, believing that specific intonations could elevate consciousness and
41 harmonize the self with the cosmos. This early link between sound and the soul was
42 echoed in the concept of *Nāda Brahma* – the belief that the universe itself is composed
43 of sound vibrations. Music, then, was not just entertainment, but a sacred channel for
44 inner alignment and divine harmony.

45
46

47 Based on these metaphysical principles, early Ayurvedic literature emphasized the
48 effect of sound on the *doshas*—the bodily energies of *vata*, *pitta*, and *kapha* that are
49 believed to govern health and temperament. Sound, especially in its rhythmic and
50 melodic forms, was used to correct imbalances in these energies. The use of chants,
51 bells, and instruments in both spiritual and healing rituals reflected this integrative
52 understanding of body and mind. As Indian classical music developed, its therapeutic
53 potential began to be codified more specifically.

54

55 This took shape most clearly in *Raga Chikitsa*, or the therapeutic use of ragas. Ragas
56 are not just scales or melodies; they are complex melodic structures designed to evoke
57 specific emotions, or *rasas*, and often linked to times of day, seasons, or psychological
58 states. Medieval texts such as the *Sāṅgīta Ratnākara* (13th century), authored by
59 *Śārṅgadeva*, included references to the emotional and healing powers of various ragas,
60 marking one of the first formal recognitions of music's medical utility. For example, *Raga*
61 *Darbari Kanada* has been associated with inducing calmness, while *Raga Malkauns* has
62 been associated with introspection and meditative stillness. These associations were
63 not seen as metaphorical; they were integrated into practice systems where music was
64 administered with intention, similar to a prescription.

65

66 Legends from India's classical and Mughal periods reinforce the cultural significance of
67 these ideas. The stories of the famous musician Tansen, who supposedly lit oil lamps
68 by singing *Raga Deepak* or made it rain through *Raga Megh*, illustrate how deeply the
69 belief in the transformative power of music was rooted in the collective imagination.
70 While these stories may not be scientifically verified, they highlight a culture where
71 music was treated as a serious elemental force, capable of influencing physical and
72 environmental conditions.

73

74 However, this rich tradition began to decline during the colonial period. With the rise of
75 Western biomedicine and the institutionalization of health care along European lines,
76 Indian systems of healing, including Ayurveda and music-based practices, became
77 increasingly marginalized. The role of music became limited mostly to performance,
78 spirituality and entertainment, and its therapeutic dimension fell away from mainstream

79 discourse. Oral transmission of raga therapy continued in some places, especially in
80 devotional, folk, and spiritual traditions, but its clinical credibility diminished in the eyes
81 of institutions.

82 After India's independence, renewed interest in indigenous knowledge systems began
83 to emerge. In the latter half of the 20th century, scholars such as musicologist Dr.
84 Premlata Sharma of Banaras Hindu University revisited the classical texts and
85 highlighted the psychological and therapeutic effects of ragas. Additionally, renowned
86 musicians such as M. Balamuralikrishna explored how certain ragas could affect mood
87 and mental health, bringing therapeutic intent back into the performance space. His
88 efforts began to reconnect the musical traditions of India with formal systems of inquiry.

89

90 The 1990s were a turning point. Economist turned music therapist Dr. T.V. Sairam
91 published a series of influential books, including Raga Therapy and The Penguin
92 Dictionary of Alternative Medicine, where he listed over 300 ragas and outlined their
93 potential physical and emotional benefits. He also founded the Indian Music Therapy
94 Association, later renamed the Indian Association of Music Therapy (IAMT), which
95 helped create a framework for training programs, practitioner networks, and
96 interdisciplinary research.

97

98 Soon after, institutions such as the Chennai School of Music Therapy (CSMT) were
99 established, offering formal degrees, workshops, and online certifications that integrated
100 Indian raga-based methods and global Western music therapy best practices. This
101 formalization allowed Indian music therapy to be taught, studied, and practiced with
102 increasing academic and clinical rigor.

103

104 In recent years, music therapy has also found space in India's leading medical and
105 research institutions. Organizations such as AIIMS (All India Institute of Medical
106 Sciences) and NIMHANS (National Institute of Mental Health and Neurosciences) have
107 conducted small-scale studies investigating the effects of musical interventions,
108 especially raga-based playlists, on patients suffering from anxiety, ADHD and post-
109 surgical trauma. For example, pilot studies demonstrated that patients exposed to
110 carefully selected ragas during the preoperative phases experienced reduced anxiety
111 and lower cortisol levels, paving the way for larger clinical trials.

112

113 The COVID-19 pandemic accelerated the need for digital therapy, and music therapists
114 adapted quickly, offering virtual sessions, creating therapeutic raga playlists, and
115 experimenting with guided musical improvisations via Zoom. These digital changes
116 have not only preserved access during lockdowns, but also demonstrated music
117 therapy's flexibility and resilience in the face of contemporary mental health challenges.

118

119 Taken together, these developments represent more than a renaissance; they signal a
120 transformation. What began as sacred chants in Vedic rituals has today become an
121 evolving discipline that draws equally on tradition and innovation. The historic journey of
122 music therapy in India is not simply a linear progression, but a cyclical return to its roots
123 – refined, recontextualized and ready to meet the demands of a modern, pluralistic
124 healthcare system. It is this evolving intersection between heritage and healthcare that
125 requires deeper investigation in the current study. Building upon these historical
126 foundations, the next section examines how music therapy is practiced and perceived in
127 modern India.

128

129 Application and Relevance in Contemporary India

130

131 As music therapy reclaims its place in India's broader healing landscape, its relevance
132 in addressing the current mental health crisis becomes increasingly clear. The country
133 currently faces a significant treatment gap; estimates suggest that nearly 70% of
134 individuals with mental health problems do not receive formal care. In this context,
135 music therapy offers a culturally resonant and accessible option, especially for those
136 who are hesitant to engage with traditional psychotherapy or pharmacological
137 interventions.

138

139 Its clinical applications are diverse: music is used in hospital settings to manage
140 preoperative anxiety, support neurodevelopmental conditions such as autism, and aid
141 cognitive memory in patients with dementia. In community spaces, music therapy has
142 been applied to support trauma survivors, promote emotional literacy in adolescents,
143 and assist in addiction recovery programs. These interventions often succeed where
144 verbal therapy cannot, particularly in contexts where stigma or limited health literacy
145 may act as barriers.

146

147 Importantly, Indian music's deep integration into daily life, through devotional songs, film
148 music, and regional folk traditions, makes it especially suitable for therapeutic
149 adaptation. Clients often respond positively to familiar sounds, making the therapeutic
150 process seem less strange or clinical. This embedded cultural fluency not only
151 increases engagement, but also supports India's broader philosophy of integrative
152 health, where systems such as yoga, meditation and Ayurveda coexist with allopathic
153 medicine.

154

155 Despite this promise, significant structural and social challenges continue to limit the
156 widespread implementation of music therapy, issues that will be examined in the
157 following section.

158

159

160

161 Challenges and Gaps in Practice

162

163 Despite its cultural depth and growing clinical promise, music therapy in India faces
164 persistent systemic and social obstacles. A major challenge is the absence of a central
165 regulatory body to standardize training, accreditation and ethical guidelines. Although
166 institutions such as the Indian Association of Music Therapy (IAMT) and the Chennai
167 School of Music Therapy (CSMT) have taken steps to professionalize the field, their
168 efforts remain scattered and lack institutional support at the national level.

169

170 Academic literature originating from India is limited, with most peer-reviewed research
171 on music therapy coming from Western contexts. This creates a visibility gap and
172 makes it more difficult for Indian practices to gain legitimacy in mainstream political or
173 health circles. As a result, music therapy is rarely included in medical protocols or
174 insurance coverage.

175

176 Geographic and social disparities further limit access. Most therapists and training
177 centers are based in urban areas, leaving rural and semi-urban communities with little
178 or no exposure to therapeutic music interventions. Even in cities, public awareness
179 remains low and music therapy is often reduced to entertainment or casual relaxation,
180 rather than being seen as a structured, evidence-based practice.

181

182 Compounding these issues is the broader stigma surrounding therapy itself. In many
183 parts of India, psychological distress is still viewed through spiritual, moral or familial
184 lenses, making professional help less accessible or acceptable. In this environment,
185 music therapy must confront not only institutional gaps but also deeply rooted social
186 attitudes toward mental health and healing.

187

188 However, the efforts of organizations like IAMT, CSMT and the Nada Center for Music
189 Therapy are helping to bridge these gaps through training, advocacy and research.
190 Although challenges remain, these initiatives represent initial but important steps
191 towards building a more integrated and culturally relevant therapeutic landscape in
192 India.

193

194

195 Relevance of the Study

196

197 In a landscape marked by institutional gaps, limited awareness, and evolving
198 perceptions of therapy, understanding how music therapy actually works on the ground
199 becomes essential. Professionals are at the center of this process; they navigate

200 cultural sensitivities, experiment with therapeutic techniques, and often work without
201 formal infrastructure. Their experiences offer critical insight into how music therapy is
202 adapted, applied and sustained in the Indian context.

203

204 Engaging with music therapists through qualitative interviews allows this research to
205 explore how they integrate traditional Indian musical structures, such as ragas, into
206 modern clinical practice. These interactions will shed light on real-world methodologies,
207 challenges, and innovations that are often missing from formal literature. Especially in a
208 country where therapy itself is still often stigmatized, it is vital to understand the different
209 ways in which professionals build trust, assess progress, and adapt interventions.

210

211 At a time when India's mental health needs are growing rapidly and culturally informed
212 therapeutic options remain limited, this study seeks to explore the experiences,
213 methodologies, and challenges of music therapists in India. It particularly focuses on
214 how traditional Indian musical principles are integrated into contemporary clinical
215 practice and how practitioners navigate the structural and social barriers that shape
216 their work. Ultimately, the study addresses the urgent need for accessible and culturally
217 resonant approaches that bridge the gap between modern mental health care and
218 India's ancient musical and healing traditions.

219 Having outlined the significance and objectives of the study, the following section details
220 the methodological approach used to explore the lived experiences of music therapists
221 in India.

222

223 Methodology

224

225 Method

226

227 This study employed a qualitative, semi-structured interview design to explore the lived
228 experiences, practices, and professional challenges of music therapists in India. A
229 qualitative approach was considered most appropriate due to the exploratory nature of
230 the research objectives and the need to capture nuanced perspectives, professional
231 narratives and contextual variations in different work environments. Semi-structured
232 interviews allowed a balance between structured data collection and flexibility, allowing
233 participants to elaborate on issues they considered most relevant.

234

235 Objectives

236

237 The objectives of the study were the following:

- 238 1. Identify key professional practices employed by music therapists in India,
239 including therapeutic techniques, session structures, and client engagement
240 strategies.
- 241 2. Examine the contextual and cultural factors that influence music therapy
242 practices in Indian healthcare, educational, and community settings.
- 243 3. Investigate the main professional challenges faced by music therapists in India,
244 including systemic, logistical and sociocultural barriers.
- 245 4. Document adaptive strategies and innovations employed by professionals in
246 response to these challenges.

247

248 **Participant Selection**

249

250 Participants were 6 practicing music therapists based in India. These participants were
251 identified through professional networks, music therapy associations, and snowball
252 sampling. The inclusion criteria were:

- 253 1. Hold a formal qualification in music therapy (minimum postgraduate diploma or
254 recognized equivalent certification).
- 255 2. Have at least two years of active practice in the area at the time of the interview.
- 256 3. Currently practicing in India in clinical, educational or community settings.

257

258 Exclusion criteria included music educators or musicians without formal training in
259 music therapy and therapists practicing outside India.

260

261 **Procedure**

262

263 Potential participants were contacted via email and provided information detailing the
264 study objectives, procedures, confidentiality measures, and ethical safeguards. Written
265 informed consent was obtained before participation.

266 Interviews were conducted over a 3 week period. Each session was conducted via the
267 Zoom (with end-to-end encryption) lasted between 30 to 45 minutes. It was audio
268 recorded with the participant's permission.

269 Interviews began with brief relationship building, followed by structured questioning
270 (see Annexure 1 for interview questions) based on the interview guide, with flexibility for
271 participants to elaborate on relevant tangents.

272 All recordings were then transcribed verbatim to ensure accuracy and preserve the
273 authenticity of participants' responses. These transcripts formed the basis for
274 subsequent analysis and interpretation.

275 **Data Analysis**

276 A qualitative approach was employed for data analysis, using thematic analysis to
277 systematically examine the interview transcripts. This involved a systematic process of
278 coding responses, identifying recurring patterns, and grouping them into overarching
279 themes. Initial codes were generated directly from the data, followed by iterative
280 refinement and organization into broader thematic categories. This approach allowed for
281 a structured yet flexible examination of the participants' experiences while maintaining
282 fidelity to their perspectives. The resulting themes provided the framework for
283 subsequent interpretative analysis presented in the Discussion section.

284

285

286 Discussion

287

288 The following section presents an interpretative analysis of the experiences, practices,
289 and professional challenges reported by music therapists in India. Drawing on the
290 themes identified through thematic analysis, this discussion explores patterns across
291 participants' narratives, highlighting both shared experiences and context-specific
292 variations.

293 The analysis is structured around critical areas including motivations for entering the
294 field, professional trajectories, therapeutic practices, cultural influences, and systemic
295 barriers. By examining these themes, the discussion aims to provide insights into the
296 current state of music therapy in India and its potential future directions.

297

298

299 (I) Identity and Professional Trajectory

300

301 Motivations for Pursuing Music Therapy

302 (Exploring what drew the professional to the field and factors that inspired them to
303 pursue it.)

304

305 The motivation to consistently pursue music therapy professionally stemmed from a
306 powerful intersection of a deep personal connection to music and an academic or
307 professional interest in psychology and the helping professions.

308 Several participants noted an ongoing connection to music, often rooted in their
309 upbringing in a musical family. For example, one speaker was raised in a family of
310 Indian classical musicians, which provided an initial basis for recognizing music's
311 profound potential for communication and self-discovery. Another participant, a
312 Hindustani classical violinist, noted that her interest was sparked by music psychology,
313 specifically curiosity about how music affects the brain and emotional well-being.

314 Academically, this musical passion merged with interests in psychology and research,

315 or with a background in social work, where one participant sought to fill a recognized
316 gap in their practice through music.
317 Specific motivators for entering the field varied beyond the general combination of
318 music and psychology. One professional was motivated by the desire to integrate their
319 training in audiology and speech therapy with their musical interests, particularly
320 recognizing the potential of music in working with children with special needs. Another
321 participant's journey began with personally using music for emotional relief, which later
322 inspired a desire to make a positive impact on people's lives through formal training.
323 Furthermore, specific recognition of the therapeutic qualities of music for neurodiverse
324 individuals has served as a key driving force for at least one practitioner.

325

326 Professional Journey and Evolution

327 (Examining the career path, work experience, and how their approach or role in music
328 therapy has developed over time.)

329

330 The professional trajectory of these music therapists has generally involved formal
331 training, initial work in specialized settings, and a significant evolution in practice from
332 informal engagement to structured, evidence-based therapeutic methods.

333 Many participants cited having received their formal training at the Chennai School of
334 Music Therapy, often noting that this occurred during the early stages of the discipline's
335 development. Early clinical experiences often focused on specialized settings, such as
336 special schools for children with autism. P4, for example, completed a diploma at the
337 Chennai School of Music Therapy and gained practical experience through an
338 internship at a medical school, later focusing on psychiatric rehabilitation. Over time,
339 practitioners have noticed a clear shift in their approach, moving from informal and
340 uncertain musical engagement to structured therapeutic practices that incorporate
341 evidence-based methods. This evolution has allowed them to expand their work into
342 diverse settings, including pediatrics, geriatrics and various hospital departments.

343 A significant evolution for several experienced participants was the transition to roles
344 focused on education and professional development. After gaining clinical experience,
345 sometimes including doctoral studies abroad, professionals returned to India to help
346 establish music therapy programs, teach at universities, supervise students, and guide
347 research projects. P6 detailed a decade-long journey of integrating speech therapy with
348 music therapy, eventually evolving into a professional educator and practitioner
349 dedicated to combining music therapy with other therapeutic approaches.

350 This collective movement underscores a commitment not only to clinical work, but also
351 to establishing the profession's academic and regulatory infrastructure in the country.

352

353

354 The next logical step is to examine how music therapists implement structured practices
355 and evaluate their therapeutic impact.

356 **(II) Structured Practice and Client-Centered Adaptation**

357

358 Evaluation of Music Therapy Effectiveness

359 (Understanding the methods used to assess session outcomes, such as self-reports,
360 observational tools, or standardized scales.)

361

362 Music therapists in India typically employ a multifaceted approach to assessment,
363 combining objective quantification with subjective, qualitative feedback to ensure a
364 comprehensive assessment of therapeutic impact.

365 Combination of methods: Effectiveness is often assessed through a combination of self-
366 reports, observational methods, and specific scales. The choice of assessment method
367 often depends entirely on the target behavior to be addressed. For example, measuring
368 pre- and post-therapy anxiety levels is used for assessing clients' ability to cope with
369 stress.

370 Observational and qualitative data: Observational techniques are key, used to assess
371 client behavior and emotional responses during sessions. P3 minimizes subjective bias
372 by using video recordings for observation. Several participants also incorporate detailed
373 qualitative analyses. P2 uses semi-structured interviews to collect personal feedback
374 from clients about their experiences and perceived benefits, while P1, P6 and P4 collect
375 feedback from clients and their family members or caregivers for a comprehensive
376 overview.

377 Scales and Professional Collaboration: The use of structured scales and psychometric
378 tools provides concrete, quantifiable data. These scales are tailored to the client's
379 specific needs, measuring changes in areas such as anxiety, stress, cognitive abilities,
380 and motor skills. P3 noted that although standardized scales are ideal, therapists often
381 use assessments that they have developed based on their clinical experience due to the
382 lack of widely recognized standardized tools. P4 emphasizes the need for collaboration
383 with other professionals, such as psychologists and psychiatrists, as an integral part of
384 the assessment process. P5 highlights the continued need for standardized assessment
385 tools to measure outcomes effectively.

386

387 Incorporation of Traditional Practices vs. Innovative Methods

388 (Exploring whether they use traditional techniques, adapt them, or develop new
389 methods tailored to client needs.)

390

391 Music therapists use traditional practices when relevant to the client's cultural context or
392 preference, but all prioritize a client-centered approach that requires creativity and
393 adaptability.

394 Combining Traditional and Contemporary Methods: Participants recognize the role of
395 traditional techniques, confirming that some techniques used today have historical
396 roots. P2, for example, incorporates raga therapy, based on the therapeutic effects of
397 ragas in Indian classical music. P3 recognizes the importance of cultural context and
398 uses practices such as chanting and mantras, particularly relevant in South Indian
399 culture. These traditional methods are often combined with contemporary approaches to
400 ensure relevance and effectiveness.

401 Focus on Client-Centered Adaptability: All participants emphasized that their methods
402 are client-centered and should be adapted to each individual's unique needs and
403 functional levels. P1 emphasizes the need for creativity and adaptability, integrating
404 diverse healing practices and interdisciplinary approaches. P2 combines traditional
405 elements with innovative methods such as active music production, songwriting and
406 group singing to promote client engagement. P5 focuses on adapting techniques based
407 on individual needs rather than strictly adhering to traditional forms. P4 ensures their
408 approach is culturally relevant while creating new personalized activities for the client.
409

410 Despite the clinical sophistication and adaptability demonstrated by practitioners,
411 systemic barriers continue to hinder the recognition and institutionalization of music
412 therapy in India.

413 **(III) Systemic Challenges and Urgent Support Requirements**

414
415 Barriers to Formal Recognition and Certification in India
416 (Identifying challenges faced in terms of formal acknowledgment, professional
417 standards, or certification frameworks.)
418

419 The most significant and recurring barrier identified is the absence of official regulatory
420 infrastructures, which leads to a lack of professional standardization and widespread
421 public confusion.

422 Lack of regulatory and certification bodies: A crucial barrier is the lack of regulatory
423 bodies that oversee the practice, the absence of a certification board, and the lack of
424 official accreditation. This absence makes it difficult to establish music therapy as a
425 recognized profession in the health system.

426 Unqualified professionals and training issues: The lack of standardized training
427 programs and supervision creates substantial problems regarding professional
428 credibility. P1 notes that many individuals without adequate training may call
429 themselves music therapists, damaging the credibility of the discipline. P3 points out
430 that current training programs are often not led by qualified music therapists, which can
431 result in medical negligence. Furthermore, P2 notes that some associations are
432 conducted by non-music therapists, making it difficult to establish standardized

433 practices.

434 Misconceptions and lack of awareness: There is widespread confusion about what
435 constitutes music therapy, with many confusing it with music education or sound healing
436 in general. P4 observes a general lack of awareness among the public and
437 professionals about the professional value of the area. P6 also highlights insufficient
438 funding for research and a lack of awareness among medical professionals.

439

440 Required Support from Mental Health Ecosystem and Government
441 (Discussing necessary interventions, policies, or resources to strengthen music therapy
442 as a recognized profession.)

443

444 Participants call for urgent government intervention to formally recognize music therapy,
445 integrate it into mainstream institutional contexts, and establish robust regulatory and
446 educational frameworks.

447 Formal Recognition and Policy Integration: The most urgent need is the formal
448 recognition of music therapy as a legitimate profession and a medical profession. P3
449 suggests that music therapy should be included in government health programs, similar
450 to the way yoga has been recognized. P4 calls for the establishment of policies that
451 promote music therapy and projects that integrate it into mental health services.

452 Educational and Awareness Initiatives: Support is needed to integrate creative
453 modalities and music therapy into academic curricula. P6 specifically suggests
454 incorporating music therapy into medical education to raise awareness among future
455 professionals about its benefits. Promoting awareness among clinicians and the public
456 is essential for institutional support and acceptance.

457 Regulatory Frameworks and Funding: P2 advocates funding for research and training
458 programs, as well as the establishment of regulatory frameworks for certification. P6
459 suggests the creation of a professional association of music therapists to defend
460 recognition. P1 notes that initiatives that offer career opportunities would encourage
461 more individuals to pursue the field.

462

463 Improving Understanding and Implementation of Music Therapy
464 (Highlighting key changes the professional believes could enhance awareness,
465 acceptance, or practice in India.)

466

467

468 The main desired changes focus on establishing definitive regulatory standards to
469 ensure qualified practice and aggressively correct public misconceptions about the
470 scope of the field.

471 Establish Regulatory Credibility: Several participants desire the establishment of
472 regulatory mechanisms and a regulatory system, including certification and licensing.

473 P6 emphasizes the need for a system where only qualified and trained music therapists
474 can practice. This ensures proper care and increases professional credibility.
475 Correcting Misconceptions: One major desired change is correcting the widespread
476 misunderstanding about the scope and effectiveness of music therapy. P2 wants to
477 change the perception that ragas can cure illnesses, emphasizing that music therapy
478 improves emotional well-being through structured, evidence-based practices, not
479 miraculous results. P6 desires a better understanding of music therapy as a structured,
480 goal-oriented practice rather than simply listening to music. P5 seeks to dispel the
481 misconception that all musicians are qualified therapists or that music therapy treats
482 specific conditions, clarifying its role in supporting the therapeutic process.
483 Improving career infrastructure: P4 also wants to improve employment opportunities in
484 the area, recognizing the current challenges for professionals finding stable
485 employment.
486

487 While structural limitations persist, participants collectively express optimism about the
488 future trajectory of music therapy and its growing integration within India's healthcare
489 and educational systems.

490

491 **(IV) Future Perspectives: Optimism amid Challenges**

492

493 Future Outlook for Music Therapy in India

494 (Gauging optimism, trends, and potential growth of the field in the Indian context.)

495

496 All six participants expressed strong optimism regarding the future trajectory of music
497 therapy in India, citing increasing public acceptance and anticipated integration into the
498 formal health and education sectors.

499 Increasing acceptance and awareness: Participants note increasing awareness,
500 growing acceptance, and interest in the field. P1 believes that as people reconnect with
501 the organic essence of music, the practice will gain popularity and have a significant
502 impact. P5 notes the growing interest in sound healing.

503 Professional Integration and Standardization: P3 is highly optimistic, predicting that
504 music therapy is expected to gain significant recognition and become a standard
505 therapeutic intervention in the healthcare system within the next decade. P4 believes
506 that as awareness grows, music therapy will gradually find its place in the mental health
507 infrastructure. P2 points to the emergence of new training programs and initiatives. P6
508 is optimistic about a future where job openings for music therapists are common in a
509 variety of settings, including schools and rehabilitation centers.
510

511 To summarize the findings, Indian music therapists demonstrate a deep commitment,
512 combining personal passion with academic training to create structured, evidence-
513 based, and culturally rooted practices. Their work often blends traditional methods, such
514 as raga therapy, with modern therapeutic models, maintaining an adaptive, client-
515 centered approach. However, the lack of regulation and standardized assessment tools
516 continues to limit the credibility and growth of the field. Participants emphasized that
517 official recognition and political support are crucial to protecting ethical standards and
518 public trust. Despite these challenges, there remains strong optimism about the
519 integration of music therapy into India's healthcare system in the coming years.
520

521 Drawing on these findings and the identified gaps, the following section outlines key
522 recommendations for strengthening the professional and institutional foundations of
523 music therapy in India.
524

525 **Recommendations for Future Practice and Policy**

526 These recommendations articulate urgent interventions needed to strengthen music therapy in
527 India, derived directly from systemic challenges and required support identified by practicing
528 music therapists.

529 **A. Regulatory and Professional Standards**

530 The immediate priority is establishing official governance to standardize the field and protect its
531 integrity.

- 532 • **Formal Regulatory System and Certification:** A regulatory body or certification board
533 should be established to oversee licensing, accreditation, and practice standards,
534 ensuring that only qualified and trained music therapists are allowed to practice. This will
535 safeguard professional integrity and protect the public.
536
- 537 • **Government Recognition and Policy Integration:** The government must provide formal
538 recognition of music therapy as a legitimate profession, integrating it into public
539 healthcare programs, akin to traditional practices like yoga.
540
- 541 • **Standardized Training and Professional Association:** Training programs should be
542 standardized and led by qualified music therapists. A professional association is also
543 recommended to advocate for recognition and clarify the qualifications required for
544 practice.
545

546 **B. Education, Awareness, and Research**

547 Targeted initiatives are necessary to address misconceptions and build institutional support.

- 548 • Correcting Misconceptions: Public awareness campaigns should clarify that music
549 therapy is a structured, goal-oriented intervention, not simply listening to music for
550 entertainment. Misconceptions to address include the beliefs that all musicians are
551 therapists or that ragas alone can cure ailments.
552
- 553 • Integration into Medical Education: Music therapy should be incorporated into academic
554 curricula, particularly within medical and allied health programs, to sensitize future
555 professionals to its applications and benefits.
556
- 557 • Funding for Research and Assessment Tools: Sustained funding is needed to support
558 research, training programs, and development of standardized assessment tools,
559 enabling practitioners to measure outcomes effectively.
560

561 C. Professional Infrastructure and Career Development

- 562 • Enhancing Career Opportunities: Efforts should focus on expanding employment
563 opportunities in schools, hospitals, and rehabilitation centers, encouraging more
564 individuals to pursue music therapy as a viable profession.
565

566

567 Conclusion

568

569 To conclude, this research highlights music therapy in India as a rapidly emerging
570 discipline positioned at the crossroads of tradition and modern science. India's model of
571 integrating indigenous music traditions with modern therapeutic frameworks can inform
572 global best practices in holistic mental health care. Its sustained growth depends on
573 systemic reform – particularly the creation of regulatory bodies and standardized
574 curricula. Institutional recognition will not only safeguard professional integrity, but also
575 expand the therapeutic reach of music in diverse mental health contexts. With structural
576 support, music therapy has the potential to become a cornerstone of holistic healthcare
577 in India.

578

579 Bibliography

- 580 Bhandarkar, S., Salvi, B. V., & Shende, P. (2024). Current scenario and potential of music
581 therapy in the management of diseases. *Behavioural Brain Research*, 458, 114750.
582 <https://doi.org/10.1016/j.bbr.2023.114750>

583 Chennai School of Music Therapy. (n.d.). YouTube channel.
584 <https://www.youtube.com/@chennaischoolofmusictherap1534>

585 Gangopadhyay, A., & Prasad, J. (2022). Therapeutic elements of music in ancient India:
586 A brief review in Bṛhatṛayī. *Indian Journal of History of Science*, 57(2), 78–86.
587 <https://doi.org/10.1007/s43539-022-00043-3>

588 Gandhe, V., & Tare, M. (2020, August). Therapeutic effects of ancient Indian classical
589 music. *Indian Journal of Applied Research*. [https://www.worldwidejournals.com/indian-](https://www.worldwidejournals.com/indian-journal-of-applied-research-(IJAR)/recent_issues_pdf/2020/August/therapeutic-effects-of-ancient-indian-classical-music_August_2020_1596272132_1811810.pdf)
590 [journal-of-applied-research-\(IJAR\)/recent_issues_pdf/2020/August/therapeutic-effects-](https://www.worldwidejournals.com/indian-journal-of-applied-research-(IJAR)/recent_issues_pdf/2020/August/therapeutic-effects-of-ancient-indian-classical-music_August_2020_1596272132_1811810.pdf)
591 [of-ancient-indian-classical-music_August_2020_1596272132_1811810.pdf](https://www.worldwidejournals.com/indian-journal-of-applied-research-(IJAR)/recent_issues_pdf/2020/August/therapeutic-effects-of-ancient-indian-classical-music_August_2020_1596272132_1811810.pdf)

592 Hicks, J. (2020). The history, current role, and future of music therapy in India:
593 International interviews with Prof. Dr. Sumathy Sundar and Aastha Luthra. *Voices: A*
594 *World Forum for Music Therapy*, 20(1).
595 <https://voices.no/index.php/voices/article/view/2871/2938>

596 IAMT. (n.d.). Indian Association for Music Therapy. <https://iamt.co.in/>

597 Sanivarapu, S. L. (2015). India's rich musical heritage has a lot to offer to modern
598 psychiatry. *Indian Journal of Psychiatry*, 57(2), 210–213. [https://doi.org/10.4103/0019-](https://doi.org/10.4103/0019-5545.158201)
599 [5545.158201](https://doi.org/10.4103/0019-5545.158201)

600 Sundar, S. (2007). Traditional healing systems and modern music therapy in India.
601 [https://www.researchgate.net/publication/242391459_Traditional_healing_systems_an](https://www.researchgate.net/publication/242391459_Traditional_healing_systems_and_modern_music_therapy_in_India)
602 [d_modern_music_therapy_in_India](https://www.researchgate.net/publication/242391459_Traditional_healing_systems_and_modern_music_therapy_in_India)

603 TVS Airam Foundation. (n.d.). Music therapy in India.
604 <https://tvsairamfoundation.in/music-therapy-articles/music-therapy-in-india/>

605 WFMT. (2019, January). Music therapy in India. [https://www.wfmt.info/wp-](https://www.wfmt.info/wp-content/uploads/2019/01/Fact-Page_India-2019.pdf)
606 [content/uploads/2019/01/Fact-Page_India-2019.pdf](https://www.wfmt.info/wp-content/uploads/2019/01/Fact-Page_India-2019.pdf)

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614 **Annexure 1 – Interview Questions for Music Therapy Professionals**

615 **Domain 1: Motivations for Pursuing Music Therapy**

- 616 • What drew you to the field of music therapy, and what fascinated you to pursue it
617 professionally?
618

619 **Domain 2: Professional Journey and Evolution**

- 620 • Can you describe your journey into music therapy, including where you have
621 worked and how your role or approach has evolved over the years?
622

623 **Domain 3: Evaluation of Music Therapy Effectiveness**

- 624 • How do you evaluate the effectiveness of a music therapy session? Do you use
625 self-reports, observational methods, or specific standardized scales?
626

627 **Domain 4: Incorporation of Traditional Practices vs. Innovative Methods**

- 628 • Are there any techniques inspired by traditional practices that you still implement
629 today, or do you mainly create new methods based on client needs?
630

631 **Domain 5: Barriers to Formal Recognition and Certification in India**

- 632 • What barriers do you think exist in terms of formal recognition or certification of
633 music therapy in India?
634

635 **Domain 6: Required Support from Mental Health Ecosystem and Government**

- 636 • What kind of support from the mental health ecosystem or government do you
637 think is urgently required to strengthen the field?
638

639 **Domain 7: Improving Understanding and Implementation of Music Therapy**

- 640 • If you could change one or two things about how music therapy is understood or
641 implemented in India, what would they be?
642

643 **Domain 8: Future Outlook for Music Therapy in India**

- 644 • Where do you see the future of music therapy in India heading, and do you feel
645 optimistic about its direction?

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