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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/21969

DOI URL: <http://dx.doi.org/10.21474/IJAR01/21969>



RESEARCH ARTICLE

SOUND AS SOLACE: INSIGHTS INTO THE EVOLUTION AND PRACTICE OF MUSIC THERAPY IN INDIA

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Manuscript Info

Manuscript History

Received: 13 August 2025

Final Accepted: 15 September 2025

Published: October 2025

Abstract

This study explores the evolution, practice, and professional challenges of music therapy in India, a field positioned at the intersection of ancient healing traditions and modern clinical science. Using a qualitative design, semi-structured interviews were conducted with six practicing music therapists across diverse settings to understand their experiences, methods, and perceptions. Thematic analysis revealed four central themes: the integration of personal and professional identity, client-centered and culturally adaptive practice methods, systemic barriers to recognition and regulation, and a collective optimism regarding the field's growth. While practitioners consistently demonstrated innovation and cultural sensitivity, the absence of standardized certification, research funding, and government recognition emerged as major constraints. The study concludes that music therapy in India holds strong potential for integration into mainstream mental health care, contingent on the establishment of regulatory frameworks, professional associations, and policy support. These findings underscore the need for systemic reform to transform music therapy from an emerging practice into a formally recognized healthcare discipline.

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Introduction:-

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

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

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

Roots and Historical Evolution to the Present (Timeline)

The idea that music can serve as a form of healing is deeply rooted in Indian philosophy and tradition. From the earliest Vedic texts to modern clinical applications, the relationship between sound and well-being has evolved but never disappeared. Sāmaveda, one of India's fundamental scriptures, fused spirituality and melody through precise chanting, believing that specific intonations could elevate consciousness and harmonize the self with the cosmos. This early link between sound and the soul was echoed in the concept of Nāda Brahma – the belief that the universe itself is composed of sound vibrations. Music, then, was not just entertainment, but a sacred channel for inner alignment and divine harmony.

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

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

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

However, this rich tradition began to decline during the colonial period. With the rise of Western biomedicine and the institutionalization of health care along European lines, Indian systems of healing, including Ayurveda and music-based practices, became increasingly marginalized. The role of music became limited mostly to performance, spirituality and entertainment, and its therapeutic dimension fell away from mainstream discourse. Oral transmission of raga therapy continued in some places, especially in devotional, folk, and spiritual traditions, but its clinical credibility diminished in the eyes of institutions.

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

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

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

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

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

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

Application and Relevance in Contemporary India

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

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

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

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

Challenges and Gaps in Practice

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

Academic literature originating from India is limited, with most peer-reviewed research on music therapy coming from Western contexts. This creates a visibility gap and makes it more difficult for Indian practices to gain

legitimacy in mainstream political or health circles. As a result, music therapy is rarely included in medical protocols or insurance coverage.

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

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

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

Relevance of the Study

In a landscape marked by institutional gaps, limited awareness, and evolving perceptions of therapy, understanding how music therapy actually works on the ground becomes essential. Professionals are at the center of this process; they navigate cultural sensitivities, experiment with therapeutic techniques, and often work without formal infrastructure. Their experiences offer critical insight into how music therapy is adapted, applied and sustained in the Indian context.

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

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

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

Methodology:-

Method:

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

Objectives:-

The objectives of the study were the following:

1. Identify key professional practices employed by music therapists in India, including therapeutic techniques, session structures, and client engagement strategies.
2. Examine the contextual and cultural factors that influence music therapy practices in Indian healthcare, educational, and community settings.

3. Investigate the main professional challenges faced by music therapists in India, including systemic, logistical and sociocultural barriers.
4. Document adaptive strategies and innovations employed by professionals in response to these challenges.

Participant Selection

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

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

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

All six participants (N = 6) were trained music therapists with postgraduate or diploma-level qualifications in music therapy and a minimum of two years of clinical experience. They represented diverse professional contexts, including psychiatric rehabilitation, pediatric and geriatric care, and special education settings for children with autism. Several had received training from the Chennai School of Music Therapy (CSMT) and others through recognized international programs. Recruitment was conducted through professional networks, the Indian Association of Music Therapy (IAMT), and snowball sampling. Music educators or musicians without formal clinical training, and therapists practicing outside India, were excluded.

Procedure

Potential participants were contacted via email and provided information detailing the study objectives, procedures, confidentiality measures, and ethical safeguards. Written informed consent was obtained before participation. Interviews were conducted over a 2-week period. Each session was conducted via the Zoom (with end-to-end encryption) lasting between 30 to 45 minutes. It was audio recorded with the participant's permission.

All participants provided written informed consent before participation. Interviews were conducted via Zoom using end-to-end encryption and password-protected meeting links to ensure confidentiality and security. Data files were stored securely on encrypted drives accessible only to the research team. Participants represented a range of linguistic and regional backgrounds, though most were based in urban centers.

Interviews began with brief relationship building, followed by structured questioning (see Annexure 1 for interview questions) based on the interview guide, with flexibility for participants to elaborate on relevant tangents. All recordings were then transcribed verbatim to ensure accuracy and preserve the authenticity of participants' responses. These transcripts formed the basis for subsequent analysis and interpretation. Thematic saturation was observed by the sixth interview, as no new concepts emerged in the final transcript.

Data Analysis:

A qualitative approach was employed for data analysis, using Braun and Clarke's (2006) six-phase framework for thematic analysis to systematically examine the interview transcripts. Transcripts were read multiple times for familiarization, then coded line by line to capture meaningful units of meaning. Initial codes were generated directly from the data, followed by iterative refinement and organization into broader thematic categories. A reflexive codebook was developed to document the evolution of codes and analytic decisions. Codes were reviewed and consolidated through repeated comparison across transcripts, allowing for a structured yet flexible examination of participants' experiences while maintaining fidelity to their perspectives. To enhance trustworthiness, a peer coder reviewed a subset of transcripts and the final codebook for coherence, and member checking was used, where feasible, to confirm interpretive accuracy. The resulting themes provided the framework for the interpretative analysis presented in the Discussion section.

Discussion:-

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

variations.

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

(I) Identity and Professional Trajectory

Motivations for Pursuing Music Therapy

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

The motivation to consistently pursue music therapy professionally stemmed from a powerful intersection of a deep personal connection to music and an academic or professional interest in psychology and the helping professions. Several participants noted an ongoing connection to music, often rooted in their upbringing in a musical family. For example, one speaker was raised in a family of Indian classical musicians, which provided an initial basis for recognizing music's profound potential for communication and self-discovery. Another participant, a Hindustani classical violinist, noted that her interest was sparked by music psychology, specifically curiosity about how music affects the brain and emotional well-being. Academically, this musical passion merged with interests in psychology and research, or with a background in social work, where one participant sought to fill a recognized gap in their practice through music.

Specific motivators for entering the field varied beyond the general combination of music and psychology. One professional was motivated by the desire to integrate their training in audiology and speech therapy with their musical interests, particularly recognizing the potential of music in working with children with special needs. Another participant's journey began with personally using music for emotional relief, which later inspired a desire to make a positive impact on people's lives through formal training. Furthermore, specific recognition of the therapeutic qualities of music for neurodiverse individuals has served as a key driving force for at least one practitioner.

Professional Journey and Evolution

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

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

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

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

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

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

(II) Structured Practice and Client-Centered Adaptation**Evaluation of Music Therapy Effectiveness**

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

Music therapists in India typically employ a multifaceted approach to assessment, combining objective quantification with subjective, qualitative feedback to ensure a comprehensive assessment of therapeutic impact. Combination of methods: Effectiveness is often assessed through a combination of self-reports, observational methods, and specific scales. The choice of assessment method often depends entirely on the target behavior to be addressed. For example, measuring pre- and post-therapy anxiety levels is used for assessing clients' ability to cope with stress.

Observational and qualitative data: Observational techniques are key, used to assess client behavior and emotional responses during sessions. P3 minimizes subjective bias by using video recordings for observation. "I use both observation and self-report — numbers alone don't capture how the client feels," (P3).

Several participants also incorporate detailed qualitative analyses. P2 uses semi-structured interviews to collect personal feedback from clients about their experiences and perceived benefits, while P1, P6 and P4 collect feedback from clients and their family members or caregivers for a comprehensive overview.

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

In the Indian healthcare system, music therapy most often functions as an adjunct to medical or psychological treatment rather than as a standalone modality. It complements other interventions by supporting emotional regulation, communication, and stress management within integrative frameworks.

Incorporation of Traditional Practices vs. Innovative Methods

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

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

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

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

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

(III) Systemic Challenges and Urgent Support Requirements

Barriers to Formal Recognition and Certification in India

(Identifying challenges faced in terms of formal acknowledgment, professional standards, or certification frameworks.)

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

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

Unqualified professionals and training issues: The lack of standardized training programs and supervision creates substantial problems regarding professional credibility. P1 observed that “many people start calling themselves music therapists after a weekend workshop, which harms our credibility” (P1). Echoing this concern, P3 noted that “some programs are not run by trained therapists, so the students don’t get proper supervision” (P3), highlighting how the absence of standardized training and regulation undermines both professional integrity and client safety. Furthermore, P2 notes that some associations are conducted by non-music therapists, making it difficult to establish standardized practices.

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

Required Support from Mental Health Ecosystem and Government

(Discussing necessary interventions, policies, or resources to strengthen music therapy as a recognized profession.)

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

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

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

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

Improving Understanding and Implementation of Music Therapy

(Highlighting key changes, the professional believes could enhance awareness, acceptance, or practice in India.)

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

Establish Regulatory Credibility: Several participants desire the establishment of regulatory mechanisms and a regulatory system, including certification and licensing. P6 emphasizes the need for a system where only qualified and trained music therapists can practice. This ensures proper care and increases professional credibility.

Correcting Misconceptions: One major desired change is correcting the widespread misunderstanding about the scope and effectiveness of music therapy. P2 wants to change the perception that ragas can cure illnesses, emphasizing that music therapy improves emotional well-being through structured, evidence-based practices, not

miraculous results. P6 desires a better understanding of music therapy as a structured, goal-oriented practice rather than simply listening to music. P5 seeks to dispel the misconception that all musicians are qualified therapists or that music therapy treats specific conditions, clarifying its role in supporting the therapeutic process. Improving career infrastructure: P4 also wants to improve employment opportunities in the area, recognizing the current challenges for professionals finding stable employment.

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

(IV) Future Perspectives: Optimism amid Challenges

Future Outlook for Music Therapy in India

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

All six participants expressed strong optimism regarding the future trajectory of music therapy in India, citing increasing public acceptance and anticipated integration into the formal health and education sectors. Increasing acceptance and awareness: Participants note increasing awareness, growing acceptance, and interest in the field. P1 believes that as people reconnect with the organic essence of music, the practice will gain popularity and have a significant impact. P5 notes the growing interest in sound healing.

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

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

Limitations:-

Drawing on these findings and the identified gaps, the following section outlines the key limitations of this study.

Sample Size and Representation

The study involved a small sample (N = 6), which limits the generalizability of the findings. Most participants were based in urban centers where formal training and practice opportunities are concentrated, potentially creating an urban bias.

Regional and Linguistic Diversity

Therapists from rural and non-English-speaking contexts were underrepresented. As a result, the study may not fully capture the influence of regional, linguistic, and socioeconomic factors on music therapy practice in India.

Reliance on Self-Reported Data

All data were collected through self-reported interviews, which depend on participants' personal recollections and perspectives. This may introduce subjectivity and limit opportunities for external verification.

Absence of Triangulation

The research did not include observational or artifact-based triangulation (such as session observations or documentation analysis), which might have provided additional layers of empirical evidence.

Online Interview Format

While remote interviews via Zoom enhanced accessibility and ensured data security, the format may have constrained the observation of nonverbal communication and contextual cues.

Evolving Professional Landscape

As music therapy in India remains an emerging field, participants' views reflect a transitional professional context. These findings should therefore be interpreted as indicative rather than definitive.

Despite these limitations, the study reached thematic saturation and offers valuable insight into the lived experiences and professional realities of Indian music therapists.

While these limitations outline the boundaries of the present study, they also point toward important directions for future work. Building on the insights generated and addressing the gaps identified, the following section presents recommendations for advancing music therapy research, training, and professional practice in India.

Recommendations for Future Practice and Policy

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

A. Regulatory and Professional Standards

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

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

B. Education, Awareness, and Research

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

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

Future research should include systematic evaluations of music therapy training programs in India to assess their quality, accessibility, and clinical outcomes.

C. Professional Infrastructure and Career Development

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

Conclusion:-

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

Annexure 1 – Interview Questions for Music Therapy Professionals**Domain 1: Motivations for Pursuing Music Therapy**

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

Domain 2: Professional Journey and Evolution

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

Domain 3: Evaluation of Music Therapy Effectiveness

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

Domain 4: Incorporation of Traditional Practices vs. Innovative Methods

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

Domain 5: Barriers to Formal Recognition and Certification in India

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

Domain 6: Required Support from Mental Health Ecosystem and Government

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

Domain 7: Improving Understanding and Implementation of Music Therapy

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

Domain 8: Future Outlook for Music Therapy in India

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

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