



## Music Therapy in the 21st Century: An Interview with Dr. Petra Kern

By Roy Kennedy

### Introduction

As a professor in the United States of America (U.S.A.), I had the privilege to present and hold workshops in Brazil, Korea, and Costa Rica over the past ten years. In 2004, I was invited to attend an international music therapy conference in Goiania, Brazil where I gave a 3-day workshop about the different populations that music therapists serve. I also sat on an international panel with a focus on “music therapy perspectives” as the topic of discussion. I learned that there are many music therapists in Brazil. The Universidad de Goiania alone had 80 music therapy students. Many music therapists that I met in Brazil seemed to

**Dr. Petra Kern is the recipient of the First International Service Award of the World Federation of Music Therapy.**

prefer improvisational music therapy techniques. Dr. Kenneth Bruscia, a professor at Temple University, U.S.A., was mentioned frequently in conversations with regards to the philosophy of music therapy practiced in Brazil.

In 2005, I was approached by a former classmate, Byungchuel Choi, of Sookmyung Women’s University in Seoul, Korea about hosting the 8th Korean Music Therapy Workshop at the University of Georgia. A year later, Dr. Choi brought 50 music therapy students and/or practicing music therapists from Korea to attend 2 weeks of professional presentations given by music therapists from up and down the eastern seaboard of the United States. One year later, our collaboration continued at the 10th Year Korean Music Therapy International Conference in Seoul, Korea. I was especially impressed with the music skills of the music therapists in Korea and the spirituality that was infused into the music therapy presentations at this conference.

Inspired by a colleague, I also visited in 2007 The *Cloud Forest School*, a bilingual school in the Monteverde mountain region of Costa Rica. I learned that the *Cloud Forest School* had an itinerant music teacher that gave general music lessons and conducted group sing-a-longs in English and Spanish once a week in a huge

open-air building on the campus. I gave two presentations about the use of music as a supplementary strategy for teaching English-as-a-Second Language to the teachers and sat in on several of the English instruction classes offered to learn about their methods of language instruction.

My experience at the *Cloud Forest School* left me to wonder if the profession of music therapy existed in Costa Rica. During my following visit at The University of Costa Rica in 2010, I gave three ½ day workshops about music therapy and met one Board-Certified (MT-BC) music therapist in the country. Since then, three other students from Costa Rica returned to their country after studying music therapy at The Universidad del Salvador in Buenos Aires, Argentina, and the Georgia College and State University in the United States. I interviewed all three of these music therapists and found out that music therapists in Costa Rica are facing many of the same challenges that the pioneers of music therapy in the United States faced during the first half of the 20th century. These challenges include a) creating a national organization of music therapy, b) developing recognition of music therapy as a legitimate profession, and c) educating the general public in Costa Rica about the benefits of music therapy for different client populations.

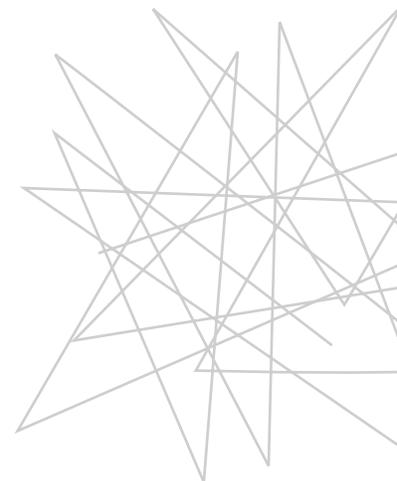
After learning about the practices and challenges music therapists experience in these countries, my curiosity about the worldwide development of the profession and contemporary topics and issues arouse. To find answers to my questions, I turned to Dr. Petra Kern, a well-known music therapist with an international reputation as a scholar, clinician, professor, and leader in the field.

### About the Interviewee

Petra Kern, Ph.D., MT-BC, MTA, DMtG, business owner of Music Therapy Consulting, has a clinical and research focus on young children with autism spectrum disorder, inclusion, and coaching caregivers. She is a recipient of the AMTA 2008 Research/Publications Award, editor-in-chief of *imagine*, and author of over 50 publications. A former research scholar at the University of North Carolina at Chapel Hill, Dr. Kern has taught at the University of Windsor, State University of New York at New Paltz, and Marylhurst University in Oregon, where she received the 2013 Faculty Innovation and Excellence Grant. Currently she is an online professor at the University of Louisville, Kentucky and Augsburg College in Minnesota. A former President of the World Federation of Music Therapy (WFMT) and recipient of the first International Service Award of the World Federation of Music Therapy, Dr. Kern continues to serve on various editorial boards and is an active international speaker and guest lecturer.

As a board-certified music therapist in three countries, Dr. Petra Kern brings a wealth of knowledge and international experiences to the table. Her responses to my questions provide the readership of *Music Therapy Today* an international perspective, which may lead to cultural awareness and a better understanding of the global development of the profession.

For more details, please visit her website at [www.musictherapy.biz](http://www.musictherapy.biz).



**KENNEDY:** In July 2014, the 14th World Congress of Music Therapy was held in Vienna/Krems, Austria. What was the driving theme and in which way was this World Congress unique compared to previous ones?

**KERN:** With the globalization of our profession, cultural awareness and cross-cultural understanding have become more prominent and need to be considered when working with a cultural diverse clientele or studying abroad. Thus, the 14th World Congress of Music Therapy invited professionals and students from over 40 countries to discuss the impact of “Cultural Diversity in Music Therapy Practice, Research, and Education.” This theme was reflected in nine pre-congress seminars, four spotlight sessions featuring 21 content experts, 212 concurrent sessions, 30 roundtables, 49 workshops, and 125 posters. The 2014 congress proceedings (available online at <http://www.wfmt.info/music-therapy-today-2014-special-issue/>) provide insights into specific topics shared by 170 presenters.

The combination of offering pre-congress seminars at the prestigious *University of Music and Performing Arts* in Vienna and staying in Krems, home of the hosting organization *Ethno Music Therapy Austria* and *IMC University of Applied Science* – both world cultural heritage cities of UNESCO – made the 2014 World Congress of Music Therapy unique. The cultural program accompanying the congress (e.g., the Opening Ceremony, a Danube River Cruise, a general rehearsal by the world famous *Tonkuenstler* at the Castle Grafenegg, and a typical Austrian *Heurigen* wine-tasting) contributed to cultural-oriented learning for congress participants, especially spotlighting the host country. The live stream videos and picture gallery accessible (until July 2017) at [www.musictherapy2014.org](http://www.musictherapy2014.org) give readers a glimpse of the unique event. It should be mentioned that this world congress utilized state-of-the-art technology, including an

interactive congress app, and attracted social media attention. The reader might have seen *Wolffi*, the congress mascot in various tweets, blogs, or Facebook Groups. Additionally, the World Federation of Music Therapy acknowledged outstanding contributions of music therapy experts around the world by initiating awards (see <http://www.wfmt.info/newsite/wp-content/uploads/2014/05/WFMT-Awards.jpg>).

Overall, the 14th World Congress of Music Therapy embraced diversity and understanding of differences and offered many cultural perspectives that hopefully enriched participants’ professional and personal lives.

**KENNEDY:** As a former President of the World Federation of Music Therapy, you have witnessed the development and implementation of music therapy programs in established and developing countries around the world. What do you think are some of the most prominent challenges to the development of music therapy around the globe during the 21st century?

**KERN:** Over the past seven decades, the field has made great gains in establishing music therapy degree programs and services in many regions of the world, especially in Asia. Meaning, music therapy is not a new profession anymore. However, the following remain ongoing challenges for many countries in various regions of the world:

- Recognition of music therapy as an evidence-based health profession;
- Board-certification of music therapists to assure professional standards of practices, competences, and ethical conducts;
- Regular funding of music therapy services and competitive salaries;
- Expanding the number of degree programs and jobs; and
- Keeping professionals in the field and offering opportunities for professional leadership and growth.

The Interview  
Conducted in  
December 2014 via  
email and phone.

While music therapy has received some attention throughout the world, the industry is still small. If every hospital, school, or community agency would request a music therapist on staff today, the field would not be ready to provide these services. The small number of universities offering music therapy degree programs (outside the U.S.A., Japan, and Korea) and professional membership of their respective organizations is concerning. For instance, Australia has only two training programs and 500 professional members; Indonesia has one training program and 5 professional members; and Denmark reports having one training program and 130 professional members (see WFMT Regionals Fact Pages 2013-2014 at <http://www.wfmt.info/resource-centers/publication-center/regional-information/>). Therefore, it is no surprise that building research-based knowledge that supports evidence-based music therapy practice is a slow process.

**KENNEDY: Music therapy emerged in the U.S.A as an organized profession in the early 1940. Do you see any similarities or differences in the way that music therapy is developing in other countries compared to how the profession started in the U.S.A.?**

**KERN:** Similarities can be drawn to the pioneering spirit of individuals who demonstrated a passion and strong commitment in developing music therapy as a profession in their home country. It still seems to be rather a “grass roots” movement of clinicians than an organizational or political healthcare decision to bring music therapy services, training, and research endeavors to a country. In the past, many international students received training in North America or Europe. After returning to their home country, they have been the driving force for starting a music therapy clinical or degree program in their country (e.g., Korea, China, and Indonesia). However, over the past few years, university programs have started to partner with universities abroad (e.g., University of

Kansas, U.S.A. with Mahidol University, Thailand) and a few foundations have asked for consultation in bringing music therapy programs to their country (e.g., Music Academy–Qatar Foundation).

Nowadays individuals, universities, or foundations do not need to start from scratch. Successful models for clinical music therapy and degree programs are available. Additionally, clinicians, educators, and scholars travel or engage in online means to offer services, guest lectures, or research collaborations worldwide. Therefore, a wealth of expertise, knowledge, and support are available to countries that are interested in offering music therapy services to their citizens. The advancement of technology and social media also has enhanced information sharing and access to resources necessary to build new music therapy programs around the world. Yet, it still seems to be a matter of individuals convincing administrative decision-makers to implement music therapy programs.

**KENNEDY: In the U.S.A., music therapists apply music therapy approaches based on theoretical frameworks from related fields. Which approaches are music therapists using around the world and is there an emerging trend?**

**KERN:** At present, we do not have any available statistical data to give a solid answer to this question. However, it appears that music therapists apply theoretical frameworks that are rooted in the culture and tradition of the country in which they work. For example, many European colleagues are applying a psychoanalytic or psychodynamic approach to music therapy, which has its origin in Western Europe (e.g., Freud, Jung, and Adler), whereas many American colleagues apply a behavioral or humanistic approach to music therapy, which emerged in U.S.A. (e.g., Skinner, Rogers). Furthermore, the numerous international music therapy students trained in both regions of the world, most likely carry over to their home country the theoretical

frameworks they have been taught in their degree programs. There are also country-specific approaches based on the work of specific music therapy pioneers (e.g., Orff Music Therapy by Gertrud Orff in Germany, Benenzon Model of Music Therapy by Rolando Benazon in Argentina), which are prominent in these countries and beyond. It should also be mentioned that country-specific values (e.g., the value of music), traditions (e.g., Ayurveda), and music (e.g., instruments, scales, modes, and rhythms) play a role in developing an intervention/treatment plan.

In the 21st century, prominent U.S.-based music therapy certificate programs such as Neonatal Intensive Care Unit Music Therapy (NICU-MT), Nordoff and Robbins Music Therapy (NRMT), Neurologic Music Therapy (NMT), and Guided Imagery and Music (GIM) have spread around the world. For many colleagues who do not have an official board-certification process in their home countries in place yet, these short-term programs that offer a designation seem to be very attractive as they bring value and merit to their original degree. While many music therapy practitioners and educators still identify themselves with a specific theoretical framework, there seems to be an emerging understanding that the approach applied depends on the population served and the evidence behind it. Consequently, music therapists working with a variety of populations and across cultures need to be fluent in various approaches despite their preferred theoretical framework and values.

**KENNEDY: As you mentioned, music therapists work with a variety of populations. What is the most frequently served population today and have there been any new client populations emerging?**

**KERN:** Music therapists around the globe are working with clients from the beginning to the end of life. Yet, it seems like country-specific demographics, governmental regulations, and support systems influence which population music therapists mostly serve. Presently, descriptive data that provides a solid profile of specific countries is only published by a few music therapy organizations and individuals. In 2014 the American Music Therapy Association reported that their members served mainly people with mental health issues (20%) followed by development disabilities (14.7%), and medical/surgical conditions (11.2%). A 2012 report by Sabbatella and Mercadal-Brotons indicated that music therapists in Spain work mainly with people with Intellectual Disabilities (16%), Depression (12%), and Autism Spectrum Disorder (9%). And, in 2011 The Japanese Association for Music Therapy reported that most members work with the elderly (45%) followed by adults (20%) and children (28%). Furthermore, for this interview, several organization leaders in music therapy provided some anecdotal information. In Australia, music therapists seem to work mainly in aged care, hospitals, and early childhood agencies. In Singapore, colleagues primarily provide music therapy services in special education settings, medical institutes, and mental health care facilities. Updates may be found at the WFMT's Regional Liaisons Blog at <http://www.wfmt.info/leadership/regional-liaisons-blog/>.

New or renewed focus on specific populations seems to emerge based on needs, prevalence, or public awareness. For instance, music therapy crisis intervention became prevalent when the massive 2008 earthquake happened in Chengdu, China. With the increasing worldwide prevalence rate of Autism Spectrum Disorder, more music therapists may see this population on their caseload. Over the past decade, the military

population has also given music therapy some attention in the U.S.A.; President Obama recently acknowledged the profession in his 2014 Veteran's Day speech. Additionally, due to film documentaries such as "Alive Inside" more attention to Alzheimer's patients can be expected.

Looking into the DSM-5™, recognition of new populations (e.g., Internet Gaming Disorder) are on the horizon; music therapists might see these on their caseloads in years to come. It is therefore advisable to stay informed and be ready to serve current and future populations. Continuing to build the knowledge base on the effectiveness of music therapy interventions for specific populations remains equally important to sustain and advance the field.

**KENNEDY: You are the owner of a music therapy consulting business. Would you please describe your services and identify some of the challenges private practice music therapists face in the 21st century?**

**KERN:** *Music Therapy Consulting* serves national and international foundations (such as the Qatar Foundation mentioned above), institutes, organizations, and federal agencies who want to include music in their existing programs or start a brand new music therapy program that will enhance the lives of their clients or citizens. Applying a family-centered practice model, *Music Therapy Consulting* also supports parents, especially those of young children with Autism Spectrum Disorder, in using music intentionally in their home environment for encouraging social communication and daily functioning. Exemplifying a passion for teaching, *Music Therapy Consulting* offers university-based online and hybrid courses worldwide, including course development and faculty training in "excellence of online teaching." In addition to providing clinical supervision to alumni, *Music Therapy Consulting* also offers short-term professional development

opportunities for various healthcare professionals (see <https://www.youtube.com/watch?v=rqG6bdbmFW0&list=UUGir2uomx3U-xZyqrQI2HHg0>).

Music therapists working in private practice have great job opportunities, but also face challenges that confront every entrepreneur. Examples of these are the constant acquisition of clients, negotiation of fees or finding funding, and the daily operation of the business. Another issue is maintaining a work-life balance, which is especially important when providing health services. Nowadays, music therapists entering the private business sector do need to have basic knowledge of business administration, advertisement and marketing, and a solid understanding of business ethics. In a globalized world, it is also important to have cultural awareness and reflect on one's own values, beliefs and attitudes to meet the needs of diverse client groups, collaborate with international colleagues, and to compete with the overall health sector. However, the most important skill to have may still be an ongoing passion for the profession, a clear understanding of one's competences and boundaries, and willingness to embrace change and innovation.

**KENNEDY: You are the editor-in-chief of the highly successful early childhood online magazine *imagine*. What are highlights of the current issue and which topics will be featured in the next one?**

**KERN:** *imagine* is the primary online magazine dedicated to enhancing the lives of young children and their families by sharing evidence-based information and trends related to early childhood music therapy with colleagues and parents worldwide. The 2014 issue focused on family-centered practice – a trend observed in music therapy practice and research circles worldwide. In family-centered practices, music therapists embrace strength-based, collaborative, enhancing, and

empowering strategies that provide families confidence and competence in parenting children with disabilities. *imagine* 2014 reached out to 1.5 million potential readers via email and social media featuring 44 text-based articles, including 15 videos, 13 audio files, 9 audio podcasts, 4 photo stories, and numerous hyperlinks that invited to additional exploration.

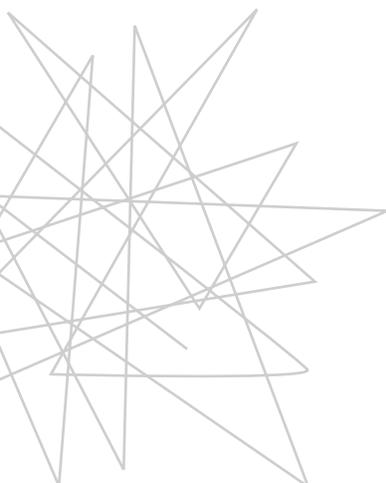
*imagine* 2015 is re-visiting inclusion – an ongoing hot topic around the world that deserves ongoing attention from music therapists and related professions. *imagine* 2015 also invites authors to share strategies utilized in early childhood music therapy that support generalization of skills across settings, people, subjects, behaviors, materials, and time. In general, *imagine* publishes articles that are directly related to early childhood music therapy (ages: zero to five) and grounded in evidence-based practice. The submission deadline is May 15 each year. *imagine* is currently free and accessible worldwide. However, to keep this evidence-based resource available to everyone, advertisements and sponsorships are needed to cover the editing, production, and website costs (see <http://imagine.musictherapy.biz/Imagine/home.html>).

**KENNEDY:** You are an expert of international music therapy. In your opinion, what are three key strategies of moving music therapy forward in the 21st century?

**KERN:** First, the profession needs to tackle the ongoing challenges mentioned under your second question. Second, the field may benefit from looking at the industry through a business lens, seeking support from experienced CEOs, and following a step-by-step plan. Thirdly, it might be advantageous to collaborate with major players in the health sector (such as the World Health Organization) and lead a worldwide campaign that includes politicians and celebrities.

However, this is not a small undertaking; it will require major collaborations with various stakeholders. This could be a future focus of the WFMT Council or an international task force. Meanwhile, the profession will continue to grow at its own pace through the efforts of dedicated individuals and advocacy groups around the world.

**KENNEDY:** Thank you Dr. Kern for sharing your global perspective and opinion about music therapy in the 21st century with the *Music Therapy Today* readers and me. While my reference point is the USA (as reflected in my questions), I acknowledge the diversity of music therapy research, education, and practice worldwide. Bringing awareness to the current status of music therapy worldwide may spark discussion about future directions.



**Resources Mentioned in this Interview**

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**About the Author**

Roy Kennedy, Ph.D., MT-BC, is an associate professor of music therapy at the University of Georgia, U.S.A. While previously providing music therapy services to various populations, his primary research interests include guitar pedagogy for music therapists, music therapy for English-as-Second Language learners, adults with substance abuse problems, and skill generalization of students with developmental disabilities. Dr. Kennedy has presented his work in the USA, Brazil, South Korea, and Costa Rica. He continues having an interest in the international development of the profession and is eager to make future contributions.

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**Roy Kennedy**  
Photo courtesy of Eric Jackson

