The Malaysian Music Therapists: Their Careers, Challenges, and the Future

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Published online: 29 November 2024

To cite this article: Wang I Ta and Beh Wen Fen. 2024. "The Malaysian Music Therapists: Their Careers, Challenges, and the Future." *Wacana Seni Journal of Arts Discourse* 23 (Supp. 1): 25–35. https://doi.org/10.21315/ws2024.23.s1.3

To link to this article: https://doi.org/10.21315/ws2024.23.s1.3

ABSTRACT

In the West, music therapy has emerged since the mid-twentieth century and has been recognised as a formal profession promoted in both clinical and educational settings. It encompasses cognitive, behavioural, psychiatric, psychosocial, and neurological domains. However, compared to its robust development in the West and neighbouring countries, the profession in Malaysia is at the developing stage. To the best of the researcher's knowledge, no studies have investigated the causes from the perspectives of Malaysian music therapists. The current research invited five practising music therapists for semi-structured interviews. Through the interpretative phenomenological analysis (IPA), the following themes emerged to reflect the status quo of the profession: (1) career intention and realisation, (2) awareness and acceptance of the public, and (3) the status of the advocacy. It showed that Malaysian music therapists intended to work in healthcare. Although the recent advocacy effort has focused on making music therapy under allied health, it is not included in the clinical setting. The study concluded that awareness still needs to be raised among clinical stakeholders, the government, and the public. There should be more clinical research collaboration to generate local data to promote the profession under allied health, encourage more local training programmes, and elevate awareness and acceptance among the public and the government.

Keywords: *music therapist, music therapy, allied health, interpretative phenomenological analysis, Malaysia*

INTRODUCTION

According to the American Music Therapy Association (AMTA), music therapy uses clinical and evidence-based music interventions. It aims to accomplish individualised therapeutic goals with credentialed professionals who have completed training in accredited music therapy programmes. Music therapy interventions can be used in various healthcare and educational settings (AMTA, n.d.).

Besides, music therapy could develop physical, cognitive, motivational, social, speech, and language skills and promote pre- and non-verbal expression, choice-making, and independence. Adult psychiatry can help with mood, alleviate tension, express feelings, social interaction, and encourage self-esteem (Bunt and Stige 2014).

The main streams of music therapy activities include improvisation and activities related to songwriting (Bunt and Stige 2014), listening, and discussion (Gardstrom and Sorel 2015). Improvisation provides a channel to communicate and articulate emotions that cannot be conveyed through words. It suits clients with physical impairment or disability (Bunt and Stige 2014). Another activity is songwriting. It was defined by Baker and Wigram (2005) as "the process of creating,

notating and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychological, emotional, cognitive and communication needs of the client" (16). Song listening and discussion allow clients to share their emotions (Gardstrom and Sorel 2015). How music therapists choose certain activities is situational and contextual, and it could be related to the cultural background or the preferences of the parties involved in music therapy (Odell-Miller 2016).

Music therapy has grown internationally (Odell-Miller 2016) since its emergence in the mid-twentieth century in the US and UK (Bunt and Stige 2014; Cohen 2018, 21–57). The following text will discuss how music therapy evolved in the pioneering countries in the West and countries with more recent developments in Asia, including Malaysia.

MUSIC THERAPY DEVELOPMENT IN THE US AND UK

Music therapy is considered allied health in the UK and the US (BAMT, n.d.; NHS 2022; AMTA, n.d.). According to Bunt and Stige (2014), the US had its first music therapy curriculum established in 1944 at Michigan State University, and its organisations, namely the National Association of Music Therapy and the American Association of Music Therapy formed in 1950 and 1971, respectively. The two organisations later merged into the American Music Therapy Association (AMTA) in 1998. Since then, the organisation has been devoted to promoting music therapy education, establishing professional standards and credentials, and engaging in research. Another essential organisation of a certifying body, the Certification Board for Music Therapists (CBMT), was formed in 1986. Register (2013) stated that significant public recognition and policymaking were not achieved until the collaborative effort between the AMTA and the CBMT. Before this, it was accounted that the profession's identity was not clearly defined because the public tends to position music therapy as "similar" to other therapeutic works. With more empirical research findings, the profession has been recognised as a viable approach to changing the lives of clients and their families.

Similarly, the UK had its first formalised course in the London Guildhall School of Music and Drama in 1968. Several organisations started to form in the 1950s, with the most recent one being the British Association for Music Therapy (BAMT), which was funded in 2011 (Bunt and Stige 2014). During the development, music therapists voiced the need for professional identity (Odell-Miller 2016), better pay and service conditions, which prompted actions from the government (Bunt and Stige 2014). It also led to significant recognition; for example, the Health Care Professions Council (HCPC) protects registered music therapists legally (NHS 2022; Odell-Miller 2016).

Bunt and Stige (2016) conclude that physiological- and behavioural-based research has facilitated the acceptance of music therapy and provided references to the medical field in both countries. As a result, more music therapists were involved in healthcare or community settings, with a broad range of clientele from children to older adults.

MUSIC THERAPY DEVELOPMENT IN ASIA

The Asian region has seen more recent developments in music therapy. To contextualise the current study, the following discussion focuses on three countries.

Singapore

According to Kwan et al. (2014), the Association for Music Therapy Singapore, established in 2007, marked the beginning of the formalisation of music therapy in Singapore. Much advocacy effort was made through events, publications, workshops, and symposiums to elevate awareness of the profession. The association started with a small membership and branched out nationally and internationally. For example, at the national level, the association was involved in the discussions at the National Arts Council in 2011 and the long-term care sector in the Agency for Integrated Care in

2012. Internationally, it holds membership in the World Federation of Music Therapy and has hosted the World Congress.

In education, music therapy has been part of the Academy of Fine Art curriculum and placed as a periodical overview course in the Professional Development External Programme at LASALLE College of the Arts. Due to the lack of local university training programmes, all Singaporean music therapists graduated from overseas, such as the US, UK, Australia, and New Zealand.

Although music therapy is not yet recognised as an allied health profession, there has been a governmental effort to subsidise patient care. However, the public holds scepticism about how music therapy would contribute to a cure or relief. There is also a need for more scientific and evidence-based clinical data. Nonetheless, a few medical professionals have recognised the profession beyond the biomedical paradigm, which paved the way for music therapists' involvement in the clinical setting. The study recommended that clinical practices and research studies be engaged further to convince the public's buy-in and generate career opportunities for music therapists. To set up the local training programmes, partnerships with international training institutions must be established, and PhD holders in music therapy must be attracted to coordinate the relevant programmes.

China

According to Zhang et al. (2016), the development of music therapy in China spans 30 years. Public awareness of music therapy was initiated in the 1990s when music healthcare devices such as Music-Electro-Acupuncture were put to experiment. Around that time, the Chinese Society of Music Therapy was established in 1989 by members of non-music therapists interested in music therapy. In 2007, qualified music therapists organised the Chinese Profession Music Therapist Association (CPMTA). The CPMTA promotes standardised music therapy education, observes ethics, and provides certification and continuing training for music therapists. Subsequently, the China Music Therapy Alliance was formed in 2014 by music therapists practising in clinical settings. It holds regular meetings and creates educational resources (e.g., translating literature from English to Chinese).

In addition to organisational effort, the first undergraduate music therapy programme was formed in 2002 at the prestigious Central Conservatory of Music. The programme strived for the standard set by the American Music Therapy Association (AMTA), including a comprehensive music therapy curriculum, internship and clinical hours, and exchange programmes with the US. The well-received programme prompted the subsequent establishment of thirteen university programmes nationwide. The academicians also made efforts in community work, such as servicing the survivors of the Wenchuan earthquake in 2008. According to the same study, there is good demand among "psychiatric hospitals, rehabilitation centres, general hospitals, maternity hospitals, communities, rehabilitation centres for substance abuse, private music therapy centres, and NGOs" (Zhang et al. 2016, 69). The awareness of mental health issues also led to government funding to aid disadvantaged populations. Although with a shorter history in music therapy, the profession has an ecosystem encompassing organisational efforts, clinical opportunities, educational infrastructure, and government policy and support.

Malaysia

Music therapy in Malaysia began in the 1990s with only five music therapists. They started in special education, serving children with special needs, particularly those with cerebral palsy, autism, Down syndrome and attention deficit hyperactivity disorder (ADHD). This kind of treatment is primarily conducted in private practice and has yet to be recognised for its benefits in public medical centres and hospitals (Lin 2012; Chiang and Zalizan 2010).

The Malaysian Society for Music and Medicine and the Malaysian Music Therapy Association (MMTA) were established in 2013 and 2016, respectively. Both committees have similar goals, which are (1) raising awareness of music therapy in Malaysia, (2) interpreting and advocating for services

of the profession to other professional disciplines, (3) promoting music therapy in various clinical settings and interdisciplinary research collaborations and education, and (4) serving as a regulatory body for music therapists in Malaysia. They have conducted studies that integrated music as a healing tool for different medical fields like pain management, immunity, and motor and cognitive functions (Chong et al. 2014).

Only 15 registered music therapists in the MMTA practice in Malaysia (MMTA, n.d.). These therapists were trained overseas in the US, UK, and Australia. Their treatment programmes used various methods and frameworks, like lyric analysis and substitution, improvisation, toning, guided imagery, music psychotherapy, resource-oriented music therapy, and cognitive behavioural techniques (Chong et al. 2014).

Despite the regional differences in the respective countries mentioned above, we see collective traits in the development of music therapy, except for in Malaysia. There are three pillars: organisational efforts, the formation of academia, and governmental support. These would enhance awareness of the profession and promote its integration into the clinical setting.

To the best of the researchers' knowledge, past studies have focused on the historical overview of the profession and have not delved into the lived experiences of music therapists in the respective region. The current study focused on the lived experiences of music therapists in Malaysia. The queries were (1) what prompted them to pursue this career and how they had realised their training in practice, and (2) their perception of their professional development and the environment. The results drawn from the current study reflected the status quo of music therapy in Malaysia from the perspectives of music therapists.

METHODOLOGY

The current study was conducted through in-depth qualitative semi-structured interviews. By snowball sampling, five practising Malaysian music therapists out of the 15 registered MMTA (MMTA, n.d.) members volunteered for the study. A co-researcher contacted the most senior music therapist, Participant 1, from MMTA. Participant 1 helped the research team identify and contact the other four participants. Three out of the five participants (Participants 1, 4 and 5) were trained in the US, while two (Participants 2 and 3) were trained in Australia. They have working experiences from 7 to 22 years and have worked in the education, healthcare, or counselling sectors. They were briefed about the research purpose and information before consenting to participate in the study. The ethics approval was granted by the research ethics committee of Universiti Malaya (UM.TNC2/UMREC_1950).

Interviews were conducted via ZOOM, and each interview lasted around 30 minutes. Interview questions covered the following topics: (1) the music and non-music background, (2) the career-building process, (3) the working experiences in their respective sectors, and (4) their view of the current development in the profession.

The interviews were recorded, transcribed, and coded. The transcripts were sent to the five participants for member checking before data analysis. The interpretative phenomenological analysis (IPA) was adopted. Both researchers conducted independent data familiarisation coding and subsequently concluded the three emergent themes: 1) career intention and realisation, 2) awareness and acceptance towards music therapy, and 3) the status of the advocacy.

RESULTS AND DISCUSSIONS

Figure 1 (Thematic analysis map) illustrates how codes led to the three emergent themes.

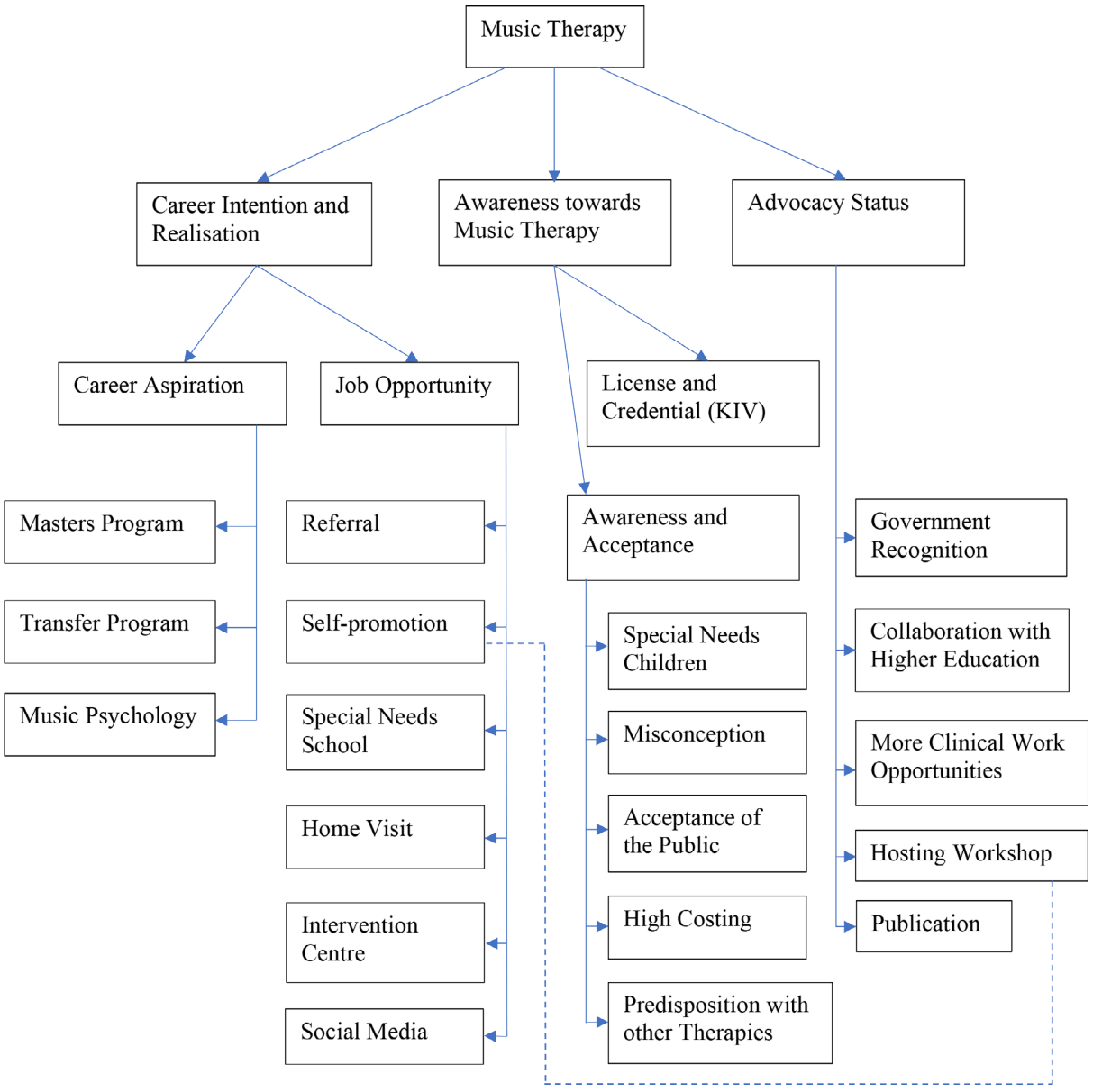

Figure 1 Thematic analysis map.

Source: Authors' work.

Theme 1: Career Intention and Realisation

Career intention

All five participants received degree training in music during their undergraduate studies. They embarked on music therapy for various reasons.

Participant 1 acknowledged that music performance and teaching were not her callings. She said, "I wanted to study music, but then realised that teaching was not my main interest and performance was not my strength." After being advised by her piano teacher, she researched the degree programmes and music therapy profession and subsequently undertook another bachelor's degree in music therapy in the US.

The remaining participants (Participants 2–5) expressed their multidisciplinary interests in music, psychology, and healthcare. Participant 2 said:

> When I successfully got my acceptance to the Berklee College of Music, there were selections of majors, and that was where I found out about music therapy. I have always been interested in psychology, the medical field, and music, so this subject is the best inclusion for all three areas.

Coming from a very musically inclined family and environment growing up, Participant 3 strategically planned her degree process in music therapy. She said, "I had planned out this goal: enter the master's degree in music therapy and complete the prerequisite at the undergraduate level to get into this master's programme (in music therapy)." Therefore, she enrolled in an extended bachelor of arts programme in Malaysia, where she took psychology as a major and music as a minor. She then studied for two years with credit transfer at an Australian university to complete her bachelor's degree. She continued her master's in music therapy in Australia.

Participants 4 and 5 graduated with a bachelor of music but worked for corporate communication. After that, they realised the calling was music. Participant 4 said:

> I have wanted to work in music since I was young. When I was in high school, I was googling to discover areas for further study in music, and I saw music therapy, but it did not stick with me then. It (music therapy) came back to me later, and I started to look up what it was about. Finally, I decided that this was what I wanted to look into and go back to school for.

Participant 5 was interested in the multidisciplinary nature of music therapy, which is intertwined between healthcare and music, and went to Australia to pursue a master's in music therapy.

> I have always wanted to work in the healthcare sector but did not want to be a doctor because medicine would require many years of training; I could not pursue nursing. I did consider pharmacy, but music has been something that I have been interested in since I was young; I started learning at the age of five and have never stopped learning since then, and I finally got a degree in classical music performance… after graduating with my degree course, I did corporate communication working in a chemical company. However, I realised that working for the corporate world was not what I wanted. I also tried several things before I decided that healthcare and music were things I wanted to pursue.

Career realisation

According to all participants, their jobs were sourced from self-promotion or referrals. Most therapists initially worked for children with special needs and expanded to a broader spectrum. However, the opportunity in healthcare was minimal, which took much more advocacy efforts from the music therapists.

Participant 1, who started practising 22 years ago, hoped to work in hospitals, but there was limited awareness about music therapy. She said:

> I applied for many jobs because I wanted to work in a hospital, but I only got two replies. One declined and told me there was no such position, and the other interviewed me. During the interview, I realised they were interested in learning more about music therapy rather than hiring a therapist.

Despite the initial hurdle, she secured a job in a counselling centre funded by her friend, whom she collaborated with in the later advocacy works, such as hosting workshops, creating publications, and disseminating promotional materials. She had those job opportunities through

referrals and self-promotion. In her career, she has worked in several centres to treat stroke, traumatic brain injury, spinal cord injury, and psychological issues. Before venturing to stroke rehab, she was also in palliative care.

According to her, a full-time appointment at an institution is rare. Most music therapists do some site business and offsite jobs to maintain a sustainable living. Some members attached to special schools or special education centres still need to teach other subjects, such as instrumental lessons, in addition to music therapy works.

Participant 2 owns her practice. Due to the limited awareness, she had to advocate by conducting workshops to let people experience music therapy first-hand and have more referrals from there. She said:

> We need to create jobs for ourselves. You cannot go on Jobstreet.com and search for a music therapist position. Many people might still be unaware of our existence; therefore, it is unlikely they would hire a music therapist to work in their facility, so you would need to do a lot of advocacy.

Her self-promotion attracted inquiries from schools of special needs and non-clinical organisations. Having experienced working in children's hospitals during her internship, she reported limited opportunities in healthcare in Malaysia. She said, "My focus was children with a terminal illness, and unfortunately, I have not gotten to do that in Malaysia. I would love to practice in that area, but it is tough to get into the hospitals."

Participant 3 also sourced her works through referrals, and her jobs were related to children with special needs. Her clientele gradually expanded to older adults. After three years of practising in Malaysia, she moved to Singapore, where she works for diverse health conditions. She said, "I work with populations from 21-year-old up to 100-year-old. My job scope comprises treatments for dementia, palliative, motor injuries, spinal cord injury, stroke, Parkinson's disease, etc." She said that in Singapore, there is a broader scope of opportunities in the health sector due to government support and awareness of the well-being of the ageing population. This is in contrast to more education and childhood-oriented care in Malaysia.

Participant 4 returned to Malaysia recently and has a short career compared to other participants. She said the inquiries came from the social media set up by the other senior members of MMTA. She also got to fill in the vacancy after her colleague left for another appointment. As a result, her schedule was filled up quickly by referrals. Although not concerned about the lack of job opportunities, she commented on the issue of continuing training, saying, "The advanced clinical training is costly to take because almost all of them are based overseas. With the currency conversion, it gets worse."

Participant 5 also started her work through referrals and mainly worked for children with special needs. After three years of working as a freelancer and finding the earnings unstable, she secured a full-time position in an intervention therapy centre and worked there for three years. Due to family commitments, she works part-time consultation for another therapy centre. Of her ten years working in music therapy, the age range of her clientele has also expanded. She said, "I treat older clients, and the job scope has expanded from children with special needs to people with mental health challenges, such as depression and anxiety." She later described her early career in detail:

> It was not very stable work. It was really hard because I was on the road almost every day. I often had a short break, then had to travel to another place, and on the way, I might be caught in a jam. It was physically challenging… Also, if financial constraints occurred, music therapy was the first to go because the mindset was like… it is for fun; it is not as important as speech therapy or occupational therapy.

Theme 2: Awareness and Acceptance Towards Music Therapy

Licence and credentials

The five participants were trained in the US or Australia. Those trained in the US went through the post-degree licensing process, while those trained in Australia got their credentials with the licensing requirements embodied in the degree process. Both require vigorous coursework, clinical hours, and exams to acquire credentials.

Participants 1 and 5, the most senior music therapists and the funding members of the MMTA, stated their experience when they started practising in Malaysia. Participant 1 said, "Nobody knows what that (music therapy licence) means…they (employers or budget holders) want to see the degree certificate rather than the licence." Participant 5 said, "Well, nobody asked me whether I am a licensed therapist, but I usually tell them that I am a registered music therapist and am accountable to the association regarding my work ethic."

Participant 2 reinforced Participant 5's point:

> The Music Therapy Association Malaysia requires every music therapist to hold credentials. This is the first layer of filtration to be practised in Malaysia. If a music therapist does not have an active licence from a country like America, Australia, or the UK, he or she cannot practice in Malaysia legitimately.

Awareness and acceptance

Participant 1 assured that the awareness slowly improved compared to 20 years ago. However, the public would associate music therapy with children with special needs. She said:

> If you mention that a music therapist works with children with special needs, people can relate to it quickly because of awareness. However, if I tell people I am working with stroke patients, they are puzzled and wonder what I would do with them. So, awareness is still lacking when relating music therapy to other areas.

She stressed the need to broaden the scope of music therapy, which can benefit a wider community and create more job opportunities for future graduates, "I worked in both the US and Malaysia. For Malaysia, one of the biggest challenges is advocating to build up awareness and job opportunities, which is, for many young graduates, one of the main concerns when considering whether to return to Malaysia to practice."

Participant 1 also mentioned the general acceptance of music therapy, saying, "This applied to other professions, such as Chinese medicine. Whether you believe in it or not and trust the therapist or the doctor…people with sceptical thoughts would start to challenge you so that the challenges might come from the client or the parents and family."

She further elaborated that, unlike occupational and physical therapy, institutions might cut posts or funding when there is a financial constraint, likely due to the misconception about music therapy. She said, "They thought the clients just came here for leisure, have fun, sing, or play instruments. They do not see what is going on behind the therapy."

However, she also shared that some doctors and nurses see the benefits of music therapy because they come and observe her practice, making it more agreeable to include music therapists in the interdisciplinary team. However, the managerial party does not see the therapeutic process first-hand and shows more hesitance. She said:

> The top management personnel do not come and observe the practice (music therapy). They only hear or read about it. They do not come to the practice and see what music therapy does. They try to understand it based on their understanding. So, I guess there is a considerable gap. Although the clinicians see the need for a music therapist on the team, the management would be hesitant unless they have extra funds…

Participant 5 described a similar experience during her appointment at the therapy centre:

> The company found it hard to market my work because they did not understand it, so I always had to be the one with the marketing strategy instead of the marketing or PR person doing it. Even my colleagues, who are psychologists, speech therapists, or occupational therapists, were not sure what I was doing, so I had to educate them as well to create awareness so they could refer clients to me because they are the ones who make the assessment or diagnosis.

The cost of music therapy might have also hindered the public's acceptance. According to Participant 3, music therapy is costly for the clients. After all, it is not subsidised in Malaysia. Low-income families would not be able to afford it. Also, there is a predisposition between music therapy and other therapies. She said, "Maybe they think the speech or occupational therapy is cheaper, and they would doubt what music therapy can do until we show the outcomes."

Theme 3: Advocacy Status

MMTA has devoted itself to advocating music therapy in allied health to conquer the above obstacles. However, there is still a long way to go. Participant 1 accounted for the dilemma in achieving the milestone. She said:

> To be categorised as allied health, we need sufficient research data to support our profession. However, if we are not hired in hospitals to practice, we are unable to contribute the data to convince the policymakers. Even though we provide overseas research data, they will not accept it because they want to see localised research findings.

When asked about the possible research collaboration with higher education to enrich the localised data, she pointed out the balance between the ideal (research) and the realistic need (to sustain living) by saying, "We know we must do research, but at the same time, we need to sustain our living. We need to make a living before we can think about the research because it takes time and would take up our clinical hours." Therefore, more acceptance and opportunities in the clinical setting could initiate a better cycle for generating local data and meeting the music therapists' needs for sustaining living.

Participant 4 pointed out that the lack of training programmes and clinical work opportunities hindered achieving the milestone. She said:

> No universities would want to set up a music therapy programme. It is a chicken-and-egg situation. Because we do not have a local programme, we do not have funding (research grant), so we cannot conduct local research, and with no local research, it is hard to get more funding or more endorsement from the government or medical sectors. Because there is no training programme, there is no education. It is also essential to have openings in the clinical sector because the clinical research data is more convincing.

Participant 4 further elaborated that the legislation culture in Malaysia might have also slowed down the process, saying:

> We (music therapists) are so new. The health system (healthcare sector) in Malaysia is not the most, how would I say, not the most adventurous or exploratory? I do not see them as pioneers or picking up new methods or new areas like other countries, even those without local training programmes. In those countries, music therapy can be readily accepted in many private or governmental settings.

Concerning setting up training programmes, Participant 5 mentioned that the professional music therapy community needs local music therapy researchers, academicians, and clinicians to

develop the profession by providing local data. However, most of the current members of MMTA are clinicians. She said, "So it is a chicken-and-egg thing; if we do not have enough trained music therapists to do the work, we cannot set up more work, but we need more job opportunities for the universities to feel safe to run a music therapy programme." She later added that, at this moment, one university had offered elective courses proposed by the MMTA music therapists. The courses have been accredited by the Malaysian Qualifications Agency (MQA) and will be provided soon.

Despite the above hurdles and doubts, the MMTA's advocacy effort has made positive changes. For example, association members have recently been invited for radio interviews; more collaborations have been between the government sector, private sector, and music therapists; and music therapy has been involved in the National Early Childhood Intervention Council. She suggested that the next step is to raise awareness among health science students to plant the seeds for clinical research.

CONCLUSION AND RECOMMENDATIONS

Even though music therapy has been improving in leaps and bounds in other countries, there are challenges in formalising it as an alternative therapy in hospitals in Malaysia. The study findings indicate that Malaysian music therapists had the career intention of working in diverse healthcare sectors. Still, instead of working for the government or private hospitals, most of them practice in private centres, through home visits, or in education. Instead of publicised recruitment venues, they secured their jobs from referrals or self-promotion. The current advocacy effort in Malaysia is to register the profession under allied health. Therefore, more posts could be created, and clinical data could be drawn, contributing to the ecosystem and public buy-in (Zhang et al. 2016; Kwan et al. 2014). However, the efforts have been impeded by the lack of awareness and the acceptance of the profession by the public, healthcare stakeholders, and the government's slow-growing acceptance.

Based on the findings, we may refer to the experiences of other countries to see how government funding and legislation play essential roles in promoting the profession (Bunt and Stige 2014; Kwan et al. 2014); how clinical data (Bunt and Stige 2014; Kwan et al. 2014) and training programmes are parts of the ecosystem to sustain the profession (Bunt and Stige 2014; Zhang et al. 2016). Because the hospital plays a crucial role in generating clinical data and raising awareness of the profession among the government and the public, advocacy is still needed to boost the visibility of music therapists and initiate their involvement in clinical practice. All the efforts are to pave the way for music therapy to be registered under allied health.

ACKNOWLEDGEMENTS

The research team would like to express our deepest gratitude to the five Malaysia Music Therapy Association members who participated in the interviews and shared their insights. The study is supported by the Universiti Malaya Research Grant (RP037C-17HNE).

REFERENCES

AMTA (American Music Therapy Association). n.d. "What is music therapy?" Accessed 28 June 2022. https://www.musictherapy.org/about/musictherapy/

Baker, Felicity and Tony Wigram, ed. 2005. *Songwriting: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. Jessica Kingsley Publishers.

BAMT (British Association for Music Therapy). n.d. "Allied Health Professions." Accessed 28 June 2022. https://www.bamt.org/music-therapy/allied-health-professions

Bunt, Leslie and Brynjulf Stige. 2014. "The Growth of Music Therapy." In *Music Therapy: An Art Beyond Words*. Routledge. https://doi.org/10.4324/9781315817989

Chiang Ee Fong and Zalizan Mohd Jelas. 2010. "Music Education for Children with Autism in Malaysia." *Procedia—Social and Behavioral Sciences* 9: 70–75. https://doi.org/10.1016/j.sbspro.2010.12.117

Chong, Sharon Yin Zi, I-Wei Foo, James Lai Hock Yeow, Geraldine Ming Ming Law and Johnson Stanslas. 2014. "The Birth of the Malaysian Society for Music in Medicine: A Concerted Move to Promote the Use of Music for Therapeutic Purposes." *Music and Medicine* 6 (1): 49–55. https://doi.org/10.47513/mmd.v6i1.152

Cohen, Nicki. S. 2018. *Advanced Methods of Music Therapy Practice: Analytical Music Therapy, The Bonny Method of Guided Imagery and Music, Nordoff-Robbins Music Therapy, and Vocal Psychotherapy*. Jessica Kingsley Publishers.

Gardstrom, Susan and Suzanne Sorel. 2015. "Music Therapy Methods." In *Music Therapy Handbook*, edited by Barbara L. Wheeler. Guilford Press.

Kwan, Melanie, Ng Wang Feng, Christal Chiang et al. 2014. "Developing Music Therapy as a Professional Allied Healthcare Discipline: The Task Ahead for the Association for Music Therapy, Singapore." *Music and Medicine* 6 (1): 25–30. https://doi.org/10.47513/mmd.v6i1.149

Lin, Rouwen. 2012. "Does music therapy really work?" *The Star*, 8 February.

MMTA (Malaysian Music Therapy Association). n.d. "Find a music therapist." Accessed 28 June 2022. https://www.mmta.org.my/about

NHS. 2022. "Music Therapist." Accessed 28 June 2022. https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/roles-allied-health-professions/music-therapist

Odell-Miller, Helen. 2016. "The Role, Function and Identity of Music Therapists in the 21st Century, Including New Research and Thinking from a UK Perspective." *British Journal of Music Therapy* 30 (1): 5–12. https://doi.org/10.1177/1359457516639549

Register, Dena. 2013. "Professional Recognition of Music Therapy: Past, Present, and Future." *Music Therapy Perspectives* 31 (2): 159–165. https://doi.org/10.1093/mtp/31.2.159

Zhang, Jing-Wen, Tian Gao and Ming-Ming Liu. 2016. "Music Therapy in China." *Music and Medicine* 8 (1): 67–70. https://doi.org/10.47513/mmd.v8i1.456