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Music Therapy in South America

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Music is one of the most important and strongest types of cultural expression in South America. With diverse roots in the myriad of cultures of the many countries which shape our continent, music contributes to the South American identity. Distinct sounds, rhythms, styles and instruments compose a musical tissue, in which it is possible to recognize the special colors of a specific country or the printed image of the sonorous "language" from a special region.



In this space that is variegated by a rich sonorous environment music therapy emerges. In the 1950's Argentina and Brazil started doing clinical music therapy. Since then people in these countries have organized themselves around music therapy associations. Many of the 13 countries of South America have music therapy. I will give a brief picture of each one of them.

Argentina

The origins of music therapy in Argentina can be traced to the origins of its peoples. Sound and music were and are still used by aboriginal people in treating illnesses of many etiologies. However, music therapy as a discipline and clinical practice started in the 1950's.

In 1966, a team of doctors, psychologists, speech and language therapists and well-known music educators founded the Argentinian Association of Music Therapy. The same group of professionals organized meetings and congresses and created the first Music Therapy Training Program in the Faculty of Medicine of the Salvador in Buenos Aires.

At present there are many programs functioning at different levels preparing music therapists for clinical practice. Among these programs the undergraduate level is offered at *Universidad de Buenos Aires, Facultad de Psicología, Carrera de Musicoterapia; Universidad Abierta Interamericana;* and *Escuela Superior de Mendoza*.

Post-graduate programs are offered by AMURA - *Asociación Argentina de Musicoterapeutas*, as well as in the *Universidad Argentina John Kennedy*. Different cities have Music Therapy Training Programs, such as: Buenos Aires, Rosario and Mendoza.

In Argentina there is a permanent forum of debates where representatives from the five music therapy associations as well as from the training programs collaborate in the organization of courses, seminars, symposia and congresses in order to disseminate information about music therapy, to discuss aspects of clinical practice and to debate formal standards. Through these venues music therapy can be recognized as a profession by the government.

Theoretical issues are always a theme in debates. And many areas of knowledge have influenced the music therapy field. In studying papers written by Argentinian music therapists several influential disciplines can be recognized: psychology, anthropology, ethnomusicology, social psychology and systems theory.

The main theoretical framework used at the present time is psychoanalysis and its related areas. Physiological and anatomical models for understanding brain functioning were added to psychoanalytic and existential frameworks, particularly by music therapists who work with patients with brain lesions and other pathologies of the central nervous system.

In addition to psychoanalysis, a variety of schools of psychology and some authors have also influenced music therapy practice. These include the Neo-Reichian, Lacanian and Transpersonal schools as well as Winnicott, Pearls, Bateson, Pichon-Riviere, Rogers, Maslow and Watzlavick.

The well-known Argentinian psychoanalyst Dr. Benenson, who has written many books about music therapy and related subjects developed many new concepts. His books are translated into various languages around the world. Today Argentinian music therapy literature is very important and music therapists are engaged in making an effort to disseminate their ideas and thoughts.

Among the principal authors are Mordkovsky, Pellizari, Papalia, Wagner, Gainza, Friedman, Fregtman, Gallardo, Gauna, Tisera, Shapira and Federico. Besides books, there are several music therapy journals, which publish and distribute articles including a new generation of authors.

Music therapy is applied in psychiatry, rehabilitation, intensive care, substance abuse, gerontology, AIDS, cancer and, recently, many other areas are sites of study and application.

The main problem in music therapy research is the lack of financial support. Research projects are undertaken based on the unconditional dedication of the researcher and there is no central data bank on music therapy.

However, in Argentina there is a constant scientific and professional movement so that the discipline can develop. And because there is so much to accomplish the area presents a fascinating challenge for most Argentinian music therapists who are engaged in clinical practice, research, theoretical issues and concerned with preparing new professionals.

It is possible to observe that the music therapy movement in Argentina is strong and vital. Argentinian music therapists have an unquestionably important role in the development of South American music therapy.

Brazil

Brazil is the largest country in South America. Although it has one face nailed in the land and the other looking to the Atlantic Ocean, it seems to be an enormous island if one considers the spoken language. Almost all countries in South America speak Spanish. This differs from Brazil in which the official spoken language is Portuguese.

One difference leads to another. And cultural expressions follow language expressions. Different cultural roots give distinct rhythms and musical styles.

So in the 1950's in Brazil music began to be used in special schools and in psychiatric institutions primarily by music educators.

Given the continental dimensions of the country, music therapy appeared simultaneously in different regions which stimulated the creation of many different music therapy associations.

In the 1960's the first three **music therapy associations** were created: in Rio de Janeiro, in the Southeast at a psychiatric hospital of the *Brazilian University*; and two others in Parana and Rio Grande do Sul in the Southern region.

There are presently 11 music therapy associations grouped in the "Brazilian Union of Music Therapy Associations," which has as its objective to organize Brazilian music therapists and to take care of national professional issues.

The first **training program** was organized in 1972, at the Conservatorio Brasileiro de Musica in Rio de Janeiro and since then music therapy programs have been created in many other cities such as Curitiba, São Paulo, Ribeirao Preto, Salvador, Goiania. Presently there are seven undergraduate programs distributed across the South, Southeast and Northeast, and six music therapy postgraduate programs. In 1993 the first one was created in Rio de Janeiro. All undergraduate courses require four years of study (2880 hours) and the postgraduate levels require a minimum of 360 hours.

Clinical music therapy is done with babies, children, adolescents, adults and elderly people. Treatment may be offered individually or in groups depending on such factors as pathology, the type of institution or private clinic and the stated goals.

There are no methods used systematically by music therapists in Brazil. However, the Bonny Method of Guided Imagery and Music is starting to be used by one music therapist who does the specific training in the USA.

In this country, music therapy can be active (interactive - Barcellos, 1992) or receptive. Receptive music therapy or listening is almost always combined with other activities, such as singing, dancing, or playing.

The most popular **techniques** in Brazilian music therapy are recreating, improvising, listening, composing (Bruscia, 1991) and music verbal therapy (Millecco, 2001). The principal **instruments** are those which come from Brazilian folklore, although all musical instruments can be used, even instruments originating in different cultures. Some instruments used in music therapy are designed and constructed by Brazilian craftsman. The instruments, which are part of the country's folk culture, are selected and used with ease by the patients. Dances, games and other aspects of folk culture are performed by patients and by therapists with patients and are well accepted by them.

Equipment such as record players, recorder equipment, electronic keyboards and computers are also used.

There are a significant number of music therapists working in clinical practice in Brazil, but not all of them have their practice systematically organized and supported by a clear theoretical approach. Many theories come from other knowledge areas and support music therapy clinical practice. Among the supporting disciplines one will find philosophy, psychological theories and music theory.

Music is one of the most prominent elements of the various forms of cultural expression in Brazil and its presence can be felt in clinical practice through rhythmic and melodic contrasts, characteristic scales or different harmonies from specific regions of the country. These elements appear as much in improvisation as in songs brought by the patients.

Patients recreate pieces of music connected to religious practices of African origin such as Candomble. The movements, dances and instruments of these practices are also frequently part of the patient's inner experience.

The media has had a marked influence on culture, mainly through television, in popularizing certain types of music such as country music or, for example, rap and funk. This has contributed to the greater use of styles, singers, composers and instruments by patients, because they are the current fashion.

Sometimes the specific music of the culture is the "common ground" between the music therapist and the patient, allowing an easy connection between the two. This may also function as a way of creating and/or maintaining a link between the patient and reality. So culture has an important role in Brazilian music therapy.

Music therapy is employed in pregnancy and early childhood sensory stimulation; with mentally handicapped children, psychiatric patients, hearing and blind, motor disturbances, AIDS, cancer, homeless children, speech problems, dialysis and elderly people.

There are many books about music therapy written by Brazilian music therapists. But it is important to acknowledge that the scientifically-written production and the exchange of ideas among Brazilian music therapists has to be increased as well as research activity. The main authors are Leinig, Moura Costa, Nisenbaun, Nisenbaum & Aguiar, Lopez & Carvalho, Millecco & Brandao & Millecco, Leal, Oliveira, Santos, Chagas, Correia and Barcellos. Many new ideas and concepts are disseminated in these books as well as in articles, journals, newsletters and monographies.

There is currently a national movement to stimulate music therapy research. And this topic is included in all forums of discussion which are organized throughout the year for each music therapy association. Though Brazilian music therapists are aware of the need for research in order to develop music therapy, there are problems due to the lack of financial support from the Brazilian government.

Nevertheless, the present panorama of music therapy in Brazil points to a growth in the profession particularly because music therapists are in many governmental institutions. As well, a movement is underway to update professionals throughout the organizations through forums, seminars, symposia and congresses.

Chile

Clinical music therapy has started in Chile in many areas. People who trained in other countries have organized a music therapy association and have recently created a postgraduate training program. No more information is available at the present time.

Colombia

In Colombia multi-ethnic influences throughout the conquest process and aboriginal traditions have created a music that is rich in instrumentation, rhythm and dances.

Indigenous music plays an important part in social gatherings, families and schools. This type of music is also widely used in music therapy by several people who have been engaged in clinical music therapy since the 1960's, primarily with mentally handicapped people, autistic children and the hearing impaired. In 1972 the Colombian Music Therapy Association was founded to bring together people and institutions interested in creative therapy, especially music therapy.

Although there is not a training program in Colombia, there are many research projects done by people who have been in clinical practice and who chose music therapy as a subject to develop in other related undergraduate courses. Many music therapists did their music therapy training in other countries such as Argentina, England, France, Austria, the United States and Spain.

Since the beginning of Music Therapy in Colombia many practices are based on Humanistic and Transpersonal Psychology approaches. Currently music therapy is influenced by various psychological theories, particularly behavioral, cognitive and communication systems theories. However, these approaches are not used exclusively by music therapists who tend to be eclectic, adopting theoretical bases for their work according to their personal experience.

Improvisation, Biodance and ORFF methodology are also practiced. ORFF methodology was adapted from Colombian folklore and regional cultures of the children.

Body percussion, the rhythmical use of words, movement and instruments, are used in activities in order to help the patient to be aware of his/her own functioning and potential.

Since 1980 various professionals have studied music therapy and the field is increasing. Research about the effects of music therapy on communication in drug addicts and chronic schizophrenics has been done (Amaya, 1989).

Nowadays it is possible to say that Colombian music therapy is in "ebullition" because there is increasing activity in the country and the music therapy movement is growing. New associations have been created. Symposia have been organized. Discussions with governmental universities about the need for training programs have been initiated. And significantly, the exchange of ideas with other music therapists from Latin America, Europe and the United States has escalated.

Peru

Clinical music therapy in Peru started in the 1970's in a psychiatric hospital, following Benenzon's Model.

In 1974 professionals involved in psychiatry, psychology, music, music education and others interested in music therapy founded the Peruvian Music Therapy Society. In 1998 a group formed by psychologists, psychiatrists, psychoanalysts, and educators created the Music Therapy Society of Peru. Members of this group have been working in special education and developing different projects involving homeless children and victims of terrorism in Lima and in Huancayo and Junin in the central part of the country.

Currently different professionals, most of whom are psychologists who took part in courses, seminars and congresses on music therapy, practice clinical music therapy in Peru.

There is an increasing movement in the country, not only in clinical practice but also in discussions about the organization of training programs. The Peruvian Association for Music Therapy, the Center for Art Therapies' Development and the Music Therapy Society of Peru are the groups involved in organizing courses, seminars, symposia and other activities to develop the music therapy in the country.

Uruguay

According to Uruguayan thinkers, the role of music changes from culture to culture. Notably this does not refer to the common culture of a country but to the many cultures within it. These cultures share the same territory and history but are still different. There are many cultures within Uruguay including the border, the center of the country, the western coast, the capital city and also various neighborhoods within Montevideo.

In this sonorous environment the first developments of music therapy emerged dating back to 1967 when a group of teachers of special education with mentally handicapped children became interested in the use of music in this area. Since then they have been attending congresses and inviting people to come to the country to elaborate the field.

In 1969 the Uruguayan Music Therapy Association was founded with the objective of promoting the development of music therapy and the use of music therapy for treatment, education, training and rehabilitation and establishing international contacts with other music therapy associations in order to share information about clinical practice, training programs and research. Since then, this association has organized many activities, which support the field in the country.

The primary theoretical influences on the practice of music therapy are psychoanalytic theory, psychodrama theory; theories from the Pichon Riviere school and the French Somatotherapy school; receptive and recreative music therapy and improvisational methods.

The specific instruments used in music therapy include Orff instruments and melodic instruments. In addition, intermediary objects that facilitate corporal techniques use balls, hoops, shawls and other objects. Audio, and video equipment are also used whenever necessary.

Music therapists in Uruguay are employed in special governmental schools, public medical and psychiatric centers, and private clinics and there is a very special movement nowadays stimulating the creation of training programs, the development of clinical practice and research.

Venezuela

The first notice of clinical music therapy dates back to 1965. Many music therapists who work in the country in different areas of health and education studied in different countries such as Switzerland, Argentina, the United States and the United Kingdom.

The first undergraduate course was created in 1998. This same course will soon be accredited at the postgraduate level. Another course is offered with 2 years of training. This one is held only on weekends, bi-monthly, from October to July.

Venezuelan music therapists always communicate with other Latin American music therapists exchanging and sharing ideas and thoughts and having as a goal the development of music therapy in Venezuela.

Latin American Committee

The Latin American Committee was created in 1993, and its main objective is to promote the exchange of ideas and thoughts among the Latin American countries in order to develop music therapy in this "continent". The committee has organized two International Conferences in Rio de Janeiro, Brazil, in collaboration with the Conservatorio Brasileiro de Musica, the Music Therapy Association of Rio de Janeiro and representatives from Latin American countries.

The first president was Prof. Cecilia Conde from Brazil, and the current president is MT. Claudia Mendoza from Argentina.

The Third Latin American Conference is being organized and will be held in 2001 in Buenos Aires, Argentina.

Hopefully this brief picture shows the variety of levels in which the different countries of South America relate to clinical practice, theoretical foundations, research and training programs. At the same time, I hope my article acknowledges the efforts of music therapists, lecturers, associations and the Latin American Committee to contribute to the development of the field. Because of these collaborations, today Latin American music therapy is represented in international seminars, congresses and conferences and many music therapists from its countries work as representatives in international institutions.

Although there is much to do, the music therapy field presents a fascinating challenge for all who dedicate their energies to help others improve their quality of life.

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