25. ANNIVERSARY OF WFMT

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Historical Aspects of WFMT:
Three Core Questions for Seven Presidents

As part of the 25. Anniversary celebrations, I would like to feature historical aspects of the World Federation of Music Therapy and honor the founders and all colleagues who contributed to the development and growth of the organization. Gratitude goes to the seven former WFMT Presidents who passionately brought in their ideas and vision for the global development of music therapy. To learn more about their accomplishments, remarkable moments and wishes, I asked Roland Benenzon, Ruth Bright, Cheryl Dileo, Tony Wigram, Denise Grocke, Suzanne Hanser, and Gabriela Wagner the following three questions:

1. What was the WFMT Council’s most important achievement under your Presidency?
2. What is a moment to remember for you as former WFMT President?
3. What are your wishes for the 25. Anniversary of WFMT?

Additionally, I have prepared a table listing all colleagues who have served on the WFMT Council for download as a pdf. Should some information be incorrect or missing, I kindly ask you to contact me. Please don’t forget to sign our 25. Anniversary online guestbook and tell us about your achievements, moments to remember, and wishes for WFMT.

Yours,

Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT
President, World Federation of Music Therapy
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Question 1: Two fundamental objectives existed for me when I became the first President of the World Federation of Music Therapy:

1. Integrating the greatest number of representatives from around the world

Question 1: One of the first items of business that the WFMT Council addressed when I took over the Presidency in 1999, was to embrace the Internet. We had been in consultation with Professor Dr. David Aldridge at Witten-Herdecke about the musictherapyworld website that he established at the University there, and WFMT’s site was subsequently run from Witten-Herdecke for many years. This was an
Creating, above all, a manual of norms to develop our practice as music therapy educators, servants, and investigators.

It was very interesting that during the structuring of the rules we began to join all the logos and symbols that consisted of all the music therapy associations in the world. Observing through them how the symbolized music (logos) applied to health, the concept of music, and the concept of medicine, truly metaphorical, that it already demonstrated the coming of transitioning from an interdisciplinary walk contrasting with a philosophical one.

**Question 2:** As former President, the richest moments were the experiences shared during the meetings to finalize the creation of the World Federation during the fourth World Congress in Paris, the fifth world congress in Italy, and finally during the sixth world congress in Rio Janeiro where I left the Council.

There were moments of great emotional and interdisciplinary exchange because the music therapy pioneers in each country were derived from such diverse training programs, music, education, psychology, medicine, and art, to just name a few.

**Question 3:** My desire for the future of music therapy is that inside the heart of the World Federation or Music Therapy exists a work commission that studies the possibility to break the limitations of the name of the discipline, “music therapy” in order to surpass the term “music” and to transcend toward the field of non-verbal resources.

Translated from Spanish to English by Christopher Combie. (WFMT Publication Commission)

**Download Spanish Version**

**[1990-1995] Ruth Bright**

**Questions 1:** I think the communication between Council Members was amongst the most important aspects of life (how now it was like without Email. But I know that some people were better than others about answering letters!)

Probably the continuing development of the various commissions was a key matter. The education discussions are what comes to mind most clearly - whether it would be possible to establish a worldwide standard of professional competence so that registration could be transferable from one place to another, and - more importantly - so that we all meant (more or less) the same thing when we spoke of “music therapy.” I was very aware that different countries had different standards of professionalism, different understanding of research methods and validity etc. - that was apparent in the disparity of conference presentations and also from the discussions that took place after papers were given.

Eventually, it was decided that it was impossible to establish a universal standard that the situation would continue of some countries or groups regarding some interventions and/or activities as “therapy,” which others would describe as “recreation.” Also the theoretical and philosophical bases for music therapy vary greatly not only between countries but between practitioners in any one country (i.e., behavioral, psychoanalytical and so forth). Some of us contributed detailed notes to the individual’s Clinical Records but others do not. Some of us do detailed scientific research, others do not. The standards and approaches of practical music also vary greatly; Some see improvisation as the only real means to therapy - with the need for great practical competence in playing an instrument, others use recorded music from time to time with discussion of the music and its meaning for the listener, songwriting is used in many different approaches and so on.

It may not sound much of an achievement to decide that something could NOT be done! But if it led to a deeper understanding of the tremendous scope of music as a means to therapy, and a greater understanding perhaps of what we mean by “therapy”: For some people it can be a support in coping with an unchangeable situation of disability for others it can contribute to a “cure,” as in some forms of mental illness. But it is all therapy! We felt less disappointed than we might have felt because we knew that medical practitioners have no universal standard - what is acceptable in one country as a qualification leading to registration is often not acceptable in another part of the world! So we were content to accept that we do not all think the same way about music therapy, nor practice it in the same way - but what we do all share is the aim of using music to help people to cope with difficult life situations, meeting their physical, mental social, and/or spiritual needs!
Question 2: A key moment in my term as President was probably when we gathered for the Congress in Spain and I saw that we had made progress - simultaneous translation of papers into a few different languages, people at the Congress from all over the world, solid research being reported, good discussion after papers from an informed audience, and so on.

Probably we all take that for granted now (except for the simultaneous translation, which is not always used) but I felt that the WFMT was making its mark in the world as an international body.

Question 3: The answer really follows on from what I wrote above. I hope that the WFMT continues to be universal, with equal representation from all the member nations, with all schools of music therapy being acceptable to the membership, free of what we would call “one-up-manship” - that may not be universally understood - so perhaps you had better change it to something more easily understood. Pride in our achievements but not contentious pride, avoiding thoughts such as “We’re more therapeutic in our work and research than you are”.

President and that the Argentine proposal for the 12th World Congress of Music Therapy was accepted. I will never forget the sound of the voices announcing both events and the joyful moments of celebration.

Those were indeed hectic days for me as the original Argentine proposal did not include my role as Chair of the 12th World Congress of Music Therapy. But different circumstances required me to make that decision. I could successfully serve in this double role thanks to those who also donated their time and efforts. As President of the WFMT, I shared the Council with Suzanne Hanser, Petra Kern, Cheryl Dileo, Nobuko Saji, Susan Couli, David Aldridge, Lucanne Magill, Patricia Sabbattella, Mayra Hugo, Joerg Fachner, Monika Noecker-Ribaupierre, Barbara Wheeler, Marly Chagas, Sigeaki Hinohara, Mohan Sundararaj, and Tian Gao.

The Council worked together with the World Congress Committee formed by Horacio Cárdenas Rivero and Maria Fernando Rodriguez representatives of the University of Buenos Aires (UBA), Alicia Topelberg (President) and Gabriel Federico (Treasurer) from the Argentine Association of Music Therapy (ASAM), the International Scientific Committee, and other members of additional committees. I regret not being able to include everyone in our memories but their names can be found in the documents of the conference. Notable achievements of the WFMT Council and the World Congress Committee include:

- Offering different registration fees from countries with lower annual per capita income in order to ensure access to the Congress to many music therapists
- Offering for the first time in the history of the WFMT World Congress bilingual congress proceedings (English and Spanish) to the delegates during the event, and
- Offering a “Music Therapy Hosting Program” to foreign participants. Hence, we significantly reduced expenses for attending the congress while giving the opportunity to network and make acquaintances from around the world.

Gratitude goes to an exceptional Council who worked together with the Argentine members of the International Scientific Committee coordinated by the extraordinary team formed by Amelia Ferraggin and Cristina Zamani and all other remarkable persons who worked with them. Additionally, I would like to thank Dr. Petra Kern for her outstanding organizational talent and creative skills in promoting the World Congress of Music Therapy.

Question 2: As with all events of such magnitude, during the organization of the 12th World Congress there were some wonderful moments to remember and some challenges to face. One of the most exciting moments was holding the first postcard announcing the 12th World Congress during those years. It was at the 11th World Congress of Music Therapy, which took place in Buenos Aires, Argentina and the related academic works published, were the Council’s most important achievement during those years. It was at the 11th World Congress of Music Therapy that the Argentine proposal for the 12th World Congress was accepted. I will never forget the sound of the WFMT newsletter announcing both events and the joyful moments of celebration.

Question 3: First of all let’s make a toast for the next 25 years of the WFMT, in a world that needs music and music therapists. I think that the most useful way of putting wishes is in the form of making suggestions. Thus here are mine:

- to create a mechanism that will allow all interested parties to access information about the World Congress
- to evaluate the viability and convenience of creating a fund that will allow for financial support to the organizing committee of the World Congresses
- to continue being flexible and adapt to the future challenges arising in the global development of music therapy.

Finally, I would like to share my happiness and congratulate all Council members who are currently involved in the exciting developments and innovations of the World Federation of Music Therapy.

Additional Historical Information

A series of interviews about the World Congresses of Music Therapy can be found at www.voices.no

Anecdotal reports from the foundation of WFMT in Genoa in 1985 can be found at http://www.voices.no/mainissues/mi400100000343.php

Brief summary of the history of WFMT up to July 2008. Download: Summary until 2008 (pdf)

WFTM was a formalized organization. My work in developing the EMTC was bringing in all the countries of Europe that had training and practices. The EMTC was working on research registers and Constitution. A pattern of congresses was emerging with a 3-year cycle of WFMT congress and EMTC in intervention years and local regional congresses in the intervening years (e.g., Nordic conferences). There was an emerging movement of research supporting evidence based practice, which began in the mid 1990s. Leuven 1998, 1997 conference in Los Angeles, and 1998 Music Medicine in Melbourne. During my Presidency the huge impact of the world wide web and beginning of the world wide web.

**Question 2:** A major achievement was the planning of the World Congress in Washington, the biggest congress of WFMT with 2400 participants, which included over 700 people from outside the USA. At the EMTC congress in 1998 in Leuven there were discussions about the models of music therapy. Initially, there were three, and I influenced this to be five models: Behavioral music therapy and the Benenzon Model along with Mary Priestley's Analytical Music Therapy, Nordoff-Robbins' Creative Music Therapy, and the Bonny Method of Guided Imaginary and Music. I felt we achieved greater communication, stronger networks, expanded commissions, greater connections through visiting countries in Europe, USA, and Australia. I served the WFMT since 1983 when the French first drew up the concept of the world organization. I felt myself as a red thread running through the concept. I began with the process in July 1983 – I proposed who should serve on the first committee. I suggested we make a working party of those who were interested in this: Ruth Bright (Australia), Rolando Benenzon (Argentina), and Otto Moll (Germany), Darko Breitenfeld (Yugoslavia), Amelia Oldfield (UK) and myself (UK). This was the group that started the first work and took their discussion to Rio de Janeiro.

**Question 3:** To continue to develop a congress every three years and to facilitate international communication.