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“MUSIC THERAPY IS THE PROFESSION OF THE FUTURE”: Interview with Dr. Ranka Radulović¹



In light of the *INSAM Journal*'s theme series on ways the global crisis affected music, art, and humanities worlds and systems, and, more precisely, the current issue that deals with mental health in relation to those systems, this interview complements the issue scope from the perspective of music therapy. A conversation with Dr. Ranka Radulović, psychiatrist, psychotherapist, music therapist at the Clinic for psychiatry of the University Clinical center of Serbia, founder and supervisor of the Association of Music Therapists of Serbia (AMTS), founder of Hatorum - music therapy center in Belgrade, country representative of Serbia in the General Assembly of the European Music Therapy Confederation (EMTC) and the reveals how the branch of music therapy has been put to the test during the last couple of years. Dr. Radulović spoke about how the

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national Association and the center Hatorum responded to the crisis and introduced us to the current state of the process of recognizing music therapy as a profession in Serbia, the region, and Europe.

Thinking about a global crisis caused by Covid-19 pandemic, I would like to start this conversation with your personal impressions on the state, needs and dangers in the realm of mental health. Can it be said that the initial professional steps in dealing with the situation stemmed from a personal insight and solutions to endure the everyday life?

I have been working as a psychiatrist, psychotherapist and music therapist in clinical conditions in protection of mental health for thirty years in the Clinic for Psychiatry in Belgrade as well as in the community music therapy domain under auspices Hatorum – centre for education and counseling in music therapy.

The COVID-19 pandemic brings great temptations for mental health because it represents a long-term state of continuous stress, which brings about a series of cumulative losses. This leads to anxiety and fear that are triggered by the objective circumstances, and also represents a potential for the development of other kinds of psychiatric and psychosomatic disorders, as well as addictions.

When I speak of losses, I encompass a large number of fatal losses, loss of good health and permanent damage to bodily functions in patients who survived the infection, the loss of freedom of movement (quarantine, self-isolation, and closing of the borders with particular epidemiological measures and recommendations), the loss of plans, the loss of a lifestyle, the loss of physical appearance, economical losses, the loss of jobs and disappearance of certain professions, the loss of physical contact, the loss of loved ones, as a result of temporary or permanent separation.

The pandemic represents a state of global and individual stress and permanent anxiety that appear because of the unknown causality and nature of the disease, and the treatment protocols emerging “as we go”. We do not have the certainty of the pandemic’s end. Anxiety is caused by the amount of information we get every day, the number of recommendations and constantly changing measures of protection, as well as the large number of people who do not respect measures. With that, there is a fear of the vaccine and new treatment protocols. The virus is constantly changing (mutating), and protocols on efficiency and safety of the vaccines are only just emerging. One fourth of the infected are asymptomatic carriers, and the vaccinated people can also transmit the infection. Resentment towards healthcare systems, as well as limitations and exhaustion of medical, economic and human resources, are obvious worldwide. People have existential fears and secondary anxiety due to the circumstances not dependent on them.

There is a number of real fears, fear of contagion, fear of the disease and its permanent consequences, fear of death, fear of other loss, fear of isolation, and fear of stigmatization.

With that in mind, the antipandemic program of the center for education and counseling in music therapy Hatorum (Belgrade, Serbia) seems especially interesting. Was this program developed in keeping with the unknowns of the pandemic during the first half of 2020? What were the challenges in the program's creation and its basic ideas?

My community music therapy program which was founded and developed within framework of Hatorum began many years before the pandemic. The program implements the bereavement music therapy as a new concept of wellness (Radulović 2013), which is applied within different methods of active and receptive music therapy.

In that way, we were ready for the beginning of the pandemic.

In the beginning of 2020, during the quarantine period, the only way we could approach people was through the internet and social media, and the number of our patients in hospitals was significantly lowered.

The basic idea of the program is to educate the users on how to recognize the phases of adaptation to loss and psychological mechanisms of defense in self and others, to develop mature mechanisms of defense in order to enhance adaptive capacities and better control of anxiety and fears by music therapy methods. The goal was to recognize the symptoms of burnout and mental illness early, as well as to develop better personal, family and social functionality, which can contribute to lowering the level of infection, diseases and transmission.

What is the target audience that is affected the most and to whom is the program tailored for?

Everyone is affected by the pandemic, and that is why the program is adapted to the entire population, people of all ages, from the earliest to the oldest, no matter their mental, verbal or bodily capacities and musicality level.

The program is tailored to the employees in medical and social services, as well as the education system. Prevention and maintenance of the healthy functionality of this part of the population is the key for maintaining the social system as a whole in conditions of a global crisis.

Can you reveal to us any details on how the antipandemic program looks like in practice?

Individual, family and group psychoeducation of the population on the application of music therapy in the conditions of the global crisis is being implemented. This is in accordance with the Hatorum's program that is adapted to the actual state and needs of an individual, a family or a group.

Regarding the programs for the population, the antipandemic program takes place through online clubs.

Currently active programs are Club for the bereaved children and adults, Hatorum's School Club, Senior Hatorum Club intended for the older population, Hatorum's Antistigma Club intended for people with chronic illnesses, congenital or acquired disability, Hatorum's Anticancer Club intended for people treated for the malignant diseases, Hatorum's Club for babies and Hatorum Prenatal intended for pregnant women, Hatorum's Anticovid Club intended for getting current information related to the latest research in prevention and therapy, and Hatorum's Moral and Ethical Club, intended for people who wish to consider their moral and ethical dilemmas.

Each of these clubs deals with a specific part of the population and their specific needs during the pandemic, while also developing its own club's programs.



Can you describe the reactions of the public – patients and the media – to your antipandemic program?

I work with patients at the Clinic for Psychiatry of the Clinical Center of Serbia.

Hatorum is a music therapy center for psychoeducation. The program is current, individuals and groups of all ages from our country and abroad are contacting us, and that is how Hatorum's clubs are growing.

The group which attends my lectures about new research and practical matters in regards to applied music and music therapy during the pandemic is numerous.

Currently, Hatorum is running an international competition for

school anticovid hymn, and the first applications (proposals) arrived.

Under the auspices of Hatorum we organize online music farewells of famous or anonymous people for bereaved family members, friends of funs.

For this program and activities, in June 2020 I received a thank you note from the Ministry of Innovation of the Republic of Serbia on behalf of Hatorum.

So far, the media has not been significantly interested, mainly because they were focused on the other questions, priorities and activities of the Crisis Response Team. The information about the program found their way to the users via social media. As time goes by, and the pandemic is not over yet, everyone is becoming aware that the issue of protection of mental health, like bodily health, has to be considered a priority. That is why in the more recent period, the interest from the media for our programs is growing.

Like never before, the role of technology –especially communication technologies – turned out to be the key factor during the most recent global events. In what manner and measure did the change of media of communication affect your work as a music therapist? Can you enlighten for us the advantages and shortcomings of the remote work in your profession?

Challenges that the pandemic brought about are a great source of inspiration. Thanks to Zoom, I have managed to transfer my activities online swiftly.

During 2020, I was first testing the application of the clinically approved music therapeutic methods of which I am the author, and which are used in Serbia, on a group of candidates in music therapy education. With that, in the last two years I have come to the conclusion that the method of musical choice, analytic listening of music – method of lead fantasies and therapeutic song writing – can, according to the concept of bereavement music therapy, be applied online. At the moment, I am also testing other methods which I regularly use.

Likewise, I made a methodology for organizing the mentioned Hatorum's musical online farewells which function as music therapy online support group gathered with a goal to support grief process and prevent complicated grief reactions in bereaved people who were unable to attend the funeral.

The advantage of technology is the opportunity to access a larger number of people easier and faster, provided they use the technology. On the other hand, the shortcomings are seen in the additional effort to secure the setting, fast internet connection, as well as privacy in online work.

The drawback of online contact is the demand for certain cognitive, verbal and bodily capacities, and the inability to see the whole body, thus some of the methods of music therapy are not applicable. With music therapy in person, we can access every client; in online work, we have to make a selection.

How did the remote work spread into other aspects of work in music therapy, aside from the antipandemic program? How are the patients reacting to the new ways of communication?

The music therapy education program, which works on professional staff, continues remotely. This makes the process of education more approachable, and the result of this is the fact that we have candidates from different parts of Serbia and from abroad.

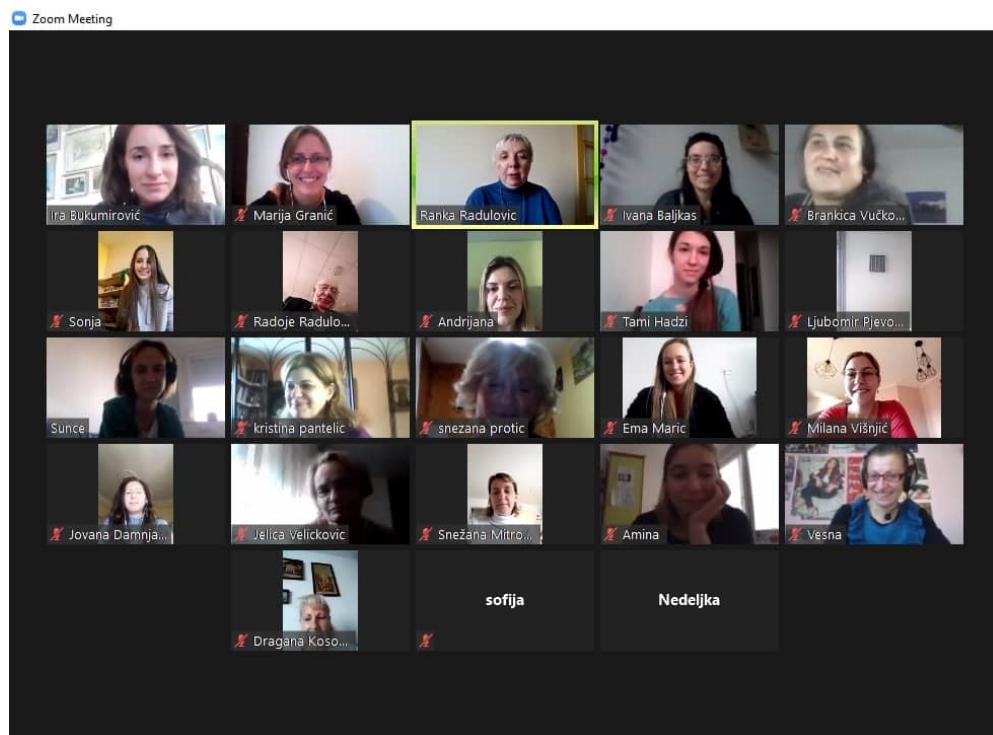
As for the clients that reach out to Hatorum for online support individually or in groups, they are well versed in technology, and all they have to do is secure a fast enough internet connection and privacy.

In state institutions in Serbia, the question of clinical work with patients regarding telemedicine is not yet regulated, which is also the case with such services and Republic Fond of Health Insurance (RFZO).

Music therapeutic activities online are regulated by the appropriate policy adopted by the Association of Music Therapists of Serbia and the European Music Therapy Confederation (EMTC).

Patients that are mentally or physically ill, and are looking for help, are referred to medical institutions.

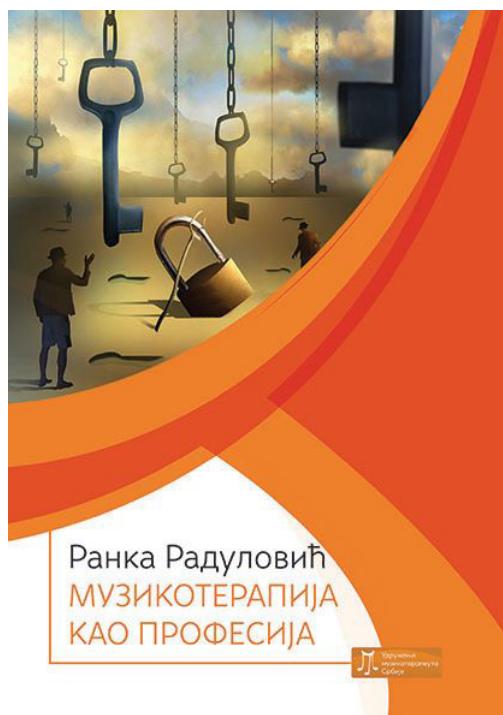
Unfortunately, in our context, the professional music therapists are scarce in our medical institutions.



Your newest publication, Music Therapy as Profession [Музикошерајија као професија, 2021], speaks about music therapy as profession. Can you explain your motives and ideas which led you to write the book, and the content which ensued?

In spite of existing law regulations, the number of professional music therapists in our country and neighboring countries is small, and the need for music therapy as a service is significant.

Also, music therapy and the profession of music therapist is often misused by individuals and institutions, with medical backgrounds or without them. This brings risks to patients, and some of them even charge their service from the RFZO without trained music therapists. The goal of my book is to present to the wider population and professional public what music therapy is, as well as to present the proposal of draft law on music therapy of the Association of Music Therapists of Serbia with arguments for its emergent adoption.



The book has six chapters. In the first one I explain what music therapy is, and what it is not; in the second chapter I explain what is necessary in order to recognize music therapy as a health profession. The third chapter speaks about sciences that are the theoretical bases for the development of music therapy. In the fourth chapter I present the newest research that explores the application of music therapy in all fields of medicine, as well as in social protection and education, from the earliest to the oldest age. The fifth chapter has the title "Serbian Music Therapy Plowing" and brings a chronological overview of the events regarding music therapy and the activities in the last twenty years, and speaks about the work of Dr. Petar Stanković, the pioneer in music therapy in our country, during the second half of the 20th century. The conclusion gives guidelines for further development of the association and music therapy in the future. In an appendix we put the important documents of the Association of Music Therapists of Serbia,

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Rulebook on music therapy activities for professional music therapists, and the Rulebook on education in music therapy, based on which music therapists are educated in Serbia. Here we also have a number of other documents in regards to the functioning of the Association, as well as the newest Rulebook on music therapy work online. This can help those people who are planning to educate themselves in the field of music therapy in Hatorum understand the conditions to enter the studies, nature and volume of the education process, and the work of professional music therapists. At the very end, we have given the suggestion of a draft law on music therapy.

Speaking about music therapy as profession, what is the current situation regarding the acknowledgement of this branch in medical systems in Serbia, in the region, in Europe and the world?

In Serbia, music therapy is recognized as a medical service provided by the RFZO, and patients directed to us can receive the service free of charge on the secondary and tertiary level of health protection. Music therapists are recognized in the nomenclature as an independent profession of medical workers and are professionals in deficit in our country.

I am pleased that the work of the Association of Music Therapists Serbia (www.muzikoterapija.rs) and Hatorum (www.hatorum.com) contributed to the fact that Serbia is one of the few countries in Europe and the world with these kinds of legislations. Those are the main steps that need to be followed by the Music Therapy Law.

Before the pandemic, only three countries in Europe had adopted said laws: Austria, United Kingdom and Latvia. We can therefore see that Europe and the whole world is in the process of regulating the profession.

While the states are working on the new laws and legislations, the role of professional associations of music therapists is crucial on a national and international level.

Among the former Yugoslav republics, aside from Serbia, similar active professional associations that are members of EMTC (www.emtc-eu.com) are seen in Slovenia and Croatia. In these countries there are programs for education in music therapy, and professional music therapists are gradually gaining their place in the system of health protection, social protection and education. In the states emerged from the former SFRY, there are active individuals, who are completely or partially educated or just interested for this area, which is a phase before the forming of national associations, acknowledgement and acceptance of those associations on behalf on the international umbrella professional association of European music therapists.

To conclude, I would like to know how did the global crisis over the past couple of years affect your view and vision for the future of this field?

I believe that music therapy is the profession of the future. In connection with the current crisis, with music therapy we intervene across the right hemisphere, and so some of music therapy methods belong to group of interventions that are indicated in the case of trauma.

It is not stigmatizing. We can apply it from the earliest childhood to old age, and its application does not depend on the verbal, cognitive, motoric capabilities, or the level of musicality of the client.

It is applicable in healthy and ill people, in all branches of medicine, in prevention, diagnostics, therapy and rehabilitation, as well as achieving bodily, mental and spiritual health. By applying music therapy is cost effective for health systems can also save a lot of their financial resources due to preventive programs applied under auspices of community music therapy .

In Serbia and our region music therapy will thrive if the necessary laws and legislations are adopted, and if states support education in music therapy.

The law is necessary for the prevention of abuse of music therapy, opening up the possibility of hiring educated music therapists in the institutions of health and social protection, schools and preschools, as well as having music therapy services paid by the state in nursing homes, shelters, orphanages, migrant camps, prisons, schools and preschool institutions.

The process of certification of European music therapists by the EMTC can also affect the development of music therapy in Europe. Unfortunately, this process has now stopped, and the work on adjustment of standards with the registry of European music therapists is still ongoing.

When the European registry of music therapists becomes operational, the possibility for the demand of recognition of the independent profession could be pursued from the European Parliament.

In the meantime, empowerment, massification and collective and coordinated work with the goal of developing pragmatic, ethical and cognitive legitimacy of national music therapy associations and EMTC is the only way this could work.

I hope that my book, *Music Therapy as Profession*, will contribute to this process