Awareness and Attitudes Regarding Music Therapy in Jakarta, Indonesia: A Survey Amongst College Students

Liana Hadi

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Awareness and Attitudes Regarding Music Therapy in Jakarta, Indonesia: A Survey Amongst College Students

by

Liana Hadi

A Master’s Thesis Submitted to the Faculty of Montclair State University
In Partial Fulfilment of the Requirements For The Degree of
Master of Art in Music, Concentration in Music Therapy
December 2008

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THESIS

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By
Liana Hadi
Montclair State University
Montclair, NJ
2008
Abstract

The purposes of this study are to ascertain the awareness, knowledge levels and the attitudes of college students towards music therapy in order to provide a perspective on the possible development of training and education in Indonesia. This study was completed by performing a random survey of seventy one college students, between the ages of 18-24 years old, over several local universities in Jakarta, Indonesia. The survey has 18 open-ended questions, which would require no more than 10 minutes for completion. The survey opens with some general questions about participants’ age, gender, the highest education and their major education. The next questions ask about their awareness of music therapy, their general knowledge of music therapy and their attitudes toward it. This study was conducted in 2008.

Based on the survey, the majority of college students in Jakarta have limited awareness as well as limited knowledge levels of music therapy. However, their attitudes toward music therapy are welcoming and positive. I believe music therapy possesses a great potential and a bright future to grow in Jakarta. Some of the initial efforts that we can take to introduce and to educate people about music therapy include conducting free seminars, distributing book literatures, publishing journals and launching websites. Also, it would be ideal if we are able to collaborate with several universities that offer both music and psychology as part of their educational programs.
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Introduction

Music therapy is a novel and unfamiliar terminology in Indonesia. As a music therapist, I am keen to promote the idea and the benefits of music therapy in Indonesia by applying the education, the training, and the standards for competent music therapy that I have received during my study at Montclair State University. Through this study I would like to understand the recognition and the acceptance of music therapy of the people in Jakarta, Indonesia. Furthermore, the results of this survey will help me to devise strategies in introducing and promoting music therapy in the country. As a result, it gives me new perspectives, reasons and the kind of contributing factors to help someone learn and gain interests in music therapy, especially in Jakarta, Indonesia.

The first topic in the literature review is about the development of music therapy in many countries. Various historical backgrounds about music therapy from several countries are described. The second topic is about music therapy’s role in many countries. Music has always played an important role for society in every country. It is a challenge for every country to develop music therapy. The last topic is about music therapy in Asian countries given their cultural perspectives. Through all this information, it may help us understand what factors contribute to the development of training and education in Asian countries in music therapy especially in Jakarta.

In 2000, not many people knew about music therapy in Indonesia. I first learned about music therapy when I went to an international bookstore. At that time, I just wanted to search for some new music repertory and then I saw a book by Deforia Lane, *Music as Medicine* (1994), in the corner. This book surprised me and made me curious, especially when I read the author’s autobiography as a music therapist. At that point, I
had some ideas about what a music therapist does, but I could not get more information. At that time, the internet in my country was just starting to get popular through dial-up internet. It would cost a lot to browse or search for something and you still have to pay for the phone line. Occasionally, in the newspaper I would see a short article about the Mozart Effect for use with pregnant women. In February 2003, I went to a one-day seminar about music therapy offered by the Department of Psychology, University of Indonesia. Most of the presenters were psychologists. One of them said that he took some classes abroad about art therapy and knew a little about music therapy. However, sometimes he used music therapy with his clients through music listening in order to give relaxation nuances. He said it worked. The senior professor explained sound, melody and rhythm to us. The last professor brought her summary from some articles that she got about music and its colour. However, the information that I got was very limited. Ever since that moment, I was really interested and wanted to study more about music therapy.

Since I have had the opportunity to study in Montclair State University, I have learned a lot about music therapy. My mind has been opened up step by step through all the courses that I have taken. However, I know that many people still do not know nor have heard about music therapy. They have many wrong perceptions about what music therapy is. Most of these perceptions relate music therapy to listening to music and feeling relaxed, or as a part of music education.

In the past three years, through research, I have realized that my country has developed in many ways. When I searched for information about music therapy in Indonesia, I was surprised that since the period of 2005-2007 there are many more
articles featuring music therapy. Sometimes music therapists from Australia or other
countries will give a short seminar about music therapy. Since the internet connection
has also improved, Indonesian people can receive much more information about music
therapy. Sometimes, newspapers can translate an interesting article about music therapy
research from some journals or research studies. In the last several months, there was an
Indonesian music therapist who studied in England. She gave a three-day seminar in one
university in Jakarta.

This thesis aims to introduce a standard for competent music therapy practice,
education, and training in Indonesia. Conducted in 2008 at several universities in the
nation’s capital, Jakarta, the study included more than 70 college students between the
ages of 18-24 years old. These students were assessed on their awareness of, general
knowledge of, and attitudes towards music therapy. The purposes of this study are: (1) to
ascertain the awareness of music therapy from college students in Jakarta, Indonesia, (2)
to ascertain the knowledge levels of music therapy of college students in Jakarta,
Indonesia, and (3) to ascertain the attitudes toward music therapy of college students in
Jakarta, Indonesia. This study serves to provide essential information for developing
strategies to introduce and promote music therapy in Indonesia. Additionally, as the
findings of this study reveal students’ awareness of, knowledge of, and attitudes towards
music therapy, they allow for a deeper understanding of the contributing factors that
promote interest in music therapy.
Literature Review

The Development of Music Therapy in Many Countries

Music Therapy has developed most prominently since World War II, where musicians, either amateur or professional, started visiting and performing for the patients. In the United States, in 1944, the first music therapy degree program was established at Michigan State University, and in 1950 the National Association for Music Therapy (NAMT) was founded. Since then, music therapy service rapidly grew and developed, especially when Nordoff and Robbins conducted music therapy sessions throughout many other countries in the 1950s, such as the United Kingdom, United States, South Africa, Australia, New Zealand and Germany. In the United Kingdom, in 1958, The British Society for Music Therapy was founded by Juliette Alvin, a music therapist, and in 1976, The Association of Professional Music Therapists was founded with the purpose of fulfilling the needs for qualified music therapists (Ansdell, 2002). In Canada, Norma Sharpe realized that in the mid-1950s, music therapists were working independently, so that she started to conduct a survey of music in hospitals in 1960. She found that many hospitals used music and music activities in various forms. By the 1970’s she organized the first music therapy conference in the psychiatric hospital and set the foundations for music therapy in Canada (http://www.musictherapy.ca/camt.htm#history).

Defining Music Therapy’s Role in Many Countries

Music therapy may be able to make a contribution to world peace. “Music therapists still have much to contribute in terms of promoting peace and helping war trauma survivors
on the healing path; Particularly in Southeast Asia, after the terrorist attacks in Indonesia and also the survivors of earlier and ongoing wars, such as in Cambodia, Sri Lanka, and Aceh, just to name a few, the urgency of providing services to war trauma survivors is felt (Ng, 2005, p.9).” Wang Feng Ng (2005) suggested that music therapists can start collaborating with other professionals and members of the community through music activities such as Drum Circle and community concerts.

Each country has a different history and different challenges for the first stage of its development. Mendes (2002) has written about Brazil in the 1960’s. Due to the military government, many people were fearful and could not express themselves freely. The best way to express their ideas and feeling was through the sung word and sounds through acting in the theatre. Brazil already had music education since 1948, and in the 1970’s they created the Bachelor’s degree for music therapist. However, Brazil also believes that it can make a contribution to the development of music therapy in many other countries (Barcellos, 2002). “Music not only provides a context in which a language of the emotion can come into being, but also gives actual shape and meaning to the emotions themselves, to what it means to be human (Ruud, 2001, p.5).”

In 1974, music therapy in New Zealand started developing after an audiologist, Bill Keith, came from Auckland and Paul Nordoff and Clive Robbins visited there. They introduced “the music child”, the concept of the musicality of the child responding to music therapy, and inspired many people to be trained as music therapists. Since 1975, a New Zealand Society for Music Therapy began and developed. There are some challenges due to the mix of cultures in New Zealand including the Aboriginal people
who have a much older tribal and deeply spiritual indigenous history than the Christian tradition (Croxson, 2005; Krout; 2003).

Music has always been an important part of Ukraine where every person will use music in their daily life. It is usually used to specifically celebrate and to go through unpleasant experiences. Through many collaborations and agreement in 2000, Ukraine has started to give an elective course of music therapy for music students (Ivannikova, 2004).

Music Therapy in Asian Countries Given Their Cultural Perspectives

Most countries are multicultural. In a multicultural society, where there are many ethnic and cultural groups and continuous immigration, many people suffer from cultural losses and radical changes in their lifestyles. Music therapy is very challenging in a country having a rich cultural and traditional heritage on healing with diverse languages, religions and culture. As music therapists, one of the concerns is to maintain our clients' health and their quality of life from their cultural perspective.

In Japan, in 1967, some pioneers, such as Kagaya, Yamamatsu, Sakurabayashi, and Matsui, established music therapy study organizations. In the 1990s music therapy started developing professionally (Ikuno, 2005). The Japanese music therapy community has changed greatly in 1990s by having increasing number of specialists who mostly studied abroad and now practice as music therapists. There is some confusion of traditions for music therapists who studied music therapy abroad and then practiced it in Japan, especially with some systems that were widely established by Japanese Federation of Music Therapy. For example, psychology as an academic field usually means
Western culture-based psychology, but in Japanese, society is based on the Oriental mentality. They are used to their own traditions. Western society primarily has a strong foundation in Christianity and this value cannot be rooted as the first value in Japanese society. There are many cultural contradictions between the traditional and the Western.

“The most typical differences I have been feeling are the ways of communication (verbal/nonverbal) and the inclination of life value (doing/being); both of these contradicting values coexist in modern Japanese mentality, and this conflict is producing both richness and confusion in accepting mental care as a social system (Ikuno, 2001, p.3).” Music therapy is a relatively new field in Japan’s education and it is a challenge for music therapists to create the field professionally without forgetting the uniqueness of Japanese culture itself (Ikuno, 2005).

In the beginning of 1980s, music therapy in Korea was first introduced through other disciplines, such as psychology or special education. Now, it has been rapidly developing because many music therapists that studied abroad have returned. However, they have some difficulties in creating the curriculum for quality training in their music therapy education program especially when they feel it is important to develop their own cultural musical sources (Chung, 2005). Since late 1990s, music therapy has developed a great deal by offering the first master’s degree course at Sookmyung Women’s University and Ewha Woman’s University. Also, the profession of music therapy is growing fairly quickly in Korea. Currently, about 80 students are becoming music therapists on an annual basis (Hwang, 2006).

All of music therapy needs to be concerned with a cultural background or history. “I certainly believe that it will be absolutely necessary for the analysis of competent
music therapy to be culturally specific; however, it also seems to me that knowledge, skills, and abilities in music, music therapy, and clinical foundations would need to be identified, regardless of the cultural base (Sundar, 2006, p.4).”

In India, music therapy is in the early stages of development and the cultural and traditional Indian music has a spiritual and philosophical influence. In order to get an expert opinion on music therapy competencies and certain issues underlying a framework for establishing standards in countries where music therapy is just evolving, Sundar (2006) tried to find out how to introduce standards for competent music therapy, and education and training in countries where music therapy is in an early stage of development by interviewing Michael G. McGuire, a music therapy professor at Eastern Michigan University. McGuire stated that the best way to start identifying competencies depends on the country, its culture and how much literature might be published in music therapy. He also believes that it will be absolutely necessary for the analysis of competent music therapy to be culturally specific. In order to establish music therapy courses in one country, McGuire gave his opinion:

“Experts could provide their knowledge, based in their own experiences, to others who are developing professional music therapy in their countries. They could make available the history of the development of music therapy in their countries, as well as identify how competent music therapy is defined in their countries. I believe it would be necessary for them to spend time in the country to which they are consulting to observe music therapy practice and to interview people who have different perspectives on music therapy in their country. Everyone involved would understand to have knowledge of the culture and educational practices in those countries developing music therapy standards. The consulting experts would need a very broad view of the music and treatment communities in the country where they are consulting. It would be extremely helpful if everyone maintained an open mind during this developmental process (Sundar, 2006, p.6).”
Sundar (2007) tried to find out the major challenges in addressing diversities in music therapy theory, practice and research by interviewing Jörg Fachner. He is managing editor of the music therapy research and service site musictherapyworld.net and editor of the e-journal, musictherapytoday.com. According to Fachner, music therapy is a discipline and is aimed at the needs of the patient, his specific illness and behaviour, his personality and biography. He stated that the reason for music therapy is that people need help. He also believes that music therapy could be addressed in countries where music therapy is in early stages of development:

“I think it is necessary to start with what is there and to use what is part of the daily musical life world because we want to help our patients to help themselves in the regions where they belong to. So it is important to respect local traditions and on the hand to know what is the current debate in our profession. But as music therapy is about using music in therapeutic settings we have to work with what we have. I agree that music as an academic discipline has reached a level which allows to divide music therapy training courses into a general and specialized part of training. But it is the big chance for countries where music therapy develops to be aware of this and to integrate this into the concept of their study courses (Sundar, 2007, p.2).”

Summary

Before the year 2000, there was not much literature that could be found online about music therapy in Indonesia. Although many schools have a music program from primary school to high school, there are few universities that offer a bachelor program in music. Mostly people who want to study further in music have to go to the music school, which constitutes informal education. Nowadays, music therapy may become a new field in Indonesia. For example, University of Pelita Harapan has a music program for the bachelor degree around the year 2000s and it has introduced speakers on music therapy.
Some music therapists from other countries also came and gave some seminars about music therapy in Jakarta. Since then, there are lots of articles about music therapy that can be found in Indonesia either through magazines, newspapers or internet. I believe that music therapy will rapidly grow in Indonesia the same as with other countries, especially in Asian countries.

Based on McGuire’s opinion, in order to introduce the standards for competent music therapy, education and training and to understand the knowledge of the culture in one country, besides doing an observation, it is important and necessary to interview people’s perspective in that country.

**Purpose of the Study**

The purposes of this study are: (1) To ascertain the awareness of music therapy from college students in Jakarta, Indonesia, (2) To ascertain the knowledge levels of music therapy from college students in Jakarta, Indonesia and (3) to ascertain the attitudes toward music therapy from college students in Jakarta, Indonesia.

**Research Method**

*Participants*

Approximately 70 college students will be randomly recruited for this survey study in 2008. Seventy college students, male and female, will be from several premiere universities in Jakarta, Indonesia such as Pelita Harapan University, Atmajaya University, Bina Nusantara University and Trisakti University. College students, who volunteer to participate in this study, will meet the following criteria: (1) be between the
ages of 18-24 years old, (2) be a music or psychology major, (3) be competent to consent to participating and (4) be able to understand English in order to comprehend questionnaires and consent form.

Setting

The study will be conducted randomly in some universities in Jakarta, Indonesia such as Pelita Harapan University, Atmajaya University, Bina Nusantara University and Trisakti University.

Design

The survey will use open-ended 18 questions, which will require approximately no more than 10 minutes for completion. A copy of the survey can be found in the Appendix of this thesis (page 63). The survey will open with some general questions about participants’ age, gender, the highest education and their major education. The next questions will ask about their awareness of music therapy, their general knowledge of music therapy and their attitudes toward it.

Procedure

Fifty questionnaires will be mailed and emailed to friends in Jakarta, Indonesia. They will give those questionnaires randomly to college students who fulfil the survey’s requirements. A consent form will be given to each participant and it will describe and explain the purpose of this study. The participants who volunteer for this survey study will be asked to sign the consent form after the study has been explained to
them and any questions have been answered. After the entire data is collected, it will be processed and evaluated. The demographic information such as age, gender and education will be determined from survey questions number one to three. Questions number four to eight will be asked to ascertain the awareness of music therapy on the part of college students in Jakarta, Indonesia. Questions number nine to thirteen will be asked to ascertain the knowledge levels of music therapy on the part of college students in Jakarta, Indonesia. Questions number fourteen to eighteen will be asked to ascertain the attitudes toward music therapy on the part of college students in Jakarta, Indonesia. The information presented from this small sample will provide a beginning baseline to suggest how to disseminate information about music therapy and the possible growth of music therapy in Jakarta, Indonesia.

**Research Results**

In this section, I present the 18 questions and their answers in the survey. All questions and answers were in English. I illustrate the results in pie, column and line charts. Out of 76 surveys collected from mail and 3 surveys from email, 8 are disqualified due to the incomplete information of their ages and education background.

This chapter will represent all the results in both quantitative and qualitative data. Figures one to three (page 20-22) will show the demographic information such as age, gender and education background. Figures four to seven (page 22-29) present the awareness of music therapy by college students in Jakarta, Indonesia. Figures eight to eleven (page 31-36) will show the knowledge levels of music therapy by college students
in Jakarta, Indonesia. Figures twelve to sixteen (page 37-46) will describe the attitudes toward music therapy by college students in Jakarta, Indonesia.

**Question 1: Age**

**Answer:** Figure 1

![Participants' Ages](image)

Figure 1 shows out of 71 participants, 20 participants are 18 years old, 28 participants are 19 years old, 10 participants are 20 years old, 9 participants are 21 years old, 2 participants are 22 years old, 1 participant is 23 years old and 1 participant is 24 years old.

**Question 2: Gender**

☑ Male    ☐ Female
Answer: Figure 2

**Participants' Gender**

- Male: 31%
- Female: 69%

Figure 2 presents that out of 71 participants, 49 participants are female and 22 participants are male.

**Question 3: Highest Education**
- □ Bachelor Degree
- □ Master Degree
- □ Other: ______

**Major**
- □ Psychology
- □ Music

Answer: Figure 3

**Participants' Educational Background**

- Music: 31%
- Psychology: 69%
Figure 3 shows that out of 71 participants, 49 participants are psychology students and 22 participants are music students. All of the participants are undergraduate students.

**Question 4: Have you heard about music therapy before?**

- □ Yes
- □ No

*If yes, from where do you know it?*

**Answer:** Figure 4

![Hearing About Music Therapy](image)

Figure 4 shows that out of 71 participants, 53 participants have heard about music therapy and 18 participants have not heard about music therapy.
Figure 4.1 presents the sources of 53 participants who have heard about music therapy. Because this is an open question, they may answer more than one source. They mentioned 16 sources which are: books, magazines, newspaper, novel, television, radio, movie, news, internet, advertising, CD, teacher in campus or class, parents, friends, music therapy presentation and spa salon. Out of 53 participants, 22 participants have heard about music therapy from their teacher in their class or their campus. Seven participants know about music therapy from books and friends, four participants know about music therapy from magazines, internet, three participants know about music therapy from television, advertising and parents, two participants know about music therapy from newspaper, and music therapy presentation. There is only one participant who knows about music therapy from novel, radio, movie, news, CD, and spa salon.
Question 5: Do you know about music therapy?

□ Yes
□ No

If yes, how long have you been known about music therapy?

□ < than 1 year
□ 1-2 years
□ 3-4 years
□ > than 5 years

Answer: Figure 5

![Pie chart showing awareness of music therapy](image)

Out of 71 participants, 48 participants admitted that they know about music therapy and 23 participants acknowledged that they do not know about music therapy.

Answer: Figure 5.1

![Bar chart showing period of knowing about music therapy](image)

Figure 5.1 shows that out of 48 participants who admitted that they know about music therapy, 34 participants have known it for less than a year, 8 participants have
known it for about 1 to 2 years, 3 participants have known it for 3 to 4 years and 3 participants have known it for more than 5 years.

Question 6: In your opinion, what is music therapy?

Responses to open question number six are presented in the following statements:

“Music therapy is a therapy with music.”

“It is a therapy by using music as a media.”

“Music therapy is recuperation for individual’s desirable purpose by using music as a media.”

“It is a kind of therapy which use music as an instrument for not only cope the physic problem but also the mental problem.”

“Music therapy is music which can alter someone.”

“It is music for therapy our soul and body.”

“Music therapy use music for healing.”

“It is therapy with many kinds of music to help people decrease their stress and their illness.”

“Music therapy is a study about psychology and music at the same time.”

“It is a therapy that involves music for movement, activity and relaxation.”

“Music therapy uses music as a media in healing process for someone’s life.”

“It is another kind of psychological therapy. Sometimes it will be used in medical therapy as well.”

“It is an alternative healing method in psychiatric problem through sound composition. Some certain sound effects are composed in order to improve and stabilize human’s body.”

“It is good for relaxation”
“Music therapy is a way to increase the quality of life both physical and psychological.”

“Music therapy is fun. It is including the psychology aspect, biology and human personality.”

“It is a way to help somebody, especially for those who need a certain treatment. Music therapy can develop their senses and responses to other things that may come to their lives.”

“It is a kind of therapy that uses music and psychology aspect in order to help the patient to get well and recover from their sick.”

“It is a new age and spiritual music.”

“It is music for people who have stress situation.”

“It is a treatment in psychotherapy in which music is used as a treatment. The subject is encouraged to use sounds and singing to relieve his emotions.”

“It is a music listening for having a peaceful mind and life.”

“It is a therapy which uses many different kinds of music instruments.”

“Music therapy is a therapy by using melody.”

“It is music for mind relaxation.”

“It is using the components of music such as rhythm, composition, melody and instrument playing in order to give training or therapy to people. It can help people to handle their problems through musical techniques.”

“It is a method of therapy that uses music for fixing abnormal behaviour and difficulty in study”

“I do not know about music therapy.”

“It is a kind of medication by using music to cure people.”

“It is a therapy by using music to stimulate someone to have self expression.”

“It is a treatment that uses a listening music for patient in order to get a different feeling sensation.”

“It uses music to stimulate people’s brain.”

“It is a therapy that uses music in order to control patient’s behaviour.”
"It is one of psychological treatments that use music as its device."

"It uses music as a therapeutic facility."

"Music therapy is very good and very useful. It is interesting."

"It uses sound that can lead us to highest performance, sooth our soul and relax our mind."

"It is a therapy that uses music to heal and to cure a person with abnormalities."

"It uses some kinds of music that can help people with disorders."

"It is good for retraining motoric and cognitive functions."

**Question 7: Have you read an article about Music Therapy?**

- [ ] Yes
- [ ] No

*If yes, from where?*

- [ ] Newspaper
- [ ] Journal
- [ ] Textbook
- [ ] Internet
- [ ] Others: __________

**Answer:** Figure 6

**Reading a Music Therapy Article**

- 32% Yes
- 68% No
Figure 6 gives the information that out of 71 participants, 23 participants affirmed that they have read an article about music therapy and 48 participants acknowledged they have never read an article about music therapy.

Answer: Figure 6.1

Figure 6.1 shows the sources from 23 participants where they have read an article about music therapy: newspapers, journals, textbooks, internet and other sources. Some of them have read about it from more than one source. From the chart, it shows that textbooks are the best source for them to know about music therapy. For other source, most of them put magazines and brochures as their sources.

Question 8: Have you attended any music therapy session?
- □ Yes
- □ No

If yes,
- a. Where? ______________
- b. What is your opinion?
Figure 7 describes that out of 71 participants, 13 participants have attended a music therapy session and 58 participants have not attended a music therapy session.

Answer: Figure 7.1

Figure 7.1 presents that out of 13 participants, 12 participants answered the location where they attended music therapy session. Ten participants attended a session.
in their university, one participant in English class and one participant in Jakarta. They also gave their opinions, such as:

“Music therapy is for babies. It is good for their brain development.”

“It was interesting. I can know about music therapy more.”

“It was good.”

“It is interesting because it consists of many ways. Those are attractive and creating fun.”

“I realize that music is not just for hobby but it can also help someone with his/her illness.”

“It has no different with psychology session. It just includes music in it.”

“It is very interesting and inspiring. It opens my mind about what music therapy is.”

“Music therapy is a new invention. It is pretty interesting and innovative. It seems to be very promising for future career.”

“It is quite fun and soothing.”

“I felt more relax, happier, and gain more knowledge about it.”

“It is interesting and good.”

“I didn’t really feel the benefit of it because I was very exhausted at that time.”

**Question 9: In your opinion, who can benefit from music therapy?**

- [ ] Children
- [ ] Adolescents
- [ ] Adults
- [ ] The Elderly with mental health needs
- [ ] People with the Alzheimer’s disease
- [ ] People with substance abuse problems
- [ ] People with brain injuries
- [ ] People with physical disabilities
- [ ] Mothers in labour
- [ ] Patient in psychiatric setting
- [ ] Others: ____________________
Figure 8 reports that out of 71 participants, 52 participants chose children who can benefit from music therapy, 35 participants chose adolescents who can benefit from music therapy, 39 chose adults who can benefit from music therapy, 38 participants chose the elderly with mental health needs who can benefit from music therapy, 23 participants chose a person with Alzheimer’s who can benefit from music therapy, 21 participants chose a person with substance abuse problem who can benefit from music therapy, 34 participants chose a person with brain injuries who can benefit from music therapy, 30 participants chose a person with physical disabilities who can benefit from music therapy, 26 participants chose mothers in labour who can benefit from music therapy, 30 participants chose psychiatric patients who can benefit from music therapy and 19 participants chose others who can benefit from music therapy. Out of 19 participants who chose others, 15 participants wrote all people can benefit from music therapy, one
participant wrote students, one participant wrote people who can hear music, one participant wrote children with special needs and one participant wrote everyone who can enjoy or respond to music.

Question 10: In your opinion, what do music therapists do?

Out of 71 participants, 14 participants wrote that music therapists do therapy with music, 8 participants wrote that music therapists let their clients listen to music in order to have a relaxing feeling, 6 participants wrote that music therapists give a peaceful relaxation and 5 participants wrote they have no idea what music therapists do. Here are the rest of the statements:

“Music therapists help achieving their client’s purpose.”

“Music therapists heal the soul.”

“Music therapists help our body and soul.”

“Music therapists help people with abnormalities.”

“Music therapists help people with music in order to increase our memory, our rational thinking. In medication, such as people with autism.”

“Music therapists can work on cognitive and motor skills goals.”

“Music therapists heal some psychological and medical issues.”

“Music therapists find, collect, investigate, and make sound compositions which have healing effect.”

“Music therapists give a peaceful relaxation.”

“Music therapists do therapy with music.”

“Music therapists help people to do their daily activities.”

“Music therapist use music in a creative way.”
“Music therapists treat patient with music so that patient could have a better life and better health.”

“Music therapists help people managing their stress and giving some encouraged motivations.”

“Music therapists use music as their treatment, to reduce stress and to have relaxed feeling.”

“In medical: giving therapy to people in sessions based on what their needs, using the components of music such as rhythm, composition, melody, dynamic, and even conducting.”

“Music therapists solve their problem through music therapy.”

“Music therapists stimulate some expression. They have an interaction during therapy session through tone of music instrument either play it by himself or play it together.”

“Therapist plays some certain music and discusses the patient’s problems.”

“I have no idea what music therapists do.”

“Music therapists have clients listen some certain type of music such as an easy listening and relaxed music.”

“Music therapists play music in order to have behaviour’s goals.”

“Music therapists compose music for people who need it and to have interaction between therapist and client.”

“Music therapists help someone’s brain development by having tones and different instrument. Those different sound waves can influence brain’s function.”

“It is just like the other therapy.”

“Music therapists are having music classic.”

**Question 11: Where do music therapists work?**

- No idea
- Hospitals
- Nursing homes
- Schools
- Private practice
Figure 9 presents that out of 71 participants, 8 participants chose no idea, 38 participants chose hospitals, 18 participants chose nursing homes, 24 participants chose schools, 36 participants chose private practice and 9 chose others. Out of 9 participants who chose others, 5 participants wrote anywhere, one participant wrote social organizations, one participant wrote working place, one participant wrote many places, and one participant wrote clinic.

**Question 12: Who is qualified to practice music therapy?**
Figure 10 describes the eleven categories based on 71 participants’ answers. Out of 71 participants, 23 wrote psychologists are qualified to practice music therapy, 12 participants wrote everybody is qualified to practice music therapy, 12 participants wrote a person who has a degree in music therapy is qualified to practice music therapy, 10 participants wrote a person who has a degree in music therapy and certified is qualified to practice music therapy, 8 participants wrote musicians are qualified to practice music therapy, 6 participants wrote psychiatrists are qualified to practice music therapy, 6 participants wrote a therapist is qualified to practice music therapy, 6 participants wrote no idea who is qualified to practice music therapy, 3 participants wrote teachers are
qualified to practice music therapy, 2 participants wrote a doctor and a nurse are qualified to practice music therapy and one participant wrote a person that has a good personality is qualified to practice music therapy.

**Question 13:** What kind of tools that can be used by music therapists?

- □ Any types of instruments including vocal
- □ Specific instruments: _________
- □ No Idea
- □ Others: _________

**Answer:** Figure 11

![Music Therapy Instruments](image)

Figure 11 shows that out of 71 participants, 54 participants chose any types of instruments or voice can be used by music therapist, 17 participants chose specific instruments that can be used by music therapists, 5 participants chose no idea about different kind of tools that can be used by music therapists and 7 participants chose others. Seventeen participants that chose specific instruments that can be used by music therapists wrote classic instrument, piano, guitar, vocal, simple instrument, violin, CD, tape, keyboard, rhythmic by clapping, DVD, cassette player, percussion, membranophone
instrument and radio. Seven participants that chose others wrote music therapists compose their own songs, all music instruments, vocal, piano, percussion, electronic music, music therapy do stomp and play rhythmic with anything.

Question 14: In your opinion, what is the future of music therapy in this country?

- Good
- Not Good
- No Idea

Why? ____

Answer: Figure 12

![Pie Chart]

Figure 12 presents that out of 71 participants, 39 participants think that the future of music therapy in Indonesia is good, 15 participants think that the future of music therapy in Indonesia is not good and 17 participants say that they have no idea about the future of music therapy in Indonesia.
Thirty-nine participants think that the future of music therapy in Indonesia is good because of the following reasons:

“In the future many people will need music therapy.”

“This is something new to develop.”

“There will be a lot of people who are stress in the future. They will need this kind of music as their refreshment.”

“Due to not so many people know about it, music therapy can be developed and introduced to society as an important and useful therapy.”

“It is still rare. Currently, it is needed because many people with certain of diseases cannot be healed only by medicine.”

“Many people need music therapy for relaxation, to control their emotions and perhaps to change their behaviours.”

“Indonesia really needs music therapy.”

“There is almost no music therapy in Indonesia. I think it will have a better future once people find out that this kind of therapy does exist and very useful.”

“Music is already growing in Indonesia. People in Indonesia will start to realize the importance of music. It would be easier to open their mind about music therapy though may be it needs a long period of time.”

“Children with autism and down syndrome are increasing.”

“It is not much music therapy in Indonesia. Currently, it is just only in some big hospitals.”

“It is a new way of healing and it has been discovered by scientists that music is a part of human’s soul.”

“Number of children and adults with special needs are growing each year. Fortunately, the awareness of giving them a special treatment is continuously increasing. With the fact that some Indonesian students have started to study music therapy abroad, I hope they could someday bring positive impact as well as knowledge to open people’s mind regarding this profession.”

“I love music therapy.”
“Many people have mental disorder and stressful life. I think it is good for their treatment.”

“Due to the globalization, Indonesia has to look every aspect, including music therapy. There will be many stressful people who need to solve their problem not with the counselling, but also with music therapy.”

“Music can simply help people with disorder. Many people like music.”

“Music is a common media for therapy. Many people will need this therapy.”

“There are many stressful people. They need this kind of therapy to soothe them.”

“Music therapy is new. Perhaps many people want to try something new.”

“If the publication is done well, music therapy has a good future.”

“It seems that music therapy can be succeeded.”

“Nowadays, there are a lot of people who need a therapy. I think music therapy is an effective therapy to heal and stimulate them.”

“It is new and interesting. Perhaps it can be used to reduce the stress level.”

“It is rare in Indonesia and it seems interesting.”

“There are many desperate people in Indonesia.”

“Music therapy helps people to become not more stressful.”

“Music has become part of our life.”

“There are many strange people in Indonesia.”

“Indonesia starts accepting many new ideas, including music therapy.”

“All people in Indonesia love music. Currently many people have problem. Music can help.”

Fifteen participants think that the future of music therapy in Indonesia is not good because of the following reasons:

“There are not so many people understand about this music therapy.”
“Music therapy has not well-known yet in Indonesia.”

“Indonesian government do not care and support for those children with disorders.”

“There is no support from Indonesian government; besides, not all parents can afford music therapy treatment.”

“There is no support from the society.”

“Indonesia people are not really care to this kind of therapy.”

“It is because the limit of music therapy knowledge.”

“It is not developing yet.”

And 17 participants think that they have no idea about the future of music therapy in Indonesia because of the following reasons:

“Music therapy is not popular in Indonesia.”

“Indonesia people are too conservative to accept this new modern concept.”

“There is no socialization for this kind of therapy in Indonesia. Meanwhile people’s perspectives about therapy are still negative, either it is about the cost of it or the therapy itself.”

“Indonesian people are not care of this kind of therapy. It is just a waste of time and money.”

“There are not so many people know about it.”

“It is too many different types of music.”

“Indonesian people do not really care of this kind of therapy, although perhaps some of them do care.”

“The benefit of music therapy has not been known yet.”

Question 15: Have you been in therapy?

☐ Yes

☐ No
If Yes, what kind of therapy? If No, why?

Answer: Figure 13

Figure 13 reports that out of 71 participants, 64 participants have never been in therapy and 7 participants had been in therapy.

Answer: Figure 13.1
Figure 13.1 shows that out of 7 participants that had been in therapy, six participants are in five categories such as music therapy, hypnotherapy, psychotherapy, physiotherapy and ear-nose-throat therapy. One of the major reasons they had been in therapy is to handle the insomnia. Some of participants’ statements who have not been in therapy are:

“There is no serious problem that needs to be handled.”

“I am a healthy person.”

“I am not in a stressful level which needs to get a therapy.”

“I do not have any physical and psychology problems.”

“I think I still can handle my own problem with my fully consciousness.”

“I do not get enough information about music therapy.”

“I do not think I need it.”

“If I sick, I just need take a rest or take some medicine.”

“I can solve my problems with my own way.”

“I prefer to seek a social support.”

“I do not like any therapy.”

“I have never get any chance.”

“I can do therapy by my own such as relaxing, listening to music, having a spa.”

*Question 16: What will you do if you have a problem?*
Figure 14 shows 16 categories from 71 participants who answered what they would do if they have a problem. The problem in this question is assumed not a physical problem. Out of 16 categories, 39 participants wrote sharing, 14 participants wrote listening to music, 11 participants wrote praying and trying to solve it, 6 participants wrote keeping it for myself, 4 participants wrote doing relaxation or refreshing, 3 participants wrote sleeping or taking a rest and seeking social support or help, 2 participants wrote crying and one participant wrote singing, screaming, writing a poem, doing my hobby, swimming, eating and watching movies.

Question 17: Where will you go to discuss your problems?
☐ Friends
☐ Family
Figure 15 presents that out of 71 participants, 52 participants will discuss their problem with their friends, 36 participants will discuss their problem with their family, 18 participants will discuss their problem with their relatives and 18 participants chose others. Out of 18 participants who chose others as their option wrote they will discuss their problem with their boyfriend or girlfriend, God, people who are willing to hear it, an expert such as psychologist, friend’s mother, mentor, husband... and nobody.

**Question 18: Will you go to music therapy for treatment?**

- Yes
- No

*Why? _____*
The Attitude Toward Music Therapy

35% \[ \text{Yes} \]

65% \[ \text{No} \]

Figure 16 shows that out of 71 participants, 46 participants chose yes and 25 participants chose no.

Answer: Figure 16.1

The Attitude Toward Music Therapy: Yes

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>8</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is interesting to try something new and can know more about music therapy</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It can help me to solve my problem</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music can be used to relax, calm down and control our emotion, mind...</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I love music. Music is good for my soul</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think music therapy is very good. It can be one of successful treatments</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I have money, I will go to music therapy</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is fun and can develop our personality</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If necessary, I will go to music therapy</td>
<td>1</td>
<td></td>
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<td>If necessary, I will go to music therapy</td>
<td>1</td>
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</tr>
</tbody>
</table>
Figure 16.1 describes those participants’ reasons why they want to go to music therapy for treatment. Eight categories are made based on their reasons. Out of 46 who said yes, 44 participants wrote their reasons such as:

“It is interesting to try something new and can know more about music therapy.”

“It can help me to solve my problem.”

“Music can be used to relax, calm down and control our emotion, mind and mood.”

“I love music. Music is good for my soul.”

“I think music therapy is very good. It can be one of the successful treatments.”

“If I have money, I will go to music therapy.”

“It is fun and can develop our personality.”

“If necessary, I will go to music therapy.”

Answer: Figure 16.2

The Attitude Toward Music Therapy: No
Figure 16.2 describes the reasons why they will not go to therapy for treatment. Out of 25 participants who chose no as their option, 15 participants wrote their reasons such as:

"I am not interested."

"I have no idea about music therapy."

"I will do it by myself."

"I am sane and normal."

**Analysis of Survey Results**

There are four categories within the analyses of this section: demographic information, the awareness, the knowledge levels, and the attitudes towards music therapy. First, in analyzing demographic information, we are going to discuss the motives behind the specific age range and educational background selected for this study. Secondly, in analyzing the awareness level regarding music therapy, we will elaborate the extent of music therapy awareness of college students in Jakarta (please see figure four to seven, page 22-29, for more details). Thirdly, in analyzing the knowledge levels regarding music therapy, we will examine the depth of knowledge of our respondents that have heard about music therapy (please see figure eight to eleven, page 31-36, for more details). And finally, in analyzing the attitudes toward music therapy, we gauge the future for a growing opportunity of music therapy and music therapy training and education in Jakarta (please see figure twelve to sixteen, page 37-45, for more details).
Demographic Information (age, gender, educational background)

In this study, the target for participants' age ranges from 18 to 24 years old. They have to be college students either with a psychology or music major. Since music therapy is a new field in Jakarta, I would like to target a specific population that has a greater chance of being exposed to music therapy. The college students populations are ideal due to the assumption that the majority of them will be more willing to accept a new idea and they are internet savvy (exposed to more online news, researches, journals and forums). Moreover, the probability of this age group hearing about music therapy is higher due to the fact that the concept of music therapy has been introduced and presented several times by psychology departments in several universities in Jakarta. For example, in 2003, University of Indonesia collaborated with a premier hospital in Jakarta and presented a Sound and Music Therapy seminar. Besides, since the survey is in English, they are able to understand the questionnaires and complete the consent form.

The Awareness of Music Therapy by College Students in Jakarta, Indonesia

Although 75% of the survey participants said that they have heard about music therapy, only 68% or 48 participants affirmed that they know about it. Out of 48 participants, 34 participants acknowledged they have known about it for less than a year. This means these participants learned about music therapy between 2007 and 2008. According to the Indonesian newspaper, on August 2007, School of Psychology, Atma Jaya Catholic University of Indonesia presented the Music Therapy Awareness Days to the public. A music therapist from UK has given an introduction to music therapy, music therapy consultations and several workshops. The fact that 13 out of 71 participants
stated that they have attended a music therapy session proves that this kind of seminar has increased their knowledge of music therapy. These participants gave much positive feedback about it. However, they did not mention which music therapy session they have attended or when did they attend a session.

Feng Ng (2005) stated that music therapists have much to contribute in terms of promoting peace and helping war trauma survivors on the healing path. In her journal, she has also mentioned Indonesia: several places were victims of terrorists’ attacks such as in Aceh where there were wars and controversies. Music therapy has an important role to help them to express their feeling because these situations have caused them to have a lot of life stresses and deep traumas. On September 17th 2008, Kompas, a national Indonesian newspaper, reported that the declines of economic conditions have impacted many citizens’ income and their life balances. As a result, stress and depressions plague people who fall into the low to middle income category. In this survey, many participants related music therapy with the current conditions. Their answers described people in Indonesia with a lot of stress and burdens. According to Dr. G. Pandu Setiawan, an Indonesian psychiatrist, the current comestible price is driving the people’s stress level up, especially since the salary level is not going up. “We cannot prevent the stress occurrence; however we can give them a therapy.”

Many participants mentioned that music can reduce stress level. Based on their responses on what music therapy is, out of 71 participants, 14 participants recognized the role of music therapy in connection with stress treatment, relaxation activities and peaceful mind. This is what these participants are familiar with; music is a
media for a therapy and a healing. They do not have the wrong answer, but they also do not have the exact and complete answers. Many of the participants have learned about music therapy from one or several perspectives. According to American Music Therapy Association (2005), “Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to: promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation.”

(www.musictherapy.org).

The Knowledge Level of Music Therapy by College Students in Jakarta, Indonesia

From this survey, we notice that Indonesian students have a very limited knowledge of music therapy. Given figure 8, we can see that more than 50% of the survey participants associated music therapy with children. Approximately 50% of the survey participants associated music therapy with adolescents, adults, elderly with mental health issues, and persons with brain injury. Less than 50% of the survey participants mentioned music therapy for persons with Alzheimer’s disease, persons with substance abuse problem, mothers in labor, persons with physical disabilities, and psychiatric patients. Two participants wrote that music therapy is for everyone who can listen, enjoy and respond to music. Only 21% of survey participants wrote that all people can benefit from music therapy.
From their answers to question number ten (i.e. what music therapists do), we learn that these participants see music therapy as a way to help other people either physically, emotionally or psychologically. According to the American Music Therapy Association, “music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.” (www.musictherapy.org).

While these participants did not make incorrect assumptions of what music therapists do, they, however, did not offer a comprehensive answer.

Based on their responses, we realize that these participants have a very limited knowledge of where music therapists work and who are the qualified practitioners. Hospital is the first place commonly chosen by participants as the workplace for music therapists. The second popular answer is private practice. Not many participants know about nursing home and school (please see figure 9, page 34 at survey results). Some of them do not even have any idea where music therapists work. Furthermore, 23 participants wrote that psychologists are practitioners of music therapy and 12 participants said that anybody can practice music therapy. Many of them also mention that musicians, psychiatrists, teachers, doctors, and nurses can practice music therapy. A number of participants associate music therapy with relaxation and listening to music on CDs, thus leading them to think that anyone can perform music therapy. These participants’ responses are understandable due to the lack of resources to further learn
about music therapy. Only 10 participants define a music therapist as follow: a person who has a degree in music therapy and certified can practice music therapy. Even though the study reveals that there is only a small number of people who display a thorough understanding of music therapy, the research is off to a good start. This initial finding shows that there is already a beginning awareness of music therapy in Indonesia and that music therapy is not an entirely alien concept after all.

Figure 11 shows that 54 participants said that any types of instruments, including voice, can be used by music therapists. Seventeen participants who chose specific instruments also included the following: classical instrument, piano, guitar, vocal, simple instrument, violin, CD, tape, keyboard, rhythmic by clapping, DVD, cassette player, percussion, membranophone instrument, and radio. There were 7 participants who stated that music therapists compose their own songs, use electronic music, stomp, and also produce and play with rhythms with just about anything. Besides using modern music instruments, many Indonesian musicians compose their music with the mixture of traditional Indonesian musical instruments. But it is interesting how none of these participants mention traditional instruments such as angklung, bedug, gambang, gamelan, gong, kendang, kroncong, kolintang, rebab, and suling. Therefore, it can be assumed that all participants strongly related music therapy with Western music culture.

The Attitude toward Music Therapy by College Students in Jakarta, Indonesia

It is surprising to know the participants' attitudes toward music therapy. Although they have limited awareness and knowledge levels of music therapy, more than half the participants think that the future of music therapy in Indonesia is good. Many of
them are enthusiastic to have music therapy in Jakarta, Indonesia. They gave many positive thoughts about it, such as: music therapy is a new field and music is a good media for many people in therapy. Only 15 participants think that the future of music therapy in Indonesia is not good. Of these 15, the rationale was that music therapy is not popular and they have little knowledge of music therapy. The other participants that have no idea about the future of music therapy in Indonesia also have the same reasons with those participants who have negative opinions.

In Asia, where the culture (i.e. traditions, social norms and values) is still strong, it is still taboo for most people to go to therapy. Also, a lot of people cannot afford their health treatments. Sometimes their economic conditions become their issues for seeking help. The first time I realized that all of my friends in one of my classes had their own therapy or had been in therapy, I was surprised. I, myself, had never thought that I would seek therapy if I had a problem. Generally, I would go to discuss it either with my family or my friends.

From this survey, we can see these participants’ attitudes toward therapy from figure 13 to 16. On figure 13, out of 71 participants, only 7 participants admitted they had been in therapy. Out of those 7 participants, we cannot know if they attended a real therapy or just a therapy seminar. Only one participant wrote that his therapy is for his insomnia. The other participants who had never been in therapy think they are healthy people. And if they sick, they would not seek therapy. They would prefer to go to their friends, family, relatives or to do something spiritual like praying. Many of these participants also wrote that they will listen to music, pray, try to solve it, keep it to themselves and do the other activities when they have problems.
In terms of the last question about wanting to go to music therapy for treatment, 65% of the survey participants chose yes. It is a great result. But it seems that this is because many of them are curious and want to know more about music therapy. Based on these participants’ responses, music therapy seems to have a good start in the future.

**Discussion, Implication, and Conclusion**

Based on the survey, I realized that the majority of college students in Jakarta have limited awareness as well as limited knowledge levels of music therapy. Nevertheless, their attitudes toward music therapy are welcoming and positive. I believe music therapy possesses great potential and a bright future to grow in Jakarta. Moreover, based on these survey results, we can devise some future strategies for music therapy development in Jakarta, as well. Some of the preliminary efforts that we can make to introduce and to educate people about music therapy include conducting free seminars, distributing book literatures, publishing journals and launching websites. Also, it would be ideal if we were able to collaborate with several universities that offer both music and psychology as part of their educational programs.

In the past four years, music therapy has gradually been recognized in Jakarta, Indonesia. Since then, I have found some music therapy articles in several Indonesian newspapers. I have also realized that *The Mozart Effect* book has been popularized in Jakarta, Indonesia around the year 2000. It is possible that the book and those articles added some influences to their knowledge of music therapy.

McGuire (2006) stated that the best way to introduce the standards for competent music therapy and education with training depends on the country, its culture, and how
Awareness and Attitudes Regarding Music Therapy in Jakarta, Indonesia

much literature might be published about music therapy. Although Jakarta still does not have any music therapy programs and does not have any literature published, music therapy has been introduced in many other ways. Nowadays, there are some advances in communications and technology in Jakarta, Indonesia, compared to the year 2000. In 2002, I worked as a music teacher for the Yamaha Music Foundation in Jakarta. At that time, none of the music teachers had ever heard about music therapy. Also, the Internet was not as popular as it is today. In contrast, the results of this survey show that 75% of the survey participants have heard about music therapy. Mostly, they acquired the information from their teachers or professors in their universities. It is good to know that currently many teachers have introduced music therapy to their students. Moreover, they were influenced significantly by textbooks, journals and internet. It is a good start.

Many participants have mentioned that they prefer to pray or to do something related to their beliefs when they have a problem. It is important to remember that Indonesia is a religious country. More than 80% of Indonesian citizens are Muslims; the others are Protestant, Catholic, Hindu and Buddhist. There are approximately more than 23 million people with many different backgrounds ethnicities, religions, and cultures in Jakarta. As Ikuno has mentioned, in Japan, there is some confusion of traditions for music therapy between music therapies practiced abroad with the one practiced in Japan. It is because many of those therapists are influenced by Western culture, which has a strong foundation in Christianity (Ikuno, 2005). In India, music therapy is in the early stages of development; the cultural and traditional Indian music has a spiritual and philosophical influence (Sundar, 2006). Due to these reasons, music therapists have to
strongly consider the country culture when considering music therapy's contribution, especially in Jakarta, Indonesia.

**Limitation of the Study**

This study is done in a specific place, which is in Jakarta, Indonesia. It is a long distance survey study which needed help and time to randomly distribute in several universities in Jakarta, Indonesia. There are four universities that participated with a total of 71 participants. The study results can be biased because the survey was distributed for students just within two specific majors: music and psychology. It is better to add more majors and participants from other universities as a comparison. The survey can also be done with another community besides college students, such as teachers and parents. The greater the number and variety of participants, the more varied the results might be.

**Implication for Music Therapy Training and Education in Jakarta, Indonesia**

Based on this survey, with their limited knowledge and awareness toward music therapy, we can notice that many participants have good attitudes toward music therapy and positive feedback. It seems that music therapy has a good future and possible growth in Jakarta, Indonesia. Currently, music therapy has been introduced by some academic disciplines, textbooks, journal, newspapers, magazines and also some music therapists who came from the other countries. I believe that music therapy can certainly be developed in Jakarta, Indonesia.
Conclusion

We can assume that the college students in Jakarta, Indonesia have limited awareness of music therapy. They also have limited knowledge levels of music therapy. Nevertheless, their attitudes toward music therapy are good and positive.

Suggestion for Future Research

We have learned how these college students responded toward music therapy. Although therapy is a new thing for people in Jakarta, Indonesia, most of them gave positive feedback about it. Their good responses indicate that music therapy education in Jakarta, Indonesia has a good future. However, it is also important to know how the patients' attitudes toward music therapy may influence practice in Jakarta, Indonesia. This study will help future music therapists with better acknowledgement and preparation to start a music therapy practice, and establish music therapy education, in Jakarta, Indonesia.
References


Awareness and Attitudes Regarding Music Therapy in Jakarta, Indonesia: A Survey Amongst College Students

THESIS

Submitted in Partial Fulfilment of the Requirements
For the Degree of
Master’s of Art in Music,
Concentration in Music Therapy

By
Liana Hadi
Montclair State University
Montclair, NJ
2008
Dear Participants,

I am inviting you to participate in my thesis survey project about Indonesian college students’ general knowledge and attitudes toward music therapy, particularly in Jakarta. This study aims to ascertain students’ level of knowledge in, awareness of, and attitude towards music therapy. I hope that this survey will bring about the many perspectives of music therapy, unveiling fascinating insights and effective strategies essential in the development of professional music therapy of this country in the near future.

Attached is a short questionnaire with various topics on music therapy. Please be advised that your participation is voluntary and your answers will be kept confidential. If you choose to participate, please fill in your answers in the designated area. The survey will take about 10 minutes to complete. Should you have further questions or concerns, and if you would like to obtain a copy of the results, please feel free to contact me via e-mail at hadil1@mail.montclair.edu.

Thank you for your participation!

Sincerely,

Liana Hadi
Music Therapy Graduate Student
Attachment – Questionnaires

♪ MUSIC THERAPY SURVEY ♪

Instructions: Please respond in a short answers or circle your responses (you may choose one or more than one response if applicable)

Please answer the following questions completely.

1. Age :

2. Gender : □ Male □ Female

3. Highest Education : □ Bachelor Degree
   □ Master Degree
   □ Other: ____________________

   Major : □ Psychology □ Music

4. Have you heard about music therapy before?
   □ Yes
   □ No

   If yes, from where do you know it?

5. Do you know about music therapy?
   □ Yes
   □ No

   If yes,
   How long have you been known about music therapy?
   □ < than 1 year □ 1-2 years
   □ 3-4 years □ > than 5 years

6. In your opinion, what is music therapy?

    __________________________________________________________
    __________________________________________________________

7. Have you read an article about Music Therapy?
   □ Yes
   □ No

   If yes, from where?
   □ Newspaper : ____________________
   □ Journal : ____________________
   □ Textbook : ____________________
8. Have you attended any music therapy session?
   □ Yes
   □ No
   If yes,
   a. Where? _____________________
   b. What is your opinion? _____________________

9. In your opinion, who can benefit from music therapy?
   □ Children
   □ Adolescents
   □ Adults
   □ The Elderly with mental health needs
   □ People with the Alzheimer’s disease
   □ People with substance abuse problems
   □ People with brain injuries
   □ People with physical disabilities
   □ Mothers in labour
   □ Patient in psychiatric setting
   □ Others: _____________________

10. In your opinion, what do music therapists do? _____________________

11. Where do music therapists work?
    □ No Idea
    □ Hospitals
    □ Nursing homes
    □ Schools
    □ Private Practice
    □ Others: _____________________

12. Who is qualified to practice music therapy? _____________________
13. What kind of tools that can be used by music therapists?
   □ Any types of instruments including vocal
   □ Specific instruments: _________________
   □ No Idea
   □ Others: _________________

14. In your opinion, what is the future of music therapy in this country?
   □ Good
   □ Not Good
   □ No Idea
   Why?

15. Have you been in therapy?
   □ Yes
   □ No
   If Yes, what kind of therapy? If No, why?

16. What will you do if you have a problem?

17. Where will you go to discuss your problems?
   □ Friends
   □ Family
   □ Relatives
   □ Others: _________________

18. Will you go to music therapy for treatment?
   □ Yes
   □ No
   Why?