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INTERVIEW

Reflecting on the growth of music therapy across a lifetime: Past, present and future insights

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ABSTRACT

The development of music therapy as a profession varies significantly across global contexts, shaped by local education, clinical practice, and research initiatives. Understanding these national and international trajectories is critical to informing the profession's ongoing evolution. This interview contributes to that understanding by exploring the career and perspectives of Alison Short, a leading Australian music therapy clinician, researcher, and educator. The timing of this interview is particularly significant, aligning with the 50th anniversary of the Australian Music Therapy Association (AMTA) in 2025, a milestone that invites reflection on the profession's growth and future directions in Australia. The semi-structured interview process of the paper captures Short's written responses to a series of questions focusing on her diverse professional experiences. These responses were further explored through virtual meetings, enabling deeper discussion and critical reflection. The resulting narrative highlights key themes that have shaped Short's contributions to music therapy, relating to clinical practice, academia, research, the evolution of music therapy education in Australia, and the broader professional challenges and achievements witnessed over several decades. By exploring and documenting Short's reflections, this interview offers valuable insights into the development of music therapy in Australia and the interrelationship between individual career trajectories and broader professional growth. These insights are not only relevant for understanding the Australian context but also contribute to global conversations about sustaining and advancing music therapy as a dynamic, evidence-informed, and person-centred profession.

KEYWORDS

development of music therapy, Australian Music Therapy Association, interview

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Alison Short is Associate Professor, Music Therapy/Music & Health at Western Sydney University, Australia. She is a foundational member of music therapy in Australia as an initial trainee and registered music therapist of 43 years, also holding board certification for 34 years. Alison has clinical experience in aged and palliative care, mental health, medical and community settings. Her broad scope of education, supervision and research in music therapy-related fields is internationally recognised and valued, evidenced through publications, invitations, and collaborations. [A.Short@westernsydney.edu.au] **Annie Heiderscheit** is Professor of Music Therapy and Director of the Cambridge Institute for Music Therapy Research at Anglia Ruskin University in Cambridge, United Kingdom. She has been a board-certified music therapist for over 30 years and, a marriage and family therapist 15 years, working in mental health, medical and community-based setting. She has over 20 years of experience conducting research and teaching undergraduate and graduate courses and supervising at the doctoral level. [Annie.Heiderscheit@aru.ac.uk]

Note: The development of music therapy as a profession is unique in countries around the world and influenced by the professionals engaged in education, practice, and research (Ucaner & Heiderscheit, 2016). Understanding the history of the profession nationally and globally is important to ensure that we learn from our individual and collective experiences to use this to support our future growth and development. The purpose of this interview is to hear and learn from the experiences of an experienced music therapy clinician[1], researcher and educator in Australia. This is timely as the Australian Music Therapy Association (AMTA, 2025) embarks on celebrating their 50th anniversary in 2025. This interview is structured around an interview with Alison Short, Associate Professor at Western Sydney University. The interview included questions intended to explicate Short's experiences across her career as a music therapy clinician, researcher and educator. These questions were provided to Short by Annie Heiderscheit to be able to respond in writing, including with relevant references, and then reviewed and discussed through a series of virtual meetings. What is included throughout the paper are Short's experiences, including reflections and insights emerging from them.

Annie Heiderscheit: As you reflect on your career, is there a moment that stands out to you and what did you learn as a result?

Alison Short: Well, talking about music therapy – it is not an easy gig as a professional, not only the work we do but also the way people see us as we engage in our everyday music therapy practice, relating to clients and consumers as we create and support their music, engagement and therapeutic process! I remember a situation in an aged care facility, where I had been practising as a music therapist for over 20 years, highly trained and experienced as an accredited music therapist in both Australia (RMT) and the United States (MT-BC). I was facilitating a group music therapy session in an open lounge room, where I was adapting and tailoring the music I was playing on the keyboard, to sensitively attune to the needs of people in the group, and it was all going very well. Into the room comes a nursing assistant, who was quite familiar with the facility, aged care and its workings – she was bringing in another resident part-way through the music therapy session. As she left, she turned to me, patted me on the shoulder, and gestured to and commented on my music playing, saying quite loudly, "don't worry, dear, one day you'll be a professional!!!" Hmmm, I thought. A professional, you say? I was lost for words…

Both individually and professionally, we often struggle to get the message out about who we are, what we do, our specialised training and although this has improved since I became a credentialed professional, there are still many challenges. So the ongoing learning, for all of us, is about understanding and communicating who we are and what we do as music therapists. As one of the most senior pioneers of music therapy in Australia, I ask the question: How can we gather together all of who we are, what we are, and where we are going, as a music therapy profession in Australia – as we seek to push forward even further into creativity and diversity as foundational to our profession? As challenging as this may be it is vital to our growth and development as a profession. Reflecting on our journey and our experiences is key.

Annie: Across the arc of your career, you have engaged as a clinician, educator and researcher. How has each role influenced or informed the other? Are there pivotal or significant moments that stand out to you in these areas?

[1] The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients (Donaldson et al., 1994, p.16).

Alison: Great question, and let us focus on each of those separately first! At the beginning of my career, I happened into the first course of music therapy in Australia, not really knowing what it was, after being encouraged (nagged) by my conservatorium teacher, Miss May Clifford. I had been having piano lessons with her from since before I was a teenager and under her guidance, I successfully completed an advanced performance diploma at the age of 17 (Associate in Music, Australia: Australian Music Examinations Board). May Clifford had seen music therapy in action in the UK on her many trips to visit family there, and as a part of the University of Melbourne Conservatorium of Music she knew that the first music therapy program was about to commence. Not only that, she knew me well from over six years of teaching, and felt that I would be ideal for this course of study. Well, after being very ill with glandular fever/mononucleosis in my final year of secondary school, this was the choice I was given. So, I accepted with the intention of exploring this thing, this "music therapy," knowing that other options were also possible. Little information was available at first, and the Australian Music Therapy Association (AMTA) was in its infancy (Short, Grocke & Fuller, 2022). In time, under the guidance of Denise Grocke, we developed our knowledge and skills. With my student colleagues, we gave the first Australian university-trained music therapy student conference presentations (Kuehne & Cosgriff, 1980) and we were exhorted to be pioneers of the profession. I took up this task in various ways including my first solo conference presentation (Short, 1983), my first peer-reviewed journal publications (Short 1990, 1991), including a publication in the inaugural *Australian Journal of Music Therapy* (Short, 1990). I was always interested in exploring and extending applied music therapy practice (Short, 2018a), and in the days before a strong focus on research I already undertook reflective practice to push the boundaries of music therapy understandings and practice. I connected knowledge from other areas with my then current experiences to inform more about working with an angry patient (Short, 1983). I reflected and reviewed data about programs and applications in a range of contexts. As Senior Music Therapist, I initiated a major review of the Red Cross Music Therapy Service and its outreach programs (Boots et al., 1985). While working for Red Cross, I ran the first palliative care music therapy sessions at Bethlehem Hospital, later developed by Clare O'Callaghan, and I ran the very first music therapy sessions at Royal Melbourne Hospital starting 1984, subsequently developed by Emma O'Brien. I also systematically reviewed standard reporting within an aged care music therapy program (Short & McIntosh, 2003) and gathered evidence about an innovative approach combining movement, relaxation and imagery to address clinical needs in aged care (Short, 2007).

Many of my experiences as a music therapy trainee shaped my subsequent applied clinical practice. On placement at Wimmera Base Hospital (Horsham, Victoria, 1981) I remember attending a presentation about client/patient perspectives. They quoted a participant dismissively saying: "Here I sit at a great big loom/ Doing God knows what for God knows whom?" which highlighted the need for meaning and purpose. This profoundly influenced me in the way that I was working with older people at the time – why use a shaker or a drum? How could I help people connect to music activities as being adult and meaningful, and how could they feel empowered in their engagement? This subsequently formed a major theme within my music therapy practice.

My second music therapy training at New York University (1985-1987) brought even more challenges and learning about applying music therapy, at a time when there was not yet any type of Masters level music therapy training in Australia. This well-established training led by Barbara Hesser, and supervised by Peter Jampel, developed and extended my practice in many ways, including a better

sense of being "in the moment" emotionally and using my music skills in both advanced improvisation and advanced counselling classes, alongside student colleagues such as Michelle Forinash, Alan Turry, Louise Montello, Josee Prefontaine, Tina Brescia, Jenny Martin, Christine Routhier, David Marcus, and others. As a result of my NYU training, I moved away from an activities-based focus into a deeper understanding of musical therapeutic group process, seeking to reflectively understand and explicate what I was seeing, hearing and doing (Short, 1992b; Short, 1995).

Although Denise Grocke had introduced the idea of Guided Imagery and Music (Helen Bonny) at the University of Melbourne, it was only at New York University that I became the first Australian music therapist to train in Guided Imagery and Music (under Madeleine Ventre), later completing my training to become a Fellow of the Association for Music and Imagery (1989) and becoming the first accredited GIM Primary Trainer in the Southern Hemisphere (1994), just in time for the inaugural Graduate Diploma in Guided Imagery and Music (GIM) at the University of Melbourne (commenced 1995) and aligned with being a foundational member of the Music and Imagery Association of Australia (1994). Practising GIM fitted me like a glove combining my deep understandings of Western classical music with psychotherapy and intriguing understandings of meaning, purpose, and empowerment for clients (for example, Short, 2023b). I found ways to integrate music and imagery into my everyday work in aged care (Short 1992a, 1992c) and my private practice, deriving theoretical knowledge from everyday experiences as I sought to understand more (Short, 1990, 2019a); I continued to work to know more about the practical, interactive, engaged nature of music therapy practice, including using practice aspects, for example voice tone, to inform subsequent research projects (Short, Cheung, et al., 2022).

From the beginning of my music therapy training and through all of my practice, based on my extended interests and experiences, I have had an interest in the applied hospital context, which was evident in my choice of doctoral thesis topic (Short, 2003) and further work in acute care (Short, 2019a; Short & Ahern, 2009; Short, Ahern, et al., 2010; Short & Palaniappan, 2025) and current projects around music to assist with mental health and wellbeing related to fertility treatment (Short, Andreadis, et al., 2025; Short, Cheung & Andreadis, 2025).

Annie: What lead to your interest in research?

Alison: Research is the foundation of our evidence-based practice. Research gets us where we need to go, as a profession, and both of our music therapy courses in Australia have a strong research base. Australia is known around the world, for its a high rate of music therapists with doctoral degrees and for its excellent research and research collaborations. Research is so essential for our profession! And it is something that I have committed much of my effort and energy towards – both within and outside of music therapy, in my various roles (Short et al., 2010; Short, Ní Chróinín, et al., 2025). In fact, research flavours much of my thinking, and more research is needed for an informed future in many aspects of music therapy practice. Across both my health services and music therapy research employment and experiences, I have engaged in many types of research, including: Document review, process evaluation, consumer survey, validated data collection instruments, feasibility study, clinical trials, mixed methods, qualitative/narrative/semiotic study, acoustic analysis, practice-based research, cultural research, arts-based research, and more.

Back in 2014, before I started at Western Sydney University, an external audit said that more needed to be done about teaching research and developing the research community. Since 2014, aside from my many other tasks, I have sought to use my previous ten years of experience as a research-only academic to foster, build and support an emergent research culture here in Sydney. It has been tough work! But the number of students and alumni presenters at the 2024 AMTA conference, the number and range of awards that have been received, the number of research student graduations and the sheer output of papers and presentations in the national and international sectors shows that outputs have changed. For example, in the last five years, I have 35 peer-reviewed publications and eight research student graduations, with many significant invitations to lecture and present, such as a paid invitation to the Hamburg University Music Therapy Public lecture series on Music and Environment in Hospitals (Short, 2018a), an invited plenary presentation at a medical thoracic and pulmonary conference in March (Short, 2024a), the Korean Association for Music and Imagery 21st Anniversary Lecture (Short, 2024b), explaining about music therapy research in the inaugural Mexican Music Therapy training (Short, 2022a) and presenting/consulting on a new music therapy course for the World Federation of Chinese Medicine Societies in Guangzhou, China (Short, 2025c).

Not only that, but here in Sydney we have built many collaborative projects with community and industry, in line with the World Health Organisation's Sustainable Development Goals and the values of Western Sydney University, to make a difference to people who are marginalised or forgotten in our society. This has included representations to the Ministry of Health (Short, 2023a) in connection with my ongoing commitment to the South West Sydney Health Arts Partnership since 2016 (SWSLHD, 2024), fostering research capability. One interesting research project has been about change management and uptake of the arts into hospitals following the NSW Ministry of Health strategy, amongst many other projects (MacRitchie, Short, Dion, & Chow, 2022; Stone & Short, 2023; Vadali, Ní Chróinín & Short, 2024).

Annie: What changes have you witnessed in music therapy education and training in Australia across your career?

Alison: Music therapy education has blossomed in Australia since the first six graduates at the University of Melbourne in 1982. I was lucky enough to be one of that first class, and little did we know where we would all end up! Not only are our Australian music therapists highly regarded around the world, but we have collectively as Australians held substantial educational roles in many places. This includes Ireland, Norway, the UK, USA – and the list goes on with many guest lectures all around the world. I personally have experienced the challenges of initiating or re-designing music therapy educational programs, including as an inaugural music therapy lecturer at the University of Technology, Sydney (1994) and as the first approved primary trainer in GIM in the Southern Hemisphere (1994). Extending my knowledge as a university educator, I undertook the full *Graduate Certificate in University Learning and Teaching* at the University of New South Wales (2012), which set me up for my current educational role at Western Sydney University. In the last eleven years during my employment at Western Sydney University, our Master of Creative Music Therapy (MCMT) has gone from 17 students to 73 students total, all the while adapting our teaching to improve and excel in the way that we foster the individual growth and development of each individual student, even during

the pandemic (Garrido et al., 2024). I have enjoyed mentoring and working with others in the music therapy teaching team at Western Sydney University, and the new curriculum approaches that emerged especially as I handed over leadership of the program to my close colleague Dr Al Fuller. We have a saying at Western, which we typically repeat to the whole student class at least once every semester, and often more times. It goes something like this: "You are here in this course because we saw something in you that said to us that you would make a great music therapist. You still need to do the work, but you will get there, and hold onto that!" Our music therapy course is inclusive of various learning needs, including people living with dyslexia, medical issues, sensory and neurodivergent strengths and challenges. Whilst we are clear about the difference between our roles across the therapy/education divide, our therapeutic sensitivity and creativity guides the way that we educate others (Lokhee, 2023; Lokhee & Short, 2025; Short, 2022b).

In addition, my educational role with my research degree students has resulted in a wide range of successful publications (Bortolazzo et al., 2025a, 2025b; Dilati et al, 2025; Fuller et al., 2022; Fuller & Short, 2020; Jeffrey & Short, 2025; Jeffrey et al., 2025; Stone & Short, 2023; Stone et al., 2025; Whalan & Short, 2023). Beyond Western Sydney University, I am joint Chief Investigator on a large international project to review, and in due course improve, music therapy educational practices across the world, with multiple current and pending publications (Heiderscheit & Short, 2024; Murphy et al., 2025; Short & Heiderscheit, 2023, 2025).

Annie: How have music therapists come together to support the music therapy profession in Australia?

Alison: So now let's talk about collective governance in music therapy. From the beginning, AMTA was founded with a solid Constitution and well-developed governance procedures, and for that we have Denise Grocke and Ruth Bright to thank, as founding members of the AMTA (Short, Grocke & Fuller, 2022). Since it began in 1975, AMTA had a strong sense of ethics and standards of practice, and well stated professional competencies guiding training and practice, which have all been reviewed, updated and amended over time. Leadership and governance by AMTA have been shown with regular conference, professional development and workshop activities. Tracking the development of AMTA and its members had been well captured in Conference Proceedings, Newsletters and the *Australian Journal of Music Therapy*. Australia has also made significant contributions to the establishment and subsequent running of the World Federation of Music Therapy (1985), providing two past Presidents: Ruth Bright and Denise Grocke. The geography of Australia as an enormous continent presents considerable challenges to any national organisation. One of the ongoing challenges for AMTA has been to demonstrate representativeness of the whole of Australia. Over time, there have been three Presidents in other states: Ruth Bright in Sydney, Vicky Abad in Brisbane (2018-2020) and myself in Sydney (1996-1999), beyond the many Presidents based in Victoria, and all presidents have sought to help everyone in Australia feel included in the AMTA of the present and future. The strong sense of ethics, standards of practice and professional competencies in music therapy in Australia has united us and served us well, engendering respect and accreditation from other professions (such as APHRA, 2025), as well as ensuring that our high standards for practice and research continue, all of which can be found on the AMTA website (AMTA, 2025).

Annie: What has helped deepen and sustain your engagement in music therapy over time?

Alison: Fundamentally a creative approach to life and work has been my inspiration. Early on, I was intrigued by the notion of creativity, and to be honest as a high-level classical pianist I was not sure how creative I really was. Yes, I could reproduce the Schumann Piano Concerto and play it in a public performance with orchestra to graduate, to critical acclaim, but was this really creativity? So I set out to investigate further. One of my early conference presentations was based on my explorations around creativity and developed my understandings that there were many types of creativity (Amabile, 1983; Short, 1984). I began to understand that creativity was not only about something completely novel and "out there", never been done before, but creativity was also about taking things already evident and linking them in a new way, finding new connections, new synergies, new integration. Aha! So yes, this was definitely how I was practising my creativity. Trying new ideas from diverse contexts, linking them together, seeing how this made things better, made a difference. This is evidenced in the many models, frameworks and approaches that I have explored and created across my music therapy and research career (Short, 1990, 2019a; Short et al., 2015; Short & Ahern, 2009). Undertaking a Character Strengths Profile after successfully being selected for the prestigious Franklin Women health researcher mentorship program (Franklin Women, 2025; VIA Institute on Character, 2025), my top three strength attributes came up as *Kindness*, *Spirituality* and *Creativity* – and this has been helpful in refining my leadership skills, especially in terms of mentoring, engagement and creative problem solving around teaching and research proposal development with local and international projects and with collaborators across a wide range of contexts.

In fact, music therapists by nature have a creative approach to everything! We can be rightly pleased with how we have pooled our creativity to develop many aspects in the AMTA – and how can Al Fuller and I ever forget the first AMTA website which we created and then demonstrated at the conference in Melbourne in 1999. Such a long time ago, and how things have grown and developed since! Look at our lovely logos and graphics from the 49th AMTA National Conference (https://www.austmta.org.au/events/2024-conference), and a big thank you to Lauren Bortolazzo and all the others who have contributed their creativity to AMTA. And then there has been a great deal of music at all our conferences; music and creativity are foundational to what we do!

Creativity also supports research, surprisingly more than you might think, and right from the beginning I was a creative collaborator, for example starting my PhD with the University of Technology, Sydney, in the School of Nursing, Midwifery and Health in 1996. I have undertaken GIM and cardiac rehabilitation projects (Short, 2021a; Short et al., 2013; Short et al., 2011) and have extended into related areas (Short, 2025b; Short & Palaniappan, 2025). Despite additional projects by Karen Schou (2008) and Blichfeldt-Ærø and colleagues (2022), similar work using GIM in cardiac care has yet to be published. Many of my coursework and research students presented at the 2024 Conference or published about the creative ways they have been approaching problems and seeking answers for practice and knowledge development in recent years (such as Fuller et al., 2022; Lehmann-Kuit et al., 2023; Whalan & Short, 2023).

Annie: How has creativity helped address recent challenges?

Alison: We were challenged throughout the COVID-19 pandemic (Heiderscheit & Short, 2024), and creativity is indeed what helped us get through it all! The effects of the pandemic called on us to adapt our music therapy practices by using our creativity and creative problem solving. At Western Sydney University, we had already been adapting to the digital age, and now into the future we are also adapting to the use of artificial intelligence in our practices. We exercise our inner creativity in the way that we use our critical thinking to address the needs of a client, in the way we write a song, create an improvisation, or use our words to respond to a client in distress; and the ways we create programs, publications and engagement materials to talk about our profession.

Annie: What have you learned in navigating professional challenges?

Alison: One of the most wonderful things I observed during the pandemic, and that I see every day in our students, alumni, and other music therapists, is the capacity of people to connect with and support each other, often in quite dire circumstances. Even recently, when one of our students had had a close bereavement, I saw student colleagues lingering, chatting, supporting, making them smile, rather than go and take the learning break they were entitled to. We gain by being together, all of us, by sharing and connecting. It is the way we work as professionals, and who we are as people, both individually and collectively as AMTA.

My own connectivity stems from both my wide range of roles as a health services researcher and also creatively making the most of opportunities wherever I could find them – both linked to nursing and allied health, and to research institutes such as the MARCS Institute for Brain, Behaviour and Development and the Translational Health Research Institute (THRI) at Western Sydney University. Finding like-minded music researchers with additional technical skills at MARCS, I was delighted to work with Andrew Milne and others to investigate the voice and GIM in the clinical context, with both a funded research project and subsequent Psychology Honours projects (Latecka, 2022; Kass, 2022; Short, Cheung, et al., 2022). These projects form another body of music therapy research which has not yet been extended but this holds great promise for the future, including with international collaborators.

Connectivity occurs not only within our own and related disciplines, but also within the way that we connect with others in teams in our practices. Sometimes we are not as well understood as we would like to be, as I noted at the beginning of our interview. For this reason, at WSU we have developed the *Music Health and Wellbeing Continuum* as a graphic for discussion to outline the different roles influencing practice and research (Short et al., 2019; Short & MacRitchie, 2023). This Continuum was developed as part of an interprofessional process within Western Sydney University and then tested with national and international key informant feedback based on carefully designed questions and applicability, in a Delphi-like research process. My colleague Dr Jennifer MacRitchie and I are so pleased with the international acclaim and interstate uptake of this model, particularly in 1) a Queensland Health initiative where this information is available to 5,000 health staff within a training module entitled "Creative arts in paediatric healthcare: A guide for clinicians", and 2) informing the 3,000 member organisations of the National Activity Providers Association, a peak body which establishes UK Quality Standards for Activity Provision (MacRitchie & Short, 2025). Both of these uptakes are exactly the type of impact that we hope can assist the music therapy profession into the

future. In doing so, we can extend our interprofessional work at local, national and international levels, to create and advance care for our clients and understanding of what we do as music therapists (Short & Heiderscheit, 2020, 2023). This can occur in so many ways – in discussions, presentations, placements, and publications. Connecting with each other including across professional boundaries is what keeps us going, reassures and energises us, supports and sustains us.

Annie: What are key values that have guided your work?

Alison: Aligned with my belief system, three values are key to guiding my work and my approach to work. Respect is about simple human dignity, facing each other as authentic individuals and committing to not bullying, harassing, manipulating or otherwise disrespecting each other. We are all different, we have come from different places into music therapy. Since music therapy became a graduate degree, that also means many different trainings, backgrounds, viewpoints and foundational experiences across the lifespan before starting music therapy training. As we approach difference, it is easy to think that we are right, and everyone else is wrong. But in fact, respecting each other as a community is what keeps us strong, as we collaborate and work together.

There is also an element of respect for our research which we have had to work on and extend – while at the same time we work with others and respect their work. For example, in the early years, much of our music therapy research was clinical case studies or case reports, and collectively we have had to learn qualitative, quantitative, randomised controlled trials, mixed method and even the newer research case study methodologies. We can be proud of the number of Cochrane and Joanna Briggs meta-analyses with Australian music therapy researcher participation, and at WSU we are punching above our weight with systematic and scoping literature reviews to inform the profession (Patch & Short, 2022; Stone & Short, 2023). Recently, I have challenged myself to re-think and re-work a simple case report (Short, 1996-7) into a research case study (Short, 2023b), and this has been a valuable exercise. We can use evidence, such as my personal record of over 111 publications, and similarly the research of others, to ensure that respect for our profession is enhanced and we can build on this foundation into the future. Part of respect is also accepting and valuing our differences and the contributions that we all make to the profession.

Diversity is explicitly addressed in the AMTA in and around our music therapy practice, including the 49th AMTA National Conference AMTA Conference which particularly addressed diversity (https://www.austmta.org.au/events/2024-conference). Diversity is about our uniqueness. It includes our backgrounds, personality, life experiences and beliefs, in fact, all the things that make us who we are. Our differences shape each of us and our perspectives on the world. When we talk about diversity, we are thinking of differences based on ethnicity, gender, age, race, religion, disability and sexual orientation. We may also have unique characteristics and experiences, related to communication style, career path, life experience, educational background, geographic location, income level, marital status, parental status and other variables that influence personal perspectives. Inclusion occurs when people feel valued and respected for their uniqueness. This leads to opportunities, access and achieving everyone's personal best and their full potential, and ultimately a sense of belonging.

Harnessing the richness of diversity is well acknowledged these days within leadership training, such as the widely acclaimed Franklin Women Researcher Leadership program which I undertook in 2021 (Franklin Women, 2025). Valuing diverse views and inputs makes a strong and creative team, able to collectively problem solve through a wide range of circumstances. These days the question is often raised: If your team is not diverse in character – why not?! Diversity happens at all levels – in our individual practices, our health and practice teams, in our collaborations, in our research, and I am also enjoying experiencing this internationally on the Council of the World Federation of Music Therapy. Together, we have many views, ideas, strategies and approaches.

Diversity is something that we have continued to infuse into both research and education at Western Sydney University. My first research position was at the Centre for Culture and Health (UNSW, 2004) with projects across Greek, Russian, Chinese, Vietnamese, Cambodian, Thai communities and more (Blignault et al., 2004), I subsequently expanded my understandings and thinking across many aspects of cultural diversity and health including both practice and education (Folagbade & Short, 2008; Sheikh et al., 2011; Short, 2019b, 2022b; Short, Honig, et al., 2022). During my time with the Centre for Culture and Health, I worked closely with the Australian New South Wales Health Multicultural Service, later leading to additional projects. One learning was about translation to other languages: it is not only about words, but also cultural understandings. For example, the popular Australian "Meals on Wheels" program of food delivery for vulnerable people – in Chinese cultures, was called, "Restaurants on Boats!" In fact, I received funding to run a collaborative Chinese Cultural Day, implemented in conjunction with the Chinese Australian Services Society (CASS), a large non-government organisation service provider. This included a wonderful day of collaborative information sharing about music therapy (for them) and about Chinese culture (for many of the rest of us), including experiences with food, dancing, music and impromptu experiential music therapy sessions (Short, 2017; see Figure 1). Beyond this, I have been delighted to be nominated by AMTA onto the Council of the World Federation of Music Therapy, representing the Australian and New Zealand region, and I am pleased to serve beside colleagues such as Indra Selvarajah, Chair of the Global Crises Intervention Commission, and indeed leader of the first Singaporean music therapy training, on this internationally diverse worldwide music therapy body.

Relating to each other with compassion is critical, including in collaborative professional organisations. Even when there may be some dissensions, compassion and kindness win the day. Unashamedly, I say that compassion and self-compassion are needed to live well and with resilience. In fact, I have been doing further training about spiritual issues, as I believe that we all need to activate our spiritual dimension to support our ongoing development and to thrive in the world. For this reason, I developed the "Resilience Corner" as a brief moment of reflection within regular the second year classes I was teaching during the pandemic, an approach which remains current with a couple stimulus slides and open discussions about a relevant topic which fits under the broad topic of "pastoral care" – and where the term "pastoral care" is now seen as a secular activity in supporting students and others (Lokhee, 2023; Lokhee & Short, 2025; Short, 2023c, 2025a). As one student said within our systematic research study of this approach:

Figure 1: Collaborative Chinese Australian Cultural Day, 2017. Alison Short with Ivan Wong, Vice-Chairperson, CASS; WSU music therapy students playing the Chinese guzheng and demonstrating percussion techniques in music therapy.

> I actually also found that having that Resilience Corner in a way allowed us to sort of, be able to connect on a deeper level, even though we weren't face to face. I guess that allowed us to sort of see a little bit of each other in a different way... But get to know each other a little bit better, in terms of that. So I think it was really good to have that check in, and especially in the kind of work that we're doing is in a way like it helps set us up a bit for supervision and things like that down the track… And at the time as well, it was also really helpful to sort of, have a bit more, I feel like it did lead to more of a connection and stuff.

I have also written, presented and researched on resilience and spirituality, and I look forward to pursuing this even more into the future (Short, 2020, 2021b, 2022c, 2023c, 2024c, 2025a). My understanding is that we need to be grounded with meaning and purpose in our profession, and this is where spirituality gives benefits across a wide range of approaches and philosophies, in accepting and caring for each other in a world which exists beyond ourselves.

Annie: What changes have you observed related to music therapy in Australia?

Alison: Context makes a difference! Always in music therapy, we use music to address the context and remain flexible, taking on new ideas, approaches and initiatives. Life changes! And this was brought home to us with pandemic lockdowns, isolations, restrictions, fighting for our livelihood, our students and our clients. By nature of being humans in this world, we naturally contextualise what we do into our own time and place. We are proud to acknowledge the indigenous land on which we meet for teaching and conferences, and to think about how we serve our diverse communities in Western

Sydney and beyond. We are also very aware of the need to adapt to context, and to help students in the next stage of their music therapy careers as they are about to graduate. For this reason, our initial Research Proposal Presentation Day, now called the Research & Careers Symposium, has turned into a dual event as Careers Fair, and over time this has morphed into an important event where employers come to recruit music therapists – leading to the fact that typically most of our graduating class have job prospects in place before they have even finalised their studies. This undoubtedly reduces stress for everyone, including employers who currently struggle with finding enough music therapists in Sydney and NSW.

Figure 2: Contextualising music therapy at Western Sydney University
(Artwork: Western Sydney University, 2018)

Annie: Do you have examples of how your approaches and your values have informed and helped contexualise your clinical practice, teaching and learning, and research?

Alison: Yes, I'd like to tell you about two examples which fit with the issues/ideas that we have been talking about. The first example is about participatory music creation with Pasifika communities to understand and support engagement with antenatal care[2]. This project was founded on a longstanding collaboration for arts and health, based around the South West Sydney Health Arts Partnership. Hospital staff within this Partnership had identified higher rates of late antenatal first visits by Pasifika compared to Australian-born women (41% versus 29%, as noted by South Western Sydney Local Health District from 2019 records), potentially affecting both mother and baby by a pathway on untreated gestational diabetes. At the same time, it was noted that music is typically a significant focus in Pasifika cultures, and after initial discussions, a collaborative team was developed, which included

[2] Project team: Alison Short, Neil Hall, Josephine Chow, Jacqueline Ramirez, David Kelly, Kathryn Farrell. Advisory group: Freya MacMillan, Virginia Schmied, Litea Meo-Sewebu. Research assistant: Sydney-Rella Pihema. Funding: Western Sydney Creative Collaborate Fund ($13,800).

health staff, a WSU Social Work academic, researchers working with Pasifika communities, and a MCMT alumni research assistant. Initially, funded MCMT students undertook literature reviews to scope and understand the focus area; the ethics application completed by the team with assistance from social work students. It was found that scant materials exist about arts-based interventions in the antenatal hospital clinic setting for hard-to-reach minority group populations.

This project focused on using music to (a) collaboratively engage with and increase research understandings of Pasifika community antenatal needs, and (b) collaboratively produce cultural music suitable for the hospital antenatal waiting room, potentially inspiring a sense of ownership. The innovative methodology approach included a series of key informant interviews and focus groups, with each focus group having the dual purpose of music to support cultural comfort in speaking about issues, and group creation of music which could be played in the antenatal clinic, to change the environment and increase ownership of the space (Short, Hall & Chow, 2025). Note that the term *Pasifika* covers all people identifying with Pacific Islander and Maori cultures; this project sought to engage across the Pasifika diaspora, with Samoan, Maori, Fijian, Cook Islanders, Tongan and mixed groups.

Progress to date has included three focus group music-making sessions with mixed Pasifika cultural groups, in the context of some recruitment challenges. Recorded focus groups have been transcribed, and thematic analysis is still in progress. Additional recordings have taken place, to improve digital quality of recordings, which are still under preparation for antenatal clinic use. As one participant responded,

> That's why I loved the initiative to have nice, soothing music be played while you're in the waiting area… Yeah, so it would be great to have that set ambience in the waiting room. Get the mother relaxed before she goes into her antenatal appointment. (Focus Group 3)

This feasibility pilot project serves as an example of a mutually engaged community approach to addressing health needs, and is expected to have further applications to other marginalised cultural groups who may be reluctant to engage with health care services and may be hard-to-reach, such as Aboriginal and Torres Strait Islander and Humanitarian Entrant groups, where music can act as a positive facilitator for engagement in health and wellbeing activities.

The second example is about music therapy for older inpatients in an acute setting.[3] Based on a previous research relationship, a senior consultant geriatrician requested music therapy students on their final year "Independent Placement" for her hospital acute aged care unit. It was noted that admission to the hospital aged care unit can be disorientating, isolating and fearful for elderly people, and that communication and environment link to patient satisfaction and delirium prevention (Ní Chróinín et al., 2025); additional challenges of language and culture (CALD) with longer stays (22-50%); cognitive impairment and adverse events. This particular unit at Liverpool Hospital had high rates of behavioural and psychological symptoms of dementia (BPSD) and/or delirium, which was associated with substantial use of anti-psychotic medication, intensive staff supervision/observation

[3] Project team: Alison Short, Danielle Ní Chróinín, Neera Vadali, the Aged Care Team on 5A, Liverpool Hospital, and MCMT Students: Amanda Low, Grace Ng.

and frequent 'Code Black' security calls. Additionally, feelings of isolation, fear and anxiety were exacerbated during the COVID-19 pandemic due to restrictions on hospital staff and visitors. Further discussions and investigations led to the realisation that most of the aged care music therapy evidence hails from residential and community settings, with limited and mixed evidence in acute settings. It was collaboratively decided that a Quality Improvement project could be supported by the Aged Care Registrar and additional staff, focusing on a patient-centred, arts-based initiative providing music therapy twice weekly via final-year music therapy students at the Liverpool Hospital acute aged care ward. In terms of approach, all patients admitted to the ward were eligible for inclusion during the designated time period; individual sessions of 5-10 minutes took place based on participant needs; and culture and language were modified throughout the session based on engagement levels. All sessions were individual, with no group sessions permitted due to COVID-19. Music therapy sessions included both active and receptive approaches, including interactive sessions with songs and guitar and the use of recorded music sourced from standard digital applications. A Quality Improvement survey was developed and formally approved in consultation with stakeholders and hospital processes, in order to assess staff and patient perceptions. The survey was available in hard copy and in six languages within this multicultural hospital context. The full eight-week music therapy program ran as planned, with the music therapy students using full protective clothing, and they were not permitted to sing. Music therapy was received by a median of 11 patients (IQR 9-12) each day, of which median 8 (6-11) were new; there were no refusals and no visitors. Amongst the ten patients who provided feedback, the mean age was 81.1 (SD 7.7), six were female, and all had some level of cognitive impairment. In addition, 19 staff members responded (12 female), comprising Registered Nurses (8), Doctors (7), Allied health (2), Assistant Nurses (2). This project won a Quality Award, in the category of *Enhancing the patient experience through Arts*, South Western Sydney Local Health District (2022), entitled, *"Music therapy for older acute inpatients"*, and the winning project video can be found at the following link: https://www.youtube.com/watch?v=7b3ZApZ8WVs. Findings suggested that providing music therapy within an acute geriatric ward setting is a feasible and effective intervention, which promoted engagement and was well received by patients with an apparent improvement in mood. Staff felt the intervention improved patient compliance with ward care. Both staff and patients indicated that the music therapy program had improved the patient experience. Therefore, patient-centred initiatives which improve the inpatient experience, such as music therapy, deserve consideration in this context. Further information about the project has now been published (Vadali et al., 2024).

On further reflection, these two examples demonstrate many aspects of my personal context and the broader professional growth of music therapy across my lifetime. Both projects have been informed by practice experience in terms of reaching out to, and engagement with, vulnerable and aged care groups in using music for health benefits. Also, in both instances, new evidence has been generated by creating and investigating an innovative method and by creating increased evidence suitable for hospital requirements. Aspects of education within the two projects include involving current music therapy students and further extending the research capacity of music therapy alumni. Creativity is demonstrated by generating both new culturally appropriate music and a new methodological approach, and despite the wearing of personal protective equipments such as face masks and gowns, music has been used to connect and build relationships. Interprofessional aspects

of connectivity are seen to cross music therapy, the broader community and a wide range of health staff. The two projects have also fostered the building of respect through increasing both community and health knowledge and interactions, and by demonstrating and extending understandings about the role of music therapy. Further, diversity has been directly addressed through one project focusing on particular identified cultural and gender needs, within the broader context of a very multicultural hospital and health service provision area. Compassion is seen as being exercised in creating meaningful human interactions and working towards improved community health and wellbeing outcomes. Each project was adapted to identified needs within the community and applied context, including the effects of the pandemic when no visitors were permitted and specific health promotion needs within the local health service. Both projects communicated the power and potential of music to make a difference and change the experiences and outcomes of people with health needs in out community and our world.

Annie: Any final thoughts or reflections of your experiences as a music therapist that you would like others to learn from?

Alison: Before my closing thoughts and reflections: I would like to thank you, Annie, for your time and thoughts in discussing and drawing out my lifetime of experiences, some of which you may be hearing for the first time despite our longstanding collaboration! I remember with fondness the first time that you approached me and introduced yourself at Augsburg College (2011, ISMM Conference, Minneapolis) and our many subsequent collaborative discussions around the world in various locations, be it a dinner cruise in Thailand, sitting on the floor sharing sushi in Japan, over lunch in a traditional Pub in Ireland, or schnitzel in Krems, or even in Australia! Together, we have shared deeply about our music therapy experiences and communities, and sought ways to positively use a critical reflective approach to progress growth and understanding within the worldwide application of music therapy. This has been such a valuable partnership, as we have explored interprofessional issues (Short & Heiderscheit, 2020, 2023), training issues (Heiderscheit & Short, 2024; Short & Heiderscheit, 2023, 2025), clinical applications in many contexts (Heiderscheit et al., 2025) and more! (Heiderscheit et al., 2020).

Stepping back into my own perspective, and as I reflect on my journey with music therapy in Australia as one of the first group of Australian graduates, I realise that my history demonstrates active pioneering support of the music therapy profession in Australia, creating building blocks in many and diverse ways. This has included fostering the Master of Creative Music Therapy course at Western Sydney University, and in turn helping with finding an educational home at the new Music Therapy@Western Centre, an on-campus clinic dedicated to the needs of music therapy student development and of course the clients it serves, also providing opportunities for research. This innovation of the Music Therapy@Western Centre is a game-changer which is being watched around the world, with thanks to all who have been involved in its development.

In my closing thoughts, I congratulate music therapy in Australia! From humble beginnings, music therapy has grown and developed in Australia, and has been founded on the essential building blocks of a range of methods, such as working in the moment with a child to promote change using music, an incredibly effective approach. Many people have contributed pioneering work, and some

have continued with international teaching, research collaborations and consortiums. This has included the trail blazers, the educators, the people pushing the boundaries – many people have guided and inspired music therapy in Australia! In exploring and reflecting on music therapy in Australia, it has become evident that we have a rich, deep and embracing identity as music therapists in Australia, working together to advance our evidence-based, community-oriented field of practice. We are well placed with the progress we have already made, both as a national community and in our region, and we look towards further advances in teaching, research and practice.

What does the future hold? I challenge each and every practitioner to hold the music therapy profession close, to work together, and to find ways to develop into the future. Of course, there will be challenges along the way, and together we are stronger. I encourage every music therapist to live in hope – as we work towards improvements in all aspects of music therapy in Australia and around the world. Be the change! Put your life and practice where it counts – into the real world, with the real people, and with your real colleagues!

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Ελληνική περίληψη | Greek abstract

Ανασκοπώντας την εξέλιξη της μουσικοθεραπείας κατά τη διάρκεια μιας ζωής: Σκέψεις για το παρελθόν, το παρόν και το μέλλον

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ΠΕΡΙΛΗΨΗ

Η ανάπτυξη της μουσικοθεραπείας ως επάγγελμα διαφέρει σημαντικά σε παγκόσμιο επίπεδο, επηρεαζόμενη από την τοπική εκπαίδευση, την κλινική πρακτική και τις ερευνητικές πρωτοβουλίες. Η κατανόηση αυτών των εθνικών και διεθνών εξελικτικών διαδρομών είναι κρίσιμη για την συνεχή εξέλιξη του επαγγέλματος. Η παρούσα συνέντευξη συμβάλλει σε αυτή την κατανόηση εξερευνώντας την καριέρα και τις απόψεις της Alison Short, μιας εξέχουσας Αυστραλής κλινικής μουσικοθεραπεύτριας, ερευνήτριας και εκπαιδευτικού. Η χρονική συγκυρία της συνέντευξης είναι ιδιαίτερα σημαντική, καθώς συμπίπτει με την 50ή επέτειο της Αυστραλιανής Ένωσης Μουσικοθεραπείας (Australian Music Therapy Association – AMTA) το 2025, ένα ορόσημο που προσκαλεί σε αναστοχασμό σχετικά με την εξέλιξη του επαγγέλματος και τις μελλοντικές του κατευθύνσεις στην Αυστραλία. Η διαδικασία ημι-δομημένης συνέντευξης του κειμένου καταγράφει τις γραπτές απαντήσεις της Short σε μια σειρά ερωτήσεων που επικεντρώνονται στις ποικίλες επαγγελματικές της εμπειρίες. Αυτές οι απαντήσεις διερευνήθηκαν περαιτέρω μέσω διαδικτυακών συναντήσεων, που επέτρεψαν βαθύτερη συζήτηση και κριτικό αναστοχασμό. Η αφήγηση που προκύπτει αναδεικνύει βασικά θέματα που έχουν διαμορφώσει τη συμβολή της Short στη μουσικοθεραπεία, σχετικά με την κλινική πρακτική, το ακαδημαϊκό έργο, την έρευνα, την εξέλιξη της μουσικοθεραπευτικής εκπαίδευσης στην Αυστραλία, καθώς και τις ευρύτερες επαγγελματικές προκλήσεις και επιτυχίες που παρατηρήθηκαν επί πολλές δεκαετίες. Μέσα από την εξερεύνηση και καταγραφή των αναστοχασμών της Short, η συνέντευξη προσφέρει πολύτιμες σκέψεις για την εξέλιξη της μουσικοθεραπείας στην Αυστραλία και για τη σχέση μεταξύ ατομικών επαγγελματικών διαδρομών και ευρύτερης επαγγελματικής ανάπτυξης. Αυτές οι σκέψεις είναι χρήσιμες όχι μόνο για την κατανόηση του αυστραλιανού πλαισίου, αλλά συμβάλλουν επίσης στον παγκόσμιο διάλογο για τη διατήρηση και προώθηση της μουσικοθεραπείας ως ένα δυναμικό, τεκμηριωμένο και προσωποκεντρικό επάγγελμα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ανάπτυξη της μουσικοθεραπείας, Αυστραλιανή Ένωση Μουσικοθεραπείας, συνέντευξη