

**This is an electronic reprint of the original article.  
This reprint *may differ* from the original in pagination and typographic detail.**

**Author(s):** Letule, Nerdinga; Ala-Ruona, Esa

**Title:** An overview of the music therapy professional recognition in the EU

**Year:** 2016

**Version:**

**Please cite the original version:**

Letule, N., & Ala-Ruona, E. (2016). An overview of the music therapy professional recognition in the EU. *Specialusis Ugdymas / Special Education*, 1(34), 133-144.  
<https://doi.org/10.21277/se.v1i34.252>

All material supplied via JYX is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of the repository collections is not permitted, except that material may be duplicated by you for your research use or educational purposes in electronic or print form. You must obtain permission for any other use. Electronic or print copies may not be offered, whether for sale or otherwise to anyone who is not an authorised user.

# AN OVERVIEW OF THE MUSIC THERAPY PROFESSIONAL RECOGNITION IN THE EU

Nerdinga Letulė, Esa Ala-Ruona  
University of Jyväskylä  
Seminaarinkatu 15, 40014 Jyväskylän yliopisto, Finland

## Abstract

This article documents the development of the professional recognition of music therapy in the EU. First, a brief history of the origins of modern music therapy in Europe is presented, followed by more detailed analysis of the establishment of training courses and professional associations across Europe. Second, the stages in the professionalization process according to Ridder, Lerner and Suvini (2015) are discussed. Third, the importance of the European Music Therapy Confederation in promoting music therapy recognition in the EU is highlighted.

**Keywords:** *professional recognition, European Music Therapy Confederation.*

## Introduction

Governmental recognition is important for any profession. It enables a claim that “the expertise of a specific professional group is both exclusive to that group and essential to the performance of specific occupational duties” (Healy & Meagher, 2004, p. 251). Professional recognition gives credibility to the actions that practitioners perform and provides protection of the interests of the client. In the case of music therapy, it affects both therapists and clients. For a therapist, it means that his education and experience are officially acknowledged and rewarded accordingly. In addition to that, professional recognition enables an infrastructure to represent the interests of therapists and opportunities for continuous professional development. For a music therapy client, it ensures that services are provided by qualified and competent people who are able to communicate information about the effect of intervention and guarantee safety and confidentiality.

Within the modern European health care system, music therapy is a relatively young discipline having existed for around sixty years. During that time certain countries have established music therapy traditions, defined professional regulations by law and provided practise guidelines for national health care

services. Unfortunately, there are also countries that still struggle to establish a national music therapy association and formally qualifying training and have yet to form regulations that would protect the discipline.

Lithuania has recently reached a halfway point on the journey toward full professional recognition of music therapy. Various institutions provide music therapy services. The Lithuanian Music Therapy Association has been an active organisation since 1997 and in 2014 the profession was legally recognised. The latest milestone – in the autumn of 2015 Vilnius University and the Lithuanian Music and Theatre Academy launched a joint Master’s degree programme in Music Therapy.

In addition to assessing the current situation and exploring the circumstances that affect it (Aleksienė, nd), it is important to understand where the professionalization process leads. Should music therapy be covered by the national health care system funds, and if so, under what circumstances? For example, the Finnish Social Insurance Institution compensates part of a patient’s costs for music therapy where there is a need for rehabilitative psychotherapy or medical rehabilitation. Another question: is a National Register of music therapists necessary? If so, what organization should be responsible for the accreditation of music therapists? Professional recognition is not a single achievement but rather a dynamic process necessary for all modern medical disciplines. So, what are the directives for professional growth and development within the field of music therapy?

Gaston (1968) says that theory, clinical practice and research are like a tripod – all three areas are essential to maintain the balance of the music therapy discipline. However, in order to operate this tripod in 21<sup>st</sup> century medical practice one also needs legal regulation to protect music therapists’ and their clients’ interests. The process of professionalization of music therapy in the EU has been underway for a time but is an under researched phenomenon. The relevance of the subject was evident in the latest issue of the music therapy magazine *Approaches*, named “Music Therapy: professional development paths.” This article is based on publications from the previously mentioned issue (*Approaches*, 7(1), 2015) and the information provided by professional music therapy associations.

The main aim of this article is to highlight the professional development and regulatory processes of music therapy in EU countries. The object of the research is to contribute to the professional recognition of music therapy within the EU. Comparative historical method has been employed in order: 1) to clarify the similarities and differences between EU countries with regards to the

music therapy professionalization process and 2) to provide a context for the professional development of music therapy in Lithuania. Only understanding the processes which enabled the current state of development and having a sound vision for the future one can make informed decisions that will lead to further professional music therapy achievements.

### **Music therapy in Europe**

It is known that music has been used for therapeutic purposes since biblical times (Bonde & Wigram, 2002). However, medical practice has undergone a huge volume of changes in order to reach present-day levels of safety and efficacy. Although the definition of music therapy varies between different countries' governmental regulations, in general

“music therapy is the clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2005).

The earliest music therapy practices began to emerge in the middle of the last century. They had several sources of origin since they were based on the work of music therapy pioneers. Later, these visionaries developed their work into distinct methods that have since become the therapeutic approaches that current therapists are trained in. In the beginning were the initiatives of people such as Juliette Alvin and Clive Robbins in United Kingdom, Aleks Pontvik in Sweden, Alfred Schmözl in Austria and Franz Adalbert Fengler in Germany amongst many others.

The first music therapy training programmes were launched a decade later (Table 1). Alvin initiated a music therapy training programme at the Guildhall School of Music and Drama in London (UK), a programme was launched in the Academy of Music and Performing Arts in Vienna (Austria), and Fengler started academic teaching of music therapy at the University of Arts in Berlin (Germany). If we were to divide the timeline from 1960 to 2015 into five periods falling on the decade, we would see that the UK, Austria, Germany and the Netherlands established a training program before 1970, France, Finland, Poland and Norway – before 1980, Sweden, Denmark, Belgium, Spain, Switzerland and the Czech Republic – before 1990, Estonia, Italy, Portugal, Greece and Hungary – before 2000, and Slovenia, Latvia, Serbia, Bulgaria and Lithuania the last countries to have established a music therapy training programme. EU countries that still do not have any established music therapy training are Croatia, Cyprus, Luxembourg, Malta, Romania and Slovakia.

Table 1

**Establishment of the music therapy training programs and professional associations in EMTC countries**

<b>Country</b>	<b>Training</b>	<b>Association</b>
UK	1958	1976
Austria	1959	1984
Germany	1960	1969
Netherlands	1965	1962
France	1970	2002
Finland	1973	1973
Poland	1973	1996
Norway*	1978	1960
Sweden	1981	1974
Denmark	1982	1969
Belgium	1985	1998
Spain	1986	1977
Switzerland*	1986	1981
Czech Rep.	1989	2006
Estonia	1990	1990
Italy	1990	1992
Portugal	1990	1996
Greece	1992	1992
Hungary	1992	1995
Slovenia	2000	2004
Latvia	2002	2005
Serbia*	2002	2001
Bulgaria	2008	1995
Lithuania	2015	1997
Iceland*	-	1997
Luxembourg	-	2004
Cyprus	-	2010

Note: \*non EU countries.

Currently, there are approximately 60 music therapy training programmes in Europe at various university levels (Bachelors, Masters and Doctoral). These programmes teach diverse therapeutic methods. The three most common are music-centered, psychodynamic and medical music therapy. Training programmes differ regarding the importance of clinical work and music therapy research, and another difference – in some countries there is still a strong

tradition of training outside academia that does not follow Bologna standards for higher education (EHEA, nd). For example, in Germany, there are seven private music therapy programmes as well as eight university programmes (Voigt, 2015a). To summarise, training practices in music therapy vary greatly across European countries.

Professional associations have played a major role in establishing music therapy as a legally recognised profession (Radulovic, 2015). Music therapy associations have contributed to the establishment of a code of ethics, representation of the profession in discussion with government and other institutions, distribution of relevant information to members, and demonstration of a desired professional image to the public. Most countries have one professional music therapy association, although Italy has four, and Spain has ten. Currently, only Romania does not have a single music therapy association out of EU countries, whilst Irish music therapists formed an association together with other arts therapists – Irish Association of Creative Arts Therapies. There is a general tendency that to begin with training programmes were launched before the creation of national associations (e.g., UK, Austria, Germany) but at the moment there are several countries with active professional associations (e.g., Cyprus, Iceland, Luxembourg) without training programmes. In some countries, one of which was Lithuania, national associations had a major role in establishing a music therapy training programme.

Education programmes are set up not only to prepare specialists providing music therapy services but also scientists performing research. Clinical methods applied by practitioners and research are mutually interlinked. On the one hand, research aims to clarify the dilemmas emerging in clinical work. On the other hand, research confirms or rejects the effectiveness of clinical methods and, consequently, allows for the development of new methods or improvement of the existing ones. The first scientific music therapy journal based on peer review and published in English was founded in 1964 (Journal of Music Therapy, USA), but a European journal did not arrive until 1987 (British Journal of Music Therapy, Great Britain). Currently, there are ten scientific peer reviewed English journals of music therapy in the world, publishing clinical reports, research and general articles. This quantitative expansion shows the importance and relevance of music therapy research.

### **Stages of the professionalization process**

Although “music therapy discipline is too diverse and too complex to be defined by a single approach, model, method, setting, population or training

course” (Bruscia as cited by Ridder, Lerner, & Suvini, 2015, p.17-18), there have been certain tendencies in the professionalization of music therapy in Europe. Ridder, Lerner, Suvini (2015) defined five main stages of the professionalization process:

1. Pioneering.
2. Professionalization of music therapy services.
3. Formalisation of education and beginning of research.
4. The development of university-level training and music therapy research.
5. Full professional recognition of the music therapy profession (with music therapy recommended in the national clinical guidelines).

Countries that are still at the pioneering period rely on individuals, who, after studies abroad, come back to the home country in order to prepare the ground for future development of national music therapy services. The final goal – full professional recognition – can be characterised as protection of the title, defined skills and competencies of the professional music therapist, a well-functioning infrastructure to provide music therapy services, the continuous development of training and research, national and international professional regulation and exchange of knowledge, initiatives and cooperative decision-making.

These stages of the professionalization process are neither necessarily separate nor definite. There are many paths to full recognition of music therapy that depend on specific political, social and economic circumstances in each individual country (Stige, 2015). For example, Finland has not legally defined the arts therapist’s professional qualification yet but the national health care system (Social Insurance Institution of Finland, Fin. *Kansaneläkelaitos*), compensates part of a patient’s costs for music therapy in treatment of certain conditions (as rehabilitative psychotherapy and medical rehabilitation). Lithuania, by contrast, already has a legally defined music therapy qualification but music therapy is yet to be integrated into the national health care system.

Although full legal professional recognition is the goal, it has been noted that it comes with certain challenges (Voigt, 2015b). When music therapy services are regulated by government and health care systems, compromises on the part of music therapy are unavoidable. Consensus must be reached between music therapists represented by professional associations and governmental bodies regarding minimum standards for qualification, the curricula of training programmes, overarching goals, methods, supervision and continuous development. Music therapists also need to clearly define their professional

identity, theoretical approach, methods applied, assessment tools used and other related issues, which set certain limits. To summarize, when the profession is formally recognised and legally regulated music therapists do not have the same freedom in decision-making concerning practice anymore.

There are two ways that countries legislate music therapy: under an umbrella with other creative arts therapies or as an autonomous form of therapy (Voigt, 2015b). Austria is the only country in the EU that has acquired professional recognition of *music therapy*. UK, Latvia and Lithuania has legally recognised *arts therapy* that includes art, music and theatre therapies. There are benefits of both approaches: in the case of individual recognition, there is no need to seek compromises with representatives of other professions, while in the case of collective recognition, there are more resources and support available for common interests.

The countries that have integrated music therapy into their national health care systems perform accreditation of practitioners. For example, the UK has the Health and Care Profession Council (HCPC), which regulates health and social workers. All practicing music therapists must have the necessary qualification and comply with the standards that ensure professional service delivery. HCPC registration must be renewed every two years, with the possibility of audit to ensure that Continuing Professional Development (CPD) requirements are being met. CPD is “a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice” (HCPC, 2015). The countries that are capable of creating and maintaining CPD infrastructure are typically advanced in the music therapy professionalization process.

### **European Music Therapy Confederation**

In the middle of the last century music therapy underwent a rapid development in Europe. As previously mentioned, this relied on the initiative of individual practitioners – music therapy pioneers. There was little communication, experience or knowledge shared internationally. This situation was addressed in 1989, when Tony Wigram, Patxi del Campo, Gianluigi Di Franco and Helen Odell-Miller established the European Music Therapy Association. From that point onward structured development, networking and the advancement of the music therapy discipline are evident in Europe.



In 1998 the name of the organisation was changed to the European Music Therapy Confederation (EMTC). This transition was not a formality but signified that this professional gathering was ready to “take over the responsibility for the professional and political future” (Nocker-Ribaupierre, 2015, p. 25). Another important milestone was in 2000 when the General Assembly approved an Ethics Code. And at last, in 2004, the EMTC achieved official status: it was registered in Brussels as an international, non-profit organisation, and published in the *Moniteur Belge*.

Currently there are 28 member countries of the EMTC, in total 44 professional associations (among which is the Lithuanian Music Therapy Association) and more than 5600 members. The mission of the Confederation is to promote professional music therapy practices in Europe and to strengthen exchange and collaboration between member countries. The Future Vision and Mission Think Tank, working group of the EMTC, suggests dynamic development of national associations, educational systems, clinical practice, research activities, political acts and society favourable for music therapy (Ala-Ruona et al., 2015). Interestingly, the importance of the final point – educating society – is often underestimated. It has been identified that, in order to grow professionally, it is crucial to have a sound music therapy education system (preparing therapists), to develop research (advancing methods) and cooperate with other health care professionals and government (regulating the standards). But without people who are willing to take part in music therapy sessions none of that matters.

In 2012 the first music therapist was registered in the European Music Therapy Register (EMTR). It is designed “to ensure the recognition and protection of the professional title of music therapist”, and aims at “promoting the mobility of professional music therapists within Europe” (EMTC, nd). Criteria for inclusion into the EMTR are the high levels of training considered important for music therapy professionals. In order to be a part of the EMTR, one must have a Master’s degree in Music Therapy, a minimum of two years of full time clinical experience and at least 200 hours of both self-experience and supervision.

## **Discussion**

The music therapy discipline has rapidly developed during the last 60 years (Backer, Nocker-Ribaupierre, & Sutton, 2014). There are national and international professional bodies that cooperate developing music therapy education, research and practice methods. Legal recognition of music therapy qualifications was achieved in Austria, the United Kingdom, Latvia and Lithuania. However, so far there are no regulations adopted at international

level in the EU governing the profession therefore decisions on professional standards are taken by each country according to socio-economic opportunities and needs. The countries that established music therapy training programmes and professional associations earliest are currently the most advanced in the professionalization process (legally protected professional status, defined professional skills and competences, established Continuing Professional Development (CPD), the development of educational programmes and research and international cooperation).

Having reviewed the development of the professional recognition of music therapy in the EU, importance of two aspects has emerged. First, having self-experience and supervision (in addition to clinical training) is necessary in order to be recognised as a professional music therapist Europe-wide. A Master's degree is the beginning of a professional career, and CPD is the path to the internationally recognized qualification. Second, health care professionals rely on evidence-based practice so, in order to have officially approved music therapy clinical guidelines, music therapy research has to be further developed based on sufficient funding and interdisciplinary collaboration. One way to set up a research infrastructure capable of providing such evidence is further emphasis on the development of international cooperation.

Professional recognition of music therapy in the EU is still in the early stages. Some countries (e.g., Austria, United Kingdom, Finland) have developed an advanced infrastructure of music therapy services, educational programmes and research but in most EU countries music therapy is not legally recognised or integrated into the national health care system. Considering these circumstances, the role of the EMTC is crucial in pursuit of the internationally recognized and protected music therapy discipline. Edwards (2005) said that "the ability of those within the profession to tolerate and respect different ways of knowing is a strength" (p. 28). Only together, sharing present experiences and visions for the future, can we create the profession that is fully recognized and protected, regardless of national borders.

## References

- Aleksienė, V. (n.d.). *Muzikos terapijos raida Lietuvoje*. Retrieved from <http://www.muzikoterapija.lt/muzikos-terapijos-raida-lietuvoje/>
- Ala-Ruona, E., Voigt, M., Wallius, R., Wiltgen, M., Berman, A., & Pehk, A. (2015). *Future vision and mission think tank*. (Presentation in the General Assembly of the EMTC, Würzburg, Germany, 2015).

- AMTA (2005). *Definition of music therapy*. Retrieved from <http://www.musictherapy.org/about/standards/>
- Backer, J., Nocker-Ribaupierre, M., & Sutton, J. (2014). Music therapy in Europe: the identity and professionalization of European music therapy, with an overview and history of the European music therapy confederation. In J. de Becker, J. & Sutton (Eds.). *The music in music therapy. Psychodynamic music therapy in Europe: Clinical, theoretical and research approaches*, pp. 24-36. London: Jessica Kingsley Publishers.
- Bonde, L. O., & Wigram, T. (2002). *A comprehensive guide to music therapy: Theory, clinical practice, research and training*. London: Jessica Kingsley Publishers.
- Brynjulf, S. (2015). Music therapy as academic education: A five-year integrated MA programme as a lighthouse model? *Approaches: Music Therapy & Special Music Education, Special Issue*, 7(1), 54-61.
- Edwards, J. (2005). Developments and issues in music therapy research. In B. Wheeler (Ed.), *Music therapy research*, pp. 20-32. Gilsum NH: Barcelona Publishers.
- EHEA (n.d.). *Bologna Process – European Higher Education Area*. Retrieved from <http://www.ehea.info>
- EMTC (n.d.). *European music therapist register*. Retrieved from <http://emtc-eu.com/register/>
- Gaston, E. T. (1968). *Music in therapy*. New York: Macmillan.
- Healy, K., & Meagher, G. (2004). The reprofessionalization of social work: Collaborative approaches for achieving professional recognition. *British Journal of Social Work*, 34(2), 243-260.
- HCPC (2015). *Continuing professional development and your registration*. Retrieved from [http://www.hcpc-uk.org/assets/documents/10001314CPD\\_and\\_your\\_registration.pdf](http://www.hcpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf)
- Radulovic, R. (2015). The role of professional associations in the recognition process. *Approaches: Music Therapy & Special Music Education, Special Issue*, 7(1), 98-109.
- Nocker-Ribaupierre M. (2015). The European Music Therapy Confederation: History and development. *Approaches: Music Therapy & Special Music Education, Special Issue*, 7(1), 23-29.

- Ridder, H. M., Lerner, A., & Suvini, F. (2015). The role of the EMTC for development and recognition of the music therapy profession. *Approaches: Music Therapy & Special Music Education*, Special Issue, 7(1), 13-22.
- Stige, B. (2015). Music therapy as academic education: A five-year integrated MA programme as a lighthouse model? *Approaches: Music Therapy & Special Music Education*, Special Issue, 7(1), 54-61.
- Voigt, M. (2015a). Germany: country report on professional recognition of music therapy. *Approaches: Music Therapy & Special Music Education*, Special Issue, 7(1), 151-152.
- Voigt, M. (2015b). Solo or tutti, together or alone – What form of professional/legal recognition is best for music therapy? *Approaches: Music Therapy & Special Music Education*, Special Issue, 7(1), 91-97.
- Wheeler, B. (2005). Overview of music therapy research. In B. Wheeler (Ed.). *Music therapy research*. Gilsum NH: Barcelona Publishers.

## **AN OVERVIEW OF THE MUSIC THERAPY PROFESSIONAL RECOGNITION IN THE EU**

Nerdinga Letulè, Esa Ala-Ruona

### Summary

This article documents the development of professional recognition of music therapy in the EU. Professional recognition gives credibility to the actions that practitioners perform and provides protection for the interests of the client. In the case of music therapy, it affects both therapists and clients. Professional recognition also enables an infrastructure to represent the interests of therapists and present opportunities for continuous professional development. For music therapy clients it ensures that services are performed by qualified and competent professionals who are able to provide information about the effect of intervention and guarantee safety and confidentiality.

The main aim of this article is to highlight the professional development and regulatory processes of music therapy in EU countries. The object of the research is to contribute to the professional recognition of music therapy within the EU. Comparative historical method is employed in order to 1) clarify the similarities and differences among EU countries with regard to the music

therapy professionalization process and 2) provide a context for the professional development of music therapy in Lithuania. The authors suggest that only by understanding the processes that enabled the current state of development and by having a sound vision for the future, can one make informed decisions that will lead to further professional music therapy achievements.

The research that was conducted into music therapy in EU revealed that legal recognition had been achieved in the UK, Latvia, Lithuania and Austria. However, so far there are no regulations adopted at an international level in the EU governing the profession, therefore, decisions on professional standards are taken by each country according to socio-economic conditions, possibilities and needs. During the review of the development of professional recognition of music therapy in the EU, the importance of two aspects emerged. First, clinical practice, supervision and personal therapy are necessary conditions in order to be recognised as a professional music therapist Europe-wide. Second, healthcare professionals rely on evidence-based practice; therefore, in order to have officially approved music therapy clinical guidelines, music therapy research has to be further developed based on sufficient funding and interdisciplinary collaboration.