



The Role of the EMTC for Development and Recognition of the Music Therapy Profession

Hanne Mette Ridder, Adrienne Lerner & Ferdinando Suvini

ABSTRACT

The rapid development of music therapy in Europe is reflected in the increasing number of trained professionals, music therapy positions and research publications. A development of the discipline implies increased requirements regarding the skills and competences of music therapy clinicians, and therefore the training of students, continuing education and research. This leads to a further demand for recognition of music therapy as a profession and for regulation, registration and governmental recognition. Looking back over the past 60 years, we are able to define some common paths of development in relation to the music therapy profession throughout the European countries. With this as a starting point, as well as our own engagement in the European Music Therapy Confederation (EMTC) for more than a decade, we will explore the innate complexity of the profession and formulate our views for the future directions of the music therapy profession in Europe and the potential role of the EMTC in this development.

KEYWORDS

music therapy; profession; recognition; association; definition; types of knowledge; ethics; mutual respect

Hanne Mette Ridder is Professor, MA in Music Therapy, and certified clinical music therapy supervisor. She is Head of the Doctoral Programme in Music Therapy at Aalborg University, and since 2010 President of the European Music Therapy Confederation (EMTC). She serves on advisory editorial boards for the *Nordic Journal of Music Therapy*, *Approaches: Music Therapy & Special Music Education* and *Music & Medicine*, and has published widely on music therapy, especially in dementia care.

Email: hanne@hum.aau.dk

Adrienne Lerner, Doctorate in Clinical Psychology, trained music therapist and psychotherapist. Vice-President Secretary of the European Music Therapy Confederation (EMTC). Board member of the Fédération Française de Musicothérapie (FFM). After many years' experience in public institutions working in an adult psychiatry unit, a paediatric unit and in a private placement centre for mistreated children, Adrienne is currently self-employed.

Email: adriener@wanadoo.fr

Ferdinando Suvini, MA music therapist, trainer and supervisor. Head of the Florence Music Therapy Training Course. Music therapy Professor in the Conservatorio of L' Aquila and in Ferrara (MA). President of the Italian Music Therapy Professional Association (AIM) and Vice-President of the EMTC. Italian coordinator of Time-A research project on music therapy and autism (Principal Investigator C. Gold). Suvini's publications on music therapy are particularly in autism.

Email: ferdisuvini@libero.it

EMTC: A STATUS QUO

The purpose of this article is to take the opportunity to make a halt and use this intermezzo for devising some overall reflections on the music therapy profession and what we see as important understandings and reflections for the future work in the European Music Therapy Confederation (EMTC). We could have chosen to focus on the work that is done in the EMTC over the years and used the opportunity to explain the rationale for EMTC membership. However, the vivid, engaged and enriching discussions and talks at various EMTC meetings during the last five years have inspired us to make a status quo where we try to put in words some of the underlying complexity of this organisation. As a consequence, this article about the EMTC is a reflective and theoretical text, intending to understand how we understand our profession and which role the EMTC has in its development.

Our starting point means first explaining the background and history of the EMTC. But as the history is thoroughly described in this special issue of *Approaches* by Monika Nöcker-Ribaupierre (2015), we allow ourselves to only summarise the development. We may describe the development as a journey starting from a cluttered situation with small and separated non-governmental interest groups who did not know each other, but did a priceless job in introducing music therapy in local settings. There were many voices singing their specific tune.

Step by step the use of music therapy was integrated locally, training courses were established, networks were spread and finally associations were formed. The journey led to a situation with many voices singing together. This pointed towards unification performed as pre-conferences, meetings and gatherings that led to the birth of the European Music Therapy Association (EMTA).

In 1998, the association was transformed into a confederation. Calling it a confederation underlined that the collaboration had the character of a political unit for common actions related to other units and joined by agreements or statutes. The confederation's dynamic functioning is due to many years of enthusiastic and proficient effort by visionary professionals, not least by the late Tony Wigram.

Impressive work was pursued from 2001-2010 due to the efficient and skilful leadership of Jos De Backer, Julie Sutton and Monika Nöcker-Ribaupierre who served as President and Vice-

Presidents. The EMTC developed as a dynamic confederation with a well-established administrative structure, with formalised systems and an operational European Music Therapy Register (EMTR). In 2004 the EMTC was officially registered as an international non-profit association (De Backer & Sutton 2014) (see Table 1 for an overview of milestones).

A period in the EMTC with focus on strengthening international bonds and mutual collaboration began in 2010. As a *profession* is not a generic concept, but a historic notion, this means that it changes over time and between places (Bunt & Stige 2014). Such complexity is challenging, and for the EMTC this period was important in order to make visible the similarities of music therapy approaches, but without losing their variety. Therefore, for our work in the EMTC, we found it important to show openness towards different understandings of the profession as well as of the discipline (which we will return to later).

1950: The first European pioneers (among others Juliette Alvin, Aleks Pontvik, Clive Robbins, Arnold Schmölz and Maria Schüppel).

1960: The first music therapy training courses.

1989: Founding of the European Music Therapy Association (Tony Wigram, Patxi del Campo, Gianluigi Di Franco and Helen Odell-Miller).

1998: The European Music Therapy Confederation (EMTC) officialised at the conference in Leuven, Belgium.

2000: The EMTC Ethics Code approved at the General Assembly.

2004: The EMTC achieved official status, registered in Brussels according to Belgium law as an AISBL, an international, non-profit organisation (Association International à But non-Lucratif), and published in the *Moniteur Belge*.

2012: The first professional music therapists registered with the European Music Therapy Register (EMTR).

2014: The first European Music Therapy Day was held on the 15th of November.

2015: 28 countries are members of the EMTC, representing more than 5500 music therapists through 44 professional associations.

2016: The 10th European Music Therapy Conference, Vienna, Austria.

Table 1: EMTC milestones

Following this, it was central to see and to understand the differences between music therapy approaches. This could be regarded as the attempt to draw 'borders', and with identified borders it now became relevant to start 'crossing' borders. Symbolically, this was expressed by the EMTC signing an EMTC Schengen agreement at the national general assembly in Luxembourg in 2014. All country representatives physically visited Schengen, and inspired by this historical place, it was agreed to sign a statement of *music therapists without borders*, marked by the acceptance and support of different cultures of music therapy.

The complexity of the profession is an inspiring richness, but it is also a great challenge that leads to disagreement and rivalry. Barrington (2005) argued in her study on professionalisation that the music therapy profession was founded on a balance of compliance and non-compliance as it had to establish relationships with other professions, regulatory bodies and clients. Our aim is to explore this innate complexity of the music therapy profession.

Starting with the present state of the EMTC, we have witnessed great involvement and engagement at member level in recent years. Each of the member countries elects a country representative who is willing to co-operate with all the member associations in the country. In most countries there is one national association, although there are four in Germany and Italy, and 10 in Spain.¹ We have worked on the basis and the conviction that a well-functioning and well-organised communication between European music therapists via their association, the country representative and the EMTC paves the way for exchange and respect.

In recent years, the EMTC has worked on fostering transparent procedures which involved revising bylaws and a more active use of the website (www.emtc-eu.com). Working groups emerged and engaged in specific topics that were discussed at the annual general assemblies. Topics for the working groups included continuing professional development (CPD), ethics, a vision and mission think-tank, recognition and qualification. In 2014, the first European Music Therapy day took place and further widespread engagement and involvement was seen, for example, in national presentations on topics related to the EMTC and the EMTR, arrangement of

discussion forums, roundtables, symposia and conferences, and in the dissemination of posters and flyers as well as this special issue of *Approaches* on professional development.

From our perspective, the status quo of the EMTC is a high level of engagement and involvement in a dynamic collaborative network with a steady increase in the number of professionals. This reflects a well-established international association as well as a developing and expanding profession.

DEFINITIONS OF MUSIC THERAPY

From this status quo we now want to dive into the core of the profession. We will provide a closer look on how the discipline of 'music therapy' is defined. Defining music therapy is not a simple task. The American music therapy Professor Kenneth Bruscia spent 25 years on his project aimed at conceptualising music therapy. If a definition of music therapy should function as an umbrella term that covers all professional relevant practices and concepts, it would need to be critically inclusive and integrative (Bruscia 2014). In the third edition of his book *'Defining Music Therapy'*, Bruscia analysed no less than 102 definitions. These were broken down into their main grammatical and semantic units and then synthesised into the following working definition:

"Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research" (Bruscia 2014: 36).

When the World Federation of Music Therapy (WFMT) in 1996 agreed on a definition of music therapy, the EMTC approved acceptance of this definition (see Nöcker-Ribaupierre 2015, in this issue). In 2005 the American Music Therapy Association (AMTA) agreed on a definition that in addition focused on professional aspects such as accreditation and the approval of training:

"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).

¹ Each association pays one Euro per music therapist. This gives a clear picture of number of members in the EMTC on the list at <http://emtc-eu.com/member-associations/>

In 2011 the WFMT definition was changed, and the EMTC decided that each country would state the definition of music therapy applied in their country and in their ethical code. This would be stated on the EMTC website where each country has its own page. Being specific about core aspects of the profession is similarly a requisite when defining codes of ethics. The request to emphasise ethics and definitions in each country further offers an important opportunity to discuss and reflect upon conceptualisations of music therapy. This is part of a process towards identifying possible European trends of the music therapy profession and giving each country a voice as to how they define their profession. This is a current and not yet finalised process in the EMTC (2013, 2014).

DEFINITIONS AS STEPPING STONES

By synthesising definitions (the working definition presented by Bruscia, the definitions used by the WFMT, as well as the AMTA definition) we have ended up with six key elements identifying the music therapy profession at an overall level: 1) clinical intervention, 2) individualised goals, 3) evidence-based practice, 4) music therapeutic relationship, 5) approved music therapy courses, and 6) credentialed professional.

We will further use these as 'stepping stones'. We might easily lose track, and finding foothold on some solid stepping stones makes it easier to describe the trajectory we are following. Therefore, the stepping stones are used to structure our discussion and make the process a little less complex.

For each theme (or stepping stone) various *actors* are involved: the music, the client and the music therapist, but also the interdisciplinary team, researchers, theorists, governmental bodies and professional associations.

Knowledge paves the way for gaining insight and we realise that, due to the complexity reflected in the field, there is a need for differentiating between those kinds of knowledge that we may normally mix together in discussions. We will not describe the details about which knowledge is applied in order to understand a certain music therapy approach or technique. We will describe an overall framework of knowledge in order to understand not only what we do, but also why and how we do as we do, and which values this contains. We will do this by referring to philosophical concepts of knowledge, distinguishing between ontology, epistemology, methodology and axiology. This helps us to be specific about and

differentiate between beliefs about the nature or reality (ontology), the nature of knowledge (epistemology), the role of methods and procedures (methodology), and the role of values or ethics (axiology) (see Tashakkori & Teddlie 2010).

1) Clinical intervention

For a clinical music therapy intervention, the triad of music/client/music therapist is the cornerstone. The setting may be individual, group, family or community. The knowledge required may be about the client's treatment or psychosocial needs, and techniques for how to share music experiences as a treatment.

In order to understand the clinical intervention, the body of knowledge applied is mainly *ontological*. There is a need to understand the social world of the client in order to 'do' and to carry out meaningful acts.

2) Individualised goals

The 'system' around the client needs to be considered if the professional is to accomplish the client's individualised goals. Depending on the setting, the involved actors will consist of the interdisciplinary team, the community or relatives. The setting may be, for example, medical, educational, psychosocial, rehabilitative or the everyday environment. In order to be specific about individualised goals, knowledge on assessment, outcome measures, client resources and problems (pathology) is necessary. In addition, it is necessary to gain knowledge about collaboration on referral of clients, implementation of acquired knowledge from the therapeutic process, and on the evaluation and conclusion of the therapy which may lead to further referrals to either music therapy or other interventions.

In order to understand the goals for each client, the body of knowledge applied is also mainly *ontological*, with a need to understand the social world and the existence of the client.

3) Evidence-based practice

One way to distinguish between professional and non-professional practice may be to consider assurance of quality care. In the healthcare sector, this is achieved through specific guidelines to determine whether the clinical intervention is effective. Stemming from evidence-based medicine, evidence-based practice follows criteria set up in medical experimental research. The

setting could be in vivo (in the real world setting) or in vitro (carried out as laboratory experiments). The actors are researchers with knowledge on research methodology related to explanatory (quantitative experimental) research and descriptive (cohort) studies. In order to understand this type of research, the body of knowledge applied is mainly *methodological*, with a need to understand how to generate and justify (positivistic) evidence.

4) Music therapeutic relationship

The “therapeutic relationship” is not mentioned in every definition of music therapy. The concept, however, is mentioned in the definition of the AMTA and by Bruscia as described above. Within this understanding, the discipline of music therapy is not only about theoretical reflection on the needs of the client, but also on the interactions between client and therapist via the music. This requires the music therapist to share reflections with others about practice. Therefore, this type of knowledge may also be described as meta-knowledge.

Meta-knowledge requires insight as to how knowledge is applied to clinical practice as well as insight regarding the therapeutic processes. Furthermore, the therapist must be able to reflect on his or her own role in the relationship, which requires self-knowledge from the therapist. This may be further developed through supervision. The knowledge on aspects of the therapeutic relationship may be disseminated as theories that are used to explain a phenomenon, describe the social world and/or to understand the music therapeutic practice. This goes hand in hand with exploratory (qualitative) research that includes, for example, phenomenology, ethnography and hermeneutics.

In order to understand the therapeutic relationship, the body of knowledge applied is mainly *epistemological*, and in research also *methodological*. This knowledge is applied when there is a need to *understand how we understand* the client-therapist interaction, and requires a high level of reflectiveness from the therapist.

5) Approved music therapy courses

If “music therapy is the professional practice component of the discipline, which informs and is informed by theory and research” as stated by Bruscia (2014: 36) in his working definition of music therapy, this not only puts a demand on the clinician, but also on the training of students. Being informed by theory and practice can no longer be

random and requires the professional to be informed by a certain body of knowledge described in a curriculum or syllabus.

The actors are not self-proclaimed teachers, but are part of a larger system, e.g. defined by university training courses that are accredited by governmental bodies. In Europe, the national accreditation would be expected to relate to the European Bologna Declaration that was launched in 1999 with the aim to reform the higher education systems and was adopted by ministers of education of 29 European countries. The Bologna system is based on three cycles (BA, MA and PhD) and the accumulation and transfer of specified credit points (ECTS).

In order to approve a given music therapy course, knowledge that implies insight in all aspects of the profession, practice, theory and research is reflected in the curriculum. The knowledge required is *axiological*, which is knowledge on the nature and role of values at an overall level of the profession. There are various models of music therapy. We therefore see training course curricula formulated differently according to their focus on, for example, music-centred, psychodynamic or medical approaches. A broad and inclusive discipline will embrace such diversity as important values.

6) Credentialed professional

A professional is a member of a *profession*, which is an organised group of people using the same body of knowledge when they are carrying out their job as clinician, educator, administrator or supervisor. But music therapy is also a *discipline* which is the “organised body of knowledge consisting of theory, practice, and research, all pertaining to the professional uses of music for therapeutic purposes” (Bruscia 2014: 10).

According to Bruscia, the identity of music therapy is projected by associations, such as the EMTC.² This projection should be consistent with the identity of the discipline “rather than with any professional image demanded in the current marketplace” (Bruscia 2014: 269). However, the music therapy discipline is too diverse and too complex to be defined by a single approach, model,

² Although named as a confederation, in 2004 the EMTC was officially registered as an international non-profit association (Association Internationale Sans But Lucratif).

method, setting, population, practitioner, or training course (Bruscia 2014). If the profession sets standards of education and training, this needs to be broad and integrative in order for music therapists to perform their role in various settings. The professional associations play an important role in establishing particular overall standards, first of all with the purpose of protecting clients from harm by formulating codes of ethics, and secondly with the purpose of protecting the profession and the title 'music therapist'.

The credentialled professional is subject to codes of ethics and professional standards of practice, and a recognised professional association will set up these standards of practice and ethics for the discipline. Most often a national governmental body will assure accredited training with requirements defined in the study curriculum. The knowledge applied requires *insight* in the discipline and is *formal axiological* which is knowledge on the nature and role of values and ethics at an overall level of the profession. Knowledge as *insight* is highly important in order to avoid a top-down restriction of the profession governed by exterior (marketing, economical or suppressive) rules.

For example, lengthy discussions have taken place in the EMTC regarding the number of self-experience hours necessary to be a registered (or credentialled). The discussions quickly revealed very different understandings in each of the countries regarding the concept of 'self-experience' as a didactic training model and especially reflected in the various approaches to music therapy.

PROFESSIONAL RECOGNITION AND RECOMMENDATION IN HEALTH GUIDELINES

We have now described some stepping stones characterising six overall themes expressing the music therapy profession as synthesised from applied definitions of music therapy. We have described essential differences, and when discussing these, various types of knowledge are needed in order to understand what we are talking about. We must include and distinguish between topics that deal with the social world and the existence of the client, as well as how to generate and justify evidence, how to understand and describe the therapeutic relationship, and the nature and role of values of the profession with insight in the discipline.

We now want to introduce an additional stepping stone on the path of professional development. We

define this as formal recommendation of music therapy in national health guidelines, assuming that formal recommendations (in this case in the healthcare sector) lead to funding of positions and therefore also to employment of music therapists.

As an example of such official recommendation, the use of music therapy is recommended in the treatment of patients with psychotic disorders in the National Clinical Health Guidelines in Norway, Sweden and the UK.

In the UK guidelines for schizophrenia and psychosis, it is recommended that "Arts therapies should be provided" (NICE 2014: 221). Furthermore, it is stated that this should be done "by a Health and Care Professions Council registered arts therapist with previous experience of working with people with psychosis or schizophrenia" (NICE 2014: 217). In the UK art, drama and music therapists are registered and regulated which requires specialist training at Master's level.

According to the country reports published in this special issue of *Approaches* (Ridder & Tsiris 2015), music therapy is not recommended as a clinical treatment in guidelines in other European countries. However, art and music (but not 'music therapy') is mentioned to be considered as a relevant activity or non-pharmacological intervention in guidelines in several countries. As an example, music and dance are named in line with aromatherapy, multisensory stimulation, animal-assisted therapy and massage in the UK guidelines on dementia. In the article 1.7.1.2 on non-pharmacological interventions for people with dementia who have comorbid agitation, it is stated that "consideration should be given to providing access to interventions tailored to the person's preferences, skills and abilities" mentioning that "therapeutic use of music and/or dancing [...] may be considered, depending on availability" (NICE 2006: section 1.7.1.2).

The aim of the clinical health guidelines is to provide recommendations for good practice by healthcare professionals and to help the involved parties (including the patients) to make informed decisions about treatment. The guidelines, for example, in Denmark (SST 2013) are based on evidence-based treatment of high quality across borders, a combined care plan and are also interdisciplinary. Therefore, within a medical paradigm, music therapy will not be recommended as an approach in healthcare until there is evidence of the clinical effectiveness.

One of the most acknowledged sources for stating clinical effectiveness in healthcare are

Cochrane reviews. To date, there are a large number of reviews analysing the effectiveness of music medicine and various applications of music. Cochrane reviews specifically addressing music therapy are listed on the EMTC website and include in March 2015 reviews on music therapy and schizophrenia, autism, depression, end-of-life care, acquired brain injury and dementia.

Cochrane reviews are regularly updated with new research included. We may assume that the review on schizophrenia (Mössler, Chen, Heldal & Gold 2011) already has played a major role for the recommendations of music therapy in the first European countries mentioned. We expect this will be reflected in more countries in the near future (e.g. with the recommendation of Rhythmic Auditory Stimulation, Thaut 2005) and that this will also apply to other clinical areas where significant effect is found. However, this is a slow process and is based on thorough analyses. We do, though, expect recommendation of music therapy in healthcare systems throughout Europe in specific clinical areas in the years to come.

REGULATION OF A PROFESSION IN EUROPE

Not all music therapy approaches are directed towards the healthcare system. For educational or community settings there are other factors that determine reasons for regulation and, as a consequence, possibilities for employment. In many European countries music therapy positions are created on an ad hoc basis by the practitioner, sometimes not even under the title of 'music therapist'. According to Radulovic (2015), music therapists are trained at state or private universities in most countries, with only 8% of the countries offering private training courses. As such, the majority of European music therapists are trained at universities subjected to an official accreditation system. In state accreditation it is common to require that the earned degree after completion of the training should lead to future employment within the discipline. In this way, the accreditation system aims to link university trainings with job opportunities.

In Europe there are music therapy positions and job advertisements, but no statistics exist that shed light on how many music therapy students can expect to find vacancies within their profession.

According to the European Commission, the regulation of professions or professional activities is within the member country's competence. This implies that every member country can decide,

within the limits of proportionality, whether or not to regulate a profession or a professional activity and how to regulate. There are exceptions to this principle for a few professions for which minimum training requirements have been defined at the EU level. The profession of music therapist is not one of these (Walaszczyk-Terrasse 2014).

If the profession in a given member country of the EU is regulated, the professional has to apply for recognition of his/her qualifications to the competent authorities of the country. In this case, there are rules agreed on EU level to facilitate recognition. If a profession is regulated in at least one third of the member countries (and under certain further conditions), there may be a possibility to develop a Common Training Framework under the EU in order to facilitate the recognition of qualifications (Walaszczyk-Terrasse 2014).

THE ROLE OF THE EMTC IN THE PROFESSIONAL DEVELOPMENT

In a portrayal of paths of development in contemporary music therapy, Bunt and Stige (2014) describe the pioneering decades for music therapy and periods with professionalisation of services and formalisation of education and research. Inspired by these overall phases of the development, we suggest a portrayal of a European path of development. This development is reflected in some overall patterns described in the reports on professional development from 28 European countries included in this special issue of *Approaches* (Ridder & Tsiris 2015) and may be defined as shown in Table 2.

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

Table 2: Paths of development of European music therapy

Some European countries are in the pioneering period where autodidactic pioneers, or pioneers

who have studied abroad, prepare the ground for the profession with important initiatives and activities. They may be involved in private training courses or in implementing music therapy services in various areas of their expertise. For some countries, formalised training may be a possibility even before music therapy services become a professionalised service, for others it is the opposite (see, for example, Stachyra 2015).

The 28 country reports show that in many European countries university training is offered at Master's level and that research is playing an increasing role. Only one European country, Austria, has acquired professional recognition of music therapy according to the *Regulated Professions Database* administered by the European Commission (EU 2015a). If one searches for "Musiktherapeutin/Musiktherapeut", they will find the profession listed in the database. In addition, 'arts therapist' is listed as a regulated profession in the UK and included in the EU Regulated Professions Database. The description of the professional is: "An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama" and with a protection of the titles: art psychotherapist, art therapist, drama therapist, and music therapist (EU 2015b).

The EMTC consists of national associations with the member countries represented by a single elected representative, regardless of the number of music therapists in the national associations. According to the mission statement, the aim of the EMTC is to promote further development and foster exchange:

"The EMTC is a confederation of professional music therapy associations, working actively to promote the further development of professional practice in Europe, and to foster exchange. The overall purpose of the EMTC is to nurture mutual respect, understanding and exchange between music therapists in Europe" (De Backer, Nöcker-Ribaupierre & Sutton 2005: no page).

The role of the EMTC is to work with each of the countries according to their specific needs for development. We do not consider it constructive to push for a development that requires formalised accredited training courses or a high level of research in countries where member associations still struggle to build up training courses and to foster professionalisation of music therapy services. It may take one or two decades before the characteristics of the next step crystallise. We have suggested five periods, and we are aware that this

is a generalisation; for some countries the development may evolve in a completely different manner. In this regard it is relevant that the EMTC provide a supportive framework through partnership and mutual exchange, fostering music therapy to creatively develop in a bottom-up perspective.

With the demand of evidence-based practice in healthcare, and at the same time an increase in quantitative outcome research in music therapy, it is relevant to expect the profession to be included in national clinical guidelines during the coming decade. If this would lead to recommendations of music therapy treatment, we may over time assume music therapy to be an anticipated intervention in specific areas of the healthcare sector. This will increase the number of established positions and lead to financial coverage of music therapy services.

Music therapy is a complex intervention and the discipline should therefore inform and be informed by theory and research. For students to achieve competences in all the aspects pertaining to the professional uses of music for therapeutic purposes and for theory, practice and research, we suggest that the profession in a long-term perspective strives for a full five-year integrated university training and in this way link the two cycles (BA and MA) mentioned in the Bologna Declaration. The practitioner must not only show proficiency to play at a certain level on a main instrument, but must show proficiency to practise ethically.

In addition, we see a need to achieve specialisation even after a full MA training, as well as the need to uphold the standards of practice, education and research through continuing professional development (CPD) (see Harrison 2015). Therefore, each professional should have the possibility to specialise in a clinical area through CPD which is only formalised in a few countries.

Without professional recognition the identity of the music therapist is persistently challenged. When full recognition is achieved, the qualified music therapist will no longer to the same extent need to constantly define his or her professional role and be anxious in losing identity when other professionals make use of music. This will give more freedom to integrate *direct* and *indirect* practice as described by Bunt and Stige (2014). With indirect music therapy practice, the professional will guide relatives, staff or others in how *they* can apply music in everyday situations and in activities in a way where a giving relationship is fostered between them and the client – instead of mainly between the music therapist and the client.

In his foreword '*To Music's Health*', Ansdell

(2013) questions what will be the impact of the growing tendency of the linking together of principles from different disciplines on the currently separate practices, disciplines and professions. He speculates whether the profession is on the “brink of a ‘field-shift’, one that would re-orientate each of the separate players into a more shared territory and direction for the future?” (Ansdell 2013: 6). From this he suggests that the over-arching academic and practice-based field of ‘people and music’ has been shaken up in the last 10 years.

According to the neurologist Oliver Sacks (2007: 347), “music is part of being human”. The aim of the music therapy profession is to bring music back to those relationships where it brings mutual understanding and trust. We would like to see this going hand in hand with a solid professional music therapist identity.

CONCLUSION

We have taken the opportunity to explain the underlying aspects of what it means to be a music therapist, which necessarily colours the directions for the future work in the EMTC. We have described a journey starting from a cluttered situation with separate players, continuing towards a unified, critically inclusive and integrative framework. We suggest that this journey carries on towards formal recommendation which should include protection of the title, national and international professional regulation, and ultimately leading to full professional recognition of the music therapy profession. This process will not happen overnight, but needs a well-functioning infrastructure for mutual exchange of knowledge, initiatives and decision making. The EMTC plays a major role in providing this.

REFERENCES

- American Music Therapy Association (AMTA) (2005). *Definition of music therapy*. Retrieved from www.musictherapy.org/about/standards/
- Ansdell, G. (2013). Foreword: To Music's Health. In L.O. Bonde, E., Ruud, M. S. Skånland & G. Trondalen (Eds.), *Musical Life Stories: Narratives on Health Musicking* (pp. 3-12). Oslo: NMH-publikasjoner, Norges musikkhøgskole.
- Barrington, A. (2005). *Music therapy: A study in professionalisation*. Durham theses, Durham University. Retrieved from <http://etheses.dur.ac.uk/2791/>
- Bruscia, K. E. (2014). *Defining Music Therapy* (3rd Edition). Gilsum, NH: Barcelona Publishers.
- Bunt, L., & Stige, B. (2014). *Music Therapy: An Art Beyond Words*. East Sussex: Routledge.
- De Backer, J., Nöcker-Ribaupierre, M., & Sutton, J. (2005). *EMTC minutes statement*. Retrieved from www.emtc-eu.com
- De Backer, J., & Sutton, J. (Eds.). (2014). *The Music in Music Therapy. Psychodynamic Music Therapy in Europe: Clinical, Theoretical and Research Approaches*. London: Jessica Kingsley.
- EMTC (2013). *EMTC General Assembly Minutes, Oslo 2013*. Retrieved from <http://emtc-eu.com/wp-content/uploads/2013/12/EMTC-minutes-2013-Oslo1.pdf>
- EMTC (2014). *EMTC General Assembly Minutes, Luxembourg 2014*. Retrieved from <http://emtc-eu.com/wp-content/uploads/2013/12/EMTC-minutes-2014-Luxembourg.pdf>
- EU (2015a). *Musiktherapeutin/Musiktherapeut (Austria)*. European Commission. Regulated professions database. Retrieved from http://ec.europa.eu/internal_market/qualifications/regprof/ind ex.cfm?action=regprof&id_regprof=26625&id_profession=1660&tab=countries&quid=2&mode=asc&pagenum=1
- EU (2015b). *Arts therapist (United Kingdom)*. European Commission. Regulated professions database. Retrieved from http://ec.europa.eu/internal_market/qualifications/regprof/ind ex.cfm?action=regprof&id_regprof=1143&id_profession=1660&tab=countries&quid=2&mode=asc&pagenum=1
- Harrison, A. (2015). Continuing professional development – Why, what and how? *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 62-66.
- Mössler, K., Chen, X., Heldal, T. O., & Gold, C. (2011). Music therapy for people with schizophrenia and schizophrenia-like disorders. *Cochrane Database of Systematic Reviews*, 12. DOI: 10.1002/14651858.CD004025.pub3
- NICE (2006). *National Institute for Health and Clinical Excellence. Dementia: Supporting people with dementia and their careers in health and social care*. Retrieved from www.nice.org.uk/guidance/cg42/
- NICE (2014). *Psychosis and schizophrenia in adults: Treatment and management. National Clinical Guideline Number 178. National Institute for health and Clinical Excellence*. Retrieved from www.nice.org.uk/guidance/cg178/
- Nöcker-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. O., & Tsiris, G. (Eds.). (2015). ‘Thinking globally, acting locally’: Music therapy in Europe. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 3-9.
- Sacks, O. (2007). *Musophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf Publisher.
- SST, Sundhedsstyrelsen (2013). *National klinisk retningslinje for udredning og behandling af demens. Sundhedsstyrelsens hjemmeside*. Retrieved from <http://sundhedsstyrelsen.dk/da/sundhed/folkesygdomme/psykiatri/demens/-national-klinisk-retningslinje.aspx>
- Stachyra, K. (2015). Towards professionalisation of music therapy: A model of training and certification in Poland. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 110-117.

Tashakkori, A., & Teddlie, C. (Eds.). (2010). *Sage Handbook of Mixed Methods in Social & Behavioral Research* (2nd Edition). Thousand Oaks: Sage Publications.

Thaut, M. (2005). *Rhythm, Music, and the Brain: Scientific Foundations and Clinical Applications*. New York: Routledge.

Walaszczyk-Terrasse, A. (2014). Personal email correspondence with Vice-President F. Suvini. *The European Commission*. Directorate General Internal Market and Services. Unit E4 – Free movement of professionals. 1049 Brussels, Belgium.

WFMT (2011). World Federation of Music Therapy. Announcing WFMT's new definition of music therapy. Retrieved from www.wfmt.info/2011/05/01/announcing-wfmfs-new-definition-of-music-therapy/

Suggested citation:

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.