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Perspectives on the Development of the Music Therapy Profession in the UK

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ABSTRACT

This article highlights some of the key issues that have been involved in the professionalisation of music therapy in the UK. Many music therapy pioneers have been involved in establishing validated training courses, making links with other professions allied to health and ensuring secure pay and conditions for music therapists. State registration occurred in 1999 after much negotiation and this article explores some of the processes involved in this development as well as noting the way in which music therapy currently provides rich and diverse services within many settings.

KEYWORDS

music therapy; UK; professionalisation; training; state registration

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THE HISTORICAL JOURNEY – AN OVERVIEW

The journey made by the music therapy profession in the UK towards professionalisation has been a long and drawn out process and has included much planning and hard work on the part of key pioneers.

The journey began back in 1958 with the creation of the first music therapy organisation, the Society for Music Therapy and Remedial Music. Juliette Alvin was the founder of this first organisation. In 1967 this organisation altered its name to the British Society for Music Therapy (BSMT) to reflect the desire to concentrate on music therapy rather than the less focused element

of 'remedial music'. The BSMT was a charity working to disseminate information about music therapy in the UK and it was open to anyone interested in music therapy. The Association of Professional Music Therapists (APMT) was created in 1976. Its membership was for trainees and qualified music therapists and its primary purpose was to support its members in professional matters. As will be noted later, there is a great deal of diversity regarding the approaches to music therapy in the UK. However, the following definition might go some way to provide an overview of the style of work achieved:

“Music therapy is the use of sounds and music within an evolving relationship between patient/participant and therapist to support and encourage physical, mental, social, emotional and spiritual well-being” (Bunt & Stige 2014: 18).

Since 2011 the BSMT and APMT joined forces to become the British Association for Music Therapy (BAMT). This merger can be seen as a natural progression since both organisations had been working together for a number of years.

Throughout its history the music therapy profession in the UK has focused its attention on developing validated training courses, initially within London and subsequently around the country. It has also established links with allied professions which have provided support for the music therapy profession’s desire for state registration (which occurred in 1999). This article will explore some of the key issues that have encouraged music therapy to develop as a profession in the UK. It is important to note that these issues have been considered in depth by other authors throughout the years and so this author encourages readers to consider work by Bunt and Hoskyns (2002), Darnley-Smith and Patey (2003), and Bunt and Stige (2014) who have provided a great deal of information on these topics.

VALIDATED TRAINING COURSES

The establishment of training courses in the UK has been fundamental to the development of high levels of practice as well as a recognition of professional status. For many years there were only three courses in the UK which were all based in London. Subsequently other courses have been established throughout the country and this has helped to provide a wider appeal to those outside the capital. At present there are seven courses (Table 1).

The first three courses were set up by key pioneers in music therapy: Juliette Alvin established the course at Guildhall School of Music and Drama; Sybil Beresford-Pierse developed a course based on the Nordoff-Robbins approach to music therapy in London, and Elaine Streeter established a course at Southlands College of the Roehampton Institute of Higher Education. These key figures played an important role in inspiring other music therapists such as Helen Odell-Miller, Tony Wigram, Maggie Pickett, Alison Levinge, Sarah Hoskyns, Leslie Bunt and Pauline Etkin to continue to develop training courses.

Training course	Dates and notes
Guildhall School of Music and Drama	Established in 1968.
Nordoff Robbins Music Therapy	Established in 1974 as a postgraduate diploma in London, and in 1996 as the Master of Music Therapy (Nordoff-Robbins). In 2011, and following a pilot MA in Community Music Therapy (2008-2011, Manchester), the course was reformulated and re-launched as a multi-site delivery (in London and Manchester) with a new title: ‘Master of Music Therapy (Nordoff Robbins): Music, Health, Society’.
Southlands College	Established in 1981 Roehampton Institute of Higher Education. Subsequently name changed to University of Roehampton.
University of Bristol	Established in 1992. Subsequently moved to University of the West of England in 2006 to launch new MA course.
Anglia Polytechnic University	Established in 1993. Subsequently name changed to Anglia Ruskin University.
University of Edinburgh	Established in 2002. In 2005 the programme moved to Queen Margaret University College, renamed Queen Margaret University in 2007.
University of South Wales	Established in 2011.

Table 1: Validated training courses in the UK

During the negotiations to ensure state registration the three existing courses worked together to collate the information from each other in order to simplify the presentation of the profession to the government in the 1980s¹. In 1989, when the profession was slowly moving towards state registration, the chair of APMT, Mark Jordan, is cited as saying:

¹ At this time there were only three training courses, Nordoff Robbins, Guildhall School of Music and Drama, and Roehampton Institute. The Courses Liaison Committee (CLC) presented their reports to the Whitley Council, a part of the government.

“[w]e are a small profession, and if our voice is to be heard we must continue to speak with one voice. There is plenty of room for differences of opinion, but no room for divided policies” (APMT 1989: 2).

It is clear that there has been enough demand for music therapy throughout the country to encourage the development of more training courses. The Nordoff-Robbins Centre in London led the way in teaching to MA level in 1995, and since 2006 all the courses are required to teach at this level.

More recently, the training courses in the UK have engaged more earnestly with research projects that can demonstrate the validity of the work. There is a growing number of PhD projects being undertaken in a wide variety of clinical arenas. The Nordoff Robbins Evidence Bank (Nordoff Robbins Research Department 2014) provides a comprehensive list of research being undertaken.

GAINING STATE REGISTRATION

The APMT recognised the value of linking with other arts therapies, noting that they shared similar clinical, professional and political aims. By linking together the arts therapies felt that they might have a louder voice with which to raise their profile and voice their concerns about their pay and conditions to the government. In the late 1970s both art therapy and music therapy were aware that they were in vulnerable positions within the National Health Service (NHS) system because practitioners were only being employed on an ad hoc basis. Although the music and art therapy professions raised these concerns in the Houses of Parliament in 1980, it was not until 1982 that they were awarded a career and grading structure by the Department of Health and Social Services.

The APMT and the British Association for Art Therapy (BAAT) were keen for their respective professions to be awarded state registration. It was necessary to come under the umbrella of the Council for Professions Supplementary to Medicine (CPSM) in order to achieve this and so both organisations joined the CPSM in 1990 (with drama therapy joining the following year). In 1999, after many years of difficult negotiating, the music therapy profession (along with art and drama therapies) gained state registration with hard work achieved by the APMT. Wigram noted at the APMT annual general meeting in 1991 that the benefits of state registration would include greater confidence in the profession, enhanced professional status and

acceptability, better prospects for music therapists setting up new work, approval of training and qualifications, and compatibility with other professions supplementary to medicine.

Other professions in the CPSM in the 1990s included physiotherapists, occupational therapists, chiropractors, dieticians, radiographers and orthopaedists. After the Health Act of 2000 the CPSM was replaced by the Health Professions Council (HPC). In 2012 it became the Health and Care Professions Council (HCPC) due to its inclusion of social workers. Currently, art, drama and music therapy jointly consists of about 3000 members of the HCPC, and sits alongside 15 other professions which now also include psychologists. However, at present psychotherapists, counsellors and dance movement psychotherapists are not included (Waller 2014). It should also be noted that the word ‘state’ is no longer used as music therapists need only to be ‘registered’ with the HCPC.

The music therapy profession has also become a member of the Allied Health Professions Federation (formally the Allied Health Professions Forum). Its membership closely mirrors those in the HCPC. The AHPF aims to support the issues that impact on the professionals under its auspices whilst the HCPC supports the needs and protection of the clients.

Thus the music therapy profession aligned itself more overtly with other medical professions and made in-roads into the NHS. Tony Wigram and Helen Odell-Miller were key players in the negotiations. Wigram stated that it was important that the profession was identified as a complementary treatment and not an alternative treatment, and to demonstrate that music therapy “collaborates with and is compatible with contemporary medical practice [...] [and] is an additional and unique therapeutic intervention with proven effect and value” (APMT 1991: 13). As will be noted later on, aligning music therapy with the medical professions has been viewed with mixed opinions. Certainly this move did not specifically help to support those music therapists who work in education or other non-medical fields.

THE CURRENT STATE OF THE MUSIC THERAPY PROFESSION IN THE UK

This paper has concentrated on developments at the end of the last century and has focused on the work achieved to secure state registration of music

therapy in the UK. It has also focused on the introduction of new training courses around the country which now offer degrees at Master's level. However, more developments have occurred since 2000 and it is clear that new challenges and opportunities are being faced.

In 2005 the NHS paper, *'Agenda for Change'*, set out a new commitment to extend career structure for allied health professions by creating clinical consultants. However, at present there are very few music therapy consultants within the NHS.

Given that there are now seven Master's training courses in the UK it is imperative that there is enough work for the growing number of qualified music therapists. The art therapist Diane Waller gave her opinion that there are

"ever-increasing threats to psychological services throughout the NHS and elsewhere" and that it is "essential [...] to have powerful allies and in most places this means working with colleagues from medicine and psychology, or with other regulated professions" (Waller 2014: 3).

The decision to affirm links with the NHS has been a concern for some clinicians. Simon Procter argued that the music therapy profession has connected itself too closely to the biomedical professions. He stated that the values underpinning these two professional fields are not compatible and he wrote that we

"must not merge entirely into a medicalised professional hierarchy: to empower and enable, wherever we work, we need hearing minds and radical hearts. And if that means being regarded as mavericks and naïve, then so be it" (Procter 2003: 106).

With that in mind some music therapists have moved away from what is perceived to be the more 'traditional' approach to music therapy. There is still a significant number of music therapists practising within the NHS and there is also a growing demand for music therapy within schools, day centres and residential homes. In addition, Community Music Therapy projects have developed and are providing exciting new arenas into which music therapy can grow. The diversification of music therapy is encouraging the profession to react to cultural changes occurring within society in the UK and enabling the profession to be as robust as possible given the current economic climate.

Stige et al. (2010: 5) wrote that Community Music Therapy "projects are characterized by collaborative and context-sensitive music-making

and they focus upon giving voice to the relatively disadvantaged in each context". They also noted that

"Community Music Therapy is controversial in some music therapy circles, since it may involve some substantial rethinking of music therapy theory and practice. In our view it fills a need in a range of contexts and also contributes to further development of music therapy as discipline and profession" (Stige et al. 2010: 5).

For more information about Community Music Therapy the authors draw your attention to works by Pavlicevic and Ansdell (2004), and Stige et al. (2010) amongst others.

Securing state registration for music therapists in the mid 1990s and the validation of seven training courses throughout the country has certainly provided a strong and secure base for the profession. Given that music therapy has been in existence in the UK for over half a century there is a stability and maturity within the field. This was tangible at the inaugural conference of the British Association for Music Therapy (BAMT) in February 2014. The keynote speeches at the conference enabled those gathered to revisit the past, to note the frictions between different sections of the profession and to consider the possibilities for the future. As Anna Maratos stated in her keynote presentation:

"[...] to collaborate effectively you need to feel confident in yourself about who you are so you are not subjugated or overwhelmed in the partnership" (Maratos 2014: 6).

The profession in the UK has grown in confidence. The diversity of clinical approaches within a wide variety of settings provides a great breadth of skills required within a comparatively small group of professionals. From the very beginnings of this journey there was a recognition that "organic growth cannot be hurried if it is to be healthy: it demands patience" (The Society for Music Therapy and Remedial Music 1967-1968: 4).

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