



Special issue  
**Music therapy in Europe:  
 Paths of professional development**

in partnership with the  
 European Music Therapy Confederation



# The Academic Training of Music Therapists: Chances of Normalisation and Specialisation

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## ABSTRACT

There are reservations against and strong arguments for the academic training of music therapists in Europe. I want to follow some of these pros and cons as a *thesis* and *antithesis* to finally reach a *synthesis* for needs and visions of academic training of music therapists in Europe. You will certainly notice that I am strongly in favour of the academic training of music therapists. However, my aim is to understand and consider the considerations of those who are against this as well.

## KEYWORDS

music therapy; academic training; competency

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## ACADEMIC TRAINING IN HEALTH AND SOCIAL SERVICES

From my perspective the most important strength and benefit of academic training of music therapists is *normalisation*. Normalisation means the normalisation principle. This is quite common in the field of inclusion, that all parts of society (i.e. with or without handicap) participate and shape our society in the same way. The vision of normalisation implies that music therapy becomes a normal part of European health and social services like nurses, medical doctors, psychologists or social workers.

At present, all professions in the health system, in social services and in schools are qualified through academic training. Medical doctors, psychologists, nurses, occupational therapists, speech therapists, art therapists, drama therapists,

social workers and all teachers receive academic training in most European countries. Apart from the academic training, art, drama and music therapists are also trained in courses provided outside university settings in some European countries. What we see, however, is that music therapy has become an independent profession and science with its own approaches, methods and techniques of clinical practice, sometimes even with separate methods or training for the special needs of special groups of clients (Baker & Tamplin 2006; Bruscia & Grocke 2002; Nordoff & Robbins 2007; Wheeler 2014). Even in research, music therapy has developed its own research methods (see Wheeler 2005).

Currently, music therapy can be a part of very different faculties. Some academic programmes are parts of schools of music. Others are parts of

faculties of humanities, of social sciences or of medical schools. All these contexts are very different, however music therapy seems to fit them all in its special way of bridging disciplines, e.g. art in humanities or social sciences in art. Moreover, music therapists are qualified the same way as are medical doctors, social workers or teachers. These professions require academic training as a minimal standard. However, in Europe it has been a long process to become equal or normalised in the standard of academic training. Long before the first academic programme in Europe in 1959, doctors, psychologists or teachers were qualified through academic training. Nurses, social workers and therapists (including music therapists) were in many European countries not qualified at universities. Moreover, therapists had no regulation by law, which is still the fact in several countries even today. At present we have regulations by law for music therapists in Europe only in Austria, Latvia and the UK. I consider it as an important issue to discuss the academic training and research in universities with reflections on its power for the profession and our clients. In the following arguments and discussion I will focus on European countries and specifically on Germany, in which BA and MA were not known as academic training before the millennium.

## COMPETENCY

Today, the main points of weakness of academic training for clinicians are solved in Europe with the Bologna Process. This process started 1999, when 30 European countries signed a European contract for greater exchange and better development of European universities. It supports very strongly quality management of European universities and mobility of students and university teachers. One aim, for example, is starting a BA in Germany and finishing it in Denmark without any loss of time.

To transform university programmes into Bachelor's and Master's training may be the largest challenge faced by most European academic systems. In Germany and other European countries academic programmes in psychology, sociology, social work and musicology were five-year full time university-Diplom and Magister Artium, or four-year full time Fachhochschul Diplom. There were no two separate steps of BA (three years undergraduate programme) and MA (two years). This is a radical new system of academic programmes for many countries. Moreover, it is a radical change from knowledge-based, scientific skills-oriented and patchwork-structured academic training to

academic training in which students acquire *basic practical competencies* (competency, to perform) at the end of their qualification in a step-by-step, structured educational process. These processes are being discovered and applied more and more (in music therapy see e.g. Milgram-Luterman 2009; Wigram 2004; Wigram, Pedersen & Bonde 2004).

An example of a subject taught at university level and integrating practice work with academic training is clinical improvisation. Tony Wigram from the UK wrote the first music therapy improvisation textbook. He divided the learning of clinical improvisation within an academic setting into a process of seven main steps. All steps are divided into several sub-steps or different techniques. The first step of basic musical techniques starts with one-note improvisation (Wigram 2004: 45). In one-note improvisations all elementary musical items of sound, articulation, loudness, tempo, pulse, and so on, are discovered. This learning process starts at the very beginning. Step by step, this learning process develops one practical competency (clinical improvisation skills) of the student after the other, including clinical improvisation techniques with clients with different disorders or special needs. These steps first focus on the skills of the student for clinical improvisation and afterwards on the skills of the student as a music therapist using clinical improvisation with clients. By the end of the teaching process the student *can* perform clinical improvisation and reflect on the process.

To extend the frame from the training of one practical competence to the necessary complexity of competences at the end of an academic training of music therapists we will look beyond Europe to Joni Milgram-Luterman's (2009) academic training process of the music therapy student in the US. In her research she found five phases of the learning processes in the academic training of music therapists. It starts with the first phase of the "novice music therapy student" (Milgram-Luterman 2009), in which the student is eager to receive models through instruction that he or she can apply in practice. The process continues with observation and the student's own experiences, reaching the point in which he or she is unsure about knowledge, own norms, evaluations and perception. This stage really makes changes and makes the development of skills and competencies of the ongoing music therapist possible, moving in the direction of the final phase five, "integration of experience into self" (Milgram-Luterman 2009).

This learning process in the academic training of music therapists is also the basic structure of the Master of Music Therapy in Wuerzburg in Germany

(FHWS 2014: 2). Each of the four semesters (in Germany one semester runs six months) focuses on one phase of the Migram-Luterman-model (Wosch 2010, 2014). In its sum, we examine the above named phase five ("integration of experience into self") by testing the students in practical competencies at the end of the third semester (FHWS 2010: 7). In this practical exam the student presents his or her work as music therapist and discusses it in the theoretical framework of methods, in the framework of the disorders or special needs of the client(s) and in the framework of his or her own self as music therapist. The scientific competencies of reflection and developing based on these new perspectives are verified through the Master's thesis and its presentation in semester four. In conclusion, the practical exam and the Master's thesis require a change of perspective similar to that of a successful process of self-experience or experiential training. However, this process is not primarily focused on the personal growth of the student as a person. It is primarily focused on reaching the needed basic professional competencies of a music therapist as a graduate of an academic training in music therapy. More processes of training of competencies have been published by Wigram, Pedersen and Bonde (2004), Wheeler, Shultis and Polen (2005), and Goodman (2011).

## BA AND MA

Another effect of the Bologna Process in Europe is the possibility of studying in two different programmes. The Bachelor's and Master's can be completed in one profession, or the Bachelor's in one profession and the Master's in another profession. The two-step-model of BA and MA was new for most European academic systems. The traditional way in the German academic systems consisted of studying one profession in a four- or five-year programme. Adding another profession was extraordinary and done only by a few graduates. This was possible only by starting a four- or five-year programme from the very beginning or in doing further education outside universities after graduation.

When it comes to research, only the five-year programmes were allowed to continue with a doctoral programme. The effect of this was that some professions that were trained academically in a four-year programme did not have their own research at doctoral and post-doctoral levels. These training milieus were dependent on teaching and research from five-year-programmes as all

professors had to come from professions with doctoral programmes.

From my experience as a professor teaching in Germany, I see the pros and cons. On the one hand, the BA-MA-model provides the flexibility needed in today's health system, social services and schools through the possibility of being trained in two professions. On the other hand, the immense amount of growing knowledge and the many fields of application of music therapy make the possibility of being trained 'only' in the profession of music therapy with an integrated BA and MA necessary.

## SCIENCE AND PRACTICE

A further issue I want to address is how the Bologna Process extends the essence of academic training in Europe. For example, academic training of the old polytechnic universities in the UK (today: universities), the old Fachhochschule in Germany (today: universities of applied sciences) or the old Høgskole in Norway (today: university colleges) were considered as having less academic status than the universities in Europe with their five-year and doctoral programmes. The weakness of the former academic system was that practice-oriented or applied-science based academic training was not considered to be equal to 'pure' scientific academic trainings or the so-called "ivory tower".

In the Bologna Process the different types of higher education have their place in the complete academic process from the BA to doctoral degree. In Germany, this has made an enormous difference and is a huge challenge for winning new fields of cooperation and for the collaboration between applied academic training and professions, and 'pure' scientific academic trainings and professions. There is a strong requirement and support for cooperation between both education systems. From my perspective, normalisation is now observable in that both academic traditions have more contact, learn from each other and, in the end, reciprocally change each other. The best result would be that science becomes more practical and will explore more questions of practice, and practice becomes evidence-based and is improved by quality management. Regarding the situation in Germany, it is a good moment in time to support and gain trust in the academic training of the music therapist.

## CONS OF ACADEMIC TRAINING OF MUSIC THERAPISTS

I was challenged by the reviewers of *Approaches* to relate to an interview by the German music therapy pioneer Christoph Schwabe. In this interview in *Voices: A World Forum for Music Therapy*, Schwabe names three arguments against the academic training of music therapists (Voigt 2010). In order to understand the arguments that the training of music therapists inside universities implies *distance to practice* and as a result *lack of acquiring necessary practical skills* (competency) in academic training, it is first of all important to understand the German cultural context of academic programmes and music therapy which I have addressed in the previous text and will add where relevant in the following text.

### LEARNING COMPETENCY

Schwabe's first argument is the need of a *non-university medical training* for clinicians of music therapy. In Germany the qualification of nurses takes place in "Fachschule" (three years full time). Entrance condition is 10<sup>th</sup> class (not high school's 12<sup>th</sup> class required when starting university BA programmes). The German nurses are trained for practical work. Schwabe focuses on this model for the training of music therapists. He also supports academic training of music therapy, but this "[...] would be of little use for practical work" (Voigt 2010: para. 10). Academic training in music therapy would focus on research and development in music therapy.

### PERSONAL GROWTH AND NON-UNIVERSITY TRAINING

Schwabe's second argument is "[...] that the academic course of study is a rational course of study. Music therapy is concerned with personality development as is every form of psychotherapy. That cannot be taught at a university" (Voigt 2010: para 10). Schwabe puts his focus on a *rational essence* of academic training. If academic training courses are only based on this, then the necessary practical competencies can be learned only in practicum or internship outside university. Following this model, Schwabe requested a division of responsibility between university teachers for theory and external supervisors during the practicum for practice.

The third argument is rather a requirement. It is the requirement that music therapists are trained at the "same level as the occupational therapists, the movement therapists, the creative therapists" (Voigt 2010: para. 10). The background of this requirement of the *same level of training* is the integration of music therapists "in a therapeutic system" (Voigt 2010: para. 10) in the health system and social services within the group of these therapies.

The models of training of music therapists outside university have a long history and tradition in Europe (e.g. in Germany, Switzerland and some South European countries). So-called *private courses* offer training of music therapists outside universities for nurses, social workers, teachers, musicians, psychologists and medical doctors. In parallel with this, the qualification of psychotherapy in Germany is done in private courses but within state-approved institutions and includes theory and practice. In order to receive the qualification, a state examination is required at the end of training. This model has been practised for decades also in music therapy in Germany, however without regulations by law.

Beside the eight universities with academic training of music therapist we still have eight private courses outside universities in Germany. The strength of these private courses until today was seen mainly in their very close relationship to practice through their teaching teams, and their high flexibility in offering training for a plurality of very different professions doing a further education in music therapy.

### NEEDS AND VISIONS OF ACADEMIC TRAINING OF MUSIC THERAPISTS

All the cons to academisation of music therapy listed above are considered in view of academic training before the Bologna Process in Europe. This process is still continuing in the way I have described in the section on normalisation in the beginning of this article. The new way of training music therapists academically even fulfils all requirements for training listed in the section regarding 'cons'. Moreover, it transforms the 'cons' to 'pros'. Perhaps we can say that the academic training programmes after Bologna represent the synthesis of the above named pros and cons. All the needs of training of music therapists named in the previous cons part can be fulfilled today in academic training.

## LEARNING COMPETENCY IN BA AND MA

The argument of practice-based training (Fachschule, see first argument of cons) for a practical profession is realised with Bachelor-programmes. The Bachelor is the new equivalent of competency-developing training, done previously in Germany in the "Fachschule". The Bachelor has to qualify for independent professional work (also without a Master's). Of course, the Bachelor's can be limited in the fields of work because of the differences in competencies between Bachelor's and Master's.

In a talk with Kenneth Bruscia in 2010 about the difference of BA and MA, we saw the difference as beyond competency of clinician in BA and scientific skills for research in MA. We came to the point that the difference can also be seen in focusing upon mainly one paradigm at the BA and in two or more at the MA. These paradigms would address competency in clinical practice and different tasks and responsibilities in practice. Different tasks and responsibilities can be clearly structured into work in a multi-professional team for the BA student. For the MA student the training would lead to competencies in running their own business of music therapy services including self-standing outpatient-services or highly challenging treatment, such as acute borderline or psychotic disorders in individual therapy.

A current challenge for some professors, lecturers and other responsible persons in academic training is the ability to teach practical competencies. Some resist and estimate it as "low-level", which is not worthy to be included in a university. Others have come very far in this integration (Goodman 2011; Milgram-Luterman 2009; Wheeler, Shultis & Polen 2005; Wigram, Pedersen & Bonde 2004; Wigram 2004).

These conflicts persist and will lead finally to a more diverse and also practice-oriented landscape of academic training. When Goodman (2011) writes about "competency-based education and training" in the academic training of music therapists, this shows the big change in academic training of music therapists. Students now develop practical competencies during their university training. Moreover, the training of these competencies is not 'out-sourced' separately from the university in practicum. It is the centre of the academic training itself and can be applied (not first developed!) in practicum.

This makes the difference after Bologna in Europe clear and transforms also the 'cons' of

academisation to 'pros'. Maybe with our vicinity to schools of music and their academic training of musicians it is not a big step for the music therapy field. Academic training of clarinet players, for example, is not done mainly in lectures, but by playing the clarinet. That means that this practical competency is achieved in the university (although, in many countries it is done at the conservatory, with often little tradition for scientific lectures).

The third argument of equal training levels for all therapists, such as occupational therapists and art therapists, is also realised today in academic trainings at BA and/or MA level in Europe. With this, also the third cons transform to pros of academic training of music therapists.

## LIMITS AND SPECIALISATION

The knowledge, approaches, techniques, evidence and specialisation of professions, such as nurses, occupational therapists and music therapists, have grown immensely since the beginning of the last century. Three or four years are not at all enough today to train all competencies required in these professions. Even the complete academic cycle of BA, MA and PhD cannot include all we have and need to train a music therapist for all fields of practice. This is one more argument for academic training in music therapy. Also scientific evidence, of which we now have more and more in music therapy, never would exist without academic training of the music therapist.

The current Cochrane reviews, which are most important for our evidence-based practice, were done mainly with researchers from Temple-University (USA), UK NHS based services and universities, Aalborg University (Denmark) and UniHealth Bergen (Norway). These universities offer academic training with BA, MA and PhD in music therapy, some since the 1980s. Moreover, one entrance condition to the PhD programme in Aalborg is the documentation of clinical expertise within a specific field, which requires several years of practice as a music therapist after graduation from a Master's music therapy programme. That means that even at the PhD level practical experiences are required, and that applied research has a high value. In my opinion, there is much less chance that the field of research will be carried out the 'ivory tower' of science because of this. The landscape becomes more 'flat'. There is much less distance between clinical practice and the development of practical competencies within the academic system today. Maybe we can interpret it as if the pros and cons found each other and have

formed the new way.

My future vision of academic training and training of music therapists is based in *specialisation*. Even today we have some specialisations. For example, in our Master's programmes in Germany, one MA of University of Applied Sciences of Magdeburg-Stendal specialises in research, and the second MA in psychiatric disorders in psychoanalytic treatment. The MA of University of Applied Sciences of Würzburg-Schweinfurt specialises in music therapy for clients with special needs and for clients with dementia. New academic training of music therapists can adapt to the many requirements of practice.

Persons with BA and MA can train in two professions, bringing both together in one person. BA and MA can be specialised in one or two fields of clinical practice. More than one BA or MA can be studied throughout life. Courses outside university can train special competencies or approaches. Academic training and training outside university can collaborate in the field of further education and/or in acknowledging single modules of an academic training or a non-academic training course. Students can study for a BA or MA in more than one university. The last two possibilities arise from the European credit point system (ECTS) of BA and MA. The possibility 'to collect points' in different universities is also a requirement of the Bologna Process in Europe. However, current regulations make this possible only in a few places in Europe. This needs to be discussed and worked on.

## CONCLUSION: ACADEMIC TRAINING AND RECOGNITION

Last but not least: I assume that the acknowledgment of the profession of music therapist is only possible in countries with academic training of music therapists. As described, for example, in the article by Fitzthum (2015), the academic training of music therapists and their standards were included in the final development of the legal regulation in Austria and now have a place in treatments and services for the clients in this country. In several countries the academic training courses work together to achieve recognition, in some countries they also work together with art therapists or musicians.

In order to develop the music therapy field, we need to strengthen and expand the constructive collaboration between the academic training of

music therapists in Europe.

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### Suggested citation:

Wosch, T. (2015). The academic training of music therapists: Chances of normalisation and specialisation. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 38-43.