



# The Role of Professional Associations in the Recognition Process

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## ABSTRACT

The goal of this paper is to show the importance of the professional association in the process of legal recognition of the music therapy profession by taking into consideration three kinds of legitimacy: pragmatic, moral and cognitive legitimacy. The paper represents a prospective comparative analysis of the structure of professional music therapy associations, as well as the inner and outer circumstances that affect the process of legal recognition and regulation of music therapy as an independent profession. The material for reflection and analysis is represented by two questionnaires; the first one was filled out in 2009 by 26 representatives from each of the 26 member countries, and the second one in 2014 by 25 representatives from a total of 27 member countries of the European Music Therapy Confederation (EMTC). In addition, the report of the treasurer on the number of members for the mentioned years is included in the analysis. This is the first research of this kind under the EMTC and I have conducted it in order to contribute to the work of the board, the general assembly of EMTC and the European Music Therapy Register (EMTR) commission, with the hopes that it can be of value to music therapists in Europe.

## KEYWORDS

professional association; music therapy; recognition; legal regulations; legitimacy

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## INTRODUCTION

A professional association is a body of persons engaged in the same profession, formed usually to control entry into the profession, maintain standards and represent the profession in discussions with other bodies (CED 2015). According to Bloland (1997), the role of an association is to gather and crystallise the opinions of members, create and distribute information of

interest to members, present the desired image of the profession to the public, represent the interest to the government, fight for desired legal regulations and organise initiatives that will attract members. Associations represent irreplaceable places for connecting members and exchanging business information. Bloland (1997) describes associations as non-government, non-profitable organisations funded by membership fees,

sponsorships, donations, projects or funds. Associations should function based on the principle of transparency and democracy. The main body of an association is the assembly, and its management is elected from its members, the so-called board or executive board. Associations can, but are under no obligation to have other permanent managing bodies/boards (for example, the professional board, supervisory board, ethical board, court of honour, as well as temporary bodies/working groups formed for the purpose of realising a concrete task. By entering an association, the member accepts regulations, rights and obligations implied by the membership and which the organisation puts forth on the basis of internal plans and regulatory documents verified by the assembly. Association membership is voluntary. Sometimes, the association is gathered under a national or international umbrella association.

According to Maurer (1971), the legitimate professional associations have a crucial significance to the process of recognition. Legitimacy has a hierarchical, explicitly evaluative cast because "legitimation is the process whereby an organization justifies to a peer or superordinate system its right to exist" (Maurer 1971: 361).

Legitimacy is also defined as a generalised perception or assumption that the actions of an entity are appropriate with some socially constructed system of norms, values, beliefs and definition (Ginzel, Kramer & Sutton 1992; Neilsen & Rao 1987; Perrow 1970). It means that legitimacy represents an umbrella evaluation that, to some extent, transcends specific adverse acts or occurrences; legitimacy is resilient to particular events, yet it is dependent on a history of events. An organisation may occasionally depart from societal norms yet retain legitimacy because the departures are dismissed as unique (Perrow 1981).

Legitimacy is a perception of assumption in that it represents a reaction of observers to the organisation as they see it; thus, legitimacy is possessed objectively, yet created subjectively. An organisation may diverge dramatically from societal norms yet retain legitimacy because the divergence goes unnoticed. Legitimacy is socially constructed in that it reflects congruence between the behaviours of the legitimated entity and the shared (or assumedly shared) beliefs of some social group; thus, legitimacy is dependent on a collective audience, yet independent of particular observers. An organisation may deviate from individuals' values yet retain legitimacy because the deviation draws no public disapproval. In short, when one

says that a certain pattern of behaviour possesses legitimacy, one asserts that some group of observers, as a whole, accepts or supports what those observers perceive to be the behavioural pattern, as a whole – despite reservations that any single observer might have about any single behaviour, and despite reservations that any or all observers might have, were they to observe more (Suchman 1995).

Organisations seek legitimacy for many reasons, and conclusions about the importance, difficulty and effectiveness of legitimation efforts may depend on the objectives against which these efforts are measured. Two particularly important dimensions in this regard are (a) the distinction between pursuing continuity and pursuing credibility, and (b) the distinction between seeking passive support and seeking active support. If an organisation simply wants a particular audience to leave it alone, the threshold of legitimation may be quite low (Suchman 1995).

Legitimacy enhances both the stability and the comprehensibility of organisational activities; and stability and comprehensibility often enhance each other. However, organisational behaviours rarely foster continuity and credibility, persistence and meaning, in equal degrees. Because the actions that enhance persistence are not always identical to those that enhance meaning, Suchman (1995) underlines the importance of keeping these two dimensions of legitimacy conceptually distinct. A skilful legitimacy management requires a diverse arsenal of techniques and a discriminating awareness of which situations merit which responses in general challenges of legitimation – gaining legitimacy, maintaining legitimacy, and repairing legitimacy.

Within the literature (Schiopoiu Burlea & Popa 2013; Suchman 1995), one can discern three broad types of legitimacy, which might be termed 'pragmatic legitimacy', 'moral legitimacy' and 'cognitive legitimacy'. These three forms of legitimacy are connected with corresponding strategies and they should be known in order to achieve professionalisation, as well as the maintenance of health and development of the association (Suchman 1995).

## AIM

The basic goal of this paper is to show the importance of an association in the process of legal recognition and to motivate colleagues to consider the actual level of legitimacy of music therapy associations on the local, national and international

level taking into consideration the three kinds of legitimacy explained in discussion: the pragmatic, moral and cognitive legitimacy.

## METHOD

After introducing and defining legitimacy, I will present the development of music therapy under the auspices of the European Music Therapy Confederation (EMTC) in the last five years. The material for my analysis consists of data from two questionnaires and is represented by a descriptive analysis and a factor analysis; the first questionnaire was filled out in 2009 by 26 country representatives from the total of 26 member countries of the EMTC, and the second one in 2014 by 25 country representatives from 27 member countries. Because of limited space, the detailed statistical analysis is not included. In addition, I do not present the analysis by regions, or results which would show specific weaknesses of certain associations or member countries. The statistical analysis and further discussion does not take into consideration the historical, social-economical and geopolitical context.

I give an overview of data obtained by the questionnaire; however my results should be taken with consideration because of the small numbers. The Student's t-test does not show statistical significance, and in interpreting the results, one should bear in mind that in this period there was a change in membership and board of the EMTC. The representatives of only eight countries in the general assembly did not change in this period, which could influence the assessment and give some 'unusual' results in 2009 in comparison to the results from 2014. Therefore, comparison is interesting, but not at all a measure of change.

## RESULTS

The EMTC is an international umbrella organisation of professional music therapists formed in 1990 which gathers music therapists from European countries (see Nöcker-Ribaupierre 2015). In 2014 the total number of EMTC members was 5523. Professional music therapy associations have been formed in the last two decades in more than half of the member countries (51.8%) as is the case with: Belgium, Bulgaria, Cyprus, Czech Republic, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal and Serbia. Of the remaining members, 14.8% have a professional association formed three to four decades ago: Austria, Estonia, Sweden and Switzerland; and

associations more than forty years old are in Denmark, Finland, France, Germany, Israel, the Netherlands, Norway, Spain and the United Kingdom (29.6% of the member countries).

Umbrella associations at a national level have been formed in the countries with a long-standing tradition of music therapy (see, for example, Germany, France and Sweden), but this is not a rule (for example, Spain). In several countries, there are music therapy associations outside the national umbrella associations. Besides, there are a large number of associations (minimum 24) which function independently and outside the EMTC, in 12 member countries (48%).

In the EMTC, 32% of the member countries are formed by associations of professional members. From this we may suggest that it is common that a large number of music therapy associations have heterogeneous membership.

The education of music therapists is conducted at state and private universities in 48% of the member countries (Austria, Belgium, Denmark, Estonia, Hungary, Iceland, Israel, Latvia, the Netherlands, Norway, Poland and the United Kingdom). In addition to university education programmes, there are private training institutes in 32% of the member countries (Bulgaria, Czech Republic, Finland, France, Germany, Spain, Sweden and Switzerland). Education is conducted in private institutions (outside of universities) in only 8% of the countries (Italy and Serbia).

In 68% of the countries (Bulgaria, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Norway, Poland, Spain, Switzerland) some music therapists are also trained abroad. In 12% of the member countries, music therapists are educated under the auspices of an association.

Specific guidelines on education have been adopted by associations in 56% of the countries, and guidelines on activity of professional music therapists in 44%. A continuing professional development (CPD) process is established in 20% of the countries through the association and through the law in 11.5%. The process of recertification is guided through the association in 12% of the countries.

All of this has contributed to the establishment of a national register of professional music therapists in 64% of the countries in 2014 (which is significant progress in comparison to 2009 when there were 46.1%).

In 28% of the member countries the associations have an active cooperation with the state. The state regulates education in 44% of the

countries and associations regulate the process of education in 48% of the cases. Again, this may be seen as an important progress in comparison to 2009, where the associations regulated the process of education in 30.7% of the member countries by guidelines. Some progress was made in the process of harmonisation of educational standards with the European Music Therapy Register (EMTR) standards, as in 2009 there were no harmonised education standards in 42.3% of the member countries, and in 2014 in only 32%.

Music therapy is currently regulated by the law, only in Austria, Latvia and the United Kingdom, or in percentages on EMTC level in 11.5% of the countries.

The process of certification on EMTC level started in 2010 by creating the EMTR, which enabled the formation of a register of professional music therapists which satisfy the highest professional standards. The process of registering with the EMTR is slow. In February 2015 only 13 are registered. Music therapists from at least 52% of countries in the EMTC cannot apply because the education programmes do not satisfy the terms prescribed by the register.

In the EMTC there are still member countries (20%) without an ethical code defined by the association.

In 44% of the countries, music therapy associations have developed work bodies and committees as part of the association.

In connection with the implementation and monitoring of expert work and ethical conduct, 40% of the country representatives (48% in 2009) feel that the associations are in charge of the professional work. In 2014, 20% assume that the state increased the control in comparison to 11.5% in 2009.

In 2014, a list of recognised music therapy techniques and methods which are actually applied in their counties by educated music therapists was established in 20% of the member countries, whereas in 2009 there were only 3.8%.

Music therapists often join associations with other professions, most commonly with art and dance therapists, and psychotherapists. In 2014, joint associations with art therapists existed in 40% of the countries (46.1% in 2009). Merging with psychotherapists existed in 26% of the countries (30.7% in 2009). The law on psychotherapy was adopted to music therapy in 56% of the member countries. When it comes to the relationship of music therapy and music pedagogy, these professions were differentiated in 56% of countries

in 2014 (and 73% in 2009). Music therapy is recognised in the list of professions in 28% of countries in 2014, whereas this was 38% in 2009.

Insurance companies and funds show some increase in recognising the cost benefit of music therapy; in 2014 music therapy services are covered by the state health insurance fund in 40% of the countries, whereas in 2009 that percentage was 19%. Regarding private insurance we see that these percentages increased from 23% in 2009 to 28% in 2014.

In 2014, 8% gave a positive answer to the question of whether advertising and promotion of music therapy service is regulated by law, whereas in 2009 this was 15%.

In my research, 64% of the representatives from the member countries of the EMTC said that the association should have a more active role in the process of acquiring legitimacy of the profession.

## DISCUSSION

The EMTC is a developing and modern association. However, I find it very relevant to discuss this development based on the concepts of three kinds of legitimacy (Suchman 1995): the pragmatic, moral and cognitive legitimacy. I will address these from the viewpoint of music therapists.

### Pragmatic legitimacy

Pragmatic legitimacy rests on the self-interested calculations of an organisation's most immediate audiences. Often this immediacy involves direct exchanges between organisation and audience; however, it also can involve broader political, economic or social interdependencies in which organisational action nonetheless visibly affects the audience's wellbeing. Pragmatic legitimacy has different forms. At the simplest level, it implies the exchange of legitimacy which is established on the faith in the credibility of association.

Another type of pragmatic legitimacy is named influence legitimacy. In this case, constituents support the organisation not necessarily because they believe that it provides specific favourable exchanges, but rather because they see it as being responsive to their larger interests. A third variant of pragmatic legitimacy, dispositional legitimacy, means that modern institutional order increasingly personifies organisations and treats them as autonomous, coherent and morally responsible actors (Suchman 1995).

The professionalisation requires legitimacy and in return promises expertise. Expertise is established by the creation of the knowledge base. Strategies by which the association achieves pragmatic credibility are as follows: the organisation of conferences and meetings, sponsorships, managing research, especially those in connection to defining and controlling professional boundaries, publications and presentation of programmes, adoption of measures of the continuing education possibilities, certification of members which have a high level of professional competencies, adoption of standards for professional education and implementation of accredited programmes (Bloland 1997).

Training and certification are very important in tying members to the association. The association asks of its members to identify, participate and be loyal. The association only has its needs fulfilled if the training is useful and respected by its membership. The training programmes are based on the competitiveness between associations, as well as between associations and outside entities (Bloland 1997).

With successful professionalisation, or officially recognised and accepted professions, the initial education and training are often connected to institutions of higher education, and members of a professional association are holders of diplomas awarded by higher education institution. In mature professionalisation, the role of the association is to offer an advanced, specialised training directly or through institutions with whom they are in a partner relationship and services which will tie the membership to the association (Bloland 1997).

By considering the process of education and pragmatic legitimacy through the prism of music therapy and the EMTC, professional associations of music therapists organise congresses, conferences and expert meetings, events (e.g. the European Music Therapy Day), share newsletters and common publishing, training or research projects and the EMTR as way of certification for the professional members.

Considering the above, associations should develop the pragmatic credibility in cooperation with state and private universities, as well as with private training institutes. If there are no legal regulations on a state level in a country, in my opinion, associations on a national level should bring norms for certification and recertification of professional members of the association. I would suggest the establishment of specific guidelines on education which will define the requirements of education, obtaining certificates which will include

the hours of theory lectures, practical lessons in clinical and non-clinical conditions, hours of supervision, hours of personal psychotherapy of candidates, but also define the list of lecturers and supervisors. It is also very important for the associations to adopt specific guidelines on the activity of professional music therapists, which will define the conditions for work, continuous education and the process of recertification which should be renewed every five years. This has already been done by some associations and will represent the base for establishing a national register of professional music therapists and the cooperation with the state in the sense of adoption of suitable legal regulations and ultimately the law on music therapy, which is currently regulated only in Austria, Latvia and the United Kingdom (i.e. 11.5% of EMTC member countries).

Every national music therapy association is invited to define independently these guidelines according to their objective circumstances and offer these documents to their governments. It could be a basic step and big help in establishing music therapy in their countries in the future.

It is clear that music therapy will establish deeper roots if it is connected to university programmes, but it is not likely to expect that to happen in the early period of the development of music therapy in a certain country. Besides, university programmes are different, independent, but can have (or do have) their limitations which can be compensated with cooperation and nurture of accredited private education centres under the association. Without the adoption of common standards, critical attitudes of the EMTR commission towards university programmes and the accreditation of private education centres which satisfy the standards of the association, there will be no true gathering of all music therapists and the implementation of the EMTR which is a requirement for bringing legal regulations on the EU level.

In the case where in certain countries music therapy does not exist at all, if there is no initiative on the part of the state/university to implement an accredited education programme which would be conducted by lecturers and trainers from abroad or music therapists educated abroad, pioneers in music therapy with academic accreditations would need to form an association for the development of music therapy. Such an association needs to be supported by accredited colleagues in the field of music, medicine, psychology, pedagogy, and special education. That association will adopt the aforementioned acts which will enable the

development of the members of the association with continuous education, supervision until conditions are met to start the education under a university and/or private training centre. It will give a real momentum to the development of music therapy in a certain countries. We have such examples in Bulgaria and Serbia.

The pragmatic legitimacy of an association paired with the maintenance of the association is exhibited by securing the selective and non-selective benefits for its members. Associations give awards to its prominent members for special efforts and achievements, offer newsletters and magazines, lower congress fees, specialised trainings or discounts for them, study travels, and sometimes the benefits can be a discount for insurance, hotels, restaurants, airplane tickets, rent-a-car, telephone services, celebrations, concerts, music instruments and so on.

### **Moral legitimacy**

The association seeks moral legitimacy by demonstrating its inclination to achieve the highest humane and professional ideals within the services it offers to clients and its members, as well as the manner in which it presents the profession to the public. Associations develop and obtain moral legitimacy through their democratic, non-oligarchic praxis, and through their ability to represent and encourage the highest standards of the profession. Moral legitimacy is based on those activities which contribute to the wellbeing of the society. Having in mind that associations are in search for funds, in the early stage of the development of music therapy, the association will be more successful in receiving funds if they are tied to socially established institutions such as churches, hospitals, education institutes, charities or regional endeavours. Funds available to the association have to be very transparently spent, without creating any doubt for unplanned expenditure, wasting money or gaining personal profit (Bloland 1997).

In general, moral legitimacy takes one of four forms: evaluations of outputs and consequences, evaluations of techniques and procedures, evaluations of categories and structures, and evaluations of leaders and representatives. (Suchman 1995).

Associations promote moral legitimacy by encouraging ethical conduct of its members and punishing its violation. The highest visible means for conducting and developing moral legitimacy is the disclosure of the ethical code. This code means

that the members are educated and directed toward the ethical conduct with members of the association and with clients. With respect to the external environment, the goal of adopting and implementing the ethical code is to persuade others that the professional standards within a certain profession are of the highest standard and are protected from those who rule society as a whole.

In order to establish and maintain legitimacy, the association must be democratic by structure, and their work must be imbued with democratic principles. Because associations are voluntary, the management of the association must pay great attention to interests, needs and requests of the membership. The development of democratic principles means that members of the association have the same rights as well as obligations. In some associations problems arise if some members believe that the association is in reality led as oligarchy by a small group of people. Objectively, associations are led by a small group of people. Therefore, it is necessary to regularly communicate with members. Associations bring all important decisions to the assembly. Managing bodies, besides the board, should be established within the association (especially important are the supervisory board, the ethical board and the court of honour) to keep detailed and transparent records and to include its members as much as possible in the work of working groups. Inclusion will increase the networking of members and cohesiveness of the association. Besides, by forming these bodies and by adopting documents which contribute to democracy, transparency and discipline, this will prevent ethical transgression, and in such cases there would be clear mechanisms of protection of music therapy, and members, clients, and the association as a whole.

Some associations have another problem with their democratic form. When they are too responsive, these organisations can start to follow the wishes of every individual or small group in the association, disintegrating on a bigger organisational cause which is referred to as "organisational drift" (Selznick 1957).

An association can encounter difficulties in disciplining the members. When unethical behaviour of members is in question, an association can have great difficulties, which can sometimes end up in court. It is especially difficult to solve breaches of rules in managing the association which creates significant problems. Punishing the offender of the ethical code can lead to divide among the membership, fear with some of them, distancing or reducing the obligations toward

the association (Bloland 1997).

Keeping in mind other clearly recognised professions (e.g. medical doctors, psychotherapists, etc.), the legitimacy of the profession and their association is enforced if the association strongly punishes those who do not respect the ethical code.

Having in mind results based on the questionnaires, I would suggest for all music therapy associations to:

- adopt and implement an ethical code;
- encourage the members to be ethically responsible and informed;
- apart from the board, establish other managing bodies or groups within the association;
- adopt other structural and procedural documents;
- establish the list of recognised music therapy techniques and methods (including music medicine and music technology) which are actually applied in their countries by educated music therapists;
- establish procedures in case of violation of ethical codes;
- further develop the established ethical code;
- not to transfer responsibility for the ethical behaviour to the state and legal regulations.

The development and maintenance of ethical behaviour, as well as sanctioning of unethical behaviour will give a crucial contribution to both professionalisation of the profession and maintenance of the association.

### Cognitive legitimacy

Cognitive legitimacy mainly refers to unconscious recognition of the profession as a part of a cultural landscape. This acceptance may partially occur from the pragmatic or moral legitimacy of the profession. There are two types of cognitive legitimacy: the legitimacy based on the understanding of the profession and the legitimacy based on the 'taken-for-grantedness' (Suchman 1995).

The understanding of the profession shows that the general public has a well-developed image of the profession and clearly understands the forms and activities which are important. The understanding means that the mode of acceptance of the profession corresponds to cultural beliefs and our personal experience from everyday life.

Given the non-existence of complete law regulations, the understanding of the profession of music therapists in most countries is at a very low level. The general public and unfortunately sometimes experts think that music by itself is a cure, and sometimes those who know how to play an instrument, sing or play music are called 'music therapists'.

On the other hand, because of subjective reasons or objective circumstances, music therapists often join associations with other professions, most commonly with art and dance therapists. From the questionnaire data, we can see that the relationship between music therapists themselves with the matter of cognitive legitimacy is questionable, therefore it is difficult to expect cognitive legitimacy to be fully developed among the general public.

From a legal point of view, cognitive legitimacy shows whether music therapy is recognised in the nomenclature of services and the nomenclature of professions.

Considering this in our questionnaire results which show a negative trend (without statistical significance), it is hard to believe that there were countries which adopted these regulations only to then erase them five years later. These data could be the result of fluctuations in memberships under the auspices of the EMTC, ignorance of legal problems, or the lack of distinction between services and profession in legal processes by associations or their representatives.

Therefore, my suggestions to music therapy associations are to:

- have continuous contact with media, public and professional circles repeating what music therapy and its range is;
- collaborate with celebrities in promoting music therapy;
- use the internet and available web portals, start forums, blogs and specialised pages, while being acquainted with legal regulations of advertising in this domain;
- adopt regulations on the association level which advocate the principles of work of educated music therapists;
- define clinical and non-clinical work conditions, fees for services, music therapy techniques and methods used, and to present these to the public in accordance with current law until the state adopts the targeted legal regulations;

- motivate its members to collaborate with other professionals, realise and present music therapy research on an interdisciplinary level because these are the ways to increase cognitive legitimacy. This will bring about the appearance of a list of clear indications where the music therapy service is recommended, which in 2014 is the case in 12% of countries (whereas in 2009 the percentage was 23%);
- start the education and specialised working groups which will – with members in whole, and especially with managing structures – increase the level of knowledge and develop capacities in order to increase the efficiency of cognitive legitimacy;
- make the general and expert public recognise and understand the nature, goal and fundraising activities which the association conducts;
- establish a special group to seek new projects;
- connect to other institutions which have high cognitive legitimacy, for example: universities, hospitals, institutions of social protection, and so on. Because these institutions are legitimate, it is more likely to receive grants if associations are connected through activities with these institutions which have high cognitive legitimacy.

Cognitive legitimacy which refers to taking grants puts a highlight on the profession or institution, so that it seems permanent and unavoidable to the society. Cognitive legitimacy of both types is highly desired for the profession, but it is difficult to achieve. To a high degree, the profession either has cognitive legitimacy, or not.

An association has cognitive legitimacy if its members can hardly imagine that alternative associations can provide for their needs. An association is an entity which is close to prospective and current members. When people join an association, they should have a clear image about its structure and function. It is necessary for an association to look and act as an association. A greater cognitive legitimacy will develop a greater chance to receive grants, develop capacities for lobbying and create conditions for legal changes (Bloland 1997).

A part of the cognitive legitimacy image is that the association members believe in the association and have trust that their best interest is in its heart. With a larger association, the association becomes more powerful through the number of professional members, their connection to each other and the connection with the social environment. Small

associations can have cognitive legitimacy if the social environment, general public and professional circles feel they understand the association, its work and its causes. However, most important of all is for the membership to follow the development of the association and to bring about their own development through the association's development (Bloland 1997).

The most important issue in the domain of cognitive legitimacy is the fact that after five years of establishing the EMTR we have registered only 13 music therapists. According to this, the EMTR needs to be critically considered and developed through the prism of pragmatic, moral and cognitive legitimacy.

At the moment, music therapists from at least 52% of countries under the EMTC cannot apply because the education programmes do not satisfy the terms prescribed by the register. It is clear that music therapy will establish deeper roots if it is connected to university programmes, but it is not possible to expect that to happen in the early period of the development of music therapy in a certain country. Besides, as mentioned above, university programmes are different, independent, but can have (or do have) their limitations which can be compensated with cooperation and nurture of accredited private education centres under the association because the majority of individual EMTC members come from the group of countries in which education is done under a university, as well as private centres. Without the adoption of common standards, a critical attitude of the EMTR commission towards university programmes and the accreditation of private education centres which satisfy the standards of the association, there will be no true gathering of all music therapists and the implementation of the EMTR which is a requirement for bringing legal regulations on the EU level.

Another issue for discussion is the fact that large numbers of music therapy associations under the auspices of the EMTC (and also the EMTC itself) have heterogeneous membership. It means that they are not made up only of qualified, professional music therapists.

This usually happens in the early period of development of music therapy in a certain area (but it is not a rule) or it seems as a rational decision, especially in areas where music therapy does not exist. However, in the later period, the heterogeneity of membership can be an obstacle to its further development. Accordingly, I would recommend, as early as from its formation, for the small local or regional association to 'distance itself



by name' from a professional association thus the forming association could be named, for example, the association for the development of music therapy. It will show to the members that it is a transitional period until the formation of a professional association which will then consist only of professional music therapists. In that case, the different membership categories need to be defined in internal documents, primarily in the articles of association, from the establishment of the association. If all members of the association are aware of the transitional period, the goal of gathering and the different categories of membership, this will not lead to a conflict of interest or ethical challenges, and should not lead to violation of democratic principles because all members are not equal by profession.

Another important issue is that the EMTC gathers only a part of those who call themselves 'music therapists' in Europe. Why can't some countries form a national umbrella music therapy association? Why can't existing national umbrella associations gather all music therapy associations under one common roof in some countries? Why can't the EMTC gather all associations or European countries? (Some countries cancelled their membership after some years and some countries did not join the EMTC).

Looking for the right directions, each music therapy association should critically and persistently consider its own level of pragmatic, moral and cognitive legitimacy, and challenges it has encountered in the legitimacy management.

The final part of discussion will present some useful directions and strategies.

## Managing legitimacy

### *Gaining legitimacy*

Legitimacy-building strategies fall into three clusters (Suchman 1995):

- (a) efforts to conform to the dictates of pre-existing audiences within the organisation's current environment;
- (b) efforts to select among multiple environments in pursuit of an audience that will support current practices;
- (c) efforts to manipulate environmental structure by creating new audiences and new legitimating beliefs.

All three clusters involve complex mixtures of concrete organisational change and persuasive organisational communication (Dowling & Pfeffer 1975); however, they clearly fall along a continuum from relatively passive conformity to relatively active manipulation (Oliver 1991).

### *Maintaining legitimacy*

Anomalies, miscues, imitation failures, innovations, and external shocks threaten the legitimacy of even the most secure organisation, especially if such misfortunes either arrive in rapid succession or are left unaddressed for a significant period of time.

According to Suchman (1995), three aspects of legitimacy make its maintenance at least intermittently problematic:

- (a) audiences are often heterogeneous;
- (b) stability often entails rigidity;
- (c) institutionalisation often generates its own opposition.

### *Strategies for maintaining legitimacy*

#### 1. Change

The first cluster of legitimacy maintenance focuses on enhancing the organisation's ability to recognise audience reactions and to foresee emerging challenges.

The organisation must monitor multiple interests and, to this end, it may co-opt audiences into organisational decision making – not to provide symbolic reassurances to constituents (Pfeffer 1981), but rather to provide cultural insights to managers. The organisation must incorporate multiple ethics and, to this end, it may pursue professionalisation, chartering certain organisational members to participate in external normative discourses (DiMaggio & Powell 1983).

The organisation must explore multiple outlooks and, to this end, it may establish specific subunits as 'doubting Thomases' with a mandate to question others' taken-for-granted assumptions (Ashforth & Gibbs 1990; Mitroff & Kilmann 1984).

#### 2. Protect accomplishments

Organisations may seek to buttress the legitimacy they have already acquired. This task boils down to policing internal operations to prevent miscues,

curtailing highly visible legitimization efforts in favour of more subtle techniques and developing a defensive stockpile of supportive beliefs, attitudes, and accounts (Suchman 1995).

It means that such stockpiles are dispositional in character, reflecting either pragmatic attributions (such as trust) or moral attributions (such as esteem). These dispositional perceptions act as a kind of capital reserve, “whereby management can occasionally deviate from social norms without seriously upsetting the organisation’s standing” (Ashforth & Gibbs 1990).

### *Repairing legitimacy*

The task of repairing legitimacy resembles the task of gaining legitimacy. Unlike legitimacy creation, however, legitimacy repair generally represents a reactive response to an unforeseen crisis of meaning.

Such crises usually befall managers who have become enmeshed in their own legitimating myths and have failed to notice a decline in cultural support, until some cognitively salient trip (such as a resource interruption) sets off alarms. By the time these reactive managers begin to address their problems, familiar legitimization strategies and familiar legitimacy claims may already be discredited. Suddenly, the successes of the past become impediments to the future. Although legitimacy crises may coalesce around performance issues, most challenges ultimately rest on failures of meaning: Audiences begin to suspect that putatively desirable outputs are hazards, that putatively efficacious procedures are tricks, or that putatively genuine structures are facades (Suchman 1995).

In the abstract, most of the legitimacy-building strategies described previously also can serve to re-establish legitimacy following a crisis, provided that the organisation continues to enjoy some modicum of credibility and interconnectedness with the relevant audiences. Often, however, the delegitimated organisation must first address the immediate disruption, before initiating more global legitimization activities. In particular, organisations must construct a sort of ‘firewall’ between audience assessments of specific past actions and audience assessments of general ongoing essences (Suchman 1995).

### *Strategies for repairing legitimacy*

#### 1. Normalising account

This strategy separates the threatening revelation from larger assessments of the organisation as a whole (Giacalone & Rosenfeld 1989; Marcus & Goodman 1991; Scott & Lyman 1968).

#### 2. Restructuring by creation monitors and watchdogs

This intervention allows the organisation to ‘post a bond’ against future recidivism by, for example, inviting government regulation, chartering ombudspersons, or instituting grievance procedures (Pfeffer 1981).

#### 3. Restructuring by disassociation

This intervention means to symbolically distance the organisation from ‘bad influences’ by executive replacement, which invokes the symbolism of charismatic authority to signify a desire for change (Gephart 1978; Suchman 1995; Weber 1978) and disassociation from de-legitimated procedures, structures and even geographic locales.

#### 4. Avoid panic

Managers facing a legitimacy crisis should avoid panic because “precipitous crises lead to a threat-rigidity response that severely impairs decision making and promotes [organisational] failure” (Staw, Sandelands & Dutton 1981). Even though legitimacy repair may resemble legitimacy creation in that both call for intense activity and dramatic displays of decisiveness, legitimacy repair also resembles legitimacy maintenance in that both require a light touch and a sensitivity to environmental reactions (Suchman 1995).

## **CONCLUSION**

1. A professional association has a key role in the process of obtaining legitimacy. Legitimacy of associations and legitimacy of the profession is like a system of separate vessels. With the development of the legitimacy of associations, the legitimacy of the profession will develop and vice versa.

2. The process of the development of legitimacy of the profession by the state can be followed in four phases: i) introducing music therapy as a service in the nomenclature of services; ii) introducing music therapy as a profession in the nomenclature of professions; iii) adopting a national regulative law connected to music therapy and finally a law on music therapy; iv) adopting a law on music therapy on EU level for EU members.
3. The process of the development of legitimacy by association should be followed through the qualitative, quantitative as well as retrospective and prospective studies.
4. Music therapy associations should develop the instruments to measure and capture the dynamics of pragmatic, moral and cognitive legitimacy.
5. Music therapy associations should develop their own strategies for gaining, maintaining and repairing legitimacy.
6. In the future, music therapy associations should realise empirical research on the use and effectiveness of various legitimacy management strategies across social locations and through time.

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