



Article

Music therapy as a profession in Spain: Past, present and future

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ABSTRACT

The use of music for therapeutic purposes has a long history in Spain. For many years, clinical practice, training and research related to music therapy have been present in the country. Several people from different areas of the country have acted as pioneers, contributing great effort and dedication to the establishment of this profession. However, perhaps because these pioneering efforts lacked unity or failed to follow similar directions, there is still a long way to go before this discipline and profession become consolidated and integrated within the education and health systems, and recognised by the relevant authorities. To advance along this way, it is important and necessary to analyse where the music therapy profession lies at present in order to identify those aspects which hinder its development and consolidation.

KEYWORDS

music therapy in Spain; professionalisation of music therapy; music therapy accreditation (music therapy register); music therapy development

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HISTORY AND BACKGROUND

The first references to the therapeutic use of music in Spain date back to the 18th Century. In the 19th century some dissertations (Poch 1999) addressed the relationship between music and medicine, and in 1920 Dr Candela Ardid published the book *'The Music as a Curative Medium of the Nervous Diseases: Some Considerations about Music Therapy'*. In the early 1960s, music therapy as a profession was introduced by Dr Serafina Poch. Since then, many initiatives and projects have developed in public and private institutions (Poch 1993).

In 1975, the first Introductory Music Therapy course was taught by Rolando Benenzon in Madrid. The Spanish section of the International Society for Music Education (ISME-Spain) established a study group dedicated to music therapy. In 1977, the *Spanish Association of Music Therapy (Asociación Española de Musicoterapia)* was founded by Dr. Serafina Poch and colleagues. In 1983, she established the Catalan Association of Music Therapy (*Asociación Catalana de Musicoterapia*) in Barcelona. In the same year, in Vitoria-Gasteiz (Basque Country), Aitor Loroño and Patxi del Campo founded the Centre for Music Therapy Research (*Centro de Investigación en Musicoterapia*). During the 1990s, particularly after the VII World Congress of Music Therapy, which was celebrated in Vitoria in 1993, interest in music therapy began to increase both as a discipline and a profession. In the late 1990s, Spanish health-allied professionals began to show significant interest in music therapy. Several more music therapy associations were also founded at this time and at the beginning of the 21st century (Sabbatella 2004).

Today, music therapy is applied in education, medical and community settings. Music therapy training is offered at different universities and private institutions, and research activity is carried out with a corresponding increase in the number of publications. However, Spain still faces the future with challenges such as professionalisation, the unified vision of the professional role, and the official recognition of the field by the national government (Mercadal-Brotos & Sabbatella 2014).

TRAINING AND EDUCATION IN MUSIC THERAPY

Music therapy training programmes – at Master's or postgraduate level – are offered both by private institutions and universities. In 1986 the first

training courses in music therapy were offered by private institutions [School of Music Therapy and Group Techniques, today known as *Asociación Música, Arte y Proceso* in Vitoria-Gasteiz, and *Centro de Investigación Musicoterapéutica* (Music Therapy Research Centre) in Bilbao].

During the 1990s, interest in music therapy training grew and music therapy seminars, workshops and training programmes sprang up in different universities. In 1992, the first university music therapy programme was offered at the University of Barcelona, with Dr Serafina Poch as the Director.

In 2014, the university status of music therapy in Spain was:

- Postgraduate music therapy training programmes offered by public or private universities. There are no music therapy departments or faculties, so studies are linked with related scientific areas such as music, psychology or medicine. Results of a study conducted by Poch (2013) show that by 2012 a total of 1,844 students had qualified as music therapists through university training in Spain. Sabbatella (2005) conducted a study about the status of music therapy at Spanish universities concluding that there was a notable variety with regard to the structure of music therapy training courses offered by universities in Spain. The university courses showed differences in structure, academic level and theoretical orientation of training. No unified criteria were identified that defined the core areas of study, subjects, skills or competences required to become a professionally qualified music therapist, although there were common objectives and areas of study. Since 2010, and according to the European Higher Education Area (EHEA), all music therapy training programmes are required to adapt to the European Credit Transfer System (ECTS). As yet, there are no specific PhD programmes in music therapy in Spanish universities.
- Music therapy optional/elective subjects offered within official undergraduate/Bachelor degrees (e.g. psychology, education, nursing).
- Introductory courses, summer courses, seminars and workshops. The aim of this type of course, offered by public or private institutions, universities and associations, is to promote and introduce music therapy among health-allied professionals, potential students, and the general public. These types of training do not lead to any qualification.

CLINICAL PRACTICE IN MUSIC THERAPY

Different studies regarding the professional profile and status of music therapy in Spain show that music therapy clinical practice is active and music therapists work with a wide variety of populations, from children to adults in education, community and health areas. However, most professionals seem to work on a part-time basis and on specific projects as opposed to holding full-time jobs (Sabbatella & Mercadal-Brotons 2014).

Ortiz Ruiz and Sabbatella (2011) conducted a research study based on a survey design to describe the professional profile of music therapy in Spain, including demographic information, education, working style, assessment and intervention methods of music therapists in clinical practice. The respondents (n=57) showed an overwhelming predominance of women over men (76.27% vs. 23.73%), with an average age of 41.1 years, and with professional experience of 8.3 years. According to the results, Madrid (35%), Catalonia (17%), Andalusia (17%), and Valencia (10%) appeared to be the regions with the majority of active professionals (79%). Children (27.11%) are the most served followed by adults (25.42%) and elderly people (11.86%). These results are very similar to a later study conducted by Sabbatella and Mercadal-Brotons (2012). This study showed that the majority of music therapy professionals in Spain hold a Master's degree (73%), work part-time (43%) or on specific projects (40%) and mainly in private institutions (48%). The populations most served are intellectual and developmental disabilities (16%) followed by mood disorders such as depression (12%) and Autism Spectrum Disorders (9%). The salaries of music therapists seem to be comparable to those of a psychologist (30%) or a teacher (26%). Practising music therapists in Spain are members of a national or a regional professional association (70%).

Mercadal-Brotons (2011) conducted a survey with the objective of presenting an overview of the music therapy scene in Spain in the area of gerontology with regard to: (a) populations most served by music therapists, (b) characteristics of the institutions, (c) training of the professionals who implement music therapy programmes, (d) working conditions, and (e) types of programmes implemented. Although the number of respondents was small (n=20), results showed that 75% of the survey participants working in gerontology are women. The mean number of years in the field is 6

(SD=7) and the population of dementias is the most served in geriatric settings (45%) followed by other neurodegenerative conditions (15%). The results of this study also indicate that the majority of music therapists working in gerontology who responded to the survey work in private institutions (55%) and on a part-time basis (90%).

These three studies show similar results with regard to dominant gender of the music therapy profession in Spain, number of years of the practitioners in the field, the working arrangement (part-time vs. full-time) and the type of institutions (private vs. public).

MUSIC THERAPY MODELS AND PHILOSOPHICAL ORIENTATIONS

Sabbatella (2004) suggests that the different approaches and theoretical orientations of music therapy clinical practice in Spain are influenced by several issues:

- Cultural: music therapists in Spain come from different schools of training, different countries and some of them hold degrees from foreign universities.
- Academic: Theoretical orientation in clinical practice is related to the music therapy training and orientation of the teaching staff.
- Professional: Spanish music therapists choose their professional theoretical orientation according to their area of work (education, psychotherapy, medicine).
- Geographic: Music therapy projects are developed in cities that are separated by long distances. This situation does not facilitate professional exchange or contact.

In the last decade, some research studies have been conducted to identify the models and philosophical orientations of Spanish music therapists. At the beginning of the decade, Sabbatella (2003) found that music therapists seem to adopt an eclectic approach based on a variety of active methods and on the principles of the Benenzon music therapy model. The techniques most frequently used were improvisation with percussion instruments, listening to music and movement with music. The respondents stated that assessment of clients followed an informal procedure as opposed to standardised assessment tools. Areas of assessment and evaluation of clients included musical and non-musical behaviours. Descriptive methods were used to report assessment results. The number of

respondents was low (n=13), but relevant regarding the estimated number of practising therapists in Spain in early 2000.

In a later study (Ortiz Ruiz & Sabbatella 2011) with 57 respondents, the theoretical orientation of music therapists showed more variation: humanistic approach (30.61%), behavioural (22.45%), psychodynamic (20.41%), eclectic (14.29%), Gestalt (10.20%) and systemic (2.04%). Music therapy models included Nordoff-Robbins (20.73%), Benenzon (19.51%), behavioral and analytical models (8.54%) and the Bonny method of Guided Imagery and Music (GIM) (3.66%). These results were congruent with the evolution of the profession in Spain and the development of the theoretical basis of music therapy clinical practice worldwide.

The most recent study undertaken regarding the status of music therapy in Spain, conducted by Sabbatella and Mercadal-Brotons (2014), identifies theoretical approaches and methods used by 122 music therapists. Theoretical approaches covered a broad perspective and are similar to those highlighted by Ortiz Ruiz and Sabbatella (2011).

With regard to music therapy methods used in clinical practice, Sabbatella and Mercadal-Brotons (2014) found that the most frequent method used in clinical practice is improvisation, including free improvisation techniques (72.1%), free improvisation with voice (47.5%) and free improvisation with voice and instruments (50%). Composition methods used include song composition (20.5%), instrumental composition (17.2%) and instrumental and song composition (15.6%). Listening methods are used by 50.8% of the respondents; techniques used include listening with verbal expression (27%), sound-music visualisation (19.7%), guided music listening (17.2%) and listening with graphic expression (10.7%). Dramatic techniques used include body-movement techniques applied to music (41%), music drama (31%) and improvisation-drama-movement combination (23.8%). Eclectic techniques used include playing musical instruments (59.8%), music games (52.2%), therapeutic singing (28.7%), sonification of situations (23.8%) and recording sound sequences (22.1%).

RESEARCH IN MUSIC THERAPY

Del Moral, Sánchez-Prada, Iglesias and Mateos-Hernández (2014) conducted a descriptive study about the status of music therapy research in Spain concluding that music therapy scientific publications have appeared regularly since 1985. Furthermore, this study showed a progressive increase in music therapy scientific publications in the country. An update of the previous study (Del Moral, Mercadal-Brotons & Sánchez-Prada 2014) has identified 479 music therapy publications¹, between 1985 and 2013, with the participation of Spanish authors and/or co-authors. These included articles (38 %), books (15 %), chapters (4 %), papers (41 %) and theses (2%). Higher numbers of publications were found in the years 1993, 2006, 2008, 2010 and 2012, coinciding with the celebration of national and international congresses (Del Moral, Mercadal-Brotons, Sánchez-Prada, Mateos-Hernández, Hernández-Crego & García-Martín 2013). Regarding dissertations, a total of 13 were found in the Spanish Dissertations database 'TESEO' (2014) which included the term music therapy in the title. The topics addressed in doctoral dissertations written by music therapists are: music therapy interventions (10), music therapy methods of evaluation (1) and history of music therapy (1). Music therapy dissertations have been conducted by music therapists and non-music therapists, within doctoral programmes of related fields and most of them were not supervised by music therapists.

¹ These music therapy publications were found in the following databases: Scopus, Proquest Research Library, Web of Knowledge (now Web of Science), Science Direct, Ebsco, Academic Search Premier, E-Journals, PsycInfo, Medline, PubMed, Eric, Cairss, Rilm, Dialnet, Teseo, Proquest Dissertations & Theses; and book catalogues: Catálogo de la Biblioteca Nacional de España (BNE – Catalogue of the National Library of Spain) and Red Española de Bibliotecas Universitarias (REBIUN – Spanish Network of University Libraries). National and international music therapy congress proceedings and national and international music therapy journals were also reviewed.

MUSIC THERAPY AS A PROFESSION: STEPS TAKEN TOWARDS THE ORGANISATION OF THE PROFESSION

Currently in Spain there are a total of 48 music therapy associations listed in the National Associations Register of the Spanish Ministry for Home Affairs (Ministerio del Interior 2014); one is a recently created music therapy federation (*Federación Española de Asociaciones de Musicoterapia*) (July 2014). Ten of these associations are members of the EMTC (<http://emtc-eu.com/member-associations/>)² and these EMTC member associations choose the country's representative every three years. The large number of associations prevents a unified vision of the profession in professional and academic fields, and does not allow the profession to be taken seriously by members of other health-allied professions and competent authorities.

Among the 48 music therapy associations, two categories can be identified according to their purpose, objectives, and level of national recognition. One of these categories comprises professional associations that are non-profit music therapy associations created at national or regional level, seeking to further the development and social inclusion of the music therapy profession and the interests of practising music therapists. The Spanish music therapy associations which have members of the EMTC are within this category.

² Música, Arte y Proceso (MAP; Music, Art and Process), Asociación Aragonesa de Musicoterapia (AAMT; Aragonese Music Therapy Association), Associació Valenciana de Musicoterapia (AVMT; Valencian Music Therapy Association), Asociación Galega de Musicoterapia (AGAMUS; Galician Music Therapy Association), Asociación de Profesionales de Musicoterapia (APM; Professional Association of Music Therapy), Asociación Castellano Leonesa de Musicoterapia (ACLEDIMA; Castillian Leon Music Therapy Association), Asociación Española de Musicoterapeutas Profesionales (AEMP; Spanish Association of Professional Music Therapists), Asociación Gaditana de Musicoterapia (AGAMUT; Cadiz Music Therapy Association), Asociación para el Desarrollo y la Investigación de la Musicoterapia (ADIMTE; Association for the Development and Research in Music Therapy), Associació Catalana de Musicoteràpia (ACMT; Catalan Music Therapy Association).

Furthermore, we wish to emphasise the Spanish Association of Professional Music Therapists (*Asociación Española de Musicoterapeutas Profesionales* – AEMP) which was approved in September 2007 by the Spanish Ministry of Employment and Social Security (*Ministerio de Empleo y Seguridad Social*). The AEMP represents a landmark towards the professionalisation of music therapy in our country, and because of its registration in the Spanish Ministry of Employment and Social Security, this association has the potential to become a union when the profession is fully recognised. Its main objective is the regulation of the profession of music therapy in Spain (Mateos-Hernández & Fonseca 2008).

The second category includes groups of music therapists who come to an agreement to create an organisation for job-related activities and to benefit from the fiscal advantages this type of organisation offers.

The field of sociology has used several criteria to define professional status. Saks (2012) points out that most lists of criteria include a high level of knowledge and expertise or related items as special features – alongside other characteristics such as codes of ethics, altruism, rationality and educational credentials. Moreover, Perks (1993) states that the main achievements that may identify the professionalisation of an occupation include: (1) an occupation becoming full-time, (2) the establishment of a training school, (3) the establishment of a university school, (4) the establishment of a local association, (5) the establishment of a national association, (6) the introduction of codes of professional ethics, and (7) the establishment of state licensing laws. According to the criteria of Perks (1993) and Saks (2012), music therapy in Spain has been making important steps in the process of professionalisation within the last ten years. However, it is necessary to increase our efforts towards the social and official recognition of music therapy by the Spanish authorities, similar to processes undertaken by other European Countries (e.g. UK, Austria and Latvia).

Mercadal-Brotos and Mateos-Hernández (2005) proposed several challenges that should be met for the consolidation of the music therapy profession in Spain. These challenges were summarised in five thematic groups:

1. Academic training of future music therapists;
2. Production of knowledge and publications;

3. Ongoing professional training of music therapists;
4. Ethical development of the profession;
5. Social and organisational development of the profession.

In addition, Sabbatella (2008, 2011a) proposed the following:

1. The need to create a Spanish census of music therapists (university and non-university trained) and to establish a Register of Spanish Music Therapists taking into account initial training, ongoing training and professional specialisation following the criteria of the European Music Therapy Register (EMTR).
2. The development of a national music therapy code of ethics by the professional music therapy associations to ensure good practice and ethical development of the profession, to avoid professional intrusion and to raise public awareness of the importance of the profession's scope and professional qualifications.
3. The need to establish appropriate mechanisms to manage the recognition as a regulated profession by the national authorities and its inclusion in the National Occupational Classification to provide a standardised language for describing the work performed by music therapists in the Spanish labour market.
4. The need to define the professional role of a music therapy supervisor to ensure the quality of clinical interventions in order to maintain professional competence and accountability, and differentiate his/her role from that of a practicum supervisor (mentor) in the training period.

In the last ten years different steps have been taken to organise the music therapy profession, and to promote a unified vision of the profession within the labour market. The starting point was the first meeting of representatives of the five music therapy associations which were members of the European Music Therapy Confederation (EMTC)³

³ Spanish Music Therapy Associations, members of the EMTC in 2007: Asociación Castellano-Leonesa para el Desarrollo y la Investigación de la Musicoterapia y el Arteterapia (ACLEDIMA) - Asociación Catalana de Musicoterapia (ACMT) - Asociación Gaditana de Musicoterapia (AGAMUT) - Asociación Música, Arte y Proceso (MAP) - Asociación de Profesionales de Musicoterapia (APM).

on June 20, 2007 in Madrid (Barajas Airport). Various agreements were reached and signed to establish the operation, duties and responsibilities of the EMTC member associations and regulate the functions of the EMTC Spanish Delegate⁴. Points 1, 2, and 3 mentioned by Sabbatella (2011) have been reached. The Spanish Music Therapy Register (REMTA) is operational and the first census of registered music therapists became available in July 2014, including 24 registered music therapists (REMTA).

In addition, music therapy was included in the National Occupational Classification under the heading of Social Sciences – Psychology, with the Code Number 28231062 (<http://emplego.xunta.es/cnopro/>).

The Spanish music therapy associations which are members of the EMTC (AEMTA-EMTC) produced the following documents:

1. Criteria for being a Professional Music Therapist in Spain (2007)
2. The Spanish Music Therapy Register / *Registro Español de Musicoterapeutas Acreditados* (REMTA) (2009). The REMTA was designed using the criteria of the European Music Therapy Register (EMTR), including the categories (Sabbatella 2011b) specified in Table 1. The Spanish Commission on Accreditation of Professional Music Therapists (CAEMT) was created in 2010 to make the REMTA operational.
3. The Code of Ethics for Professional Music Therapists in Spain, which adapts the EMTC Code of Ethics to national guidelines (approved in 2014).

In recent years, AEMP has developed several documents. In 2008, AEMP started a census of professional music therapists (resident in Spain) with adequate university training for professional practice. This census provides institutions interested in hiring professional music therapists with reliable information on the credentials of the music therapist available for employment in a country where music therapy remains a non-regulated profession. Regarding music therapy training, the subcommittee on European convergence and music therapy of AEMP produced a reference document called *General Guidelines to Assess the Design of University Graduate Music*

⁴ The election of the new EMTC Spanish delegate followed the rules established by the EMTC.

Spanish Music Therapy Register (REMTA)	
Categories	Criteria
Spanish Music Therapist Register (Musicoterapeuta Acreditado en España – MTAE)	<ul style="list-style-type: none"> a. Music therapy degree defined in the document 'Standards for being a music therapist in Spain'. b. One year of full-time professional experience, or equivalent. c. 60 hours of supervised clinical practice. This can include the supervision hours undertaken during training (20%). d. 60 hours of self-experience (e.g. ongoing psychotherapy, psychoanalysis, systemic therapy, music therapy). This can also include the supervision hours undertaken during training (30%). e. 20 hours of continuing professional development (courses, workshops, congresses and conferences attendance, etc.) connected with the field of music therapy. f. To be a member of a music therapy association that belongs to the EMTC.
Music Therapy Supervisor (Supervisor de Musicoterapia Acreditado en España – SMTAE)	<p>Supervisors are registered music therapists who fulfil these additional requirements:</p> <ul style="list-style-type: none"> a. Five years, full-time of professional experiences as music therapist, or equivalent. b. Additional 120 hours of clinical supervision. c. Additional 60 hours of self-experience.
Transitional regulation	<p>A period for the recognition of pioneer supervisors has been organised. Registered music therapists who demonstrate that they have been supervisors of music therapy practicum in music therapy training programmes (a minimum of 3,000 hours of supervision of practicum) should be recognised as registered supervisors. This period will last for 18 months to be completed by December 31st, 2015.</p>

Table 1: Spanish Music Therapy Register (Registro Español de Musicoterapeutas – REMTA)

Therapy Programmes in Spain (2008) (*Documento Técnico Recomendaciones Orientativas para Valorar el Diseño de los Postgrados Universitarios de Musicoterapia en España*), as well as the AEMP Code of Ethics for professional music therapists which adapts the EMTC Code of Ethics to national guidelines (2011), and the *Spanish Music Therapy Research List* (Listado Español de Publicaciones en Musicoterapia 2014).

Results of a study on the current state of music therapy in Spain have been recently presented (Del Moral, Mercadal-Brotons & Sánchez-Prada 2014), based on the information gathered by 104 music therapists (professionals and students) who participated in focus groups. It analyses the weaknesses, threats, strengths and opportunities of music therapy as well as possible strategies to improve the current situation. Some of the issues that were addressed include:

- Strengths: the increasing number of publications in the last years; the organisation of National Congresses of Music Therapy every two years.
- Weaknesses: the lack of knowledge about music therapy by the Spanish society; the structure of music therapy training in Spain at postgraduate level seems short and not deep enough to focus on research methodology.

- Opportunities: the increasing number of available international publications on music therapy and the opportunity to learn from other countries.

- Threats: professional intrusion. The difficulty of working as a music therapist in Spain.

Strategies proposed to improve the situation include: organisation of seminars, courses or lectures about research methodology for music therapists; recover and improve the Spanish Music Therapy Journal; create a music therapy research register; outreach music therapy through social networks; establish an accreditation system; work or collaborate with other music therapists and/or other professionals. Some of these strategies have already started or have been carried out (e.g. the accreditation system called REMTA).

DISCUSSION AND REFLECTIONS

The comprehensive and detailed information about the situation of music therapy in Spain described in this article allow the authors to present some reflections and future trends on the topic. A long journey has been undertaken with many exciting accomplishments. There are, however, several elements which still need to be considered in order

to achieve an organised and mature profession.

Training

Music therapy training in Spain requires a regulatory body to overlook curriculum and staff credentials and experience. This is currently not possible within the university system because music therapy studies are not regulated by national education authorities. This situation has led to some music therapy courses not being directed or taught by trained music therapists and it raises some questions such as: a) should there be a minimum requirement in terms of experience in the field in order to teach on training programmes?; b) how should doctoral dissertations be monitored?; c) should dissertations related to music therapy be co-supervised by music therapists?; d) in order to write a dissertation in the area of music therapy, should the author have professional training in the field?

The EMTR defined by the EMTC, along with the recommendations of the European Higher Education Area (EHEA), have helped to produce general music therapy curricula while maintaining the flexibility and individuality of each training institution. According to Spanish university regulations, the length of studies at master's level is 1-2 years (60 ECTS) which is not enough for an adequate training of music therapists. This means that, depending on the institution, students may have completed their music therapy Master's training without sufficient grounding in practical/internship, self-experience or advanced theoretical issues.

Clinical practice

The establishment of the REMTA is a landmark that promotes practice regulation, but not all Spanish music therapists agree with this type of guideline as it requires professionals to undergo continuous education training and supervision to obtain and maintain the accreditation. Although there is a need to increase the number of professional music therapists who work as clinicians, the authors have observed that, currently, a significant number of alumni who have completed music therapy training programmes have chosen to enter the teaching field rather than work as clinical music therapists. This leads us to an important question: what do these music therapy training programmes actually teach? As mentioned above, it seems that the length of the training is not enough.

A further important issue concerns professional intrusion. It is not unusual to find that professionals

in related fields (e.g. a psychologist, a special educator, a music teacher) use the term "music therapy" because they use music as a resource in their jobs.

Research

A key issue here is how to improve the quantity and quality of music therapy research studies in Spain, while the level of training of music therapists is not enough and there are not so many clinicians working, as Sabbatella and Mercadal-Brotons (2014) have informed. It is necessary to create a university working group to draw up a research plan, possibly in collaboration with AEMP, with the aim of promoting ethical issues for research activities, the mentoring of Doctoral dissertations, and an improvement in the quality and reliability of results of research conducted by Spanish music therapists.

Profession

There is clearly a need for professional unity. The organisation of National Congresses provides every two years an important opportunity for professional exchange and growth.

Data presented in this area clearly shows that there are music therapy associations with different aims and objectives in Spain which hinder working together towards the profession as a collective by having often competing interests. This delays the achievement of certain objectives which may lead to the recognition of the profession.

As a consequence of the situation described, many music therapists still regard themselves as solitary individuals with private interests rather than considering themselves as members of a professional group with its collective interests. On the other hand, this tendency towards individuality highlights the need for an organisation as a professional group in order to achieve legal and institutional recognition. This would provide the best support to all music therapists in Spain, and would help integrate them fully within the educational, community and health environments.

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