

ARTICLE

Music therapy in Slovakia: Contexts and current practice

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ABSTRACT

Music therapy has its own historical roots in today's Slovakia. As early as the 18th century, information about music healing had already appeared. Nowadays, music therapy is becoming more widespread in our country. Therefore, it is deemed important to clarify music therapy as a contemporary profession and to focus on current events. This article focuses on the historical underpinnings of music therapy as well as the current situation, legislation and personalities who strongly influenced the development in this area, as well as organisations and providers who played an important role in music therapy developments in Slovakia. The article also provides basic information about my own research, presenting findings of a survey questionnaire and two brief interviews with music therapy experts in Slovakia.

KEYWORDS

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INTRODUCTION

Music therapy is increasingly utilised for children and adults with health problems in day care centres, nursing homes, hospitals and elsewhere. Although music therapy is also practised in Slovakia, its position is unclear. It has not received legal recognition as a profession and therefore it is not regulated, and it cannot be studied as a separate discipline. Nevertheless, this form of therapy, and its elements, are frequently used.

This study provides information about the state of music therapy in Slovakia. It focuses on its historical basis, the personalities involved in contemporary music therapy, the approach and the available literature in the Slovakian language. It draws attention to the current situation in surrounding countries that border Slovakia, including information on music therapy in Poland, Ukraine, Hungary, Austria and the Czech Republic. This article also presents the findings of a survey questionnaire and of two interviews. The questionnaire was distributed to music therapists via email across Slovakia. The aim was to obtain information about the current state of music therapy activities in Slovakia. My survey is complemented by interviews with Mária Habalová from the

Department of Therapeutic Education at Comenius University and Matěj Lipský, a music therapy lecturer in Slovakia.

CONTEXTS OF MUSIC THERAPY IN SLOVAKIA

History

The roots of music therapy in Slovakia go back to the 18th century. The Slovak physician and scholar, Ignác Romuald Ambro (1748–1787), applied music in therapy, and this was documented in his manuscript *De salutari musices in medicina usu*. Ambro studied medicine and music in Vienna. He was a poet and a composer, a natural scientist and a technician. Unfortunately, his manuscript was lost and has not yet been found (Mátejová & Mašura, 1992).

Another prominent personality, this time from the field of education, was Štefan Majer (1813–1893). He pursued awareness-raising activities in Esztergom. He focused on the need to educate in sound, i.e., music, to which he called attention to in his course book for teachers *Népneveléstan* (Buda, 1845). At this early point in time, Majer had already noticed the beneficial effects of music, especially on children with disabilities, visual impairments and attention deficit disorders as well as those developing slow. These children, he claimed, pay double the attention when perceiving music (Mátejová & Mašura, 1992).

Major advances in music therapy can be traced to the beginning of the 20th century. From the 1940s to 1960s, it was introduced into practice in several psychiatric facilities and neurological departments, including the Psychiatric Facility in Pezinok, led by Karol Matulay, Ondrej Kondáš, Jozef Török and Jozef Pogády, and the Psychiatric Clinic in Bratislava, headed by Ján Molčan. A more systematic attitude in music therapy characterised the Healthcare Facility for Emotionally Disturbed Children in Ľubovňa. Thanks to Veronika Wohlandová-Bednárová, in 1967, the Clinic of Psychology and Education in Bratislava started to apply rhythmic and instrumental elements of music therapy in the treatment of people suffering from neurosis.

In 1968, music therapy began to be used in a coherent way in Bratislava in the Educational and Psychological Counselling Facility under the guidance of Zlatica Mátejová and Silvester Mašura. They applied music therapy with children with minor brain dysfunction, neurosis, behavioural disorders, speech disorders (e.g., stuttering, dysphasia, delayed speech development) and intellectual disabilities. In applying music therapy, they collaborated with the psychologists of the facility (Mátejová & Mašura, 1992).

In Slovakia, the Institute of Special and Therapeutic Education [Inštitút špeciálnej a liečebnej pedagogiky] was established in 1967 in the Faculty of Arts at Comenius University in Bratislava. In 1974, the institute was transferred to Trnava as a division of the university and, subsequently, a department of special education and a department of therapeutic education were established. In 1986, the department was transferred back to Bratislava, and, in 1982, the department of therapeutic education merged with the department of special education.

The curriculum of therapeutic education included lectures on art therapy, bibliotherapy, music therapy, psychomotor therapy, play therapy and occupational therapy. Lectures on music therapy in therapeutic education and on special music education were delivered by Zlatica Mátejová, one of the

founders of music therapy in education in Slovakia (Mátejová & Mašura, 1992). In 1993 and 1994, specialised qualifications in music therapy could be gained by completing a music therapy course under the aegis of the Slovak Association for Psychotherapy (Zeleviová, 2002).

Key figures of the present

The pioneers of music therapy in Slovakia, including Zlatica Mátejová and Silvester Mašura, were followed by a new generation, who further developed the field. Elena Amtmannová, who worked in the field of education and social affairs for many years, also conducted music therapy courses in which she focused on early intervention and incentive programmes for children. Additionally, Amtmannová was active in publishing as she was the editor-in-chief of the specialised journal *Review of Therapeutic Education [Revue liečebnej pedagogiky]*. Her work can be found in various other journals, such as her article *Muzikoterapia či hudobná výchova [Music Therapy or Music Education]* in the journal *Predškolská výchova [Preschool Education]* and her publication *Muzikoterapia v liečebnej pedagogike [Music Therapy in Therapeutic Education]* (Amtmannová, 2003).

Another Slovak specialist in social work, Zuzana Vitálová, has also been focusing on music therapy. In 1999, she wrote a book called *Muzikoterapia [Music Therapy]* (Vitálová, 1999), in which she presented information from medical and musical settings and from her extensive experience in using music therapy for improving people's quality of life. Vitálová wrote about her own experience offering music therapy in nursing homes and she worked in the Visegrád Therapeutic Centre in 1975, where regular therapeutic and cultural/musical meetings were held (Vitálová, 1999). Her university coursebook which was also accessible to general readership, *Úvod do muzikoterapie a jej využitie v sociálnej práci [Introduction to Music Therapy and its Use in Social Work]* was published in 2007 (Vitálová, 2007).

Certain approaches based on music therapy appeared in social work, which Peter Ondrejkočič classified among the sociotechnical approaches or therapeutic methods for mental disorders (Moravčíková, 2013). Besides Ondrejkočič, music therapy was also mentioned in connection with the sociotechnical approach and therapeutic methods for mental disorders by Martina Miková. However, this kind of music therapy has not been defined further, adding to the diversity of the discipline and also complicating the establishment of clinical music therapy as a separate discipline in Slovakia (Rusnáková, 2016). Despite efforts to introduce music therapy into the education of social workers in Slovakia, there is wariness, to a certain extent, about the direct use of the term 'music therapy' because of the unclear professional and legislative definition of the term (Moravčíková, 2013).

Currently, clinical psychologist and lecturer of music therapy courses, Jaroslava Gajdošíková-Zeleiová is focusing on music therapy in Slovakia. She has authored several publications in the field of music therapy, moving music therapy a step closer to obtaining a professional concept. Her publications provide information for the professional and general readership, and she has also published university textbooks. Her best-known publications are *Muzikoterapia – dialóg s chvením, Východiská, koncepty, princípy a praktická aplikácia [Music Therapy – Dialogue with Vibration: Starting Points, Concepts, Principles and Practical Application]* (Zeleviová, 2002) and *Psychodynamické aspekty muzikoterapie [The Psychodynamic Aspects of Music Therapy]* (Zeleviová, 2012). Under the aegis of the *Profesijný a kariérny rast pedagogických zamestnancov [Professional and Career Growth of Employees]*

in Education] project, financed by the European Social Fund, the Metodicko-pedagogické centrum [Methodology and Pedagogy Centre] issued a text mapping the good practices in education and the teaching experience of Zuzana Jabczunová under the title *Využitie muzikoterapie na 1. stupni základnej školy* [Utilisation of Music Therapy in Lower Primary Education]. In this text, the author describes the integration of some elements of music therapy into the regular teaching process in primary schools, from year one to year four (Jabczunová, 2014).

Despite music therapy proving to be a suitable approach for addressing various problems, the field of study is absent from universities in Slovakia. Music therapy as a course is offered by the Department of Therapeutic Education in the Faculty of Education at Comenius University in Bratislava, where Mária Habalová teaches music therapy. There are also semesters of music therapy, conducted by Margaréta Osvaldová, in the Department of Special Education at the same university, and Jaroslava Gajdošíková Zeleiová teaches music therapy in the Department of School Education in the Faculty of Education at Trnava University. However, courses conducted in Slovakia by foreign music therapists including Matěj Lipský, Jiří Kantor, Jana Weber, Wolfgang Mastnak and others, are of key importance to people interested in pursuing music therapy as a profession.

Czech instructors often collaborate with Anton Gúth, founder of *Etnobubnová škola – Rytmika* [Ethnodrum School – Rhythm], who focuses on percussion; he organises musical projects and rhythm workshops as well as courses and concerts in Slovakia and abroad (Náš tím, Rytmika, www.rytmika.sk/n-t-m-0). He studied social work, music education and music therapy and received training in the field of teamwork and team management. Additionally, he is the founder and specialist guarantor of the association *Zvuky cez ruky* [Sounds by Hands], which focuses on organising meetings, lectures, seminars, exhibitions and concerts and on enabling self-realisation and spending one's free time creatively. The association organises training seminars, workshops, courses and cultural and sports events; it promotes the comprehensive development of people with special needs; it supports innovative projects; it organises international exchanges; it collaborates with legal entities and individuals with a similar focus; it promotes and performs voluntary, humanitarian and social work; and it pursues publishing activities and other activities that serve general beneficial purposes (O nás, *Zvuky cez ruky*, www.zvukycezruky.sk/home). Gúth has joined the *Muzikoterapie v mezinárodném kontextu* [Music Therapy in International Contexts] educational project at Palacký University in Olomouc as one of its lecturers.

Organisations and providers of music therapy in Slovakia

In Slovakia, music therapy is mostly provided in the field of social work, in welfare and family services, and it is used in psychiatric facilities (Kropajová, 2013). Music can be used for diagnostic purposes when it becomes a means of communication between therapist and client. In a therapeutic sense, it is used in psychiatry, paediatrics and child psychiatry. It is used for the treatment of neurosis, stuttering, developmental delays and mental disabilities. Music therapy can be applied in re-education and education, for the moral redress of juvenile delinquents and in the treatment of extreme alcoholism. Music therapy can also be found in the field of surgery and palliative care, where it diverts patients' attention away from pain and preoperative anxiety (Döményová, 2012). Techniques of music therapy can also be found in special education and social pedagogy (Kropajová, 2013).

Moreover, music therapy is provided by educational institutions. However, it is important to point out that music therapy, as such, falls under the category of therapy and psychotherapy, and, according to the legislative definition, teachers are not authorised to pursue therapeutic educational or therapeutic activities (Kropajová, 2013).

In Slovakia, music therapy is practised by psychologists, psychotherapists, special educators, medical educators, music educators, social educators and social workers. Obviously, this is different in other European countries. If a music therapy course is available in a country then therapy is provided by trained music therapists. Moreover, the profession of music therapy is usually greatly facilitated by dedicated music therapy associations or other professional associations that include music therapy. Both of these key factors are absent in Slovakia and, thus, the spectrum of professionals providing music therapy services is wide.

The Slovak music therapy practice includes people who have obtained university level music therapy education abroad, who have completed a long-term music therapy course available in Slovakia or who have completed semesters dedicated to music therapy at Slovak universities. However, there are no bachelor's or master's programmes solely dedicated to music therapy in Slovakia.

In Slovakia, music therapy is provided by social care facilities, schools, nurseries for children with health problems and hospitals. The *Denné centrum Radosť* day care centre for senior citizens in Prešov under the *Barlička* civic association provides music therapy through games for memory training – improving memory and concentration skills, developing concentration and prompt reaction, and improving vocabulary and cognitive skills. They promote their clients' social interaction and community building through music (Barlička civic association, www.barlicka.com/muzik.html). Music therapy is also provided by the *Centrum sociálnych služieb – JUH* [Social Services Centre – SOUTH, www.csstrencin.sk/hlavna-stranka/muzikoterapia/muzikoterapia.html?page_id=7550] in Trenčín. Clients can also experience it in the *Domove dôchodcov a domove sociálnych služieb Kremnica* (https://dsskremnica.sk/?page_id=1402) retirement and nursing home, where this type of therapy is provided internally by a social rehabilitation instructor and externally by volunteers, music therapists and music teachers. Seniorville Trenčín offers regular music therapeutic meetings for its clients (<https://www.seniorville.sk/prevadzky/seniorville-trencin/sluzby/aktivita-v-zariadeni/>).

The *Stacionár svätej Heleny* [Saint Helen Day-care Centre, <http://www.svatahelena.sk/index.php/aktivita/muzikoterapia>] is a daytime nursing facility for retired people, which also offers an opportunity to attend music therapy sessions. The *Domov sociálnych služieb a rehabilitačné stredisko Rosa* [Rosa Nursing Home and Rehabilitation Centre, <https://www.domovrosa.sk/str.php?p=1016>] uses it to give scope for regular musical activities, and they even rehearse a small musical programme with the clients several times a year. The facility regards public performance as beneficial for its clients because it often gives them a profound experience.

In 2016, the non-profit organisation *Depaul Slovakia* carried out a project which interconnected music and the homeless in Bratislava. The intention was to support the identity and integrity of homeless individuals via interactions between the community and homeless people. The project promoted skills to understand oneself and one's environment, to respect oneself and others, to experience the meaningfulness of existence, to be resilient to stress and to accept an adequate value system and system of rules. The main benefit of the project was the opportunity it gave to communicate and express one's needs. Each musical gathering ended with sharing. They entailed

playing popular songs and finding a common rhythm together as well as intuitive playing, where every client had the feeling that they could play (Muzikoterapia, Depaul, The Street is Not a Home, <https://depaul.sk/>).

The *Špecializovaný liečebný ústav Marína* [Marina Specialised Medical Facility] in Kováčová, focusing on the rehabilitation of patients with physical disabilities, has been providing music therapy since May 2018. Music therapy in Marina is sponsored by the Drumbľa civic association, and this type of therapy is provided to the clients of the facility free of charge (Muzikoterapia v Maríne, Marína, Specialised Therapeutic Institute, www.marinakovacova.sk/muzikoterapia-v-marine/). The president of the Drumbľa civic association and the founder of the *Drumbľa – komunitné centrum* [Drumbľa Community Centre], Miro Randuška, is also a music therapist. Randuška was a member of the *Slovak Music Therapy Association*, and he is a member of the Music Therapy Association of the Czech Republic and of the EMTC. Additionally, he is a special education–psychopedia graduate and he studied music therapy at *TUL* in Liberec where he was trained by Jitka Pejřimovská and Jana Procházková. Randuška also underwent training in vibroacoustic music therapy at *Boehme Music* as well as *DrumCircle* facilitator training. Drumbľa focuses mainly on providing active music therapy to children with physical disabilities, young people suffering from addictions, family music therapy, team building, stress management and education. The activities of this civic association also include organising and delivering lectures, trainings, courses, creative workshops and therapies, consultancy, information gathering, processing, publishing, distribution and exchange of information, and publications on methods and techniques for the prevention of mental and physical disorders and diseases. The association focuses on well-rounded, harmonious personality development, on research and educational activities for specialists and the lay public, and on organising and intermediating various activities (Komunitné centrum, Drumbľa, <https://www.drumbla.sk/index.php?page=38&menu=38&submenu=&act=19>).

Music therapy is also provided to children with autism spectrum disorders (ASD) in *Prima škôlka* [Prima Nursery] in Iljušinova Street (Muzikoterapia, Prima Nursery, www.primaskolka.sk/muzikoterapia.phtml?id3=96652) and in the consultancy and education centre in the field of autism under the *F84* civic association (Muzikoterapia, F84 – Consultancy and Education Centre in the Field of Autism, www.f84.sk/menu/view/64). Both of these centres for individuals with ASD are situated in Bratislava. Music therapy is also available in the Special Primary School for Pupils with Physical Disabilities in Detva, where this type of therapy is integrated into the educational process of children with special educational needs. It is used for stimulating skills in which they experience deficiencies (Muzikoterapia, Special Primary School for Pupils with Physical Disabilities, https://www.szstpdetva.sk/index.php?option=com_content&view=article&id=154:muzikoterapia&catid=44:aktivityskoly&Itemid=56).¹

In *Detský domov Ružomberok* [Ružomberok Orphanage], music therapy is used for children of preschool age to develop their communication and social skills and to enrich their emotional world through musical physical activities (Horváthová, 2019). The *Špeciálna základná škola s materskou školou internátna* [Special Primary and Nursery Boarding School] in *Liptovský Ján* also provides scope

¹ Muzikoterapia [Music Therapy]. [Online]. Special primary school for pupils with physical disabilities.

https://www.szstpdetva.sk/index.php?option=com_content&view=article&id=154:muzikoterapia&catid=44:aktivityskoly&Itemid=56

for music therapy for its pupils (Muzikoterapia, Special Primary and Nursery Boarding School in Liptovský Ján, <https://szsilj.sk/muzikoterapia/>).

The *Súkromná nemocnica* [Private Hospital] in Košice – Šaca, a member of the AGEL Group, provides music therapy at its Newborn Care Department. They have had very positive experiences with this type of therapy (Novorodenecké oddelenie, Muzikoterapia, Košice–Šaca Hospital, <https://www.nemocnicasaca.sk/pracoviska/lozkova-cast/novorodenecke/muzikoterapia.html>).

The *Advaita Life* civic association offers *Applied Intensive Music Therapy* based on the results achieved through the activities of the association. In the field of music therapy, this association collaborates with therapeutic centres and non-profit organisations in Slovakia, the Czech Republic and Switzerland. Their method is based on a positive approach (for example strengthening positive experiences, creating new synapses in the brain, reducing anxiety, practicing social skills etc.) that helps children to develop self-esteem and trust. By promoting positive conduct through appreciation and rewards and using improvisational musical games on musical instruments selected in a targeted way, the clients can experience joy, express their emotions and reduce aggressive behaviours and anger. Their concentration skills are stimulated and developed through musical exercises, and their communication skills are trained through vocalised vowels and syllables and through a gradual formation of new, functional words, thanks in part to individually created songs that fit the skills and needs of the individual child. The relaxation musical techniques decrease anxiety levels, and frequential therapy stimulates the cerebral hemispheres, which, according to Advaita Life (<https://advaita-life-o-z.reservio.co>) promotes good sleep. Family therapy is an inseparable part of the work with children, and it helps to build children's self-confidence, for which parents form the pillars. Regular evaluation of the therapeutic process, individual consultations without the presence of the child and the formation of parental groups are of key importance in this type of therapy (Aplikovaná Intenzívna Muzikoterapia, Inak obdarení, aj tak sa to dá, <https://www.inakobdareni.sk/rubriky/category/terapie-vyskusali-sme/article/aplikovana-intenzivna-muzikoterapia.xhtml>).

Legislation and music therapy

In Slovakia, music therapy is currently legally addressed by Act No. 448/2008 Coll. on Social Services and in the Amendment of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act). In particular, Article 61 Section 8 of the act says:

If the conditions [these are not specified] of the provider of social services make it possible, the provider may perform music therapy, art therapy, equine-assisted therapy, canine-assisted therapy, bibliotherapy, hydrotherapy, aromatherapy and activity therapy to improve the quality of the social services he provides.²

Music therapy also appears in Decree No. 101/2006 Coll. of the Ministry of Health of the Slovak Republic, which talks about the minimum material and technical equipment required by natural spas and spa treatments, and which regulates the indications according to the natural medicinal waters

² Act No. 448/2008 Coll. on Social Services and on the Amendment and Supplementation of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), as amended, Common Provisions for the Provision of Social Services, Article 61, Section 8, Part 165, p. 3860.

and climatic conditions suitable for their treatment. A special group in Slovak legislation is the profession of medical teachers, who can also perform music therapy and other types of therapy in their practice (Act no. 84/2016 Z. z. 40; Act no. 138/2019, Z. z. §27).

The fact that, in Slovakia, the music therapy profession is not treated or clearly defined in legislation makes it difficult to draw the line between alternative therapists and real therapists. Unprofessional approaches may result in a negative impact on clients, who often do not benefit from them in any way or may even suffer negative consequences.

Music therapy and neighbouring countries

Music therapy, classed among the expressive art therapies, is now frequently used in the developed countries of the North as an educational, psychotherapeutic and medical intervention. It has a solid standing, with professional status, license and professional standards. I will present some information about music therapy in neighbouring countries below to provide a context, as Slovak music therapy does not exist in isolation. Slovak music therapists study music therapy in the surrounding countries, and those interested in music therapy attend conferences, workshops and courses in Slovakia and neighbouring countries. Slovak music therapy has the greatest connection with the Czech music therapy community.

In Ukraine, music therapy can be studied in Zaporizhia, Kiev, Lviv and Dnipro. In 2000, a programme called *Sociopsychological Rehabilitation with Music* was launched in collaboration between Запорізький національний університет (Faculty of Social Education and Psychology at the Zaporizhzhya National University) and the Faculty of Music Therapy at the Hochschule Magdeburg-Stendal. Thomas Wosch visited Ukraine and delivered seminars, lectures and online courses for both universities. The project acquired funds from the Ministry of Education of Ukraine. Contrary to Slovakia, students of psychology and education earn a certificate in basic music therapy after completing their studies, which is deemed an adequate qualification (Ivannikova, 2004). Similar to Slovakia, various courses that are not under the aegis of any academic institution are run in Ukraine, too. The leader of one of these courses was Oksana Zharinova-Sanderson, a native of Ukraine; she studied music therapy in England and works in a centre for victims of abuse in Berlin. Additionally, she has conducted several workshops in a psychiatric hospital in Lviv with music therapists, most of them qualified psychotherapists. Although several efforts and trends in education in the field of music therapy have appeared in Ukraine, the country does not have its own formalised music therapy teaching programme. Also, like Slovakia, it does not have a music therapy association or organisation that provides music therapy (Ivannikova, 2004).

In Hungary, music therapy features in the standard classification of occupations, but it is not regulated by law or a regulatory body, nor do the state authorities have to keep a national register of music therapists. The Hungarian Government regulates the educational standards in this field, that is, the accreditations of the universities and the recognition of professional associations and of music therapists, even those trained abroad. Although students from abroad have the right to study and continue their studies in Hungary, the music therapy curriculum is not fully compliant with the standards of the European Music Therapist Register (not currently active) coordinated by the European Music Therapy Confederation (EMTC). There are two postgraduate courses in the country,

one at the *Liszt Ferenc Academy of Music* in collaboration with the Faculty of Medicine and another at *Eötvös Loránd University* in Budapest (Ivannikova, 2004). Besides these postgraduate courses, university degrees in this field can also be earned at the *University of Sopron*, the *University of Debrecen* and the above-mentioned *Eötvös Loránd University* (Varga & Kollár, 2015). Music therapy is classified as a health service in the field of alternative medicine. It is provided by healthcare professionals or professionals in related disciplines. Similar to Slovakia, the lack of regulation by the state is harmful to the profession. Although regular meetings and conferences are held where qualified music therapists meet and exchange their professional experiences, the state and professional associations do not regulate the work of music therapists. The growing number of qualified music therapists, however, provides scope for music therapy to receive state recognition as a healthcare profession (Varga & Kollár, 2015).

In Central Europe, music therapy as a profession has only received legislative treatment in Austria so far. Protection of the professional title 'music therapist' is what also strengthens and regulates the profession. In Europe, in addition to Austria, music therapy is treated by law in Latvia and the United Kingdom (UK). In Latvia, the state recognises music therapy as a healthcare profession (the state of art therapy in Latvia, European Federation of Art Therapy, <https://www.arttherapyfederation.eu/latvia.html>). In the UK, music therapy is an established allied health profession, which is delivered by Health and Care Professions Council (HPCP) registered music therapists (British Association for Music Therapy [BAMT]).

In 2019, there were 245 qualified music therapists registered by the Ministry of Health in Austria. Most of them are employed by hospitals and other institutions. The Austrian Association of Music Therapists, *Österreichischer Berufsverband der Musiktherapeutinnen* (ÖBM), was established in 1984 and has been representing the interests of music therapists working in Austria and strengthening the position of music therapy in the country ever since. ÖBM is a member of the World Federation of Music Therapy (WFMT), EMTC and the Austrian consortium of the association of acknowledged healthcare professionals (*Austrian Gesundheits – berufekonferenz*) (Brandes et al., 2019). The *Wiener Institut für Musiktherapie* (WIM), a private institute whose members pursue practical clinical as well as theoretical and scientific activities, came into being in 1997 (Geretsegger, 2012). It was established by Elena Fitzthum, Dorothea Oberegelsbacher and Dorothee Storz (Viennese Institute for Music Therapy, Wiener Institut für Musiktherapie, <https://www.wim-musiktherapie.at/english/the-institute/>). Besides the ÖBM, the *Berufsverband für (Ethno-) Musiktherapie* (BfEM) was established in 2010. It is headed by Gerhard Tucek (Geretsegger, 2012).

In Austria, there are three academic music therapy programmes in Vienna, Graz and Krems respectively. Today, music therapy is practised in several sectors of healthcare. According to a survey conducted by ÖBM (Öppinger and Schmidtmayr) in 2012, music therapy is used in Austria mainly for adults with mental health problems and learning disabilities and the second most numerous group is adults with psychiatric and psychosomatic disorders, followed by children and adolescents with developmental disorders, behavioural disorders and psychiatric diagnoses. The fourth most numerous group comprises people with mental or physical disabilities and, lastly, people in hospice care (Geretsegger, 2012).

The Czech Republic has a long-standing tradition in the field of music therapy. Its application stems from the country's heritage of musical culture, folklore, special education and music education.

The psychotherapeutic influence of Christoph Schwabe became its fundamental building block. Music therapy has been used in the Czech Republic in psychiatric practice and in the social sphere ever since the 1970s. It was pioneered by Jitka Vodňanská and Jozef Krček. Prominent personalities in Czech music therapy include Markéta Gerlichová, Katarína Grochalová, Matěj Lipský, Marcela Litovová, Štěpánka Lišková, Jitka Pejřimovská, Lenka Počtová, Tomáš Procházka, Jana Procházková, Dana Pšeničková, Zdeněk Šímanovský, Libuše Turčeková, Zdeněk Vilímek, Jitka Schánilcová Vodňanská and Jana Weber (Czech Republic, the EMTC). There are two major organisations that focus on music therapy in the Czech Republic and Muzikoterapeutická asociace České republiky [Czech Music Therapy Association (CZMTA)] is the largest organisation that represents music therapy as a profession (Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/o-asociaci). Currently, it is presided over by Tomáš Procházka. CZMTA has several honorary members, including prominent names in music therapy such as the late Clive Robbins, Michiyo Yoshimura, Wolfgang Mastnak, Gennady Chamzyryn and Eliáš Nemirow. The other organisation is the Asociace muzikoterapie ČR [Music Therapy Association of the Czech Republic] that falls under the umbrella of the International Association of Art Therapies (MAUT). MAUT is headed by Marie Beníčková and the Music Therapy Association of the Czech Republic by Petr Škranc. In the Czech Republic, music therapy can also be studied in academic institutions in the form of short courses. Moreover, CZMTA is trying to create a bachelor's and a master's programme at *Charles University* in Prague in collaboration with Wolfgang Mastnak (O asociaci, Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/o-asociaci). Music therapy can also be studied at *Akademie Alternativa*, but CZMTA distances itself from the education provided by this institute, and it clearly states this on its homepage (Garantované kurzy semináře, Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/garantovane-kurzy-seminare).

Those interested in studying music therapy can attend courses organised by CZMTA. They can also opt for a course called *Celostní muzikoterapie Lubomíra Holzera* [Lubomír Holzer's Holistic Music Therapy] at the Faculty of Arts at Palacký University in Olomouc (Evropská Asociace Celostní Muzikoterapie, European Association of Holistic Music Therapy, <https://www.muzikoterapie.art>). CZMTA, however, also objects to this form of study. It thinks its structure and qualification are inadequate and do not meet the level and form of professional standards commonly used in Europe. (Stanovisko rady CZMTA k prezentaci studijního programu Celostní muzikoterapie na ICV FF UP Olomouc, Music Therapy Association of the Czech Republic, www.czmta.cz/aktuality/179-stanovisko-rady-czmta-k-prezentaci-studijniho-programu-celostni-muzikoterapie-na-icv-ff-up-olomouc). The structure and the staff of the training conflict with the EMTC's Code of Ethics (Stanovisko rady CZMTA k prezentaci studijního programu Celostní muzikoterapie na ICV FF UP Olomouc, Music Therapy Association of the Czech Republic, www.czmta.cz/aktuality/179-stanovisko-rady-czmta-k-prezentaci-studijniho-programu-celostni-muzikoterapie-na-icv-ff-up-olomouc). Nevertheless, a course called *Muzikoterapie v mezinárodním kontextu* [Music Therapy in the International Context], conducted by members of the CZMTA, is also taught at Palacký University. The training takes place on weekends and is for special educators, psychologists, healthcare professionals and social workers. This training is instructed by Jiří Kantor and Jana Weber. A master's programme in music therapy is under preparation in the Faculty of Education at Palacký University (*Muzikoterapie v mezinárodním kontextu*, Svatava

Drličková, Muzikoterapie–Muzikofiletika–Artefiletika, <https://www.svatavadrlickova.cz/aktualne/37-muzikoterapie-v-mezinarodnim-kontextu>). *Muzikoterapie v mezinárodním kontextu* is an opportunity for Slovaks interested in music therapy and the course can complement the education of Slovak therapists. Art therapy specialisation is taught at Jan Amos Komenský University in Prague, which includes all forms of creative art therapies. This course of study takes three semesters and is meant for special educators and psychologists (Arteterapie – Umělecká kreativní terapie, Jan Amos Komenský University Prague, www.ujak.cz/studium/celozivotni-vzdelavani/kvalifikacni-vzdelavani/artetarapie-umelecka-kreativni-terapie/). Music therapy as a separate discipline can be studied at the Akademii sociálního umění Tabor [Tabor Academy of Social Arts] (Muzikoterapie, Akademie Tabor, www.akademietabor.cz/studium/studijni-programy/muzikoterapie-lecive-sily-v-hudbe-studium).

Music therapy in Slovakia and the current situation

Having summarised the situation in our neighbouring countries, I now focus on the current situation in Slovakia. In 2011, Slovenská asociácia muzikoterapie, o. z. [Slovak Association for Music Therapy, a civic association] was established with the aim of bringing together experts in the field and all those interested in music therapy. It aimed to achieve a professional profiling of music therapy in Slovakia. Its activities promoted the development of the theory and practice of music therapy in various sectors, and it focused, in a targeted way, on achieving State recognition of the music therapy profession at a national level (Kropajová, 2013). In 2012, it became a member of the EMTC, but it was dissolved in 2013. One of the founders and representatives of this association was Jaroslava Gajdošíková Zeleiová. Martina Krušinská was its vice president for the scientific field/commission, and Eva Králová was vice president for foreign relations (Kropajová, 2013). Although the Slovak Association for Music Therapy was part of EMTC, no information can be found about Slovak music therapy on its website (<https://www.emtc-eu.com/history-of-music-therapy-in-europe>). The website (accessed July 2021) contains information about the history of music therapy with respect to music therapy associations and education in Europe, but Slovakia does not appear in the table. It contains information only about the member states of the confederation.

After the dissolution of this association, no other association came into being in Slovakia that would connect the professionals in this field. Marián Šperka, who is working on the professionalisation of this type of therapy in Slovakia along with other Slovak music therapists, is now trying to create a new association (M. Šperka, personal communication, 16. October 2018). To a certain extent, the *Muzikoterapeutická asociace České republiky* [Music Therapy Association of the Czech Republic], under which education takes place in Slovakia, is also helpful to those interested in pursuing music therapy as a profession. It admits Slovak graduates among its guaranteed members. Currently, CZMTA has 200 members, 10 of whom are from Slovakia (P. Žufničková, personal communication, 14. April 2019).

As Jaroslava Gajdošíková-Zeleiová mentions in her study *Muzikoterapia a psychoprofylaxia* [Music Therapy and Psychoprophylaxis]:

Unfortunately, the conditions for a complex understanding and study of music therapy are not yet adequately developed in Slovakia; besides populist scientific articles in periodicals, only a few books have been published on this topic in

Slovak (Mátejová, Mašura 1980 and 1992, Mátejová, 1993, Vitálová, 1999, Zeleiová, 2002). An overall mapping of the situation in Slovakia, and an overview of the modern global trends, especially in the field of psychotherapy, are absent. (Gajdošíková-Zeleiová, 2008, p. 82)

From a legislative aspect, music therapy has no clearly defined rules in Slovakia. If we were to follow the statutes of WFMT (https://www.wfmt.info/Musictherapyworld/modules/emtc/emtc_statutes.php) and the EMTC (<https://www.emtc-eu.com/bylaws>), we should bear in mind their respective rules and bylaws. That, however, is often ignored. Alena Rusnáková aptly describes the situation – we are unable to find the gauge that would refer to us specifically in terms of international and European standards for qualification criteria. She also says there are very few qualified music therapists in Slovakia, and they are being trained in this field abroad. This stems from a lack of accredited music therapy courses in Slovakia. Because of this, social workers and other professionals active in the helping professions often resort to an intuitive use of music in the therapeutic process (Rusnáková, 2016).

In his chapter *The Future of Music Therapy Theory*, Even Ruud writes about the trends that may influence the development of music therapy in the future. He describes the fact that the boundaries between music therapy and new trends that use ‘folk medicine’ are being blurred and that this may lead to various conflicts and tensions. He also points out the possibility of the emergence of new diagnoses (for example, a new type of mental disorder) that may bring about new approaches to music therapy. Furthermore, he calls attention to constructs of feminist ideology and gender equality, which can affect music therapy as a discipline (Ruud, as cited in Dileo, 2016).

Although the music therapy profession has received legislative recognition only in Austria among our neighbouring countries, there are associations in other neighbouring countries actively working on its legislative definition. Naturally, the appearance of music therapy as a discipline in universities would be an important step for education in the field of music therapy. However, this is absent in Slovakia, so the harmful effects of unprofessional approaches cannot be prevented. This is why people qualified in the field should come together, establish organisations and submit a proposal for the legislative recognition of music therapy as a profession.

RESEARCHING THE PRACTICE OF MUSIC THERAPY IN SLOVAKIA

Survey mapping music therapists’ activities in Slovakia

As stated above, the situation in Slovakia in the field of music therapy has been mapped only to a small extent. This is partly because of the absence of music therapy organisations. Since there are no music therapy courses in universities, there are no graduates of music therapy, either. Nevertheless, 60 people have currently completed Matěj Lipský’s 200-hour course in music therapy.

In 2002, Jaroslava Zeleiová conducted research on music therapy in Slovakia (Zeleiová, 2002). Subsequent pieces of research on music therapy activities took place after 2010 in universities in the form of bachelor’s and master’s theses throughout Slovakia (Döményová, 2012; Knotková, 2014; Kropajová, 2013; Lebedová, 2014; Tužáková, 2014 etc.). To give an idea of the findings, I will present some basic information from these surveys below. Adriana Knotnová’s thesis from 2014 reveals that

44 nursing homes in four regions of Slovakia (Bratislava, Trnava, Nitra and Trenčín) provide music therapy to their clients. The main goals of music therapy in nursing homes include relaxation, the development of communication skills and creativity. Therapists also aim to improve their clients' quality of life. Her survey shows that these facilities employ mostly people with a bachelor's or a master's degree (Knotková, 2014). Klára Tužáková's thesis focused on music therapy in nursing homes in the other four regions of Slovakia (Žilina, Banská Bystrica, Prešov and Košice). Her research reveals that music therapy is provided in 52 facilities (Tužáková, 2013). Denisa Döményová's research from 2012 shows that, out of the 40 selected primary schools in major Slovak towns, music therapy was used only in seven schools; diagnostic centres did not include this type of therapy at all. Among re-education centres and therapeutic educational nursing homes, elements of music therapy were provided in two re-education centres and in one sanatorium. The interventions were conducted in the form of extracurricular activities by schoolteachers and special educators. In one school, music therapy was part of after-school care, and the children were guided by a psychologist. In re-education centres, the therapy was conducted by social and therapeutic educators. In the therapeutic educational facility, it was performed by a therapeutic educator (Döményová, 2012). Tamara Lebedová's master's thesis research (2014) shows that 60% of music therapists in psychiatric facilities were female and that music therapy was provided by clinical psychologists, social workers and special educators. The duration of their practice, according to this survey, was 6 to 10 years. The EMTC conditions for the music therapy profession were low in this particular research.

The research also revealed that music therapy was provided mainly by the employees of the respective psychiatric facilities, who had the conditions and the means to perform music therapy. As for their approach, the respondents stated that they had an individual approach for each patient. The therapy was attended by children, adults and seniors with diagnoses such as neurosis, psychosis, psychosomatic disorders, affective disorders, depression, addictions, and personality disorders. In their interventions, the therapists used Orff instruments, the guitar, the piano and the accordion. The therapists recorded the course of the therapy either in writing, video or audio recordings. Each respondent stated that they had met patients who responded to music therapy in a negative way or who did not accept it at all; music therapy is a contraindication for them. (Lebedová, 2014). Lebedová further compared her findings with the results of Zeleiová's research from 2002. Because of the wide scope, complexity and outdatedness of her research, however, I am not going to compare my results with those from this 2002 publication.

Aim and method

In this paper, I focus on the descriptions of the current situation of music therapy in Slovakia based on the survey responses of individuals who are engaged in music therapy in Slovakia. This research was subject to the code of ethics of the Music Therapy Association of the Czech Republic. The respondents' anonymity was maintained throughout, and the names and personal data of the respondents were not published or presented during the research.

The research focuses on the current situation of people who practise music therapy in Slovakia, what education they have and whether music therapy is their primary profession. I also ask questions about their clients, including who attends music therapy, how often and in what form. Finally, the research focuses on the approaches, forms and documentation of the therapy itself. As such,

my research questions were:

Research question 1: Who practises music therapy in Slovakia?

Research question 2: Who attends music therapy?

Research question 3: How does music therapy take place?

I formulated my research questions to address the insufficient amount of information about the field of music therapy in Slovakia. I focused on individual areas that are indicative of the current state of music therapy as a profession without legal recognition. The aim of my research was to draw a picture of the current situation of the practice of music therapy in Slovakia.

I chose a survey questionnaire based on the assumption that I would be able to reach as many respondents as possible in a relatively short period of time. To achieve this, a survey questionnaire seemed to be the most effective approach. My sampling criteria were that respondents were to be active in this type of therapy. My goal was to orient myself in the issue and then describe it.

The creation of my questionnaire was preceded by a study of the literature, the setting of the above-mentioned goals, and the implementation of pre-research. I considered the following questions: Are the answer instructions clear? Are the questions linguistically correct? Are the questions easy to understand? Are some questions redundant? Are the items logically arranged? The questionnaire was created with the help of a music therapist, a musicologist and a special pedagogue. The questionnaire consisted of 16 questions. The aim of these questions was to obtain some basic information on the educational and working profiles of the individuals who practise music therapy. I also mapped the parameters of music therapy sessions provided by the respondents.

I sent out a questionnaire to all parts of Slovakia to gain information on the activities of people practising music therapy in Slovakia today. I contacted 65 individuals, 53 of whom had completed Matěj Lipský's course. I focused on people who took music therapy courses. Subsequently, I targeted people who perform music therapy in various specialised facilities. The intention was to obtain information on the provision of this type of therapy. It was also an attempt to find out something about the competence of music therapists and the clientele that seeks it. My survey findings do not represent Slovakia as a whole and it can be regarded as a qualitative survey.

I supplemented my findings with interviews with individuals dealing with pertinent music therapy issues in Slovakia. For the interviews I selected personalities who significantly influence what is happening in the field of music therapy. I contacted several people who educate students in this area, but I received answers from only two people. Interviews with Mária Habalová and Matěj Lipský complement the overall picture of the current state of music therapy in Slovakia.

Survey findings

The first question referred to the occupation of respondents. They replied in combinations, as follows: therapeutic educators trained also in the field of social work (two respondents); psychologist and therapeutic educator (one respondent); special educator and social worker (one respondent); and music therapist, music teacher and musician (one respondent); also, there were two special educators, three psychologists, two therapeutic educators, two social workers, a teacher and a tutor. One respondent identified as a specialist employee and another respondent stated administrative worker as their profession. The respondents also included a university lecturer. Only two respondents

clearly stated music therapist as their occupation.

Occupations	
Specialist educator	2
Psychologist	3
Therapeutic educator	2
Social worker	2
Teacher	1
Tutor	1
Music therapist	2
Administrative worker	1
University lecturer	1
Specialist employee	1

Table 1: Occupations stated in the questionnaire

Combinations of occupations	
Therapeutic educator and social worker	2
Psychologist and therapeutic educator	1
Special educator and social worker	1
Music therapist and music teacher	1

Table 2: Combinations of occupations stated in the questionnaire

Respondents reported that they have been practising music therapy in the range of 1 to 25 years. On average, therapeutic activities had been pursued for 6.7 years (Table 3).

The next question looked into education in the field of music therapy (Table 4). Only one respondent replied that they had no education in the field. The majority of respondents had completed the longer course of music therapy organised by Czech music therapists in Slovakia. They stated several courses, workshops, supervisions and conferences that they had attended.

Using music therapy in practice	
1-5 years	15
6-10 years	1
11-15 years	1
16-20 years	0
21-25 years	3

Table 3: Music therapy practice in years

Education in the field of music therapy	Respondents
Course conducted by Matěj Lipský	19
Course conducted by Markéta Gerlichová	3
Course and workshops conducted by Zdeněk Šimanovský	2
Technical University of Liberec, Faculty of Education: Lessons by Jitka Pejřimovská and Jana Procházková	2
Course conducted by Jaroslava Gajdošíková-Zeleiová	1
Examination in expressive therapies from a department of therapeutic education	4

Table 4: Education in the field of music therapy

Question 6 referred to the clients. The scope of music therapy was very wide; their clients included typical clients, such as children with learning disorders, attention deficit or speech disorders; children from orphanages; children in palliative care; children treated at paediatric oncology departments; neglected children; children with emotional or psychosomatic problems; children and adults suffering from addictions; young people with mental or multiple disabilities; adolescents with behavioural disorders; adults with mental disabilities; adults with mental disorders; clients in rehabilitation; adults with Down syndrome; clients in a vegetative state; victims of domestic violence; and seniors with dementia, schizophrenia or physical disabilities.

With regards to the age range of clients who attend music therapy sessions, respondents stated having clients ranging from babies to 92 years of age. Twenty respondents replied to this question, but two did not specify an age range; one replied, 'the whole range,' and the other replied, 'children and adults.' The data are summarised in Table 5.

The duration of a session depends on several factors. Most sessions, however, last for 60 minutes. The longest session indicated by a respondent lasted for two hours and the shortest for 10 minutes (Table 6).

Age range	
Under 18	9
Children and adults	2
Adults and seniors	1
Seniors	2
Whole age range	6

Table 5: Age range of clients

Duration of music therapy sessions	
30 minutes	5
45 minutes	4
60 minutes	8
1-2 hours	2

Table 6: Duration of music therapy sessions

Once a week, was the most frequent answer to the question about the frequency of music therapy sessions. There were also answers such as twice a week, three times a week, every day and even once a month. Some respondents emphasised that they adjusted the frequency of the sessions according to the needs of the client or to the treatment protocol. Another question referred to the gender of clients and sought to identify the gender ratio of clients. The answers show that music therapy is attended by more women than men. Twenty respondents answered this question, and one of them answered only part of the question that referred to the number of their clients (18), but they did not indicate their gender ratio. Another respondent indicated two regular and two occasional clients but did not indicate their gender, either. All other respondents stated the gender ratio of their clients. In percentages, the data can be expressed as follows (Figure 1).

Fourteen respondents answered the question *Do you keep records (i.e., individual notes for the practitioners own processing of the work) of your music therapy?* affirmatively. One respondent replied 'partly.' Five respondents answered negatively, and one did not answer this question (Figure 2).

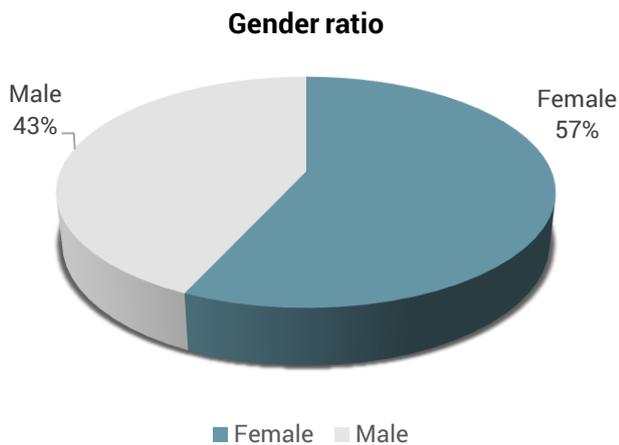


Figure 1: Gender ratio of the clients

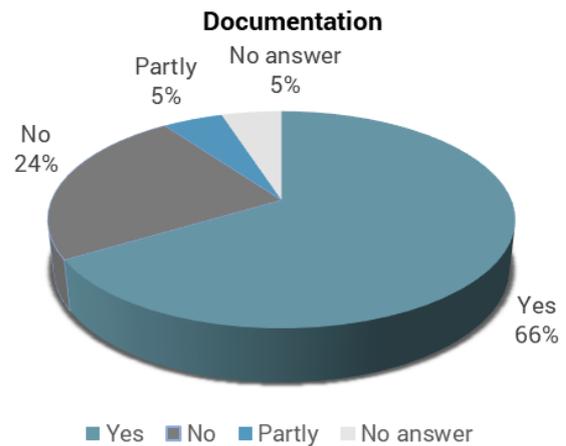


Figure 2: Music therapy documentation

The next question referred to music therapy goals. I asked them if they set music therapy goals. Eighteen respondents answered affirmatively, and three answered negatively.

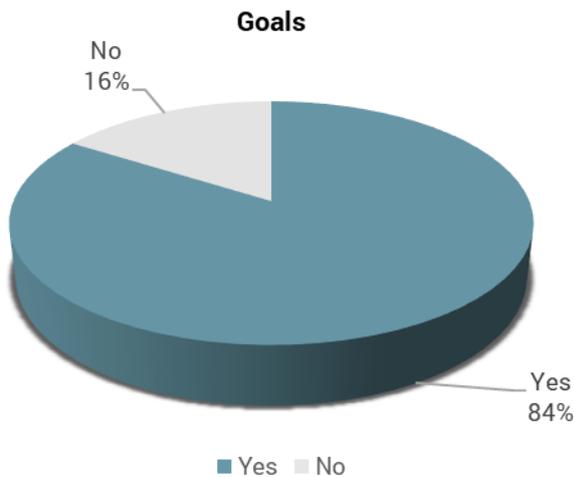


Figure 3: Setting of music therapy goals

For the question of form of music therapy, the respondents could mark several possibilities – *individual, pair, group, community, family*. One respondent did not answer this question. Most of the respondents stated both group and individual sessions. The answers are depicted in Figure 4.

In the next question, there were three answers to choose from regarding type of music therapy: *active, receptive* or *combined*. No respondent indicated the receptive form. Five respondents stated that they used the active form, and others chose the answer 'combined' (Figure 5).

The subsequent questions focused on the course and contents of the therapy. The answers revealed that the most frequently used instruments for music therapy were percussion instruments and instruments used in the Orff approach. The penultimate question was: *Do you sing with your clients?*

Only one respondent answered negatively. Nineteen respondents answered the question *Do you use improvisation in your therapy?* affirmatively. Two respondents stated that they did not use improvisation often. I can thus conclude that all respondents use improvisation in some form or another.

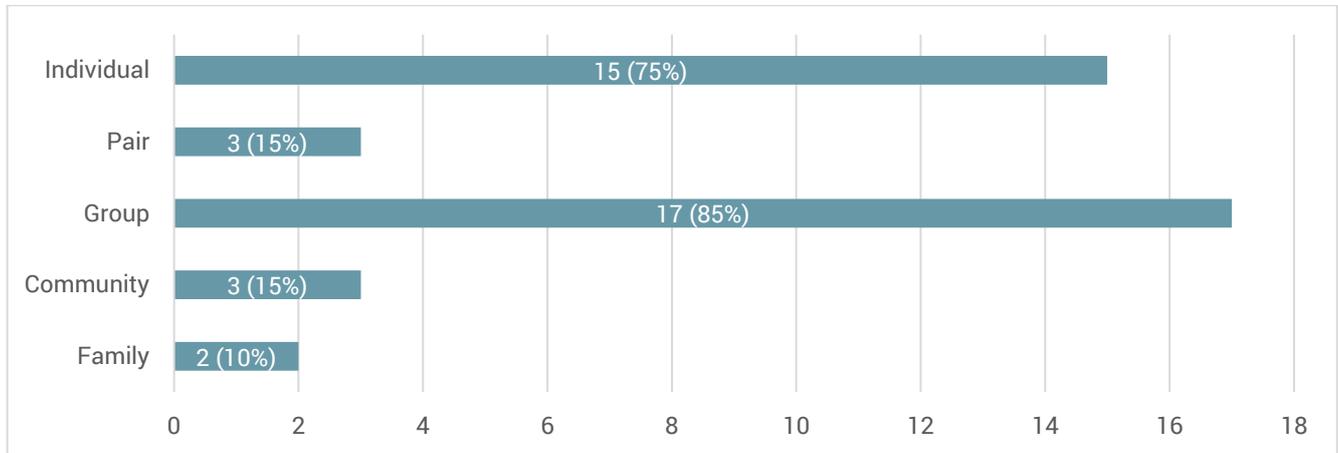


Figure 4: Forms of music therapy used

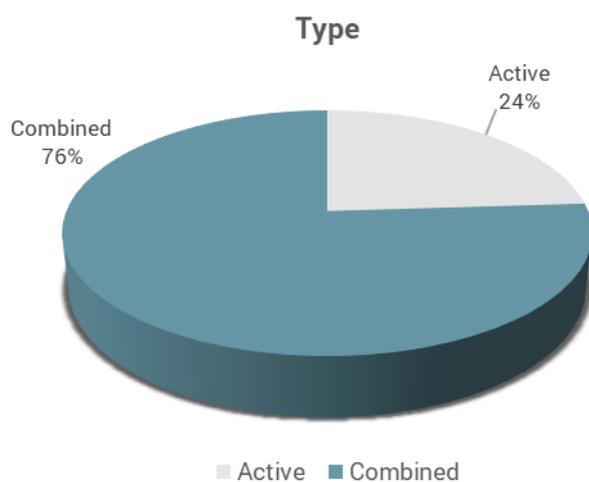


Figure 5: Ratio of the use of active, receptive and combined music therapy

Interviews with two prominent experts in the field of music therapy in Slovakia

To obtain a clearer picture of the situation of music therapy in Slovakia, I conducted two interviews. The interviews were conducted in 2019 and took place by e-mail. Prior to publication, they were checked by the respondents themselves. One presents the views on Slovak music therapy of Mária Habalková who lectures on music therapy and early intervention at the Department of Therapeutic Education at Comenius University in Bratislava. Her insights are particularly valuable for educational activities in the field of music therapy. My questions were also answered by Matěj Lipský whose courses have had a major influence on the development of music therapy in Slovakia, as my survey revealed.

Interview with Mária Habalová

1. How did you get interested in music therapy?

I came across music therapy during my studies at the Department of Therapeutic Education. I come from a family where both my parents are musicians, I attended the primary school of arts and sang in choirs. So, music has been part of my life (as a hobby) ever since my childhood. When I was deciding about my future, I saw my place in helping others. I heard about therapeutic education from my friends who were studying it at that time. As a graduate of a secondary school of healthcare, I came to like the interconnectedness of this field (healthcare, social affairs and education). And it was there, during my studies, that I learnt more about music therapy.

2. How does the teaching of music therapy take place at the Department of Therapeutic Education in the Faculty of Education at Comenius University?

At the Department of Therapeutic Education, music therapy is taught along with other forms of art therapy and other approaches (e.g., art therapy, drama therapy, bibliotherapy, psychomotor therapy, play therapy, family therapy). The students get an introduction to each of the different forms of therapy for a semester, which is compulsory (2 classes per week). Subsequently, they can choose at least two, but even more, therapies (as an elective subject) from this set which they want to focus on in their further studies. If they choose music therapy, they take the Music Therapy 2 and Music Therapy 3 courses over the next two semesters. Both of these are in-person subjects – two lessons in the form of lectures and one as a seminar. They can continue studying music therapy in the master's programme for two more semesters (seminars – Music Therapy in Institutional Care and Music Therapy in Clinical Practice courses). In the state examination, they choose the therapies which they focused on during their studies, and they take a state examination that covers the two therapies.

3. Do you currently work as a music therapist? What is your target group?

I do not work as a music therapist at present. Last academic year, when I was still on parental leave, I attended a children's centre where I conducted a music programme for children, addressing the development of their social skills, cooperation, attention, memory, etc. Previously (before my parental leave), I worked with children with learning disabilities in a children's centre and in Prof. Karol Matulay's Institute. There, I used music therapy (combined with other therapies and approaches) as part of a therapeutic and educational intervention. The target group I focused on in my practice included children aged 6–7 years old.

4. What do you think about the current situation in the field of music therapy in Slovakia?

I think the situation is very unclear. The music therapy profession is not treated legislatively, and there is no supervision by a professional organisation that defines the criteria (professional, personal, etc.) for practicing music therapy. There are some courses and some studies (of various quality and contents) offered that anyone can apply to, regardless of one's education and specialisation. There is no supervision of these courses, nor of their outcomes or of the practice of the various 'qualified music therapists.'

5. In Slovakia, there is not a professional association for music therapists. Do you think it is possible to function and grow professionally in this field without such an organisation?

I do not think it is possible. The current situation is proof of this.

6. What do you see as the biggest deficit in the field of music therapy in Slovakia?

The absence of a professional organisation, qualification standards and ethical requirements for the professional training of music therapists.

7. What do you see as the path for Slovak music therapy in the future?

This may be a long-term vision. Connecting practising music therapists in a network, establishing an association or society of music therapy in Slovakia and linking it to international organisations; introducing qualification standards and ethical requirements for the professional training of music therapists and complying with these standards and requirements; introducing the possibility of supervision over practicing professionals; creating scope for professional discourse and for the exchange of information and experience; raising awareness for professionals and the lay public about the possibilities of music therapy (organising conferences and specialised meetings, publishing activities, Facebook, internet pages).

Interview with Instructor Matěj Lipský

1. Why did you decide to conduct music therapy courses in Slovakia?

It was more than 10 years ago. I was contacted by the non-profit organisation *Artea* to collaborate to conduct a few weekend courses. This revealed the lack of education in practical music therapy in Slovakia. That is why we agreed on creating a similar course, just like the 200-hour one in the Czech Republic which prepares graduates for practice. However, it does not make them music therapists because I try to comply with the standards of the CZMTA, according to which supervision, practice and initial higher education are also required for professional recognition.

2. What do you think about the current situation in the field of music therapy in Slovakia?

The situation has improved over the last 10 years. We have already organised three rounds of this longer course, so several graduates of ours are already practising. Music therapy is being taught at universities in Bratislava and in Trnava thanks to Zlatica Mátejová and her colleagues, such as Jaroslava Zeleiová. An association was established in Slovakia which no longer exists, so there is no professional aegis whatsoever now. Nevertheless, there are more and more skilful people practising out there, and this makes me happy.

3. In Slovakia, there is no association that would represent the music therapist profession. Do you think it is possible to function and grow professionally in this field without such an organisation?

Practically, yes; professionally, probably not. As I have already mentioned, an association lays down certain standards for the profession, and, unless music therapy is defined by the law (which it is not, neither in Slovakia nor in the Czech Republic), organisations, clients and their guardians or caregivers are left with no other choice but to turn to civic organisations that deal with this field.

4. Do you see the fruits of your labour in Slovakia?

I am very happy that most students, graduates of our course, are practising music therapy (some are even teaching it) at a high standard, which I am convinced is mainly due to monitoring and feedback. I thank them for this a lot. I firmly believe they would be skilful even without the education we provide. But, nevertheless, I think it was an important milestone in their professional growth.

5. Are you planning further professional activities in Slovakia besides conducting these longer courses?

Along with some other instructors (Jana Weber, Wolfgang Mastnak, Jiří Kantor and Jiří Pazour), we are planning to announce the fourth longer course. Eleven candidates have applied so far; and it will be launched with 15 students. I firmly believe this will happen, and it will be launched. I also have an idea that, along with some other instructors teaching music therapy in Slovakia, we will try to promote the establishment of a professional organisation. As of now, most of our graduates work under the aegis of CZMTA.

6. What do you see as the biggest deficit in the field of music therapy in Slovakia?

The fact that the association ceases to exist, and that practical music therapy is absent in universities. And also, the popularisation of this discipline in the media.

7. What do you see as the path for Slovak music therapy in the future?

Just like in the Czech Republic, there will be more and more music therapists, and they will establish an organisation, and perhaps, even a field of study at universities. Of course, it will be inevitable to link it to European and international federations.

Results

I evaluated my survey through a quantitative descriptive analysis of the open-ended questions. In research question 1, *Who does music therapy in Slovakia?*, I found the following:

In the occupation box, most respondents marked one of the helping, psychological or teaching professions. Some respondents stated a combination of these occupations. The questionnaire revealed that the therapists who answered my questions had some education in the field of music therapy. They received their education mainly in a longer course led by Czech professional instructors, mainly by Matěj Lipský (as the respondents' answers reveal, 83% of them had completed his course). Many respondents were aware of a need to keep improving in this field, so they had also gone through psychotherapy training. Amongst those who did not have this type of education, one respondent stated their interest in undergoing such training in the future. From respondents' answers, I may conclude that education under the aegis of an educational institution in this field is clearly absent in Slovakia.

I evaluated research question 2, *Who participates in music therapy in Slovakia?*, as follows: I found that music therapy is provided to people of various age groups, to people with physical disabilities and to people in hospitals and nursing homes. There is a high demand for music therapy, and the demand keeps growing. The fact that music therapy is becoming increasingly popular can be seen in the

growing demand for music therapy courses and education in this area. Music therapy is also appearing increasingly more on offer for clients in various centres and organisations. Moreover, the therapy is attended by more women than men, in a 57% to 43% ratio. Adding up the numbers, the results gave a 242:183 ratio of females to males.

I received the following information regarding research question 3, *How does music therapy take place in Slovakia?*: Although the therapists who took part in my survey worked mainly in individual and group settings, other forms also take place in Slovakia. Interestingly, no respondent uses a purely receptive form of music therapy. They mostly stated that they combine active and receptive forms of music therapy. The average duration of a session is 60 minutes, and takes place once a week. As many as 67% of respondents stated that they are keeping records of their music therapy sessions, and 86% of respondents set music therapy goals. Besides playing musical instruments, music therapists in Slovakia also use vocal techniques, the most intimate and innermost human expression, to a large extent. Improvisation played a major role as well.

Conclusions from the survey and reflections from the interviews

From the survey questionnaire, I obtained information about the state of music therapy in Slovakia. A total of 21 responses were received, which represented a 32.3% response rate. I found out who practises music therapy in my country, who attends music therapy and how the sessions take place. From my questionnaire and interviews with experts, together with the collected information, I came to the following conclusions:

Interviews with Matěj Lipský and Mária Habalová point out that Slovak music therapy is developing. This profession is being formed, gradually improved and professionalised in Slovakia. Although several statements of experts in the interview point to the pitfalls that Slovak music therapy has, in the end I see that music therapists are constantly increasing their professionalism. It is evident that cooperation with CZMTA is beneficial for the development of Slovak music therapy. Czech lecturers and courses help in the education and professionalisation of this field. The possibility of membership of the CZMTA is very important, as well.

Respondents sought education through courses organised by non-academic institutions. I believe if music therapy education were to be available in academic institutions in Slovakia, there would be demand for it because of the great interest in this field.

Music therapy in Slovakia is practised more by women than men and it is provided in various centres and organisations. I see room for improvement in public awareness; for instance, potential clients should be able to choose a therapist. A database of music therapists could be created for this purpose, where those interested in this type of therapy could find out what the therapist specialises in. With a database, the client could choose the therapist according to his needs.

The fact that there is no organisation in Slovakia to facilitate the functioning of the music therapy profession is probably clear from these interviews. It is also understandable from the answers of the two experts Mária Habalová and Matěj Lipský that the situation in Slovakia is unclear. Music therapy is, however, a part of the therapies taught at the Therapeutic Department at Comenius University in Bratislava. Thanks to the long-term music therapy course held there, individuals in Slovakia are prepared for practice in this area. For those interested in this type of profession, the offering by the

Therapeutic Department at Comenius University or studies in psychology and pedagogical disciplines seem to be the most suitable alternatives for studying for the profession via academia.

AFTERWORD

Slovak music therapy has great potential. It is an increasingly sought-after form of therapy. The community of therapists and clients trying to find this type of therapy keeps growing.

As of now, the providers include educational institutions, budgetary organisations run by self-governing regions and healthcare facilities. Music therapy is also provided by civic associations and individuals. Since music therapy keeps growing in Slovakia, further steps are inevitable in this field. On the one hand, conditions for studying music therapy at universities have yet to be created, and the structure of and the rules for Slovak music therapy have yet to be defined in compliance with the requirements of ECMT and WFMT. Finally, a law should be drafted that would define this profession legislatively. For these goals, a music therapy association should be recreated to provide a foundation for professionals in this field. This would result in a higher standard of music therapy, and the boundaries between professional and unprofessional approaches would be clearly drawn. Moreover, further research should be conducted to generate more data and I think that it should be focused on the various approaches and methods of music therapy that are used in Slovakia. It is also important to focus on the clientele that is seeking music therapy.

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Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στη Σλοβακία: Πλαίσια και τρέχουσες πρακτικές

Jana Halmo

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία έχει τις δικές της ρίζες στη σημερινή Σλοβακία. Πληροφορίες για τις θεραπευτικές ιδιότητες της μουσικής είχαν ήδη εμφανιστεί από τον 18^ο αιώνα. Σήμερα, η μουσικοθεραπεία διαδίδεται όλο και περισσότερο στη χώρα

μας. Ως εκ τούτου, κρίνεται σημαντικό να αποσαφηνιστεί η μουσικοθεραπεία ως σύγχρονο επάγγελμα και να εξεταστούν οι σύγχρονες πρακτικές της. Το παρόν άρθρο επικεντρώνεται στο ιστορικό πλαίσιο της μουσικοθεραπείας καθώς και στην τρέχουσα κατάσταση, τη νομοθεσία και τις προσωπικότητες που έχουν επηρεάσει σημαντικά την ανάπτυξη του πεδίου, καθώς και σε οργανισμούς και παρόχους που διαδραματίζουν σημαντικό ρόλο στις εξελίξεις της μουσικοθεραπείας στη Σλοβακία. Το άρθρο επίσης παραθέτει βασικά στοιχεία που απορρέουν από τη δική μου έρευνα και παρουσιάζονται αποτελέσματα από ένα ερωτηματολόγιο και δύο σύντομες συνεντεύξεις με έμπειρους μουσικοθεραπευτές στη Σλοβακία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Σλοβακία, μουσικοθεραπεία, ιστορία, παρόν, έρευνα