



Special issue

**Music therapy in Europe:
Paths of professional development**in partnership with the
European Music Therapy Confederation

The European Music Therapy Confederation: History and Development

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ABSTRACT

This article provides an overview of the European Music Therapy Confederation (EMTC) history: the ideas and efforts of visionary pioneers which led from a European networking group to a strong and effective European-wide working and acting association, and to increasing political acknowledgement. It describes the difficulties and challenges along the way and highlights recent developments including political implications.

KEYWORDS

historical and political development; professional status; future implications

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INTRODUCTION

Music as a means to help people to deal with or to overcome difficult physical and emotional situations is as old as mankind. Decades ago medical doctors, nurses and musicians started to work with the healing impact of music in clinics, rehabilitation or educational centres. It was over the course of the 20th century that music therapy developed as a health profession through the efforts of research and progress in scientific knowledge.

In Europe in the 1950s, music therapy pioneers began to develop new theories about the healing power of music, the clinical input and its effects. This theoretical elaboration led to methods and training courses: Juliette Alvin, Mary Priestley and Paul Nordoff and Clive Robbins in the UK, and Alfred Schmölz in Austria. They laid down the roots for the development of music therapy as a

profession and the official beginning of music therapy in Europe. From this time onwards and during the next decades, music therapy underwent rapid development. The first training courses were implemented, the first music therapists began to work, and the first professional organisations were established. Table 1 shows this development and the diverse theoretical roots from 1958 onwards (Nöcker-Ribaupierre 2010).

It is obvious that this development over 50 years, along with the differences in theories and education had a long lasting input on the possibility of understanding and accepting each other both on a national level and internationally.

Country	Training courses	Professional associations	Theory
Austria	1959	1984 ÖBM 1997 WIM 2010 BEMT	psychodynamic, humanistic, old-oriental
Belgium	1985	1998	psychoanalytic
Bulgaria	2008	1959	humanistic, psychodynamic, integrative, corresponding with art/expressive approaches
Cyprus		2010 CyMTA	humanistic, creative, psychodynamic, behavioural, neurological
Czech Republic	1989 anthroposophic 2008 educational	2006 CAMAD 2008 CZMTA	humanistic, psychodynamic, integrative, art therapy, medical, anthroposophic
Denmark	1982 university 1995 BA/MA 1997 PhD	1969 1992	humanistic, psychodynamic, integrative
Estonia	1990	1990	humanistic, psychodynamic, behavioural, combined with art therapies
Finland	1973	1973	psychodynamic, eclectic, functional
France	1970	2002	psychoanalytic, behavioural
Germany	1960 East 1969 anthroposophic 1978 university	1969 (East) 1973 DGMT 1999 BVM	humanistic, psychodynamic, psychoanalytic, integrative, Nordoff-Robbins, Orff
Greece	-	2004 ESPEM	psychodynamic, music-centred, Guided Imagery and Music
Hungary	1992	1995 MZE	psychodynamic, eclectic, special needs and development centred
Iceland	-	1997	in practice eclectic
Italy	1990	1992 1994 CONFIAM	psychodynamic, Orff, Nordoff-Robbins, humanistic
Latvia	2002	2005	Nordoff-Robbins
Lithuania	-	1997	in practice eclectic
Luxemburg	-	2004 GML	humanistic, integrative, psychoanalytic
Netherlands	1965	1962 (Art Therapy)	structuralism, humanistic, creative, art-therapy
Norway	1978	1960	humanistic, psychotherapeutic, special education, cultural engagement
Poland	1973	1996 PAMT 2003 Kajros	eclectic, humanistic
Portugal	1990	1996	development psychology, psychoanalytic
Serbia	2002	2001	psychodynamic, integrative
Slovenia	2000 (arts therapies)	2004 SZUT	combining music, dance-movement, art and drama therapy, creative therapy
Spain	1986 1992 university	1977	eclectic, all main music therapy models
Sweden	1974	1981	psychodynamic, functional
Switzerland	1986	1981	psychodynamic, medical, Gestalt, psychoanalytic, anthroposophic
UK	1958 1968 (full programme)	1958 BSMT 1976 APMT 2011 BAMT	Nordoff-Robbins, psychodynamic, humanistic

Table 1: Beginnings and theoretical orientations of music therapy in Europe (source: Nöcker-Ribaupierre 2010)

HISTORICAL DEVELOPMENT

The development of music therapy as a profession in the form of a European wide organisation began in 1989 (van den Berk 2014). Until that time, there were solely professional exchanges between countries by personal contact between individual music therapists. Then, a few music therapists chose to meet together to share their experiences and their knowledge, and to do networking.

In 1989, at the end of the 5th International Conference *'Music Therapy and Music Education for the Handicapped'* in Noordwijkerhout, Netherlands, there was a first a meeting of all participant music therapists. This turned out to be a starting point for many European contacts to officially exchange knowledge and to develop international cooperation.

Also in 1989 a pioneer cooperation existed between the following European music therapists: Tony Wigram, Patxi del Campo, Gianluigi Di Franco and Helen Odell-Miller. In expectation of a European development, they decided (during one of their meetings in 1989 in Vitoria-Gasteiz, Spain) to found a European professional music therapy group. On a late summer evening, on a Spanish piazza with a bottle of champagne, they celebrated the 'birthday' of their idea of the European Music Therapy Association (EMTA). In the course of the first ECArTE conference in St. Albans, UK, they invited the attending music therapists to the first EMTA meeting to work "towards a European Federation of Music Therapy Associations" under the leadership of Tony Wigram.

In November 1991, the Stichting Muziektherapie organised the pre-conference *'Music Therapy in Health and Education in the European Community'* in Groesbeek, Netherlands. Tony Wigram, Patxi del Campo, Gianluigi Di Franco and Helen Odell-Miller invited music therapists from different countries to join this conference and to discuss guidelines for the future. This was the first pre-conference for the development of the EMTA and the preparation of the first European Conference in Cambridge.

The initial European conference took place in Cambridge in 1992 where 10 music therapists from different European countries discussed with other participants the political and professional stance in their countries. The participants decided it was timely to create an open professional network, the EMTA, in order to develop music therapy as a profession as at that time in Europe there was no official body for music therapy. They also established a timetable of music therapy conferences: the European, the World, and the Pre-

conference, so that music therapists were able to attend an important meeting every year.

In 1994, Tony Wigram was nominated as the acting President at the pre-conference that took place in Capri, Italy. The following years prepared the transition from a pioneer networking group to more structured functioning and to the creation of the European Music Therapy Confederation (EMTC) which was officially launched at the conference in Leuven, Belgium in 1998.

The transformation of the EMTA into the EMTC was the transition into a professional body with the aim to take over the responsibility for the professional and political future. In Leuven, Tony Wigram resigned as the acting President of the EMTC, but for many years remained in the background as the *spiritus rector*.

It was agreed that the members of the EMTC must be limited exclusively to professional associations of qualified, practising music therapists. Each member country was represented by a single delegate. This delegate was voted by the national member associations to whom s/he was responsible and independent of the number of national associations or music therapists in any given country. During this meeting in Leuven, the country delegates voted their board: a President and two Vice-Presidents, each responsible for a geographical area of Europe: South, Middle and North (De Backer, Nöcker-Ribaupierre & Sutton 2014). For the first time, the principle of a triumvirate representation elected at the same time was adopted. The country delegates were thrown into 'professional adulthood', as they were now enforced to develop individual strength and to take over officially the responsibility for their countries.

At this stage, the main task of the EMTC was to organise European conferences in the form of a professional meeting. These conferences turned out to be a most powerful driver for the professional development of the profession. Since the initial conference held in 1989 in Cambridge, eight European conferences were organised with an increasing number of participants from all over the world: 1992 in Spain (Vitoria-Gasteiz), 1995 in Denmark (Aalborg), 1998 in Belgium (Leuven), 2001 in Italy (Naples), 2004 in Finland (Jyväskylä), 2007 in the Netherlands (Eindhoven), 2010 in Spain (Cadiz), 2013 in Norway (Oslo) and 2016 in Austria (Vienna).

As already stated, the EMTC was founded as a forum for exchange between music therapists in Europe. Apart from organisation of the annual conference, the primary goal was networking, understanding and cooperation through regular

meetings. From this time onwards, regular meetings have been held, as well as the creation of 'sub-groups' where the EMTC communicate and work through electronic mail exchange.

While the theoretical basis, methods and concepts of music therapy training are different within each country, the overall purpose of the EMTC has been, and still is, to nurture mutual respect, understanding and exchange. All our work always remains under the premise to respect and safeguard the national profiles and the rich variety of music therapy practice: the necessary practice common to all, while maintaining as much individual practice as possible.

For the future, the EMTC set down specific objectives: consistency of a high professional level of practice in a way that maintains individuality of approach and philosophy, and areas of specialisation. The aim of the EMTC is formulated in its mission statement:

"The EMTC is a confederation of professional music therapy associations, working actively to promote the further development of professional practice in Europe, and to foster exchange. The overall purpose of the EMTC is to nurture mutual respect, understanding and exchange between music therapists in Europe" (De Backer, Nöcker-Ribaupierre & Sutton 2005: no page).

The EMTC has also tried to formulate a general definition of music therapy acceptable to all. This was necessary taking into account the variety of methods and approaches shaped by national culture. The EMTC members agreed to the general definition of music therapy formulated by the World Federation of Music Therapy (WFMT) in 1996:

"Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilization, expression, organization and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs".¹

From its beginning in the 1990s, the EMTC delegates worked in smaller sub-groups and commissions on training and educational matters, supervision, self-experience, registration and

cultural diversity. Guidelines needed to be defined: definition of an association eligible for membership, procedures for membership, rules for financial support, complaints procedures, and so on. Information was also collected relating to the standards of the existing training programmes, national recognition, and registration. This process involved learning to know and to respect each other and the cultural diversity of the member countries divided into South, Middle and North Europe to order to develop a common European music therapy identity. Cooperation was necessary at all levels. The result in 2014 is that the EMTC now includes members from 27 countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxemburg, the Netherlands, Norway, Poland, Portugal, Serbia, Slovak Republic, Sweden, Switzerland and the UK.

POLITICAL DEVELOPMENT

In 1995, the European Commission rejected recognition of "alternative therapies" (including all types of arts therapies) within the European Commission health profession catalogue. This was the initial and starting point for some of the EMTC delegates to think of another possibility to gain professional acceptance. The choice was made to strengthen organisation within the EMTC so as to be able to influence the development of music therapy at the European level "and to act as the official 'one voice body' of our profession".

Numerous visits to Brussels with EU authorities led to the conclusion that the profession was unknown and that no one knew anything about music therapy. With the help of a lobbyist, the EMTC started to develop a structure for an official organisation; the EMTC logo was designed and the website put into place.² In 1998, during a weekend in Munich, members of the board, Jos De Backer (Belgium), Teresa Leite (Portugal), Gro Trondalen (Norway) and Monika Nöcker-Ribaupierre (Germany) formulated the new EMTC statutes and bylaws. During another weekend in London, Monika Nöcker-Ribaupierre (Germany) and John Strange (UK) worked on an ethical code, which was

¹ Definition presented and agreed at the World Congress of Music Therapy in Hamburg (www.wfmt.com).

² Logo designers: David Aldridge and Monika Nöcker-Ribaupierre. Web-administrators: David Aldridge and Jörg Fachner (1997-2008), Pieter van den Berk (2008-2013), and Phillipe Lecocq with the EMTC (2013 onwards).

designed to be the basis for all national ethical codes (EMTC 2015). In 2000, this code was agreed by the General Assembly of the EMTC that took place in Israel and serves as the basis of all national ethics codes in Europe.

In 1993, the EMTC started to establish a European Research Register (ERR), which was completed and regularly renewed. The first ERR surveys were published in 2001 and 2004 by the University of Witten-Herdecke.³ Today, development of the different projects are addressed and/or published on the EMTC website (www.emtc-eu.com/research).

In May 2004, the EMTC achieved official status in Brussels as a non-profit making, international, professional organisation. This means that the EMTC is registered in Brussels, according to Belgium law as an AISBL (International Non-Profit Organisation, Association Internationale Sans But Lucratif). The statutes were published in the *Moniteur Belge*. The new official EMTC thus had statutes, bylaws and an ethical code (see www.emtc-eu.com/statutes/by-laws).

Over the years, the titles and functions of the board and core board have evolved. The EMTC is managed by an administrative infrastructure consisting of a core board (President, two Vice-Presidents, General Secretary, and Treasurer) and a board (Core Board, plus three Regional Representatives representing South, Middle and North Europe). The core board is a team of three people working closely together to manage the duties for the daily running of the EMTC and to maintain the strategic vision. It is renewed after a two term period.

The first conference to take place with this new status was in 2004 in Finland with the initiation of the EMTC Award. This award is a sign of recognition for the career of an individual music therapist who has shown outstanding work in the music therapy profession. It has so far been attributed at each EMTC European Conference to the following music therapists: Tony Wigram (UK) in Finland, David Aldridge (Germany) in the Netherlands, Chava Sekeles (Israel) in Spain and Gro Trondalen and Brynjulf Stige (Norway) in Norway.

After having achieved this official status, the next question was how to strengthen the political and professional influence. The ongoing visits in Brussels finally led to the most important meeting,

as reported from the official minutes of the EMTC General Assembly in 2006 in Vitoria-Gasteiz, Spain.

“The EMTC Core Board (Jos De Backer, Monika Nöcker-Ribaupierre and Julie Sutton) met two people from the EU: Pamela Brumpton-Coret (Head of Unit, European Commission, Internal Market, regulated Professions, Unit D3) and Corinne Guidicelli (responsibility for regulated mutual education system, Internal Market). They read documents prepared and sent in advance by Monika. We had a 90 minute discussion and information exchange, which was incredibly useful.

The EU supports the way we are working, to develop the strong foundation of a professional body, and to set up high minimal standards of professional practice (and the EMTR in particular). We will not have a rigid official recognition, because this has a lot of bureaucracy and it would be too rigid for our profession. In fact, we found out that this is very uncommon with the professions. In the way we are working, we can actively avoid the danger of over-regulation. This was a very useful meeting, and with their support, it gives us real confidence to continue.

The encouraging information was that we should not change the work we are doing. That we are working together was seen as a very strong thing and the Commissioner was impressed with this. But: It does not help individual countries in their own struggles to gain recognition” (EMTC 2014: no page).

Music therapy as a health profession is being taught in many European countries by government-funded universities, private universities and schools of music at university level with the possibility of awarding Bachelor's and Master's degrees, and doctoral degrees. There are also some private training courses in music therapy with important differences in duration, theories and concepts at different professional levels.

The EMTC collected and published available data of training courses (following the WFMT survey from 1996 by Denise Grocke and Tony Wigram), and encouraged new EMTC countries, and more specifically, the Eastern European countries to develop their new training programmes according to the higher education standards of Bachelor's and Master's level qualifications. These accredited standards are required by the European Commission, according to the Bologna Treaty. A first survey in 2005 of the accredited training courses, showed 60 official training courses throughout Europe: 30 MA and 11 BA programmes

³ Editor: Jörg Fachner

(Nöcker-Ribaupierre 2005). Data from a recent diploma thesis in Vienna provide the following numbers which show the increasing interest in professional music therapy: 117 music therapy courses in 27 European countries; of these 18 are BA level courses, 45 MA courses and 66 other courses, such as further training or graduate training courses (Schmid 2014).

Despite the increasing standards, only three countries in Europe have achieved official recognition: the UK in 1999, Austria in 2009, and Latvia in 2012. Some countries have formulated their own quality standards for their professional registration. These standards are required, controlled and supervised by the national associations. In some countries, this level is accepted for reimbursement by the health system (the Nordic countries, the Netherlands, Belgium and Switzerland) and officially integrated in some health care areas, such as in Germany (Nöcker-Ribaupierre 2013).

The next question was how could the EMTC support pioneer countries to develop professional recognition? How and what can the EMTC contribute to this development? In Brussels, the EMTC learned that it was necessary to create their own quality assurance guidelines for music therapy in Europe. The Head of Unit of the European Commission, Integrated Market and Regulated Professions encouraged the EMTC to develop their own professional standards at the highest level possible and in accordance with the existing university level.

This advice led to the development of a European registration for music therapy. Under the leadership of Jos De Backer and Julie Sutton the Registration Commission (EMTR) was established.⁴ In long and intensive discussions within the EMTC, the standards for a European music therapy register were established, according to the Bologna standards for BA and MA levels (see <http://emtc-eu.com/register>).

In the political sense and for the future of the EMTC, the implementation of the EMTR represents a cornerstone for the future of music therapy in Europe. Although the process is slow and realisation may take a number of years, the EMTC is convinced that this will support and safeguard the

political acceptance of music therapy across Europe.

CONCLUSION

The development of music therapy in Europe and of the EMTC is first of all a story of different music therapists, pioneers and musically educated therapists with different visions who aspired first to develop the profession, then to form a network in order to provide an official basis on a political level, with the aim to develop and to ensure the quality of the profession. All the EMTC delegates support the vision of strengthening the professional development in their own countries.

During the last 20 years, the EMTC has moved to be a strong internationally acknowledged organisation, strengthening and safeguarding the development of the profession of music therapy. The EMTC has established a strong foundation to safeguard professional quality, standards of clinical and research work, and increasing political stability.

Although no one knows what the future will bring, constant work and increasing success of the EMTC has strengthened the professional identity and contributed to bringing music therapy forward and to being accepted within the national health care systems. Personally, I have found that working in the EMTC was a very valuable and enriching time because of growing respect and acceptance, contacts and friendships, all of which contribute to belief in our professional future.

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⁴ The EMTR working commission: Jos De Backer, Julie Sutton, Jaakko Erkkilä, Adrienne Lerner, Monika Nöcker-Ribaupierre, Ferdinando Suvini and Ilse Wolfram.

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