



# Music Therapy as Academic Education: A Five-Year Integrated MA Programme as a Lighthouse Model?

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## ABSTRACT

Seeing the current academisation of music therapy internationally as part of broader processes of modernisation, I reflect on implications for music therapy education. Using the current five-year integrated MA programme in music therapy at the University of Bergen (Norway) as a case example, I reflect on how paths of development are dependent on conditions that are linked to local context as well as broader contexts. Two kinds of broader contexts are taken into consideration in relation to the chosen case example, namely the conditions created by the political history of the nation in question and the shared European conditions created by the Bologna Process on standards in higher education. Given that the original local context of the Bergen programme was the rural town of Sandane, the interplay with these two broader contexts are communicated through use of phrases such as “from Hafrsfjord to Sandane in 1100 years” and “from Sandane to Bergen, via Bologna”. I think it is valid to claim that paths of development are local in many ways, but Europe is a local context too, if a bit broader. In a section I call “Bildung, Bongo, and Bologna”, I give examples of interrelated contexts in the development of the programme in Bergen, before I conclude with some reflections on the conditions created by the Bologna Process. Local and national conditions vary, so perhaps no music therapy education can be a lighthouse for others, but in some ways the Bologna Process operates like a lighthouse that gives directions for more homogenisation and academisation of music therapy education in Europe.

## KEYWORDS

music therapy education; paths of development; context; conditions; Bologna Process; academisation

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## INTRODUCTION

When *Approaches* and the EMTC chose to prepare a special issue on ‘*Music Therapy in Europe: Paths*

*of Professional Development*’, they invited me to contribute with some reflections on music therapy as an academic five-year MA education. I appreciate the invitation. I have been involved in

developing the programme in music therapy at the University of Bergen for a number of years and value the opportunity to reflect on the relevance of an academic education in music therapy at this level.

I have previously argued that the academisation of music therapy that we have witnessed internationally during the last few decades is part of broader processes of modernisation, leading to requests for specialised, research-based knowledge. Today, research-based knowledge is considered crucial in professional practices, and I argue that this academisation also builds the study of music therapy as an academic field in itself (Stige 2008). In writing this paper, I will reflect on implications for the education of music therapists.

In specifying their invitation, the editors wrote:

“For some European countries it is not even possible to have short courses at university level, so could we consider the five year model as a lighthouse model in other countries? We would also welcome a discussion about why academic competences at this level are necessary instead of a shorter (and cheaper) professional training? And why create specialists instead of offering short courses for other professions?”

These are complex questions. I think real lighthouses usually are both beautiful and useful. I am not sure ‘lighthouse’ is the best metaphor when discussing how music therapy educations take inspiration from each other, however. The idea of a lighthouse indicates a readymade structure in a fixed location, giving signals about directions. I would not be surprised to hear colleagues argue that directions must be adjusted to conditions, and that these are variable from time to time and place to place.

I have chosen to concentrate on the other interesting metaphor offered by the editors, namely paths of development. In concluding, I still end up thinking about lighthouses a little bit. One reason for this is that we live local lives at several levels. Since 1999, the Bologna Process has aimed to ensure comparability in standards in European higher education, leading to the creation of a European Higher Education Area in 2010 (EHEA no date). This does create a shared context for all music therapy educations in Europe.

In other words: I concentrate on one case example and mainly discuss developments in the music therapy education programme that I have worked with myself since the 1980s. I will also try to show how our programme’s development has been informed and supported by other programmes and how some conditions might be shared across

contexts.

I first describe the current five-year integrated MA programme in music therapy at the University of Bergen, followed by some reflections on the paths of development that led to the creation of this new programme (the first cohort of candidates graduated in the spring 2015). When I started writing the paper, I quickly realised that I had to establish a context by going back to the 1980s and the somewhat frail beginnings of this music therapy education. I was more surprised to see that the process of thinking about paths of development also brought forward images of the rivalries of three key decades in Norwegian history: the 880s, the 1380s, and the 1880s. I promise (to try) not to overwhelm readers with details of my nation’s history, but I will bring in some glimpses in order to illuminate how I think it is valid to claim that paths of development are local in many ways. But then again, in some ways Europe is a local context too. In a section I call “Bildung, Bongo, and Bologna” I give examples of interrelated contexts in the development of the programme in Bergen, before I conclude with some reflections on shared European conditions created by the Bologna Process.

## **THE FIVE-YEAR INTEGRATED MA IN MUSIC THERAPY IN BERGEN: A BRIEF COURSE DESCRIPTION**

Since 2010, the education programme in Bergen has been a five-year course of study leading to a Master of Arts degree in Music Therapy (300 credits in the ECTS-system). The programme is located in the Grieg Academy, which is part of the Faculty of Humanities, University of Bergen. It aims to qualify the students for music therapy practice in healthcare contexts, educational contexts and community contexts, and to enable them to engage in interdisciplinary collaboration. The programme provides an introduction to research and dissemination, and lays a foundation for further qualification through doctoral study.

The first semester of the programme comprises 30 credits of introductory course units. Semesters two to four include six obligatory course units of 15 credits each, within music, music studies, music therapy and psychology. The fifth semester is reserved for electives, where students may choose among various courses in Bergen (including subjects such as music in world cultures; primary instrument, and music and the brain). In accordance with the principles of international

exchange supported by the Bologna Process, students are also encouraged to consider possibilities for taking electives at other universities in other countries. After the five first semesters, more specialised courses increase in number, with a focus on music therapy practice, theory, research and professional identity. Table 1 gives an overview of the structure and content of the programme.

Practice placements are linked to several courses in the programme, and students have placements in the 3<sup>rd</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> semester,

and also sometimes in the 10<sup>th</sup> semester. The placements are organised in various ways, depending on the learning outcomes for each course. All students may choose to have one placement abroad or in another part of the country. Attendance to all taught activities and placement work is obligatory. Students who have already taken course units or their equivalents elsewhere may apply for exception, so that some students use less than the five years of the standard progression.

Semesters	Course units (credits in the ECTS-system in brackets)		
1 <sup>st</sup>	Philosophy (10)	Academic writing (10)	Introduction to psychology (10)
2 <sup>nd</sup>	Introduction to music therapy (15)		General psychology 1 or 2 (15)
3 <sup>rd</sup>	Music therapy in educational contexts (15)	Music, culture, and society (15)	Basic music skills for music therapy (15)
4 <sup>th</sup>	Musicking in music therapy groups (15)		
5 <sup>th</sup>	Elective 1 (15)		Elective 2 (15)
6 <sup>th</sup>	Community music therapy (15)		Music therapy focus area (15)
7 <sup>th</sup>	Music therapy theory (15)	Developmental music therapy and music therapy in medical contexts (15)	Improvisational music therapy (15)
8 <sup>th</sup>	Music therapy research (15)		
9 <sup>th</sup>	Master thesis in music therapy (30)		The music therapy profession in theory and practice (15)
10 <sup>th</sup>			

**Table 1: Overview of the structure and content of the five-year integrated MA programme in music therapy at the University of Bergen (30 credits per semester, 300 credits in total)**

A mixture of teacher-led sessions, group collaboration and student presentations are used in the programme. Students are encouraged to engage in processes where they work on their musical and interpersonal competencies, on their own development related to the role of being a professional music therapist, and on theoretical and academic skills. Throughout the five years, the students are assessed in a variety of formats, e.g. written exams, portfolio assessments, semester assignments, student presentations and oral/practical examinations. Of course, student and faculty evaluation of the programme is also carried out at regular time points.

### **PATHS OF DEVELOPMENT: FROM SANDANE TO BERGEN, VIA BOLOGNA, IN JUST A FEW YEARS**

In the music therapy programme described above there are currently 60 students (on average, 12 each cohort). six full time faculty positions are linked to the programme, plus a number of adjunct positions. Because of the need for more music therapists in Norwegian society, we have started a process that we hope will lead to the doubling of the number of students and faculty members in the next few years. The situation and prospects are indeed very different from how it all began back in

1988, in a rural university college in a little town called Sandane, with two groups of five students each, and only one full time faculty position.

The programme has changed too, of course. We started with inspiration from the model developed in Oslo. When the first music therapy education in Norway started there in 1978, it was established as a two-year full time continuing education for students with a minimum three years of higher education already. Until the Bologna Process started to change things in the beginning of the new millennium, the two Norwegian education programmes used this model. In 2003-2004, both programmes were converted to the MA level, which in many ways reflected a trend in Europe at the time (Seidel 2002).<sup>1</sup> The Sandane programme then moved to the University of Bergen in 2006, because we made the appraisal that the international academisation of the discipline made a research university context crucial for our capacity to develop the programme in the ways we deemed necessary. To increase student recruitment and strengthen networks for practicum placements were also important considerations. At the time, we did not even think about the possibility of establishing a five-year integrated MA programme.

We made that proposal three years later. Why? Our main intention was to establish a more solid programme, with continuity and time for the students to develop their relationships to the broad range of learning areas included in a music therapy education, in practice, theory and research. When we started to think about the possibility of a five-year programme, we were enthusiastic about all the possibilities for improving the programme, but also worried about a couple of things: "Would the university accept the increased costs?", and "Would student recruitment be strong enough?" (It is of course a very different thing to study music therapy as continuing education on top of an established professional training, and to study it as your main university education for five years).

It turned out that the university was much more willing to establish an integrated five-year programme than we had been able to imagine. The university board assumed that music therapy would be a programme with solid student recruitment (in

spite of our worries). Also, the board assumed that an increase in music therapy faculty could strengthen the research activities of the Faculty of Humanities. None of these considerations should have surprised us much. These are classic factors when universities make their priorities. What did surprise us was the strength of the influence of the Bologna Process, which had introduced a shared European degree system with three cycles: Bachelor's degrees, Master's degrees and PhD degrees.

The university board's appraisal was that a research university should prioritise disciplines that could be developed fully in all three cycles. When we realised this logic, we moved as quickly as we could and proposed PhD education in music therapy as well. In 2010, when we for the first time accepted students to the new five-year integrated MA course, we were therefore also able to offer our first training courses at the PhD level, in the new Grieg Research School for Interdisciplinary Music Studies.

Things have been going reasonably well since then. To build a 5-year programme has been demanding, exhausting at times, but student recruitment has been strong and we hope and think that it is realistic to achieve the goals we had when we started changing the programme; to educate stronger students who have more time and opportunity to develop and integrate their musical, practical, relational and academic competencies.

The students we recruit are younger than before. Our experience is that they are musically strong (most of them specialised in music in their high school years), but we, of course, have to evaluate over time whether the new five-year programme nurtures their continued musical development in an optimal way. The fact that the students are younger than before also means that they have less experience. We think of this not as an argument against the new way of organising the programme, but as an obligation to follow up with the necessary steps that can promote continued personal and professional development for music therapists in our country. In 2015, the same year as the first students in the new programme graduate, we therefore also offer new possibilities for continuing education for music therapists. Simultaneously we try to build better conditions for supervision of music therapists after graduation, so that they can continue to grow as reflective practitioners. We also have started a five year project (called POLYFON) where we collaborate with the healthcare services in the region in building better conditions for development of music therapy

<sup>1</sup> Because the conversion to the MA level required added theory and research components equivalent to one year of study, the programme was extended with one year too: one-year music and health at the BA level and two years music therapy at the MA level.

practice, profession, education and research.

It is too early to evaluate the effects of all of these changes, but a few other positive outcomes seem clear already: As a fully developed discipline in all three cycles, music therapy is more integrated in the university and therefore much less vulnerable when the shifting political winds sometimes force the university administration to evaluate programmes and prioritise among them. Also, the music therapy faculty has grown with solid international recruitment (see Acknowledgements), which of course is an enormous resource, not least in relation to research but also in relation to the challenge of providing students with competent teaching in a broad range of practice areas. In sum, I think that we have been through a process that has strengthened our capacity to take part in the national and international collaboration and competition that typically characterise the development of professional disciplines.

### **PATHS OF DEVELOPMENT: FROM HAFRSFJORD TO SANDANE IN 1100 YEARS**

All of this started back in the 1980s in Sandane, a tiny town with only about 2000 inhabitants, located in a remote and mountainous area of the country. When the mid-1980s revealed that it would be helpful to have a second music therapy education in Norway, why on earth did this education end up in Sandane and not in one of the central cities in Norway? One way of framing an answer could be to look into characteristics of the political history of the country. Here is an outline, in one paragraph:

We could start in Hafrsfjord, close to where the modern city of Stavanger is located. More than 1100 years ago, Harald Hairfair, the first King of Norway, fought the chieftains of the south western coastline in the Battle of Hafrsfjord. He won, and this battle is often regarded as the event that enabled the unification of Norway as a nation. As a child I was told that it happened in 872, but most historians today think it happened in the 880s. They also argue that the unification was not the effect of one victory, but a gradual process lasting decades and perhaps centuries. Be this as it may, roughly 500 years later – in 1380 – Norway lost its independence and came under the rule of the Danish King. The interpretation of these two events has varied among historians, but most scholars agree that centralisation and opposition to centralisation are key issues in this political history. In 1814, after more than 400 years of centralised control, the King of Denmark had to hand Norway

over to Sweden, in the aftermath of the Napoleonic wars. Only in 1905 did the country regain its full independence, after quite intense processes of modernisation, many of which solidified in the 1880s when parliamentarianism was introduced. Significant processes of democratisation emerged and contributed to characteristics of the country we know today. Democratisation and decentralisation of education was an important part of this (Dahl 1959).

One hundred years later, in the 1980s, when my colleagues and I struggled to establish a music therapy education in Sandane, we did not think about what happened to our country in the 880s, 1380s, or 1880s. After all, we were trying to change the history of Norwegian music therapy, not the history of the Norwegian nation. I still want to make the claim that characteristics of the rivalries of the 880s, 1380s and 1880s could teach us something about the somewhat improbable paths leading to the establishment of a new music therapy education in Sandane in 1988.

The parliamentarianism established in the 1880s provides us with a port of entry, especially if we remember the central theme of the historical events of the 880s and 1380s, namely centralisation and opposition to this. Harald Hairfair's victory led to centralisation of power. When the Danish King took control 500 years later, power was centralised even more. At the same time, Norway is not the best place on earth if you want to take centralised control. All along the long coastline, with hundreds of fjords and thousands of islands, there are tiny communities wherever you could expect to be able to grow a vegetable or catch a fish. Opposition to centralised power has always been a key value in these communities. When the elected body in the 1880s challenged the power of the government and established parliamentarianism, opposition to centralised power was part of the picture. When the Parliament in 1987 used the mechanisms of parliamentarianism to establish the new music therapy education in Sandane (against the intention of the national Ministry of Education), opposition to centralised power was part of the picture again. Two different centuries and two different issues on completely different scales, but some of the mechanisms seem to be similar.

### **BILDUNG, BONGO, AND BOLOGNA**

If an experienced music therapy educator in a large city had told us in the 1980s that our improbable paths ending up in the little town of Sandane did not lead to the right conditions for development of

the discipline and profession, what could we have said? At the time, we did not see any other option. Clearly, our present home, the University of Bergen, was not an alternative at the time. Norwegian research universities are characterised by a mixture of influences, but educational ideals of the German idealist Humboldt tradition of the early 19<sup>th</sup> century have been influential in many ways. These ideals would highlight academic excellence, critical reflection and personal Bildung, more than social and practical relevance to society (Forland 1996). The music therapy education that we established in 1988 would hardly satisfy the slightly bourgeois ideals of this tradition (neither music therapy's 'bongo-aesthetics' nor the practical orientation of the discipline would have been appealing). No Norwegian research universities would have been interested had we been senseless enough to ask them to consider taking on the education. Not in 1988. Not in 1998 either. We approached the University of Bergen in 2004/2005, starting to negotiate the transition that we made in 2006. I am not sure they would have been interested had we started one year earlier. The changes that made the integration of music therapy within the Grieg Academy and the University of Bergen possible were parallel processes of academisation in the music conservatory as well as in the discipline of music therapy.

When we started our programme in Sandane in 1988 we had no intention to move to the University of Bergen at a later point. Our vision was to enable decentralisation of music therapy education, so that music therapy services could become accessible for people in rural areas. A vision of decentralisation would be a rather thin basis for a music therapy programme however, so I should add that another idea that kept us going was the vision of developing community music therapy, which had turned out to be an important innovation in our attempts of developing services sensitive to the contexts where we were working.

A major problem soon became apparent however: A tiny town in a remote area of the country was not the best context for developing the education programme academically. At some point, we might have to choose between moving or dying. It took us many years to see this. Perhaps we should have seen bits of this when we decided to host the 1<sup>st</sup> Nordic Music Therapy Congress in Sandane in 1991. We realised that we lacked international networks completely, and we realised that there were no venues for academic music therapy publication in any of the Nordic countries.

We then established the *Nordic Journal of Music Therapy* in 1992, mostly because we found it interesting to do so, but also because we tried to deal proactively with the challenges of being small and isolated.

A new opportunity for realising that we found ourselves in a challenged place appeared two years later, in 1994, when the Norwegian government centralised higher education by creating larger institutions. Simultaneously, the government also started to request that all higher education programmes should be based in an active research environment. Before that, the requirement was only that our teaching should be informed by research. We were a bit stubborn, I guess, and did not give up but instead started to develop strategies for developing our own research capacities. Perhaps we were not only stubborn but also quite realistic. No established university would have taken interest in our music therapy education at the time, so our only chance was to build capacities for survival under the new conditions. Part of our strategy, then, would be to invite strong academics to move to Sandane. The fact that Randi Rolvsjord came from Oslo in 1998 and Christian Gold from Vienna in 2003 strengthened our hopes and increased our resources.

Only in 2004, when a new reorganisation of higher education in Norway was a fact, due to the Bologna Process, did we realise that we had no future in a small rural university college. We had managed to scrape together resources and networks that enabled a one-year course in music and health at the Bachelor's level and a two-year MA in music therapy, but the programmes were small and vulnerable and the possibilities of establishing third cycle education (PhD training) were more than thin. As indicated by one of the subheadings above, the paths of development that led us from Sandane to Bergen went via Bologna.

## CONCLUDING REFLECTIONS

We moved from the countryside to the city. Today we try to make the most out of the new possibilities, but also think about how to serve the countryside from a more centralised position. This reflects the specifics of our paths of development, in a context where opposition to centralisation has been a major political theme for 1100 years or more. Other music therapy educations in Europe have their own paths of development, shaped by other contexts, influences and choices. The idea of any one education programme being a lighthouse for others does not seem too helpful. The idea of international

guidelines for training and education in music therapy has been around for quite a while, but the fact that conditions and traditions vary considerably needs to be taken into consideration (Wheeler & Grocke 2001). We all go where we have to go in the situations we encounter.

Thinking it over, I am not altogether content with this statement as a conclusion however. Quite a few of the choices that we have made in Sandane/Bergen over the years have been inspired by choices made by other education programmes. Take the initial choice in 1988 of establishing the programme as a two-year full time continuing education (and not a shorter course). We then chose to adopt the model that had been developed in Oslo 10 years earlier. We knew that Even Ruud and colleagues had travelled around Europe before they started the programme in Oslo, in order to learn from various education programmes in other countries. They used no other programme as a lighthouse, I think, but after a European roundtrip they did make the appraisal that they wanted to establish a course no shorter than two-year full time.

In more recent years, many of our choices and opportunities have been shaped by other music therapy education programmes as well. Of course, when we established the five-year integrated MA programme in 2010, we were inspired by the other five-year programmes in Europe, such as the ones in Leuven (Belgium) and in Aalborg (Denmark). Our 'neighbours' in Aalborg have been particularly important to us. When we recruited Christian Gold in 2003, his PhD was from the international PhD programme in Aalborg. Randi Rolvsjord also took her PhD there. Today, 16 researchers with a PhD are connected to our research centre (GAMUT). Three of them come from the programme in Aalborg, the others from PhD programmes in cities such as Bergen, Oslo, Hamburg, Witten/Herdecke, Gdansk, London and Kansas.

In conclusion, I would not argue that a five-year integrated MA programme in music therapy, such as the one we have developed in Bergen, could be a lighthouse model in Europe, at least not if this is interpreted as "this is what everybody should do, now". We all work under different conditions and therefore have to seek our own paths of development. I do think, however, that there is a shared lighthouse in the European context, and that is the Bologna Process and the European Higher Education Area that has been established. There are now some shared conditions in the European context, such as the premise that higher education should be based in solid research environments,

and the premise that it should be structured in three cycles. In my appraisal, this has already driven European music therapy education in the direction of longer and more research-based education programmes, and I think this process will continue (until someone deconstructs the lighthouse, if that is even possible). My personal appraisal is that there is more than one component of the Bologna Process that could be criticised, but I find it hard to challenge the general argument that it will be helpful for Europe to develop higher education systems that are compatible between countries, at least to some degree. Some homogenisation of European music therapy education is therefore probably helpful, perhaps even inevitable.

Academisation of music therapy is of course not fuelled by the Bologna Process only, but by broader processes of modernisation. My appraisal is that high academic standards contribute to giving the profession a clearer profile, with increased possibilities of developing high quality services. There are of course risks involved, and perhaps the current competitive values of academia (publish or perish) in some ways could be considered a challenge to traditional music therapy values, such as musicianship and interpersonal sensitivity. In that sense, we could compare 'moving into academia' with 'moving into the city'. We can enjoy the new possibilities, but we also have to think about how to nurture our traditional values in a new context.

## ACKNOWLEDGEMENTS

In these reflections on the music therapy education programme in the University of Bergen, I of course take individual responsibility for the judgements and interpretations made. The processes I am writing about have been collaborative processes however, and I want to acknowledge the enormous contributions of the members of the team over the years. To list all who have been involved in the programme since the 1980s would take much too much space, so I will restrict myself to mentioning the colleagues currently employed in the programme. In full-time tenured positions, they are: Claire Ghetti, Simon Gilbertson, Jill Halstead, Randi Rolvsjord and Wolfgang Schmid. In various part-time positions, they are: Christian Gold, Anna Helle-Valle, Viggo Krüger, Geir Olve Skeie and Lars Tuastad. In addition, I want to express my gratitude to our many practicum placement supervisors as well as to our music therapy research colleagues in the Uni Research Health section of the Grieg Academy Music Therapy

Research Centre (GAMUT). I also want to express my gratitude to Even Ruud and the other pioneers in Oslo, who in the 1980s and later not only accepted our initiatives without trying to suppress them, but in fact also supported them actively.

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