



Solo or Tutti, Together or Alone – What Form of Professional/Legal Recognition is Best for Music Therapy?

Melanie Voigt

ABSTRACT

In this article, the status of professional/legal recognition in Germany is described briefly. Using examples from the United Kingdom and Austria, two forms of professional/legal recognition are explored and compared: recognition under an umbrella with other related therapy forms and recognition as an autonomous form of therapy. Pros and cons are defined and various possibilities and limitations are discussed briefly. This forms the basis for drawing conclusions in an attempt to answer the question regarding the best type of recognition at the national level as well as considering aspects of recognition at the European level.

KEYWORDS

music therapy; arts therapies; professional legal recognition; autonomous recognition

Melanie Voigt, PhD, University of Texas; Bachelor, Master and PhD in music education. Teaching experience in U.S. public schools. Training in music therapy with Gertrud Orff. Since 1984, Head of the Music Therapy Department at the Kinderzentrum München. Head of the private training course in Orff Music Therapy, University of Applied Sciences Würzburg-Schweinfurt. Lecturer for Orff Music Therapy: Bachelor Social Work with Emphasis in Music Therapy; Lecturer and co-coordinator of the master's programme. Member of the Ständige Ausbildungsleiterkonferenz Musiktherapie (SAMT). Delegate for the Federal Association of Music Therapy in the European Music Therapy Confederation (EMTC). Publications: English and German, Speeches at various international congresses.

Email: melanie.voigt@kbo.de

Music therapy in Germany after World War II developed during the time in which Germany was divided into two different countries; the German Democratic Republic (east) and the Federal Republic of Germany (west). The development of different methods and approaches was influenced by the social situations in the two countries and the areas in which music therapists worked. The result has been the establishment of a variety of different approaches and theoretical backgrounds for music therapy (Decker-Voigt 2001, 2013; Voigt 2010).

Music therapists have received qualified training

at the university level or in private training courses that meet certain standards for many years. They have been active in professional organisations since 1969 in what was the eastern part of Germany and since 1972 in the western part of Germany (Voigt 2013). Within the area of anthroposophical medicine, the anthroposophical arts therapies are structured according to the effects of the different artistic media and processes. Painting, music, sculpture and speech composition are the areas that are united within this group of arts therapies. The anthroposophical arts therapies

are recognised in Germany as services of integrated medical treatment within anthroposophical medicine according to the regulations of the Fifth Book of Social Law. The title “Anthroposophische Kunsttherapie (BVAKT)®” is a registered trademark and is protected in this way. Music therapists who are trained in anthroposophical music therapy, who meet the quality standards of the profession, and who are thus recognised as anthroposophical arts therapists by the professional organisation, can offer services within the integrated anthroposophical medical treatment (BVAKT 2010).

In spite of this, the profession has not been recognised and is not yet regulated by law. As a result, the title ‘music therapist’ is not protected, and anyone can call himself a music therapist. This is a source of concern for qualified German music therapists. Not only is it seen as a risk for the profession as a whole, but also as a risk for patients or clients when training, competencies and ethics are not clearly defined. Additionally, music therapy is not a form of treatment that is financed by health insurance, in contrast to recognised treatments such as occupational therapy, speech therapy or psychotherapy.

These factors have led to pursuing possibilities for the legal recognition of the profession with protection of the title and recognition within the health system. In the meantime, in order to try to deal with this problem, certification of music therapists according to defined standards is carried out by the professional organisations of the country.

In Germany, there are two possibilities that are currently being looked into. The first is the recognition of music therapy within a group of related therapies. The second is pursuing recognition for music therapy as a separate and unique entity. I would like to explore these two possibilities, looking at the experiences of other countries, what might be possible and/or necessary in each process, and what pros and cons can be identified for each. On this basis I will attempt to draw conclusions and to relate them to the current situation in Germany.

CURRENT TYPES OF RECOGNITION IN EUROPE

At present, the profession of music therapy is regulated in three European countries by law: in the United Kingdom (UK), in Austria and in Latvia. In two of these countries (UK and Latvia) the profession is regulated and recognised together with other therapies. In Austria, there is a law

regulating music therapy as a profession in its own right. In this article, the regulations in the UK and in Austria will be examined.

Recognition within a group of therapies

Music therapy has been regulated in the UK together with art and drama therapies since 1997 with ‘arts therapies’ being the umbrella for all three (Harrison 2015; Odell-Miller & Sandford 2009; Watson 2015). The authors are of the opinion that this has made the influence of the growth of the discipline greater. What does this type of regulation mean for the profession as a whole?

Only qualified persons who meet the standards of and are registered with the Health and Care Professions Council (HCPC) are allowed to use the title ‘music therapist’ (HCPC no date: para. 1). Persons are considered qualified when they have completed a training course approved by the HCPC. In the UK, all training courses in music therapy are carried out at the Master’s level and, in order to be admitted, students must show a high level of musical proficiency (Odell-Miller & Sandford 2009; Watson 2014). As I understand it, the HCPC has standards of training that form a framework for education and training, including: programme admissions, programme management and resources, necessary characteristics of the curriculum, practice placement and necessary characteristics of assessment. Concrete subjects are not named (HCPC 2014). Music therapists involved in training have developed the contents of the music therapy training courses (Odell-Miller & Sandford 2009; Watson 2014). What work by music therapists was necessary in order to achieve this?

There are various training backgrounds in the UK, for example Nordoff-Robbins, developmental and humanistic approaches, psychoanalytically oriented and psychodynamic approaches. In spite of the fact that the aspects of therapy emphasised may differ according to the approach of the therapist and the individual needs of the client, the common denominator for all forms of music therapy is based on the establishment of the client/therapist relationship using music as the means of communicating within it. Using this common denominator, music therapists have had to work together in order to agree on common and “rigorous basic standards for training and competencies” (Odell-Miller & Sandford 2009: para. 9). These standards now form a core syllabus for all training courses in music therapy, resulting in a large area of common theoretical foundations among all courses. In spite of this, each training

course has its special theoretical basis for describing and supporting clinical work (Watson 2014).

The HCPC has also defined certain proficiencies that must be present when the student completes his or her studies as an arts therapist. There are proficiencies that all arts therapists must have and proficiencies that are unique to each form of therapy within this group of therapies (HCPC 2013). The HCPC also watches over the continuing professional development (CPD) of therapists (HCPC 2012). An audit of registered therapists occurs every two years in which the continuing education of a percentage of registrants is checked against standards for registration renewal (Watson 2014).

The experiences of state registration under the umbrella of arts therapies in the UK have been positive (Odell-Miller & Sandford 2009). The authors describe the alliance and partnership between the different arts therapies as strong. They state that these have been used to maximise the position of the professions in negotiations with the government by having a common voice while at the same time maintaining the differentiation between the forms of therapy. An example named here is the establishment of a pay scale for music therapists similar to that of clinical psychologists and psychotherapists after several years of negotiations with the Department of Health (Odell-Miller & Sandford 2009).

Odell-Miller and Sandford (2009) also stress the importance of the continuous learning process that takes place after recognition through debating important issues for the profession which then lead to necessary further development and changes in the profession. For example, the authors stress that through close work between practitioners and trainers, the ways in which current therapists are trained can be influenced by practice because most trainers are also active in clinical work and research. According to Watson (2014), there is also less polarisation between music therapists from different theoretical backgrounds now due to working together and teaching together in different training programmes.

Recognition as an autonomous form of therapy

The music therapy law in Austria was passed by Parliament in 2009. Unlike the UK, music therapy in Austria is not under an umbrella with other therapies, but is regulated as an autonomous form of therapy. According to Fitzthum, interviewed by

Wolfram (2008), the process leading to legal recognition took 20 years and involved many persons in addition to the music therapy association. These included the Ministry of Health, Family and Youth, the university in Vienna and, at the end of the process, a representative of the training course in Ethno Music Therapy as well as representatives of professions that were already legally recognised. It became clear that music therapy did not fit as a profession within the laws for the medical technical professions, the profession of healthcare or the profession of psychotherapy. Although music therapy was not considered to be psychotherapy according to the law, it was mentioned in that law as a so-called "source profession" ("Quellenberuf") (Wolfram 2008: 2). Fitzthum sees this as an advantage, because the profession was named in a law for the first time (Fitzthum 2015; Wolfram 2008).

The professional music therapy organisation in Austria was involved in this process up to the phase of assessment and appraisal. After that, they had no more influence regarding the process of recognition. Here, the Ministry of Health considered many expert opinions, including those of the medical board. Fitzthum described this period as not being a "musical request show". Two aspects that she referred to as important aims of recognition were patient protection and consumer protection (Wolfram 2008).

Fitzthum describes music therapy in Austria as a relatively homogenous field. She sees this as a result of the size of the country, but also as a result of the tradition of training. In Austria nearly all music therapists have been qualified through training in the so-called "Viennese School" of the University of Music in Vienna. She sees this as a factor that has served to unite those striving for recognition (Wolfram 2008).

The Austrian law regulates training and the right to practice. The training must be done at an Austrian university or university of applied science, or, if this is not the case, the previous training must be verified by the Ministry of Health as being equal to the requirements of the law. If this is not the case, the person either may not practice or must provide proof that he or she has completed remedial work in order to meet the standards. The prerequisite for acceptance to a training programme and the programmes that are accepted are defined. Certain concrete contents of the training programmes and the number of hours needed for subjects such as self-experience, ethics and knowledge of the general framework of working within the health system are determined (BGB1.1

Nr. 93/2008). Practice is divided into two types of practice, either as a co-responsible music therapist (Bachelor's degree) or as an autonomous music therapist (Master's degree). This means that only music therapists with a Master's degree are allowed to work in private practice (Wolfram 2008; BGBl. I Nr. 93/2008). Registration with the Ministry of Health after completion of training is required in order to be able to practice at all. After registration, continuing education is required (BGBl. I Nr. 93/2008). Although recognised and regulated, music therapy is not financed by health insurance in Austria at the present time (Finanzierung von Musiktherapie no date: para. 1).

Fitzthum considers the definition of music therapy within the law as an autonomous profession to be positive. She stresses that positions for music therapists no longer have to be defined as occupational therapy or other treatment forms because music therapy is now a legally registered profession (Fitzthum 2015; Wolfram 2008).

SUMMARY OF THE EFFECTS OF LEGAL RECOGNITION OF MUSIC THERAPY

Both in the UK and in Austria, the aims of striving for professional/legal regulation were to protect the profession, to protect the title "music therapist" and to ensure quality training and thus, quality treatment for the patients/clients.

Legal recognition has led to the regulation of training and practice of music therapy in both countries. Neither the music therapy law in Austria nor the regulation of education and training through the HCPC regulate all contents of the music therapy training programmes, leaving leeway for further development and necessary change. Both regulations include the requirement of continuing education. In both countries, the professions were recognised within the healthcare system of the respective country.

Although there is a difference between the countries in the homogeneity of the approaches to music therapy, Odell-Miller and Sandford (2009) and Fitzthum (Wolfram 2008) stressed the necessity of cooperation and unity of purpose within the community of music therapy in order to succeed in achieving recognition.

The sources consulted describe the regulation of music therapy as having had a positive effect on the profession as a whole. Odell-Miller and Sandford (2009) see "strength in numbers" through the regulation with other related therapies under the

umbrella of the arts therapies. They also speak positively of further development of the profession that has taken place after recognition. Fitzthum sees the fact that music therapy is an autonomous profession as something that strengthens the perception and the position of music therapy among employers and the public in general (Fitzthum 2015; Wolfram 2008).

DISCUSSION OF PRO, CONS AND POSSIBILITIES

When the profession of music therapy is legally recognised, be it as an autonomous form of therapy or as a specific therapy within a group of related therapies, the professional organisation and the institutions of music therapy training alone do not determine how music therapy, music therapy training and professional practice are defined. Government, higher education, medicine and professions that are already regulated by law will be included in the process. This could mean that compromises that were previously not considered by the music therapists must be made. This can be seen both as a pro and a con of regulation/recognition, depending upon the view of those who are responsible for music therapy in this process. Seen positively, music therapy would then no longer be an 'outsider' within the health system. Seen negatively, certain things that may have been possible up to that point may no longer be possible.

When music therapy is recognised within a group of related therapies, whether arts therapies, psychotherapy or other therapies, it is possible that it will not be seen as the specific form of therapy that it is, if the specifics of all forms of therapy within the group are not clearly defined. This could be seen as being an argument against recognition within a group of related therapies. An argument for this type of recognition is the possibility of maximising the positions of the professions that are members of the group when negotiations are necessary. A larger group of professionals can have more influence than a few when common interests need to be pursued.

Some may think that legal recognition leads to uniformity of the profession, in which all variety and specifics that might contribute to the profile of the profession are levelled out. They may see this as an argument against regulation in general. The results of recognition in the UK show that this is not necessarily the case. A common denominator was found on the basis of which a consensus of common theoretical foundations was developed as a framework, allowing room for the profiles of the

different methods and approaches to be used within that framework. In the UK, it seems that different methods and approaches have not suffered because of regulation. On the contrary, they seem now to be able to work together without polarisation while maintaining their specific identities.

Although music therapy in Austria seems to be a relatively homogenous profession, there are two different institutions with different profiles that train music therapists. As pointed out above, in the Austrian music therapy law, the methods and approaches of music therapy that can be taught are not defined. Rather, a general framework is defined in which the institutions offering music therapy training can teach their methods and approaches. This argument against recognition/registration seems to be without substance. In both countries, dialogue and compromise were necessary in order to achieve recognition.

Recognition by national law serves to protect the profession and the client. One clear drawback for both types of recognition discussed is the effect upon the possibilities of trained music therapists from countries with other forms of recognition or without recognition to practice in countries with recognition by law. Neither Austrian-trained music therapists, nor music therapists trained in the UK are automatically eligible to practise in the other country. This can be a problem when personal situations make a move to a different land necessary.

CONCLUSIONS

Which form of recognition, 'solo' or 'tutti' – recognition under an 'umbrella' or recognition as an autonomous form of therapy – should be recommended? In my opinion, neither the one nor the other can be considered the 'right' form of recognition. Rather, when making a choice of how to become recognised, the situations in each country must be considered. There are advantages and disadvantages to both.

In both, all persons involved must be willing to put all their cards on the table to enter into dialogue and to make compromises in order to find common ground with which all those involved can identify. The profiles can then exist upon this common ground without being lost. In Germany we have experienced progress in this area through the work of the Kassel Conference and the Federal Association of Music Therapy as well as through the establishment of standards for private training. Additionally, all persons involved must be aware of

the fact that they alone will not determine how recognition is regulated, but that other official agencies such as the Ministry of Health will be involved here, making further compromises necessary.

If the decision is made to strive for recognition within a group, then it must be guaranteed that the specifics of the profession (e.g. training and competencies) are clearly defined. At the same time, it is not necessary to negate those competencies that the profession has in common with the other members of the group. In the UK this seems to have been done successfully. The work that has been done up to now within the group of the anthroposophical arts therapies in Germany also seems to prove that this is possible, even if the recognition that has been achieved there is on a very small scale and is not determined by law.

It stands to reason that there is also "strength in numbers". This can be a legitimate argument for striving for recognition within a group of therapies. On the other hand, if one tries to achieve recognition alone, then it will be necessary to ensure that there is enough support from others to help achieve recognition and also to reach necessary goals after recognition.

No matter which form of recognition is chosen, music therapists must be aware of the fact that they cannot then sit back and let everything remain at the status quo. Further development in the profession will be necessary within the framework of recognition. This was very clearly stated by the sources consulted regarding music therapy in the UK.

Either form of recognition can pose problems for colleagues from other countries who, even if trained with high quality, do not meet the criteria of the country with recognition. All music therapists need to be aware of this.

This last factor brings up the question of recognition within Europe. If we consider what has been attempted in the field of psychotherapy for recognition, it becomes clear that this is no easy task. The European Association for Psychotherapy admitted two amendments for the Directive of the European Parliament and of the council on the recognition of professional qualifications with the aim of automatic recognition of psychotherapists and establishment of standards of education and training and professional practice (EAD no date). Although the European Parliament (2004) approved these, both the Commission of the European Communities (2004) and the Council of the European Union (2004) did not. The Commission did not see the conditions for automatic recognition

as being met. These conditions were “consensus of the Member States, support of the profession and added value in terms of the free movement of professionals” (Commission of the European Communities 2004: 44). The Council of the European Union (2004) agreed to this decision.

However, even without automatic recognition, regulated professions in one country must take the qualifications of professionals of another country into account, assessing the equivalence to their own requirements. They may also make specific requirements of professionals such as the adherence to professional standards (EC, 2005, L 255/23). The Austrian Music Therapy Law takes both of these factors into account. In Paragraph 14, the procedure for recognition of EU and Swiss music therapists is established. In the sixth section of the law (Abschnitt 6), the professional responsibilities of the music therapist are defined in paragraphs 26 to 34 (BGBl. I Nr. 93/2008).

What is necessary in order for the voice of music therapy to be heard, whether we strive for recognition or not? In the sources consulted here, it became clear that music therapists must speak with one voice in order to be recognised within their countries, regardless of the type of recognition that is pursued. They must recognise each other in order to be recognised by others.

On the larger scale, national legal/professional recognition seems to be a prerequisite to European recognition. Whether a music therapy in a specific country is regulated as an autonomous profession or under the umbrella of several related therapies does not seem to be relevant within that context. The European Music Therapy Confederation (EMTC) can help support the development of a consensus regarding minimum standards of music therapy among its members, fulfilling its aims of promoting the continuous development of professional practice as well as the cooperation and exchange between member countries (EMTC 2011-2014). The results of this work could then represent a step toward European recognition.

Taking the musical reference of the title a little further, we can conclude that only by speaking with one voice (in harmony) will music therapists be able to reach a point where they can either be recognised as an autonomous profession (solo), or as one of several related professions (tutti) within their own countries. This does not mean that music therapy does not vary or contain dissonances. On the contrary – that would be very ‘unmusical’! At the European level, the different countries (each a ‘solo’ with its own stylistic characteristics) must achieve a consensus in order to speak in harmony

to achieve recognition.

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