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Section 3: Personal Perspectives on Contributors
Preface

Lisa Summer (U.S.A.)
Henk Smeijsters (The Netherlands)

Volume #8 of the MUSIC THERAPY INTERNATIONAL REPORT is part one of our 2-part series on music therapy training worldwide. “International Perspectives” (section #1) reports on conferences, newly formed organizations, and updates the activities of existing organizations. Articles from the NorFA-Group, a newly formed international music therapy research group and ECArTE, the European Consortium On Arts Therapies Education, provide evidence of the considerable, dynamic growth in music therapy research and training (respectively). The European Music Therapy Committee and the World Federation of Music Therapy are strengthening the bonds among music therapists internationally; the Documentary, Information and Communication System (DICS) in The Netherlands provides increasingly facile means for communication amongst the many diverse music therapy organizations. The articles describing international conferences held in 1991-1993 reveal the state of music therapy worldwide.

“National Perspectives” (section #2) contains 2 complementary articles (each) on music therapy training from European countries: Austria, Denmark, Finland, France, Italy, The Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the United Kingdom. The first article from each country provides a broad picture of music therapy training in the reporting country. For example, Mona Hallin reporting for Sweden, delves into the country’s history, saluting the “first self-made generation of music therapists” whose teachings provided the basis for Swedish music therapy training. Edith Lecourt discusses how French culture, and its strong affinity for psychoanalytic formulations in therapy, have created a uniquely French music therapy. Tony Wigram reports upon how recent changes in the organization of health care in Great Britain have affected the current status of music therapy and music therapy training in England.

Each second article, written by the coordinator of a music therapy training in the country, describes the unique character of a particular training. Sarah Hoskyns, at the Guildhall School of Music and Drama in London affectionately characterizes her program as a “grand dame” - mature, with some eccentricities, such as being “a little hard of hearing.” Brynjulf Stige, from his program tucked away in the hills and fjords of Norway, portrays a training philosophy which is inextricably linked to the down-to-earth culture of his small village community. He compares his training program to “a ‘living organism’ interacting with the environment around us.” Inge Nygaard Pederson turns our heads toward the experiential aspects of training with an example of a model she designed for the “self-experience” track of her Danish music therapy training. Confirming Nygaard Pederson’s experiential approach yet in his own style, is Fritz Hegi, whose 3-year long advanced Swiss training offers “intensives,” which are 2-7 day long trainings in self-awareness led by specialists from various countries. Belgium and Portugal contribute one article apiece on the status of music therapy in their countries; the article from Germany describes the music therapy program at the Hochschule Der Kuenste Berlin.
Following the articles is “Personal Perspectives,” included so that you can become familiar with our contributing authors.

As Liesbeth Fockema Andreae from The Netherlands so aptly states, it is only by joining together the different pieces of a mosaic that one can comprehend the whole. This edition is a mosaic of European music therapy training. In Volume #9, 1994, we will complete the global mosaic, to view the current state of music therapy training worldwide.

For most of our contributing authors English is a second language. We, the editors, have worked to maintain the integrity and individuality of each author’s voice. As you read, we invite you to reflect upon your own experiences in music therapy training, and to consider your own role in the field of music therapy and music therapy training. Each of us plays our part in helping to deepen the individual practice of music therapy and music therapy training and to expand its practice worldwide. If you have information regarding international music therapy or would like to express opinions about the articles in this volume, please write to Lisa Summer in care of the American Association for Music Therapy (AAMT).

Also with the help of the contributing authors, a complete up-to-date list of music therapy trainings in the 15 European countries in this report has been compiled. You can obtain a copy of this list by sending a request to Lisa Summer at the AAMT office.

Acknowledgements

We would like to thank the many authors who contributed to this 8th Music Therapy International Report. The many articles indicate the seriousness with which the music therapy field is moving forward into the 1990’s. Special thanks to the colleagues of Henk Smeijsters at the Board of the Dutch Music Therapy Foundation (Stichting Muziektherapie): Pieter van den Berk, R.M.Th., who worked with Lisa Summer at the inception of this venture; Ben Gerits, chairman and interim secretary, who completed the mailings; and Ad Haans, R.M.Th., and Madeleen de Bruijn, R.M.Th. for their support. Thanks also to the Department of Arts Therapies of the Hogeschool Nijmegen; Anneke Nijenhuys, L.M., the department head who sponsored the work of the Music Therapy Foundation; to Ans Cremers and Lenie Vermeulen for the typing; and at AAMT, Jenny Martin and Katie Opher-Hartley for their work and support.
SECTION 1:
INTERNATIONAL PERSPECTIVES ON MUSIC THERAPY CONFERENCES AND ORGANIZATIONS
CONFERENCE REPORTS

First International Multidisciplinary Symposium Of Music Therapy
"Viagem ao Túnel do Tempo Através da Musicoterapia"
Sao Paolo, Brazil
September 9-13, 1991

Gabriela Wagner (Argentina)

This multidisciplinary event was conceived and organized by the Facultade Marcelo Tupinambá and The Associacao de Pesquisa e Docencia de Musicoterapia de Sao Paolo. The objectives of the symposium were to offer the results of the most recent scientific research and to provide information about the latest therapeutic techniques in service of improving the health, education and socialization of the handicapped and those with behavioral problems or disorders. Among others on the organizing committee, Professor Dr. Carlos R. Randi (President), Professor Dr. Rolando O. Benenzon, M.D. (Supervisor General), and Raija Anita Guimaraes worked to provide a program with a diversity of papers and excellent national and foreign invited speakers.

The relationships between music, culture and music therapy were considered by scholars from various countries. Dr. Joseph Moreno (U.S.A.) presented field work concerning the Afrobrazilian music from the Candomblé; and Brazilian games for children and their relation to motor development was the contribution of Dr. J. Gerardo M. Guimaraes (Brazil). During the workshop of Professor Ba Mamour, a Senegalese resident in Brazil, the sound, music and dance forms which emerge from the community improvisation of his country of origin were predominant.

The contributions to clinical music therapy had as a leitmotif, the relation between creativity, sound, music and movement in the music therapy context in the treatment of neurotic and psychotic disorders as well as those derived from neurological problems. Here, the enormous influence of Professor Dr. R. Benenzon, M.D. must be mentioned in regard his original theoretical model which permits a renewed understanding of the problems of diagnosis and therapeutic treatment. His system supports the practice of the profession in Latin America. The presentation of Herman Smitskamp (The Netherlands), "Diagnosis of Identity Development by Analyzing the Form-Giving Process in Music Therapy," was a contribution to psychiatric diagnoses. Professor Violeta H. de Gainza spoke about the relationship between sound identity and conflicts that arrest the development of musical skills in musicians.

Group music therapy, group improvisation in a musical context and group improvisation in a music therapy context, were the main points in the contributions of Dr. Even Ruud (Norway), Dr. Gianluigi Di Franco (Italy) and Teresa P. Leite (Portugal).
Even Ruud, the musician-psychologist who has conducted a sociological study of the influence of rock music on culture, addressed the concept of man in music therapy and the value of improvisation as a "liminal" experience. Gianluigi Di Franco stressed the importance of the sound-music vocal possibilities, while approaching music therapy from the point of view of a musician and psychoanalyst. He proposed an original vocal work in which he related the sound, rhythm and vocal forms, group improvisations and experiences to fusion and separateness. Music therapy and interpersonal relations were considered by Teresa P. R. Oliveira Leite (Portugal) from a systems point of view of sound-music group communication.

Music therapy with the handicapped was presented by various speakers, among them Professor Marja Van Heerden (Netherlands), Roberto Reccia (Argentina), Isabel Villares, Aluisio Duboc, Cleo Monteiro Correia, Marilia Schembri and Cleusa Barbosa Szabo (Brazil). Videotapes presented by Van Heerden and Reccia were enlightening both from the point of view of semiology and that of applied techniques. My Argentine colleague also presented his experience as a music therapist in the treatment of adolescents with developmental handicaps and hearing loss.

Music therapy in geriatrics is the specialty of Professor Ruth Bright. Her presentation showed her solid experience and knowledge of this subject, but particularly evident was her warm personality. The relationship between musical knowledge and physicians is always an interest for the music therapist. This was the subject of the dissertation made by Dr. Aittor Loroño (Spain) and the Brazilians, Giordano Picchi and Buquetti Pirota. The influence of the socio-economic climate of Latin America upon the current state of music therapy and scientific growth in these countries was addressed by Lia Regane Barsellos (Brazil).

This article would not be complete without a reference to the need for us to achieve a specific professional profile and the recognition that this implies. In this process I believe that it is necessary for a music therapist to undergo didactic music therapy. To conclude, as a teacher, music therapist, and Vice-President of the "Association Argentina de Musicoterapia," I must mention the enormous value of the meetings at this First International Multidisciplinary Symposium for Music Therapy for one’s personal and professional growth.
Preconference On Music Therapy In Health And Education In The European Community
Groesbeek, The Netherlands
November 15-17, 1991

Henk Smeijsters (The Netherlands)

On November 15-17 a conference about music therapy took place in Nijmegen, Holland. The “Preconference on Music Therapy in Health and Education in the European Community,” the first of its kind, was a sequel to the “Fifth International Congress on Music Therapy and Music Education for the Handicapped” of 1989; and a preparation for the European congress, “Music Therapy and Music Education in the European Community” at King’s College (Cambridge) in April 1992.

The task of the preconference was to report on the progress of projects already underway, to allow the organizing committees of 1989 and 1992 to exchange information, to prepare decisions for the congress in 1992, and to stimulate discussion before and during the World Congress in 1992. Towards this end, the Dutch Music Therapy Foundation (Stichting Muziektherapie) invited members of the Cambridge Program Committee and representatives from different European countries.

The participants were: Dr. David Aldridge, Ph.D. (Germany), Jos de Backer, Dip.M.Th. (Belgium), Gudrun Brandt, R.M.Th. (Germany), Rachel Darnley-Smith, R.M.Th. (England), Patxi Del Campo, Dip.M.Th. (Spain), Pim van Dun, Dip.A.Th. (The Netherlands), Dr. Gianluigi DiFranco (Italy), Ingrid Hammarlund, Dip.M.Th. (Sweden), Margaret Heal, R.M.Th. (England), Olga Hilgers, R.M.Th. (The Netherlands), Hanne Mette Kortegaard, Dip.M.Th. (Denmark), Maria Sikström, Dip.M.Th. (France), Tony Wigram, R.M.Th. (England), and the members of the Board of the Stichting Muziektherapie in The Netherlands: Pieter van den Berk, R.M.Th., Ben Gerits, Dr. Henk Smeijsters, Ph.D., and Lineke Tulp, Dip.M.Th.

The programming of the preconference came from resolutions of 1989 that were still current. The initiatives to be taken before the Cambridge conference and the results of the preconference in the form of proposals are listed below.

Skills/Curriculum: A pilot study: constructing a questionnaire to collect information from practicing music therapists regarding what should be included in music therapy education. Information should be gathered about already existing curricula and a literature search regarding competencies should be conducted.

Registration: Information from already existing national registers in the United Kingdom, Denmark and Holland will be sent to the chair of the Professional Association for Music Therapists.

Research: Participants will collect information about research in their own country; if possible, including information about research committees and questionnaires to inventory research.
Congresses: It was decided that the European Conferences shall be every three years, with the Preconferences scheduled as follows:

1993 World Conference, Vitoria-Gasteiz, Spain
1994 Preconference, Capri, Italy
1995 European Conference, Aalborg, Denmark
1996 World Conference
1997 Preconference
1998 European Conference
1999 World Conference

Relationship to the World Federation: It was decided that a representative from the Cambridge conference committee would present a report at the meeting held before the World Congress in July 1992.

Ethical Code: Information regarding existing professional codes should be sent to the Cambridge conference.

Private Practice:
1) It is in the best interest of music therapists in private practice to agree to obey the professional code of ethics and to be registered as a music therapist.
2) If proposal one is accepted, insurance companies providing health care should be informed of this.
3) Action should be taken within the next three years in regard insurance coverage for professional indemnity across European borders.

The efforts of well-informed representatives from 9 different countries contributed to the significant results of this preconference.


Cheryl Dileo Maranto (U.S.A.)

The first World Congress of MedArt International was held February 25 - March 2, 1992 in New York City. Over 400 persons attended from the United States and many foreign countries, including The Netherlands, China, Poland, France, and Italy. The goal of the congress was to emphasize three clinical and scientific areas: the relationship between arts and medicine, medicine for artists, and the arts as medicine; the program was organized to reflect this goal.
Approximately 70 invited 2-hour courses and workshops were presented by distinguished international faculty. In addition, approximately 80 oral papers were delivered in plenary sessions, and 70 posters were presented.

Content areas represented in the courses, workshops and presentations included: biomechanics of musicians and dancers, neuroscience, music therapy, art therapy, dance therapy, arts in the medical setting, aesthetics, visual arts medicine, ergonomics, disorders of musicians and dancers, vocal arts medicine, and performance anxiety. Specific courses in music therapy included:

* Use of the Voice in Expressing Emotion:  
  Dr. Gianluigi Di Franco
* The Performance Wellness Seminar: An Integrative Music Therapy Approach to Treating and Preventing Musical Performance Stress:  
  Dr. Louise Montello
* The Healing and Curative Use of Tone and Breath:  
  Dr. Don Campbell
* Music Therapy Techniques in Medical Treatment:  
  Dr. Cheryl Maranto, Dr. Bruce Saperston, Dr. Fred Schwartz and Sherry Collins
* The Use of Paraverbal Techniques in Degenerative Diseases with Focus on Huntington’s Chorea:  
  Helen Grob
* Music Technology Applications for Rehabilitation and Therapy:  
  Joseph Nagler, Dr. Mathew Lee
* Mozart’s Contribution to Music Therapy and Discussion of His Unknown Affliction: Tourette’s Syndrome:  
  Dr. Benjamin Simkin
* Images of Aids:  
  Dr. Ken Bruscia
* An Introduction to Cyberspace in Music Therapy:  
  Dr. Jean Anthony Gileno, Rebecca Mercuri
* Applications of Cyberspace Music Therapy:  
  Nick Short, Rebecca Mercuri, Sr. Patricia Deller, Greg Lee
* The Use of Biofeedback in Cyberspace Music Therapy:  
  Dr. Jean Anthony Gileno, Hemant Desai
* Energetic Release Techniques with Improvised Music:  
  Ann Bowman, John Snyder
* Multicultural Music Therapy: A World Music Perspective:  
  Dr. Edith Boxill, Susan Baines, Deborah Banks, Michael Blinick
* Music and the Limbic System: Implications for the Use of Music Therapy in Work with Patients with Dementia:  
  Connie Tomaino
* Therapeutic Use of Vocal Harmonics:  
  Jonathon Goldman
Concerts, art exhibits, and dance performances were scheduled every day of the congress and underscored both the healing powers of the arts, as well as the special care needed by artists. Of particular interest were artistic performances and exhibits by physicians, as well as musical performances by music therapists Ken Medema and Dr. Gianluigi Di Franco of Italy.

A major benefit of the congress for the field of music therapy was the interdisciplinary forum it provided for music therapists to present and discuss their clinical and scientific work directly with medical personnel and artists. Typically music therapy congresses attract predominantly music therapists (at least in the United States). This congress, because of its interdisciplinary structure, alerted many physicians and nurses to the potential for music therapy in medical, psychiatric, rehabilitation, and special education settings. In addition, it provided a forum for informal sharing and networking among interdisciplinary groups.

Music Therapy In Health And Education
In The European Community
Cambridge, United Kingdom
April 1-4, 1992

Margaret Heal (United Kingdom)


At the opening dinner Leslie Bunt (Director Musicspace) welcomed the delegates and introduced the guest speaker Professor Joan Bicknell (Professor Emeritus St. George’s Hospital, London) who spoke movingly of clients who were “too hurt for words.” Delegates raised their voices in an energetic rendition of a Tallis canon. Morning plenary sessions focused on three different areas: mental handicaps, research and psychiatry, respectively. Parallel sessions were held in the early mornings and afternoons. Clive Robbins (Nordoff-Robbins Music Therapy Clinic, New York), keynote speaker on mental handicaps, reflected upon his 33 years of music therapy, and welcomed the new generation. His video presentation of clinical work left few dry eyes in the auditorium. He offered a plea that we not lose the spiritual, romantic and human elements of our work in our attempts to justify it numerically. Anthi Agrotou (Cypria) presented a thoughtful and innovative work, “Spontaneous Ritualized Play in Music Therapy: A Technical and Theoretical Analysis.” John Bean (Leicestershire) reflected upon a case study, “Bereavement in Childhood - Music Therapy Intervention.”

The vast range of papers in the afternoon included: Amelia Oldfield (Cambridge) “Music Therapy with Families,” Claire Flower (Prestwich Hospital) “Control and Creativity: Music Therapy with Adolescents in Secure Care,” Annette Zalanowski and
Valerie Stratton (U.S.A.) “Responses to Culturally Familiar and Unfamiliar Music,” Denise Erdonmez (Melbourne) “Music: A Mega Vitamin for the Brain” drawing on the fields of music, psychology and neuropsychology, and Loula Madena (Greece) described 26 years of clinical work with children who have special needs. Many papers described approaches to children and adults with autism.


Keynote speaker for psychiatry, Hanne-Mette Kortegaard (Denmark), presented “Music Therapy in Psychotherapeutic Treatments of Schizophrenia.” José Rajmaekers (The Netherlands) read “Music Therapy’s Share in the Diagnosis of Psychogeriatric Patients in the Hague.” From Australia, music therapist Ruth Bright examined the cultural content and meaning of music with “The Challenge to Music Therapy of a Multicultural Society.” Early morning papers were on philosophical psychiatry: Esmé Towse (Manchester) “Levels of Interaction in Improvisation,” Giuseppe Berruti and Gerardo Manarolo “Description of an Experience in Music Therapy at the Department of Psychiatry, University of Genoa”; and Joseph Moreno (U.S.A.) “Ethnomusic Therapy: An Interdisciplinary Approach to Music and Healing.”

The full proceedings of the conference will be available in four volumes in 1993 from the British Society for Music Therapy, 69 Avondale Avenue, East Barnet, Herts., England EN4 8NB. Jessica Kingsley Publications will publish Music Therapy in Health and Education, edited by Margaret Heal and Tony Wigram based on conference papers in early 1993. The next European pre-conference meeting will be in Capri (1994).
The ISME Commission on Music in Special Education, Music Therapy, and Music Medicine held its biennial research seminar from April 20th-24th 1992 in Bad Honnef, Germany. The conference was held at the Zentrum der Physik under the aegis of a German organizing committee led by Daniela Laufer, a doctoral student at The University of Cologne. The German committee included Helmut Moog and Annette Moog, and Walter Piel. The Commission members present at the seminar were: Daniela Laufer of Germany, Graciela Sandbank of Israel, Jacqueline Verdeau-Pailles, and Tony Wigram of England. Janet Montgomery, a member of the Commission’s Working Committee on Music and Medicine, was also present.

Fifteen research papers were presented at the seminar that covered a variety of topics in special music education, music therapy, and music medicine. On the first day of the seminar, Walter Piel presented a paper entitled “Musica movet affectus,” in which he described the affective component of music. Bruno Deschenes, of Canada, reported on his research with “Music and images.” Graciela Sandbank, of Israel, described her work with preschool special education children in a paper entitled “Between Interaction and Communication: The Nonverbal Cues.” Tony Wigram, of England, described his work in music therapy in a paper entitled “Processes in Assessment and Diagnosis of Handicaps in Children through the Medium of Music Therapy,” and the last paper of the day was entitled “A Psychological Study of the Relations between Music and the Human Mind: Understanding the Objectives of Music Therapy.” There was an evening presentation by Roswitha Zenker, a special education teacher who demonstrated instruments designed by Klemens Heinen especially for use with special learning populations.

The second day began with a paper from Janet Montgomery, of the United States, entitled “Involving Special Needs Students in Comprehensive Musicianship: A Model for Computer-Assisted Instruction.” Morva Croxson, of New Zealand, followed with a description of her work entitled “From Symbols to Communication: A Music Therapy Intervention Program.” Daniela Laufer reported on her work in special education in her paper “Structural Elements of Music Education for the Mentally Handicapped in School.” A case study was reported by Chava Sekeles, of Israel, in her paper “Interaction between Music and Words in Therapy,” and the final paper of the day was “Father Presence in the Music Therapy Situation: Lullabies and Playsongs,” presented by Sarah Lopez. In the evening Hermann-Josef Wilbert presented especially designed pipes which were made of wood, and color-coded for developmentally delayed persons.
Angela Fenwick began the third day with a presentation entitled “The Story of Music Therapists Working in Education and the Education System in England.” The second paper was “The Pain-Relieving Effect of Music Vibration on Rheumatoid Arthritis Patients as Related to Just Music and Placebo,” presented by Chris Chesky and Bernard Rubin of the United States. Penny Rogers, of England, then reported on “Working with Sexual Abuse in Music Therapy.” Yoshiko Fukuda, of Japan, described to the seminar a research study about “Breathing Exercises for Asthmatic Children and Recent Developments in the Asthma Music Program,” and the final presentation of the day was a paper by Rosalie Rebollo Pratt, of the United States, about “Performance-Related Disorders among Music Majors at Brigham Young University.”

The seminar participants also showed videotapes of their work during informal evening sessions. At a separate meeting of the Commission members, it was proposed and accepted that Jacqueline Verdeau-Pailles become Chair of the Commission for the 1992-1994 biennium; that Janet Montgomery replace Rosalie Rebollo Pratt, and Chava Sekeles replace Gaciela Sandbank as Commission members. The Commission will continue its Working Committee on Music and Medicine. Both Yoshiko Fukuda and Lianna Prinou-Polychroniadou of Greece have been invited to join this committee, which is under the direction of co-leaders, Hunter John Hall Fry, and Rosalie Rebollo Pratt.

The unique nature of the ISME Commission embraces three fields: special music education, music therapy, and music medicine. The Bad Honnef seminar, once again, demonstrates the wide variety of areas of human health and development addressed by the Commission. The many effects of music that influence human well being and the healing of human illnesses and disorders was strikingly apparent in presentations that ranged from the importance of the presence of fathers in music therapy sessions to alleviating arthritic pain through musical vibration.

In addition to the healthful effects of song on children with asthmatic conditions, there is a destructive potential in making music, as has been demonstrated in a study about performance-related pain among music majors. One of the more alarming reports of the seminar was that of the increasing problem of sexual abuse. Fortunately, music therapy is developing a vital role in interventions with sexually abused persons. The many research papers focused on the benefit of music as a means of nonverbal communication that provides human beings with a mode of self-expression that goes beyond language to the innermost feelings of the mind and spirit.

The members of the Commission decided unanimously that the theme of the 1994 research seminar will be: “Specialized Approaches through Music in Special Education, Music Therapy, and Music Medicine.” Both the 1994 seminar and general conferences will take place in the United States.
The second European Conference on Arts Therapies Education took place in Sittard on the 15th, 16th and 17th of October 1992. The theme of the conference was: “Our Professional Identity.” The purpose of the conference was to provide answers to questions concerning the identity of the profession of the arts therapist. The conference was organized by the four Dutch Hogescholen that provide validated training in the Creative Arts Therapies. In papers, workshops and round table discussions, different training strategies, techniques and approaches were discussed. During the three days, 82 participants from 18 countries delivered 43 papers and 17 workshops. Although the reader of this journal will be particularly interested in contributions concerning music therapy I would also like to give you an overall impression of the conference.

Each day of the conference had a specific theme and each contribution of a (keynote) speaker, a paper, a workshop or roundtable discussion was related to the theme of the day. The theme for the first day was “Questions on Identity.” In the keynote speech, delivered by Professor Dr. Hilarion Petzold, the necessity of forming a strong “professional community” that will stand up for a “pluralistic therapeutic culture” was discussed. One contribution, amongst others, that is certainly of interest for music therapists is a paper delivered by Dr. Henk Smeijsters regarding the problems of the music therapist standing between the specific qualities of his own medium and the psychic and psychotherapeutic processes with which he is working. New concepts were presented concerning indications and analogies in music therapy.

The theme of the second day was “Questions of Training and Education.” Dr. Janek Dubowski spoke about European recognition for training: The European Arts Therapies Masters Degree. This development is, of course, very important in order to attain professional standards. One of the papers for music therapists, by Don Binnendijk, dealt with the connection between personal development and the development of one’s media. In order to attain professional standards in using music as a therapeutic medium it is necessary to develop the relationship between expression and musical improvisation.

The theme of the third day was: “From the Field: Case Studies, Research and New Developments.” On this day there was also a wide variety of papers and workshops from the field of music therapy; to mention a few: “Acoustic Messages and Emotions in the Existential Dimensions of the Human Being” by Professor Giovanni Mutti (Italy); “Music Therapy for the Aged” by Dr. Ladislaus Vértes (Hungary); “The Connection between Music, Musical Elements and Important Associations in Receptive Music Therapy with Depressive Clients” by Gaby Wijzenbeek, Niek van Nieuwenhuijzen and Dr. Henk Smeijsters (The Netherlands).
At the conference there were many contributions from the fields of art, dance, drama and horticulture therapy; unfortunately, I can only give you a limited idea of the offerings. We are sure, however, that the Second European Conference on Arts Therapies gave an extra impetus to the development of professional standards, with a special view to standards regarding training and education. The proceedings of this conference will be published in 1993. If you would like to receive more detailed information please contact:

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Hogeschool Nijmegen  
Division Arts Therapy Training  
PO Box 9029  
6500 JK Nijmegen  
The Netherlands  
el. 31-80-236853; Fax: 31-80-604372
The VIIth World Congress Of Music Therapy
Vitoria-Gasteiz, Spain
July 19-23, 1993

Patxi del Campo San Vicente (Spain)

Following the excellent series of events in music therapy which are being held all around the world, we are pleased to report that the VIIth World Congress of Music Therapy will be held in Vitoria-Gasteiz (Spain), between the 19th and 23rd of July 1993, with pre-Congress courses held on July 15-17. This World Congress is organized by the Association for the Study and Research of Music, Therapy and Communication - The Music Therapy and Group Techniques School. With the participation of the World Federation of Music Therapy and the European Music Therapy Committee, a unified set of criteria for the scientific and professional development of music therapy at a world level can be established.

The main goal of the VIIth World Congress of Music Therapy is to promote the worldwide participation of professionals and associations which are directly or indirectly related to 1) music therapy and 2) the rehabilitation processes of communication and creativity. Thus, the Congress should be a meeting place where people can discuss issues freely and find a wealth of information; and where individuals can contrast and exchange ideas about scientific research being conducted in applications and training in music therapy. This will help to update our therapeutic techniques and to provide resources to facilitate research. Presentations will be contained within an interdisciplinary and multi-professional context.

PRESIDENT: Ruth Bright; OVERALL COORDINATOR: Patxi del Campo San Vicente; SCIENTIFIC COORDINATOR: Roberto Reccia; SCIENTIFIC SECRETARIAT: Escuela de Musicoterapia y Técnicas; Grupales; Apartado 585; 01080 Vitoria-Gasteiz, Basque Country (Spain); TECHNICAL SECRETARIAT (Information and registration): Apartado 585; 01080 Vitoria-Gasteiz, Basque Country (Spain); PHONE: 34 45 289188; FAX: 34 45 275346
A major Arts Therapies event took place during October 1990. Delegates representing higher education institutions with an involvement in the Arts Therapies from all over Europe attended a major international conference. The title of the event was “Arts Therapies Education: Our European Future,” and one of the outcomes of the conference continues to influence the future of the Arts Therapies within Europe.

ECArTE, the European Consortium for Arts Therapies Education, was formed as a direct result of the conference. Two years later, during October 1992, a second European conference, hosted by the Hogeschool Sittard in the Netherlands and titled: “Arts Therapy Education - Our Professional Identity,” was organized in collaboration with ECArTE. During the conference, the work of the Consortium was highlighted. Its membership reflects the four main Arts Therapies: Art Therapy, Dance Therapy, Drama Therapy and Music Therapy (and as a fifth, the developing field of Horticulture Therapy). Five E.C. Countries are represented: Denmark, France, Germany, The Netherlands and the United Kingdom. The Consortium is both recognized and supported by ERASMUS, the European Community Action Scheme for the Mobility of University Students*.

Essentially then, ECArTE is an educational consortium and accordingly, full membership is restricted to institutions of higher education (universities or higher vocational training) that have nationally validated and recognized courses in the Arts Therapies.

The first task that the consortium undertook was a thorough analysis of the many courses available within the E.C. In part, this task was also a first step towards looking at how such a wide range of “training schemes” might be harmonized. This stage is nearing completion and we are now developing stage two. This will involve a series of mutual visits between institutions to learn about the various schemes in more detail, and also to begin the serious task of collaboration. This is essential for the third phase, which will involve students moving between member states as they pursue their studies.

The current policy of ECArTE is to develop a European Masters Degree in the Arts Therapies. In order to qualify for ERASMUS support, students must spend a minimum of six months studying abroad. Our proposed masters degree will take the form of a one year, full time course. Such a course will be “co-validated,” that is, mutually recognized by all of the institutions belonging to the scheme. At the masters level, the work of each student will involve independent study and research, with copies of completed dissertations held in the libraries of both the registering and the visited institutions. This process will lead to the exchange of ideas at a cross European level.
An important dimension of these developments is the use of "Credit Transfer" in course planning. Such schemes are proving themselves in other trans-national partnerships, as set out by Mike Vaughn representing T.E.X.T. (the Trans-European Exchange and Transfer Consortium) during the first European conference **. ECArTE now uses the European Credit Transfer Scheme (E.C.T.S.) developed by ERASMUS. The Consortium welcomes inquiries from other universities and higher vocational training programs qualified for membership, who would like to enjoy the benefits of this scheme. We also hope to introduce "associate memberships" for institutions that are in the process of developing qualifications in the Arts Therapies.

In recognition of the importance of closer European ties, the European Commission is making a range of funding mechanisms available; and as all E.C. funding depends upon trans-national partnerships, membership of a consortium such as ECArTE is of real benefit. Although not yet ratified, the Maastricht Treaty *** will affect the provisions for Higher Education Vocational Training within the E.C. Article 57 of the Treaty will provide the Council of Ministers with the authority to issue directives: "for the mutual recognition of diplomas, certificates and other evidence of formal qualifications." Further, in part 3 of Article 57, it states: "In the case of medical and allied and pharmaceutical professions, the progressive abolition of restrictions shall be dependent upon coordination of the conditions for their exercise in the various member states." The Arts Therapies are now well established as "professions allied to medicine," and I believe that the work of consortia such as ECArTE can help in the establishment of a European identity for the Arts Therapies. The Consortium welcomes enquiries from anyone interested in sharing our ideals and aspirations to: ECArTE Coordinator - Anneke Nijenhuis, Hogeschool Nijmegen, P.O. Box 9029, Nijmegen, Netherlands. Or, for details about E.C.T.S., contact the ERASMUS Bureau, Rue d’Arlon 15, B-1040 Brussels.

References:


European Music Therapy Committee (EMTC)

Tony Wigram (United Kingdom)

The European Music Therapy Committee was formed in October 1989, and currently consists of a network of music therapists in European countries who have been meeting and networking about training issues. The countries currently involved from the European Economic Community include: Belgium, Holland, Denmark, France, Italy, Spain, United Kingdom, Portugal, Greece, and Germany. Subsequently, Finland and Sweden have been included in the network.

Objectives

The EMTC was formed to establish contact between music therapists throughout Europe. Each European country has a liaison, typically a music therapist involved in a university program or school of music therapy. In 1991, legislation came into effect from the EEC involving a “Directive for the Recognition of Post-Graduate Qualifications between Member States of the EEC.” This is applicable to all professions, and music therapists are required to establish protocol which allows individuals to work in other countries through the recognition of their qualifications. This may necessitate additional training, an interview, and an assessment of skills upon arrival; but an incoming migrant professional from one country in the EEC to another country has the right to apply for jobs, and equivalences in training must be found.

The priorities of the EMTC were then defined from this, and included: 1) A comparative study of qualifications and music therapy trainings in European countries, 2) An exchange of information about professional registration and accreditation, 3) Sharing information regarding research activities, and 4) Establishing a schedule for regular pre-conferences and conferences in Europe.

Current Activities

Following the very successful conference in Holland in 1989, the Dutch members initiated a pre-conference in 1991 at which several representatives of the EMTC were present. Prior to this, a brief questionnaire was compiled and circulated within Europe to ascertain what elements of training were included in undergraduate and post-graduate courses in music therapy. In addition, discussion was held regarding 1) the purpose of the European Network as a means of representing music therapy at a European level with political organizations, and 2) finding ways to generate research and development of music therapy training in clinical practice.

At an EMTC meeting (held in April 1992 at Kings College, Cambridge University, during the International Conference “Music Therapy in Health and Education in the European Community”) it became evident that the questionnaires had yielded responses which were quite varied and showed significant individual differences. Moreover, the information on training was often inaccurate and unspecific, details were often not clear from the results, and language difficulties further complicated the collating of information. Therefore, another, more detailed, questionnaire was
Therefore, another, more detailed, questionnaire was proposed in collaboration with the World Federation for Music Therapy, and to this end, a comprehensive questionnaire, prepared by Tony Wigram (Great Britain), Denise Erdonmez (Australia) and Hanne-Mette Kortegaard (Denmark) is currently undergoing a pilot study to evaluate its efficiency.

At this meeting several other resolutions took place. It was resolved that a working party should be formed to formulate a draft of a “Basic Module of Training.” It was also proposed that a seminar or conference on the education of music therapists would be held, in advance of the next European Music Therapy Conference in 1995, which is scheduled to take place at Aalborg University, Denmark. The EMTC is also working in support of the next World Congress of Music Therapy in Vitoria, Spain. Further discussion took place regarding the issue of registration. It appears that there are widely divergent systems in different countries, and the newly designed questionnaire on music therapy training will procure more specific information regarding registration. There was also a seminar on research, and as part of the work of EMTC, a detailed register will be compiled on research currently underway in different countries. Penny Rogers (U.K.) and Henk Smeijsters (The Netherlands) are undertaking this work.

As yet, the EMTC remains a loose network of people throughout Europe, and will hopefully grow into a representative and effective organization.
The World Federation Of Music Therapy

Patxi del Campo San Vicente (Spain)
Denise Erdonmez (Australia)

The World Federation of Music Therapy came into existence in 1983 in Paris, during the IVth World Congress on Music Therapy. However, it was not until the Vth World Congress on Music Therapy in Genoa, Italy, that the first Committee was organized within the Federation (presided over by Dr.Rolando Benezon). It was during that Congress in Italy that the World Federation of Music Therapy’s (W.F.M.T.) “founding document” was written; and in 1990, during the VIth World Congress on Music Therapy in Rio de Janeiro, Brazil this document was modified. By this time, the Federation had representation from over thirty associations from different countries. A new Committee was elected and Ruth Bright became president. At the present time the Federation contains 32 associations distributed among different countries as follows: Argentina (3), Australia (1), Bulgaria (1), Brazil (10), Columbia (1), France (1), Italy (3), Japan (2), South Africa (1), Spain (3), Switzerland (1), the United Kingdom (2) and the United States of America (3).

The Federation’s Board is currently composed of the following four working commissions: Professional Ethics, Information Exchange and Communication, Education and Training, and the Planning of the Next World Congress. Along with the work being accomplished by these commissions, the Federation’s President is working on the official founding document, elaborating the Federation’s statutes. The commissions are carrying out the following work:

Commission On Professional Ethics

The proposal made during the Rio de Janeiro Congress (1990) by Dr. Rolando Benezon to study a Professional Ethics code gave rise to this commission. The Commission is headed by Dr. Cheryl Maranto who, since September 1990, has been conducting field work, collecting codes from different associations. She published a draft, which was then edited by the associations of the Federation, and subsequently converted into a definitive version in the Federation’s Committee meeting held in April 1992 in Cambridge, England. This code will be presented during the next World Federation Congress.

Commission On Information Exchange And Communication

As of August 1992, under the leadership of Dr. Joseph Moreno, this Commission has published 3 bulletins containing the activities of the different Commissions and notes of interest for the associations. Collaboration with this bulletin is important since, in time, it may provide interesting material for exchange and consultation at a world level.
The Commission On Education And Training

At the VIth World Congress of Music Therapy held in Rio de Janeiro in 1990, the Commission on Education and Training of the World Federation of Music Therapy, established its aims and objectives. These are:

1) To gather information on music therapy training courses throughout the world
2) To provide a description of the various music therapy courses throughout the world
3) To identify commonalities in the courses
4) To provide a document including the above information to the next meeting of the World Federation in Vitoria, Spain in July 1993.

Progress To Date

Information on training courses has been gathered from several sources - the extensive work carried out by Amelia Oldfield, Lisa Summer, and Carole Kolb (for the 7th Music Therapy International Report of 1990-1991), and the I.S.M.E. publication on education and training in music therapy (volume 4) edited by Rosalie Rebollo Pratt.

At the European Music Therapy Conference held at Cambridge University, U.K. in April 1992, several reports were presented on training courses in Europe. Members of the European Music Therapy committee (E.M.T.C.) had carried out a survey of training courses in Europe and were preparing a more extensive questionnaire. It was decided at the Conference that the E.M.T.C. and the World Federation of Music Therapy (W.F.M.T.) would join forces in designing one questionnaire which would be sent throughout the world, thus streamlining the work of both groups (see also the EMTC report by Tony Wigram). The questionnaire was designed by Tony Wigram, Dip.M.Th., Coordinator of the E.M.T.C. and Chairman of the British Society of Music Therapy; Hanne-Mette Kortegaard Dip.M.Th., member of the E.M.T.C. and Associate Professor of Music Therapy at the University of Aalborg; and myself, as Chair of the Commission of Education and Training of the World Federation. The questionnaire is an extensive one, and covers all aspects of training including philosophy and content of the program, details of subjects/units and assessment criteria, clinical training protocol, teaching staff ratio and qualifications, and accreditation affiliation. Its purpose is to gather data on existing training courses throughout the world, and secondly to identify commonalities and trends. A second stage of the process will be to develop a list of essential studies for music therapy training courses which are recognized internationally in the music therapy field.

A trial of the questionnaire was undertaken with several schools in September 1992, and the final version will be distributed before December 1992. Data generated from the replies will be analyzed and the final report presented and debated at the VIIth World Federation Conference in Vitoria, Spain in July 1993. The documented results of the questionnaire will be available to members of the World Federation. It will also be available to participating teaching institutions and other interested organizations. It is not intended that the World Federation act as a credentialling organization, rather, its function is to gather the data and provide information.
Commission To Plan The Next World Congress

One of the first tasks which this Commission carried out was to draw up a methodological structure at a scientific and organizational level in order to carry out the World Congress. Patxi del Campo San Vicente Dip.M.Th., who leads the Commission with the European Music Therapy Committee and the Congress's Organizing Committee designed a working model to enable professionals and statisticians of music therapy to take part in the next World Congress on Music Therapy in Vitoria-Gasteiz on July 19-23, 1993.

Currently, a series of meetings are taking place with the associations in different countries to gather information on the problems and the realities of each country, and to provide information about the organization of the upcoming Congress.

To conclude I would like to extend an open invitation to all music therapy associations to collaborate with the World Federation of Music Therapy so that we can join forces. To this end, I include a listing of contacts within our organization.

Chairperson: Ruth Bright, B.Mus., C.M.T., 9 Ascot Avenue, Wahroonga, NSW 2076, Australia. Vice-Chairperson: Dr. Rolando Benenzenz, M.D., Sucre 2004 P2, 1428 Buenos Aires, Argentina. Secretary: Denize Christophers, 69 Avondale Avenue, East Barnet, Herts, EN4 8NB, England. Chairperson, Commission on Professional Ethics: Dr. Cheryl Maranto, Ph.D., R.M.T.-B.C., Department of Music Therapy, Temple University, Broad Street/Montgomery Avenue, Philadelphia, PA, 19122, USA. Chairperson, Commission on Education and Training: Denise Erdonmez, M.Mus., R.M.T.-B.C., School of Music, University of Melbourne, Parkville, Victoria 3052, Australia. Chairperson, Commission on Information Exchange and Communication: Dr. Joseph Moreno, Department of Music Therapy, Maryville College, 13550 Conway Road, St. Louis, Missouri, 63141, USA. Chairperson of Commission to Plan Next World Congress: Patxi del Campo San Vicente, Dip.M.Th., Escuela de Musicoterapia y Técnicas Grupales, Apartado 585, 01080 Vitoria-Gasteiz, Spain.
D.I.C.S. For Music Therapy: A Giant Step Forward

Several years ago it seemed impossible. Now it’s here. A system in which you can search for an address in Australia, with which you can send letters to England, keep informed about the latest developments in Denmark, the most recent Israeli literature and the latest American research. D.I.C.S., the Documentary, Information and Communication System, offers all this to you. And you can have it right on your desk top.

D.I.C.S. is the ideal tool for everyone with interest in music therapy. Through a computer and a telephone line you can search for information about music therapy (and this is meant in the broadest sense). There is not only information about literature, but also about educational programs, current research, professional organizations, and so on. Besides this, D.I.C.S. includes a mail system. You can send messages to every other user of the D.I.C.S. system, regardless of whether he or she lives in your own country or across the globe. You can also send files (for instance, a whole report made up in “word perfect”).

D.I.C.S. offers you a list with all the names of its users, but the mail facility enables you to also find music therapists working in other institutes. D.I.C.S. is much less expensive than regular mail; however, the biggest advantage is its speed. A letter from Holland arrives in the United States the next day.

D.I.C.S. is all over the world. Institutions in the United States, Germany, Denmark, Israel, Belgium, Australia, Holland and England are currently involved. You can receive information from all of these countries on your computer screen. Soon we hope to welcome institutions in Spain, Ireland, Italy, Canada, Austria and Finland. The heart of this immense project is in Nijmegen, Holland. Here, the idea for this system was developed. Here, the information on music therapy from all over the world is being collected and ordered. In this way we can make sure that every user of D.I.C.S. gets the latest developments as soon as possible.
The Scandinavian Research-Network (NorFA-Group)

Hanne-Mette Kortegaard (Denmark)

During the last years, the clinical as well as the educational music therapy settings in Scandinavia, have focused more upon clinical research. In August 1992 the first meeting of the NorFA-group took place in Denmark. The University of Aalborg invited 16 Scandinavian music therapists who conduct or are interested in conducting clinical research, and/or are affiliated with educational settings, to attend a planning meeting. The meeting was supported financially by the Scandinavian Research Academy (NorFA). The aim of the meeting was to formulate an application for future NorFA funding of a network.

The objectives of the project are to focus on different levels and traditions of research, to investigate applicable research designs, and to develop research strategies/studies to improve clinical programs in health and education services. The idea was to put young and more experienced researchers together in a network, and to establish collaborative research projects.

To form a basis for our work, an exchange of the following took place: overviews of research literature from Scandinavia and other countries, reviews of current research activities, and reviews of the research demands in the field of health and education. As a result of these discussions, two research groups were formed:

a) To design and evaluate methods for use in clinically based research, with a special focus on single-case studies.

b) To study the nature and effect of music and musical elements in music therapy.

As communication in a network is essential, Frans Vodegel, from the D.I.C.S. project attended part of the meeting. It was decided to set up D.I.C.S. nodes in all Scandinavian countries and to use this system to communicate within the network. It was also decided that all studies, publications and collaborative research projects which result from the meetings will be placed in the D.I.C.S. data bank to be spread worldwide.

The NorFA-group is planning one meeting twice a year for the next three years. In addition, seminars for training in research methods will be planned along with the Ph.D. training course at the University of Aalborg. In the near future, this course will be available for students from Scandinavia and the E.E.C. countries. We hope the network will be able to form a “knowledge bank” and offer its expertise to interested music therapists, and we also hope that this initiative will encourage other music therapists to initiate their own research and share their work with others. For further information please contact the secretariat: University of Aalborg; Department of Music and Music Therapy; Kroghstræde 6; DK-9220 Aalborg; Denmark; Phone: +45 98158522 ext. 3121.
SECTION 2: NATIONAL PERSPECTIVES ON MUSIC THERAPY TRAINING IN EUROPE
AUSTRIA

Music Therapy In Austria:
A Retrospective And Prospective

Regina Halmer-Stein

History

Music therapy training in Austria began in 1958. In that year the Austrian born doctor, H.R. Teirich, presented the anthology “Music in Medicine” and initiated the first symposium in the German language under the same title in Velden (a health and bathing resort in southern Austria). Also, in 1958 the preconditions for a “Sonderlehrgang für Musikheilkunde” (special training course for music therapy) at the Academy of Music and Performing Arts (now university) were met. Vienna, with its great tradition in music, medicine and psychotherapy, seemed to be the ideal ground for a connection of these fields. Vienna’s famous composers, the traditional friendship between doctors and musicians, musicians interested in psychology as well as doctors practicing music, and the development of psychoanalytic theories by Sigmund Freud provided the necessary social background.

This special music therapy training course was initiated by two highly renowned representatives of the two fields of music and medicine: Professor Sittner (President of the Academy of Music) and university professor Dr. Hoff (Director of the Neurological and Psychiatric Teaching Hospital). They were supported in their efforts by leading physicians, most of them specialists in psychiatry and neurology with specific psychotherapeutic training. Thus, the first European training and research center was founded.

From the beginning, the training course was oriented towards clinical work. This was due to the active collaboration of physicians and the fact that it was they who led the medical supervision of this training course. In the beginning, students performed their practical studies at the department for children with developmental disturbances (the Director was university professor Dr. Rett); later the Psychiatric Hospital (Head of the Rehabilitation Center was Primarius Dr. Hartmann) and the Psychosomatic Department of the Teaching Hospital (the Director was university professor Dr. Ringel) offered opportunities for practical studies.

During the next years of the development of the training course, the importance of psychotherapeutic theory and methodology in music therapy grew. Thus, the special course “Music in Medicine” was changed into “Music Therapy” in 1971. At that point, a new emphasis began, in which each student participated in therapy as a client; and in October of 1992, a new curriculum for the study of music therapy became effective. The reputation of the training course, as well as the compilation of the new curriculum, is due to the commitment of Professor Schmölz, the teaching staff and the representatives of the Professional Association of Music Therapists (OBM). This new curriculum is a great
achievement since it includes teaching music therapy as a compulsory subject, although it is not a part of the final exams. This is unique in Austrian therapy training. Before this time, only private psychotherapeutic training associations offered therapy training programs. Today, students graduate from the music therapy training course with a state-recognized university degree, approximately equivalent to a bachelor’s degree.

Social And Legal Situation

The training takes at least three years. Preconditions are the matriculation standards and a successful entrance examination. In this test, musical and physical qualifications are assessed. The course entails full time study and is the only one of its kind in Austria. Every year ten to twelve students are accepted, many of them from abroad (from German-speaking neighboring countries, and also from America, Benelux, Finland, the Netherlands, Iceland, Italy, etc.). There are approximately 100 practicing music therapists in Austria. This may seem a rather low number, but many of the colleagues who have studied in Vienna return to their native countries.

Though music therapy has been practiced in public hospitals for 30 years, there still does not exist any specific law which protects the title of “music therapist.” Therefore, problems with persons who call themselves music therapists but have had no music therapy training arise. However, negotiations with the Ministry of Health are taking place. Representatives of the OBM and of the training course participated in these negotiations, and we expect that, in the summer of 1993, at last the situation will be clarified. This present vacuum regarding the legal situation is responsible for the fact that music therapists do not earn adequate salaries and that there are no standardized terms of employment. As a result, music therapists work in part-time jobs as well as free lance, where earnings are higher. Many colleagues still work in their former professions at least some hours per week. Since 1990, all music therapy graduates of the Vienna course have become subject to new legislation regarding psychotherapy. This means that music therapists, along with doctors, psychologists and a number of other professionals, are allowed to attend psychotherapeutic supplementary training. After this training, they are permitted to hold the title of psychotherapist. Since 1990, many music therapists have taken advantage of this possibility of psychotherapeutic training, most choosing psychoanalytic schools or gestalt therapy.

Employment Fields

During the last ten years, the reform of public health has remarkably influenced the employment situation. In former times, music therapy was primarily utilized by institutions such as psychiatric hospitals and centers for handicapped people. However, due to the psychiatry reform, the field of ambulant after-treatment of psychiatric patients (by associations and in therapeutic communities) was opened for music therapists. More and more projects for handicapped people, integrative models for kindergarten and schools, as well as concepts for social fringe groups were developed. These projects required the assistance of music therapists in setting up the various treatment concepts as well as the music therapy treatment of the clients.
The majority of music therapists work with the mentally or multiply handicapped, or with psychiatric patients. Other employment areas are geriatric centers, rehabilitation centers of the health insurances, or penal institutions for mentally disturbed lawbreakers. Because there are so few psychosomatic clinics in Austria, there are fewer possibilities for music therapists with this clientele. There are no private psychosomatic treatment clinics as, for example, in Germany.

From these examples you can see that there are as many different employment fields for music therapists as there are terms of employment. Recently, more music therapists have found the courage to open up their own practice. However, they suffer especially from the not yet defined legal situation. Negotiations with the health insurances about covering their fees cannot be initiated until this law is activated. I am sure that, at that time, music therapists will take the opportunity to open up their own music therapy practice.

The Vienna School Of Music Therapy

Alfred Schmölz

The professional training in music therapy was established at the Vienna University for Music and Performing Arts as a special independent course of study. It can look back upon more than 30 years of eventful history in which it contributed decisively to the European pioneer era (see also the essay “Music Therapy in Austria” by Halmer-Stein). In October 1992 the curriculum was expanded, and the former training course was transformed into a full university curriculum. First, a brief survey of 12 items characterize the successful development of the music therapy training.

1. A close interdisciplinary cooperation of the Vienna University for Music and Performing Arts with representatives of the University of Vienna, prominent experts in medicine, psychotherapy, etc., and with their clinics, institutions and medical centers, in general.

2. Music Therapy is considered to be essentially based upon orientation by experience as well as on the psychology of the subconscious.

3. A style of training which integrates all of the fields involved, in order to promote the necessary concentration on the different scientific, musical, psychological, as well as the specific music therapy items in the curriculum.

4. Curriculum involves the psychological and music components, such as: self-experience, individual personal music therapy and experiential music therapy in groups for students, both taught by highly qualified specialists (trainers, psychotherapists, music therapists).

5. The training includes didactic aspects which enable the development of special basic perceptual skills, and participation in programs where attention is paid to the interrelated music factors which are present for effective therapy (psychological, socio-communicative).
6. Further promotion of the musical and instrumental education of the students; not isolated, but within the context of the training in awareness and perception.

7. Methodical differentiation of the technique of the improvising partner-play with all instruments usually used in music therapy, including piano and bass drum as an excellent potential medium of expression and forming a relationship. This is the basis for the individual music therapy developed by the Vienna School.

8. Following an adequate music therapy propaedeutic instruction, there is a compulsory independent application of individual and group therapy in various clinical training settings with children and adults.

9. Students are well integrated into the therapeutic team-work in the various clinical training courses as a preparation for their future professional reality.

10. A close contact with practical work is essential in working on the theoretically founded diploma-thesis. The diploma-thesis, supervised by 2 lecturers, is written on a subject of the student’s choice, and will also be the basis for further research.

11. The music therapy training program has available more than 120 publications (also abroad) by university lecturers and graduates from the Vienna School including special research papers.

12. The training program has continuous, lively international exchange with specialized institutions; cooperation in music therapy and psychotherapy research centers and in the founding of new training centers, some of which are set up abroad and directed by graduates from the Vienna School.

One special feature of the research work at the Vienna School of Music Therapy is considered to be of decisive importance in the professional training as well as in practice: the ability to make the therapist’s musical potential accessible to the communicative dimension of the therapeutic process. This ability is cultivated through a didactic method. In this method, the individual’s potential for musical expression, reaction, and playing (due to talent or training), must be closely linked with a simultaneous training of perception and communication. Here, free instrumental improvising partner-play can be used as a versatile social and communicative means of practicing and experiencing. In such partner-play the student has the opportunity to learn, to try out, experience, analyze and understand in ever new variations, the close ties between his means of expression, which are to be used flexibly, and his attention to the playing partner in a given situation.

Through an increasing cognizance of the self and the playing partner, the student becomes competent in applying this subtle technique on his own. He learns to form his musical contributions in a playful, improvisatory manner that will encourage his patient to take the therapeutically necessary risk of forming a new relationship by means of his own musical contribution - as though acting through trial and error.

In this performed, and subsequently reflected, music therapy “experiment” the patient may gradually gain an inner free space enabling him to look rather more objectively at the deficiencies, but also at the potentials of his present possibilities of expression and action. He will also realize which of his frequently one-side behavioral patterns can impede or even prevent a possible relationship. Another (contrasting) side to this working method of musical partner-play is to focus upon strengthening the capability to contradict. Here, the entire repertoire of expression available to the music
therapist may come to bear: playful teasing, evoking, sulking, replying, surprising, provoking to an emotional “fighting-play.” In addition to these two different examples of partner-play, there are, of course, numerous variations possible, depending upon the therapeutic intention and the individual situation at hand.

This indicates that for the therapeutic model-situation with its similarity to real life and its capacity for change, there can be no methodically fixed therapeutic repertoire of actions. Special musical and psychological training both enable the therapist to initiate a process of relating, newly and creatively, in the here-and-now in a particular therapy situation by means of non-verbal musical and artistic abilities. It will be a forming process in which technical knowledge, sensitive empathy, and intuitive acting gained from experience will complement each other.

This creative working process, which is such an important feature of the Vienna School training, is also the best healthy counterweight to help the music therapist to take on the burdens of his strenous professional work, to bear his burdens, but also, to finally diminish them. In this work on the development of a therapeutic relationship, an interpersonal principle may come into existence leading both partners into full human interaction on equal standing as expressed in the original image of give and take. Each human individual in his uniqueness and singularity, despite the one-sidedness and estrangements brought about by development, is yearning for this kind of relating. Indeed, he has a predisposition for such an interpersonal relationship which exists, in its potential, in his innermost being.
In Flanders, music therapy is not generally known or accepted. The main reason that music therapy has not been accepted or developed is that there has been no music therapy training. This is about to change. In the 1993-94 academic year we will start the first three years of a five year training program, required to obtain a music therapy diploma at the Heigher Institute for Music (Lemmens Institute, Louvain) in conjunction with the Catholic University of Louvain (Faculty of Psychology). There will also be a possibility of obtaining a doctorate after completion of the five years of training. At this moment (January 1993) the training program has still to be accredited by the Belgian government.

Currently, there is one person working as a music therapist in each of the approximately eight psychiatric centers. A few of these music therapists have received recognized music therapy training abroad (the Netherlands, U.S.A., Austria). They have formed the Flemish Association of Music Therapists (V.V.M.), and they organize an annual workshop in conjunction with a foreign music therapist. Further, these music therapists meet about four times a year to compare notes with a few Dutch colleagues. In addition to this association, a number of music therapists who work with the handicapped have formed a National Association for Ortho-agogic Music (N.V.A.O.M.). This association brings together about 90 therapists who, in one way or another, use music in their work with the handicapped. They organize study groups and workshops and will publish a periodical next year.

In the fall of 1992 I had a conversation with members of the “Association pour la Recherche, l’Enseignement et les Applications de la Musicothérapie en Belgique” (A.R.E.A.M.), the music therapy association of Wallonia. Six music therapists belong to this association. Some of them have had professional music therapy training. They report that they have a private course (4 years, 4 hours a week) in Wallonia.
Music has been used in treatment and special education in Denmark for about 30 years. The idea of setting up a training program was fostered by a group of autodidactic music therapists and other professionals who saw the value of music therapy. Because of their initiative, the University of Aalborg formed a group who made a report about the possibilities of setting up a course at the University. The report included the results of a survey among hospitals regarding the demand for music therapy, and a proposed content of the training program. The need for research facilities was a very important issue, since the teachers of the course would need to be trained researchers and music therapists.

On the basis of that report, Inge Nyggard Pedersen, who had been trained at the mentors course in Herdecke, came to the University in 1981 as a Research Fellow. Subsequently, in August 1982, the training program started with a group of 13 students. At the moment there are three full-time and three part-time music therapists teaching in the program. In addition, there are six part-time musicians, a part-time psychiatrist and a part-time psychologist. The maximum intake each year is 15 (average 12), and the average age of the incoming student is 24-25 years old.

The course is a 4 year, full-time, training program where the basic philosophy is analytical. The structure of the program divides the subjects into three main areas: musical skills; theoretical subjects, such as medicine, psychology, philosophy, research methodology, music therapy theory; and the last area, self development. The changes which have taken place in the program during the last ten years have mainly been in tightening the three areas of the program. The changes have been based on suggestions from students and professionals who have had the benefit of experiencing the "world" outside of the university. The training culminates in a Masters degree, which is required to practice music therapy in Denmark. To enter the training students are required to pass a test. They are also required to have clinical work experience as well as musical training.

After the Masters degree, there is the possibility to continue on for a Ph.D. in Music Therapy. This possibility will, in the near future, be offered at an international level to music therapists from the European Community Member States and Scandinavia, as part of a plan to optimize music therapy research in Europe. These plans are being discussed in the European Music Therapy Committee (EMTC) and the European Consortium for Arts Therapies Education (ECArTE). Simultaneously, the research students will be members of the Scandinavian research network (an activity funded by the Scandinavian Research Academy - NorFA) and will also have access to the Documentary, Information and Communication System (DICS) based in Nijmegen, The Netherlands. After spending 10 years building up the program, the original plans concerning research facilities have resulted in the inception of a research clinic at the psychiatric hospital in Aalborg. The researchers in the clinic will be professors and
research students (post Masters degree).

The course at the University of Aalborg is the only recognized program in Denmark. There are no plans to set up new programs, although in the last two years there have been discussions about setting up a university course in art therapy. Several years ago a part-time course for music teachers was offered by the Professional Association of Musicians. As this was a private course, the student could get a certificate but not a degree. The course stopped after a period of three years. The Danish Society of Music Therapy (Dansk Forbund for Musikterapi) has a long tradition of offering each year a one week course for music therapists and other interested professionals. This course, Helgenæs Kurset, is almost an institution in Denmark. Besides that, short introductory courses are offered, and 2-3 times a year the professional body offers courses to the registered music therapists.

It is interesting to note that setting up an art therapy program here is proving to be more difficult than for the music therapy program. In part, a reason for this is that there are so few autodidactic art therapists in Denmark. In addition, I believe that this difficulty is a result of the different positions of art and music in our culture. Not only in Denmark, but in all the Scandinavian countries, music has always been an important ingredient in all social events, and the most common way of creative expression. At the same time there is almost no tradition for fine arts.

Music therapists are members of The Central Organization of Academics (Akademikernes Central Organisation). This professional organization is an umbrella group which serves medical doctors, psychologists, professors from universities etc. This is the only organization which has the right to negotiate with the Ministry of Health, Finance etc. Within this organization a professional body for music therapists - Musikterapeut Foreningen - has been set up. This body registers all music therapists, and contains an ethical board. This means that although any person can call him/herself a “music therapist,” they cannot be employed as such. This is the normal manner of holding a professional register in Denmark, except for medical doctors and nurses. Because of the European Referendum this is now changing. That means that the register may be referred to the Ministry of Health. At the moment there is a pilot project in progress concerning the professional register for psychologists.

To be included in the professional register, the music therapist must hold the Masters degree from the University of Aalborg or an equivalent degree. It is the board of the professional body who decides whether a music therapist trained in another country can be included in the register without additional training.
The Program At Aalborg University: Reality And Visions

Inge Nygaard-Pedersen

The program in Aalborg is a 4 year, full time, program where music therapy students are trained at the Masters level. An M.A. after 4 years of study is possible because of a wide ranging entrance test. Only candidates with a Bachelors degree in Music Therapy have access to the M.A. study. Another entrance criterion is at least three years of regular training in music. During the 4-year program, the students follow three parallel tracks in their education. The three tracks are equally weighted and include:

- Musical training and improvisation
- Self experience through music with a psychotherapeutic base
- Philosophical discussions and reflection; theoretical studies; and projects

After fulfilling these studies the trained music therapist is ready to work clinically with a psychotherapeutic base, and to work with music therapy in special education at specific levels, mostly the psychological side of this work. It has been hard work to develop and to fulfill the recognized profile that the program has today. As mentioned above, the three tracks are equally weighted and each discipline is compulsory to each student. In Denmark there are no other university programs that include self experience for the students. At the same time, the fact that the program is placed at a university ensures the required and necessary focus on research in music therapy.

Skills To Be Developed

Looking at the program as a whole will show that the students are trained in a wide range of skills, experience and knowledge as follows: 1) Traditional music training - techniques and knowledge of literature, 2) Theoretical and practical training of intuitive music playing, 3) Experience, reflection and enlargement of different ways of perceiving music (auditive, visual, kinesthetic), 4) Experience, reflection and enlargement of different ways of listening to and analyzing music, 5) Experience, working out and reflection of transference and countertransference, and 6) Experience and reflection on fantasies, feelings, memories etc.

The aim of this training is to reflect and enlarge one's self image through music, body, and verbal communication. Music here means to work with both the voice and instruments. In the program we use mostly active playing techniques, but receptive techniques are also used to fulfill our aims. The training is highly personalized which means that different techniques can be used for different students to fulfill the needs of their different stages of development. The students are also trained in a range of studies:

- Theory of psychology, psychiatry, theory of therapy, theory of science,
- Process and outcome research models and designs within one of the fields of theory combined with research, or
- Analyzing the elements of music in a communication based analysis
Training, here, means understanding theory through literature, theoretical discussions in small and large groups, and working on papers. Two 20-40 page papers are assigned each year per student - individual or in groups, and in the last (eighth) semester the student writes a 60-100 page Master’s thesis.

**Progressions In The “Self Experience” Track**

I, myself, am very excited about having the track of self experience integrated into the program, and into the philosophy of the course. The progress along this track is:

- **In the first two years** the students are placed in the role of “student-clients.” They work with body, voice and instruments in a psychotherapeutic setting with authentic life stories, which may be on the “here-and-now” level or on the “prehistory” level. The aim of the training is to expand future possibilities of contact, communication and action.

- **In the third year** the students exchange roles, taking both “student-client” and “student-therapist” roles. In this year, the work is focused equally upon further personal development and methodology.

- **In the fourth year** the students work with clients for one half year in institutions outside the university. They have individual and group supervision at the university. The track of self experience finishes with an oral examination where the students present a case study, methods and a theoretical base; ways of understanding the pathology of the client; and ways of analyzing music in this clinical work.

**An Example Of Innovative Methods And Techniques**

I think the scope of the training program and the three compulsory parallel tracks, in itself, is innovative for music therapy training programs. I, personally, am convinced that it is very important to train music therapists in an integrated way (integrating musical development, personal development and theoretical reflection). For me, the four components - the music, the therapist, the client and the relationship between the three - have equal weight in my practical work, in analyzing practical work in music therapy, and in research design based on clinical work.

The following is an example of a model developed in the “self experience” track for the group of university trained music therapists. This model concerns the discipline of running a group using a psychotherapeutic basis.

To begin, one “student-therapist” leads a group of five other students in a 1 1/2 hour session using different “rules” for music playing interspersed with verbal reflection sections. A trained music therapist and 4-6 students observe the group and it is taped on video. Before the session, the student-therapist has received a “pre-supervision” where the student is asked specific questions about the program that (s)he proposes to utilize for the group.

After the group, the student therapist receives feedback using the following procedure: First, the student-therapist gives reflections on his/her own work. Second, the “student-clients” in the group give feedback to the student-therapist. Third, the
observers give feedback to the student-therapist. Fourth, the music therapy teacher gives a summary and tries to clarify stronger and weaker parts in the student’s personality, musical methods, and verbal techniques. Finally, the session normally finishes with the trained music therapy teacher instructing the student-therapist to do a role play with one or more students chosen by the student-therapist. In this role play, the teacher presents a certain problem identified from the group work, and requests that the student-therapist show how to handle the problem in a manner different from the session s/he has just experienced. In this approach we put a lot of weight on the method and ethics of giving feedback so that the feedback will further advance the student therapist’s skills.

The following day, the student therapist has a “post-supervision” with the music therapy teacher. This meeting helps the student-therapist to reflect and digest the material addressed on the previous day, to discuss the student’s awareness of his/her skills, and to decide upon any future working project for clinical work.

The students work very seriously in this approach. The technique of role playing is also used in clinical group supervision where the students role play their client with interventions from another student-therapist.
Music Therapy Training And The Music Therapy Association

In 1965 The University of Jyväskylä expanded its teaching of special pedagogy. The curriculum included also rhythmics, which was taught by Professor Niilo Mäki. After 1968, the term “rhythmics” began gradually to take the form of music therapy. Until 1970, those people working with the handicapped and using music therapy had to cope by themselves and had almost no contacts with others. In 1970, the Northern Pedagogical Music Therapy Seminar, which was organized at the Sibelius Academy, had a positive influence on spreading music therapy in Finland. The development of music therapy was also influenced by the International Music Therapy Symposium in 1973.

The Finnish Society of Mental Health organized a series of seminars in 1971-76 which dealt with the use of various art forms in therapy, and in 1972, music therapy was the focus of the seminar. The introductions presented there were later published in the paper of the Society. The seminar noticeably stimulated the development of music therapy and the idea of founding an association. The Music Therapy Association of Finland was then registered in 1974.

Until this time, music therapy training in Finland had been based on different courses of varied consistency and length. First, introductory courses were arranged at the Sibelius Academy and Jyväskylä University. In the years 1973 and 1978 the Ministry of Vocational Education organized music therapy training courses for those working in the field of medical care. In 1972 the music therapy training was started at the Sibelius Academy. At first it was designed for music education students; but beginning in 1974 it also served those with a degree and working experience from the social, health or education fields. It was a 120 hour basic course of music therapy. In 1985, the Sibelius Academy started a two year, advanced training for those who had passed the basic course and had at least 2 years of experience in music therapy.

Music therapy and music therapy training is mostly psychodynamically oriented. But humanistic-existential music therapy is practiced as well. The music therapy techniques include ways of clinical improvisation and analytical music listening.

During its existence, the Finnish Music Therapy Association has made efforts to develop music therapy training by actively participating in its planning. At the same time it has been a coordinating body, uniting music therapists and other persons interested in the subject. Within the last years the membership of the Association has grown to about 300. The Association has organized a number of seminars on music therapy each year. The Association has also founded regional sub-organizations in different parts of Finland.
There is more and more discussion within the Association about its possible role as a trade union. The idea developed in a more concrete form when, in May of 1989, the so-called music therapists' professional guild was founded. Begun in 1988, the paper of the Association, "Music Therapy," is published regularly four times a year.

Music therapy was approved by the Finnish Board of Psychotherapy as a branch of psychotherapy in 1989. According to the Ministry of Health Care, the training of psychotherapists should proceed by grades. Training for the special degree gives a therapist competency to use a certain type of psychotherapy while being supervised. A higher special degree gives competency to work independently both as a therapist and a supervisor in a certain field of psychotherapy. In order to apply for the training, an appropriate qualification is required as well as sufficient experience in health care work which is suitable for psychotherapeutic practice.

In 1992, the Finnish National Pension Office decided to include the therapy practiced by music therapists as a special degree in their compensation program.

**Music Therapy Training Programs In Finland**

At the present, one can study music therapy in Finland as follows:

1. Music therapy studies at Jyväskylä University (3 years and 90-100 units). Students can proceed until M.Ph. (180 units) or Ph.D. The first course began in 1984.
2. Music therapy studies at the Sibelius Academy (3 years and 29 units of music therapy subjects). The first course began in 1973. Students must have basic musical skills, a degree in health, social or education fields, and at least two years of working experience.
3. Specialized studies of music therapy for music educators at the Sibelius Academy (3 years and 180 units). Students are awarded the degree of M.Ph. or Ph.D.
   * Pedagogical and psychological studies (40 units)
   * Music therapy studies (23 units)
   * Music studies: Instruments (38 units)
   * Music studies: Theory, history, improvisation skills, music and movement, etc. (69 units)
   * Optional studies (10 units)

In addition to the programs above, there are music therapy methods training courses (functionally oriented music therapy training at the Sibelius Academy led by Lasse Hjelm, the founder of the method; voice therapy courses in different parts of Finland, led by Iegor Reznikoff), and shorter orientation courses in music therapy.

Finally, I include here basic information regarding current music therapy training in Estonia: Tallinn Pedagogic University: Orientation Course of Music Therapy for health, social or medical workers, psychologists or teachers (1 year and 7 units). Director: Heidi Ahonen, M.A., Music Therapist. ADDRESS: EhaRuutel; 200102 Tallin Narva mnt. 25; PHONE: 701-425-868. Ministry of Health of Estonia: Orientation Course of Music Therapy for workers of the mentally retarded (1 year and 7 units). Director: Heidi Ahonen, M.A., Music Therapist. ADDRESS: Maaja Fabrit; 200100 Tallinn; Sakala tn.1; PHONE:701-42-448876; FAX: 701-42-440869
The Schooling Program For Music Therapists
At The University Of Jyväskylä

Kimmo Lehtonen

History And Schooling In Finland

The use of music in some Finnish mental hospitals (Lapinlahti and Nikkila) has its roots in the end of the 19th century. The systematic use of music therapy began in the 1970’s in mental hospitals and in institutions for the mentally retarded. The profession of music therapy in Finland is still very young and not yet fully considered a profession. The first training course for music therapists began at the Sibelius Academy in 1973 and Petri Lehikoinen has been the teacher of music therapy there since that time. The music therapy course at the Sibelius Academy is designed for music teachers, musicians and others interested in music therapy. It contains the basic course which is followed by two other, more specific, courses. The program consists of 18 weeks of study. Although these courses do not lead to any professional status, they have been the starting point for music therapy education in Finland, and many of the pioneers, as well as newcomers into the field of music therapy, have taken this program.

The postgraduate training of music therapists at the university level began in 1985 in the department of musicology at the University of Jyväskylä. The training program is mainly intended for persons who have already had some type of examination in a helping profession (social workers, teachers, special teachers, psychologists etc.), and who are working in clinical situations with music. The program is based upon part-time study and part-time clinical work. The students normally spend 2-3 days a week at the university doing their studies. The remainder of the time they work in their own occupations as clinical music therapists. The author is a leader of this music therapy program.

The music therapy degree contains 120 study weeks and it is comparable to the B.A. degree. It is also possible for the students to continue their studies on the master’s level, which usually takes 2-3 years. We have five persons with the M.A. degree in music therapy in Finland, and currently, many more choosing to take this master’s work.

The music therapy training program includes music theory, music history, ear training (solfège) etc.; and training in order to develop the students’ musicianship with two main instruments, improvisation, arranging music and band playing. The student receives basic training for playing many kinds of music (classical, jazz, rock, ethnic and blues) during the program. At the same time the student studies in other academic fields, with other departments at the university, which are also chosen for their final examination (usually 2-3 other subjects, e.g. psychology, special education, sociology, education, or family therapy).

Lastly (but not least), the students of the music therapy program are continuing on with their professional studies. This includes the theories of music therapy and psychotherapy, research methods as well as methods of clinical work, continuous group supervision for their clinical work and case studies, and their own group music therapy for three years.
We take 10-15 students into the music therapy training every third year. The principle “small is beautiful” suits the music therapy program in the University of Jyväskylä well. Admitting a small group of students for the training allows us to know each student well, to help each student to be as self-reflective and conscious as possible, to maintain the quality of reflective teaching-learning processes and personal growth by supporting confidential contacts with the students, and to help, in the end, ensure employment for each person. Today we have approximately 60-65 full time music therapy professionals in Finland.

Theories And Research Perspectives In Finland

The first publications about music therapy in Finland appeared in the beginning of the 1970’s. In the year 1973 there were two books published about music therapy, Petri Lehikoinen’s “Parantava musiikki” (The Healing Music) and Hannu Rauhala’s “Musiikkiterapia” (Music Therapy). These books were influential, and played a relatively important role in music therapy training in our country for a long time. The books contained selected current approaches and theories of the time.

The first doctoral thesis about music therapy in Finland was completed by the author in 1986 (it was actually presented on the same day when the Chernobyl nuclear accident took place in the former Soviet Union). The dissertation “Music as a Promoter of Psychic Work, The Psychoanalytic Study of the Educational Possibilities of Music” is mainly based on psychoanalytic theory, especially the theories about music as a transitional object and self-object (by D.W. Winnicott and H. Kohut). The research of music therapy conducted by the author is based strongly on the analysis of “the essence of music” or, in other words, on the question, “What is music?” The main areas of interest of the author are psychoanalytic, psychodynamic and development theories (Freud, Winnicott, Klein, Mahler, Piaget, Kohut, Stern, Bash-Kahre and Lacan etc.) and their solutions in music therapy. The philosophical starting points are based on the existential-phenomenology (Heidegger and Husserl). These theories, and the author’s written research based upon the theories, form the basis of the music therapy training program. In spite of that theoretical basis, we try to give our students as much knowledge as possible about other theories and research. Cognitive psychology, humanistic psychology etc. are also strongly presented and discussed during the training program. We endeavor to help our students to find the meta-level theories of music therapy with which they can analyze and evaluate different theories by themselves. Our own theories and research form the solid ground of the training program and inspire the students to carry on their own research work as well.

I am being honest if I say that the (psychotherapy-like) music therapy in Finland is strongly based on the psychodynamic, cognitive and humanistic psychology theories, as well as existential-phenomenological and hermeneutic philosophy. There are also other approaches, for instance, in the field of music therapy of the mentally retarded where the ideas and methods of Nordoff and Robbins are used. We have some courses on “activity oriented music therapy” based on thoughts by the Swede, Lasse Hjelm. There is also research on “vibro-acoustics” conducted by Petri Lehikoinen, and there exists some good research reports on music therapy as a profession, on music and schizophrenia, as well as the musical aspects of music therapy conducted by some of my students.
We have a “Finnish Journal of Music Therapy” which is published four times a year by the National Association for Finnish Music Therapy (est. in 1973). The author is the editor in chief of this journal.

A closing note: the author is calling for papers for this journal in English, German, or any Scandinavian language (which will be translated) for the Finnish journal. In addition, he would like to invite music therapists to lecture at the university music therapy training. Please contact him directly if interested.
The History Of Music Therapy And Training In France

Edith Lecourt

The History Of Music Therapy In France In The XIXth And XXth Centuries

In France the official history of music therapy is related to the history of psychiatry. As in most of the countries in the world, music therapy has been practiced from antiquity until now. The interpretation of “the power of music” in therapy, was different at different times. It was dependent upon the significance attributed to pathology, to madness, at a time and in a country where illness (and especially mental illness) was associated with sin and guilt (for instance, by the Christian doctrine).

Music therapy was officially developed in hospitals in France from the origin of psychiatry. In 1801, Philippe Pinel, a medical doctor, pointed out that madness was not a possession by a demon, but an illness - an illness of passions - to be considered as other illnesses, and treated by medicine (not by priests). From this moment, music - audition and production - was introduced as a means of regulating passions. At this time there was no training, but physicians requested that students at the newly opened music conservatory of Paris give concerts for the patients. But after some years of practice it appeared that the results were not as impressive as expected, and the development of new hopes for chemotherapy (which promised more efficacy in calming the agitated, for instance) explain the silencing of music therapy at the end of the XIXth century and the beginning of the XXth century (at this time the birth of psychoanalysis also opened new expectations in the treatment of mental illness).

The idea of the “power” of music listening to transform (harmonize) one’s behavior was the foundation for music therapy applications. This was particularly developed in France at this time and reappeared in the 1970’s. With the new technological facilities, means of reproduction opened the possibility for nonprofessional musicians, such as nurses, to use music in the care for patients. Also at this time, M. Gabai, a dentist, developed research in relaxation and analgesia which were used in oral surgery and also in the preparation of women for childbirth. The active playing of music itself was progressively introduced for the patients and it is now as developed as are music listening methods.

The History Of Music Therapy Training In France

The beginning of music therapy training took place in the first association which was created in 1969 (Guilhot, Jost, Lecourt), and the first full program began in 1972. Since 1970, specialized music therapy departments have been set up at the hospitals in La Roche sur Yon, Limoux, Clermont-Ferrand, Nantes, Lille, Lyon, Paris,
Montpellier, as well as others, with teams of doctors, nurses, psychologists coming together in training. These have been the prime movers in clinical development, as well as in research. At this time, and in most cases in the present, the training is considered a specialization for helping professionals, musically trained. In the period of 1975-1980, two university trainings took place at the University of Montpellier (with diploma) and the University of Paris VII (without diploma). In 1988, we created a new diploma at the University Paris V. The degrees are different from one university to another. Montpellier has developed a first degree (equivalent to the bachelors), and Paris V a second degree (equivalent to the masters). During the last twenty years, many private programs have been created in different associations and without diploma. Many of them are short introduction courses, others are 2-4 years part-time. In reality, until these last years, these private trainings have had, in many cases, a promotional function, giving educators and nurses advancement in their careers.

The University Paris V Music Therapy Training Program is represented in the European Music Therapy Committee (EMTC) and in the European Consortium for Arts Therapies Education (ECArTE).

Peculiarities

We have to consider and explain some French characteristics in the development of music therapy.

Facilitators of development:

- We have a law for “permanent training” offered by the institutions to their professionals (in every profession). Many music therapists have used this possibility to pay for (and in this way also make official) their training. This explains the numerous private trainings, and the fact that we are essentially training professionals who are in this situation of “permanent training” (doctors, psychologists, educators, nurses, music teachers), and some people who receive grants for reconversion (some artists for example). Most of these trainings are, for the same reason, organized as part-time trainings.

- The state health insurance (Sécurité Sociale) pays part or all of every treatment (music therapy included) conducted in each state health care center (not in private practices). This opens the opportunity for music therapists to work in these centers (consultations, hospitals, and every care institution) and for the patients to benefit from each treatment available.

Difficulties in development:

- The medical doctors are officially opposed to any use of the term “therapy” by non-medical doctors. Even though this position is now a bit updated in light of the number of non-medical “therapists” (psychologists, psychoanalysts and others), their position is still legally operant.
There are many social functions attributed by the public and the media to music therapy in France*, but for music therapists, the most important one is the psychotherapeutic function of music (i.e. how music - listened to or produced by patients - acts upon the way in which the psyche functions and related aspects). Under this heading is found the structure of the acoustic experience, its integration within a code (social dimension), the place and the quality of the sound, and/or music communication in relation to each other. This makes clear the exigency of an adequate level of training in psychology as well as in psychiatry.

The psychoanalytic theory is still the most important theory actually used in mental health in France, and some research in music therapy (including mine) is conducted from this perspective. However, a certain success, emphasized over the past few years by the assimilation to “gentle medicines,” has been instrumental in the development of training, and in “two speed” therapists (with brief or long trainings: from some days to 3 years at a university). A very significant number of training courses are being proposed in the private sector with variable levels and contents. Two long diploma courses are being offered by the Sorbonne (Paris V) and by Montpellier University. In the same way, we observe two levels in practice: a popular level generally associated with a “light” training (expression, relaxation etc.) and a more professional and research oriented level, with a theoretical background and the development of research.


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** The Music Therapy Program

My “program” is just that of one teacher and its “originality” is doubtless very relative. Space being short, I shall now toss all further verbal precautions to the wind, and proceed onwards. My specific field of training is what the French call “active” music therapy, that is, based upon the playing of music. I usually see a given group of students 3-7 times within the context of a workshop situation (which I like to think of as “laboratories”). These students are already professionals in a field more or less related to music therapy.

In brief, my primary emphasis is upon getting the group to work together, with as much “desire” and the least “resistance” possible. The point of departure is expressing and elucidating the students preoccupations and resources. Then, the group weaves through a spiral pattern of themes. The themes are explored and elaborated during interrelated cycles of “immersion” in phases of artistic mediation* clinical references, and theory. The focus upon getting the group to work well, on a “task”** level appropriate to the teaching function, does not exclude references to unconscious levels
of group psychodynamics ("group illusion" and "destruction"). Here follow some of the specific modes of expression for this work:

**The voice:** Minimal technique is taught to allow the imagination to open up new ways of using the first (and often in "normal" adults, most inhibited) instrument without damage to the vocal cords. Working towards free, sensitive, and strong, vocal expression is fundamental, not only for the richness of palette obtained, but also for the psychophysiological wayfaring implied. In addition, the voice is the core reference for instrumental play, self-expression, and communication. This, of course, implies intense work upon the "ear" (understood as both "vertical" and "horizontal" or "inner" and "outer"), and is closely associated with movement, gesture and facial expression.

**Instruments:** In instrumental work, the focus is placed upon the development of richness of palette to facilitate communication with highly varied populations. I encourage maximum ease in playing and improvising upon at least one polyphonic and at least one melodic instrument, the practice of percussion, and openness to all objects that can be used for making sound. Because the teaching cycle is much too short for deeper and consistent work on clinical musical improvisation, the learning is centered on fundamentals such as 1) ear training (here, perception of musical parameters), 2) tolerance (minimizing uncontrolled tendencies to "normalize" or assimilate the other's expression to a personal framework that may be too rigid and, thus, alienating), 3) indications and potentials for more "directive" (or "Appolonian," "containing," "Oedipial") or less "directive" (or "Dionysian," "liberating," "archaic") play, and 4) imagination. Bibliographies and discographies are given for further work and inspiration.

**Integration of voice and instruments**

**Integration of musical expression with other artistic mediations:** According to the context, this may include one, several, or all of the following: 1) movement, 2) poetry-song, 3) theatre, 4) painting-drawing, and 5) sculpture.

Throughout the various phases of artistic mediation the students are, of course, encouraged to develop many levels of "listening," the principal two levels being manifest expression and underlying psychodynamics. The verbal part of the training which I provide (the main points of reference being clinical and theoretical music therapy, psychoanalytic theory, psychological and communications theory, theory and methodology of music, ethnomusicology and semantics of music) grows from and inspires the experiential training components. The most exciting aspects of this approach for me are:

- The stimulating, multi-level exchanges with the students.
- The delight of its "organicity." As with a growing vine, there is constant interaction between growth and exploration at its edges, and consolidation in the center. One can lead the vine towards a frame, but just how that supportive framework will be used is always an original, enriching thematic variation.
The confirmation of a hypothesis of mine regarding the practice of music therapy: namely, that upon being both a) very rigorous in the “attentiveness” to others and b) constant in the work upon oneself; one is able to unite the pleasure of creativity with that of being useful.

The Development Of Music Therapy In France

The factors that have helped and hindered the development of music therapy in France often have common roots.

1) France has an outstanding intellectual tradition, and greatly prizes the ability to reason. The principal (but not only) reference for the theory of music therapy is that of psychoanalysis. All of this is very precious; however, it sometimes causes the following: an abusive transposition of the verbalization model to the music therapy situation, an inadequate comprehension of the specificity of musical exchange, insufficient attention paid to the development of “musicality” in training, and an impoverishment of this essential aspect of global semantic activity in the course of clinical activity.

2) There is still no specific official status for music therapists. This means that almost all students enter the field of music therapy as mature professionals from a related field. This maturity is a positive factor; however, the music therapy training tends to be much shorter than if it were officially recognized as a profession.

3) There is considerable rivalry amongst the various “schools” of music therapy which can be stimulating, and also encourages the development of specific and noteworthy orientations. But, a freer circulation of ideas in the country could be helpful.

References:  * Ophelie Avron (seminary)
** Didier Anzieu (Le Groupe et l’Inconscient)
*** Claude-Henry Joubert (Metier Musique!)
The Basic Facts About Our Music Therapy Program

The professional training course for music therapy established by the Hochschule der Künste in Berlin is attached to the Department of Music Education and Musicology. It is a post-graduate course of 5 half-year courses (semesters), i.e. 2-3 years, with approximately 25 hours per week of fulltime study. It is open to graduates of music, music education, musicology, remedial or social pedagogy, psychology and medicine.

Description Of The Music Therapy Program

The Emphasis of the Music Therapy Program

There is a particular emphasis of the use of music therapy in such fields as:

1) Child and adolescent psychiatry in clinical and private practice (severely multi-handicapped, autistic, developmentally and emotionally disturbed children and adolescents)
2) Psychiatry with in-patients and day-patients (psychotic, neurotic, psychosomatic patients)
3) Psycho-geriatric and chronic mental patients

The goal of the main phase of our training course is to promote as much integration as possible between the different psychological theories, psychopathology, psychotherapy and music therapy.

The Clinical Work

A 6-10 week clinical internship is a prerequisite before being allowed to apply for a study place. Clinical internships accompany the whole course and take place in all of the above mentioned fields. The student acts as observer, co-therapist and independent therapist. Proof must be provided of at least 100 hours of active music therapy as well as the necessary meetings, preparations and follow ups. The practical work is supported by the resident music therapist as mentor and the supervision is integrated in the course.

The Heart Of The Music Therapy Program

There is a close practical integration of medical and psychological seminars - learning to know and understand the client’s pathology and his suffering - and the music
therapy methodological seminar. To expand the experience of self, self-knowledge, and the emotional development of the student, the seminars are held in small groups. In this way, the one-sided cognitive approach is avoided. In documentation and the diploma thesis, the ability to observe, describe and evaluate the practical music therapy sessions is deemed to be important.

My Personal Views

The Unique Contributions Of The Program

- The use of non-European music cultures to open new approaches to our own music culture
- The presentation of the students’ own musical biography in an acted-out music presentation (This enables the student to reach a better understanding of his own musical experiences and his own concept of music.)
- The methodology seminars on specific uses of music therapy with psychotic patients, early traumatized patients, autistic children and psycho-geriatric patients
- A comparative exploration of the origin and development of specific music therapy methods and the comparison with those used in similar fields
- Acting games with music used as group music therapy with the mentally handicapped, emotionally disturbed children and adolescents
- The use of vibro-acoustic therapy with the severely handicapped

Factors That Have Helped And Hindered The Development Of Music Therapy In Germany

Factors that have hindered and are still hindering the development of music therapy education:

- The interdisciplinary character of music therapy created difficulty in setting up our program
- Music therapy is not yet sufficiently recognized as a profession
- Music therapy is not included in the therapies available by health insurance, because of the lack of scientific research (Unfortunately, there are few possibilities to do research when employed and few music therapists are sufficiently qualified to do research.)
- The powerful hierarchical tradition in the hospitals and other institutions where the music therapist is regarded as an occupational therapist
- The increasing number of different psychotherapeutic schools that are trying to become recognized
- The wide variety of methods used in music therapy where there is often no clear difference made between psychotherapy, remedial treatment or music lessons for the handicapped
- The fact that music therapists usually work with clients whose etiology is difficult to explain
- The fact that music therapists usually work in institutions where there is no homogeneous scientifically founded therapy concept
Issues That Need To Be Discussed

- **Indications**: Setting up a differentiated catalogue of indications for the primary and secondary use of music therapy
- **Methodology**: The development of research based methods in the clinical and educational fields
- **Research**: The development of research methods which will help to show the efficacy of music therapy

Relationship With Other Music Therapy Programs In Germany

In Germany there exist undergraduate, post graduate and integrated courses, both fulltime and parttime. We endeavor to provide continuity for the graduates of basic courses who continue their postgraduate training in order to obtain a PhD (at the Hochschule für Musik Hamburg).

Translation: Margaret Daniell
Music Therapy In Italy

Gianluigi Di Franco

History Of Music Therapy Training

It is very difficult to describe the history of music therapy training in Italy, both because of the lack of definition and due to its derivation from different cultural backgrounds. However, we can say that we have two different trends: the first is basically oriented towards a musical level and includes elements of other disciplines, while the second trend is oriented towards a multidisciplinary level and includes a synthesis of medical, psychological and musical working areas.

Music therapy training is very young in Italy and, at present, we have three official associations represented in the World Federation of Music Therapy:

1) A.I.S.Mt. (Associazione Italiana Studi di Musicoterapia) Genova
2) C.R.M. (Centro Ricerche Musicoterapia) Napoli
3) S.I.M. (Societè Italiana Musicoterapia) Roma

A.I.S.MT and C.R.M. mentioned above have training courses. In addition to these three associations, there is the C.E.P. (Centro Educazione Permanente) which is not an association of music therapy, but rather, a center where various types of training programs are carried out. (Music therapy, developed in 1980, was the first of its programs.)

The therapeutic orientation varies for the different associations according to their different cultural backgrounds, the professionals who participate in the activities, and their stated aims. Some train professionals such as teachers, psychologists, etc. Others, who are working to attain recognition for music therapy and the music therapists’ professional role, are more politically involved with institutions.

As a member of the European Music Therapy Committee (E.M.T.C.) and, consequently, a link between Italy and other European countries, I have worked to contact all existing associations and training courses in Italy so that we may have an idea of the Italian music therapy situation, and in order to establish some type of political program. All of the associations could work together in a federation to gain a stronger position with regard to the Italian government and our struggle for the recognition of music therapy and music therapists. At the moment there are three commissions studying the problem from a scientific point of view: The Music Therapy and Music Therapists Commission, The Training Course Commission, and The Research Commission. Two meetings have already taken place (April 1992 in Rome and September 1992 in Bologna) and we shall meet again next January in Naples. This is our contribution towards cooperation and integration. My personal efforts are targeted towards helping Italian music therapy become more integrated with other European countries, especially with a view towards the opening of the national borders next January 1993.
Current Status Of Music Therapy Training

1) Music therapy is not officially recognized, nor is there any music therapy credential given in Italy. There is one exception to this, and that is a course (Antoniano in Bologna) which is considered a training specialty for teachers of handicapped children. In this case, the Italian government, namely the Ministero della Publica Instruzione, confers the credential. There is no music therapy register.

2) At the moment there are four music therapy training programs in Italy: A.I.S.Mt. (Genova), C.E.P. (Assisi), C.R.M. (Naples), and Antoniano (Bologna).

3) All of these music therapy courses are part time courses. They are privately affiliated with the exception of the C.E.P. (which depends upon a Vatican religious institution) and the Antoniano (under the direction of the Ministero della Publica Instruzione). The first training course was established in Assisi in 1980. The participants are at either the pre-graduate or post-graduate level.

4) There are no post-graduate courses in Italy. To the best of my knowledge, music therapy has been established as a discipline at the Department of Medicine at L’Aquila University. This university introduces music therapy in the fourth year of the Speech Therapy University Course.

5) We have many summer courses throughout Italy which address different methodologies.

6) Currently, we have not joined a curriculum exchange with institutions from abroad. The C.R.M. is attempting to organize such an exchange with the London University thanks to the E.M.T.C. coordinator, Assistant Professor Tony Wigram, who is one of the teachers at the three year course (plus one for the specialization) which the C.R.M. organizes in Naples.

7) Recently, with help from the Department of Engineering of the University of Naples, the C.R.M. is working towards accessing the Documentary, Information and Communication System (D.I.C.S.).

Factors Which Have Influence Upon Clinical Music Therapy

Music is one of the reference points of the methodology in music therapy. Conversely, we are dealing with a multidisciplinary approach. The medical data gives us the possibility to understand the diagnosis and the patient’s symptoms. The psychological data allows us the possibility of evaluating the emotional relationship between the patient and the therapist (and above all, the group dynamics). The musical data allows the use of the sound language as a means to establish relationships. Much importance is given to music as a skill with which to communicate with others, instead of considering it simply as the traditional conservatory training.
Italian Association Of Studies Of Music Therapy,  
Italian School Of Triennial Professionals 
Training For Music Therapists Of The A.I.S.Mt. 

Giovanna Mutti

Aims And Activities Of The A.I.S.Mt.

The aim of the Italian Association of Studies of Music Therapy, (A.I.S.Mt.) founded on June 30, 1975, is to contribute to the knowledge, the promotion, and the research and practice of music therapy. Today, the Association, with the term “music therapy,” indicates an area of social-medical-psychopedagogical competency, which studies and researches the normal and pathological aspects of the relationship between man and sound. This study is undertaken with persons of any age in order to mediate and significantly improve the harmful aspects in regard the individual’s personality, and to provide for an optimal development of the individual bio-social personality. In this way, music therapy addresses one of the necessary instruments for individuating, knowing and using the communication channels.

For A.I.S.Mt, in the theoretical, scientific and application aspects, the music therapy activities are presented and developed in three very well defined fields; more precisely:

1) In the pedagogical field, the preventive and educative-reeducative intervention, the aim of music therapy is the development of mental, psychophysical and integrative potentialities. Therefore, it has a specific application in the school and preschool period.

2) In the rehabilitative-therapeutic field, where music therapy is a privileged choice in the rehabilitative treatment of persons with handicaps, serious mental insufficiencies, autism, or psychotic disturbances; sound stimulation is often the only possibility for communication and active recovery.

3) In the social-assistance field, the intervention of psychomusical expressive activities can improve the relationship modalities and enrich the potential for socialization and integration. However, such interventions must occur in an interdisciplinary way in cooperation with the local structures, advisory bureaus, school centers and organizations.

The Association’s activities are related to its purposes: to work together with national and local organizations, and with universities and institutions. All of this occurs in strict cooperation with the regional sections of the Association operating in Liguria, Plemonte, Emilia Romagna, Puglia, Calabria and Sardogna in order to satisfy the need of intervention, information, study, and outside research. The Association organized the Vth World Symposium of Music Therapy, which took place in Genoa in 1985, an occurrence which gave the Association vital knowledge and operative experiences. For the first time in Italy, music therapy was discussed at a national and world level in all its aspects.
Today, the A.I.S.Mt. is a member of the World Federation of Music Therapy, and is planning a wider, and more suitable, dissemination of music therapy throughout Italy, addressing the association’s social purposes. Secondly, it is reaching for additional important, and meaningful, aims.

Since 1989, the first Italian School of Music Therapy has implemented three Triennial Courses of Professional Training for Music Therapists. This school was established according to the direction of the E.E.C. with 1) the contribution of the Cassa di Risparmio di Genoa and Imperia, 2) the patronage of the Regione Liguria, the District and Commune of Genoa, 3) important university and conservatory teachers of Genoa, Milano, Torino and Roma, 4) well known Italian and foreign music therapists and last, but not least, 5) the active and constructive participation of the course attendants (the future music therapists). Outstanding teachers, adhering to this initiative in a disciplinary agreement, continue to underline the importance and the professionalism of the school. October of 1992 marked the beginning of the third Course for Music Therapists, with the contribution of those same persons mentioned above.

The school has two branches (a psychopedagogical branch and a clinical-rehabilitative-therapeutic branch) that are established in the third year. A written thesis is discussed at the end of the course and a specialization certificate is awarded. The first three years of the course (750 hours per academic year from November to June) include theoretical lessons; practical exercises; and a training in the schools, mental health services, and rehabilitation centers. The course is open to teachers, psychologists, musicians, pedagogists, physicians, and rehabilitation therapists with a secondary school certificate.

In addition to this training, the A.I.S.Mt. undertook the task to require to the government and regional authorities to recognize the degree given at the end of its course, and to recognize the role of the music therapist as it has organically evolved in Italy. Meanwhile, the Music Therapy Center was opened. It is managed by a team of specialists who are fully equipped for music therapy treatment of handicapped children and adults, people with psychophysical problems, and persons who need personal work in the area of relationships.

Another major task undertaken by the A.I.S.Mt. is the creation of a Documentation Center with relevant documentation and information which is available to all music therapy researchers.

Many persons are able to contribute to music therapy, even if they are trained in other sciences, because music therapy is open for many interdisciplinary influences (musicians, pedagogists, psychologists, doctors of medicine, neuropsychiatrists, sound therapists, teachers, music specialists, physicians, etc.). To become a member of A.I.S.Mt. one must apply to the A.I.S.Mt., submit personal data, a curriculum and other additional information. After the candidate’s request is analyzed by the Directive Committee, s/he is informed regarding acceptance and payment formalities. Persons that are registered as a member of A.I.S.Mt. receive the Information Bulletin and a Newsletter every two months. This contains all activities planned by the Association, communications concerning music therapy, conferences, announcements, symposiums, seminars, round tables, bibliographies and reviews.
THE NETHERLANDS

Music Therapy In The Netherlands

Liesbeth Fockema Andreae

Introduction

Music is an international means of expression and communication. This may be at least one of the reasons for the international characteristics of music therapy. One must realize that the description of the specific situation in any country will always be only of limited value, a piece of a mosaic. It is by joining together the different pieces that one can achieve the general pattern of music therapy as a healing force and as a profession. An international approach is important for further development in all directions. It is a sine qua non in the field of scientific research.

A Brief Historical Survey

Trying to pinpoint the actual birth of music therapy in the Netherlands would be a hazardous, if not impossible undertaking. Music has always played an important role in the well being of man and it is from these general, and sometimes vague, concepts that music therapy has evolved. For practical reasons however, I propose to designate the year 1968 as a crucial point in the history of Dutch music therapy. In that year, a conference on “Music for the handicapped” was held at “Queekhoven” near Utrecht. The contributions from this conference were well documented, and it is my conviction that it is here that we find the basis for further developments in our country. A short time after this conference, the first “Stichting voor Muziektherapie” (Music Therapy Foundation) was founded in 1969, and it was this foundation that was able to help music therapy to become a professional field. Through the 1970’s and 1980’s music therapy has gone through a gradual development towards professional identity and standards, including important landmarks such as: the formation of a “Music Therapy Section” as part of the Nederlands Vereniging voor Kreatieve Therapie” (Dutch Association for Creative Therapy), and the establishment of the second Music Therapy Foundation in 1987 to stimulate the international exchange of ideas. In the 1990’s, music therapy is a profession still looking for its boundaries, and employment is increasing gradually.

Present Situation

Music Therapy Education

In our country we have five officially recognized training facilities for music therapists, cooperating on national as well as international levels (ECArTE for instance). These are full-time educational programs, with a duration of 4-5 years, including supervision, and practical experience as a trainee. Some schools offer part-time courses for students already employed in health-care.
Organization

About 250 music therapists are members of the Music Therapy Section of the Dutch Association for Creative Therapy (NVKT). Professionally trained music therapists are registered as such by an independent board of registration. Registered music therapists are bound to practice in accordance with accepted professional standards and an ethical code. Opportunities for intercollegial exchange and study are provided on a regular basis in the form of workshops, seminars etc. Special facilities are created for student-members. The association entertains a convenant with one of the Dutch mayor labor unions. The association issues a magazine on a 3-month basis. Further information on literature, etc. is offered by the association’s “DOKU(mention)” center, to which anyone can subscribe.

Current Issues

In my opinion, one of the most urgent needs in music therapy at this stage is research. In order to be functional, research projects should be integrated. The existing gap between theory/science and practice must be diminished. This calls for a joint effort, including practical workers, health-care institutions, schools and universities. It is not only a matter of raising funds; the question of coordinating and linking various projects also presents itself. In this field, an international approach would greatly enhance productivity.

Music therapy as a profession needs to be more clearly defined. Specific to the Dutch situation is the close link between music therapy and other forms of creative therapy (art therapy, drama therapy etc.). However, both field experience and international orientation make it apparent that music therapy and creative therapy are not synonymous. Within the association, discussions on professional profiles are in process.

Post-graduate training facilities will become more important. Health care in the Netherlands is rapidly changing. On one hand, aspects like quality, diversification, small-scale facilities and client-oriented programs are the order of the day. On the other hand, budgets are becoming more restricted. This calls for music therapists who have current knowledge of the field and who are able to provide effective and convincing treatment programs.

Music therapy in private practice is tentatively being developed in our country. Many obstacles are still to be overcome. Yet, the first results are far from discouraging. I am convinced that there is a place for music therapy outside of institutions. Many potential clients could benefit substantially from this form of therapy offered (without the bureaucracy of the institution) “at their doorstep.”

Conclusion

I hope that these few pages will give a recognizable picture of that fascinating phenomenon: music therapy. Music therapy is alive and growing. It is also vulnerable. Many things are still to be wished for. Music therapy needs space to experiment and develop; it needs leeway and, in some sense, protection. But, like any healthy and vital organism, music therapy will be able to find the support it needs and cope with the problems it encounters. In others words, it will survive; even better, I expect it to thrive.
The Music Therapy Training Program Of The Hogeschool Midden Nederland - A Personal View On Music Therapy  
Herman Smitskamp

The four year comprehensive music therapy program of the Hogeschool Midden Nederland trains music therapists to work with people who are emotionally handicapped in their social functioning. This covers a wide variety of clients: psychiatric patients, ambulatory psychotherapy clients, children in special education, psychogeriatric patients, the mentally retarded, the physically disabled, school dropouts, drug addicts, etc. The basic philosophy underlying the music therapy program is:

1. In music people can express and experience the same emotions and emotional blocks they encounter in daily life.
2. By focusing on making music, rather than on personal or relational problems, music provides a safe haven to experiment with expression.
3. In this musical process people can play and experiment with different forms of expression of their emotions, integrate conflicting emotions, and rediscover “lost” or dangerous emotions.
4. By expressing these emotions within a musical structure, they can be accepted and reintegrated.
5. Discovery, acceptance and reintegration of emotions within the musical structure provides an experiential basis for integration within the daily life structure.

In short we identify music therapy as an independent form of psychotherapy, with two distinguishing features: 1) an analogy of musical processes with real life processes, and 2) the musical environment as a safe place to develop creative processes (experiment, expression and integration). This approach is reflected in our music therapy training program.

1) A 4-year continuing workshop in music, in which students explore the broad field of musical expression, experiment and train in techniques and instruments, and engage in personal creative processes.
2) Emphasis on general theoretical and methodical principles of creative arts therapies, and differentiating these into specific principles for music therapy (methodical music therapeutic practicum).
3) A 1 1/2 year intensive, and school-supervised, clinical internship, in which students carry out music therapies independently as members of a interdisciplinary team. The focus of clinical training is an intensive and deepening experience of guiding clients in their creative musical processes over longer periods of time, rather than short experiences with a broad variety of clients. To guarantee adequate settings for clinical training, the school carefully selects and contracts institutes for mental health care all over the country.
4) Emphasis on personal reflection in each of the above mentioned fields. An adequate degree of personal reflection is a prerequisite for entering the clinical training program.

5) Integrating personal and clinical experiences in a final theoretical thesis.

As a basic tenet of our program I see the development of a specific theoretical, methodical, and professional stance of music therapy as an independent form of psychotherapy. By focusing on the nonverbal musical process, we are able to integrate and reformulate principles from other therapeutic approaches, such as psychodynamics of the ego, developmental process, gestalt therapy, client centered therapy, communication-and family-therapy, structural psychology, neurolinguistic programming, directive therapy, morphology, etc. Being able to compare our findings in music therapy with developments in art therapy, drama therapy and horticultural therapy contributes to the process of defining principles for arts therapies in general, and specific principles for music therapy.

I feel that this endeavour - to identify music therapy as an independent form of psychotherapy within the branch of other creative arts therapies, and to formulate general and specific principles - is probably the strongest contribution our program can offer to the professional identity of music therapy.

As a result of close cooperation between the four Dutch academies for creative arts therapies the Dutch government has recently recognized the creative arts therapies program as a specific branch in the Dutch higher educational system. This provides a climate in which, by research and publication, the body of knowledge of music therapy can be developed, and the independent position of professional music therapists can be further established.

To be able to accept and understand the often “primitive” and idiosyncratic musical expression of clients, students in music therapy have to explore their own primitive and unsophisticated emotional relationships with music. This implies that students must be trained to let go of already reached sophisticated levels of musical expression. I feel that this is probably the most difficult, but also one of the most essential parts of any music therapy training program. For me it constitutes the very heart of our program. Combining this with developing an articulated professional theoretical and methodical stance and gaining adequate and intensive clinical experience takes up most of the 4 years of training. As a result, we are able to graduate confident, professional music therapists.

In the future I would like to see an additional possibility in training our music therapy students to carry out research. In cooperation with ECArTE, the European Consortium of Arts Therapies Education, we are investigating the possibility of devising a Masters Degree program to reach this goal.
Music therapy in Norway was established in the early seventies after a ten year period of individual pioneering work. The Norsk Forening for Musikkterapi was founded in 1972 and, since then, 300-400 members have joined this association. Around 1970 Paul Nordoff and Clive Robbins made several trips to Norway and, as a result, music teachers and music students traveled abroad to obtain a formal degree in music therapy. Training was obtained from the Guildhall School of Music (Juliette Alvin), The Nordoff & Robbins Music Therapy Centre (London) and Florida State University (Donald Michel/Clifford Madsen). In addition, several study trips were made around Europe and contacts were made with Vienna (Alfred Schmölz), Paris (Edith Lecourt) and Hamburg (Johannes Eschen and Isabelle Frohne).

During the seventies, music therapy developed from this broad theoretical and methodological background. In 1978 the first music therapy training program was established at Oestlandets Musikkonservatorium in Oslo. During the following 14 years at the conservatory approximately 100 music therapists received their training. In 1988 a similar program was opened at Sandane, in a small college at the west coast of Norway. Each of these music therapy programs accepts only 6-8 students each year. The course is organized as a two year full time study. Entrance criteria are 1) a B.A. degree, and 2) an entrance test/interview. The conservatory is currently planning a Masters Degree program in music therapy with the Department of Music and Theater at the University of Oslo. This will also open possibilities for a Ph.D. degree in music therapy in the future. The Department of Music and Theater also plans a link with D.I.C.S. (The Netherlands).

Due to the influence of Dr. Paul Nordoff and Dr. Clive Robbins, improvisation has become a central part of the repertoire of methods in the program. However, this music therapy method was given a theoretical foundation in humanistic psychology and developmental theory, i.e. Piagetian developmental psychology and interaction theory. Initially, the general emphasis was very much on music therapy in special education with children. As the program grew, music therapists began to work in psychiatric hospitals and geriatric wards. This meant that the theoretical foundation expanded to encompass both analytical theory as well as more neuropsychological approaches.

In Norway, the definition of music therapy from the beginning was broad: “The use of music to increase possibilities of actions.” This sociological perspective did encourage music therapists to work in all kinds of institutions: psychiatric and somatic hospitals, institutions and schools for special education, nursing homes for the elderly, etc. For many music therapists the use of music therapeutic methods and approaches is a cultural attitude, that is, to create a musical context which allows each person to
participate. This also means that music therapists take the responsibility for general cultural tasks that may serve prophylactic means, or serve as a strengthening agent of the social networks in the community.

This attitude has been valuable concerning the recent reforms in the service for the mentally handicapped in Norway, where the aim has become to integrate the mentally retarded into the community. In this process, music therapists have taken an active stance with respect to providing meaningful leisure time and thus working towards enhancing the life quality of the mentally handicapped. Many music therapists have been used as consultants in the overall process of planning a meaningful establishment in the community for the mentally retarded.

Small Is Beautiful (But you will need sharp eyes, open ears and strong legs):
The Music Therapy Training Program In Sandane
Brynjulf Stige

There are two music therapy training programs in Norway. In Oslo, the capital and the largest city, the first program was established in 1978. Ten years later the second program was established in Sandane. Sandane? Where is that? You may go to your bookshelf, pick up your atlas and look at the map of Scandinavia, and still not find Sandane. So I will help you: in the western part of Norway, somewhere between Bergen and Trondheim, the fiords are deeper and the mountains steeper than anywhere else in this country. Here, at the bottom of a fiord, underneath high mountains and wide glaciers you will find Sandane. Two thousand people live here in the community center. Around this small center you will find small and steep-hilled farms (but not necessarily small and steep farmers).

The Music Therapy Training Program in Sandane is a part of Høgskuleutdanninga på Sandane, where, in 1992, one can study special education, speech therapy, physical education, social education/nursery and music therapy. This is an untraditional institution of higher education. In fact, political discussions regarding it have been intense since the institution was established in 1981. The critical question has been: Is it possible to establish a good quality higher education in such a small institution, in such a small place?

Our answer is: If you are small, you will be able to move fast. And if your eyes are sharp and your ears open, you will know where to move. Our own eyes and ears are, to a large degree, created by a network of collaboration - a network that goes in two directions: first, toward the academic disciplines. We collaborate with universities and other larger institutions of higher education. For example, the Music Therapy Training Program is established in collaboration with the Conservatory and the University of Oslo. We coordinate in many ways, including the areas of teachers, educational plans and exams. The idea of the network is to establish a two-way stream of information, with
reciprocal benefit. The second direction of the network (which is of equal importance) focuses upon clinical aspects. The practicum is a very important part of the program, and close collaboration between the educators and the supervisors of the practicum is stressed (in fact, sometimes the educator and the supervisor is the same person). In this way we hope to make the connection between the academic and the clinical field stronger. We are now trying to strengthen our research efforts in music therapy (where a collaboration between the Nordic countries is to be established), and we want to build upon this connection between the academic and the clinical field.

Our program is developing along these two directions, which influences the characteristics of our program. The first (academic) direction of the network has impact upon the academic and transdisciplinary character of music therapy. These aspects are developed most effectively when educators can discuss ideas with educators from other institutions. From the second (clinical) direction of the network, we get information from a broad clinical field. The music therapists are working with many different client populations, in different clinical settings and with varied approaches to therapy. The program, therefore, also has a broad perspective. Our students learn different theories and methods which make it possible for them to specialize later when they begin working as music therapists.

The three main areas of focus in the music therapy program are Educational Music Therapy, Psychotherapeutic Music Therapy and Music Therapy as Cultural Engagement. I believe that our contribution to Norwegian music therapy has been most important in this last area which may be related to what Bruscia (in Defining Music Therapy, 1989) describes as Recreational Music Therapy. But we define “Music Therapy as Cultural Engagement” as a broader area. The focus is upon how factors in the community impact upon health and quality of life. Much of the work is prophylactic, and music and cultural activities are used to strengthen the clients’ social network. We have been working in this area in Sandane since 1983. To develop the area, more research is needed, and theories from social anthropology and social psychology must be integrated into the theory of music therapy.

The background of our students is varied (musicians, teachers, health-workers, etc). All students have a minimum of three years of education at the university level before they attend our 2-year, full-time, program. This, and the fact that students learn competencies differently, makes it important for the students to define the goals for their own development. This, then, becomes a theme for communication between educators and students, and in the practicum individual learning contracts are used. We want to educate music therapists that are able to integrate theoretical knowledge, musical skills and personal qualifications. We want the music therapist to be open to different perspectives, while at the same time, keeping his or her own ideas and frames of reference. Later, we want the music therapist to be politically conscious. S/he should understand how the community can make it easier or more difficult for the clients to achieve health and quality of life. These are major goals, and they require discussions regarding what competencies should be addressed in two years. There is now a need for expansion of the music therapy programs in Norway.

I believe that the strengths of our program are the network and our internal communication between educators, supervisors and students. We would like our program to be a “living organism,” interacting with the environment around us. The development
of music therapy will be stimulated if the interaction with other traditions of theory, clinical work and research is strengthened. For us, an important contribution to this will be the Nordic Journal of Music Therapy. After the first Nordic Conference of Music Therapy in Sandane (1991), this journal was established with the editorial board located in Sandane.

So, we live in a small and beautiful place, where it is possible to sharpen our eyes and open our ears. We walk on legs that are strong enough to carry us, and that are strengthened by the steep hills. And, to be true, there is an airport nearby Sandane. So, in fact, we do have wings too, and Oslo and the rest of the world is really not so far off!
Music therapy training in Poland began at the end of 1972 when, due to Professor Dr. Tadeusz Natanson’s efforts, the Music Therapy Institute at the Composition and the Music Theory Department at the National Music High School in Wroclaw was initiated. The first students were musicians. This has been the only institution in Poland which educates music therapists (for more details see the Wroclaw article). As yet there is no association for music therapists, and music therapy has no representation at the Health Department.

For many years, Dr. Kinga Lewandowska (a musician with a PhD in the psychology of music and wide experience in music therapy with children with mental disabilities) has taught a course on music therapy for students of psychology (60 hours for two terms) at the University of Gdansk. She also teaches in the training course for Helpers and Parents of Handicapped Children and, as a volunteer, conducts music therapy sessions for families with blind children and for the blind elderly.

In 1984, at the K. Marcinkowski Academy of Medicine in Pozna (at the suggestion of the chair of Clinical Nursing and Rehabilitation Dr. Laura Wolowicka, MD, PhD, Professor of Medical Sciences) music therapy was included in a course called “Arts Therapies.” Since that time, 300 undergraduates of the Nursing Faculty have studied the application of Music in Medicine (stress reduction, pain management, specific music therapy clinical techniques, such as relaxation strategies and imagery).

Within the last 6 years, 20 persons under the supervision of Dr. Wita Szulc have written dissertations on various topics in Arts Therapies and were awarded a masters degree. Dr. Wita Szulc also lectures on “Arts Therapies” in postgraduate courses for doctors, nurses and hospital librarians.

In 1985, Dr. Elzbieta Galinska (pianist, musicologist, with a PhD in the psychology of personality from the University of Warszawa, a postgraduate certificate in psychotherapy, and since 1970 employed at the Institute of Psychiatry in Warszawa) set up a “Music Therapy” Work Group in the Polish Society of Psychiatrists. The Work Group consists of about 200 members of various professions such as psychologists, musicians, doctors, and teachers. Five national conferences a year have been presented. (Seminars and workshops on various topics in music therapy, such as: Music therapy in the psychotherapeutic treatment of schizophrenia; Music therapy with alcoholics; The methodological approach in the mental health field; Improvisation with children and adults; and Applications of music in medical treatment including pain management, oncology, cardiology, obstetrics, neurology, rehabilitation, preventive care and the general hospital setting). Dr. Elzbieta Galinska is also the director of a postgraduate course on music therapy (“Applications of Music in Medicine”) for doctors. She has trained over 3500 people in music therapy over the course of 20 years. Dr. Galinska has also lectured on music therapy at the Music Academy of Wroclaw since 1985.
In 1986, Ewa Przeczek (employed by the Institute of Music Therapy at the University of Silesia in Cieszyn) undertook an attempt to introduce chosen problems of music therapy into the training programs of teachers.

Dr. Maciej Kieryl, MD (anaesthetician and music therapist graduated from the Music Academy of Wroclaw) was the first anaesthetician in Poland to introduce the concept of music therapy to relax patients prior to operation. He works at the Main Railway Hospital and the Child’s Health Center in Warszaw. Through his writings about music therapy, audio tapes, and records, Dr. Kieryl has popularized music therapy in Polish society.

Nowadays the training of music therapists in Poland is limited by the lack of financial resources. A solution to this problem may come in the form of private schools sponsored by appropriate institutions from abroad and European Education Programs.

Academy Of Music Wroclaw, Department Of Music Therapy

Andrzej Janicki

The Basic Facts About My Music Therapy Training Program

I think of music therapy as a part of psychotherapy which can be applied in psychiatry, special pedagogy and the rehabilitation of physically and mentally handicapped people. It should be applied mainly to cases of psychoneurosis, psychosis, addictions and behavioral disorders. As a means of psycho-regulation and regulation of the functions of the vegetative system it helps in some psychosomatic diseases, operations, childbirth, and dentistry. In working with a healthy person, some of the music therapy techniques should be applied individually to reduce psychic tension, to eliminate fears, normalize moods, and eliminate exhaustion.

The students are prepared theoretically for the clinical work. Their preparation includes: clinical psychiatry, general psychology, clinical psychology, medical and social psychology, methods, and techniques of psychotherapy. They are taught the skill of therapeutic behavior and contacting the patient. The clinical training and practice takes place in psychiatric, psychosomatic, and surgical departments of the hospitals; and also in centers for blind, autistic, and mentally handicapped children. It develops the ability to apply music therapy based on various theoretical orientations. The therapy is focused mainly upon insight, social learning, assuring personality growth, encouraging creative attitudes, and social adjustment. The use of methods and techniques of music therapy according to emotional - communicative - interactive and cognitive orientation is helpful mainly in the treatment of mental diseases and deviations.

The programs of the academic training contain a proportioned balance in practical and theoretical teaching of musical, medical, psychological, and general subjects. The programs are modified and refined. The important part of it is mastering the following: piano, flute and guitar; the knowledge of music literature and the ability to use it for receptive task techniques (for example, in the technique of “music portrait” according to E. Galinska); and also, harmony and counterpoint in order to prepare musical material for therapy.
My Personal Views

Music therapy techniques are developed and modified and their elements are often joined together. Sometimes, there are problems with objectively estimating their therapeutic value because they are usually used as a part of a complex therapy treatment for differently selected groups of patients in various conditions.

I believe that there is a need for high quality, scientific, research; specifically dealing with the subject of the mechanism of music's influence on man and its usefulness in therapy. I think that the most important thing in preparing students for the role of a professional music therapist is the preliminary selection of persons with a mature personality, resistance to frustration, empathy, and with a flexible and creative character. During the course of study they should be able to develop self-knowledge, to strive for perfection, to develop the habit of conscientiousness, to learn to base their practice on moral and ethical values and on the desire to help their patients, and finally, to share their knowledge and practical experiences.

My program is convergent with the programs of other centers in Poland, which lead non-diploma courses for music therapists. The Music Academy in Wroclaw, which I represent, is the only academic training in music therapy in the country. I believe that during the course of the next 5-10 years other academies and universities will join the task of training music therapists. In my opinion, the factors which will promote the development of music therapy in Poland are: a mostly positive attitude of different circles, a significant interest in music therapy among young people starting their studies, and the sufficient number of high schools in the country. The negative factors in Poland are: many shortages and needs of high schools and hospitals in regard finances and organization, many years of isolation from foreign schools, and the lack of foreign literature. I believe that our participation in the international research programs in music therapy could be useful for further development of the field of music therapy in Poland.
PORTUGAL

Music Therapy In Portugal

Teresa Paule Leite

Training

Since the late 1970’s, the Portuguese Association for Music Education (A.P.E.M.) has been organizing introductory seminars and workshops on music therapy (1-2 per year), and has functioned as an information source on music therapy international publications and conferences. Introductory music therapy courses have been included in programs for music educators. The first Portuguese music therapy training program (1989-92) was created by the Madeira’s Regional Department of Special Education (led by Dr. J. Verdeau-Paillés) and meets the training requirements of the French Association of Music Therapy. This program accepts students currently working in related fields and includes 3 intensive weeks of coursework, 3 years of documented fieldwork, a final examination and a written monograph.

There has been interest from institutions in including music therapy and music therapy related staff in their settings, and there are many professionals who combine music therapy with their clinical/psychoeducational work. And now, with the advent of the first graduating class from the Madeira training program (April 1992) and a new group which is planning to form a music therapy association, I believe that we can say that music therapy in Portugal is just about to truly begin its existence as a field.
The week between the 28th of March and the 2nd of April 1977 can be considered as an important moment in the history of music therapy, at least as far as Spain is concerned. The first National Symposium on Music Therapy was held in Madrid with both the presence and participation of Juliette Alvin and Rolando O. Benenzon, along with some Spaniards who, at that time, worked with music for therapeutic aims and results. It was an important date because, judging from the warmth of the different conversations and meetings, a group was slowly taking shape which, a few months later in 1977, was to become the Spanish Music Therapy Association. In 1981 it was declared an association of public interest and in 1982 it became a member of the World Federation of Music Therapy.

Several persons with renowned professional and social prestige in this area, such as Professor Obiols, Dr. Ledesma and Dr. Poch Blasco have held the post of President of the Association. But at the present time, and for the last few years, I have had the honour of presiding over it. It seems that ages have past since that first stone was laid, and since then we have had the normal ups and downs which occur with everything that lives, moves, and develops. These movements show great forward strides which music therapy has taken in Spain.

The First International Meeting on Music Therapy, held in December 1991, was a way of testing to see the actual status of music therapy in Spain. To see this, one can look at the program of this important meeting and the different presentations made by Spanish professionals.

In Spain, there already exists a range of possibilities in the area of training, and although there is not a university degree in music therapy, postgraduate courses are given, as well as shorter courses in a more or less systematic way. For example, there is the study program of the Music Therapy and Group Techniques School in Vitoria; the courses which the Music Therapy Research Center has been holding in Bilbao; and courses which have been programmed for this year by the Catalan Music Therapy Association; in addition, music therapy is to be included as a specialty subject at Valencia University. Then add to all of these various, other courses offered and the information campaigns organized by the Spanish Music Therapy Association itself. The Ibero-American Institute in Barcelona, the Independent Quorum Association of Music Research, private centres such as “Fysios” in Estella (Navarre) and “Nayade” in Malaga, public bodies such as the National Institute of Social Services and the Royal Trust of Prevention and Attention to Disabled, and primary school teacher training colleges all include some music therapy in their training programs. (I note that I have mentioned those institutions about which I have the most information, and I have left out, for reasons of discretion and respect, any personal reference to the professionals in this field.)
Is there any quality control in this area? The Spanish Music Therapy Association, without trying to be a "seat of wisdom," attempts to guide, as objectively as possible, those who approach us with an interest in training in music therapy. Perhaps I could just mention a few of the characteristics of the ideology; or rather, common pulse, of music therapy in Spain which came up during the international meeting to which I referred earlier:

- The tendency towards a holistic approach to therapeutic techniques which obviously requires the interrelation of a multiprofessional team. This means working towards comprehensive training.
- Music, and other forms of artistic expression, are important as a therapeutic integrating model.
- The peculiarity and uniqueness of music therapy as a specific treatment, as well as the fact that it allows more access for persons with some behavioral conditions.

If we try to find a common denominator from this brief look at the specific and specialized field of music therapy, then perhaps it is the following word: "plurality," which, as long as it is not chaotic, is always enriching. We need not worry about this variety of music therapy at this historical moment in time because this happens in any new specialty or field of work which is just beginning. What we do need to worry about however, is goodwill, when it is not backed up by serious training and practice, and supervised by people who are able to control human behaviour (such as those people who work professionally in human sciences). There exists a general wish to share: to give and to receive. But, it is just as important for us to know how to accept that which we receive from others, as it is to know how to offer, in a way as presentable as possible, what we have inside us. In other words, when importing produce we have to be good tasters; and when exporting, we have to employ rigid quality controls.

The Music Therapy And Group Techniques School
Escuela de Musicoterapia y Técnicas Grupales
Patxi del Campo San Vicente

To assume a constructive perspective of our profession leads us to consider a professional or student in music therapy as a craftsman of creation. This charge affords certain structures that allow him to form coherent ideas from the facts and put them into action. From this perspective, the music therapist is a creator, in a manner similar to an artist, within the different structures of his practice.

An education process based upon the paradigms of professional art (considering this term as the capacity of giving solutions to specific situations) should begin with direct and indirect contact with the practice and daily business of music therapy. It is through practical methods that students learn to observe and perform those things which will enable them to grow into experts, and qualified professionals are needed to help them reach their goals. These professionals differ from one another in their respective
subspecialties, in their particular experiences and perspectives brought about by their work, and in their way of acting. They do, however, share a base of professional and formal knowledge which is organized more or less systematically in what Geoffry Vikers has called "a value system." It is a mixture of values, preferences and standards which serve to interpret practical situations, objectives and directions so that steps may be taken which will determine what constitutes acceptable and professional conduct.

The students' interests and their professional and personal realities, are diverse. In the case of our school this is even more marked as it is populated by students from distinct backgrounds with differing professional interests that range from the clinical application of music therapy to pedagogical applications, passing through stages of personal development. If we add to this the fact that, in our country professional training in music therapy is still in a process of becoming recognized; teaching, in this stage of development, is fundamentally carried out as a subspecialty of one's own profession. Taking this into account, and believing that each idea, action, or person is a unique entity, the most surprising and marvelous thing about education is the understanding of, and living with, others and furthermore, accepting what is unique about them. This necessitates taking a positive view of diversity and addressing the goal of integration in any given situation.

The process of training in music therapy is a creative process "par excellence." In their development, students create new connections and links which find their expression in a new work experience, in different human relations and in a more global view of life. Creativity means risk, since anything new involves uncertainty. It also means communication, a creative process in which the individual is in constant contact with both the external world and his own internal world. This opening of his personal environment and professional development allows him to know and accept the necessary existence of problems. The relationship with his internal, individual world - with its strengths and weaknesses - provides awareness and experiences which may lead to a possible solution. The new discovery, the creative act (which in the beginning, is necessarily subjective) changes into an objective and understandable form of the outside world.

To conclude and summarize, I believe that it would be beneficial for us to propose a training model where the following aspects are clearly addressed:

- A greater cohesion between theoretical developments and clinical practice, manifesting itself through professional contributions. These contributions would serve as reference points, and would permit the development of reflective attitudes in professional practice.
- A training in which greater emphasis is placed upon reflection: such as the observation and analysis of the behavior of different professionals, and the direct experience of the "here-and-now" in our own professional development (individually or in a group).
- A didactic accompaniment based on tutorials, which allows identification with the innate values of individuality in relation to professional requirements, and the continuous assessment of the group relation and its expression in clinical practice.
A training based on art in which a) freedom and creativity allow the development of individual liberty, b) there is an integrated vision of each part of the social system where the individual element is not overshadowed by the group, and c) the group makes sense within the context of a global set of different realities which comprise a therapeutic situation or link.

A SCHOOL IS A LIVING BEING THAT HAS ITS STAGES OF DEVELOPMENT AS DOES A HUMAN BEING.
Music Therapy Education In Sweden

There are no authorized music therapists in Sweden. That is, there is no nationally formalized education leading to a music therapy degree. Even so, since the 1970’s we have had both courses and training programs in music therapy now established at all six Colleges of Music in Sweden. In 1961, the first graduate training program took place at the Royal College of Music in Stockholm. For more than one decade then, we have had a three year part-time graduate training program for professionals (see article by Ingrid Hammarlund), a highly qualified training compared with international standards.

In Sweden, the concept of music therapy is closely related to music in special education. Swedish music therapy was developed at schools and institutions for the mentally retarded and for handicapped children. The first generation of music therapists have their roots in special education, which implies an educational, rather than a therapeutic approach in the music therapy work. More than "treatment," these music therapists focus on the personal development and growth for each child. The interplay between individual and environment is important. Within an educational setting they work with both pedagogic, motoric, social and psychological aims. This work is primarily based upon developmental psychology and theories from Piaget and Homburger Erikson, focusing upon the child’s own activity and self-regulation. Individual sessions are dialogue-centered, while group sessions have their roots in a Fröbel-tradition with considerable material from Swedish children’s play songs.

The Swedish Association for Music Therapy (SFM, established in 1973) was formed around the “educational music therapy.” With few exceptions, the members came from the field of special education. “Educational music therapy” was separated from the so-called psychiatric “clinical music therapy,” an orientation which, at that time, was not represented in the Swedish praxis. Since then, there has been a slow change which has come about through teachers and therapists trained abroad in the psychiatric field. This has enlarged the concept of music therapy, but there is still a distinct demarcation between the more educationally oriented “music therapy” and “music psychotherapy.”

The chairperson for SFM in the late 1970’s, Ingrid Thalen, was also chair for a team working on the first proposals for higher education. Thus, there has been a natural connection and discussion between SFM and the boards organizing higher music education. Now there is an ongoing national discussion regarding levels, requirements, equivalences etc. between different courses and programs.

Music therapy is a young discipline. The first generation of music therapists were professional music teachers, teachers in special education, psychotherapists, etc.,
but were autodidacts in music therapy. Influenced by (among others) David Wards, Juliette Alvins, Paul Nordoff and Clive Robbins’ visits to Sweden, and by their own travels to other countries, they formed their own personal paradigms in individual pioneer work. All formal training in music therapy at universities/colleges has utilized the competence gained by this first “self-made” generation. At the College of Music at Ingesund, a music therapy training was founded upon one individual and his method “functional music therapy.” All other colleges have as their foundation a conglomerate of ideas, models and methods engaging teachers from different fields and theoretical orientations. Instead of planting one complete model from one theoretical system, it has been characteristic of the Swedish colleges to let a more organic model grow. This growth is based upon the tradition of Swedish practitioners, and Swedish culture and thinking in health care and the educational system.

One reason that Sweden does not yet have authorized music therapists is, I believe, due to the fact that since the 1960’s all institutional work is characterized by “the principle of normalization,” including the most severely handicapped children. This principle was strongly recommended by both the Board of Education and the National Board of Health. It has also, of course, influenced music therapy work and education. The Social Welfare Act for Mentally Retarded from 1955 has been influential, as well. During the 1960’s we had a far-reaching integration of the handicapped into normal society. Music therapy, then, becomes part of a primary educational or cultural “normal” work. Professional groups such as preschool teachers or teachers in music schools search for alternative methods of addressing new needs from their pupils. At the same time, these professionals do not want to fully deepen their music therapy competency. These same tendencies are evident in health care and habilitation work, and are also supported by the boards organizing higher education: One cannot prepare for a non-existing profession or position. A certificate degree in music therapy, then, gives a special competence within one’s ordinary work as a special teacher, psychologist, music teacher, etc. After training, it is most usual to return to ordinary work, often with the same income level, but with some small changes in employment conditions such as more individual sessions, fewer lessons a week, more time for preparation, and a more therapeutic orientation. But one also finds music therapy trained persons working in new fields, such as geriatric care, with children in exile, and in so-called special therapy schools for children with socio-emotional disturbances.

Though not yet formalized, Sweden also has the first proposals for a special musicpsychotherapy training on a psychotherapist level degree. Concerning research, there are no (post graduate) research programs linked directly to music therapy training; however, there is some research going on outside the universities. Stockholm has access the D.I.C.S base at the University Center of Aalborg. Since all advanced studies should be based upon science, this is an important issue when formalizing a praxis into a higher education training program.

To sum up, in Sweden there is still no social consensus or official agreement about both the process of professionalization, nor the knowledge or competence required of a music therapist. However, we have a whole new cadre of formally trained music therapists with a certificate degree in music therapy. By virtue of their basic training as teachers or therapists or artists, they use their new music therapy skills in a very broad-minded way.
The Music Therapy Training Program
At The Royal College Of Music In Stockholm

Ingrid Hammarlund

The music therapy program is a graduate training, with 3 years of part time study. To enter the program, students must have completed a university level training in music or in health care, and have at least 5 years of professional experience. After an interview and audition, 12 students are accepted into the program. This training course, along with the basic graduateship in music or in health care, leads to a Masters Degree in Music Therapy and qualifies the student to enter a doctoral program at the Royal College of Music in Stockholm.

Theory/Study Approach Of The Program

The emphasis of the program is the practical music therapy fieldwork. This, along with small group supervision, provides the basis for the theoretical and methodological studies. The theoretical approach is psychodynamic, with an emphasis on object relations theory (Winnicott) and self psychology (Stern). The basis for the integration of the practical and theoretical work is a basic first year psychology course. A second emphasis of the program lies in the understanding of the “music therapy relation.”

In the first year of the training the focus is upon understanding one’s own learning process; to form relevant questions to oneself. Lectures in psychology, music improvisation, group dynamics exercises, supervision of practicum work, and experiencing the lectures and clinical work of professional music therapists provide this learning.

In the second year of the training the focus is upon deepening knowledge through intertherapy training with on-site supervision. The students have the opportunity to receive four Guided Imagery and Music (GIM) sessions. We have included these personal GIM sessions because we believe that this in-depth personal music therapy experience gives an important foundation for understanding oneself and enables the student to listen to music with a new consciousness. To help integrate their practical and theoretical knowledge, the students are required to write a case study based upon their practical fieldwork. Additionally, courses in psychiatry, neuropsychology, and in subjects addressing the problems of specific clientele are designed with the needs of the students in mind.

In the third year of the training we concentrate upon the theoretical examination in the form of a written, 40-50 page, thesis. The third year of study also offers an introductory course in GIM, and other expressive arts therapies, such as dance therapy, art therapy, and psychodrama.
Subjects

Our subjects are as follows: 1) Music Therapy: theories, methods and techniques 
2) Psychology: childhood development and object relations theory, psychology of music, 3) Therapy Process Analysis: observation techniques, evaluation and documentation, 4) Music Improvisation and Composition, 5) Intertherapy: on-site supervised music therapy training in triads with the students in the role of therapist, client, and observer, 6) Music Therapy Fieldwork: five hours per week, both individual and group therapy, 7) Music Therapy Group Supervision: with four students participating, 8) Introduction to Guided Imagery and Music (GIM) and four individual GIM sessions, 9) Information and Orientation to Other Techniques: Guided Affective Imagery, psychodrama, dance therapy, and art therapy, 10) Psychopathology, Mental Handicaps, and Neuropsychology, 11) Ethics, 12) Research Theory, and 13) Thesis.

The essence of the training program is to provide the students with the opportunity for growth; to develop their creativity; and to be able to look at music therapy as a mutual dialogue, an interplay between client and music therapist on different levels. The essence lies in the process rather than in the technique. The students practice music therapy with a population of their choice, and the training guides them in making that choice.

Trained music therapists in Sweden have just recently formed the Swedish Music Therapists Association; and with 1) their own psychotherapy experience, 2) the training course, and 3) clinical experience and supervision, the students are qualified to apply for certification as a music therapist.

In the future we hope to be able to develop our on-site individual supervision by organizing clinical fieldwork centers. We will begin a music therapy supervisors' training program in the fall of 1993 where experienced music therapists will be trained as supervisors. We hope to develop expressive arts centers and to focus upon music therapy clinical research.
SWITZERLAND

Music Therapy Training In Switzerland

Regula Utzinger

There are two trainings in the country. Both of these trainings are independent institutions:

A) "Ecole Sociale de Musique, section musicothérapie" in Neuchâtel/Neuenburg. It began in 1980 and is a 3 year program divided into:

a. Two years, one day per week: a theory course ending with an examination.

b. One year of practical work under supervision ending with a written thesis. The founders are Janine Matthys and Tyra Vulcan.

B) "Berufsbegleitende Ausbildung Musiktherapie" BAM in Zürich. It began in 1986 and is also a 3 year program. It is divided into:

a. Two years, one day per week: a theory course with placements under supervision ending with a certificate.

b. A certificate is awarded which allows the student to continue into the next year wherein s/he creates a project based upon a special theme. This course will soon be extended to four years. For more details see the report of the school itself. The founder is Fritz Hegi.

Current Status

Officially, there are no credentials required to practice music therapy in Switzerland. The Swiss Association for Music Therapy (SFMT/ASMT) has set up conditions to become a member. It is possible to be a) an active member, b) a passive member, or c) a student member. Only active members are permitted to utilize the SFMT/ASMT credential. This is the only “guideline” for quality. Within the association we are working on the recognition of music therapy by the health insurances which are part of the Department of Health.

Short courses and workshops are presented by individual music therapists.

Different Influences

It is quite clear that the different languages in our country are creating different music therapy connections. For example, the French speaking part of Switzerland is more oriented to the training in Montpellier, France. The German speaking part is more oriented to Germany and Austria with their trainings. There are only two members in the association from the Italian part of Switzerland.
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In the future we hope to be able to develop our on-site individual supervision by organizing clinical fieldwork centers. We will begin a music therapy supervisors’ training program in the fall of 1993 where experienced music therapists will be trained as supervisors. We hope to develop expressive arts centers and to focus upon music therapy clinical research.
Officially, the profession of “music therapy” does not exist. Therefore, it is up to each institution to create employment possibilities. Currently, the Department of Health has made budget cuts (currently in doctors’ fees and complementary medicine). But, patients and doctors are already intervening to prevent these cuts.

Berufsbegleitende Ausbildung Musiktherapie Zürich

Fritz Hegi

Training Program In Music Therapy On The Job

“BAM” is a three year training program for applicants who are already practicing some form of music therapy. It accompanies its students’ professional activity (as indicated by the German term “berufsbegleitende”). Applicants must be at least 28 years of age. Application requirements include several years of professional experience in the field (ranging from psychotherapy to sociotherapy to remedial pedagogy); familiarity with handling musical improvisation on a chief instrument and vocally; a current psychotherapy of the applicant’s choice; and at least 40 hours of active experience in music therapy, either individually or in a group.

The Schweizer Musik Institut (SMI - Swiss Music Institute) was founded in 1988. It is domiciled at Aarau (Switzerland) and its director, T. Haefeli, is the administrator and trustee of the program. The program is organized and led by the so-called “Trägergruppe.” Their members are: Prisca Bruggisser, Sandra Lutz, Maja Rüdisüli, Klaus-Benedikt Müller, Urs Rüegg, and the director, Fritz Hegi. The course of study comprises six semesters of weekly meetings (Mondays) in Zürich. This is supplemented by three intensive weeks and twelve weekends; these parts of the course emphasize the training in self-awareness and are led by outside specialists. Among those invited are Gertrud Katja Loos (Germany), Hans-Helmut Decker-Voigt (Germany), Karin Schumacher (Germany), Tonius Timmermann (Germany), Isabelle Frohne-Hagemann (Germany), Lisa Sokolov (New York), Paolo J. Knill (U.S.A.) and others.

This adds up to a total of about 1300 hours of training and experience in self-awareness, which are completed by required assignments outside the course proper, such as intertherapy (a model that practices therapeutic role behavior, about 40 hours), the trainee’s own leading of therapy (approximately 100 hours), his/her work on the musical instrument(s) and his/her practice in the fields of music therapy or remedial pedagogy. The latter are supervised within the framework of the course.

The syllabus of BAM concentrates on two directions of music therapy: remedial pedagogy and psychotherapy. There are five main subject areas, each covered by several teachers with a different thematic focus. These are a) Psychology/Psychopathology, b) Improvisation and Music Theory, c) Practice in Music Therapy, d) Supervision, and e) Self-Awareness Training. Certain specific subjects, such as Other Methods of Psychotherapy, Remedial Pedagogy, Pharmacology, Conversational Technique, Body Work, History of Music Therapy, Institutions and Professional Policy, as well as areas of special interest within the course (Instrumental Practice, Research, Supervision, etc.) are partly integrated within the five main subject areas or are taught
by guest teachers in accordance with further demand and time available.

The various teachers are not bound within a single therapeutic approach or musical direction. The unifying focus of BAM is provided by music therapy as an independent clinical, curative and pedagogical method. Since 1986 three courses have taken place. The first was a two year pilot project, the second (1988-1991) was a three year program, and the last began in August of 1992 with 17 participants. The next course, probably a four year program, will begin in January of 1996. Experiences arising from the current course will provide guidance for necessary changes in the future.

The 17 participants will conclude their course of education with a written thesis (case analysis), with a group project in the field and with a theoretical colloquium. They will receive a certificate in music therapy upon satisfactory completion of the course. Their payments of SFr. 3,000. per semester cover the courses within the training program, and the costs for external components are borne by the participants themselves.
Training in music therapy has developed in Britain over the period of 1969-1992. Plans for a professional training in music therapy began when Juliette Alvin established the British Society for Music Therapy in the late fifties, and began to discuss the possibilities of music therapy training with music colleges in London.

The first course was established at the Guildhall School of Music and Drama at a postgraduate level, and applicants were required to have undertaken three years of training in music to the degree or diploma level. In the early seventies, the second course in music therapy was established by Paul Nordoff and Clive Robbins, also at the postgraduate level. The third course was established in the late seventies at the Roehampton Institute for Higher Education by Elaine Streeter. All three courses required applicants to have a high level of musical skill - having undertaken music training - and to have had some experience in a clinical area. Most recently, a part-time course has emerged at Bristol University, developed by Leslie Bunt, and this is a two-year postgraduate course in music therapy. Plans are also well underway for the establishing of two new courses at Edinburgh University and the University of East Anglia in Cambridge.

Training And Supervision

The three full-time courses are all one year long, and the part-time courses at Bristol are two years. The course at the Guildhall School of Music and Drama is now validated by York University, and the Nordoff-Robbins course is validated by the City University, London. The Roehampton Institute course is validated by Sussex University. All four universities offer postgraduate diplomas in music therapy upon successful completion of the training.

These training programs provide an intensive program in five specific areas: 1) Music therapy theory, 2) Music training - free improvisation, instrumental study, 3) Medical and paramedical study, 4) Clinical experience, and 5) Personal development.

Most recently, proposals have been discussed for the extension of postgraduate training over an additional year, in the form of clinical supervision during the first year of employment. The Association of Professional Music Therapists (APMT) is discussing this currently with the heads of training courses.

Courses Liaison Committee

Due to difficulties and, subsequently, differences that had occurred in other countries between different music therapy training courses, in 1981, I (as Chairman of
the professional music therapy association - APMT), established a Courses Liaison Committee. This committee, which is still a working committee today, consisted of members of APMT and the head of each training course. The committee drew up a “module of basic training,” and later, designed both “requirements and standards in the training of music therapists” and a set of entry requirements for music therapy courses. All proposed courses in music therapy in Great Britain now present their syllabi and course requirements to this committee for approval. This committee also makes recommendations to employing authorities, such as the Department of Health, regarding the acceptability and validity of music therapy training in Great Britain.

Recognition Of Music Therapy Qualifications

In the years 1979-1982, I was involved in negotiating for the recognition of music therapy qualifications and the establishment of a career structure in music therapy. In 1982, the Department of Health agreed upon the criteria for training in music therapy, and we established a career structure for music therapists comparable with other paramedical professions. Qualifications of music therapists have now been accepted by the Department of Health and the Department of Social Services. In the field of special education, teaching qualifications are still required, but music therapists are employed as “Music Specialists” in the field of special education. Music therapists are now employed in the National Health Service in hospitals and units on a scale from “Basic Grade Music Therapist” through “Head III Music Therapist” (head of a department undertaking highly skilled and specialized work).

In the last two years, an application has been submitted by the Council for Professions Supplementary to Medicine (CPSM) for music therapy to become a State Registered profession. This will necessitate an Act of Parliament, and in music therapy training, registration and disciplinary procedure will come under the purview of the CPSM. Music therapy in England is, therefore, a regulated profession at the moment, and with State Registration will increase its status to that of a profession legislated in law by the Government.

Recent Changes

Recent changes in the organization of health care in Great Britain have resulted in setting up Trusts in what were formerly the Health Districts in the country. This could mean considerable variation in the employment of music therapists. In addition, because of the implementation of a new process involving purchasing services, the music therapy profession must currently work to establish the relevance and importance of its work to be sure that our service will be purchased. Another recent change is the discharge of a large proportion of patients from hospitals and the deployment of services such as music therapy. The change from more centralized services (in the hospitals) to providing community based service is creating a new environment in which music therapists can work, but concomitantly many new problems for the employment of music therapists.

There is considerable support for the music therapy profession within related professional fields; however, this is a watershed time for music therapy. Research and valuation of clinical practice will be essential in providing evidence in the future of the validity and efficacy of music therapy.
There is a substantial body of material already on the Documentary, Information and Communication System (DICS) regarding the training courses in music therapy in Great Britain, literature and research work, as well as the clinical situations in which music therapy is practiced in Great Britain.

**Guildhall School Of Music And Drama London**

**Diploma in Music Therapy,**

**DipMTh (GSMD/York)**

Sarah Hoskyns

**Introduction**

The Guildhall music therapy course is a one-year postgraduate professional training accepting 10-14 students per year. It was founded in 1968 by the late Juliette Alvin, in conjunction with the British Society for Music Therapy. The University of York has validated the course diploma since 1987, at which time the British Society for Music Therapy (BSMT) ceased its formal collaboration in running the course. In relation to other courses in Europe, the Guildhall is one of the older trainings and could be said to have something of the grand dame about it. It has an established reputable name and the advantage of maturity. It is allowed to be a little eccentric these days and is affectionately brought up to date by the numerous offspring who visit. The problems are those of advancing years: it is a little hard of hearing and perhaps a bit slow to respond; easily tired, because it has done this for a lot of years; and inclined to be put in the shade by the fresh young courses emerging.

As a director of only 12 months experience, the continuing challenge of handling this mature and formidable course is daunting. On one hand I feel respectful of the pioneering groundwork done by my distinguished predecessors, Juliette Alvin and Margaret Picket; but on the other hand, concerned to question and rethink many facets of the course’s running. Do we have to be doing this just because we have always done so? Are there things we are missing and need to include? Are we preparing students for the condition of the nineties, for the developments in community health care in this country, and for a more available and competitive Europe? The application of such questions means that the course is currently undergoing a period of transition and change. It seems wise therefore to attempt to answer the question: What lies at the heart of the Guildhall music therapy program? Through doing this, I can try to give an intuitive feel for what the training is about and, in the process, pinpoint core aspects of the teaching.

**The Heart Of The Guildhall Music Therapy Course**

After some careful thought, three concepts come to mind which seem to underpin this training course. These are musicianship, fellowship and awareness. Each of these concepts will be considered, in turn, and explored in relation to the course’s functioning.
Musicianship

Though students who apply to Guildhall already have qualifications in (and much experience and love of) music, we continue to devote a substantial part of the syllabus to music studies (first and second instrumental studies, keyboard musicianship, contemporary music improvisation, clinical improvisation, music therapy group). Why should there be such an emphasis when there is so much work to be done to introduce the complex and often unfamiliar world of professional therapy? In a sense, this is merely opportunism: we are exploiting the strengths of being in a major London conservatory which already employs a wide range of excellent teacher-musicians. (An interesting comparison could, perhaps, be made with training courses based in teaching hospitals.) However, there is also an implicit belief system at work here. The course has the assumption that one’s individual relationship with music lies at the heart of the music therapist’s practice. It is a living, growing thing which needs constant nourishment. By building time for individual musicianship into music therapy training one operates a sort of insurance policy for future practice. The course is saying: “Make sure you attend to your own need for musical expression as well as facilitating other people’s. This should be considered in the same way as one would work at one’s own therapy: both need attention.”

In regard musicianship, the Guildhall students are also encouraged to: 1) rely on their own musical responses whilst being open to new approaches taught in the course and to develop a personal style suited to the client groups they encounter, 2) make use of their own intuition and observations, and 3) pay very close attention to the quality of listening in most, if not all, of the music studies. Sensitive listening is a vital component in the practice of music and of therapy and, perhaps, constitutes the most important link between the two disciplines.

Fellowship

Central to all teaching of therapy is the foundation of trusting relationships. Students in this course are introduced to an understanding of the principles of dynamic relationships through teaching of psychoanalytic and humanistic theory; their observations of the music therapy relationship in clinical practice; and through their own experience of clinical supervision, personal therapy, group music therapy and group dynamics. However, aside from the teaching of principles, there is a strong belief in the importance of relationships on a wider scale which underpins this training. A spirit of mutual respect and interreliance amongst the students is essential to their survival as a training group. This can only be achieved if there is a strong sense of teamwork amongst staff at Guildhall and also with the network of outside clinical supervisors to whom the students are apprenticed (one day per week for 12 weeks in each of three contrasting settings). This type of fellowship enables the students to view music therapy as part of a multi-disciplinary team from the very beginning of their training.

Awareness

This third, and final, concept puts particular emphasis on the therapy training. I suspect that this aspect will have most in common with other courses and so will briefly list the ways in which it relates to Guildhall teaching.
1) We are putting increasing thought as a staff team into the focus and approach of the course to students' personal insight and awareness of self. At present, weekly classes in group dynamics and movement and a 24-week music therapy group are the core of this teaching and we struggle to find appropriate ways to assess development in these areas.

2) Awareness on a general level is promoted by encouraging students to have an open and questioning attitude to all aspects of their studies. This is important firstly because the students are introduced to a range of different psychological theories and treatment procedures in training and they need to be able to test the theory against their own observations of practice. Secondly, the course introduces the students to research in training and an alert, questioning approach is vital in undertaking research when qualified.

3) Thanks to the influences of other training courses in Britain and elsewhere (in particular, Nordoff-Robbins and Roehampton music therapy courses), we are attaching increasing importance to the awareness achieved through careful preparation of observational case studies.

4) In conclusion, in the current position of having only one short full-time year in which to teach our students, perhaps the most important aspect of awareness on this course is the idea that the training year is only a brief beginning.

Exciting developments with longer trainings elsewhere in the world set important precedents for us. We look forward to gaining inspiration from this International Report.
SECTION 3:
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