

ATOL: Art Therapy OnLine

Training and professionalisation in the arts therapies: Some examples and perspectives from Europe

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Abstract

Drawing on historical and contemporary examples from different European countries, this paper explores the diverse landscape of training and professionalisation in the arts therapies. As such different approaches and pathways of development are outlined alongside considerations of the socio-political conditions of different countries. After a brief historical note regarding the development of the arts therapies, we focus on training within modern European contexts and explore issues of collaboration and integration. Within this context, we discuss the role of professional bodies and reflect on the balance between shared standards and diversity in the arts therapies. This leads to a consideration of professional recognition and of its complexities.

Keywords

arts therapies, training, professionalisation, Europe

Note

This paper is a revised and expanded version of a book chapter (Karkou, Tsiris & Kagiava, in press), which was originally written in Greek. The original

motivation for writing this paper stems from our engagement with training and wider professionalisation activities in the arts therapies nationally and internationally. The information presented here was collected through reviews of the literature and communication with colleagues from our networks, including members of the CATI team (Athanasiadou et al., 2016) and of 4ArTS whom we warmly thank. Given the shifting professional landscape of the arts therapies, the information regarding the current situation in each country is to be treated as accurate, to the best of our knowledge, at the time of writing this paper.

Introduction

The development of the arts therapies¹ as contemporary professional and disciplinary fields is the fruit of creative therapeutic work with a range of client groups, systematic evaluation and research as well as of various collaborative efforts nationally and internationally. A range of therapeutic approaches, training programmes and research support the role of the arts therapies in promoting health and wellbeing. Nevertheless there remain important gaps to be bridged particularly in professional recognition matters – something which is even more apparent in the current challenging socio-economic climate of many European countries.

Drawing on historical and contemporary examples from different European contexts and particularly from the United Kingdom (UK), where the majority of our experience lies, we explore areas that pertain to training and professionalisation. This may offer a platform for more detailed and comparative explorations of the arts therapies within and across different countries – but this is beyond the scope of the current paper.

¹ The term 'arts therapies' in this article refers to art therapy, dramatherapy, music therapy and dance movement therapy. Other therapies, such as play therapy, are included in the term in some countries, but this is not the case here. Note that the term 'arts therapies' is used interchangeably with 'arts psychotherapies'.

A brief history

The arts have long been used for therapeutic purposes across different parts of the world (e.g. Freshman & Fryrear, 1981; Gouk, 2000; Horden, 2000). As contemporary professional and disciplinary fields, however, the arts therapies emerged in the 20th century in Western countries. Karkou and Sanderson (2006) argue that this emergence is associated with a number of factors, including: 1) art movements – such as Expressionism, ‘Art Brut’ and ‘Outsider art’ – which promoted, among other things, a less elitist use of the arts, 2) the establishment of psychoanalytic and humanistic psychotherapeutic approaches which led to new understandings of the nature of creativity and imagination, 3) child-centred educational theories, such as Franz Cizek’s progressive ideas in Austria about the value of children’s free artistic expression, 4) the promotion of the benefits of the arts by occupational therapists after World War II and by musicians invited to play music to patients in hospitals, and 5) a growing interest in the medical field for the effects of the arts on both body and mind.

To varying degrees in each country these factors provided a fertile ground for those who had a therapeutic orientation in their arts-based work to initiate the development of arts therapies practices. According to historical records², hospitals and mental health institutions after World War II introduced the arts as a therapeutic intervention. Next to developments in the United States of America (USA), the arts began to be used as therapeutic interventions in the UK as well as in other northern European countries. Tracing the origins of art therapy, for example, psychiatrists Erich Guttman and Francis Reitman started exploring the relationship between art and mental illness in 1930. Inspired by the Prinzhorn collection³, and in cooperation with the artist Edward Adamson, their work took place in the Netherne Hospital in Surrey, UK. Around the same time, Adrian Hill was the first artist in Europe to use the term “art therapy” (officially in 1945 in his book “Art Versus Illness”). While being

² Some examples of historical records for each arts therapy include: art therapy (Hogan, 2001; Waller, 1991; Wood, 1997), dance movement therapy (Meekums, 2002; Payne, 1992), music therapy (Barrington, 2015; Bunt & Stige, 2014; Tyler, 2000) and dramatherapy (Jennings, 1987; Jones, 1996).

³ In 1922 Hans Prinzhorn published a collection of paintings titled ‘Artistry of the Mentally Ill’. These paintings had been created by patients in psychiatric institutions in Germany, Austria, Switzerland, Italy and the Netherlands during 1890-1920 (Waller, 1991).

treated for tuberculosis in a sanatorium in the UK, he used the term to describe the therapeutic qualities of art while a few years later he was invited at the same sanatorium, but this time to introduce art to patients. Most of these patients were World War II soldiers who were wounded physically as well as psychologically, with many suffering from post-traumatic stress disorder (for more details, see Waller, 1991).

As the arts were increasingly being used within and beyond the national health system of different countries, the first professional bodies were established. Regulating professional standards has been an important aspect of the role of such bodies. The establishment of professional associations has also been intertwined with the development of education for practitioners resulting in the development of training programmes. Such programmes began at different times across different European countries. In the UK, for example, the Society for Music Therapy and Remedial Music was founded in 1958 and was followed in 1968 by the first music therapy programme at the Guildhall School of Music and Drama (Bunt & Stige, 2014). The Birmingham School of Art and the St Albans School of Art (now the University of Hertfordshire) launched the first art therapy courses in 1969 and 1970 respectively (Waller, 1991). Also, a series of joint dramatherapy and dance therapy modules was offered at Sesame in 1964, but full training programmes in these two fields were not available in the UK until 1977 and 1985 for each discipline respectively (Karkou & Sanderson, 2006).

Training

Training in the arts therapies is currently offered on an undergraduate or postgraduate level in different European countries. The duration of a full-time training may range from one to five years while in some cases part-time studying is possible. In the UK, for example, training programmes are postgraduate and last two years (full-time) to three or four years (part-time). The Netherlands, Germany and Belgium are examples of countries where some undergraduate training programmes are offered, although some of them also offer training at postgraduate level, such as the MA in Art Therapy offered in Weissensee School of Art in Berlin.

Training usually takes place within state or private university settings. In some cases, however, independent organisations, such as charities, may offer training programmes, which are validated by a university. For example, Nordoff Robbins – a UK-based music therapy charity – offers a masters music therapy training programme, which is validated by Goldsmiths, University of London. Likewise, Metafora – a Spanish institute – offers an art therapy training which was originally validated by the University of Barcelona and currently by the Pompeu Fabra University.

In some other cases, training programmes are provided by private institutions and/or professional associations. In such cases, however, the studies offered are usually recognised only by the organisation that offers the training itself, while sometimes their educational standards are approved by relevant national and/or European professional bodies. An example of the latter case is the art therapy training offered by the Art & Psychotherapy Centre in Athens, Greece, which is approved by the European Association of Psychotherapy. Nonetheless, training programmes offered by private institutions and/or professional associations can sometimes be questioned by certain stakeholders with regards to the academic or state recognition of qualifications that they offer.

Finally, in some countries, the arts therapies are taught as a specialisation within other undergraduate or postgraduate university programmes. Examples include the MA in Psychology with specialisation in art therapy at St. Petersburg State Academy in Russia, as well as the Rehabilitation, Sophrology, Creative Therapy and Arts/Expressive Therapies course at Zagreb University in Croatia.

Collaboration and integration

Some of the initial efforts for collaboration between the different arts therapies led to some forms of integration. This integration – which resonates to some extent with the expressive arts therapies movement, which began in the USA (Levine & Levine, 2011), as well as the integrative model, which was found in the UK (Jones, 1996; Waller, 1991) – has had implications both on the educational and professional levels.

In education, the American model of expressive arts therapies training is available in Europe through the MA in Trans-disciplinary Art Therapy and Human Development at the Institute of Trans-disciplinary Art Therapy (IATBA, formerly known as ISPA) in Barcelona, Spain as well as the MA in Expressive Arts Therapy with a Minor in Psychology which is offered by the European Graduate School in Switzerland. The latter is a distance learning course with an attendance of summer seminars and the placements taking place in the country of residence of each student. Similarly, in the UK, the integrative movement has been developed into the Institute of the Arts in Therapy and Education (IATE). This is the only UK-based organisation where students attend joint modules on all forms of arts and their certificate has the title 'Integrative Arts Psychotherapy'. However, both the expressive arts therapies movement and the integrative model have not been as common in Europe. A different type of collaboration between the arts therapies can be found in the training programmes in Belgium (Artevelde University College) and Latvia (Riga Stradins University). In Latvia more specifically – where the arts therapies training is delivered within a medical university – trainees study together in a collaborative model of work that identifies common areas across the arts therapies, but specialise in one of them (Akmane & Mārtinsone, 2016; Paipare, 2015).

On a professional level, the European Consortium of Arts Therapies in Education (ECArTE) was founded in 1991 in an effort to create a common platform for training and professional recognition in the arts therapies across Europe. Founded by the universities of Hertfordshire, Münster, Nijmegen and Paris, ECArTE currently *comprises 32 member* institutions from *14 European countries*. Postgraduate or undergraduate programmes of a minimum of four-year study (or three-year undergraduate courses followed by a two-year postgraduate programme) are eligible for registration provided they are based in, or validated by, a university. ECArTE promotes student exchange between certain educational institutions across countries and provides opportunities for clinical placements in the respective countries.

Similar collaborative, pan-European initiatives are observed within each arts therapy, such as the European Music Therapy Confederation (EMTC), the European Association Dance Movement Therapy (EADMT) and the European

Federation of Dramatherapy (EFD). The former European Association of National Art Therapy Organisations did not last over time but a European Association of Art Therapy is in the process of being developed by the Network of European Art Therapists (NEAT), which was formed after the ECArTE conference in 2011.

In addition, some student initiatives are noteworthy, such as the European Association of Music Therapy Students (EAMTS) and the 4ArTS International Encounter for Arts Therapies Students. Founded during the 2005 ECArTE conference, 4ArTS initially operated within its remit as a conference organised for students by students but now has an autonomous board. So far 4ArTS has organised 10 annual student conferences each in a different country.

National professional bodies

In addition to the cross-national collaborations mentioned above, joint arts therapies associations have been established within particular countries. In some countries, such multi-professional groupings seem to relate to a need for bringing together the small number of arts therapists. In Latvia's case, for example, when the number of professionals within each arts therapy grew, sub-groupings were established for each of discipline, all of which fell under the country's overarching arts therapies association. Debates regarding the different forms of professional and legal recognition for the arts therapies, however, are on-going across different countries (for a discussion regarding music therapy's recognition as an autonomous form of therapy or under an umbrella with other related therapy forms, see Voigt, 2015).

Professional associations for each of the arts therapies, however, can be found in almost all European countries, while in some cases one arts therapy may be linked to more than one association. Also in some countries there might be two or more associations for the same arts therapy. Attempts to consolidate these different national professional associations have led occasionally to the establishment of overarching federations. In 2010, for example, the Spanish Federation of Professional Associations of Art Therapy was established to unify Spain's five different art therapy professional bodies.

Shared standards and diversity

A key aim of national associations is the promotion of their professional and disciplinary field including the establishment of standards in clinical practice and education. In the case of cross-national professional bodies, such as the European associations and confederations mentioned above, European standards are discussed and, to a varying degree, agreed. This establishment of some shared standards impacts the mobility of professionals across countries and leads to initiatives such as the European Music Therapy Register (EMTR) (see De Backer, Nöcker Ribaupierre & Sutton, 2013; Ridder, Lerner & Suvini, 2015).

Given each country's diverse legal and socio-political frames, the establishment of shared standards is a complex task. This task becomes even more complex when considering the cultural peculiarities as well as the local contexts and definitions of clinical practice and education across different European countries (Karkou et al., 2011; Ridder & Tsiris, 2015). In addition, the range of theoretical orientations within each arts therapy at times adds to the difficulty of identifying common educational standards not only internationally but also nationally. Some programmes, for example, may focus on specific psychotherapeutic approaches such as a psychodynamic approach (e.g. the MA in Art Psychotherapy and the MA in Dance Movement Psychotherapy at Goldsmiths, University of London, UK), while others may employ an arts-centred approach (e.g. the art therapy programme at the University of Applied Sciences and Arts, Ottersberg, Germany).

Indeed, the diverse theoretical and artistic foci of different approaches within the arts therapies have been a topic that has preoccupied and continues to differentiate certain training programmes as well as some professional associations. This differentiation underpins the guiding philosophy and is reflected, at times, in the name of training programmes and/or professional associations.

In the UK, more specifically, there was a debate in 1992 between those who supported that the term 'art psychotherapy' does not give justice to the innate therapeutic qualities of art and those who supported that such a term will grant the profession wider recognition and differentiation from other professions like occupational therapy. This debate led to a referendum where

most people expressed their wish to use the term 'art therapy'. Today, however, both terms are widely used and accepted in the UK. University of Roehampton, Queen Margaret University in Edinburgh as well as Goldsmiths, University of London, for example, use the title 'art psychotherapy' in their respective training programme titles. A similar emphasis on 'psychotherapy' is given by the MA in Integrative Arts Psychotherapy, which is offered by IATE, where graduates can register with the UK Council for Psychotherapy (UKCP). Moving in a similar direction, the Association for Dance Movement Psychotherapy in the UK (ADMP UK) has changed its name from 'dance movement therapy' to 'dance movement psychotherapy'. In 2016, ADMP UK was accepted for regulation under the UKCP next to other forms of psychotherapy such as psychoanalysis, humanistic psychotherapy, Gestalt, psychodrama and body psychotherapy. This recent change of regulatory status is expected to have a positive impact on the development of the profession, aligning requirements for practice to other forms of verbal psychotherapy. Debates regarding the use of 'therapy' or 'psychotherapy' have also taken place within the UK music therapy community, but the term 'music therapy' has prevailed in the country.⁴

Apart from their different theoretical approaches, the philosophy of training programmes also varies according to their research emphasis and orientation. Some programmes – such as the dance movement psychotherapy programme at the University of Heidelberg, Germany and the arts therapies programmes at Riga Stradins University, Latvia – follow an evidence-based practice model (Karkou, 2009).

Despite their diversity, training programmes combine theoretical and experiential components. According to the UK Benchmark Statements for the arts therapies (QAA, 2004), for example, academic aspects, inter alia, aim to develop critical thinking relevant to: i) the history and theoretical principles for the arts medium of the particular programme (drama, art, music or dance), ii) psychological, sociological, psychiatric and medical perspectives, iii) the therapeutic relationship and process on an individual and group level, iv)

⁴ For a discussion regarding different understandings of the terms 'therapy' and 'psychotherapy' within different cultural and historical contexts, see the correspondence between the music therapists Ken Aigen (USA) and Gary Ansdell (UK) (Aigen, 1996; Ansdell, 1996).

recording, evaluation and research methods, as well as v) ethical issues including diversity and equal opportunities. The Benchmark Statements (QAA, 2004) also describe that the experiential part of the training programmes aims at: i) the development and use of creative and therapeutic skills, ii) participation in individual and group settings both as trainee therapists and as clients, iii) participation in various arts workshops, as well as iv) writing clinical reports and keeping confidential records. Indeed, undertaking supervised clinical placement and personal therapy are prerequisites for the vast majority of training programmes across Europe with the exception perhaps of certain undergraduate programmes.

While the above considerations apply more or less to most European training programmes, a number of differences are observed due to the diverse political, legislative, cultural and socio-economic conditions of each country. In particular, there is disparity in key educational processes, such as minimum qualification criteria as well as admission and supervised clinical placement requirements. Although this disparity could potentially be a barrier towards shared professional standards as outlined above, it highlights the diversity of the field and the richness that such diversity could offer including the different options for people interested in training as arts therapists.

Professional recognition

In countries where training programmes are part of state-recognised universities, there tends to be some kind of academic recognition of the arts therapies. Academic recognition, however, does not necessarily equate state recognition of an arts therapy as a professional field or the regulation of professional titles. This is highlighted in the case of music therapy where, although 60 accredited training programmes were identified in 2005 (see Nöcker-Ribaupierre, 2015), only three countries have achieved state recognition to date: the UK, Latvia and Austria. In these three countries professional recognition seems to be directly linked to university education (which is officially recognised by the state), state recognition and the

regulation of the code of ethics.⁵ In the UK in particular, registering with the Health and Care Professions Council (HCPC) is a prerequisite for practising arts therapists⁶. Unlike the UK, where the arts therapies are accredited almost uniformly by the HCPC, in other countries state recognition applies to a specific arts therapy that is taught to a corresponding academic level, such as the case of music therapy in Austria (Fitzthum, 2015).

While working towards legislative and state recognition, some national arts therapies associations have established self-regulated systems for protecting professional qualifications and titles. Educational standards and requirements set by associations tend to be in line with those set by the Bologna Declaration (Bologna Process), while in many countries continuing professional development (CPD) is considered as a condition for entry and membership into professional associations (Harrison, 2015).

Since professional recognition and state legislation for arts therapists is pending in most European countries, the majority of qualified professionals are working without the appropriate recognition of their credentials. This situation can pose several risks: the lack of professional recognition and legislation can allow multiple interpretations of who is considered 'qualified' to practise with potential safeguarding consequences both for practitioners and clients. The aforementioned establishment of self-regulated systems for protecting professional qualifications and titles is one way of minimising such risks. Developing national codes of ethics, national registers of qualified professionals, as well as mappings of services offered throughout a country are some additional ways for enhancing the national infrastructures of arts therapies.

Professional recognition, as well as training related developments, is also more or less directly affected by respective research developments in the arts therapies. In recent decades there has been an increased research activity in all arts therapies, with a number of comparative studies both nationally (e.g. Burns, 2009; Karkou, 1999; Karkou & Sanderson 2006; Zubala, 2013) and at

⁵ For more information about professional recognition of music therapy in the UK, Latvia and Austria see Barrington (2015), Fitzthum (2015) and Paipare (2015) respectively.

⁶ Dance movement psychotherapists are currently registered with the UKCP, but their HCPC accreditation is pending.

European level (e.g. Karkou et al, 2011), and an increasing number of doctoral research studies (see Aigen 2008). Notable is also the establishment in 2009 of the International Centre for Research in the Arts Therapies (ICRA) at Imperial College London, as well as the inter-university research centre for arts therapies in Holland 'KenVak'.

Reflections

Through a number of examples and perspectives from diverse European contexts, we have explored different areas that pertain to training and professionalisation in the arts therapies, while some gaps – especially in terms of professional recognition – have been discussed. Looking ahead, and in considering the future development of the arts therapies, a collaborative approach seems to be of essence. The importance of a collaborative approach is also highlighted in a recent special journal issue focusing on 'Music, Drama, Dance Movement and Art Therapy: Interdisciplinary Dialogues' (Karkou, 2016a), as follows:

At a time when we are faced with a global recession and cuts being implemented in all services, working closely together, finding a common language and offering support for each other become vital for professional survival. The strengths of the one discipline can be added to the strengths of the other, creating a professional front that operates on the basis of mutual respect for one's unique practice, experience and potential contribution. [...] such collaborations do not challenge professional identities but add value, offer better services to clients, safeguard professionals from potential isolation, and [...] add an enormous amount of enjoyment and excitement (Karkou, 2016b, p. 10).

At the same time, any collaborative approach needs to keep a balance between the global and the local in the arts therapies. The message 'think globally, act locally' (Ridder & Tsiris, 2015) seems particularly relevant here: cross-national collaborations and perspectives need to inform local actions

and initiatives while cultivating a context- and culture-sensitive stance. On a local level, a collaborative approach can be framed in three main levels (see Athanasiadou et al., 2016): the macro-level, which might include coordination of collective initiatives for ensuring professional rights and the establishment of joint or interdisciplinary training initiatives (e.g. Laahs & Derrington, 2016); the meso-level, which could include service provision of different arts therapies within the same organisation (e.g. Hackett, 2016; Havsteen-Franklin et al., 2016), as well as the coordination of joint CPD seminars and workshops (e.g. Athanasiadou et al., 2016); and the micro-level, which could include joint clinical supervision and/or experiential arts therapies groups (e.g. Ko, 2016). The perspectives and examples outlined in this paper could offer a platform for future detailed analyses regarding training and professionalisation in the arts therapies within and across different European countries. We propose that future endeavours would benefit from critical reflection regarding training and professional recognition. This includes taking into account not only the possibilities, but also the risks that regulation and standardisation could potentially bring in the arts therapies.

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Biographies

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