

# **International Contexts of Tertiary Education in Expressive Therapies**

**Ivana Lištiaková (Ed.)**



Palacký University Olomouc

# **International Contexts of Tertiary Education in Expressive Therapies**

*Ivana LIŠTIAKOVÁ (Ed.)*

**2015**

# **International Contexts of Tertiary Education in Expressive Therapies**

## **Editor:**

Mgr. Ivana Lištiaková, PhD.

## **Authors of chapters:**

Mgr. Zuzana Fábry Lucká, PhD. (Chap. 4) – 1.3 author's sheets

PaedDr. Katarína Kuková (Chap. 2) – 0.8 author's sheets

Mgr. Ivana Lištiaková, PhD. (Chap. 1, Chap. 5) – 2 author's sheets

Mgr. Alžbeta Sykorjaková (Chap. 3) – 1.1 author's sheets

Prof. PaedDr. Jaroslava Šicková, PhD., academic sculptor (Chap. 2)  
– 0.8 author's sheets

## **Reviews:**

doc. PaedDr. Barbora Kováčová, PhD.

PhDr. et Mgr. Petra Potměšilová, PhD.

© Palacký University Olomouc, 2015

ISBN **978-80-244-4611-0**

# Contents

Introduction .....	9
<b>1 TERTIARY EDUCATION IN EXPRESSIVE THERAPIES IN THE EUROPEAN CONTEXT .....</b>	<b>12</b>
<i>Ivana LIŠTIAKOVÁ</i>	
<b>2 TERTIARY EDUCATION IN ART THERAPY .....</b>	<b>36</b>
<i>Jaroslava ŠICKOVÁ – Katarína KUKOVÁ</i>	
<b>3 TERTIARY EDUCATION IN MUSIC THERAPY ....</b>	<b>66</b>
<i>Alžbeta SYKORJAKOVÁ</i>	
<b>4 TERTIARY EDUCATION IN DANCE-MOVEMENT THERAPY .....</b>	<b>90</b>
<i>Zuzana FÁBRY LUCKÁ</i>	
<b>5 TERTIARY EDUCATION IN DRAMATHERAPY ..</b>	<b>118</b>
<i>Ivana LIŠTIAKOVÁ</i>	
Conclusions .....	134
About the authors.....	136

## List of tables

<i>Table 1</i>	<i>Study opportunities in expressive therapies in Finland.....</i>	<i>17</i>
<i>Table 2</i>	<i>Study opportunities in expressive therapies in Germany .....</i>	<i>20</i>
<i>Table 3</i>	<i>Arts therapy associations in the Netherlands .....</i>	<i>21</i>
<i>Table 4</i>	<i>Overview of universities in Europe providing education in arts therapies .....</i>	<i>26</i>
<i>Table 5</i>	<i>Overview of music therapy associations.....</i>	<i>70</i>
<i>Table 6</i>	<i>Music therapy courses in the Czech Republic.....</i>	<i>78</i>
<i>Table 7</i>	<i>Music therapy approaches and ways of studying music therapy .....</i>	<i>83</i>
<i>Table 8</i>	<i>Factors of effort in Laban's theory .....</i>	<i>98</i>
<i>Table 9</i>	<i>Development of European association of dance-movement therapy .....</i>	<i>100</i>
<i>Table 10</i>	<i>Member associations of EADMT.....</i>	<i>102</i>
<i>Table 11</i>	<i>Time allocation of accredited training in dance-movement therapy in Germany .....</i>	<i>108</i>
<i>Table 12</i>	<i>Education in dance-movement therapy in selected countries.....</i>	<i>112</i>
<i>Table 13</i>	<i>Overview of dramatherapy study programmes in the United Kingdom .....</i>	<i>127</i>
<i>Table 14</i>	<i>List of dramatherapy-oriented scientific journals .....</i>	<i>129</i>



europa  
social fund in the  
czech republic



EUROPEAN UNION



MINISTRY OF EDUCATION,  
YOUTH AND SPORTS



OP Education  
for Competitiveness

## INVESTMENTS IN EDUCATION DEVELOPMENT

The publication was prepared as the part of Project TERA-Developing co-operation and exchange of experience among the students, the employees of Palacký University in Olomouc and public administration institutions and the sphere of application in the field of psychotherapy, art therapy, dramatherapy, music therapy and dance movement therapy, reg. number: CZ.1.07/2.4.00/31.0005. The project is co-financed by the European Social Fund and the state budget of the Czech Republic.





## **Introduction**

This publication offers an overview of the current possibilities of studying expressive therapies at universities and other institutions of tertiary education. Expressive arts therapies constitute an area of science and practice that is relatively new on the level of accredited education. Many European countries have not yet established work in the area of art therapies as independent professions. However, experts in psychotherapeutic, psychological and special or therapeutic educational practice, as well as in other helping professions, competently utilise expressive arts therapies and their methods. Therefore, the requirements for the possibilities of studying and for the legal establishment of these professions are growing. The aim of this publication is to provide a basis for orientation in expressive therapies and their current developments in the European context.

Expressive art therapies draw on art as their resource in terms of their theory and methods of work. Art is perceived with a focus on its therapeutic potential and in the context of all its modalities. Each modality offers different artistic aesthetic, sensory and therapeutic opportunities. Moreover, they also share common principles and effective factors.

The first chapter of the publication focuses on the introduction of the context of expressive therapies and the opportunities that exist to study these fields. It mentions the differences between countries in the level of the establishment of the professions of arts therapists, as well as in the presence of professional umbrella organisations. Visible differences exist in the traditions of particular therapies in different regions of Europe. Because of this, there are differences in the educational programmes that are offered. The chapter concludes with a summarising table with links to the universities.

The second chapter is devoted to the development of art therapy in the context of art therapy associations, as well as in terms of the history and present state of its research. The authors are Jaroslava Šicková, a sculptor and art therapist, and her collaborator Katarína Kuková.

Professor Šicková provides current information from the working group of European art therapists who seek to develop the field and the accredited training in art therapy. The chapter describes the theoretical foundations of art therapy and some approaches to art therapy, noting the context of education in the different approaches. It highlights the principles that are specific and considered significant for particular schools of art therapy and national contexts.

The third chapter describes study opportunities in music therapy. Music therapy schools and the education provided by them are set into the context of the theoretical background of music therapy and its methods. In addition to a review of existing curricula, the chapter also describes the competencies required for practising music therapists. From the theoretical concepts, it analyses the models of active and receptive music therapy, the anthroposophic model and creative music therapy. The chapter was written by a therapeutic pedagogue, Alžbeta Sykorjaková, who is dedicated to music therapy in support work with children, as well as research.

The fourth chapter discusses approaches to dance movement therapy in the analysis of their theoretical framework, as well as in the description of the development of the European Association Dance Movement Therapy. The author compares methods and techniques of dance movement therapy, such as the basal dance of Marian Chace, the authentic movement of M. S. Whitehouse or Laban movement analysis, and provides a list of educational opportunities in selected countries. The author of the fourth chapter is Zuzana Fábry Lucká, who continues to develop psychomotor therapy in Slovakia following Magdaléna Szabová.

Chapter Five proceeds into the area of drama therapy. It describes several important approaches, such as psychodrama, role theory and method, and developmental transformations. Afterwards, it discusses the philosophical and practical orientation of drama therapy study programmes at European universities. The conclusion highlights the importance of research for the development of drama therapy.

The publication is not an exhaustive account of all the existing study programmes that provide education and training in expressive therapies. It is mainly based on the records of registered professional organisations. We hope that this publication will serve as an inspiration and that it will contribute to the development of expressive therapies in the context of the Czech and Slovak Republics.

# **1 TERTIARY EDUCATION IN EXPRESSIVE THERAPIES IN THE EUROPEAN CONTEXT**

*Ivana LIŠTIAKOVÁ*

Expressivity and its manifestations are highly individualised human characteristics. Malchiodi (2005) wrote that people possess different expressive styles and preferences. If therapists support these expressive differences, they allow their clients to communicate in a fuller, more effective and authentic manner. Expressive or art therapies have the potential to respond to these needs of people and to enhance their development.

Knill et al. (1995, as cited in Malchiodi, 2005) stated that expressive therapies contain common characteristics, which include, for example, the conduct of action. However, they differ in many respects. Each artistic modality uses different tools to achieve change and focuses on activities that best facilitate the therapeutic process based on their artistic characteristics.

The aim of this chapter is to familiarise the reader with the international dimension of the development of expressive therapy schools. As a result of the existence of different methods, along with a common line of artistic expression, the arts therapies have developed separately in some countries, while other countries were inspired by existing theories and created eclectic approaches.

## **1.1 Opportunities to study expressive therapies in particular countries of Europe**

The umbrella organisation in the area of expressive art therapies is the European Consortium for Arts Therapies Education ([ecarte.info](http://ecarte.info)). As member organisations, universities that provide accredited education in arts therapies are eligible to register. The member states currently include Belgium, Croatia, Estonia, Finland, France, Germany, Ireland, the Netherlands, Norway, Russia, Slovenia, Spain, Sweden and the United Kingdom.

The consortium was established in 1991 and currently includes 34 member universities from the 14 above-mentioned European countries. The Chair of the consortium is Sarah Scoble from the University of Worcester. The tasks of the consortium include creating networks between professionals and students in the area of arts therapies, supporting communication and mobility, the development of research, support for the process of international recognition of degrees gained in member countries, publishing academic texts that include current trends, philosophies and research results, creating a platform and organising international conferences.

Opportunities to study expressive therapies exist also in countries that are not members of the consortium. For example in Czech Republic, the expressive therapies are included in the study programmes of special education (Müller et al., 2014) or in Slovakia they exist as courses within the therapeutic education field (Fábry Lucká, 2014). The following text will focus on the study training programmes that are registered in the European consortium.

### ***Belgium***

Expressive therapies in Belgium are covered by the Belgian Association of Arts Therapies (BVCT-ABAT, [bcvt-abat.be](http://bcvt-abat.be)). Well-established fields include art therapy in the sense of visual art, dance-movement therapy, drama therapy and music therapy. These therapies allow reflection and stimulation through art and they

are used in work with people with psychosocial, psychological and psychiatric problems. Arts therapists lean towards defining therapeutic goals together with their clients.

There are four schools in Belgium that provide the opportunity to study arts therapies in Belgium: Artevelde University College, PXL University College, Lemmens University and Agape. The first school offers bachelor's degree education in arts therapies in a broader sense. The second school is focused on art therapy in a narrow sense. The Lemmens Institute organises a master's programme in music therapy and Agape provides a certified course in dance-movement therapy.

**Artevelde University College** ([arteveldehs.be](http://arteveldehs.be)) based the philosophy of their approach to arts therapies on the perspective on psychoanalysis of Jacques Lacan. It stems from the premise that the individuality of a person is the centre of the diagnostic and therapeutic efforts. Lacan's theory allows the mutual relationships of the subjects and the artistic forms to be observed. Lacan also talked about three parts of the psyche: imaginative, symbolic and real. In practice the work in arts therapies is based on these. The unity of art and the psyche is the central idea of expressive therapies, according to the approach of this school.

**PXL University College** ([pxl.be](http://pxl.be)) offers a bachelor's programme in art therapy. Other than an insight into the client's situation, the students/graduates of this programme are expected to gain knowledge in the fields of art psychology, modern art and the art of outsiders, as well as of ethical issues. They will also develop their creative competences in various art modalities. The programme contains participation in work in studios for drawing, sculpture, graphics, ceramics, painting and new media.

## **Croatia**

In the context of art therapies in Croatia, it is possible to find art psychotherapy (painting), creative therapy, art sophrotherapy, drama therapy and psychodrama, music therapy, dance-movement therapy and symbolisation.

**The University of Zagreb** offers master's study modules in rehabilitation, sophrology, and creative and art/expressive therapies. The study programmes in Croatia are five years long. Students in the fourth and fifth years gain skills in art therapies as a supplementary approach to various areas of diagnostics, education, treatment and rehabilitation. Currently, students are not awarded the title of an arts therapist, but they earn a degree in the area of pedagogical or rehabilitation science (or sophrology, which is the science dealing with human consciousness, its modifications and the possibilities of change with prophylactic, therapeutic and educational goals). This approach is focused on different levels of consciousness and self-awareness and their development. The originator of the term 'sophrology' is Dr. Alfonso Caycedo. The term is a connection of the Greek words standing for science and harmony of consciousness.

The university cooperates with several organisations:

- the Croatian Association for Sophrology, Creative Therapies and Arts/Expressive Therapies,
- the Croatian Association for Psychosocial Oncology,
- the Croatian Association for Musical Therapy.

## **Estonia**

The tradition of arts therapies in Estonia can be traced back to the 1920s. It is connected with Tallinn University ([tlu.ee](http://tlu.ee)) and the psychiatric hospital in Tallinn. In 2004, the Estonian Society of Creative Arts Therapies ([loovteraapiad.ee](http://loovteraapiad.ee)) was created. Tallinn University offers education on the bachelor's and master's levels in the areas of music therapy, art therapy, dance and movement therapy and drama therapy (creative drama).

The music therapy programme is based on psychodynamic and humanistic approaches. Research in receptive music therapy is focused mainly on vibroacoustic therapy. In 1990, the Estonian Society of Music Therapy ([muusikateraapia.ee](http://muusikateraapia.ee)) was established. Short-term courses are also provided by the Es-

tonian Academy of Music and Theatre. Drama therapy in Estonia is based on Moreno's psychodrama. In 1990 the Estonian Society of Psychodrama ([hot.ee/epdy](http://hot.ee/epdy)) was founded. Currently, there are two training institutions: the Estonian Moreno Centre and Tallinn Psychodrama School. Visual art therapy was developed thanks to teachers from Finland and became the most popular modality of arts therapies in Estonia. It applies various approaches, such as a humanistic-expressive or solution-focused approach. Dance and movement therapy is relatively poorly developed. The Association for Dance and Circus Therapy was established only in 2010.

The occupation of a creative therapist belongs among the new professions in Estonia and it is mostly employed in the area of rehabilitation, but also as a support therapy in psychiatric treatment, in institutions of social services and in special schools ([ecarte.info](http://ecarte.info)).

## ***Finland***

In Finland, arts therapies started to develop in the 1950s, especially in settings related to mental healthcare. Later they were also transferred to special education and rehabilitation. Despite that, the profession of an arts therapist is not currently registered among the healthcare fields. The most widespread art therapies in Finland are music therapy, art therapy and dance-movement therapy, which also feature the possibility of university-level education. Drama therapy, art psychotherapy and phototherapy are also practised.

The theoretical backgrounds of arts therapies in Finland are rather eclectic and integrative. They move from psychodynamic towards humanistic and existential theories. Music therapy services for some groups of clients are refunded by the state social insurance company, which increases their accessibility. The centre of research in music therapy is the University of Jyväskylä. Music therapy in Finland belongs under the umbrella of the Finnish Society for Music Therapy ([musiikkiterapia.fi](http://musiikkiterapia.fi)), which organises conferences and publishes a journal called *Musiikkiterapia*.



Visual art therapy is often considered to be a part of psychotherapy. Many art therapists are registered as psychotherapists. The Finnish Association for Mental Health and the Association of Art Therapists in Finland (kuvataideterapia.fi) set the length of studies as four years, so that it matches the criteria for psychotherapeutic professions. Another organisation is the Finnish Art Therapy Association (suomentaideterapiayhdistys.fi). The first training institution has been in existence since 1974 and is currently named the University of Art and Design in Helsinki. In Finland, it is possible to gain qualifications on various levels (Table 1) (ecarte.info).

*Table 1 Study opportunities in expressive therapies in Finland*

	Number of credits	Institutions providing education
<b>Music therapy</b>		
Introductory course	3-5	Open University
Basic studies	30	Open University
Subject studies	50	Open University
Professional/Clinical studies	80	University of Applied Sciences in Tampere and Turku Eino Roiha Institute in Jyväskylä
International master's programme with the possibility of continuing with doctoral studies	120	Univerzita Jyväskylä
<b>Dance-movement therapy</b>		
Basic studies	30	Eino Roiha Institute in Jyväskylä Summer University of Northern Ostrobothnia Kokos Theatre Academy in Helsinki
Professional/Clinical studies	90	Eino Roiha Institute in Jyväskylä

<b>Visual art therapy</b>		
Socio/economic/bachelor's level (psychodynamic approach)	120/60	Satakunta University of Applied Sciences
Specialised training in psychodynamic art psychotherapy	60	
Art therapy	60	
Training in visual art therapy	76	Finnish Art Therapy Association Vantaa Institute of Continual Professional Education at the University of Helsinki
Visual Art Therapy (4-year training programme)		Finnish Association for Mental Health and Association for Arts Therapists
<b>Expressive Therapies</b>		
Extended training programme in expressive art therapy	120	Inartes Institute in cooperation with the European Graduate School from Switzerland

## France

In France, the history of arts therapies started in the 19th century and it is connected with the settings of psychiatric hospitals and the name of P. Pinel (ecarte.info). In this period, an attitude on the part of the helping professions started developing that departed from purely medical care towards social therapy and the use of group activities. Artistic activities involved ergotherapy (the creation of crafts products) and occupational therapy (with opportunities for self-expression). Since then many approaches to arts therapies have been established. Art therapy or plastic art was influenced by psychopathological art – artistic expression in the treatment of mental disorders. In dance therapy, two directions were created: through the classical approach to dance and through a psychological, psychoanalytical orientation of primitive expression that overlaps with psychomotor or dance-occupational activity and the-

rapy. Music therapy developed at psychiatric hospitals. Currently, it is being transferred from behavioural conditioning with music towards working with sound that creates structure, code and artistic products. Dramatherapy is not highly developed in France, because this area is dominated by psychoanalytical psychodrama. At present, it is possible to gain a Master's degree with a practical and/or research orientation from the Sorbonne Paris Cité in Art Creation, with a specialisation in Arts Therapies, with four specialisations: music therapy, drama therapy, dance therapy and plastic art therapy. An important association is the French Society of Psychopathology of Expression, which is concerned with theatre, poetry, painting, film and dance in the healthcare context. There is also the French Federation of Arts Therapies ([ffat.federation.org](http://ffat.federation.org)) and smaller organisations that are engaged in one or other of the art therapeutic modalities. However, on the national level, there is only the French Federation of Music Therapy ([musicotherapie-federationfrancaise.com](http://musicotherapie-federationfrancaise.com)). The profession of an arts therapist is not legally established yet. Professionals are employed on the basis of their original professional qualification ([ecarte.info](http://ecarte.info)).

## **Germany**

In Germany, there is a tradition of an anthroposophic orientation of medicine that is characterised by the integration of art into psychiatric treatment. Active music therapy began to develop after World War II. Currently, there are opportunities to gain education in music therapy, as well as in art therapy or dance-movement therapy in Heidelberg (Table 2). Arts therapies are recognised only as supplementary services in treatment and therefore they are not subsidised by insurance companies. The most significant organisations include the German Professional Association for Art and Creative Therapy (DFKGT = Deutscher Fachverband für Kunst- und Gestaltungstherapie), and the German Music Therapy Society (DMtG = Deutsche Musiktherapeutische Gesellschaft). They are united into the National Association of Arts Therapies (BKT = Bundesarbeitsgemeinschaft Künstlerischer Therapien) ([ecarte.info](http://ecarte.info)).

Arts therapies can be studied in various forms, at various institutions and under different titles (art therapy/arts and creative therapy/creative therapies). They are based on a wide range of different theoretical and methodological backgrounds, such as psychoanalytical orientation, gestalt, anthroposophy, theories of learning, and behavioural approaches (ecarte.info).

*Table 2 Study opportunities in expressive therapies in Germany*

Art therapy		
Nürtingen	specialised or basic course	BA 180/240 credits 3-4 years MA 60/120 credits 1-2 years depending on the particular programme
Ottersberg		
Kunsthochschule Weissensee, Berlin <a href="http://www.kh-berlin.de">www.kh-berlin.de</a>	further qualification	
Alanus Hochschule für Kunst und Gesellschaft, Alfter <a href="http://www.alanus.edu">www.alanus.edu</a>		
Fritz Perls Academy, Hückeswagen <a href="http://www.eag-fpi.com/">http://www.eag-fpi.com/</a>	further training of professionals	
Music Therapy		
Augsburg		MA
Berlin		
Frankfurt am Main		
Münster		
Heidelberg		BA and MA

## ***Ireland***

The Irish Association of Creative Arts Therapists (IACAT, [iacat.ie](http://iacat.ie)) was founded in 1986 and it is attempting to gain the recognition of the arts therapies by the law. It also publishes the JIACAT journal. In Ireland, it is possible to study arts therapies on the level of a master's programme at three universities. CIT Crawford College of Art and Design in Cork offers art therapy. Dramatherapy is studied at the National University of Ireland in Maynooth and music therapy at the University of Limerick (ecarte.info).

## **The Netherlands**

Education and training in arts therapies in the Netherlands started at the university level only in the 1970s. At present, it is provided by the universities of Stenden in Leeuwarden, Artez in Arnhem and in Enschede, HAN in Nijmegen, Hogeschool Zuyd in Heerlen, HU in Utrecht and in Amersfoort, Codarts in Rotterdam and Hogeschool Leiden in Leiden ([ecarte.info](http://ecarte.info)). Some universities have common research centres, e.g. KenVak ([kenvak.hszuyd.nl/](http://kenvak.hszuyd.nl/)). Professional organisations exist for each of the art modalities (Table 3).

*Table 3 Arts therapy associations in the Netherlands*

<b>Type of association</b>	<b>Name and abbreviation</b>	<b>Website</b>
Art therapy	Nederlandse Vereniging Beeldende Therapie (NVBT)	<a href="http://www.beeldendetherapie.org">www.beeldendetherapie.org</a>
Dance therapy	Nederlandse Vereniging voor Danstherapie (NVDAT)	<a href="http://www.nvdat.nl">www.nvdat.nl</a>
Drama therapy	Nederlandse Vereniging Dramatherapie (NVDT)	<a href="http://www.nvdramatherapie.nl">www.nvdramatherapie.nl</a>
Music therapy	Nederlandse Vereniging Muziektherapie (NVVMT)	<a href="http://www.nvvmt.nl">www.nvvmt.nl</a>
Art therapy and music therapy	Association for Anthroposophic-based Arts Therapies (NVKT)	<a href="http://www.kunstzinnigetherapie.nl">www.kunstzinnigetherapie.nl</a>
Umbrella organisation	Federatie Vaktherapeutische Beroepen (FVB)	<a href="http://www.vaktherapie.nl">www.vaktherapie.nl</a>

Stenden University bases the studies and the orientation of its graduates on the aspects of quality of life, meaning and client empowerment. It uses systemic work and it supports diversity. In terms of its theoretical approach, it is quite eclectic and it relies on the principle that the artistic media invites clients and therapists to progress in the therapeutic process (Smeijsters, according to [ecarte.info](http://ecarte.info)).

Leiden University uses the anthroposophic basis. This approach trusts the creativity of each person and perceives the connection between the individual parts of being. Students are developed not only in the area of professional competences but also on the level of personality.

HAN University of Applied Sciences in Nijmegen offers a bachelor's study programme in arts therapies and psychomotor therapy and a master's programme in arts therapies in cooperation with the University of Applied Sciences in Freiburg. This school considers important competences of therapists to be their ability to design and perform therapeutic plans, research and innovation, and the ability to function in a professional organization. Students get to know the power of their chosen expressive media and gain competences in the area of the aesthetic and anthropological context of arts therapies. Students reflect on the methods used for the application of therapies and they conduct research and project-oriented work ([ecarte.info](http://ecarte.info)).

Dance-movement therapy can be studied in Rotterdam, at Codarts University for the Arts. The approach of this school is based on modern dance, improvisation and Laban movement analysis. In Amersfoort, there is a chance to earn a bachelor's degree in music therapy, art therapy and drama therapy. The philosophy of the course connects various methods. The ideas that are considered important are art-oriented thinking and a reflective approach ([ecarte.info](http://ecarte.info)). A selection of all the art modalities is offered by the Zuyd University in separate bachelor's programmes that are followed by a joint master's programme.

## **Norway**

Creative arts therapies have been developing in Norway since the 1970s thanks to professionals who brought these approaches from the UK and the USA. Similarly to other countries, expressive therapies were initially accepted at psychiatric hospitals and later on in day centres, in special education prac-

tice, in care for patients with oncological diseases, in trauma therapy work, or at refugee camps. Currently, at the university level, it is possible to study music therapy in Oslo and in Bergen and art therapy in Oslo. There is no official education in drama therapy or dance-movement therapy. However, there is a non-accredited course in psychodrama, arts and expressive therapies. The Norwegian Music Therapy Association has been functioning since 1972 and in 1978 the Norwegian Art Therapy Association was founded and later on it was extended into the Norwegian Association of Art, Dance and Expressive Arts Therapies (ecarte.info).

### **Russia**

Art therapies in Russia are not yet considered professions, rather therapeutic specialisations that are used for fulfilling therapeutic, preventive and rehabilitation goals. The Russian Art Therapy Association (rusata.ru) has been functioning actively since 1997. It organises training in art therapy and dance-movement therapy. Music therapy and dance-movement therapy programmes are available at the Imaton Institute (imaton.ru). Art therapy can be studied in St. Petersburg (spbappo.ru). The course is derived from psychodynamic theories and theories of systems. It prepares students for practising in the sectors of healthcare, education and social services institutions (ecarte.info).

### **Slovenia**

In Slovenia, an international post-graduate training programme in arts therapies has been running on the master's level since 2009. The training offers working in modalities of art therapy, music therapy, dance-movement therapy and dramatherapy. After finishing their studies, graduates can practice art therapies in private practice or within the frame of their original profession (ecarte.info). In 2004, the Slovenian Association of Arts Therapies (Slovensko Združenje Umetnostnih Terapevtov, szut.si) was established.

## **Spain**

In Spain, similarly to many other countries in Europe, the profession of an art therapist has not yet been established. It is practised in multidisciplinary treatment programmes. In 2010, the Spanish Federation of Professional Associations of Art Therapy (feapa.es) was founded. It connects six organisations:

- AFIA – Foro Iberoamericano de Arteterapia ([arteterapiaforo.org](http://arteterapiaforo.org)),
- ANDART – Asociación Profesional Andaluza de Arteterapia,
- ATE – Asociación Española de Arteterapia ([arteterapia.org.es](http://arteterapia.org.es)),
- ATH – Asociación de Arte terapeutas Transdisciplinarios para el Desarrollo Humano ([asociacion-ath.org](http://asociacion-ath.org)),
- GREFART – Grup de Recerca i Formació en Artterapia ([grefart.org](http://grefart.org)),
- MURRATT – Asociación Profesional de Arteterapia de la Región de Murcia ([murratt.com](http://murratt.com)).

Studying in the area of arts therapies in Spain is possible at two universities in Barcelona and at a university in Madrid. Universitat Autònoma in Barcelona provides master's and post-graduate diploma studies in dance-movement therapy. The programme has a multidisciplinary orientation. It follows psychodynamic and intersubjective approaches. The course is approved by the Spanish Association of Dance Therapy (ADMTE – Asociación Española de Danza Movimiento Terapia, [danzamovimientoterapia.com](http://danzamovimientoterapia.com)). The University of Barcelona offers master's studies in music therapy. The programme also contains elements of dance therapy. Students are prepared for working, for example, in the setting of rehabilitation centres. The umbrella organisation for music therapists in Spain is ACMT – the Catalan Association of Music Therapy ([acmt.es](http://acmt.es)). Art therapy can be studied at the Complutense University of Madrid. The compulsory modules focus on the basics of art therapy and art education in the context of social inclusion, creativity and art, psychological processes and



psychotherapy, as well as art therapy workshops. Subsequently, students can specialise in clinical, social or educational settings (this study programme is conducted in cooperation with the Autonomous University of Madrid) or in cultural studies (this study programme is conducted in cooperation with the University of Valladolid.).

## **Sweden**

At the university level in Sweden, it is possible to study art therapy, music therapy and dance-movement therapy. The term drama therapy is not used. However some private institutes offer courses in psychodrama. The Swedish Association for Art Therapy was founded in 1976 and since 2005 Umeå University has been providing a five-year long master's programme in art therapy. It has a strong orientation towards building therapeutic relationships with clients, health promotion, and therapeutic and rehabilitation approaches. During the studies, there is also an emphasis on the artistic self-expression of the future art therapists. The Swedish National Association for Art Therapists (SRBt, bildterapi.se), established in 2006, is responsible for the code of ethics of art therapists and it unites all art-therapeutic modalities. Art therapists usually practise at psychiatric hospitals or they can supplement their qualifications to become psychotherapists. They also work in various institutions in positions according to their original professions (ecarte.info).

Regarding dance therapy, the Swedish association (danseterapi.info) was established in 1984. The first study opportunities were developed at the University College of Dance in Stockholm. Currently, there are some privately organised courses and an introductory course of the university in Karlstad. Music therapy is available at the Royal College of Music in Stockholm. The programme is directed towards humanistic and psychodynamic orientation with the emphasis on the integration of music and the therapeutic competences of the students.

## United Kingdom

In the United Kingdom, the arts therapies, including art therapy, music therapy and dramatherapy, are registered with the HCPC – Health and Care Professions Council, [hpc-uk.org](http://hpc-uk.org)). An important step in the development of expressive therapies was the establishment of the ICRA – International Centre for Research in the Arts Therapies, which is a part of Imperial College in London ([ecarte.info](http://ecarte.info)). Professional associations function for each type of expressive therapy:

- British Association of Art Therapists ([baat.org](http://baat.org)),
- British Association of Music Therapists ([bamt.org](http://bamt.org)),
- British Association of Dramatherapists ([badth.org.uk](http://badth.org.uk)),
- Association of Dance/Movement Therapists ([admt.org.uk](http://admt.org.uk)).

Particular schools are described in more detail in the table below (Table 4) and in the following chapters that relate to each therapeutic direction.

*Table 4 Overview of universities in Europe providing education in arts therapies*

(Legend: AT = art therapy, DMT = dance-movement therapy, DT = drama therapy, MT = music therapy)

Country	University	Degree	Language	Length	Form	Credits	AT	D&MT	DT	MT
Belgium	Artevelde University College, Ghent <a href="http://www.arteveldehs.be">www.arteveldehs.be</a>	Advanced BA in the Arts Therapies	NL	2-3 yrs	part-time	88	X	X	X	X
	PXL University College in Hasselt <a href="http://www.pxl.be">www.pxl.be</a>	BA in Art Therapy	NL	3 yrs	90	X				
	Lemmens Institute in Leuven	MA in Music Therapy								X
	Agape in Koolskamp	certificate						X		

Croatia	University of Zagreb	BA	HR EN	3 yrs						
	www.sophroarts-science.hr	MA	HR EN	2 yrs						
	Rehabilitácia, Sophrológia, Kreativna terapija / Umelecké / Expressívne terapie	post-graduate, specialised and doctoral studies	HR EN							
Estonia	University of Tallin www.tlu.ee/et/kunstideinstituut/kunstiteraapiate-osakond	BA in health sciences	EST	3 yrs	full-time	180	X	X	X	X
		MA in health sciences (art therapies)	EST	2 yrs	full-time	120	X	X	X	X
Finland	Satakunta University of Applied Sciences www.samk.fi	BA Art Psychotherapy	FIN EN	3 yrs	part-time	210	X			
	University of Jyväskylä www.jyu.fi	MA Music Therapy	FIN	2 yrs	full-time	120				X
France	Université Paris Descartes Universités Sorbonne Paris Cité http://formations.parisdescartes.fr/fr-FR/diplomes/TI-ma	MA Professional and Research in Art Creation, speciality Arts Therapies	FR	2 yrs	full-time	X	X	X	X	X
		PhD in Arts therapies				X	X	X	X	X
	University of Nantes http://u2pea.free.fr/ http://www.chu-nantes.fr/	University Diploma in Music Therapy	FR	3 yrs	part-time					X

Germany	FHKT University of Applied Sciences, Nürtingen <a href="http://www.hkt-nuertingen.de">www.hkt-nuertingen.de</a>	BA + MA in Art Therapy	DE	4 yrs			X			
	University of Applied Sciences and Arts, Ottersberg <a href="http://www.hks-ottersberg.de">www.hks-ottersberg.de</a>	BA in Art in Social Contexts: Art Therapy and Art Pedagogy	DE	4 yrs	full-time		X			
		MA in Art and Theatre in Social Contexts: Art Therapy	DE	1-2 yrs	full-/part-time		X			
	MSH Medical School Hamburg <a href="http://www.arts-and-change.de/">http://www.arts-and-change.de/</a>	MA in Intermedial Art Therapy	DE	2-3 yrs	full-/part-time		X			
	Weissensee School of Art, Berlin <a href="http://www.kunsttherapie-berlin.de">www.kunsttherapie-berlin.de</a>	MA in art Therapy	DE	3 yrs	part-time		X			
Ireland	CIT Crawford College of Art & Design, Cork <a href="http://www.artincontext.eu">www.artincontext.eu</a>	MA in Art Therapy	EN	2-3 yrs	full-/part-time		X			
	National University of Ireland, Maynooth <a href="http://www.maynoothuniversity.ie">www.maynoothuniversity.ie</a>	MA in Dramatherapy	EN	2 yrs	full-time					X
	University of Limerick <a href="http://www.ul.ie">www.ul.ie</a>	MA in Music Therapy	EN	2 yrs	full-time					X

The Netherlands	Stenden Hogeschool, Leeuwarden www.stenden.com	BA in Music Therapy	NL EN	4 yrs	full-time					X
		BA in Art Therapy	NL EN	4 yrs	full-time			X		
		BA in Art Therapy	NL EN	4 yrs	full-time				X	
	Hogeschool Leiden, University of Applied Sciences, Leiden www.hsleiden.nl	Bachelor Arts Therapies, differentiation Fine Arts, Music, or Speech & Drama	NL	4 yrs	full-time	240	X		X	X
	HAN University of Applied Sciences, Nijmegen www.han.nl	BA in Arts Therapies	NL	4 yrs	full-time	240	X	X	X	X
		MA in Arts Therapies	EN	2-3 yrs	part-time	90	X	X	X	X
	Codarts University for the Arts, Rotterdam www.codarts.nl	MA in Dance Therapy	EN	3 yrs	part-time	120		X		
	Hogeschool Utrecht Amersfoort University of Applied Sciences, ISW Dep. Arts Therapies, Utrecht www.hu.nl	BA in Music Therapy, Art Therapy or Dramatherapy	NL	4 yrs	full-/part-time	240	X		X	X
	University of Applied Sciences, Zuyd http://creativetherapie.hszuyd.nl/	BA in Drama Therapy, Music Therapy, Art Therapy or Dance Movement Therapy	NL	4 yrs	full-time	240	X	X	X	X
		MA in Arts Therapies	NL	2 yrs	part-time				X	

Norway	Norwegian Academy of Music, Oslo www.nmh.no	MA in Music Therapy		5 yrs		300				X
	University of Bergen The Grieg Academy www.uib.no	Integrated MA in Music Therapy		5 yrs		300				X
	Oslo and Akershus University College of Applied Sciences www.hio.no	MA in Art Therapy	NOR	2 yrs	full-time	60	X			
Russia	State Academy of Post-Graduate Pedagogical Training, St. Petersburg Art Therapy in Education, Medicine and Social Sphere <a href="http://www.spbappo.ru/">http://www.spbappo.ru/</a>	MA in Psychology with Specialisation in Art Therapy	RU	2 yrs	part-time		X			
	The Institute of Practical Psychology, "Imaton", St. Petersburg <a href="http://www.imaton.ru/">http://www.imaton.ru/</a>	MA	RU				X	X		
Slovenia	University of Ljubljana, Faculty of Education, Ljubljana www.pef.uni-lj.si	MA in Support through the Arts (Dance Movement Therapy)	SL EN	2 yrs	part-time	120		X		
		MA in Support through the Arts (Dramatherapy)	SL EN	2 yrs	part-time	120			X	
		MA in Support through the Arts (Music Therapy)	SL EN	2 yrs	part-time	120				X

Spain	Universitat Autònoma de Barcelona, Barcelona <a href="http://pagines.uab.cat/dmt/">http://pagines.uab.cat/dmt/</a>	MA in Dance Movement Therapy	ES	2-3 yrs	part-time			X		
		postgraduate diploma in Dance Movement Therapy	ES	1 yrs	part-time			X		
	University of Barcelona <a href="http://www.il3.ub.edu/es/master/master-musicoterapia.html">http://www.il3.ub.edu/es/master/master-musicoterapia.html</a>	MA in Music Therapy	ES	2 yrs	part-time					X
	Complutense de Madrid, Madrid <a href="http://www.ucm.es">www.ucm.es</a>	MA in Art Therapy and Art Education for Social Inclusion	ES	2 yrs	full-time	90	X			
Sweden	Umeå University, Umeå <a href="http://www.umu.se">www.umu.se</a> Degree of master of medical science (one year), Main field of study: art therapy	MA in Art Therapy	SWE	1-2 yrs	part-time	60	X			
	Royal College of Music, Stockholm <a href="http://www.kmh.se/music-therapy">www.kmh.se/music-therapy</a>	MA in Music Education, profile: Music Therapy		1 yr		60				X

United Kingdom	Anglia Ruskin University www.anglia.ac.uk	MA in Music Therapy	EN	2 yrs	full-time	240				X
		MA in Dramatherapy	EN	2 yrs	full-time	240			X	
	Central School of Speech and Drama (Sesame) www.sesame-institute.org	MA in Drama and Movement Therapy	EN	1.5 yrs	full-time			X	X	
	University of Chester www.chester.ac.uk	MA in Art Therapy	EN				X			
	Derby University www.derby.ac.uk	MA in Art Therapy	EN	2 yrs	full-time		X			
		MA in Dramatherapy	EN	2 yrs	full-time				X	
		MA in Dance Movement Therapy/ Psychotherapy	EN	2 yrs	full-time			X		
	Guildhall School of Music and Drama www.gsmd.ac.uk	MA in Music Therapy	EN							X
	Goldsmiths University of London www.gold.ac.uk	MA in Art Psychotherapy	EN	2-3 yrs	full-/part-time		X			
	Hertfordshire University www.herts.ac.uk	MA in Art Therapy	EN	2-3 yrs	full-/part-time		X			
	Institute of Arts in Therapy and Education, London www.artspsychotherapy.org	MA in Integrative Arts Psychotherapy	EN				X			



United Kingdom	Leeds Metropolitan University www.leedsbeckett.ac.uk	MA in Art Psychotherapy Practice	EN							
	Nordoff Robbins www.nordoff-rob-bins.org.uk	MA in Music Therapy	EN							
	Queen Margaret University, Edinburgh www.qmu.ac.uk	MSc in Art Psychotherapy	EN	2 yrs/ 3-4 yrs						
		MSc in Music Therapy		2 yrs						
	Roehampton University www.roehampton.ac.uk	MA in Art Psychotherapy	EN	2-3 yrs						
		MA in Dramatherapy	EN	3 yrs						
		MA in Dance Movement Psychotherapy	EN	2-3 yrs						
		MA in Music Therapy	EN	2 yrs/ 3-4 yrs						
	University of West England, Bristol www.uwe.ac.uk	MA in Music Therapy	EN							
	Worcester University, Exeter www.worcester.ac.uk	MA in Dramatherapy	EN	3 yrs						
Denmark	Aalborg University http://www.mt-phd.aau.dk/	MA in Music Therapy								
		PhD in Music Therapy								

## References

ECARTE. (2014). Directory of European education and training programmes: creating stronger European links in the arts therapies. Compiled by S. Scoble. [online] Retrieved January 15, 2015 from <http://www.ecarte.info/MyFiles/Files/Membership/ECARTE-DIRECTORY-2014upload%20version%203.pdf>

Fábry Lucká, Z. (2014). *Terapeutické intervencie a človek s viacnásobným postihnutím: podpora ľudí s viacnásobným postihnutím s dôrazom na komunikačné a sociálne kompetencie*. Bratislava: Musica Liturgica.

Malchiodi, C. A. (2005) Expressive therapies: history, theory, and practice. In C. A. Malchiodi (Ed.). *Expressive therapies*. (pp. 1-15). New York: Guilford Press.

Müller, O. (Ed.) et al. (2014). *Terapie ve speciální pedagogice* (2nd ed.). Praha: Grada.

Music Therapy in Norway. Retrieved from <https://voices.no/community/?q=country-of-the-month/2010-music-therapy-norway-approaching-new-decade>

KenVak. Retrieved January 5, 2015 from <http://kenvak.hszuyd.nl/index.jsp?content=58>

## **Internet links**

[www.acmt.es](http://www.acmt.es)  
[www.admt.org.uk](http://www.admt.org.uk)  
[www.alanus.edu](http://www.alanus.edu)  
[www.anglia.ac.uk](http://www.anglia.ac.uk)  
[www.arteterapia.org.es](http://www.arteterapia.org.es)  
[www.arteterapiaforo.org](http://www.arteterapiaforo.org)  
[www.arteveldehs.be](http://www.arteveldehs.be)  
[www.arteveldehs.be](http://www.arteveldehs.be)  
[www.artspychotherapy.org](http://www.artspychotherapy.org)  
[www.asociacion-ath.org](http://www.asociacion-ath.org)  
[www.baat.org](http://www.baat.org)  
[www.badth.org.uk](http://www.badth.org.uk)  
[www.bamt.org](http://www.bamt.org)  
[www.bcvt-abat.be](http://www.bcvt-abat.be)  
[www.beelndetherapie.org](http://www.beelndetherapie.org)  
[www.bildterapi.se](http://www.bildterapi.se)  
[www.chester.ac.uk](http://www.chester.ac.uk)  
[www.danseterapi.info](http://www.danseterapi.info)  
[www.danzamovimientoterapia.com](http://www.danzamovimientoterapia.com)  
[www.derby.ac.uk](http://www.derby.ac.uk)  
[www.eag-fpi.com](http://www.eag-fpi.com)  
[www.ecarte.info](http://www.ecarte.info)  
[www.expressivemedia.org](http://www.expressivemedia.org)  
[www.feapa.es](http://www.feapa.es)  
[www.ffmpeg.feredation.org](http://www.ffmpeg.feredation.org)  
[www.gold.ac.uk](http://www.gold.ac.uk)  
[www.grefart.org](http://www.grefart.org)  
[www.gsmd.ac.uk](http://www.gsmd.ac.uk)  
[www.herts.ac.uk](http://www.herts.ac.uk)  
[www.hot.ee/epdy](http://www.hot.ee/epdy)  
[www.hpc-uk.org](http://www.hpc-uk.org)  
[www.iacat.ie](http://www.iacat.ie)  
[www.imaton.ru](http://www.imaton.ru)  
[www.kenvak.hszyud.nl](http://www.kenvak.hszyud.nl)  
[www.kh-berlin.de](http://www.kh-berlin.de)  
[www.kunstzinnigetherapie.nl](http://www.kunstzinnigetherapie.nl)  
[www.kuvataideterapia.fi](http://www.kuvataideterapia.fi)  
[www.kuvataideterapia.fi](http://www.kuvataideterapia.fi)  
[www.loovteraapiad.ee](http://www.loovteraapiad.ee)  
[www.murratt.com](http://www.murratt.com)  
[www.musicotherapie-federationfrancaise.com](http://www.musicotherapie-federationfrancaise.com)  
[www.musiikkiterapia.fi](http://www.musiikkiterapia.fi)  
[www.musiikkiterapia.fi](http://www.musiikkiterapia.fi)  
[www.muusikateraapia.ee](http://www.muusikateraapia.ee)  
[www.muusikateraapia.ee](http://www.muusikateraapia.ee)  
[www.nordoff-robbins.org.uk](http://www.nordoff-robbins.org.uk)  
[www.nvdat.nl](http://www.nvdat.nl)  
[www.nvdramatherapie.nl](http://www.nvdramatherapie.nl)  
[www.nvmt.nl](http://www.nvmt.nl)  
[www.pxl.be](http://www.pxl.be)  
[www.pxl.be](http://www.pxl.be)  
[www.qmu.ac.uk](http://www.qmu.ac.uk)  
[www.roehampton.ac.uk](http://www.roehampton.ac.uk)  
[www.rusata.ru](http://www.rusata.ru)  
[www.sesame-institute.org](http://www.sesame-institute.org)  
[www.spbappo.ru](http://www.spbappo.ru)  
[www.suomentaideterapi-ayhdistys.fi](http://www.suomentaideterapi-ayhdistys.fi)  
[www.suomentaideterapi-ayhdistys.fi](http://www.suomentaideterapi-ayhdistys.fi)  
[www.szut.si](http://www.szut.si)  
[www.tlu.ee](http://www.tlu.ee)  
[www.uwe.ac.uk](http://www.uwe.ac.uk)  
[www.vaktherapie.nl](http://www.vaktherapie.nl)  
[www.worcester.ac.uk](http://www.worcester.ac.uk)

## 2 TERTIARY EDUCATION IN ART THERAPY

*Jaroslava ŠICKOVÁ – Katarína KUKOVÁ*

In recent decades, art therapy has entered the stage of promising development, not only in its cradle, the USA, but also in the European countries, including the former countries of the so-called socialist bloc. This is indicated by such serious facts as the most recent research of art therapists, which was realised in cooperation with neurologists and other specialists in healthcare, but also by the recent official establishment of art therapy as a profession in Estonia and recently in Latvia, in 2014.

As a relatively young field (its beginnings date back to the 1930s), art therapy has been developing on the borderland between other scientific and artistic disciplines, which might complicate its unequivocal definition and classification in the scientific system. On the other hand, art therapy provides valuable information and experience based on these different phenomena and broadens the possibilities of its influence. Because art therapy combines scientific knowledge of the human psyche with its possible reflection through art – its creative visual art and artistic media – it enables a wide range of experts to gain a better understanding of the processes which influence human behaviour and facilitate the development of personality. Art therapy was created as a separate field based on different scientific and art disciplines, which contributes to the creation of the different art therapeutic approaches. In this chapter, the current op-

portunities to acquire professional knowledge of art therapy and art therapeutic research are outlined through the educational institutions and individual art therapists in Europe, including Slovakia and the Czech Republic.

Art therapy, as a therapy using the creative process for its curative goals, proceeds from different psychological and psychotherapeutic directions. It has progressively been shaped and divided into two main streams with regard to the different perception of the interpretation of the clients' final products. The American art therapists mostly follow the findings of the depth psychology of Sigmund Freud or C. G. Jung or the individual psychology of Alfred Adler and focus on the diagnostic possibilities of the clients' art works (such as Langarten, 1981; Wadeson, 2000; and Malchiodi, 2012). On the contrary, the approaches called "art as therapy" are non-interpretative orientations that developed mainly in Europe; their theoretical base is phenomenology, the psychology of shape, the humanistic psychology of Carl Rogers and the existential and analytical approach of Victor Frankl (such as Petzold, Orth and Horovitz-Darby, 1994).

As already mentioned, the beginnings of art therapy are situated in the United States, where, in the 1930s and 1940s, Margaret Naumburg used the term "art therapy" for the first time. The establishment of the new discipline is paradoxically related to the beginning of fascism. The pioneers of art therapy used intervention through art therapy to help fugitives to the USA, including children, who experienced trauma in relation to the occupation of Europe, to sublimate the terrible memories of children and adults and their influence on the human psyche. But art therapy developed progressively, not only in America but also in the European region, particularly in the United Kingdom, France, Germany and Holland, and it also developed in the already forgotten countries of Eastern and Central Europe, including the Czech Republic and Slovakia, where, until the major political changes at the end of the 1980s, psychoanalysis and psychotherapy were taboo.

## **2.1 Art Therapy Schools and Approaches in Europe**

Below, we will focus on a short characterisation of the formidable process of getting art therapy accepted as a profession and the possibilities that exist for education in this field in the European countries. We drew information from personal contacts with colleagues, art therapists from different countries around the world, but as a member of NEAT, also from internal and still unpublished materials presented by the NEAT working group which has originated during the last two years as a daughter group of ECArTE – the European Consortium for Education in Art Therapies. The European Consortium was established by the Universities of Hertfordshire, Münster, Nijmegen and Paris in 1991. At present, it includes 32 institutions from 14 European countries. Its vision is to create strong European cooperation through international programmes (student and teacher exchange), to support research into art therapeutic practice in Europe, to contribute to creating the opportunities for an international study programme, to support the recognition of qualifications for art therapy at the European level and to support the development of higher education in art therapy in the European countries which is anchored in terms of national academic qualifications and professional acceptance. The NEAT working group was established by an initiative in the Consortium in 2013-2014.

The members of this working group come from more than 20 EU member states and their primary task is to define what is essential and paramount in education and art therapy. Some answers of the representatives of the selected EU countries are as follows:

- one's own experience of creating works of art, knowledge of different art media, the ability to express oneself authentically, knowledge of traditional and modern art methods, theoretical and experimental knowledge of materials;
- knowledge of the psychological processes, the clinical and social background of the clients and of mental disorders (Austria);

- knowledge of the art therapy process, creative expression and transformation;
- the necessity of practical experience during art therapy training under the supervision of experienced therapists;
- the “role” of the therapist in therapy sessions with a client/group of clients and the therapeutic relationship (Belgium).

### **Cyprus**

For the art therapists from Cyprus personal individual therapy is important but so is experience of academic writing and research and a focus on digital media or on various interdisciplinary approaches.

### **Czech Republic**

In Bohemia, the very first art therapy project was created in 1990 – the Studio of Art Therapy – by the University of South Bohemia in České Budějovice. Its founder was PhDr. Milan Kyzour, a teacher, painter and musician, who worked with the conception of the so-called “art therapy of Rožnov”. He helped clients to recall displaced events and experience through visual art works. The studio, which has been working since then at the University of South Bohemia, focuses on the imagination in the visual arts in a similar way and perceives this imagination in connection with the principles of psychoanalysis as a representation of currently absent objects and situations. It proceeds from the idea that an image, like a dream, is the product of mental dynamics and an expression of the tension between the individual layers of the author’s psyche. Communication between the author and work and the subsequent interpretation takes place through the visual art process controlled by the art therapist. But the move in the client’s artistic expression represents a correction of wrong formulas when perceiving the impulses from the external world and dysfunctional stereotypes applied to interpersonal relationships. Nowadays, the studio is managed by Yvona Mazeová, one of the former students of Dr. Kyzour, and other students of Kyzour’s make up

the teaching staff: Milan Kyzour Jr., Evžen Perout and others. Perout (2005) explores creating works of art in the population of clients with visual impairment. Particular methods of working with children with special educational need in art therapy are mentioned by Potměšilová and Sobková (2012), who focus on art therapy and art-philetics. The term art-philetics was described by Slavík (1997, 2004) as a formative approach in between of art therapy and art education. Since 1988, the Czech Art Therapy Association (with its president Marie Lhotová, the important Czech art therapist) has been organising a five-year community self-empirical training programme, as well as other educational art therapeutic events and activities, and developing research and publication activity. Lhotová (2010) is engaged in applying art therapy in psychotherapy and special education. She understands art therapy in the sense of working with change in the creation of art, which helps clients overcome their problems. Its aim is to create suitable conditions for national and international professional communication in art therapy and to prepare and develop the professional status of an art therapist. Art therapeutic training in Bohemia is also organised by the Fokus studio – headed by Miroslav Huptych, a writer, graphic designer and art therapist. The courses are focused on art therapy in a broader sense, in connection with music therapy, bibliotherapy and dramatherapy. For the Czech art therapists, represented in the international working group by the important art therapist Beate Albrich, the crucial points are mainly the process of creation, psychological and biological consciousness of the client's problem, a personal relationship with art and a variety of artistic materials and their use in the intervention but also consciousness of the limits of art therapy.

## **Denmark, Estonia, Finland**

For the Danish art therapist Vibeke Skov, one's own experience as an artist and the topics of transference/countertransference are important. She represents the Jungian approach to art therapy.



For Estonia, the bases of knowledge of health, developmental and personal psychology are fundamental, as are the ethics of therapy and the personal therapy of the art therapist.

In Finland, the emphasis is put on knowledge of the existing research in art therapy but also in psychotherapy and in art, and knowledge of the research which deals with all these issues.

## **France**

In France, art therapy is performed by many national associations and institutes, and it has achieved a sharp growth in its activities over the last 15 years. Within the working group, it is represented by two important art therapists, Irina Katz Mazilu and Elisabeth Stone Matho. Both assume that the students of art therapy should attend practice in the area of the use of basic artistic materials (colour, clay and drawing). They understand the profession of an art therapist as an autonomous profession which integrates different theories and methods – artistic, clinical, psychological, social and anthropological and others.

The French university network Universités Sorbonne Paris Cité offers a master's degree study in music therapy, dramatherapy, dance therapy and also art therapy in the narrow sense. The studies are focused on the theoretical, experimental and clinical aspects, as well as on research in this area. The practical stage of the studies takes place under supervision that aims to provide practical experience and also to give more details about the therapist-client relationship. The methodology of the research subsequently helps the students to discover the possibilities of evaluating the effectiveness of their own therapeutic influence and enabling them to develop their practical skills. In terms of theoretical approaches this study programme mainly uses the psychodynamic concept. About 50 training programmes exist in the country. The students have to complete several educational internships with different age categories and with groups and individuals. They must write case presentations and learn how to build a therapeutic alliance with their patients.

## **Greece**

HATA (the Hellenic Art Therapists Association) was established in 2005 and has 50 members. Its representatives, Eleni Giannouli and Paola Partssalaki, accentuate the importance of courses in the theory of art for the participants who do not have academic degrees in art. Their basis is knowledge of materials and the history of art, workshops focused on the experience of creating works of art, finding the artist inside oneself, the organisation of courses in psychology for the participants who do not have academic degrees in psychology and courses in developmental psychology, psychopathology and psychiatry. This brings individual schools of psychotherapy and neuropsychology closer. Another aim is to provide lessons in computer therapy (software and method of using digital technology in art therapeutic meetings).

## **Ireland**

The first art therapy association in Ireland, IACAT (the Irish Association of Creative Arts Therapists), was established in 1992. Art therapy is understood as a combined health profession. The aim of art therapy is the improvement of mental health and the arrangement of emotional well-being. CIT Crawford College of Art and Design in Cork has been offering education in art therapy since 1998. Personal experience of art expression and art media, experience of working with people (voluntary and paid) and academic skills – competence in analytical thinking and writing – are all important in this study programme.

## **United Kingdom**

In the United Kingdom, it is possible to study art therapy in the form of Art Psychotherapy at several universities. Within the scope of individual bachelor's and master's programmes, it is possible to obtain this education, for example, at Goldsmiths, University of London, which offers master's and postgraduate studies within the programme of Art Psychotherapy. Another university in London, the University of Roehampton, offers programmes fo-

cused on dramatherapy, dance therapy, music therapy and play therapy. The possibilities in England also include the University of Derby, which provides the opportunity to obtain a master's degree in Art Therapy.

The concept of this study programme is focused on gaining theoretical knowledge in the spheres of art and psychology, and also practical experience obtained during practice under supervision and one's own personal therapy, realised mainly within the student group. The University prepares its students for clinical and private practice and for working in the social sector, but also in the school environment. However, it is necessary to continue the studies in the postgraduate programme to qualify for the position of an art therapist. The programme is approved by the Health and Care Professions Council (HCPC, [hpc-uk.org](http://hpc-uk.org)). After registration with this institution, a graduate subsequently obtains the status of a professional art therapist.

The specialisation of some universities is based on the psychoanalytical and psychodynamic approaches. Psychodynamic therapy is a term that covers many therapies, also including the psychoanalysis of Sigmund Freud. The psychodynamic approach proceeds from the presumption that the symptoms that appear are of unintentional or undeliberate importance and are rooted in non-processed conflicts and subsequent persistent frustration. The basic techniques include free association. In the psychoanalytical approach traumatic experience is repeated in artistic work and causes abreaction of neurotic conflicts (Dalley, 1978). Apart from the sexual content, Freud also accentuated the importance of dreams. He compared them with art as the basis for therapy. His student, Carl Jung, elaborated the theory of archetypes of congenital experience. The most important archetype is the Self. He perceived it as the symbol of integrity. The conscious and unconscious layers of the consciousness gradually synthesise through it. The issue of integrity is reflected e.g. in creating and analysing circular images – mandalas, which help in observing the gradual psychological transformation of a client. In Jungian terms, art therapy is focused on diagnostics and therapy by analysing and interpreting the symbols in dreams, fantasy and myths, which are projected in the client's art work.

Under the patronage of the University of East London, the Institute for Arts in Therapy and Education offers a three-year study of art therapy within the integrative approach (Integrative Arts Psychotherapy). It is based on the work of several authors, including Sigmund Freud, Carl Jung, Eric Berne, Fritz Perls, John Bowlby, Daniel Stern, James Hillman, Heinz Kohut, Allan Schore and Jaak Panksepp. Integrative art therapy is a specific method based on humanistic theory which includes several therapy techniques and approaches: transaction therapy, Gestalt therapy, bio-energetic therapy, psychodrama, cognitive behaviour therapy and constructivism.

### **Italy**

In Italy, art therapy associations have been established since 1999. The coordinator of art therapy activities, including the EU working group, is Paola Luzato, an important art therapist; together with Maria d'Elia from Luxembourg, she is involved in the unification of educational standards in art therapy in Europe. In Italy, a certificate as a professional art therapist is provided. The aim of art therapy in this country devoted to art is to cure different forms of emotional discomfort and prevent them through the systemic application of art and art activities. The representative of the country in the NEAT group is Simone Donnari. In education, the students' own art process is accentuated. The focus is on their own visual style and also knowledge of psychotherapy. The students should read the authors from three areas: psychoanalysis and cognitive and humanistic therapies. The humanistic movement came into existence as a reaction against psychodynamic approaches which were based on significant "psychological determinism", in which human behaviour was affected by unconscious elements of the personality. It was necessary to subject a person to analysis and gradually adjust human behaviour. However, such an approach did not satisfy many psychotherapists who were originally educated in psychoanalysis. One of the most distinct representatives of humanistic psychology and pedagogy was the American psychologist Carl Rogers. His conception of non-

directive psychotherapy and the principles of psychotherapy focused on a client affected not only the area of psychotherapy but included art therapy and also pedagogy. In a book published in the Slovak language in 1998 – *Sloboda učiť sa* – Carl Rogers and Jerome Freiberg offer examples of using the principles of non-directive psychotherapy in education and introduce the term “person-centred education”, the so-called PCE system. This theory is built on faith in people and their abilities to develop their own potential. Appropriate conditions play an important role here. In this connection, Rogers puts the emphasis on the teacher-student relationship, where the teacher plays the role of a facilitator; this role helps the student to develop this potential and *become himself/herself*.

Rogers’ daughter, Natalie Rogers, develops this theory within the meaning of “expressive therapies”, which also includes different forms of art. But the centre is still visual art work. In general, we can perceive this orientation as being open for different forms of work with a client, adapting to the conditions and individual needs of a client, “*non-dogmatic and forthcoming and opened to other opinions*” (Rubin, 2008, p. 192). As the author mentions: “No ‘classical’ technique exists in humanistic or transpersonal psychotherapy” (ibid.). Within the humanistic notion of art therapy, Rubin (2008) also mentions phenomenological art therapy. The term phenomenology was introduced by Edmund Husserl within philosophy in the 18th century and he explained it as the “science of consciousness, school of phenomena (things, objects) because they constitute immediate experience in the consciousness” (Husserl, as cited in Rubin, 2008, p. 194). The influence of phenomenology on art therapy was given within the meaning of putting the emphasis on “things as such” and the depth of one’s own subjective experience of “things” or phenomena.

The basis of such an approach in art therapy is the thesis that a person becomes overloaded under the pressure of excessive mental strain and “*he/she is sometimes forced to run away from his/her load – to pathology*” (Rubin, 2008, p. 195). Husserl also introduces the term “*intentionality*” or “*intentional viewing*”,

which Rubin explains by describing “*the act of vision*”, which results in direct experience, with immediate perception of the phenomena. It is both visual perception and realising its being and subsequent seizing of this situation. “*To look at a thing means to take root in it and regard the other things from it*” (Merleau-Ponty, as cited in Rubin, 2008, p. 195).

## **Latvia**

Art therapy became an officially established profession in Latvia in 2014. For education in this area, important factors include the practice of making art for personal development, but also for the study of psychopathology and therapy for different clients, as well as psychotherapy and practice in training groups, the history of art in relation to art therapy and an understanding of the creative process. It is also important to understand how artistic materials affect emotions and how emotions can be expressed through different artistic materials. Personal therapy with the highest possible number of hours is also considered important.

In art therapy, the principle of direct experience is applied. It is built on subjective perception of the given phenomenon and the emphasis is put on deeper realisation of the reality and understanding the reality, which results in subsequent control over it. In this approach we meet again with the solution to the conflict of the duality of perception of the tangible and intangible as separate entities. Šicková (2006, p. 52) mentions that “*the substance of things, phenomena is not what we perceive with our senses, but what we can reveal through inner sight, by viewing the substance of things through intuition.*” The author also points to the relative value of partial, non-comprehensive clarification of the terms, explains the significance of viewing the world in its totality and accentuates the need for the interpretation of being as such. “*Each ontology, even if it has a logical and firm system of categories, remains blind unless it sufficiently discovers the sense of existence and understands this clarification as its own basic task*” (Halík, as cited in Šicková, 2006, p. 52).

It progressively comes to the holistic seizing of the reality of one's own being and the interconnection of sensory perception and emotional experience. Such a perception of experiencing always hides inside the elements of expressiveness. Stephan Strasser (as cited in Rubin 2008, p. 197) always connects this influence with a certain motion or motive, which he calls "motus". He explains this term within the meaning "*feeling is the emotion of 'gradual adaptation to the world in a certain stabilized way' characterised by a motto or motion*" (Strasser, as cited in Rubin, 2008, p. 197). The result of such effort is the process of unification, with the progression body – consciousness – feeling (ibid.).

Another approach is Gestalt therapy, or, more precisely, shape-oriented art therapy. It is based on two quite different movements – Gestalt psychology, which builds its philosophy on empirical research on perception and learning, and Gestalt therapy, which comes from applying this psychology to psychotherapeutic practice. But in art therapy we focus on Gestalt psychology and adapt it so that we can use it in art therapy interventions. Its advocates realised that we cannot perceive the individual elements of the personality separately but that it needs to be seen in its totality. One of the important representatives was the neuropsychologist Kurt Goldstein, the author of the so-called "organismic theory" based on the ideas of the unity, integrity, consistency and coherency of a human (Rubin, 2008). He claims that "*the reason for pathological disorganisation is the oppressive environment*" (Rhyne, as cited in Rubin, 2008, p. 213).

According to Gerald Corey (as cited in Rubin, 2008), the basis of Gestalt therapy is the presumption that individuals are able to solve their own life problems. The task of a therapist is to help clients to experience their own being within the meaning "*here and now*" and to realise and fully experience their own feelings and their current approach to them. It is a non-interpretative approach. The emphasis is put on an individual way of perceiving the problem by the clients themselves, their authentic direct statements and their finding their own significance in the realities found. At the same time, the individuals are guided so that they do not solve their unresolved matters from the past

directly and in the current situation. “*By experiencing their own conflicts, instead of only talking about them, they gradually extend the level of their own realisation and integrate the shaky and unknown parts of their personality*” (Corey, as cited in Rubin, 2008, p. 215).

The representatives of Gestalt view thinking as a process of problem solving (Šicková, 2006). They understand the problem situation itself within the meaning of its structure; during the solution to this situation its restructuralisation occurs. In this process, the principle of experiencing applies again, but the emphasis is also put on holistic perception of the phenomena. Šicková (2006, p. 53) states: “*Gestalt psychology is the system of thoughts which considers phenomena as full units or forms.*” We can examine them only from the holistic point of view, not as a set of individual elements. The movement originated as a reaction to associationism, which splits up phenomena into their individual elements in a similar way to the natural sciences. The term Gestalt means an “*organised whole whose features cannot be derived from the features of its parts*” (Šicková, 2006, p. 53). Gestalt therapists support the development of the clients’ inherent potential so that the clients can find it on their own.

## **Germany**

In Germany, several institutions offer art therapy studies. The programmes are presented diversely: art therapy, art and creative therapy, creativity therapies or cultural therapy. Similarly to the UK, the studies in the individual schools are based on different theoretical approaches. These include e.g. the already-mentioned psychoanalysis or Gestalt therapy, but also the theory of Rudolf Steiner and anthroposophy or the theory based on learning and behaviour (behavioural approaches). Teaching is mainly performed within bachelor’s or master’s programmes, for example at faculties of applied sciences – FHKT, the University of Applied Sciences in Nürtingen or the University of Applied Sciences and Arts in Ottersberg, or within the scope of academies, for example the Kunsthochschule Weissensee in



Berlin and the Alanus Hochschule für Kunst und Gesellschaft in Alfter. Art therapy is also a part of an additional qualification (in Berlin) or a specialisation or basic course (in Nürtingen and Ottersberg). The private Fritz Perls Institute in Hückeswagen offers the possibility of professional training through distance learning.

Cognitive behavioural art therapy in the scope of the above-mentioned behavioural approaches proceeds from the research into the causes of human behaviour. It is focused on higher cognitive processes, therefore on the thoughts and feelings described by the clients. The aim is to teach the clients to learn these patterns of behaviour and ways of thinking and work on them so that the negative cognitive processes change. Cognitive behavioural art therapy uses many techniques to fulfil this aim.

Summaries of some of the techniques of cognitive behavioural therapies used with adult clients are given in the literature quoted above, which describes the possibilities these techniques offer and their interconnection with art therapy (Rosal, as cited in Rubin, 2008). They are e.g. techniques used in work with people with mental handicaps and sexual deviations or women with anorexia. It appears to be appropriate to use some techniques of cognitive behavioural therapy with younger clients, particularly in the event of social or problematic behaviour. Sandra Packard (as cited in Rubin, 2008) found that art work brings new ideas and supports the learning process in students with specific learning disorders. Research has confirmed that with the technique of cognitive behavioural therapy, the externalisation of internal feelings can be enriched by the influence of art therapy because it requires visual interpretation of the individual stages of a certain behavioural type. Nancy Gerber and Janie Rhyne (as cited in Rubin, 2008) used drawing with techniques revealing internal feelings and thoughts when an aggressive reaction in the client can be induced. These authors also mention the adaptation of some techniques of cognitive behavioural therapy to the art therapy process. Cognitive behavioural techniques in art therapy change the formulas of incorrect thinking, offer possible ways to solve problems, teach

new behaviour, offer new solutions, induce relaxation, teach the client how to deal with stress, increase self-control, reveal the mental processes leading to the offences and adjust dysfunctional formulas of behaviour.

## **Slovakia**

In Slovakia, art therapy is a part of the study of therapeutic education. The first university teacher of art therapy was Roland Hannus at the Faculty of Education of Comenius University in Bratislava, at the departments of therapeutic education, psychology, speech pathology, social work and visual art. But art therapy is not offered as a separate course of study, only as one of the compulsory or selective courses in the above-mentioned departments. In the year 2000, the Terratherapeutica organisation was established by therapeutic educators and visual art teachers, psychologists, psychiatrists and designers. In 2010, the Institution of Education in Art Therapy was established, which organises two-year courses in cooperation with the Czech Art Therapeutic Association and the University of South Bohemia in České Budějovice. This course is attended by graduates from universities with pedagogical, psychological and medical specialisations. The students learn about different artistic materials and techniques but also the theoretical basis and selected chapters from the history of art and aesthetics and psychotherapy. The studies also include creative writing, which is taught by the famous Slovak writers Mila Haugová and Daniel Hevier. The studies are primarily focused on spiritual-ecological existential art therapy – SEEA (Šicková, 2002). This ground accentuates the integrity of humanity and nature and intermediates spiritual values such as love, responsibility, morals and ethics. It sets the goal of enriching personalities and alleviating or curing illnesses through art and derived techniques. The presumption of SEEA is ‘art pour la santé’ (Šicková, 2002), which means art for health. Its ambition is to mobilise a desire for spirituality and hope in people, and to support human dignity in terms of transcendence and support the integration and harmonisation of the personality and society in

which they live – and all this happens through art. This conception emphasises the importance of art and experience, personal self-reflection and the maintenance of the balance of a therapist at three levels: artist – therapist – scientist. The level of “the artist” means that the art therapists create their own art works. The level of “the art therapist” means working with clients or patients – under supervision. The level of “the scientist” means knowledge of art theory and therapeutic approaches, the formulation of research goals and the performance of art therapy research in its qualitative and quantitative forms.

Knowledge of the history of art therapy and different theoretical approaches is no less important for the art therapist, as well as knowledge of the structure of an art therapy meeting, as well as the differences between individual and group art therapy. In future art therapists, Šicková (2002) emphasises building emotional intelligence, authenticity and personal coherence (mental, emotional and spiritual).

In 2000, Centrum TT was established, which organises therapeutic meetings with different focuses on children, young people and adults. Much art therapy research was performed there and documented in diploma theses (about 100 diploma theses) and dissertations (about six dissertations) under the supervision of Jaroslava Šicková. In 2012, the Association of Slovak Art Therapists was established; its honorary chair is Jaroslava Šicková and the chair is Andrea Orosová.

## **2.2 From the History and the Present of Art Therapy Research**

The research in the context of art therapy has constituted a serious problem. The international community of art therapists invites art therapists from around the world to concentrate on searching for scientifically relevant methods of the evaluation of the benefits of art therapy which would open the already ajar door to art therapy for the scientific community in a similar way to medicine, psychology and the social sciences.

It is evident that anthropologists, psychiatrists and visual art pedagogues have used the visual art production of children within evaluation and research for more than a hundred years. The visual art of children has been collected and classified. The result of these activities is the finding that children clearly go through a sequence of developmental stages in their works and their drawings are at the unconscious level of their statements of their problems and personality characteristics, emotional dispositions and intellect. From a large quantity of knowledge collected independently by a number of authors, non-verbal intelligence tests have developed progressively (Goodenough, 1926 as cited in Šicková, 2002). Before 1900, several studies were published in the USA and Europe (Lombroso, 1882; Simon, 1888; Tardieu, 1878; Hrdlička, 1899 as cited in Šicková, 2002) which dealt with the description of the spontaneous creation of psychiatric patients but they were rather impressionistic studies. Unfortunately, there exist only a few studies dealing with research on the “normal” creations of adults who have no special artistic talent; such creations would be useful as a comparison with pedagogical creations. At the beginning of any study of diagnostics through visual art production it is always useful to determine what is normal or usual and separate it from what is unusual or abnormal.

In 1996, the German scientist Fritz Mohr was the first to standardise the methods and procedures of drawing tests for psychiatric patients. His tests are of three types:

- specific assignment according to the researcher’s instructions,
- free spontaneous creation,
- series of drawings in different stages of disorder.

This author considered the most important element to be the structure of work which is, according to his opinion, connected with the train of thoughts of the creator. The more fragmental the picture is, the more fragmental the train of their thoughts is. The research of present art therapists corresponds to this statement; e.g. István Hárđi states the same findings on the basis of his own practice of over more than 50 years in the psychopa-

thology of drawing the human figure. The primary study of Fritz Mohr has served as the model for research until the present. In addition to systematically archiving the drawings of psychiatric clients, Mohr also attentively observed and recorded their behaviour during acts of creation and related this creation to the other symptoms of a patient, their moods and ability to concentrate. He examined not only formal aspects of drawing but also its content and everything was supposed to be examined in the context of the current mental status of the patient.

At present, the art therapy research is developing in two directions. These are particularly research using free (spontaneous) drawings or other art creations (painting and plastic art) and research using projective drawing and copies of specific pictures or drafts.

These two lines or two different approaches in the research into art creation also divided art therapists into two basic groups: the first group of art therapists diagnoses the clients on the basis of some testing situation and on the other hand, there are the art therapists who focus only on the spontaneous work of the clients outside the testing situation as the basis for the art therapy relationship. While the psychologists were on the side of projective drawing tests, the artists, art theorists and collectors and also art therapists were on the other side – the side of emphasising the importance of spontaneous work. The discussion among art therapists about diagnostic techniques using art is still a live topic. It is relevant to compare the approach of psychologists to patients and the approach developed by art therapists and other dynamically oriented psychotherapists, although their methods blend into one another. At the beginning of art therapy (in the 1940s-1950s), psychological testing and therapy were usually separate activities as a result of the difference between their philosophical and theoretical bases and also because of the art therapists' training. The pioneer of art therapy, Margaret Naumburg, aptly describes it: *"The fundamental difference between projective drawing contained in psychological tests and those which are created in art therapy is that projective tests are inevitably accurate and art therapy tests are comprehensive, compact and*

*fully spontaneous. While certain diagnostic elements in art therapy are comparable with some aspects of projective drawing techniques, the therapeutic techniques of art therapy are dynamically related to the techniques of psychoanalysis*" (Naumburg, 1958, p. 513). It is also necessary to pay attention to the differences in quite small technical matters when psychological drawing tests are being used. While psychologists offer standardised instructions and testing materials – A4 paper, pencil and a rubber – art therapists prefer large sizes of paper (A3, A2 and larger) and paint, clay or sand. Psychologists look for principles of generalisation which can be of importance for individual groups of the population, while art therapists are more interested in how art reflects the changes in the patient's mood, emotional life, the course of their illness and their personality features and how the unique experiencing of the events, conflicts and problems is manifested in the client's life. Psychologists have always tried to demonstrate the validity and credibility of projective drawings in statistics. In the research, art therapists are mainly concerned if and how art has a potential to contribute to insights into the particular patient. That is why testing diagnostic methods are used by art therapists as a help for creating specific art therapy techniques. Art therapists use case studies in their research – the methods of qualitative research, the principles of which correspond better with the principles of art therapy and art. We will mention some characteristics of art therapy which apply to qualitative research: the creation of definitions in the context and course of exploration but also narrative periphrases, the appraisal of validity by means of a triangulation method, which means an independent appraisal check of an identical item by more therapists, logical analysis of the control of the external variable factors, holistic description of a phenomenon and a narrative but not numerical final evaluation of the research. Last but not least, the philosophical bases of the research inherent in phenomenology and hermeneutics play their role in qualitative research in art therapy.

The validity of qualitative research in art therapy is ensured by its long-term nature and the intensity of the research and by a specific and detailed description of everything that happens within

the process of creation. It is impossible to ensure the reliability of qualitative research because identical conditions of creation can hardly be recreated. This research examines specific rather than typical situations and these change constantly. Uniqueness, non-repeatability and freedom are values which acquire importance in art therapy research of such a type. Another difference between the approaches of psychologists and art therapists to art work lies in their view of the finished product. Art therapists, who facilitate the work of clients in different contents, search for global similarities and differences. On the other hand, as we can see in the evaluation of the psychological line of drawing tests, there is the ambition to evaluate atomised details of drawings. It must be mentioned that contemporary art therapists, despite this divergence of their approaches in research, are incorporating elements from psychological projective tests into their diagnostic approaches more and more and constructing more reliable art therapy research. Moreover, more and more psychologists are pointing out critically that projective drawing tests are not valid in relation to personality features because research has shown that it is illusory to create generalisations e.g. for individual problem groups.

Psychologists are often at risk of connecting personality features with atomised elements of drawings or they try to find a simple variable, e.g. aggression or anxiety, which could separate one group from another. On the contrary, art therapists view an art product in its totality and evaluate it globally. They pay attention to the individual formal variables, e.g. the integration of the work, the use of space, line quality, and the presence of stereotypes and perseverations. For example, the research studies which document the fact that the neurotic and psychotic groups of patients deviate from the norm in several directions speak in favour of such generalisations because they directly reflect feelings of inadequacy (the size of a figure, the intensity of a line, the use of the rubber in drawing or the colours used).

Contemporary art therapists use differently structured and unstructured procedures of evaluation according to the age and the general conditions of a person. Artistic material has become richer; in addition to pencil and paper, coloured pencils or other

types of paint, material suitable for creating collages is used as well. In the diagnostic process in art therapy, it may be considered “a semi-finished product”. However, if the selection of photographs or pictures is wide in terms of the topics depicted in them and their size, collage can fully replace the classical assessment techniques. The proof of this is the diagnostic set of collages by Miroslav Huptych, a contemporary Czech art therapist, which is frequently used in art therapeutic diagnostics.

Art therapists mainly take into consideration the following phenomena of the artistic reflections created by their clients: integration, disintegration, composition, the use of colours and content but also the process through which the work of art was created, with regard to the specific individual symbolic material. At the same time, the verbal and non-verbal answers of the authors and their associations are recorded in a written form. Another important part of art therapy diagnostics is asking the authors to name their work, to tell a story about it.

If we use, for example, an approach to evaluation which does not clearly specify the object of the research, then we have to face the problems in the research analysis. To become successful in the evaluation of research into art, it is appropriate to find topics which are potentially without limits. It is not easy to find a theoretical framework for the diagnostic evaluation which includes a large number of content categories. One of the possibilities is to assign in drawing its own category to each subject or thing. But this causes a large growth in the amount of information and records, which results in it being hard to make a clear and meaningful generalisation. Although since 1960, the volume of art therapy literature has increased enormously (mainly owing to American, British and German publishers), the empirical research is still considered the weaker side of art therapy. But there are well-known studies by Judith Rubin, Harriet Wadeson (the art work of schizophrenic patients), Hanna Kwiatkowska (family art therapy – family constellation, coalition and hierarchy) and Rawley Silver (a cognitive abilities measurement test). The methods of testing of Linda Gantt and Carmel Tabone (1998, 2003) are called *the Formal Elements Art Therapy Scale* (hereinafter re-



ferred to as FEATS). The instruction is: "Draw a person picking an apple from a tree." Part of the testing is the evaluative scale, which contains 14 items for measuring the general attributes of simple drawings. The evaluation criteria are as follows: use of space, integration, adequate colours, logic, the inclination of a figure, the developmental stage of a figure, the solution to the problem, the presence of perseverations and stereotypes, the background, details and the realism of the drawing. In the past, FEATS was used for distinguishing the visual elements of the artistic patterns in different groups of individuals with handicaps, e.g. organic damage to the brain, depression, bipolar personality disorder, paranoid schizophrenia, etc. (Malchiodi, 2012). In Slovakia, Andrea Orosová (2009) used FEATS in work with clients with borderline personality disorder and Mosná (2014) with children and adolescents with Asperger's syndrome. Jaroslava Šicková (2012-2014) compared the research of Malchiodi (1990) and Wohl and Kaufman (1992) on a population of abused children with her own research focused on this population. The comparison of the Slovak research and the children with identical problems corresponded closely with the results of the American research on this population. It was proved that individuals elaborate extremely traumatic experience graphically and use colours in a similar way. Therefore it is possible to make generalisations on this basis. In recent years, many of the art therapists in Slovakia too (Barbora Vodičková, Zuzana Krčmáriková, Andrea Orosová and Dagmar Vatočíková) have defended their dissertations in the field of qualitative and quantitative research and contributed to a better definition of the concepts and diagnostic methods of art therapy.

In Bohemia, the psychologists and psychiatrists Mojmír Svoboda, Dana Krejčířová and Marie Vágnerová deal with the research on the psychodiagnostics of children and they often rely on diagnostics within drawings of the individual problem groups of children.

An English art therapist, Andrea Gilroy, in her publication *Art Therapy Research and Evidence-based Practice* (2006), initiates a professional discussion on the methodology of the current art therapy research in which she examines the epistemological positions of contemporary psychologists, doctors, social workers, psy-

chiatrists and consultants, and asks which type of research provides the best proofs in the context of art therapy. The methods of the above-mentioned specialists from other areas of science are inspiring for the contemporary art therapists who accept both forms – quantitative and qualitative – in evidence-based research, although in art therapy, narrative case studies are more viable, as well as „normative“ studies on the development of art, experimental and heuristic case studies and questionnaires.

In practice, Jaroslava Šicková tried to create some methods of evaluation of the art production of children and adults as well. The test called “Body image test” (Šicková, 2002) is based on finishing a pre-drawn figure with colours and projects the perception of the body schema of the person doing the drawing and maps their psychomotor determinants and current emotional mood. This test helped in more cases as the primary information on the severe traumatic experience of the person doing the drawing in connection with physical and sexual abuse. Another drawing test that examines a sense of connection is called “Way, light, human, voice” (Šicková, 1984 as cited in Šicková, 2002, p. 106). It provides an insight into the existential situation of the person doing the drawing and it has more levels of evaluation. The test characterises ambiguity, uncertainty, confrontation with personal problems, the integrity of mental and physical perception and psychological abilities. Mapping of the three-dimensional perception of a client is tested in a method called “Searching for my form” (Šicková, 1995 as cited in Šicková, 2002). It is focused on such categories as perception of space, inclination to the individual basic forms (cube, ball, or objects with more faces) and also space projection and comprehension of the life context, including a plastic self-picture of the client.

In the scientific library of the Faculty of Education of Comenius University in Bratislava, more than one hundred diploma theses and ten dissertations are registered which were produced by students of art therapy supervised by Jaroslava Šicková between 1991 and 2014. Most of the studies were conducted by the methods of qualitative research, phenomenological, heuristic and hermeneutic research methods.

## **2.3 Art Therapy in the Context of Special and Therapeutic Education**

Art therapy or, alternatively, its components are also used in the education of pupils with special educational needs. In Slovakia, the students of Comenius University in Bratislava can familiarise themselves with its basic concept in such fields as special and therapeutic education, psychology, speech pathology and therapy or counselling. It is also used in art lessons in special schools. Its components can also be applied to the subject called Education through Art in regular primary schools, in the scope of developing the process of the integration of pupils with special educational needs into the environment of regular schools where pupils with special needs learn together with intact pupils. Art therapy is also included in the educational programmes of more universities, specifically in subjects with an art orientation. These include, for example, the Department of Art Creation and Education and Department of Aesthetics at Constantine the Philosopher University in Nitra. Their goal is to prepare qualified specialists for pedagogical practice.

In connection with the primary consequences of disorders and disabilities, special educational activities are focused on the methods of re-education and compensation. Rehabilitation methods which are considered comprehensive also include the area of therapies in special education, including art therapy.

Gregušová (2011) mentioned that art therapy is a part of the components of medical therapy, educative (pedagogical, education or comprehensive) rehabilitation, social and pedagogical therapies, social and pedagogical counselling, special education and comprehensive rehabilitation. Medical therapy (Vašek, 2003) consists of applying medical methods to achieve the status of relative health of an individual, which means a moderation of the consequences of disabilities and the prevention of disability and disturbance. Art therapy is meant as a medical means focused on the elimination of the consequences of a health handicap (disability, disturbance or risk).

In the scope of educative rehabilitation special education therapies are also applied. They are characterised as activities focused on renewing or improving homeostasis and disturbed equilibrium between the organism and the environment (Gregušová, 2011). According to Müller et al. (2014), special education therapies either complement treatment or follow it and serve as a special type of help for problems resulting from important cultural or socially adaptive differences, where they focus on the consequences of problems manifesting themselves in the inability to achieve self-realisation in normal life – in education, employment, personal life or interest activities.

Comprehensive rehabilitation focuses on the development of the socialisation of the individual in terms of activities of a multidisciplinary character aimed at the prevention, moderation or removal of the adverse consequences of a disability or impairment. A part of the comprehensive educational activity of binocularly disabled children of preschool and school age is visual art activities. As a part of the comprehensive rehabilitation, art therapy is intertwined with all the basic components of the special pedagogy system. Within this meaning the term therapeutic and educative art therapy is defined: it is aimed at an individual with a health handicap who is subjected to social and pedagogical care.

Apart from the viewpoint of psychology and the psychotherapeutic bases, which also include the theoretical bases given above, that are preferred in educational institutions in particular countries (e.g. application of the principles of Carl Rogers and the humanistic lines; the principles, techniques and strategies of cognitive and behavioural psychotherapy; psychophysiological relaxation procedures, the limitation of some procedures of psychodynamic psychotherapy and creative and free association techniques), therapeutic and educative art therapy conceived like this must take into consideration the real potential of the objects of special education to a sufficient extent – and these are individuals with different types and levels of disability, disturbance and risk. That is why it includes the viewpoint of visual art activity and its active and passive (receptive) form. The main task is the creation of suitable conditions for performing visual art activities

with regard to the special educational needs and the environment, while various special compensatory aids and mechanisms are used. Šicková (2002) claimed that art therapy has the following aims: a) individual goals include relaxation, self-experience, self-perception, visual and verbal organisation of experience, knowledge of one's own potential, adequate self-evaluation, growth of personal freedom and motivation, freedom to experiment in the search for expression of feelings, emotions or conflicts, development of the imagination, a detached view and overall development of the personality; b) social goals include perception and acceptance of other people, the ability to express acceptance of their value, appreciation of them, making connections, integration into a group and cooperation, communication, collective problem solving, sharing similar experiences with other people, reflection on one's own functioning in the context of a group, insight into relationships and the expression of social support.

In relation to the general goals of art therapy outlined in this way, Gregušová (2011) summarises the following goals of special therapeutic and educative art therapy. We define the general goals as: the socialisation of an individual, integration and inclusion, prophylaxis and the elimination of negative phenomena accompanying the life of people with disabilities in society (social aspect), prevention, moderation or removal of the adverse consequences of disabilities or disturbances, the prevention of disablement, disturbance, or risk, positive changes in the quantity and quality of the education of individuals, renewal or improvement of homeostasis, removal of disturbed equilibrium between the organism and environment, removal of pathological or disharmonious or dysfunctional phenomena, identification, searching, cognition and optimisation of the regulation of relationships between individuals and their internal but also external, mainly social, environment. Vašek (as cited in Gregušová, 2011) outlines a summary of methods of comprehensive educative rehabilitation which can be also be applied in special therapeutic and educative therapy: the method of compensation (equalising the reduced function of organs), the method of re-socialisation (positive involvement in society), the method of correction (correction of dysfunction), the

method of acceptance (individual specifics), the method of special education (stimulation, intervention) and the method of re-education (elimination of habits and approaches). Müller (as cited in Gregušová, 2011) gives a classification of methods of art therapy from the point of view of special and pedagogical therapies as follows: free visual art work, thematic art work, art manifestation during music, group art activities and controlled art manifestation.

In this regard, it is necessary to show the possibility of connecting more types of art therapy in a broad sense which use different forms of artistic modalities, such as e.g. music therapy, bibliotherapy, dramatherapy, etc. The principle of multisensory stimuli (as also described by Lištiaková and Fábry Lucká, 2014) becomes a significant element which activates and helps to develop the individual sensory organs together with motor functions. The properly selected methods create a basis for the dynamic collective influence of the components of the therapy and help to develop e.g. sensomotor functions, perception, orientation in space or social interaction. But such an approach imposes higher demands on the performance of the art therapy process and is demanding in terms of teaching – especially in taking on the double role of a teacher and an art therapist at the same time. In this direction we have to point out that the multidisciplinary character of art therapy with cooperation between the specialists from the disciplines involved is the basis for a successful course of therapy. In this respect we are convinced that it is necessary to develop the possibilities of studying art therapy in the form of bachelor's and master's study programmes and to systematise the knowledge provided in this area, which should finally show itself in more efficient results of art therapy.

On the basis of this knowledge, we can say that art therapy intervenes in the mental and physiological sides of a person. From the theoretical approaches, we tried to describe those that were chosen by the educational institutions in selected countries to be followed in the preparation of future art therapists. In many cases, however, it is an eclectic approach, a connection of more bases. This comes from practical experience and the reality that

each person is a unique personality within the scope of such a therapeutic influence. That is why it is necessary to respect their individual needs. In this way, we follow the main goal of therapeutic effort within art therapy, which is the return of a person to a state of harmony by means of art and procedures and techniques derived from art, by removing or alleviating their illness or enriching their personality (Šicková, 2002).

## References

- Dalley, T. (1978). Drawing out tension with art therapy. *Therapy* 5(20/21):4.
- Gantt, L., & Tabone, C. (1998). *The Formal Elements Art Therapy Scale: the rating manual*. Morgantown, WV: Gargoyle Press.
- Gantt, L., & Tabone, C. (2003). The Formal Elements Art Therapy Scale and „Draw a Person Picking an Apple from a Tree“. In C. A. Malchiodi (Ed.). *Handbook of art therapy*. New York, NY: Guilford Press.
- Gilroy, A. (2006). *Art therapy, research and evidence based practice*. London; Thousand Oaks, CA: Sage Publications.
- Gregušová, H. et al. (2011). *Arteterapia v špeciálnej pedagoške: teória a prax* (1st ed.). Bratislava: Iris.
- Horowitz-Darby, E. (1994). *Spiritual art therapy – an alternate path*. Springfield, IL: Charles C. Thomas.
- Langarten, H. (1981). *Clinical art therapy: a comprehensive guide*. New York, NY: Brunner/Mazel.
- Lhotová, M. (2010). *Proměny výtvarné tvorby v arteterapii* (1st ed.). České Budějovice: Teologická fakulta Jihočeské univerzity.
- Lištiaková, I., Fábry Lucká, Z. 2014. Online assessment, documentation and evaluation tool in early childhood intervention – pilot study in Slovakia in multisensory therapeutic environments. In *Journal of Exceptional People*, Roč. 2, č. 5 (2014), s. 59-71.
- Malchiodi, C. A. (1990). *Breaking the silence: art therapy with children from violent homes*. New York, NY: Brunnel/Mazel.

Malchiodi, C. A. (Ed.). (2012). *Handbook of art therapy* (2nd ed). New York: Guilford Press.

Mosná, D. (2014). *Využitie arteterapeutických prístupov v základných školách so žiakmi s Aspergerovým syndrómom* (Doctoral dissertation). Bratislava: Univerzita Komenského, Pedagogická fakulta.

Müller, O. (Ed.) et al. (2014). *Terapie ve speciální pedagogice* (2nd ed.). Praha: Grada.

Naumburg, M. (1958). Art therapy: Its scope and function. *The clinical application of projective drawings*, pp. 511-517.

Orosová, A. (2009). *Aplikácia arteterapie u pacientov s psychickou poruchou* (Doctoral dissertation). Bratislava: Univerzita Komenského, Pedagogická fakulta.

Perout, E. (2005). *Arteterapie se zrakově postiženými* (1st ed.). Praha: Okamžik. Sdružení pro odporu nejen nevidomých.

Potměšilová, P., & Sobková, P. (2012). *Arteterapie a artefletika nejen pro sociální pedagogy* (1st ed.). Olomouc: Univerzita Palackého v Olomouci.

Rogers, C. R., & Freiberg, H. J. (1998). *Sloboda učiť sa* (1st ed. ). Modra: Persona.

Rubin, J. A. (2008). *Prístupy v arteterapii: teorie a technika* (1st ed.). Praha: Triton.

Šicková-Fabricsi, J. (2002). *Základy arteterapie* (1st ed.). Praha: Portál.

Šicková-Fabricsi, J. (2006). *Arteterapia – ú(zá)žitkové umenie?* (1st ed.). Bratislava: Petrus Publishers.

Slavík, J. (1997). *Od výrazu k dialogu ve výchově: artefletika* (1st ed.). Praha: Karolinum.

Slavík, J. (2004). *Artefletika – reflektivní pojetí výtvarné výchovy*. *Výtvarná výchova*, 44(1): 13-16.

Vašek, Š. (2003). *Základy špeciálnej pedagogiky*. Bratislava: Sapienta.



Wadeson, H. (2000). *Art therapy practice: innovative approaches with diverse populations*. New York, NY: Wiley.

Wohl, A., & Kaufman, B. (1992). *Casualties of childhood: a developmental perspective on sexual abuse using projective drawings*. New York, NY: Brunner/Mazel.

### **Internet and other resources**

Unpublished texts of European working group NEAT

<http://www.arteterapie.wz.cz/arteterapie.html>

<http://www.arttherapyblog.com/schools/europe-uk-schools-programs/#.VKxInOk3Njo>

<https://books.google.sk/books?id=GqjDwTnqbpAC&pg=PA456&lpg=PA456&dq=art+therapy+humanistic+approach+europe&source=bl&ots=xr8H7DP2bz&sig=70QyVkl-tSusGXwYfjurWkYHeB2w&hl=en&sa=X&ei=4ZOqVPjql8rvUJJejgKAL&ved=0CDwQ6AEwAw#v=onepage&q=art%20therapy%20humanistic%20approach%20europe&f=false>

<http://www.ecarte.info/>

<http://expressivearts.egs.edu/ma-in-expressive-arts-therapy>

<http://formations.parisdescartes.fr/fr-FR/1/diplome/P5-PROG12372/DU%20Bases%20des%20th%C3%A9rapies%20artistiques>

<http://www.psychiatria-casopis.sk/psychiatria/archiv-cisel/archiv/obsah-cisla-1-2014/povodna-praca/psychodynamika-psychobiologie-terapie-deprese.html>

### 3 TERTIARY EDUCATION IN MUSIC THERAPY

*Alžbeta SYKORJAKOVÁ*

Music therapy is integrated into therapeutic approaches from the area of expressive therapies which use the means of artistic expression to achieve the therapeutic goals – vehicles of expression from music, visual art, the dramatic or movement area and creations. In the Czech lands and Slovakia, the term art therapy is used in a broader meaning: art-, arte-, from the Latin *ars* – art (Kantor et al., 2009). Within the definition in the literal sense we can approach music therapy as treatment (therapy) by music. The World Federation of Music Therapy (WFMT, as cited in Linka, 1997) states that music therapy is the use of elements of music (sounds, rhythm, melody and harmony) by a qualified music therapist with a client or a group. Music therapy focuses on the potential development or renewal of the functions of an individual. According to Kantor et al. (2009), music therapy uses music or elements of music in the process of the interaction between the therapist and the client (or the interaction of a therapist with a group of clients) in an effort to facilitate communication, interaction (relationships), self-expression and learning. In music therapy, it is a matter of the targeted use of music or rhythmic interventions, with the aim being to re-establish, maintain or improve the social or emotional functions, mental processes or physical status of an individual (AMTA, Older American Act Amendments of 1992, 2001).

Romanowska (2005) claimed that music therapy is a multi-functional area which connects the elements of medicine, psychology, music pedagogy and aesthetics. Zeleiová (2002) added more; according to her, music therapy, as a pragmatically and

empirically oriented scientific discipline, is involved within the system of music sciences with psychology, philosophy, sociology, ethnology, music acoustics, theory and aesthetics. With regard to methodology, it draws from general medicine, psychiatry, psychology and pedagogy.

The subject of music therapy is characterised by Mátejková and Mašura (1992) as the intentional and systematic influence of the individual elements of performance on a client. Hornáková (2007) stated that music has a holistic influence and at the same time, its individual elements have specific effects and affect the emotions, imagery and motor activity. Bruscia (1998) claimed that music therapy is a systematic process which is purposeful, organised and based on the knowledge of the music therapist and is also regulated, so it is not random. It takes place gradually over a certain period of time. It represents a process of change for the client.

Kantor et al. (2009) described the characteristics of the music therapy process as follows:

- music therapy is a systematic process which goes from diagnostics, intervention and therapy to evaluation;
- the goals of music therapy are referred to as non-musical goals and include an extensive area of therapeutic influence;
- music therapy includes the personality of the client, the therapist and their mutual relationship; it is not self-therapy.

Music therapy can be applied as a separate method, but can also be combined with other methods or elements of other therapies (Kováčová, 2008). In practice, we often meet the interconnection and integration of other expressive therapies. It is possible to express the expressive character of music and internal experience of a person by movement. When using visual art, it is possible to reflect the feelings which are sometimes difficult to express in words. The connection of music therapy and psychodrama is also important (Kováčová, 2009a, 2009b); for example, Moreno (2005) sees the relation here and also the fact that both therapies are active. The client participates actively in the treatment process.

An important aspect of music therapy is the music media or the means which are used in therapy. We create a melody with musical instruments and vocal performance. The melody embraces the significant emotional drive which also helps us to immerse ourselves into discovering not only our own soul but also the hidden secrets of others. Dynamics, tempo, rhythm and many other aspects created by musical instruments carry the genuine mark of the author's temperament. In this way, it is possible to "read" the activity and openness and to a certain degree, we can also sense distance, fear or distrust. Musical instruments are often mediums between us and our client and our thoughts, support, communication and common joy are carried through them.

The main means in music therapy which are not demanding in terms of finance or material include the body as the musical instrument. Sounds flowing through the hands, legs, fingers and face have their advantage in simplicity. In these techniques, we do not need special musical instruments in therapy. Children get to know their own body and their movement coordination improves. Playing the body as an instrument includes handclapping, stamping, finger-snapping, shuffling the hands and different oral activities (blowing, lip smacking, buzzing, etc.).

Vocal performance is a unique musical instrument which a person is born with and which is formed during their life. It is also "the most intimate" part of us. As early as in 1632, Jan Amos Komenský (as cited in Mátejová & Mašura, 1992) described the need to sing, which helps to clear the voice and improve health and leads to moral and aesthetic education. Children's songs embrace their mood, ideas and morals. They activate children to use musical instruments, to listen to each other and to cooperate. Singing can capture the attention and brings a feeling of security and support.

We consider musical instruments to be an inseparable part of music therapy. We can divide them into several groups according to their function, material or the way they are played, the therapeutic goal and their period of origin. In music therapy, we frequently use Orff instruments, which are well known around the world. The basic equipment of these instruments includes children's small drums, tambourines, cymbals, maracas, bells,

triangles, clappers, wooden beaters and many others. Orff musical instruments can be complemented with ethnic instruments and enriched by the sounds of exotic instruments from other cultures. The main ones that are used are rain sticks, djembe, gongs, and Tibetan bowls or ocean drums. In music therapy, the tones of traditional musical instruments are also used, including the irreplaceable guitar, piano, metallophone and xylophone.

### **3.1 Comparison of Music Therapy Schools**

It was necessary to unite professionals and create a network connecting them together in order to allow music therapy to form and to give it a direction and growth as a specialisation, profession and an educational programme. As Kantor et al. (2009) stated that the World Federation of Music Therapy, European Music Therapy Confederation and European Association of Students of Music Therapy were established to meet those needs.

The **European Music Therapy Confederation** was established in 1990 to associate music therapists around Europe. It is used for exchanging information and actively supporting the practice of music therapy. It creates common ground for building relationships and a space for communication between music therapists. It obtained the official status of an international non-profit organisation from the European Union in Brussels in 2004. According to Kantor et al. (2009), the EMTC represented 19 European countries and in 2014, the EMTC brought together 5,400 music therapists from Europe (source accessed on 9 January 2015, online, [emtc-eu.com](http://emtc-eu.com)).

The goals of the EMTC, stated according to the Slovak Association of Music Therapy (source accessed on 9 January 2015, online: [muzikoterapia.eu/pre-clenov/emtc](http://muzikoterapia.eu/pre-clenov/emtc)), are as follows:

- support for education and the practice of music therapy;
- recognition of music therapy as a profession at the national and European levels;
- communication with the bodies of the European Union or other organisations which deal with music therapy;
- support for activities leading to the fulfilment of the goals stated above.

A summary of the individual music therapy associations which became members of the EMCT is given in the table below (Table 5). We show their origin, web link and current number of members (on 9 January 2015, online: emtc-eu.com). We would like to point out that those included are the biggest associations within Europe and in the scope of the individual countries with regard to the fact that there are more music therapy associations in some countries.

*Table 5 Overview of music therapy associations*

<b>Country</b>	<b>Name of association</b>	<b>Year of foundation</b>	<b>Number of members</b>	<b>Website</b>
Austria	OBM (Österreichischer Berufsverband der MusiktherapeutInnen)	1984	211	<a href="http://www.oebm.org">www.oebm.org</a>
Belgium	BMT (Beroepsvereniging van Muziktherapeuten)	1998	40	<a href="http://www.muziektherapie.net">www.muziektherapie.net</a>
Bulgaria	BAM (Bulgarian Association for Music Therapy)	1995	33	<a href="http://www.bulgarianmusictherapy.com">www.bulgarianmusictherapy.com</a>
Czech Republic	CZMTA (Česká muzikoterapeutická asociace)		181	<a href="http://www.musictherapy.cz">www.musictherapy.cz</a>
Denmark	DFMT (Danish Society for Music Therapy)	1969	128	<a href="http://musikterapi.org">musikterapi.org</a>
Finland	FSMT (Musikterapiföreningen i Finland)	1973	200	<a href="http://www.musikkiterapia.net">www.musikkiterapia.net</a>
Germany	DGMT (Deutsche Gesellschaft für Musiktherapie)	1972	1050	<a href="http://www.musiktherapie.de">www.musiktherapie.de</a>

Hungary	HAMT (Hungarian Music Th. Association)		10	<a href="http://zenterapia.lap.hu">zenterapia.lap.hu</a>
Italy	FIM (Italian Federation of Music therapists) AIM (Italian Professional Association of Music Therapy)	1998	90	<a href="http://www.musicoterapia.it">www.musicoterapia.it</a>
		2002	250	<a href="http://www.aiemme.it">www.aiemme.it</a>
Norway	NMTA (Norsk Forening for Musikterapi)	1972	375	<a href="http://www.nmh.no">http://www.nmh.no</a>
Portugal	APMT (Portuguese Music Therapy Association)	1996	50	<a href="http://www.musicoterapia.com.sapo.pt">www.musicoterapia.com.sapo.pt</a>
Spain <sup>1</sup>	AEMP (Asociación Española de Musicoterapia)	1977	102	<a href="http://www.webjam.com/musicoterapeutas">http://www.webjam.com/musicoterapeutas</a>
Švédsko	AMTSO (Swedish Association for Music Therapy)	1974	73	<a href="http://www.musikterapi.se">www.musikterapi.se</a>
Švýcarsko	SFMT (Schweizerischer Fachverband für Musiktherapie)	1981	250	<a href="http://www.musictherapy.ch">www.musictherapy.ch</a>
Velká Británie	BAMT (British Association for Music Therapy)	1976	632	<a href="http://www.bamt.org">www.bamt.org</a>

Zdroj: upraveno podle: [emtc-eu.com/country-reports/1](http://emtc-eu.com/country-reports/1)

- 1 Currently, there are 22 music therapeutic associations in Spain; 10 of them are members of the EMTC (online: <http://emtc-eu.com/country-reports/spain/>). The association named here (Asociación Española de Musicoterapia) is the oldest association operating in the country.

## 3.2 Education Criteria in Music Therapy

Because music therapy is based on an interpersonal process, it also requires, in addition to a client, the personality of the music therapist. The therapist takes the role of the helping person and according to Bruscia (as cited in Kantor et al., 2009), he/she should have the following characteristics:

- he/she helps the client;
- interaction takes place on the basis of a mutual agreement;
- he/she helps to meet the client's needs;
- he/she maintains a professional relationship;
- he/she is sufficiently qualified;
- he/she works in accordance with the ethical rules.

Zeleviová (2012) further stated that the therapist is a person who requires permanent confrontation of his/her competency with the scientific context and knowledge which is connected with music education and theory, psychology and psychotherapy, knowledge of psychosomatic medicine and psychiatry and music therapy. According to Vitálová (2007), a music therapist should have character qualities such as e.g. empathy, flexibility and a fair, tactful and unobtrusive personality without prejudice.

The European Music Therapy Confederation (EMTC) has defined criteria which the professional must comply with when performing music therapy work. The qualification requirements for music therapists are given by the European Music Therapy Confederation ([emtc-eu.com/register](http://emtc-eu.com/register)) and by the Czech Music Therapy Association ([www.czmta.cz/profese-muzikoterapeut/profesni-clenstvi-czmta](http://www.czmta.cz/profese-muzikoterapeut/profesni-clenstvi-czmta)) in our context. They present the following professional standards:

- required previous education – completion of a first or second degree in tertiary education in a humanistic study field, or higher professional education in education, healthcare or art;
- education in music therapy;
- self-experience gained in a 250-hour training course based on self-experience which must be comprehensive and completed;
- clinical practice (given number of hours);
- supervision of practice (given number of hours).



The formation of schools of music therapy was affected by the establishment and development of theories specifically associated with music therapy. These theories are historically younger and based on psychology and psychotherapy. Even contemporary music therapy training is based on the bases of psychoanalysis, a humanistic approach and a cognitive behavioural approach.

### **3.3 Models of Music Therapy**

The specific models of music therapy are listed in the publication of Kantor et al. (2009). They include, for example, “accentuated learning”, “the FMT method”, “imagery controlled by music”, “vibration acoustic therapy” and others. In the following models we pay attention to the three models which were formed as music therapy models and have the education of music therapists as their priority.

#### ***Active and Receptive Music Therapy***

This model of music therapy came into existence in the 1960s and 1970s. Its author, Christopher Schwabe, created a system of dividing music therapy into active and receptive. According to Schwabe (1987), both of them have an individual and group form.

Active music therapy uses musical activity which, according to Schwabe (1987), is used for the stabilisation of the personality and change of pathological attitudes. Mátejová and Mašura (1992) stated that this component enables the clients to participate immediately and specifically in the process of active music performance. This area includes instrumental performance (improvisation, composition) and vocal performance (singing) but also movement, visual art and speech and dramatic performance created with the help of a musical stimulus. It is important that the client is active and creative during the process. Individual active music therapy is indicated for persons who find it easier to establish communication by non-verbal means. As Schwabe (1987) stated, group active music therapy includes instrumental improvisation, group therapy through singing, mo-

vement improvisation or dance group music therapy. The area of receptive music therapy is focused on relaxation techniques with full or partial psychosomatic relaxation and also a reduction of tension. It is often applied when listening to suitably selected relaxing and calm music because music is used to stimulate the imagination. The therapist chooses recorded music or plays an instrument themselves. *“Individual receptive music therapy is divided into communicative, reactive and non-targeted music therapy, group receptive music therapy is divided into regulating, reactive and dynamic music therapy”* (Schwabe, 1987, as cited in Kantor et al., 2009).

The advantage of individual music therapy lies in the fact that the entire attention of the therapist is aimed at only one client, who has their own specific needs and requires an individual approach. In individual therapy the entire programme is „customised“ so the required changes come faster. Group therapy works with a group of people, brings the integration/inclusion of a client into the group and supports mutual interaction and relationships. The individual meets other people in the group and they learn to respect each other’s individualities, attitudes, opinions and possible limitations. When group and individual music therapy are compared, the ideal „solution“ is the transition from individual to group forms. It is also suitable to interconnect or combine individual and group music therapy.

### ***Anthroposophic Music Therapy Model***

The model is based on the teaching of Rudolf Steiner and is closely related and interconnected with the medical sciences about human beings. It is a matter of perceiving the human being from the point of view of body, soul and spirit (thinking, feelings, and will) and the balance between them. Krček (2008) used the term *“musica humana”* in his publication of the same name, by which he wanted to express that music is given in the body and the soul and in their natural interconnection. According to Zeleiová (2007), music is considered a mental and spiritual activity and can have an objective influence. From the point of view of “ma-

terial science”, anthroposophic music therapy can be considered an overly esoteric direction because it also integrates spirituality into its work (ibid.).

One of the means of music therapy is musical instruments, which are also a part of anthroposophic music therapy. Krček (2008) called this means “*musica instrumentalis*”. It arises through playing musical and non-musical instruments created by people. According to Lipský (2009), musical instruments help integrate the sensual experience of the entire organism into musical perception. A great role is attributed to tone quality.

According to Lipský (2009), singing has a central position in anthroposophic music therapy. As already stated at the beginning, it is a natural instrument of people. According to Horňáková (2007), singing is an accentuation of speech which obtains a richer (more emotional, artistic) sound form. “*Singing can cause the effect of music on the inside of organs because of the resonance, structure and activity of the organs*” (Lipský, as cited in Kantor et al., 2009, p. 213). Anthroposophic music therapy is used in the countries which are mentioned in the table below (Table 6), and it is also used by the professionals at Waldorf schools and in social services institutions, psychiatric institutions and sanatoria (ibid.).

### ***Creative Music Therapy***

Another approach in music therapy is “*creative education*” or, more precisely, “*creative music therapy*”. It is a model which is used by music therapists in their practice all around the world. This model of music therapy was named by its founders, the American composer and pianist Paul Nordoff and the British special education teacher Clive Robbins. The authors designed the model in the 1950s-1960s.

As Lipský (2009) mentioned, Nordoff and Robbins got to know each other in a children’s home in 1958 and their meeting developed into cooperation. Both of them worked with children with mental and physical handicaps for several years and this cooperation resulted in the creation of their own model, in which the

emphasis is placed on musical improvisation. Its participants are the main therapist improvising on a musical instrument (guitar, piano or violin), a co-therapist and a client (or a group of clients). The primary task is to establish a relationship through playing an instrument. The therapist plays according to the interaction which goes on among the participants in the session and tries to use all the musical reactions of the client(s). During the session, the verbal component is reduced or entirely eliminated. The co-therapist supports the client; he/she is there for the clients and reflects their needs. Creative music therapy, according to Lipský (2009), is focused on the development of communication with the client. This is established through shared musical experience.

Jana Weber (as cited in Kantor et al., 2009), who is affected by this model, said in an interview (more at [muzikoterapie.cz](http://muzikoterapie.cz)) that creative music therapy is applied to different populations – individuals and groups. The approach has been proved in practice with children with autism and mental handicaps, but also with adults and geriatric patients.

### **3.4 Methods of Studies of Music Therapy in Tertiary Education**

According to Lipský (2009), a music therapist who wants to obtain the degree of a Master of Music Therapy must be equipped with experience and abilities from the musical and clinical fields. The schools with these training programmes are in England, Germany, and the USA (*ibid.*)<sup>2</sup>. Below, we will show the different possibilities of studying music therapy within the international context.

#### ***Australia***

The Australian Music Therapy Association was established in 1985 as a response to the music therapy conferences which star-

---

2 More information on education is available e.g. at <http://steinhardt.nyu.edu/music/nordoff/training/level1/>

ted in 1975. The first pioneers of music therapy were Ruth Bright and Denise Grocke. Both of them were focused on the application of music therapy in psychiatric treatment. In the area of the care of people with dementia, Marvin Barg profiled as a music therapist after finishing his music therapy education in the USA. Enid Rowe finished her studies of music therapy in the United Kingdom and it motivated her to establish a music therapy centre ([austmta.org.au/about-us/history](http://austmta.org.au/about-us/history)).

The profession of a music therapist was established in Australia many years ago. The current training programmes available in Australia are, according to Kantor et al. (2009), “controlled imagery and music” and “creative music therapy”. The latter training follows the Music Therapy Centre established by Enid Rowen (1977, as cited in Kantor et al., 2009) according to the Nordoff-Robbins model (1994, as cited in Kantor et al., 2009).

### ***Czech Republic***

According to Kantor et al. (2009), the beginnings of music therapy in the Czech Republic are connected with Jitka Vodňanská, who used to study music therapy with Christoph Schwabe and Josef Krček, the advocates of anthroposophically oriented music therapy. Although accredited education at the international level is missing in the Czech Republic, in 2008, the first course of a two-year programme in music therapy was completed; it was implemented by Charles University in Prague. The key trainer was Matěj Lipský. Training of the same accreditation took place under the patronage of Jitka Pejřimovská in Liberec. In the Czech Republic, there are several accredited courses which take place at the Faculties of Education. The Czech Music Therapy Association guarantees (supervises the quality) of several short-term seminars and courses. The courses mentioned below are also attractive for the professionals from Slovakia. We also mention the authors of the courses who create the platform of music therapy in the Czech Republic at present.

*Table 6 Music therapy courses in the Czech Republic*

<b>Course name</b>	<b>Number of hours</b>	<b>Teacher</b>
Music Therapy as the Way to People	19 h.	Matěj Lipský
Music Therapy and Psychotherapy in Reflection of Rehabilitation	19 h.	Matěj Lipský
Music Therapy in Piano Metamorphosis 1	–	Matěj Lipský, Jiří Pazour
The Way to Harmony (1–3)	Each module 30 h.	Markéta Gerlichová
Basics of Holistic Music Therapy	11 h.	Lubomír Holzer
Holistic Approach to Music Therapy	24 h.	Tomáš Procházka
Music Therapy as a Gateway to the World of the Client	2 days	Jiří Kantor
Two-Year Systemic Training in Music and Drama Therapies	2 years	Zdeněk Šimanovský <sup>3</sup>

## Germany

Music therapy in Germany was affected by the entire historical development of the country, which means its division into its eastern and western parts. In East Germany and Leipzig, Schwabe contributed to the development of music therapy in the 1950s by creating his own music therapy model (the model of active and receptive therapy). The anthroposophic movement stimulated the development of music therapy in the western part of the country; in 1963, Maria Schüppel established the “anthroposophic music therapy” training ([musiktherapie.de](http://musiktherapie.de)).

Professional preparation in Germany is under the patronage of universities or private institutions. Studies are focused on the clinical and scientific aspects of the treatment of the patient by

---

3 Šimanovský, Z. (2007)

musical stimuli. The aim of the studies is to prepare the students in terms of practice for their future profession in hospitals and rehabilitation centres. During preparation, students learn to play selected musical instruments (at least one). The music therapy graduates pursue special training in different working areas. They can focus on work in psychiatric sanatoria, special neurological clinics, music schools, special schools, psychotherapeutic clinics, physiotherapeutic clinics or in the area of psychosocial counselling (schreiben.anleiter.de/wie-und-wo-kann-man-musiktherapie-studieren). In Germany, according to data from DMTG, undergraduate education (3-3 years) and postgraduate education (4 years) are available at the universities. Music therapy is a part of bachelor's studies, which require 6-8 semesters. It is followed by studies at the master's level. Studies of both levels consist of 10 semesters. The graduates obtain the title of graduate music therapists. Private institutions also offer postgraduate education.

## **Austria**

In 1959, the *Österreichische Gesellschaft zur Förderung der Musikheilkunde* was established in Vienna, and later, in the 1980s, the *Österreichischer Berufsverband der Musiktherapeuten e. V. (OBMV)* was established. Alfred Schmölz, a teacher, methodologist and music therapist, contributed significantly to education in music therapy in Vienna and he outlined the Viennese model of dynamic music therapy. According to Zeleiová (2002, pp. 35-36), Schmölz characterised music therapy as a “*creative emotional and socially communicative training field and field of experience*”. A three-year subject at the Hochschule für Musik und darstellende Kunst was the first accepted study of music therapy. Today, the school offers bachelor's and master's degrees (Master of Arts) with the duration of 8 semesters (mdw.ac.at/mbm/mth).

Apart from the pioneer Alfred Schmölz, Kantor et al. (2009, p. 97) mentioned other personalities that contributed to the development of music therapy in Austria, e.g. Editha Koffer-Ulrich, Albertine Wesecky, Ilse Caseliz, Georg Weinhengst, Margit Schneider and Stella Mayr. Since 1992, Austrian music therapy has been heading towards psychodynamically and humanistically orien-

ted psychotherapy. Education in the Viennese model includes 90 hours of individual psychotherapy, 180 hours of group psychotherapy and 650 hours of practice under supervision (ibid.). In recent years in Austria, the following education institutions providing education in music therapy were established:

- *Fachhochschule Krems* – since 2009, it has been providing education at the bachelor's level (6 semesters) – Bachelor of Science in Health Care; and since 2012, this degree has been extended to a master's degree study programme ([fh-remms.ac.at/de/studieren/bachelor/musiktherapie/uebersicht/#VK7t7CuG-Uk](http://fh-remms.ac.at/de/studieren/bachelor/musiktherapie/uebersicht/#VK7t7CuG-Uk));
- *Kunstuniversität Graz* – since 2010, it has been offering a four-year education course of music therapy which is concluded by a certificate (Akademisch geprüfter Absolvent des interuniversitären Lehrgangs Musiktherapie) ([imp.g.at/gramuth](http://imp.g.at/gramuth));

At present, music therapy is a service which is not covered by medical insurance and is indicated for clients with special educational and training needs, clients with mental problems, children and young people with abnormal behaviour, seniors, etc.

## **Slovakia**

The historical roots of music therapy in Slovakia go back to the 18th century (Sziney, as cited in Solárik, 2008). The first information on music therapy is from a doctor and scientist, Ignác Rumuald Ambro from Trenčín, who lived between 1748 and 1787. In his manuscript, *De salutari musices in medicina USU* (About treatment by music used in medicine), he dealt with treatment by music. Music therapy in Slovakia came into existence and use at the practical level in the 1960s in the psychiatric sanatorium in Pezinok and at psychiatric departments in Bratislava. As Solárik stated (2008), there are references to the use of music therapy at the Medical Institution for Children with Emotional Disorders in Ľubochňa. After 1968, the initiators of the “blooming of music therapy”, Zlatica Mátejevová and Silvester Mašura, systematically focused on the application of music therapy to children, young people and adults with communication disorders. These pioneers left behind very significant publications which are still the primary information source for many specia-



lists. In 1968, the Institute of Special and Therapeutic Education at the Faculty of Philosophy at Comenius University in Bratislava was established, then later the Department of Special and Therapeutic Education at the Faculty of Education in Trnava. As a result of the extensive work of Zlatica Mátejová, music therapy at the Faculty of Education at Comenius University in Bratislava became a tradition in teaching therapeutic educators. At present, it is possible to pursue the subjects of music therapy during six semesters as a part of the studies of therapeutic education and the students take the state exam at the end of their bachelor's and master's degree studies. Education in music therapy provides theoretical knowledge of the history, forms, means and techniques which are used in work with children, adults and seniors with regard to the level, type and form of their handicap. The study also involves a practical aspect, which consists of practical demonstrations of particular techniques and also music therapy sessions.

As Zeleiová (2007) mentioned, comprehensive conditions for the full understanding of music therapy in Slovakia have still not been created. After the useful publications of Mátejová and Mašura, the publication activity stagnated (except for a few monographs, e.g. those of Jaroslava Zeleiová or Elena Amtmannová). It was similar in the area of scientific and research frameworks, which stagnated too, as did the possibility of systematic education in our conditions. Professionals interested in the given area can participate in weekend courses which are guided by music therapists from other countries (such as the Czech Republic or Austria).

In 2011, the Slovak Association of Music Therapy was established and became a member of the European Music Therapy Confederation in 2012 and according to the available source ([emtc-eu.com/member-associations](http://emtc-eu.com/member-associations)), it currently has eight active members.

As mentioned above, there is no law in Slovakia which would establish the profession of a music therapist<sup>4</sup>. But in practice, specialists in the helping professions use music therapy techniques when helping their clients.

---

4 In the current legislation, no clear conditions of the definitions of music therapy are set. We can find the term music therapy in Act no. 448/2008 Coll. on social services, where it is considered a part and a method of social work.

## **Switzerland**

Music therapy schools in Switzerland are based on the psychoanalysis of Sigmund Freud, Gestalt therapy and anthroposophy to a large extent. According to the European Music Therapy Confederation, the first study programme opened in 1981 and in the same year, the Swiss Association for Music Therapy (Schweizerischer Fachverband für Musiktherapie) was established. Accredited music therapists obtain the degree of MT SFMT and their services are paid for by insurance companies.

The University of Art in Zurich (Hochschule der Künste, Zurich) offers a 3-4-year study of music therapy and the graduates obtain a degree of Master of Advanced Studies (MAS) as a medical music therapist. An applicant must prove they have received education in pedagogy, healthcare, music or other therapies. It is the only university postgraduate music therapy education. Other training events and courses are realised by private institutions ([pukzh.ch/aus-fort-weiterbildung/ausbildung-therapien-soziale-arbeit/musiktherapie](http://pukzh.ch/aus-fort-weiterbildung/ausbildung-therapien-soziale-arbeit/musiktherapie)).

The Orpheus-Schule für Musikotherapie is the only school in Switzerland that offers music therapy education based on anthropology. Specific emphasis is put on the method of music anthropology, which was developed according to the model of Dr. H. H. Angel. In anthropological music therapy, the musical components are used according to the specific anthropological aspects. An important part is the diversity of musical instruments, which present a harmonic complex as a result. The education lasts for four years and is concluded with a certificate. After relevant specialised practice, the graduates will obtain a qualification for work performance and are accepted by the professional associations and most health insurance companies in Switzerland ([atka.ch/institute/orpheus-schule-fuer-musiktherapie.html](http://atka.ch/institute/orpheus-schule-fuer-musiktherapie.html)).

Table 7 Music therapy approaches and ways of studying music therapy

<b>Country</b>	<b>The year of the first education in the area</b>	<b>Universities, institutions, training</b>	<b>Approaches/methods used</b>
Australia	1978	Accredited education AMTA: University of Melbourne; University of Western Sydney (allied with the Nordoff Robbins Centre); University of Queensland	Controlled imagery and music; creative music therapy
Belgium	1985		psychoanalysis
Czech Republic	2008	Accredited by MŠMT at Charles University in Prague (2-3 years) and the University in Liberec  Short-term courses and seminars	Active and receptive music therapy (Schwabe); psychotherapeutic approaches; anthroposophic model; Holistic approach (Procházka)
Denmark	1982 1995 5-year training module extended	Doctoral programme in music therapy;  Aalborg University	Humanistic, integrative; psychodynamic psychotherapy
Finland	1973	University of Jyväskylä – Phd. Study in music therapy	Psychotherapeutically oriented concepts (psychodynamic, humanistic); creative music therapy; “FMT method”

France	1970	Music therapy as additional education (universities, private institutions, MT associations), for example: Atelier de Musicothérapie; Université de Nantes; Federation Française de Musicotherapie	Psychoanalysis; behavioural theory
Italy	1978	Citadella (Assisi/1978) More: <a href="http://www.mtonline.it/formazione/scuole/">http://www.mtonline.it/formazione/scuole/</a>	Psychodynamically, humanistic and existential approaches
Canada	1976	Capilano College (Vancouver); University in Quebec (Montreal); and others Graduates from training – MTA title	Psychotherapeutic directions
Germany	1960 Schwabe 1969 Anthroposophic 1978 University	Fakultät für Therapiewissenschaften, Hochschule Heidelberg (Bachelor); Philosophisch – Sozialwissenschaftliche Fakultät (Leopold-Mozart Zentrum), Universität Augsburg (Master); Institut für Musikwissenschaft und Musikpädagogik, Westfälische-Wilhelms Universität Münster (Master); UdK Berlin (Master); FH Würzburg-Schweinfurt (Master); FH Magdeburg (Master); HfMT Hamburg (Master); TH Friedensau (Master);	Model of active and receptive music therapy (Schwabe); anthroposophic music therapy; humanistic, psychoanalytic, Gestalt therapy
Norway	1978	Norwegian Academy of Music (Oslo); the Grieg Academy (University of Bergen)	Humanistic psychotherapy; cognitive psychotherapy; creative music therapy

Austria	1959	Österreichische Gesellschaft zur Förderung der Musikheilkunde; Österreichische Berufsverband der Musiktherapeuten e.V.; Fachhochschule (Krems); Kunstuniversität (Graz)	Psychodynamic and humanistic specialisations
USA	1944		Creative music therapy (P. Nordoff, C. Robbins); music in psychodrama (J. L. Moreno); psychodynamically oriented music therapy;
Sweden	1981	Royal College of Music (Stockholm); Expressive Arts – The Bonny Method of Guided Imagery and Music (GIM)	Psychotherapy; “FMT method”
Switzerland	1986	Hochschule der Künste, Zurich; Orpheus-Schule für Musikotherapie	Gestalt therapy; psychoanalysis; anthroposophy
United Kingdom	1968	University of Roehampton (London); Guildhall School of Music and Drama, (London); Nordoff Robbins Music Therapy (London); Nordoff Robbins, Royal Northern College of Music (Manchester); University of the West of England (Bristol); Anglia Ruskin University (Cambridge); Nordoff Robbins, Queen Margaret University (Edinburgh); University of South Wales (Newport).	Creative music therapy; analytic music therapy; free improvisation

### 3.5 Summary

Music therapy as a scientific and practical discipline has undergone professional expansion in recent decades and is gradually moving out from professional (helping) circles into the sphere of knowledge of the general public. Music therapy was, and still is, outlined by many personalities, and therefore we deem it important to mention several names who have contributed to the development of music therapy, particularly abroad: Kenneth Bruscia, Clive Robbins, Paul Nordoff, Zlatica Mátejková, Matěj Lipský, Christoph Schwabe and many others. An important landmark in the progress of music therapy was the establishment of smaller associations and their “collective network”. The establishment of the European Music Therapy Confederation in 1990 resulted in music therapists from different countries becoming associated. They started communicating about current problems and obtaining important experience, which was a challenge for many of them. The development of music therapy in particular countries and information about the developments is used as a source of inspiration for the stagnating countries. Thanks to the European Music Therapy Confederation, music therapists are supported in education and their practice of music therapy. The Confederation and the music therapy associations support the formation of a professional role as a music therapist at the national and European levels.

Music therapy is also used as a method in education, rehabilitation and psychotherapy, and is used by specialists from the helping professions. There is no comprehensive and clear legislation that sets the requirements for a person performing music therapy, organisational networks are not sufficiently “visible” and the experts are only interconnected to a small extent (we draw on information given on the website of the EMTC). The biggest problem that is encountered is the need for education in music therapy. The lack of awareness results in concerns and fear, but finally also in the effort to apply music therapy to clinical and educational practice.

### 3.6 References

- AMTA. (2002–2003). (a). *Definition of Music Therapy*. Retrieved October 15, 2003 from <http://www.musictherapy.org.html/>
- Bruscia, K. E. (1998). *Defining music therapy*. Gilsum: Barcelona Publisher.
- Hornáková, M. (2007). *Liečebná pedagogika pre pomáhajúce profesie*. Bratislava: Občianske združenie Sociálna práca.
- Kantor, J., Lipský, M., Weber, J., Grochalová, K., Procházka, T. (2009). *Základy muzikoterapie*. Praha: Grada.
- Kováčová, B. (2008). Význam hudobnej zložky v predškolskom vzdelávaní v spojitosti s hrou s predmetom. *Mezinárodní webový sborník hudební výchovy* 1. (pp. 154–162). Ostrava: Ostravská univerzita, Pedagogická fakulta.
- Kováčová, B. (2009a). Hudba v umeleckom priestore bábkovej hry a v terapeutickom priestore hry s bábkou. *Etnopedagogické a muzikoterapeutické paradigmy v hudobnej pedagogike*. Trnava: PdF TU, Ružomberok: PdF KU.
- Kováčová, B. (2009b). Význam hudby v umeleckom priestore bábkovej hry. *Mezinárodní webový sborník hudební výchovy* 1. (pp. 141–152). Ostrava: Ostravská univerzita, Pedagogická fakulta.
- Krček, J. (2008). *Musica humana. Úvod do muzikoterapie, která vychází z antroposofie Rudolfa Steinera*. Hranice: Fabula.
- Linka, A. (1997). *Kapitoly z muzikoterapie* (1st ed.). Rosice u Brna: Gloria.
- Lipský, M. (2009). *Muzikoterapie a psychoterapie*. Arteterapie, 19, 54–62.
- Mátejová, Z., & Mašura, S. (1992). *Muzikoterapia v špeciálnej a liečebnej pedagogike*. Bratislava: Slovenské pedagogické nakladateľstvo.
- Moreno, J. (2005). *Rozehrát svou vnitřní hudbu*. Praha: Portál.
- Romanowska, B. A. (2005). *Muzikoterapie: ladičky a léčení zvukem*. Brno: Alpress.

- Schwabe, C. (1987). *Regulative Musiktherapie*. Leipzig: Thieme.
- Solárik, P. (2008). *Muzikoterapia alebo liečivá sila hudby*. Prievidza: Regionálne kultúrne centrum v Prievidzi.
- Šimanovský, Z. (2007). *Hry s hudbou a techniky muzikoterapie ve výchově, sociální práci a klinické praxi*. Praha: Portál.
- Vitálová, Z. (2007). *Úvod do muzikoterapie a jej využitie v sociálnej práci*. Bratislava: Vysoká škola zdravotníctva a sociálnej práce Sv. Alžbety.
- Zákon č. 448/2008 Z. z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov.
- Zeľiová, J. (2002). *Muzikoterapia – dialóg s chvením*. Bratislava: Ústav hudobnej vedy SAV.
- Zeľiová, J. (2007). *Muzikoterapie: Východiska, koncepty, princípy a praxe*. Praha: Portál.
- Zeľiová, J. (2012). *Psychodynamické aspekty muzikoterapie*. Trnava: Vydavateľstvo Trnavskej univerzity.





## **4 TERTIARY EDUCATION IN DANCE-MOVEMENT THERAPY**

*Zuzana FÁBRY LUCKÁ*

Dance-movement therapy is quite an unexplored field regarding education in the conditions of the Slovak Republic. Dance-movement therapists working in Slovakia completed their education and training abroad, because the Slovak Association of Dance-Movement Therapy was only created in 2008. Since this time, it has organised workshops and short introductions to dance-movement therapy. However, complete accredited education is not available at the moment. Within the studies at the Department of Therapeutic Education of the Faculty of Education, Comenius University in Bratislava, dance-movement therapy is a part of the study modules of psychomotor therapy. It is, however, only an introduction, including two lessons (four teaching hours). The most significant dance-movement therapists practising in Slovakia are Zuzana Vasičáková Očenášová and Monika Stehlíková.

Dance-movement therapy is a suitable form for anybody who wishes to learn more about their body and to enhance their creativity through dance. The requirements for becoming a dance-movement therapist are for the therapist already to have dancing experience before the beginning of the training and also personal growth during their professional career in the area. In practice it means that the therapists do not use the dance medium only in the interventions provided by them but also keep working on themselves – on their body experience and on body awareness

through dance – and search for new opportunities for self-development in this area. Without constant contact with dance and self-development, therapists cannot perform professionally. Jebavá (1998) defines movement as the most interesting way of manipulating the body and dance as a special means of communication that crosses all borders.

Dance gained a significant place and function in the life of humankind and together with music has belonged among the important means of self-expression since ancient times. Čížková (2005) wrote that dance represented an inseparable part of sacred rituals that were conducted on the occasion of important events and milestones in human lives. In addition to the above-mentioned characteristics, it often portrayed myths, allowed people to express themselves towards the gods and served as a communication tool to connect with the spirits of the ancestors. Dance enters the human psyche and provides opportunities for expression in a non-verbal unconscious form. It allows expressions of attitudes towards the environment, social interactions or helps people to be in harmony with themselves. Kalvach et al. (2011) claim that dance positively influences the physical and mental state of people and emphasise its quality of reminiscence – through dance, people have a chance to return to their personal histories and to pleasant experiences and feelings.

A separate chapter in dance-movement therapy is rituals. In the past, they served an important role of mental hygiene. Rituals connected with fulfilling basic needs – connected with agriculture and hunting, healing diseases, processes of change and nature – were accompanied by dance. Vymětal et al. (2007, p. 289) pointed out rhythm as an important aspect of dance. When rhythm is perceived, certain muscle groups are innervated and a tendency to make movements occurs. These movements are internal and external and they correspond with the rhythm. Čížková (2005) agrees with this definition and also mentions that during the perception of music, some muscle groups are innervated and the listener shows a tendency to make movements that respond to the character of the rhythmic partitions.

Dance therapy became established thanks to the development of modern dance at the beginning of the 20th century. It was as a reaction to the art of ballet that modern dance started during this period. The pioneers of modern dance claimed and respected values such as spontaneity, authenticity of individual expression, bodily awareness and the expression of emotion. Themes that emphasised the importance of relationships and conflicts appeared. These tendencies had a crucial impact on the development of dance therapy. Dance therapy began to be created after World War II. It connected the knowledge of psychotherapy and the experience of modern dance. The first dance therapists had no psychotherapeutic background. They were mostly dance teachers who, together with psychiatrists, used the possibilities offered by dance to communicate with patients from enclosed departments of psychiatric hospitals, especially with those who were not accessible by verbal therapy. Hanna (1987) defined dance as human behaviour composed of rhythmic and culturally grounded sequences of non-verbal body movements that differ from other motoric activities. Each dance has an aim and its own specific and aesthetic value. The aim may primarily be movement, process, medium or production. Dance is a complex of communication symbols and it can comprehensively represent segments of psychological life. Dance happens in motion. It has a typical strange quality of tension. It happens because of the dance itself. It is a physical activity that, as Orel et al. (2012) claimed, contributes to the improvement and normalisation of brain functions.

Kalvach et al. (2011) stated that it is also possible to perform dance if the movement of a person is restricted. It is not a necessary condition to stand while dancing; people can sit or lie. Dance is a non-verbal means of emotional expression that leads to joy resulting from the activity of physical movement. In dance therapy, it is not important for the client to be able to dance. Every movement is valued; the emphasis is put on the statement that a person makes through movement. It uses expressivity of movement. The body is a means that is used to create a relationship towards oneself – the important part is inner experience and self-expression.

## **4.1 Comparison of methods and techniques of dance-movement therapy**

Dance-movement therapy is one of the psychotherapeutic methods and uses the change of movement, non-verbal means and the expressive potential of dance. According to Christine Gräff (1999), in the 1950s, non-verbal means in psychotherapy started to be used a good deal. They involve a psychotherapeutic focus on body and body experience. The definition of dance-movement therapy according to ADTA (the American Association of Dance/Movement Therapy, [adta.org](http://adta.org)) states that it is a psychotherapeutic use of movement in a process with the purpose of the emotional and physical integration of a person. Čížková (2005) summarised that the concept of dance-movement therapy in the United States includes five theoretical principles:

1. body and mind are in a constant mutual interaction/connection of verbal insight and movement experience;
2. movement reflects personality;
3. the effectiveness of this approach depends on the therapist-client relationship;
4. movement, as well as dreams, drawings, paintings or free associations, may be the expression of the unconscious;
5. creating movement in improvisation has a therapeutic effect because it allows people to experiment with new ways of movement that create a new experience of being in the world.

Dance therapy is based on the principle that there is a connection between movement and emotions. The body is used as a means of expression with a clear relationship to currently ongoing thoughts and feelings. Finding this relationship and understanding it is one of the main goals in dance therapy. The task of the therapist is to observe and further develop the movement processes of the clients and help them explore this connection in their lives and their own experiences. An important factor in dance therapy is creativity – a creative process in motion.

On the basis of what is mentioned above, Čížková (2005) describes specific goals of dance-movement therapy that include: the emotional and physical integration of a person, body awareness, the borders of the body and its relationship to space, a realistic perception of the inner body image, acceptance of the body and a safe way of coping with tension, anxiety, stress and suppressed energy in the body, the ability to identify and express one's own feelings in a safe and appropriate way, broadening the movement repertoire and helping in controlling impulsive behaviour.

The application of dance movement therapy is especially for people with problems in communication, in verbal expression, in realistic perceptions of their own body or in expression of their emotions or with concerns about their body. The central theme of the healing process in dance therapy is:

- working with the movement patterns, focus on movement change,
- using dance as a means of communication, and
- possible verbal processing and reflection on experience.

Dance-movement therapy is defined by Payne (2008) as a psychotherapeutic use of dance and movement based on the principle of movement and emotions. Meekums (2002) agrees with this statement and considers dance-movement therapy a form of psychotherapy that can be used in hospitals, schools or social institutions. Kowarzik (2008, as cited in Payne 2008) also points to the wide use of dance-movement therapy with people with dementia.

More than forty years ago, dance-movement therapy was registered as a profession in the USA. After that, this tendency also started growing rapidly in other countries of the world.

The main principles of dance-movement therapy were summarised by Chaiklin and Wengrower (2011, pp. 16-17):

- a person is a unity of body and mind and dance is its manifestation,
- the gesture, body stance and movement expression of a person allow self-knowledge and psychotherapeutic changes,

- high acceptance of the healing effects of the therapeutic process,
- dance and movement are used as a way to unconsciously facilitate health and wellbeing,
- there is a difference between being an artist or a teacher and being a therapist; dance in this context serves to promote the health of a person,
- dance therapists establish relationships, plan the therapy and evaluate it with the usage of the integrated knowledge of dance, movement and psychotherapy.

Dance-movement therapy is a suitable form for anyone who wants to learn more about their body and to increase their creativity at the same time.

Helen Payne (2013) mentions that dance-movement therapy includes:

- dance-movement therapy with people with dementia,
- group work with people with psychiatric disorders,
- transcultural competences in dance-movement therapy,
- Freud's idea of using authentic movement,
- embodiment in training and exercises of dance-movement therapy,
- personal development through dance-movement therapy.

Dance-movement therapy was created in a few directions. Below we will introduce some of these approaches: fundamental dance according to Marian Chace, the symbolic dance therapy of Laury Sheleen, authentic movement according to Mary Starks Whitehouse, Laban dance/movement theory and primitive expression.

The concept of **fundamental dance according to Marian Chace** regards the basic (basal) form of dance as a contrast to strictly structured forms of dance. Müller et al. (2014) state that Chace believed in the straightforwardness of movement in the sense of the expression of feelings and emotions and she developed a therapeutic approach based on sharing feelings in group therapy and social interactions connected with these. The main principles of this theory (ibid., 2014) include, for example, an in-

troductory warm-up of all the body parts, accepting the concrete situation and needs of a person as an individual, switching interpersonal and intrapersonal communication, discovering space, and the energy of the space, dance improvisations, using the socialisation aspect of dance, music and, last but not least, the importance of closure with a verbalisation of the feelings that were experienced. Dosedlová (2012) stated that Chace's theory of fundamental dance was based on Freud's psychoanalyses and Reich's vegetotherapy. The ADTA ([adta.org](http://adta.org)) states that Marian Chace was the first dance therapist in 1947. She was involved in the creation of the ADTA and in 1966 she was voted its first president for a period of two years. She did not create any formal theory. She used expressive, symbolic, and interactive aspects of dance and compiled them into a united form of therapy.

**Authentic movement concept according to Mary Starks Whitehouse** is another of the forms of dance-movement therapy. According to Dosedlová (2012), it stems from Jung's technique of active imagination, modified for the world of movement and dance. Chodorow (2006) writes that the main idea lies in emerging movement impulses that a person does not purposely induce, but waits for them to occur. It is based on spontaneity of the body and authentic expression through movement. The outer form of this concept is simple – one person moves in the presence of the other person, while the person moving has closed eyes and focuses on their interior. After a while, unintentional movement patterns emerge. The person who observes<sup>1</sup> perceives the movement and dance sensitively. It is followed by verbalisation of the experience ([tanecnaterapia.sk](http://tanecnaterapia.sk)). Verbalisation after finishing the non-verbal techniques and exercises is also suggested by Szabová (1998), because it is a natural outlet for non-verbal activities and a part of a psychotherapeutic process. Verbalisation of the experience allows order to be made of the information gained from one's own movement expression and from the observation by another person.

---

1 In the therapeutic process, this person is usually the therapist.



**The symbolic dance therapy of Laura Sheleen** works with mythological symbols, while alongside the topics also using props that are important for strengthening the atmosphere. Dosedlová (2012, p. 89) describes an example of working with *“mythological symbols:*

1. *Horus as a child who was just born in the East and accepts everything that the world can give him.*
2. *Adoration character of the Sun in the South-East that wants to become the Sun.*
3. *The Sun itself (Re) as a reigning eternal life in the South.*
4. *Adoration character of the Sun in the South-East that left the place for the next one in the role of the Sun and follows it.*
5. *Osiris in the West, the father of Hor, who gives, takes and teaches.*
6. *Leaving character in the North-East that is saying farewell to the world.*
7. *Absolute Death in the North.*
8. *Character in the North-East that represents being born again, joyful awaiting.”*

Dosedlová (2012) writes that each mythological process has its own set pose and everyone taking part in the exercise goes through the whole circle a few times, through each pose. Blížková (1999) states that during the process of symbolic dance therapy, it is possible to use different face masks or other expressive means that animate and add symbolic value. The author of this concept emphasises that all seminars in symbolic dance therapy conclude with a big performance with elaborated choreography where improvisation is not in the first place.

Dance therapy using **Laban dance/movement theory** according to Müller et al. (2014) nowadays represents an elaborate system with a wide range of application possibilities in various fields. Dosedlová (2012) wrote that it emphasises four main categories: body, effort (energetic dynamics), shape and space. These four dimensions of movement were named effort. The theory describes factors of effort, which, in combination with the space effort, express a certain mood. The theory talks about indulging and fighting factors of effort (Table 8).

Table 8 Factors of effort in Laban's theory

<b>Indulging factors of effort</b>	light weight sustained time indirect space
<b>Fighting factor of effort</b>	strong weight quick time direct space

(labanbratislava.sk)

Laban called the combination of these two factors the inner state and defined six basic inner states (labanbratislava.sk):

- the combination of the factors of space and time creates the Awake state
- the combination of the factors of flow and weight creates the Dream state
- the combination of the factors of space and flow creates the Remote state
- the combination of the factors of weight and time creates the Rhythm state
- the combination of the factors of space and weight creates the Stable state
- the combination of the factors of time and flow creates the Mobile state

Laban did not concern himself with the psychological and psychotherapeutic applications of movement. His student Irmgard Bartenieff inspired him to do so and later on she established an institute of movement studies in New York.

Blížkovská (2000) states that **primitive expression**, another of the forms of dance/movement therapy, started to appear in France around the year 1970. It follows up on the work of the American dancer, choreographer and ethnographer Katherine Dunham. Primitive expression is a technique inspired by primitive dance with drum playing. The progress of a lesson of primitive expression is described by many authors<sup>2</sup> in the same way. Move-

2 Müller et al. (2014), Dosedlová (2012), Čížková (2005), Blížkovská (2000)

ment is derived from a regular rhythm of walking that is simple, unique to each person and does not require dance experience. The participants have an opportunity to dive into their own thinking and to experience the feelings of their bodies, as well as feel the interactions with people around them. The pioneer of primitive expression is France Schott-Billman. According to her (1994, as cited in Blížková, 2000, p. 103), the following components act therapeutically in primitive expression: group, rhythm, relationship to the ground, simplicity of movements, repetition, dance variations set exactly by the therapist, voice accompaniment, binarity and trance experience. An outstanding fact about primitive expression is that it is highly psychoanalytically oriented, and it does not allow space for a follow-up verbalisation of the feelings that were experienced.

## **4.2 Associations of dance-movement therapy**

Having defined some important techniques and systems of dance-movement therapy, we will focus on its further development. While in the US the association progressed, in Europe the development was a lot slower. After the founding of the American Dance Therapy Association the tendency to establish a similar association in Europe grew stronger. As illustrated in Table 9, the efforts to establish a European association appeared only in 1994, when the initial idea was created at the first conference on this topic in Berlin. Subsequently, in 1995, a network for the professional development of dance-movement therapists in Rotterdam, Schrijnen Annelies van Gastel, was founded. By 2007, the coordinating group comprised professionals from the United Kingdom, Italy, Germany, Spain and Greece.

Subsequently, meetings were held in various partner countries that led to the establishment of the association. There were meetings in the Netherlands, London, Sweden, Germany, Sardinia, Luxembourg, Madrid, Stockholm, Crete, Italy, Estonia and in the UK. These meetings resulted in the inaugural meeting of a formal organisation that was founded in Munich and which dates from October 2010.

*Table 9 Development of European association  
of dance-movement therapy*

<b>1994</b>	Berlin, Germany – the first conference on DMT	The initial idea for the creation of the European association
<b>1996</b>	Rotterdam, the Netherlands	Netherlands, Sweden, Germany, Finland, United Kingdom
<b>1997</b>	London, UK	United Kingdom, Sweden, Finland, Germany, Netherlands, Russia, Italy, Luxembourg, Norway
<b>1998</b>	Stockholm, Sweden	Sweden, United Kingdom, Finland, Germany, Italy, Luxembourg, Norway
<b>1999</b>	Münster, Germany	Germany, Sweden, Finland, United Kingdom, Netherlands, Luxembourg, Norway
<b>2000</b>	Cagliari, Sardinia	Italy, Greece, United Kingdom, Spain, Germany, Netherlands, France
<b>2001</b>	Luxembourg	Luxembourg, Italy, Greece, United Kingdom, Sweden, Netherlands
<b>2003</b>	Madrid, Spain	Spain, Italy, Greece, United Kingdom, Sweden, Netherlands, Germany, Finland, Israel, Portugal
<b>2004</b>	Stockholm, Sweden	Sweden, Netherlands, Finland, Norway, Russia, United Kingdom
<b>2005</b>	Crete	Greece, Italy, United Kingdom, Spain, Sweden, Germany, Netherlands, Finland, Israel, Norway
<b>2007</b>	Bologna (March) + Milan (October)	March: Italy, Greece, United Kingdom, Netherlands, Germany, Spain October: Italy, United Kingdom, Germany, France
<b>2007</b>	Tallinn (September – creating a new structure)	Estonia, Netherlands, Spain, Germany, United Kingdom, Lithuania, Greece, Russia, Finland, Sweden, France, Poland, Czech Republic

<b>2008</b>	Munich (March) Milan (September) Munich (October)	Germany, Italy, France, United Kingdom, Denmark networking in Munich – Germany, Italy, United Kingdom, Poland, Czech Republic (Poland)
<b>2009</b>	Edinburgh, Scotland (February) Cagliari (June)	United Kingdom, Italy, Germany, France (at both meetings) Netherlands, Greece (in Scotland)
<b>2010</b>	Milan (February) Munich (October) inaugural meeting	Germany, Belgium, Czech Republic, France, Greece, Hungary, Italy, Lithuania, Netherlands, Poland, Russia, Spain, Switzerland, United Kingdom

(eadmt.com)

The European Association Dance Movement Therapy (EADMT) represents all the national professional associations of dance-movement therapy in Europe. It actively supports their further development in practice and also the legal registration of the profession. The EADMT aims to promote information exchange and cooperation between the member states (eadmt.com). This association is established in accordance with German law, as its headquarters is in Munich. The objectives of the EADMT (eadmt.com) are:

1. promoting the professional identity of European dance movement therapists while respecting cultural, social and economic diversity and different approaches;
2. developing and monitoring the requirements for training and exercises in dance-movement therapy;
3. developing and formulating the requirements for the recognition of professional associations in the context of dance-movement therapy at the international level;
4. maintaining and regularly updating the common European standards for member states and their professionals;
5. encouraging further research and collaboration with other related fields;
6. working on recognition throughout Europe and the financing of dance-movement therapy as a profession;

7. searching for professionals in dance-movement therapy with the bodies of the European Union;
8. offering opportunities for networking and dialogue for the development of national associations and professional training;
9. supporting exchange visits/internships of students and teaching staff across Europe;
10. promoting any activity which might benefit the fulfilment of these objectives.

The founding members of the EADMT include the Czech Republic, Denmark, France, Ukraine and Sweden. Currently, the EADMT lists ten countries on its website as having full membership: the United Kingdom, Germany, Poland, Russia, Italy, Spain, the Netherlands, Hungary, Greece and Lithuania (Table 10).

*Table 10 Member associations of EADMT*

United Kingdom	Association for Dance Movement Psychotherapy UK	
Germany	German Professional Organisation for Dance Therapists	
Poland	Polskie Stowarzyszenie Psychoterapii Tańcem i Ruchem	
Russia	Ассоциация танцевально-двигательной терапии	<a href="http://www.atdt.ru">www.atdt.ru</a>
Italy	Associazione professionale Italiana danzamovimentoterapia	<a href="http://www.apid.it/info.htm">www.apid.it/info.htm</a>
Spain	La Asociación de profesionales de la Danza Movimiento Terapia en España	<a href="http://www.danzamovimiento-terapia.com">www.danzamovimiento-terapia.com</a>
Netherlands	Nederlandse Vereniging voor Danstherapie	<a href="http://www.nvdat.nl">www.nvdat.nl</a>
Hungary	Magyar Mozgás- és Táncterápiás Egyesület	<a href="http://www.tancterapia.net/mmte_introduction.htm">www.tancterapia.net/mmte_introduction.htm</a>
Greece	Ένωσση Χοροθεραπευτών Ελλάδας (Greek Association of Dance Therapists)	<a href="http://gadt.gr/english.htm">http://gadt.gr/english.htm</a>
Lithuania	Latvijas Mākslas Terapijas asociācija	<a href="http://www.arttherapy.lv">www.arttherapy.lv</a>

The European Association of Dance Movement Therapy, in collaboration with the American Dance Therapy Association, encouraged the formation of associations at the national level but also linked the associations that already existed and encouraged their collaboration; e.g. the Laban Centre for Movement and Dance was created in the United Kingdom and in London the Association for Dance and Movement Therapy was established. In Paris, the French Society for Psychotherapy of Dance was founded.

### **4.3 Educational possibilities in dance-movement therapy in selected countries**

In each country, dance-movement therapy and its education system developed at a different speed. As is clear from the above, the first association of dance-movement therapy was founded in the United States, and the profession of dance therapist was also registered there first.

According to the American Dance Therapy Association ([adta.org](http://adta.org)), dance-movement therapy aims towards:

- physical behaviour in the therapeutic relationship. The movement of the body is understood as a key element of dance;
- the area of mental health, rehabilitation, healthcare, education and health promotion programmes;
- people with developmental, health, social, physical or mental impairments.

The association broadens its communication platform with the American Journal of Dance Therapy, where it regularly provides information about events and new trends in this area and provides an opportunity to publish articles written by professionals. It organises an annual conference on the topic of dance-movement therapy. Training in dance-movement therapy is conceptualised as a three-year programme.

In the United States of America, it is possible to become a dance-movement therapist in two ways. The first option is to gain a certificate that confirms one has finished one's studies of dance-movement therapy on the master's level. The graduates

of the programmes approved by the American Association automatically fulfil all the criteria for registration in the association. The second alternative route to becoming a professional dance-movement therapist registered with the association is gaining a master's degree in an accredited institution in a combination of general education, specific dance-movement therapy courses, fieldwork and practice. According to the American Dance Therapy Association, there are two levels of a dance/movement therapist:

1. a registered dance/movement therapist – represents the basic level of professional competence,
2. a second level of competence to practise dance-movement therapy that enables one to engage in private practice.

According to the association, the opportunities for education are on a bachelor's level in programmes approved by the association, through alternative ways such as workshops and training and through international programmes and doctoral study programmes. Doctoral programmes in dance-movement therapy are available at two universities: Drexel and Lesley University. Programmes certified by the ADTA are provided by seven universities. The bachelor's form of studies is possible at eleven universities (Drexel University, Endicott College, Goucher College, Lesley University, Manhattanville College, Queens College, Red Rocks Community College, Russell Sage College, University of the Arts in Philadelphia, the University of Miami, and the University of Wisconsin-Madison). International programmes are conducted in cooperation with Italy, Israel, Spain, Argentina, China, Germany, Greece, Russia, Switzerland, Austria, India, Scotland, the Netherlands, South Korea and Sweden. In this case, it is mostly an exchange of international experience through various forms of education, lectures and workshops.

Alongside the American Dance Therapy Association, there is also the European Association of Dance Movement Therapy. According to Vermes and Incze (2011), this fact encouraged the beginning of a separate Hungarian association. In the conditions of Hungary, the concept of dance-movement therapy in the sense of a psychodynamic method is also well developed and has its own system of education. In Hungary, there is a Hungarian Association



for Movement and Dance Therapy. It was founded in 1992 and its main task is the training of professionals and deepening methods focused on body and mind ([tanctherapia.net](http://tanctherapia.net)). In Hungary, the education in the area of dance-movement therapy is accredited by the Council for Psychodynamic Psychotherapy. The requirement for being accepted into the training is 250 hours of self-experience with dance-movement therapy as a dance group leader or experience in psychotherapy. The second phase of the admission process is a motivation interview. The content of the training includes 150 hours of theoretical preparation, 150 hours of one's own practice and 30 hours of theoretical education in psychopathology. After completing this basis for the education, it is necessary to obtain a certificate in a theoretical and practical exam. Gaining the certificate is followed by 100 hours of observing and leading groups and studying selected methods for 90 hours – Body-Mind Centring, the Feldenkreis method, the Alexander method, contact improvisations, yoga or tai-chi. The education in Hungary lasts 5 years. The graduates must have at least 15 years of practice before working in private practice.

In Greece, an association of dance therapists was founded in 1993. Education in dance-movement therapy is provided in a three-year postgraduate course. The main tasks of the Greek association ([gadt.gr](http://gadt.gr)) are:

- participation in national and international conferences with lectures, presentations and workshops;
- presentation of the field on television and radio;
- publishing articles in newspapers and professional journals;
- organisation of workshops with local and international experts in the field of dance- movement therapy. These seminars are organised in cooperation with associations of people with disabilities, universities and public institutions, and are intended for all those interested in dance-movement therapy;
- organisation and supervision of training programmes and modules;
- cooperation with other associations in this area abroad;

- maintaining ongoing communication with other professionals in dance movement therapy;
- access to resources for members of the association;
- publishing current information on the association's website;
- offering opportunities for further training of experts in dance-movement therapy.

The context of the three-year postgraduate courses includes:

**A. Theory and Practice**

1. History of dance therapy
2. Training in basic principles (theory and practice)
3. Development of verbal and non-verbal skills
4. Dance therapy in relation to other types of art therapy and authentic movement
5. Combination of dance therapy with other sciences
6. Introduction to mental health sciences
7. Introduction to psychiatry and psychopathology
8. Research

**B. Document Studies**

**C. Clinical Practice 350 hours**

**D. Supervision 100 hours**

**E. Personal Therapy 150 hours**

**F. Evaluation**

**G. Exams**

The teachers in postgraduate education are experts from Greece and abroad. Since 1991, a total of seven training courses has taken place ([gadt.gr/english.htm](http://gadt.gr/english.htm)).

In the United Kingdom, the main centre for dance-movement therapy is the Laban Centre of Movement and Dance, where the professionals dealt mostly with movement assessment in cooperation with the American association. Education in dance-movement therapy is conceptualised as a two-year full-time programme or a three-year part-time programme. The study plan is person-centred. It is a creative process-oriented model that includes a theoretical platform and practical skills in

dance-movement therapy through self-experience. Meekums (2002, p. 5) states the definition of dance-movement therapy in Britain as *“a psychotherapeutic use of movement and dance, in which people can use their creativity in the process in such a way that they can promote emotional, cognitive, psychological and social integration.”* In the UK there are a lot of professionals who perform in the association and in the educational system. They include Jeanette MacDonald, who teaches at the Royal Ballet School in London and is the tutor of professional studies at the Royal Academy of Dance. She is a member of the executive council and represents professionals in the Health Professions Council (HPC). Another important professional is Dr. Bonnie Meekums, who was concerned with theatre and dance at Dartington College of Arts. She also taught in Poland and at the university in Leeds. A co-founder of the association of dance-movement therapy in Great Britain is Dr. Helen Payne, who is active in publishing.

Students are encouraged to synthesise theory and practice through feedback and research work throughout the whole duration of their studies. We list a few study options in the UK (admt.org.uk):

1. Goldsmiths, University of London – 2-year full-time, 3-year part-time study. They offer professional training programmes. The programme is based on a psychodynamic framework and emphasises self-experiential learning;
2. University of Derby – 2-year master’s programme. The goal of the course is to creatively develop the minds of the students through the components of dance-movement therapy;
3. University of Roehampton – master’s programme – 2-year full-time or 3-year part-time – doctoral studies are possible in all forms of art/expressive therapies. The programme integrates experiential, theoretical, performative and clinical training. It prepares students for practice in dance-movement therapy. Students are led towards the ability of critical self-reflection. (<http://www.admt.org.uk/training/professional-trainings-in-dance-movement-psychotherapy/>)

In Germany ([tanztherapie-zentrum.de](http://tanztherapie-zentrum.de)), the German Dance Therapy Association is active. Germany is also the place of residence of the European association. Training in dance-movement therapy is divided into four parts during a period of three years. The minimum age of the participants is 24 years. There are accredited institutes in Germany that provide education in dance-movement therapy – DITATA, EXETTERA. There are also institutes for each modality – in Frankfurt, in Hamburg, in Düsseldorf and in Berlin ([btd-tanztherapie.de/BTDengl/\\_E\\_index.htm](http://btd-tanztherapie.de/BTDengl/_E_index.htm)). In Table 11 we describe the number of training hours in the accredited education programmes.

*Table 11 Time allocation of accredited training  
in dance-movement therapy in Germany*

600 contact hours	theory of dance-movement therapy (including 150 hours of movement analyses)
410 contact hours	internship (including 210 hours of self-experiential therapeutic sessions)
130 contact hours	supervision
130 contact hours	own therapy
50 contact hours	group learning
40 contact hours	dance training

In Poland, the Polish Institute for Dance/Movement therapy operates. Education takes place in a postgraduate programme. Its specific feature is that it is a four-year programme developed in cooperation with the United Kingdom. The programme takes place in the form of weekend training events. The number of persons is limited to 18-24 group members. The phases of study are divided thematically. The first year is focused on the theoretical platform – the essence of psychotherapy. In the second year the training focuses on work with children and in the third year on work with adults. In the fourth year, it has the form of direct work with selected groups of clients. Successful completion of all the instructional units during the four years is followed by an exam. The study is completed by obtaining a certificate ([stowarzyszeniedmt.pl](http://stowarzyszeniedmt.pl)).

**The French Society for Psychotherapy through Dance** (Société française de psychotérapie par la danse) was created in 1984. The most common approaches are primitive expression and the symbolic dance therapy of Laura Sheleen. According to Dosedlová (2012), training in dance-movement therapy is mostly provided by private schools. She mentions, for example, the Research Institute for the development of physical communication, which organises long-term psychotherapy training in dance/movement therapy. The programme focuses on theory and practice and it includes, for example, instruction in functional anatomy, physiology and movement analysis in terms of Laban movement analysis. The training is concluded by an exam supervised by AEDT.

In the Czech Republic, postgraduate training in dance-movement therapy is provided by the TANTER association. Since 2002, the association has been active in dance-movement therapy in the Czech Republic ([www.tanter.cz](http://www.tanter.cz)). In the period of 1996-1999, the first training course in dance therapy took place under the guidance of therapists from the ADTA.

The admission requirements for the postgraduate training are:

- education on the bachelor's or master's level in the humanities or an art-oriented field,
- long-term dance experience – at least two years intensive,
- minimum age 23 years,
- practice in a helping profession – at least two months, eight hours a day

The training is divided into four phases.

1. Education programme (580 hours total)

Self-experience (350 hours)

- continuous self-experience (200 hours)
- further self-experience in dance-movement therapy (minimum of 80 hours)
- self-experience in terms of methods of observation and description of movement (minimum of 70 hours)

Theory (minimum of 200 hours)

- theory of dance-movement therapy (minimum of 80 hours)

- theories in terms of methods of observation and description of movement (minimum of 40 hours)
- general theory (minimum of 80 hours)
- Kinesiology and anatomy of the body in movement (30 hours)
- 2. Practice under supervision (before starting practice, it is necessary to have completed at least half of the training programme)
  - minimum of 500 hours of practice – 300 hours in direct contact with clients and 150 hours of supervision
- 3. Supervision (100 hours with a supervisor)
  - frequency of 2-6 therapeutic sessions
  - 43 group supervisions
- 4. Self-experience in the form of individual training therapy (70 hours) confirmed by a therapist

Another specific condition is the continuous broadening of one's own movement pattern through dance/movement activities that are not included in the education. The form in which the training is concluded is by a defence of a final thesis and by completing an exam ([tanter.cz](http://tanter.cz)).

The Slovak Association of Dance-Movement Therapy was created later than the previously mentioned associations, in 2008. Leading Slovak representatives – professionals in the area of dance-movement therapy such as Zuzana Vasičáková Očenášová or Monika Stehliková – completed their postgraduate studies abroad, not in Slovakia. The Laban studio in Bratislava ([laban-bratislava.sk](http://laban-bratislava.sk)) organises accredited education for teachers of primary schools in the area of the creative usage of dance in education. It also offers accredited forms of education, but they are rather particular courses, seminars or workshops including an introduction to dance-movement therapy and specific methods. Education in the sense of a postgraduate programme is not yet provided in Slovakia ([tanecnaterapia.sk](http://tanecnaterapia.sk)).

The last country we will mention is Australia. The Australian association – The Dance Movement Therapy Association ([dtaa.org.au](http://dtaa.org.au)) is a nationally recognised association in Australia. It

sets standards for its expert members and implements professional training and supervision. The main tasks of the association also include establishing a common space between professionals and other areas, for example the healthcare area, and other professional organisations. The association also publishes a magazine for its members annually, providing information and opportunities for further development in the field of dance-movement therapy.

In Melbourne, it is possible to obtain a diploma in dance-movement therapy at the Phoenix Institute. It provides basic training in counselling and psychotherapy, and uses dance-movement therapy as a fundamental means for the application of the work with different groups of people. It draws on psychodynamic, systemic and humanistic models, inspired by Laban's theory of movement. The study is conducted in an experiential form and it leads individuals to their unique personal expression. After completing the training and obtaining the certificate, graduates may apply for membership of the association. It is possible to do so only after performing 250 hours of supervised practice ([dtaa.org.au](http://dtaa.org.au)) and gaining two years of experience in this sector. In this case, it is a one-year training course. Regarding postgraduate education, it is conducted in the form of a three-year course. The study is focused on three main aspects: personal physical experience, theoretical frameworks from appropriate developmental, humanitarian and psychodynamic frameworks and application. After a year, it is possible to gain a certificate after completing 180 hours of modules in the form of weekend and evening hours. After completing the first intensive year, students can pursue the advanced training, which includes 180 hours of fieldwork under the supervision of qualified professionals.

Above, we defined the terms of postgraduate education in dance-movement therapy in selected countries. The information obtained is illustrated in Table 12, where we provide an overview of the conditions in six selected countries.

Table 12 Education in dance-movement therapy in selected countries

Country	Germany	United Kingdom	Greece	Hungary	Poland	Czech Republic
accredited education	yes	yes	yes	yes	yes	yes
postgraduate education	yes	yes	yes	yes	yes	yes
length of education in full-time/part-time form	3 years full-time (training in DMT)	2 years full-time 3 years part-time	3 years full-time	5 years full-time	4 years full-time	3 years in 4 phases
programme content modules	theoretical platform, internship, supervision, own therapy, group learning, dance training	theoretical platform, experiential learning, practical skills in dance-movement therapy through self-experience	theoretical platform, studying documents, clinical practice, supervision, personal therapy	theoretical platform, supervised work, study of selective methods	theoretical platform, work with children, work with adults, work with selected groups	theoretical platform, supervised practice, self-experience



number of hours of theory	600 hours of theory	3 afternoons, once a year, summer school including topics of body and nature, ecology, psychology	unspecified	330 hours	unspecified	580 hours
number of hours of practice	760 hours of practical self-experience, supervision	4 weekend training events a year	600 hours	190 hours + selective courses	minimum of 525 hours	500 hours of practice, 100 hours under supervision, 70 hours of self-experience
way the programme is completed	successful completion of theoretical exam is followed by supervised work	successful completion of theoretical exam is followed by supervised work	successful completion of theoretical exam is followed by supervised work	successful completion of theoretical bases – certified exam is followed by a practical part	successful completion of theoretical exam is followed by supervised work	successful completion of theoretical exam is followed by supervised work

## 4.4 Summary

In this chapter we described the basic premises concerning the terminology of dance-movement therapy. We compared its definitions in terms of how it is understood by various authors. We focused on the importance of movement as such for therapeutic interventions. We defined the basic theoretical approaches that dance-movement therapy is based on and we focused on the types of dance movement therapy: the fundamental dance of Marian Chace, authentic movement of Mary Starks Whitehouse, symbolic dance therapy of Laura Sheleen, Laban's theory of movement and primitive expression.

The development of education in dance-movement therapy is very different in different countries. The most elaborate system of education operates in the US. This country is where dance-movement therapy as a therapeutic concept emerged. It is possible to study dance-movement therapy on the bachelor's, master's, and doctoral levels, but also through various accredited seminars in terms of self-learning. There is also an alternative way to study that addresses the individual needs of the candidates in terms of the form of the study.

On this basis, the idea of establishing an association within the territory of Europe became increasingly stronger. This attempt was more time-consuming, as we documented in Table 9. The founding countries discussed the status of the organisation and its financing and organisational structure for a long time. After the establishment of the European Association of Dance Movement Therapy (EADMT), the idea of the development of the education system in European countries also grew stronger. Despite these trends, there are still countries where it is not possible to study in the sense of accredited training.

We described some of the countries (Greece, Hungary, Poland, the United Kingdom and the Czech Republic) where the education system has been created and where there are activities of associations at the state level in terms of active support for registered dance-movement therapists. The associations provide regular information and experiential workshops for experts in the humanities and the arts and cooperate within the European Association of Dance Movement Therapy with other European countries.

Finally, we offer a summary table about educational opportunities in dance movement-therapy in the countries of Europe. We focused on the diversity of forms in the educational offer and on the curriculum in terms of its theoretical and practical parts. We also described the ways in which the education is completed and the possibilities of subsequent registration with the associations at national levels, but also in the connection to the parent European or American associations.

## 4.5 References

- Blížkovská, J. (1999). *Úvod do taneční terapie*. Brno: Masarykova Univerzita.
- Blížkovská, J. (2000). Taneční terapie primitivní expresí. *Sborník prací Filozofické fakulty Brněnské Univerzity* 4. Retrieved January 4, 2015 from [https://digilib.phil.muni.cz/bitstream/handle/11222.digilib/114414/P\\_Psychologica\\_04-2000-1\\_10.pdf?sequence=1](https://digilib.phil.muni.cz/bitstream/handle/11222.digilib/114414/P_Psychologica_04-2000-1_10.pdf?sequence=1)
- Chaiklin, S., & Wengrower, H. (Eds.). (2011). *The art and science of dance/movement therapy: life is a dance*. New York, NY: Routledge.
- Chodorow, J. (2006). *Taneční terapie a hlubinná psychologie: imaginace v pohybu*. Praha: Triton.
- Čížková, K. (2005). *Tanečně-pohybová terapie*. Praha: Triton.
- Dosedlová, J. (2012). *Terapie tancem: role tance v dějinách lidstva a v současné psychoterapii*. Praha: Grada.
- Gräff, C. (1999). *Koncentrativní pohybová terapie*. Boskovice: Albert.
- Hanna, J. L. (1987). *To dance is human: a theory of nonverbal communication*. Chicago, IL: University of Chicago Press.
- Jebavá, J. (1998). *Kapitoly z dějin tance a možnosti terapie*. Praha: Karolinum.
- Kalvach, Z. et al. (2011). *Křehký pacient a primární péče*. Praha: Grada.
- Meekums, B. (2002). *Dance movement therapy: a creative psychotherapeutic approach*. London: Sage Publications.

Müller, O. (Ed.) et al. (2014). *Terapie ve speciální pedagogice* (2nd ed.). Praha: Grada.

Orel, M. et al. (2012). *Psychopatologie*. Praha: Grada.

Payne, H. (2008). *Dance movement therapy – theory, research and practice*. New York, NY: Routledge.

Szabová, M. (1998). *Náčrt psychomotorickej terapie*. Bratislava: Pedagogická fakulta Univerzity Komenského.

Vermes, K., & Incze, A. (2011). Psychodynamic Movement and Dance Therapy in Hungary. *Body, Movement and Dance in Psychotherapy: An International Journal for Theory, Research and Practice*, 7(2):101-113.

Vymětal, J. et al. (2007). *Speciální psychoterapie* (2nd ed.). Praha: Grada.

#### **Internet links:**

[www.admta.com](http://www.admta.com)

[www.eadmt.com](http://www.eadmt.com)

[www.dtaa.org.au](http://www.dtaa.org.au)

[www.gadt.gr](http://www.gadt.gr)

<http://gadt.gr/english.htm>

<http://www.stowarzyszeniedmt.pl/>

[www.tanecnaterapia.sk](http://www.tanecnaterapia.sk)

[www.labanbratislava.sk](http://www.labanbratislava.sk)

[www.tanter.cz](http://www.tanter.cz)

[www.tanztherapie-zentrum.de](http://www.tanztherapie-zentrum.de)

[www.tancterapia.net](http://www.tancterapia.net)



## 5 TERTIARY EDUCATION IN DRAMATHERAPY

*Ivana LIŠTIAKOVÁ*

In the world context training in dramatherapy is bound to different dramatherapy schools in terms of dramatherapy approaches. They are connected with great personalities of dramatherapy, including Robert Landy, David Read Johnson, René Emunah, Sue Jennings, Mary Smail and others. Dramatherapy was established through the practice of therapists using the therapeutic potential of performing arts and its components.

Dramatherapy works by creating a safe space for experimentation, discovery and play with roles, without a judgmental attitude. It implements alternatives that people do not dare to test in everyday life. It gives opportunities to examine emotional and rational responses to changes. Dramatherapy carries a special power in itself, thanks to using the body and play as a tool for change. Embodiment and performance represent instruments that allow the contents of the psyche to be projected, maintained and transformed in a very tangible way. In working with the body, an experience of change is established, first on the emotional level and the level of body memory. Only after that does a newly created deep understanding reach the rational level through verbal reflection and transfer it into everyday life.

By experimentation and experience of a variety of processes, individual dramatherapists and the schools established by them developed their ways of working, methods and techniques, but also their ways of looking at the process of treatment and understanding of the effective factors. Most dramatherapy approaches use their own terminology. However, they are related by their ba-

sis characteristics, which are connected with the therapeutic effect of drama, play and performance – playing and acting. Jones (2007) named them the key processes in dramatherapy. They include play, role play and personification, embodiment, metaphor, projective identification, dramatic distance and empathy or aesthetic distance, interactive audience and the presence of a witness and transfer between dramatic and consensus reality. Key processes represent fundamental effective factors in dramatherapy, and although their manifestations in different approaches differ, a common way of determining the dramatherapeutic goals and confidence in the effectiveness of the therapy derives from them.

The purpose of this chapter is to present different approaches to dramatherapy and analyse their overlaps in the context of opportunities to study dramatherapy at the tertiary level of education.

## **5.1 Dramatherapy approaches**

The basis of many dramatherapy approaches is constituted by the theory of J. L. Moreno, the founder of psychodrama, who was the first one to introduce dramatic components into psychotherapeutic work. **Psychodrama** is currently a well-established psychotherapeutic approach recognised across Europe and North America. The principle of psychodrama is the so-called collapse of time and space, which allows problematic situations from the life of clients to be re-enacted in the therapeutic environment of a stage created by the group and its focus and attunement to common work. Moreno (as cited in Garcia & Buchanan, 2009) called this feature surplus reality, which carries a healing potential thanks to the alert presence of the audience and the participation of the helping actors (auxiliary egos) with the intention to truthfully portray the story of the client. The goals of psychodrama operate on the affective, behavioural, cognitive and spiritual levels. Regarding the affective part, it is mainly emotional catharsis, the release of emotions and corrective emotional experience. In the area of the regulation of behaviour, psychodrama focuses on role training, action and communication skills training. Moreno said that when people cannot solve a difficult situation,

they miss spontaneity or creativity. Spontaneity belongs to the behavioural part of action. It represents the ability to take the steps necessary for a change of established patterns of behaviour or the ability to spring towards a completely new and unknown action. Creativity and its development belong among the cognitive goals, because it represents knowledge and creation of strategies of action, occurrence and naming the desires and searching for ways to find a solution. Creativity precedes spontaneity – first, it is necessary to know what a person wants to do and then support their ability to put this idea into practice. The cognitive area of goals also includes so-called ‘catharsis of integration’, which is not an immediate reaction with an emotionally strong content, as we could describe it in emotional catharsis. Integration happens after some time and rational reflection on the process. The client gains an insight into the situation. The spiritual level includes a transpersonal effect of a dramatically solved therapeutic contract. The story that is portrayed also has a therapeutic effect on the other helping actors and the audience.

The principles of psychodrama have been transferred into other dramatherapy approaches, even though particular schools differ in the way they work with the play ‘as if’ reality. They use different methods of entering the playspace and the contact between the therapist and the client within it. Some approaches concentrate more on working with role, story and ritual and others use body work or a connection with other art modalities.

The dramatherapy approach of David Johnson (Johnson et al., 2003; Johnson, 2009) overlaps with the principles of psychodrama in the creation of the playspace, a play reality in which anything can be played out. After a ritualised entry to play, time and space do not matter. The content of the play is a reflection of currently emerging images that occur in the consciousness of a person. The story is not important, nor even is keeping a role. The goal is constant change. The play is repeated and in each repetition, a change happens. Similarly, the relationship of the client also changes its structure in relation to the unsolved issues or ingrained patterns of thinking or behaviour. Everything happens in play and the therapist does not encourage verbal re-



lection. The idea of this therapeutic approach, which is called **developmental transformations (DvT)**, is acceptance of constant change and support for it. Dramatherapists working in this way trust in the power of play, which inherently includes reflection and the therefore the rational reflection happens already during the play. Important dramatherapists using the approach of developmental transformation include, for example, Cecilia Dintino (USA), Mark Willemsen (the Netherlands) and Beate Albrich and Viktor Dočkal (Czech Republic).

Role theory and method represents another approach that was created in the United States of America. Role theory was developed by Robert Landy (1994, 2009) at New York University. It is based on the post-modern sociological theories of Erving Goffman (1990) and therefore works with the paradox of being in multiple roles. It says that the self does not exist as a separate unit, but it suggests the idea of multiple selves that are manifested in different roles. An important aim in this therapeutic approach is leading clients to the ability to manage the ambivalence of the mutually different roles, to find balance in the role and counter-role. It also works on gaining a balance between strong rational functioning and emotional overload. This balance is described by Landy (ibid.) as aesthetic distance. The role method stems from role taxonomy, a list of roles that occur most often in the thinking and acting of people. Landy created the taxonomy on the basis of his analyses of the theatre plays of Western society. The roles contain several domains that the roles are categorised into:

- somatic/biological roles – in order of age, sexual orientation, appearance and health;
- cognitive roles;
- affective roles – moral and emotional;
- social roles – family, political, regarding the law, socio-economic status, authorities or aggression;
- spiritual roles – include natural and supernatural beings; and
- aesthetic roles.

The role method applies story making with the characters of a hero, a destination, an obstacle and a guide. Depending on the needs of the clients, the role method focuses on emotional connection with the contents or on gaining distance and rational insight. Similarly to psychodrama, the goal is broadening the role repertoire of clients, allowing them to act in a new way.

There are many other dramatherapy approaches that have their traditions in different countries of Europe and North America. They include, for example, EPR (Embodiment – Projection – Role) according to Sue Jennings ([suejennings.com](http://suejennings.com)), which describes the dramatic development of children. The first phase of dramatic development is the period of embodiment, in which a child gets to know the world through sensual experience, by touch, taste and play with sounds and shapes and movement. Piaget (1959) called this period the stage of sensorimotor play. Jennings (2011), however, also looks at the fact that in the prenatal and infant stages, children are a part of a dramatic play with their mothers, who talk to them through role reversal. The second period of dramatic development is the stage of projection, when children start to be interested in symbolic play with objects. The last phase is the ability to enter roles, their characterisation, playing and switching.

Other approaches include the integrative five-phase model, whose author is René Emunah (2009), the narrative approach of Pamela Dunne (2009) or the psychoanalytical approach according to Eleanor Irwin (2009).

## **5.2 Opportunities for tertiary education in the area of dramatherapy**

The main direction in the development of the field of dramatherapy in practice is set by the dramatherapy associations. The North American Drama Therapy Association (NADTA, [nadta.org](http://nadta.org)) defined dramatherapy as “*an active, experiential approach to facilitating change*”. As a therapeutic tool it uses stories, projective play and improvisation. Participants in dramatherapy can try and train acting in different situations and relationships and find flexibility in their life roles. It is not only the expression of desires but acting itself that clients experience in the dramatherapeutic process ([nadta.org](http://nadta.org)).

European dramatherapy is covered by the European Federation of Dramatherapy, which organises conferences and connects national dramatherapy associations. The most significant of these is the British Association of Dramatherapists (BADth, badth.org.uk). The goals of the association include facilitating the development of the profession and disseminating information to the public about the benefits of dramatherapy, as well as creating connections with dramatherapy organisations in other countries. As a professional organisation, BADth unites dramatherapists, sets the standards for the profession, creates a list of supervisors, organises educational events, spreads information among professionals and the public and collects current knowledge in the field in the form of research. The condition for full membership is registration with the Health and Care Professions Council. On the website, it is possible to find almost 400 dramatherapists practising in Great Britain and also within the international membership in Australia, Brazil, Canada, Germany, Greece, Denmark, Norway, Hong Kong, India, Israel, Italy, Malta, New Zealand, Poland, Portugal, the Netherlands and Thailand. The British Association of Dramatherapists provides an overview of institutions of tertiary education that offer accredited programmes of dramatherapy on its website. Currently, there are five of them and they are all on the level of master's studies (Table 13).

**The Sesame Institute** has its residence at the **Central School of Speech and Drama** at the University of London. It gets its name from the story about Aladdin and the cave that opened for him after he said 'Open Sesame!' Similarly, the dramatherapists of the Sesame Institute open up unknown areas of the human psyche and open roads to knowledge of the wisdom of the collective unconscious (Smail & Heaslip 2014). As a means, they use metaphors of archetypal stories, which were also published in a collection, *Dramatherapy with Myth and Fairytale* (Pearson et al., 2013). Archetypal stories reveal various tasks in the process of individuation and self-actualisation as described by C. G. Jung. A strong Jungian influence is explicitly expressed by the representatives of the Sesame Institute in the compulsory study literature, but also in the recommendation that the students go through their own therapeutic process with a psychotherapist with Jungian training. Implicitly, Jung's influence is apparent

from the building blocks of the Sesame approach, which are symbols and metaphors. Myth is a topic of one of the study modules, in which the meaning of myths, fairytales and stories and their motives are explored in the context of analytical psychology and dramatherapy. Another background theory of the Sesame Institute is the movement analyses of Rudolph Laban. They mostly use body work in relation to the levels of movement and space around the body. The connection of the psyche and soma is significant in the Sesame approach. It takes the perspective of analytical psychology and neurosciences. Laban's theory is followed by a module of work with movement, sound and touch that is focused on creating relationships in a non-verbal way, attunement, establishing trust and the therapeutic use of touch. According to the material about the course specifications ([badth.org.uk](http://badth.org.uk), [cssd.ac.uk](http://cssd.ac.uk)), students will undertake the theory and practice of dramatherapy and also learn about the history of the Sesame Institute. The authors of the key ideas for this approach include Marian (Billy) Lindkwist, Joseph Campbell, John Bowlby, R. D. Laing, James Hillman, James Roose-Evans and Donald Winnicott. Another module is based on drama as such, while the studies are based on applied drama as described by Peter Slade. The Sesame Institute offers deep work with stories through body work. It overlaps with psychomotor (dance-movement) therapy, because it is based on experimenting and experience with movement. It also uses metaphors of stories and their dramatisation, and therefore constitutes an important part of dramatherapy schools and approaches.

**The University of Roehampton in London** offers a master's study programme in dramatherapy and is the only school that has an accredited doctoral programme. The approach of this school is based on the model of ritual theatre. The emphasis is on the development of artistic dramatic skills along with gaining therapeutic skills. The theoretical resources are the theatre observations of Peter Brook and the experiments of Jerzy Grotowski. The key authors to study include Phil Jones, Sue Jennings, Steve Mitchel and René Emunah. The dramatherapy approach of the University of Roehampton is based on the meaning of rites of passage and the importance of myths. In the first phase, the studies are focused on building theatrical competences that are subsequently applied in creative work with stories and characters. This is followed by the

exploration of the personal identifications of students with stories. In the next phase, drama is used as a tool for the exploration of inner and outer conflicts and interactions. The third phase reaches into the praxeological and research levels. During their practice, students go through different positions, from assistance to experienced therapists to the individual leading of sessions, and they also conduct a research practice. The university publishes the *Dramatherapy Journal* and research creates a strong base for this study programme. The areas of research include dramatherapy work with clients with mental disorders and people with traumatic experiences. They focus on the evaluation of the dramatherapy process from the client's and the therapist's point of view and on the relationship of the dramatherapists and multidisciplinary teams. Similarly to the therapeutic theatre projects in New York, the research at Roehampton deals with the topics of race, cultural and gender issues. Therapeutic scenarios, resistance to therapy, creativity and destruction are explored ([roehampton.ac.uk](http://roehampton.ac.uk)).

**The University of Derby** represents an integrated approach to dramatherapy that contains a wide spectrum of drama and theatre. Therapeutic change is achieved by movement, voice expression, role play, characterisation, storytelling, creating a theatre performance and acting. The goal is to support the individual strengths of the students and to use the combination of their strengths to benefit the interactions with clients in the therapeutic process ([derby.ac.uk](http://derby.ac.uk)). In the training, the emphasis is on the constant reflection of practice and group process. The clinical practice is connected to the development of the theoretical platform and deepening the understanding of dramatherapeutic processes. As BADth ([badthorg.uk](http://badthorg.uk)) states, the key literature also includes, besides Phil Jones and Dorothy Langley, the psychotherapeutic approaches of Irvin D. Yalom and Gillie Bolton.

**The Southwest School of Dramatherapy**, in cooperation with Worcester University in Exeter, has a three-year master's programme. Regarding organisation, in the first two years of studies, participation is required once a week for 30 weeks and two weekends. Introductory and advanced courses in theory, models and practice in dramatherapy and the development of creative

skills are included. The third year is research-oriented; students conduct practice on their own dramatherapy projects with supervision. This school provides an integrated curriculum including lectures and discussions and experiential and practically oriented workshops with a high level of individual support. The programme is aimed at professionals in the areas of education, health and other helping professions ([worcester.ac.uk](http://worcester.ac.uk)).

The course offers an overview of various background theories and methods in dramatherapy. It is focused on an eclectic approach. It supports students in creating their own professional orientation, depending on their particular professional background, strengths and interests. It respects diversity and supports critical reflection on approaches and one's own performance. Students develop an understanding of the therapeutic process that is based on creative movement, play, drama and theatre ([badth.org.uk](http://badth.org.uk)).

The main study literature is not connected with a particular dramatherapy approach. It consists of an overview publication of *Current Approaches in Drama Therapy* (1<sup>st</sup> edition from 2000 edited by Penny Lewis & David Read Johnson; 2<sup>nd</sup> edition from 2009 edited by David Read Johnson & Renee Emunah) and further on the publication of Phil Jones (2007) and drama games created by Augusto Boal ([badth.org.uk](http://badth.org.uk)).

The master's programme of **Anglia Ruskin University** offers training with an emphasis on practice in clinical settings. Similarly to the previously described schools, students are introduced to various dramatherapy approaches. The programme is focused on developmental and psychodynamic work. At this university, there is a strong tradition of a music therapy programme, whose representatives are leading figures in music therapy research. Students therefore have the opportunity to experience multi-disciplinary overlaps. Learning is self-reflective in a group process; it includes dramatic activities, analysing case studies and theory. Self-experiential learning is important and it takes place through exercise lessons and supervision, as well as performing in clinical practice and applying effective dramatherapy processes with children and adults ([badth.org.uk](http://badth.org.uk)). In the selected literature for this study programme, we can find the works of Phil Jones (2007), David Read

Johnson and Renee Emunah (2009) and Madeline Andersen-Warren and Roger Grainger (2000) or the psychotherapy of Irvin D. Yalom (2005). Unlike Worcester University, the studies are full-time. In the first year, the training takes place four days a week, while two days are spent in direct work with clients in institutions. In the second year, there is one day at school and one day in practice. The students of this school gain important skills that include parent and child observation, the skills of role play in small groups, analyses of their own dramatic biography process, the theory of dramatherapy and its connection to practice, experience in at least three types of application settings of dramatherapy in the community, school, the hospital environment and in hospices. Internships are followed by supervision in small groups and experience of working in multidisciplinary teams. The study includes self-experiential dramatherapy groups with opportunities to reflect on clinical experience and the process of building one's own professional position and personal growth as a therapist.

*Table 13 Overview of dramatherapy study programmes in the United Kingdom*

<b>Institution providing the programme</b>	<b>Study programme</b>	<b>Place</b>	<b>Contact person</b>
Central School of Speech and Drama (Sesame)	MA Drama and Movement Therapy	London	Richard Hougham Mary Smail
Roehampton University	MA Dramatherapy PhD Dramatherapy	London	Pete Holloway Henrietta Seebohm
University of Derby	MA Dramatherapy	Derby	Drew Bird
Southwest School of Dramatherapy, University of Worcester	MA Dramatherapy	Exeter	Huw Richards Sarah Scoble
Anglia Ruskin University	MA Dramatherapy	Cambridge	Ditty Dokter

In Ireland, dramatherapists are united under the umbrella of a common association of all arts therapists, the Irish Association of Creative Arts Therapists (IACAT, [iacat.ie](http://iacat.ie)). Dramatherapy studies are available in a master's programme at Maynooth University ([maynoothuniversity.ie](http://maynoothuniversity.ie)).

A significantly developed area of study and research in dramatherapy is situated in the Netherlands. There is an important school in Leeuwarden.

Some countries, such as France or Austria, keep the tradition of psychodrama as a psychotherapeutic school and dramatherapy as such is not present there, i.e. it is not practised in this form or under this title. In France, the master's programme of dramatherapy at the Sorbonne University in Paris was created only in order to ensure the comparability of studies in the European context ([ecarte.info](http://ecarte.info)). Similarly, in Germany, there are no specific dramatherapy studies.

In the Czech Republic, the Association of Dramatherapists of the Czech Republic ([adcr.cz](http://adcr.cz)) exists. It provides training in the approach of developmental transformations. Dramatherapy is also studied as a part of special education at Palacky University in Olomouc ([pdf.upol.cz](http://pdf.upol.cz)). In Slovakia, it is possible to study dramatherapy at the university level as a part of one of the therapeutic modules within the studies of therapeutic education at Comenius University in Bratislava ([fedu.uniba.sk](http://fedu.uniba.sk)).

### 5.3 Research in Dramatherapy

In the place of their origin, dramatherapy schools continue their tradition, educate new graduates and conduct research. By doing so, they develop the field, validate their methods and fill the reservoir of clinical studies. Dramatherapists inform the professional public about their activities in scientific and professional publications in the form of monographs, conference proceedings and articles in scientific journals (Table 14). The most important journals in the field of drama therapy include *Dramatherapy*, which is published in the UK by Taylor and Francis, and *The*



*Arts in Psychotherapy*, which publishes key studies of all types of expressive therapies. It is a peer-reviewed (impact) journal published by Elsevier. From this year (2015), the journal of the North American Drama Therapy Association is published by the Intellect publishing house. The title of the journal is *Drama Therapy Review*. Dramatherapists publish in journals dealing with clinical psychology, behavioural sciences or psychotherapy. Border interdisciplinary topics, such as sand tray therapy, can be found in journals aimed at play therapy (*International Journal of Play Therapy*) or those with a focus on drama education, performing arts and theatre, such as *Research in Drama Education* and *Theatre Research International*.

Table 14 List of dramatherapy-oriented scientific journals

Journal Title	Publisher	Impact factor	ISSN	Issued since
Dramatherapy	Taylor & Francis		0263-0672, 2157-1430	1977
Drama Therapy Review	Intellect Ltd.		2054-7668, 2054-7676	2015
The Arts in Psychotherapy	Elsevier	Impact factor 0.553	0197-4556	1973
Theatre Research International	Cambridge University Press		0307-8833, 1474-0672	1975
Research in Drama Education: The Journal of Applied Theatre and Performance	Taylor & Francis		1356-9783, 1470-112X	1996
International Journal of Play Therapy	The Association for Play Therapy		1939-0629, 1555-6824	1992

## 5.4 References

- Andersen-Warren, M., & Grainger, R. (2000). *Practical approaches to dramatherapy: the shield of Perseus*. London, Philadelphia: J. Kingsley.
- Dunne, P. (2009). Narradrama: a narrative approach to drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 172–204). Springfield, IL: Charles C. Thomas.
- Emunah, R. (2009). The integrative five phase model of drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 37–64). Springfield, IL: Charles C. Thomas.
- Garcia, A., & Buchanan, D. R. (2009). Psychodrama. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 393–423). Springfield, IL: Charles C. Thomas.
- Goffman, E. (1990). *The presentation of self in everyday life*. New York [N.Y.]: Doubleday.
- Hougham, R. (2011). MA Drama and Movement Therapy (Sesame). Frequently Asked Questions. London, UK: The Central School of Speech and Drama, University of London. Retrieved December 31, 2014 from [https://badth.org.uk/sites/default/files/content/doc/courses/sesame\\_course\\_information.doc](https://badth.org.uk/sites/default/files/content/doc/courses/sesame_course_information.doc)
- Irwin, E. (2009). Psychoanalytic approach to drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 235–251). Springfield, IL: Charles C. Thomas.
- Jennings, S. (2011). *Healthy attachments and neuro-dramatic-play*. London, Philadelphia, PA: Jessica Kingsley Publishers.
- Johnson, D. R. (2009). Developmental transformations: Towards the body of presence. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 89–116). Springfield, IL: Charles C. Thomas.
- Johnson, D. R., & Emunah, R. (Eds.). (2009). *Current approaches in drama therapy*. (2nd ed.). Springfield, IL: Charles C. Thomas.

Johnson, D. R., Smith, A., & James, M. (2003). Developmental transformations in group therapy with the elderly. In C. Schaefer (Ed.), *Play therapy with adults* (pp. 78–106). New York, NY: Wiley & Sons.

Jones, P. (2007). *Drama as therapy: theory, practice, and research* (2nd ed). London ; New York: Routledge.

Landy, R. J. (1994). *Drama therapy: Concepts, theories and practices*. (2nd ed.). Springfield, IL: Charles C. Thomas.

Landy, R. J. (2009). Role theory and the role method of drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2nd ed., pp. 65–88). Springfield, IL: Charles C. Thomas.

Lewis, P., & Johnson, D. R. (Eds.). (2000). *Current approaches in drama therapy*. (1st ed.). Springfield, IL: Charles C. Thomas.

MA Drama and Movement Therapy (Sesame). Retrieved January 1, 2015 from <http://www.cssd.ac.uk/course/drama-and-movement-therapy-sesame-ma>

MA Drama and Movement Therapy (Sesame). Programme Specification and Units. (2014). London, UK: The Royal Central School of Speech and Drama, University of London. Retrieved January 1, 2015 from [http://www.cssd.ac.uk/sites/default/files/courses/ma\\_drama\\_and\\_movement\\_therapy\\_version\\_1-3.pdf](http://www.cssd.ac.uk/sites/default/files/courses/ma_drama_and_movement_therapy_version_1-3.pdf)

MA Drama and Movement Therapy (Sesame). Programme Specification. (2011). London, UK: Central School of Speech and Drama, University of London. Retrieved January 1, 2015 from [https://badth.org.uk/sites/default/files/imported/downloads/information/MADMT\(S\)%20Prog%20Spec.doc](https://badth.org.uk/sites/default/files/imported/downloads/information/MADMT(S)%20Prog%20Spec.doc)

Maynooth University. National University of Ireland Maynooth. MA Dramatherapy. Retrieved December 30, 2014 from <https://www.maynoothuniversity.ie/study-maynooth/postgraduate-studies/courses/ma-dramatherapy>

Pearson, J., Smail, M., & Watts, P. (2013). *Dramatherapy with myth and fairytale: the golden stories of Sesame*. London, Philadelphia: Jessica Kingsley Publishers.

Piaget, J. (1959). *The language and thought of the child* (3rd ed.). London, New York: Routledge.

Smail, M., & Heaslip, R. (2014). *The call to the new: An exploration of the wisdom of loss through the Sesame approach™*. Unpublished lecture. Drama and movement therapy – the Sesame approach™. One-day training. Cork, Ireland: October 31, 2014.

The British Association of Dramatherapists (2011). About BADth. Retrieved January 1, 2015 from <https://badth.org.uk/about>

The British Association of Dramatherapists (2011). Find a drama-therapist. Retrieved January 1, 2015 from <https://badth.org.uk/therapist-search>

The British Association of Dramatherapists (2011). Outline of Recognised Dramatherapy Training Courses in the UK. Retrieved January 1, 2015 from <https://badth.org.uk/training/table>

University of Derby. MA Dramatherapy. Why choose this course? Retrieved January 1, 2015 from <http://www.derby.ac.uk/courses/postgraduate/dramatherapy-ma/>

University of Derby. Module Specification. Retrieved January 1, 2015 from <http://www.derby.ac.uk/media/derbyacuk/contentassets/coursefiles/modules/ehs/health/MA-Dramatherapy-Mod-Specs---Definitive-%28V-Sept-2012%29-Updated-by-MM-Sept13.pdf>

University of Derby. Programme Specification: MA Dramatherapy. Valid from September 2012. Retrieved January 1, 2015 from <http://www.derby.ac.uk/media/derbyacuk/contentassets/documents/programmespecifications/health/MA-Dramatherapy-Prog-Spec---Definitive-%28V-Sept-2012%29.pdf>

University of Roehampton. Dramatherapy. Programme Details 2014-2015. Retrieved January 1, 2015 from <http://www.roehampton.ac.uk/programme-details/?cURL=pg/dramatherapynew/>

University of Worcester Henwick Grove. Dramatherapy MA. Retrieved January 1, 2015 from <http://www.worcester.ac.uk/journey/dramatherapy-ma.html>

Yalom, I. D. (2005). *The theory and practice of group psychotherapy* (5th ed). New York: Basic Books.

### **Important internet links**

[www.adcr.cz](http://www.adcr.cz)

[www.badth.org](http://www.badth.org)

[www.cssd.ac.uk](http://www.cssd.ac.uk)

[www.derby.ac.uk](http://www.derby.ac.uk)

[www.dramatherapyfund.org](http://www.dramatherapyfund.org)

[www.iacat.ie](http://www.iacat.ie)

[www.maynoothuniversity.ie](http://www.maynoothuniversity.ie)

[www.nadta.org](http://www.nadta.org)

[www.roehampton.ac.uk](http://www.roehampton.ac.uk)

[www.suejennings.com](http://www.suejennings.com)

[www.uniba.sk](http://www.uniba.sk)

[www.upol.cz](http://www.upol.cz)

[www.worcester.ac.uk/journey/dramatherapy-ma](http://www.worcester.ac.uk/journey/dramatherapy-ma)

### **Project dedication:**

Podpora vytváření excelentních výzkumných týmů  
a intersektorální mobility na Univerzitě Palackého v Olomouci II  
(CZ.1.07/2.3.00/30.0041)

## Conclusions

This monograph summarises and analyses the current situation in tertiary education in the area of expressive arts therapies in the context of the European region. The authors are practitioners and scientists from particular fields of arts therapies – art therapy, music therapy, dance-movement therapy and dramatherapy. They present the opportunities to study the arts therapies within the framework of their theoretical and methodological approaches and traditions in different countries.

The publication contributes to finding one's way around existing study programmes of tertiary education in the arts therapies at European universities. Most of the study programmes are provided on a master's level. The requirements for applicants include previous knowledge and experience in the helping professions and the arts, as well as personal maturity. The studies are focused on building further competences in using the arts for therapeutic purposes. In some countries, such as the United Kingdom, the professions of arts therapists and the degrees obtained are officially recognised on a level equal to traditional psychotherapy. In most European countries, however, arts therapists practice under the title of their original professions as psychologists, psychotherapists, special educators or other healthcare-related professionals.

The authors of the monograph also provide information about research institutes that are connected to the university teaching centres and therefore act as important international hubs of knowledge and development in their fields. All the universities that are mentioned require their students to be engaged in research alongside their theoretical and practical training. Some even offer the opportunity to conduct research and continue with doctoral-level studies.

Tertiary education in the expressive arts therapies depends heavily on the cooperation of the universities with professional associations that unite the arts therapists in practice. These or-

ganisations decide on the knowledge and skills required by graduates. They set and control the standards of the professions. Therefore, the connection of training courses and their outcomes with currently existing policies in particular national contexts remains crucial.

Expressive arts therapies belong among the progressively developing fields with elaborate theoretical and methodological approaches. Their development is supported by growing research and professional education programmes. This publication represents a unique overview of tertiary education in expressive arts therapies in Europe and therefore it benefits their further development in the international context.

## About the authors

**Mgr. Zuzana Fábry Lucká, PhD.** obtained a master's degree in therapeutic education that she complemented by doctoral studies in special education. She is involved in the area of expressive therapies, especially psychomotor therapy. She published a research-oriented monograph dealing with expressive therapies for people with multiple disabilities (2014). Since 2007 she has been working as a therapeutic pedagogue specialising in the therapeutic use of psychomotor therapy, bibliotherapy and music therapy with people with multiple disabilities or various movement limitations. Since 2013 she has been working at the Department of Therapeutic Education (Comenius University in Bratislava).

**PaedDr. Katarína Kuková,** graduated in English language and literature and art education at the Faculty of Philosophy of Comenius University in Bratislava. In 2014, she defended her rigorous thesis on the topic of art education of students with special educational needs integrated in primary schools. Currently, she is a doctoral student at the Faculty of Education of Comenius University in Bratislava. In her research, she explores the opportunities of using art therapy in the process of integration of students in art lessons at primary schools.

**Mgr. Ivana Lištiaková, PhD.** studied therapeutic education on the master's level and she gained a doctorate in the field of primary and pre-school education. She was involved in the topics of sensory integration and children with difficulties in learning. She works at Comenius University in Bratislava and is engaged in international projects. As a post-doc at Palacky University in Olomouc, she is focused on research in dramatherapy in the POST-UP II project (CZ.1.07/2.3.00/30.0041). She has participated in study programmes abroad in New York and Hungary.



**Mgr. Alžbeta Sykorjaková** studied therapeutic education at the Faculty of Education of Comenius University in Bratislava (graduating in 2013), where she is continuing with her doctoral studies. She complemented her theoretical knowledge by a year-long theoretically and self-experientially-oriented course with a focus on music therapy, guaranteed by the music therapy section at the Czech Psychotherapy Association and the Czech Medical Association of J.E. Purkyně. Since finishing her studies with M. Klecka at the Fastryga Foundation in Poland, she has been working as an educator in the area of foetal alcohol syndrome. In her practice, she is involved in early childhood intervention and prevention. As a therapeutic pedagogue she primarily applies music therapy with the goals of stimulating and supporting the development of her clients.

**Prof. PaedDr. Jaroslava Šicková, PhD.**, academic sculptor studied monumental sculpture at the Academy of Fine Arts and Design in Bratislava in Bratislava and special education at Charles University in Prague. Since 1991, she has been working at the Faculty of Education of Comenius University in Bratislava, where she teaches art therapy. Her lectures were held at Montclair State University, Eastern University in Philadelphia, University of South Bohemia in České Budějovice, Charles University in Prague, University of the Sunshine Coast in Australia, Tel-Hai Academic College in Israel, at Goldsmiths, University of London and at Wheaton College. She works with children, young people and adults with disabilities. She published several books on the topic of art therapy (2002, 2004, 2008 and 2011). She is the founder of spiritual-ecological existential art therapy. Together with Ján Šicko, in 2010, she established Terra Therapeutic, a centre for art therapy and in 2010, the Institute of Education in Art Therapy. Her sculptures were exhibited in many countries of Europe, Asia, America and Australia. She is the representative for Slovakia in NEAT, the working group of European art therapists. She is also a member of the Society for Science and Art, the Council for Culture and Art and the Society for Pathopsychology of Art and Art Expression.

# **International Contexts of Tertiary Education in Expressive Therapies**

*Ivana LIŠTIAKOVÁ (Ed.)*

Executive Editor doc. Mgr. Jiří Špička, Ph.D.

Editor in Charge Mgr. Jana Kreiselová

Language Editor Simon Gill, M.A.

Technical Editor PhDr. Jan Závodný Pospíšil, Ph.D.

Cover Design Renáta Komendová

Published and produced by Palacký University Olomouc

Křížkovského 8, 771 47 Olomouc

[www.upol.cz/vup](http://www.upol.cz/vup)

e-mail: [vup@upol.cz](mailto:vup@upol.cz)

Olomouc 2015

1st edition

VUP 2015/0251

Not For Sale

**ISBN 978-80-244-4611-0**



Katedra psychologie  
Filozofická fakulta  
Univerzita Palackého v Olomouci  
<http://psych.upol.cz/>