

Intrapersonal Competency in Music Therapy: Challenges for Education and Clinical Training

Chong Hyun Ju

Many scholars, clinicians and faculties of music therapy have dealt various issues on educational and clinical curricula for training music therapists. Depending on the philosophical orientations of educational institutes, the emphasis are different. The purpose of this paper is to examine and identify the areas for competency for gaining qualification in music therapy by reviewing the definitions of music therapy from the academic and professional perspectives: discipline-based, practice-based, and intrapersonal competency. The unique characteristics of music therapy as a professional discipline should be reflected in its curriculum and training content. Educational strategies need to be formulated to strengthen intrapersonal competency. The paper also discussed the consequential gains accordant with intrapersonal competency such as personal self-help skills using musical resources and coping with burnouts.

[Keywords] Music Therapy Training, Discipline, Practice, Intrapersonal Competency, Qualification

음악치료에서의 개인적 역량: 교육과 임상적 훈련에 대한 도전

정현주*

음악치료사의 자질과 능력 증진은 많은 연구자들과 학자들에 의해 연구되어온 분야이며 이를 위한 효과적인 교육 및 임상 전략들이 규명되고 개발되고 있다. 본 연구에서는 기존의 음악치료의 정의를 중심으로 음악치료사의 기본 자질을 규명하고 학술단체와 기관에서 정의하는 음악치료가 강조하는 다른 항목들을 비교분석함으로써 공통적으로 음악치료사가 갖추어야 하는 역량들을 규명하였다. 그 결과 본 연구에서는 음악치료사는 세 가지 역량을 갖추어야 하고 기존의 교육과정은 이러한 역량들을 강화할 수 있는 내용으로 구성되어야 하는데 이에는 학문적 역량, 실기역량, 그리고 개인적 역량이 포함된다. 여기서 개인적인 역량은 음악치료 교육과정에서 다루어야 하는 새로운 역량 분야로 규명되었다. 이는 음악치료가 지식기반 내용만을 다루는 학문이 아님으로 치료를 위한 음악중심의 개입을 제공할 수 있는 내적 성찰과 치료사적 통찰력이 기반이 된 역량을 갖추어야 하기 때문이다. 음악치료가 정의하는 학문과 전문성을 갖추기 위해서 음악치료사는 이 세 가지 역량을 갖추어야 하며 이러한 역량 강화를 위해서는 효율적인 교과내용들이 기존의 교육과정에 반영되어야 한다.

[핵심어] 음악치료사 교육과정, 학문역량, 전문역량, 개인적 역량, 치료사 자질

* 이화여자대학교 교육대학원 음악치료교육전공

Defining Music Therapy

Many definitions on music therapy delineate the identity of music therapy both as discipline and profession. Depending on the philosophy of the definer or clinical background, the definitions emphasize different things. AMTA(2007) defines music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program". In this definition, one can say that among many criteria that define music therapy, professionalism of therapist based on qualified training and clinical approach are emphasized. On the other hand, definition of music therapy introduced by Occupational Profile(2006) states that "music therapy is creative use of music in therapeutic setting. Music therapists work with a variety of clients, or all ages, in group or individual settings where clients' problems and disabilities may be emotional, physical, mental or psychological in nature". In this definition, practical aspect of music therapy is emphasized.

Other definition provided by World Federation of Music Therapy(2007), it states that "Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilization, expression, organization and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs." This definition has well articulated the overall purposes and processes of music application in therapy, however less emphasis on the evidence-based research aspect of music therapy.

Likewise, one can state that the existing definitions either emphasize disciplinary aspect or professional aspect of music therapy. Pertaining to professional aspect, use of music or skills to apply to those who are in need of therapeutic help is considered to be most vital, whereas, for disciplinary aspect, studies on therapeutic essence of music and evidence based research are important part. Depending on the definer, one aspect of dual identity of music therapy can be emphasized over the other.

1. Areas of training in Discipline and Practice Competency

The first step to identify the areas for competency training of music therapists can be done by examining the definition of music therapy. The areas for competency for music therapy would effect the formation of content of educational courses. It is important to identify the idiosyncratic characteristics of music therapy as both discipline and profession. For academic competency, studies and theories about music, human health, research establish the disciplinary foundation. For professional competency, it is the functional skills of music and clinical skills to provide clients with structured musical interventions.

Based on the statement above, in order to train qualified music therapist who can execute the practical and clinical responsibilities indicated in the definitions, training for qualifications can be categorized between the two dimensions, discipline-based qualification vs. practice-based qualification. For Discipline-based qualification, it would include studies that involve fundamental concepts of experimental effects of music elements and basic theoretical techniques involved in the process of compositional work. On the other hand, practice-based would involve knowledge on the human psychology and its therapeutic process which can be derived from musical intervention. In other words, practice-based training involves not only use of music as therapeutic intervention but also the knowledge on the fundamental human responses and processes which take place through music interventions. The two areas can be defined as following.

a. Discipline based competency

Music therapy education is still a developing and relatively young field of education. It is a discipline which involves studies on music as interventional medium, and human health where music is used for. Bruscia(1989) states that music therapy is transdisciplinary in nature, which implies that music therapy is not isolated discipline with clearly defined boundaries. It is a dynamic combination of many disciplines around two main subject areas which are music and therapy. Studies are composed with fundamental theories on music, health, human development, disabilities, and these knowledges are prerequisite for the clinical application skills to develop such as improvisation, vocalization, song psychotherapy, etc.

Music therapy is a discipline which comprises a blend of disciplines including music, psychology, health and education(Langan & Athanasou, 20005). For music it includes music psychology, music sociology, ethnomusicology, aesthetics of music, physiology and neurology of music, acoustics, music theory and history, etc. Disciplines related to therapy include psychology, psychotherapy, psychiatry, special education, etc. It is the dilemma of music therapy that due to hybrid of many disciplines, it is difficult to define and delimit music therapy.

b. Practice-based competency

CBMT(2007) defines that in order for music therapist to practice the profession, one should have the skills in music theory, perception and clinical situations such as assessment, treatment, implementation, documentation and evaluation. These skills needed at different stages and procedures in music therapy which involve both structuring, organizing and writing the music related behaviors of clients.

For practice-based competency, it involves actual music skills and ability to utilize one's own musicality. This may be one of the challenges that students face and are often overwhelmed by. It is always the dilemma of educators to determine how much they should guide student in owning various techniques, or how many instrumentations do they need learn to "effectively" practice clinical application of music for the clients who come in with various problems and needs.

In music therapy, depending on the needs of the client and the orientation of the therapist, different interventions are implemented. Music-making forms the basis for communication in this relationship between the client and therapist. Based on this relationship, client and therapist take an active part by playing, singing and listening. In sessions, vocal and instrumental activities are provided for clients which implies that therapists should have professional skills in utilizing those musical resources. By responding musically, the therapist is able to support and encourage this process. It is the music which is used to complement the individual needs of each client. In this process, depending on the therapist's individual strength, prerecorded music or other ready-made musical materials can be used. However, improvisations are shown to be very effective in clinical process of music therapy.

This leads to a overwhelming concern for music therapists, since they need to be able to capable of utilizing musical resources skillfully. Music therapy being an applied approach, various skills to perform instruments are required to meet client' needs. Often student select one primary instruments as their main intervention resource which they use the most in the music therapy sessions, however, in order to meet clients' needs, other musical skills must be utilized.

In many music therapy curriculums, they emphasize skills to perform portable instruments which include keyboard and guitar. Omnichords or clavierchord can go into this category as well, however, in the actual clinical setting, it is not the instrument skills only, but also its clinical use and applications are important. In this aspect among music therapy models, the students are asked to be competent with at least one of the clinical models which include techniques. Owning one specific techniques of approach is also one way to conform to music therapist's professional identity, which distinguishes its professional discipline from others, such as improvisations using instruments, voice, movement, or guided imageries, etc. Using music in a very professional way distinguishes its expertise from a special educator using music in the classroom setting. One should be able to use the skills not only to produce high quality music to meet the process of the session.

2. Intrapersonal Competency As Third Area for Training

Besides discipline and practice-based competencies, what has been constantly brought up by faculties and clinicians was personal qualification as a music therapist. This issue has been on-going agenda for music therapy faculties in order to better educate and train prospective music therapists during university curriculum (Forinash, 2007, Chong, 2007). The word "personal" encompasses broad meaning. In this case, it refers to intra-personal traits such as, depth, maturity, insight, and ability to empathize, which are crucial factors in practicing clinical work of music therapy. The following deals with each definitions of competencies and delineates each of them respectively in discipline, practice, and intrapersonal competencies.

As educators and trainers of music therapy have mentioned, it seems certain traits to become music therapist appear to be an essential

part, which can be named as intrapersonal competency. This qualification specifically pertains to therapist's maturity and insight as a helper and healer for those who have emotional, psychological and mental needs. Therapy work effects establishing relationships with clients and therapeutic process. If therapists themselves had personal therapy work, then they have gained growth as a qualified therapist. It is a prerequisite for becoming a professional therapist since it involves the process of getting in touch with one's own weakness and strength. Such awareness can be an important step for gaining insight as therapists.

Music therapy is an interpersonal process which involves subjectivity, individuality, and creativity in or through music with client (Bruscia, 1989). Other than interpersonal process, expressive arts related therapists really need to have insight for self-care or self-help using their own arts medium, which is for intrapersonal process. Especially, when it comes to music and dance, these are used in the combined form of personal and professional expression. Music can be very personal and revealing, and often personal issues are manifested in its professional use since it belongs to the person who creates it. Therefore, students really need to have a stable relationship with music at an intellectual and an emotional level. This knowledge and insight for using music for him/her own self will serve as an important basis which can be applied to relate to clients and take on other challenges. With this the students can grow as genuine and integrated therapists, to bring the best out of the clients (Chong, 2007).

Classes offered within curriculum or through extracurriculum courses are essential that students can gain insight on how to utilize music for their own needs. Classes that lead students to find one's own musical self is a vital part of becoming a qualified music therapist. Helping the students to identify and accept their own musical resource is an important step. Often it is so unfortunate that despite the fact that music therapists are trained to use music for the others, they do not use music in the same way for their own needs. Many students have not had enough chance to explore their own musical resource or space. It is important that they themselves are skillful utilizing music resources for self-help purposes. For example, in the sessions many students use music to elicit imageries which are healing and spiritually meaningful for clients, however, not many actually practice music-imagery for their own well-being.

Therefore, music therapy educators need to provide opportunities for

students in which they can contemplate what music is significant for them, and what kind of musical experiences work for them. So that even if they drop out of the program they can at least leave with the knowledge and the insight on how to use music for their own well-being.

Lastly, intrapersonal competency may contribute to stable professionalism or professional well-being of the music therapist in the field. Fowler(2006) has found out that music therapists with greatest professional longevity tended to have higher ratings on cognitive coping strategies such as positive appraisal and threat minimization and greater perception of personal achievement. These correlation results further imply that it can indirectly effect occupational burnout and cognitive hardiness. Self-help skills are efficient to prevent burnouts. Oppenheim(1987) determined that music therapists, like many other helping professionals, are vulnerable to burnout. Having enough knowledge and strategies for taking care of one's own self and inner stability is a key issue in functioning as a professional music therapist.

Besides the knowledge and practical skills, music therapists should have appropriate level of maturity as helper and healer for the clients. In order to become or be better as a qualified many music therapist, trainers and educators have developed classes in the curriculum which helps to identify personal issues and develop clinical insights for self-help.

Conclusion

Considering the fact that music therapy is transdisciplinary, many scholars, educators and clinicians have attempted to define the academic identity and professional boundaries. Along with this challenge, prospective therapists' intrapersonality is the third area of competency required in the training of music therapy. Utilizing music is very personal act and unless the person has insight and maturity with his or her own issues, genuine relationship with music and client would be another challenge and overwhelming task.. In some universities, music therapy groups for the students or exploration workshops for the relationship between music and self are already established.

Subjects which enhance intrapersonality competency will promote self insight and understanding of relationship between oneself with music.

This kind of classes are requisite in the curriculum. Even if the therapists are equipped of sophisticated musical skills and wealth of theories and information, if they do not have genuine and therapeutic relationship with music themselves, it is not desirable. Being able to use music for themselves is one way to be genuine in presenting music for the others, which is an important aspect of competency for music therapists.

Reference

- American Music Therapy Association, (2007). What is Music Therapy. www.musictherapy.org
- Occupational Profile. (2007). www.prospects.ac.kr/links/occupations
- Bruscia, K(1989). Defining Music Therapy, PA: Spring House Books,
- Certification Board for Music Therapists, (2007). Maximizing the value of the MT-BC credential: Marketing, reimbursement, and regulation. www.cbmt.org
- Chong, H (2006) Need of an Elective Class on "Therapeutic Use of Music" at the Undergraduate Level. *Voices: A World Forum for Music Therapy*. *Voices: A World Forum for Music Therapy*
- Chong, H (2007). Music Therapist's Therapeutic Relationship with Music. *Voices: A World Forum for Music Therapy*. *Voices: A World Forum for Music Therapy*.
- Forinash, M. (2007). What "Makes" a Music Therapist?. *Voices: A World Forum for Music Therapy*. *Voices: A World Forum for Music Therapy*
- Fowler, K. (2006). The relations between personality characteristics, work environment, and the professional well-being of music therapists. 43 ,3, 174-198.
- Langam, D., Athanasau, J. (2005). Testing a model of domain learning in music therapy. *Journal of Music Therapy*, 42.4 296-314.
- Register, D. Collaboration and consultation: A survey of board certified music therapists(2002). *Journal of Music Therapy*. 39,4, 305-321
- Oppenheim, L. (1987). Factors related to occupational stress or burnout among music therapists. *Journal of Music Therapy*, 24, 97-116