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FOREIGN EXPERIENCE OF IMPLEMENTING MUSIC THERAPY: TRAINING, EDUCATION AND PROFESSIONAL ASPECTS

Abstract. Answer the question "what is music therapy?" being concise and comprehensive can be difficult, especially for new students entering their studies. Most experienced practitioners can only provide a few short sentences and answers to summarize and describe their work. But when portraying their own experience and impressions of professional activity in music therapy, experienced practitioners face the problem that it is quite difficult to explain to others the relevance of the profession of music therapist. Reflecting this, many practitioners learn how to explain music therapy to others by describing their own experiences and individual cases in their own practice where the use of music has made a difference, and learn how to support and help the person. Music therapy is constantly growing in recognition internationally. Its evidence base is expanding and consolidating, so theoretical maturity is beginning to emerge. This is a good opportunity to learn and master the profession of music therapist. Choosing a career as a music therapist can be challenging and exciting. Working with music every day, facilitating positive change in people's lives and having regular opportunities to share and collaborate with other practitioners, through teamwork and participation in national and international conferences are some of the aspects that make music therapy a fantastic job.

The article discusses the definition of music therapy, as well as several components that define music therapy internationally: content and relationship to music therapy throughout the life span, models and approaches to music therapy, methods of music therapy, music therapy research, music education and professional issues.

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Introduction

The profession of music therapist is strengthening its role in education, society and health care at the international level. An analysis of music therapy literature and research brings together some of the core functions and methods of practice, research, and teaching for which the profession of music therapy is known worldwide. The Oxford Handbook of Music Therapy. Edit by Jane Edwards - Professor and Dean of the University of New England in Armidale, New South Wales (Australia) aims to provide twenty-first century students and practitioners of music therapy with a brief overview of methods and practices, highlight key developments in music therapy, which are used in this field in a number of countries of the English-speaking world and beyond. Important aspects of the formation and development of modern music therapy are highlighted in the scientific works of such European scientists as Jane Edwards, Alison Ledger, Kenny Carolyn, Joanne Loewy, John Clark and others. However, the implementation of the practice of music therapy, research and accumulation of European experience is an important aspect that is only being formed at the moment, so the issues of managing this process have not yet been systematized and not fully developed.

Music therapy is becoming an increasingly diverse community of practitioners working to improve models and approaches, developing their own techniques and methods. New methods appear in response to new problems and needs in society, new techniques and approaches appear as technology changes and develops. The way a person accesses music, listens to music and acquires his own experience of musical perception in his life depends on many factors, and this variety and dependence of factors affect the practice of music therapy.

Music therapy is a relational therapy that involves the use of music for therapeutic purposes and processes in working with individuals (patients) and groups, with a qualified practitioner who has undergone appropriate training and carries out ongoing professional development. It is a unique way of working in which the dynamic possibilities of music and musical perception are used to meet the needs of the individual, family or group of people seeking help. Many specialists have observed the response to music in people who, for example, have an altered state of consciousness, an illness, a developmental problem, or some other form of dementia.

These reactions to music can seem surprising and impressive, leading people to believe that they were witnessing the process and effects of music therapy, when instead they were observing their own reactions to the effects of the music. Almost every person was touched by the emotional power of music. Remembering a loved one's favorite song after their death can bring tears. Listening to music that reminds you of a romantic relationship and a loved one also makes you smile and feel tender. It is easy to relate these surprising effects of music and human everyday experience to the practice of music therapy, but explaining the differences between these observed effects of the highly reflective capacity of music and the practice of music therapy can be difficult.

Methodology

One of the reasons that music therapy is difficult to define and explain to others is that music therapy is highly dependent on the context of practice and the needs or

capabilities of the people attending the programs. Therefore, the problem arises: how to rationally understand - what it is and how it works?

For example, two children's hospitals may have completely different types of music therapy. In one case, music therapists developed their methods in response to the needs of hospitalized children who have psychological disorders related to illness, trauma, or other events in their lives. Therefore, the practice of music therapy provides individual and confidential sessions with children in a special music therapy room equipped with instruments. At another hospital, music therapy is offered to support the needs of children in pain or undergoing painful procedures. In this hospital, music therapy is practiced in medical offices or at the patient's bedside, without a dedicated space for music therapy sessions, and often in the presence of other professionals along with family members. These examples show that each type of music therapy is offered in a context in which the type of therapy meets the needs of the people who need it. As the number of examples in which music therapy is practiced increases, the definition of music therapy becomes clearer.

The approach to the modern understanding of music therapy is illustrated by the definitions provided by Kenneth E. Bruscia, Professor of Music Therapy at Temple University (Philadelphia, USA) for several decades, who discovered that the problem of defining music therapy is associated with many complexities. Including that the reconciliation of such concepts as "therapy" and "music" is problematic. He developed a definition that is often quoted as follows:

"Music therapy is a systematic process of intervention in which the therapist helps the client to improve health, using musical experience and the client's personal experience of communication with music, which develops and leads to dynamic psycho-emotional changes" (Bruscia, 2013).

This definition emphasizes that the music therapist works systematically, guided by basic principles, using methods that require professional training, ensuring the effectiveness of the application of these methods, working to develop a relational process between the group or client and the therapist. These relationships are built through musical interactions that build trust and confidence.

Results

Professional music therapy associations around the world have developed their own agreed definition, and these are regularly updated and refined. The World Music Federation of Music Therapy, which is an international association of these professional associations, defined the concept of music therapy as follows:

"Music therapy is the professional use of music and its elements as an intervention in the medical, educational and everyday environment with individuals, groups, families or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual health and well-being. Research, practice, education and clinical training in music therapy are based on professional standards according to the cultural, social and political context" (WFMT, 2015).

The definition of WFMT includes reference to the cultural and localized aspects of working in music therapy, as well as the need for the music therapist to be trained and sensitive when working with people whose social and cultural environment is different from his own. This definition also applies to professional standards, which include codes of

ethics, scope of practice guidelines and standards of practice or competence for work in the field.

Professional training is a form of training that combines theoretical training and practical application of music therapy methods and techniques. Becoming a practicing music therapist includes a learning process that requires an understanding of the functions of music and therapy processes along with the practical implementation of music therapy through experiential learning in educational institutions in Europe, where on-site observation and implementation of music therapy occurs with individuals and groups (Dileo, 2013).

Most important in the learning process is the rejection of ineffective ways of helping, such as giving good advice to patients or using music that is liked or easily learned by the student and is not appreciated by patients and their carers. Students often need to be patient when learning, as it takes time to learn the skills of active listening and empathy, and to develop an understanding of the dynamic processes that may occur between therapist and patient, family, or group. Creativity and flexibility are skills that are essential for music therapy. It is difficult to master them in a short period of study time, and therefore, in many courses, testing of these skills and not only, with the help of auditions and interviews, is part of the entrance requirements for starting studies.

Each country has different educational processes and qualification and/or accreditation requirements. Regions within countries may have different areas of study. In Europe, the educational process takes place at the postgraduate level, but in many other countries and regions there are undergraduate programs. The analysis of the literature does not allow us to assert whether the recognition of music therapy as a full-fledged profession is supported only by training at the postgraduate level (Register, 2013). But the UK is the first country in Europe to have music therapy nationally recognized and ever to offer music therapy training at postgraduate level.

The process of learning in graduate school is often different from the experience of undergraduate students. Students usually spend most of their time at university together because they plan to take the same classes. Forming groups of often 15 to 25 people, and sometimes even less, can create a sense of closeness and interdependence that is very different from larger groups in other undergraduate programs where students study different combinations of subjects. With more than twenty years of experience as a music therapy course director, Jane Edwards, professor and dean of the University of New England in Armidale (New South Wales, Australia) can attest that groups can feel a supportive closeness and usually continue to enjoy professional communication throughout his professional life. However, sometimes it is difficult for group members to be in a small group. This is especially difficult for some group members when one or more students are not making progress (Edwards, 2014). There are usually group support processes within the course when difficulties arise. One of them is an experimental group, the supporting process of which is interaction in a confidential space with a qualified teacher-mentor.

Experiential learning in music therapy can be offered in different ways in educational courses. A group experience that is designed for therapy can be facilitated by collaboration with a qualified professional outside the course. Individual psychotherapy or experiential group work is necessary so that students can develop an understanding of what occurs in individual and group therapy processes.

According to Jane Edwards, many programs use a combination of requirements in which the student emphasizes self-study; including regular individual psychotherapy with a specialist unrelated to the course program and/or experiential group work provided in a structured course schedule, ideally delivered by a specialist unrelated to the student's assessment (Edwards, 2013).

Students use this experience to learn therapy processes such as conversation, focusing on learning topics, active listening, empathic responding, and supporting group work. Such experiences can give students the opportunity to better understand how a patient can be part of a group. It is important for students to have a positive impression of learning how these processes work and combine with each other. Personal development is not the main goal of teaching therapy. Through the inclusion of new learning topics and hands-on work, students have many opportunities to develop greater compassion for others. The development of communicative skills deepens theoretical knowledge, and additional musical skills necessary in the work of a music therapist are expanded thanks to regular practice (Wheeler, 2013). Courses requiring work on personal development through individual and group processes, such as compulsory individual psychotherapy and experiential group work, fulfill obligations to ensure that graduates have the best chance of being effective as well as coping with the stressors of future practice. By exploring their motivations for studying music therapy, students have the opportunity to better understand their expectations of therapeutic work, as well as their strengths and weaknesses. This process can sometimes evoke unwanted and yet necessary thoughts and memories that are important to consider and integrate in order to better understand the impact of the patient's experience on the therapist.

After graduation, music therapists can work with people throughout their lives and in a variety of settings. Many music therapists will be the first practitioners to fill and create new positions for therapists in organizations that need this type of work. From the experience of Jane Edwards, who has held many positions where she was the first music therapist, such as in a nursing home and a children's hospital (Edwards, 2005) and has been noted as a veteran of start-up work (Ledger, 2015), there is a unique aspect of music therapy that has received relatively limited attention in the music therapy literature. Working in a new position requires regular improvement and study of the latest experience necessary for the organization, as well as the formation and creation of conditions that allow the specialist to grow and be modern.

According to Alison Ledger, a professor at the Leeds Institute of Medical Education (University of Leeds, UK), when a music therapist comes to work in a medical or educational setting, he usually joins a team of established professionals. Often, the existing team members have worked together for a long time, have long established working methods and, moreover, have never worked with a music therapist before. Many music therapists have described the need to demonstrate the value of music therapy, educate others about the possibilities of music therapy, and determine how music therapy can best fit into teamwork (Ledger, 2015). Most music therapists working in healthcare or education will be part of a specific service team. In private practice, music therapists interact with workers from different fields, so the professionals have to deal with planning and reporting with the entire patient care team. Interprofessional cooperation between music therapists and other related medical professionals, including specialists in the field of speech and language

therapy, has been documented (Canga et al., 2012; Geist et al., 2008; Hamilton, Cross, and Kenelly, 2001; O'Kelly and Koffman, 2007).

Music therapists have devoted a great deal of time and effort to achieving professional recognition (Register, 2013; Waller and Guthrie, 2013) countries and regions have promoted the development and growth of the music therapy profession through legislative recognition. This recognition provides parity with other professional groups in health care and allows for the protection of the title of music therapist. Many countries and regions where this has not been achieved have succeeded in developing training courses, professional associations and regulatory procedures through which music therapists can be qualified professionals and work in education and health care (De Baker, 2014).

The analyzed pedagogical and medical literature also highlights the negative aspects of the music therapist's work. Terms such as burnout, compassion fatigue, posttraumatic stress disorder, and stress-compassion refer to problems in caring for others (Radey and Figley, 2007). Reports of music therapy also indicate the potential for occupational burnout (Fowler, 2006; Vega, 2010). Dealing with people who are stressed and upset can be exhausting work, especially in relational music therapy. Relational therapy (deviance therapy) requires the therapist to be emotionally present, empathize, and control their own thoughts while supporting the client (Tayber and Tayber, 2014). Stress can also occur even when interactions with patients are mutually valued. Management issues, organizational changes, team member interactions, and problems or changes in facilities such as procedure rooms or equipment availability can often be beyond the control of an individual employee. Such work stressors can distract from quality work with patients, be disruptive, and cause anxiety. Self-care should be a buffer for the stress and strain of a music therapist's working life. Integrate self-help strategies into the work week is important at all stages of daily work, not just when stress becomes overwhelming (Skovholt and Trotter-Mathison, 2014).

Conclusions

Music therapy is constantly evolving to take into account new trends in the development of theory and the field of practice. Music therapy is relevant for a person's life from birth to the last hours and last breath. Students who successfully complete their studies become practitioners committed to their profession and lifelong learning towards themselves, their clients and the practice as a whole. Many music therapists devote time and effort to serving in professional associations, committees, or leadership positions. The further development of music therapy and the introduction of modern methods into the educational process is a promising way of professional development for a student who has just received the qualification of a music therapist. Professional university careers await some of these graduates with further clinical leadership opportunities in a wide range of education and health services. It is the contribution of every music therapist around the world that builds and develops the profession to be strong and fruitful now and into the future.

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ЗАРУБІЖНИЙ ДОСВІД ВПРОВАДЖЕННЯ МУЗИЧНОЇ ТЕРАПІЇ: НАВЧАННЯ, ВИХОВАННЯ ТА ПРОФЕСІЙНІ АСПЕКТИ

Руфіна ДОБРОВОЛЬСЬКА, старший викладач, кафедра вокально-хорової підготовки, теорії та методики музичної освіти, Вінницький державний педагогічний університет імені Михайла Коцюбинського, Вінниця, Україна; rufina.dobrovolska@vspu.edu.ua

Анотація. Відповідати на питання "що таке музична терапія?" коротко та всебічно може бути складно, особливо для нових студентів, які вступають на навчання. Більшість досвідчених практиків можуть представити лише кілька коротких речень та відповідей, щоб підсумувати та описати свою роботу. Але зображуючи власний досвід та враження від професійної діяльності у музичній терапії – досвідчені практики зіштовхуються з проблемою, що пояснити іншим актуальність професії музичного терапевта є досить складно. Відображаючи це, багато практиків навчаються як пояснювати музичну терапію іншим, описуючи власний досвід та окремі випадки із власної практики, в якій використання музики змінило ситуацію, а також навчаються як підтримувати та допомагати людині. Музична терапія постійно зростає у визнанні на міжнародному рівні. Її доказова база розширюється та консолідується, тому починає з'являтися теоретична зрілість. Це гарна можливість для навчання та опанування професії музичного терапевта. Вибір кар'єри музичного терапевта може бути складним та захоплюючим. Робота з музикою щодня, сприяння позитивним змінам у житті людей та наявність регулярних можливостей ділитися та співпрацювати з іншими практиками, за допомогою командної роботи та участі в національних та міжнародних конференціях – ось деякі з аспектів, які роблять музичну терапію фантастичною роботою.

У статті обговорюються визначення музичної терапії, а також декілька складових, що визначають музичну терапію на міжнародному рівні: зміст та зв'язок з музичною терапією протягом усього життя, моделі та підходи до музичної терапії, методи музичної терапії, дослідження з музичної терапії, навчання музиці та професійні питання.

Ключові слова: музична терапія; музичне виховання; пацієнт; навчання музикотерапії; реляційна терапія.

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