**AMTA Conference 2012 Sunday Sept 16**

**Reweaving inner and outer connections:**

**Building resilience through deeper self-knowing**

**and peer supervision groups**

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*As Music Therapists, is our first and lifelong client our self? Self-awareness may reduce countertransference and foster empathic connections. Self-care resources enable more sustainable practice. Autobiographical / self-care work and peer supervision groups will be described, which can be commenced / revisited at any stage of one’s Music Therapy journey.*

**Models of training in a discipline**

*Regurgitator model*

*Process model*

**Why self-work?**

*Self-awareness may reduce countertransference and foster empathic connections* (Bruscia, 1998).If our development into fully fledged Music Therapists necessitates a “willingness to self examine and modify how we relate in the world” (Forinash, 2007), then that process is best begun in a supportive training environment; and it is never over.

*Self-care resources enable more sustainable practice.*

Our sensitivity, a valuable quality as Music Therapists, also predisposes us to burnout (Vega, 2010). Although students may enter courses with their own favourite self-care resources, time spent (during and after training) on exploring new forms of self care is well spent.

**A Continuum of Self-work concepts in MT training**

The mandatory requirement for personal therapy as part of Music Therapy training (and also psychotherapy training) is controversial for many reasons (Murphy & Wheeler, 2005; Gardstrom, 2011). However, a growing number of Music Therapy courses are incorporating learning experiences on the “self-work continuum”, including individual or group “Intertherapy” (Pedersen, 2002), group Music Therapy (Stephens, 2001), various forms of “experiential learning” (Tims, 1989; Prefontaine, 2006), and self-care through music (Chong, 2007).

**Self-care and self-work streams of the UTS Music Therapy course**

By **self-care** I mean being able to draw upon both our human support systems, such as family, friends, supervisors, therapists, as well as practices that replenish us; it also entails checking-in with our feelings, our limits and boundaries, so that we have the option to “pass” or say no. Self-care enables more resilient and sustainable Music Therapy practice, and thus helps to avoid burnout. Although students may enter courses with their own favourite self-care resources, time spent (during and after training) on exploring new forms of self care is well spent.

**Self-work:** consciouslycultivates life skills such as self-monitoring, and self-reflection, with the aim of having more choice at critical moments (self-regulation). This process can be confronting and therefore requires self-care.

Motivated by my belief in the importance of self-development in our ongoing growth as therapists, I designed trans-subject streams in self-care and self-work that utilize somatic, musical and intermodal arts processes, both individual and group. Students engage in self-care, autobiographical self-reflection, experiential personal development and peer supervision.

I have used a **learning**, rather than psychotherapeutic, framework since I don’t believe the university setting as it stands is suitable for mandatory psychotherapy. With a strong emphasis on self-care, and empowering students to set their own limits, this approach potentially offers a “**middle-way**” path between compulsory depth music psychotherapy and didactic-centred teaching. It allows students to find their own currently preferred ways of engaging in self-exploration.

The qualities which are developed by self-care and self-work could be summed up as: the ability to be fully and authentically **present** - being centred in the moment, present to oneself and in empathetic relationship; **resilience** - being flexible, balanced and grounded; and **connectedness** - engaged, taking in and giving support.

**Examples**

(Please feel free to contact me roseyfaire@ozemail.com.au for more detailed descriptions of these forms of self-work if you wish to experiment with them.)

Experientially-based individual self-work:

**\*Self-care assignment** based on stages of the **Cycle of Body-mind Processes;**

**\*Self-care project** to research and try a **new resource**;

\*Creating **autobiographical art works on personal themes**: *“My resources / life journey / roots / wounds / resilience / What I care about”(Faire, 2005a);*

\*Autobiographical **songs-of-personal-significance** timeline with song lyric analysis(Faire, 2005b);

**\*Somatic autobiographical assignment:**

(i) drawing a “**somagram**” (Keleman, 1987) of body sensations;

(ii) mapping one’s own **emotional intelligence** using questions in Grille (2005);

(iii) reflection on one’s own **emotional development** based on Grille’s (2005) five stages of early childhood emotional development;

 (iv) examining one’s **habitual coping strategies** with reference to Kepner’s (1997) Gestalt Cycle of Body Processes.

Group Work:

**\*The Presentation** arts-exchanging rite of passage (Faire, 2012);

\*A final semester **arts-based graduation circle ritual** sharing of concerns and dreams for the future.

**\*Peer supervision group** using arts-based methods. I’d like to encourage the formation of more such peer supervision networks among Music Therapy students and practicing Music Therapists. I’m happy to offer guidance to any peer supervision groups that would like to use Expressive Arts Therapy or Somatic methods.

**Relevant Reading**

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Murphy, K.M. & Wheeler, B.L. (2005). Symposium on Experiential Learning in Music Therapy Report of the Symposium, *Music Therapy Perspectives, 23(2)*.

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