

Supervision of a Music Therapy Team in Medicine

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Abstract

This paper discloses how supervision is conducted with a Music Therapy team, specialized in Music Therapy in Medicine. The team works at Rivadavia Hospital, a general acute care hospital, which is part of the public hospital network of the city of Buenos Aires (Argentina). It shows the different levels of supervision performed, and is illustrated with an example of how music therapists can elaborate the feelings caused by the daily work with pain and death.

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Introduction

This is the presentation of the modality of supervision of a Music Therapy team, which works at Rivadavia Hospital, in the city of Buenos Aires. Buenos Aires is the capital of Argentina, in South America. It has a population of fourteen million people.

Rivadavia Hospital is a Maternity and Acute Care Hospital, an old hospital founded in 1887 which offers free charge attention. The hospital population is mostly of low or middle class, living in the city and its periphery, and immigrants from neighboring countries (especially from Bolivia, Paraguay and Peru) who have been unable to regularize their residence.

This is an important data, since the music therapists need to go deeper within a multicultural musicality.

An excellent system of hospital residences and internships goes on within public health. Residences are a rented system of formation and postgraduate specialization for medical doctors and other health professionals including music therapists, which depend on the government of the city. Internships are a system of postgraduate training pro bono, with a workload of sixteen hours per week for four years, for various health professions including Music Therapy.

During these four years, music therapists have rotations in internal medicine both in men and women services, rheumatology, pediatrics, obstetrics, and neurosurgery, and they attend consultations on demand in the intensive care unit. They also receive lectures, and must make a research each year, for approval by the Department of Teaching and Research, which enables them to pass to the following year.



Figure 1. Rotations during Music Therapy Internship.

Newly-graduated music therapists have to work daily with situations of pain, suffering, fear, anxiety and death, to which additional aspects are added, such as difficult family situations -usually dysfunctional families- and hard social conditions. Also, when dealing with patients coming from other provinces or other countries, music therapists often have to help them overcome the isolation

and disconnection from their environment. On the other hand, considering the positive aspects of their work, this contributes to the improvement and accompaniment of the patients' processes during hospitalization, and their key role of support to help them return to life outside the hospital. All this impacts on the music therapist, and keeps on generating effects in him/her that are often noticed only by accumulation.

About Supervision

The supervision space is essential. It is necessary to prevent burnout. Music therapists in the hospital settings are permanently exposed to difficult issues and extreme situations which inevitably cause some effect on them.

Supervision can be considered as a space in which those supervised may develop their full potential, choosing their own path as therapists, by checking with another professional all aspects associated with their practice.

This is the reason, among others, for which it is essential that music therapists do not consider supervision as optional, or as something that is only necessary at the beginning of their practice, and that they can do without as their professional experience increases. It is part of the work, and as such it should be considered to fall within the contracted working hours, as part of the investment required for any music therapist for a good professional performance.

Supervision is part of professional ethics, and it implies the acknowledgement of the huge responsibility of our task for us, for our patients, for the hospital, for the professional community and for society.



Figure 2. Ethical responsibility.

What is Supervised?

Considering that in music therapy processes there is dynamic overlapping, that require the help of another professional, supervision in hospital comprises three levels. The first one regards the way in which techniques and procedures are implemented. This is the most superficial level of supervision.

The intermediate level involves reviewing two aspects. The first one is the appropriateness of the techniques and procedures used, depending on the analysis of the patients' therapeutic processes. The second one refers to establishing the therapeutic objectives and strategies, for each patient. This is extremely important, since we conceive a Music Therapy focused on the uniqueness of each patient, as a bio-psycho-socio-spiritual unit, with its history, its suffering, its specific social environment, and its own expressive-receptive modes.

The third level is the deepest, and involves reviewing both the transference aspects of the patient and the countertransference aspects of music therapists.

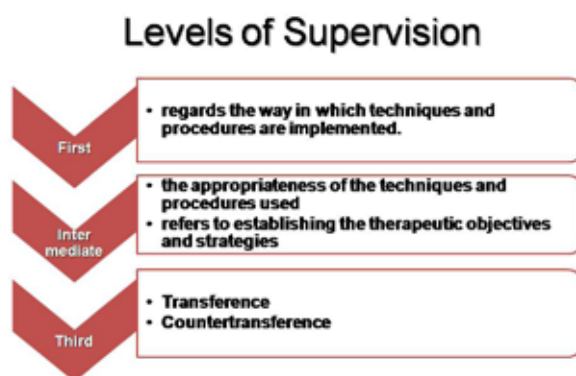


Figure 3. Levels of supervision.

From the Plurimodal Approach we consider the transference and its dynamics, and the way of working to depend on the type of treatment (focal or in process). For this reason, we consider the levels of work with transference described by K. Bruscia.

Some of the phrases cyclically mentioned in this type of supervision:

- “The only thing that has no solution is death”
- “It makes me think about my own death or my parents’ death”
- “Pregnancy is not contagious”
- “Disease or death keeps on turning around my head”
- “I am afraid to go, to attend, and being unable to do anything”
- “Once again, I have the feeling that there are unfair deaths”

How do we Supervise?

This team is supervised in group, on Wednesdays, along two hours. Each week we work on the things that happened in one or two services, and, if necessary, we focus on a specific situation that occurred at some other service, which could not be postponed until the following week. The group dynamic enhances the effect of supervision, since the colleagues notice that there are common issues. Everyone's participation allows sharing and relieving the weight of the task to be reviewed.

At the beginning of the activity, people who are going to be supervised read a report about the activities performed in their service, and comment on their feelings and ideas about what has occurred. Then, we move on to a brief group discussion, and from this point we work with the Plurimodal Approach techniques. We consider that one of the most effective ways of having insight on the things that happen to us at work is using our own tools with ourselves. That is why we use musical improvisations, different techniques with songs, edited music, and several receptive techniques.

A Little Example

In order to illustrate this dynamic of supervision, let's share one example: During a supervision of music therapists who are working in the male area of the internal medicine unit, they say they are very sad because one of their patients hospitalized for ten days died. At the same time, the music therapist working in the neurosurgery service tells that she was frightened and did not know how to act when the patient she was about to start working with, began having seizures. She only managed to call the nurses, and recounts having felt paralyzed.

The proposal was to develop some of their own ideas and feelings about death, creating a song focused on it. The rationale behind this proposal was not only processing and clarifying these ideas and feelings, but to connect them with the possibility of creating, of giving "life" to something, of putting into practice an activity that connected them to its most vital aspects.

They chose to recreate a verse of the song "The show must go on" by Queen, which, as many of you know, is the song that the band created as a farewell to its singer, Freddie Mercury, while he was still alive.

They took the first part of the song, and recreated it, in Spanish. The lyrics of Queen's song in English are:

*"Empty spaces - what are we waiting for
Abandoned places - I guess we know the score
On and on
Does anybody know what we are looking for*

*Another hero another mindless crime
Behind the curtain in the pantomime
Hold the line
Does anybody want to take it anymore*

*The show must go on
The show must go on
Inside my heart is breaking
My make-up may be flaking
But my smile still stays on"*

The English version of Music Therapists recreation is:

*Empty spaces - why are we here?
Abandoned places – and what do I do?
On and on, - Does anybody know what we are looking for?
Another day, another session
Another day, someone dies today
Such a pain, - Does anybody want to take over?*

*No more pain!
No more pain!
I want everybody to live
I know I can help
But today I am sad
No more pain!
No more pain!
I know how to help them
And even if I am sad today
I know I know how*

Conclusion

As a conclusion, we can point out that supervision:

- Provides the opportunity of suitable practice
- Allows reviewing diagnosis
- Allows reviewing and formulating hypotheses and therapeutic strategies
- Enables the exploration of implemented resources
- Generates the possibility of analyzing music therapy transference
- Enables the analysis of the kind of music therapy countertransference the supervising professional has registered
- Enables to develop therapeutic strategies
- Facilitates interdisciplinary work
- Enables the possibility of confronting key issues in hospital work, such as limits on assistance, positioning facing pain, physical deterioration and death
- Allows reviewing the ways of being in the hospital aiming to prevent burn-out

References

- Bruscia, K. E. "Chapter 2: The Many Dimensions of Transference, and Chapter 3: The Dynamics of Transference." In *The Dynamics of Music Psychotherapy*, edited by K. E. Bruscia, Guilsum: Barcelona Publishers, 1998. 17-50.
- Schapira, D. "Chapter 4: Supervisión en Musicoterapia (The supervision in Music Therapy)." *Musicoterapia: Facetas de lo Inefable*. Rio de Janeiro: Enelivros, 2002. 67-81.
- Schapira, D., K. Ferrari, V. Sánchez, and M. Hugo. "Chapter 1: EL Abordaje Plurimodal en Musicoterapia: Fundamentos Teóricos (The Plurimodal Approach in Music Therapy: Theoretical Findings)" *Musicoterapia: Abordaje Plurimodal*. Buenos Aires: Ediciones ADIM, 2007. 25-62.
- Schapira, D. "Music Therapy Experience in a Public Hospital." *Voices: A World Forum for Music Therapy*. 2010. <http://testvoices.uib.no/?q=fortnightly-columns/2010-music-therapy-experience-publichospital> (accessed December 17, 2012).