

Integral Thinking in Music Therapy

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The number of theoretical orientations and approaches in music therapy has risen sharply. This development of new theories may contribute to the advancement of specific therapeutic techniques; however, it can also lead to increased confusion for consumers and professionals for clinical and practical reasons. Due to these concerns, therapists often debate questions such as the following: what is the most effective therapeutic approach, what is the most ethical and professional course of action when clients do not appear to benefit from therapy, and is it possible to integrate ideas and techniques from multiple frameworks and theories in order to better serve the client? This paper describes a new way of thinking for music therapists called Integral Thinking in Music Therapy (ITMT), proposed by Kenneth Bruscia as a comprehensive approach to addressing the clinical needs of the client. ITMT is a way of thinking that embraces existing models and theories, suggests when a particular approach is indicated with its own value, and helps us to move away from one-way thinking to a more comprehensive approach in order to better serve our clients. This article illustrates the basic premise and clinical application as well as a hypothetical application of ITMT based on an actual case study.

Keywords : music therapy, integral thinking, integrative approach, eclectic model

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음악치료에서의 통합적 사고

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심리학계와 비슷하게 음악치료 분야 내의 세부적 치료이론 및 접근법들의 수는 날이 갈수록 빠르게 증가하고 있다. 이와 같은 다양한 접근법들의 개발은 특정 치료기법의 발전과 같은 긍정적 영향을 미치기도 하는 반면 지나친 세분화로 인해 임상적 또는 실용적인 측면에서 혼란을 야기시킬 수도 있다. 이와 같은 우려 하에 치료사들은 내담자를 위한 가장 효과적인 임상접근법은 무엇일지, 치료효과가 기대에 미치지 못할 때 전문성과 윤리성을 고려한 대처 방법은 어떻게 되는지, 보다 적합한 치료적 접근을 위해 다양한 치료이론과 접근법들을 융합 또는 통합 한 치료가 가능한지 등의 임상적 딜레마를 경험하기도 한다. 저자는 케네스 브루샤가 제안하는 “음악치료에서의 통합적 사고”(Integral Thinking in Music Therapy: ITMT)의 소개를 통해 위와 같은 임상적 딜레마들에 대한 하나의 방안을 제시하고자 한다. ITMT는 치료사들에게 내담자의 필요를 파악하고 접근함에 있어 다른 관점의 사고를 제안한다. ITMT는 다양한 치료 모델과 이론들을 수용하는 치료사의 사고 방법으로 각 모델들이 제 각기 다른 이유로 가치가 있음을 부각 시키며 어느 때에 어떠한 접근이 보다 적절한지 제시함으로써 내담자를 위한 최선의 선택을 위해 하나의 고정된 사고방식에서 벗어나 통합적인 사고를 하도록 유도한다. 이를 위해 본 논문은 ITMT의 기본 전제와 임상적 적용 및 실제 사례연구를 기반으로 ITMT의 적용 예시를 제시한다.

핵심어 : 음악치료, 통합적 사고, 통합적 접근, 절충적 모델

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I. Introduction

The Merriam-Webster's dictionary defines 'integral' as "essential to completeness," and "formed as a unit with another part" (Merriam-Webster's, n.d.). Integral Life, an organization founded by Ken Wilber and Paul Smith, added "balanced, whole and lacking nothing essential" to the definition above (Rentschler, 2013). The basis of integral thinking is to draw a whole picture that is inclusive and mutually enriching for all (Wilber, 2000).

Kenneth Bruscia implemented this word 'integral' to music therapy, and first presented this idea as a keynote speech at the 2011 American Music Therapy Association Conference in Atlanta, GA. According to Bruscia, Integral Thinking in Music Therapy (ITMT) is not a method, approach, framework, or theory. It simply is a 'way of thinking' (personal communication, April, 21, 2013).

ITMT is a way of thinking which embraces the existing models and theories; explains how valuable each way of thinking is in its own way; suggests when a particular approach is indicated; and helps us to move away from one way thinking to a more comprehensive way of thinking for the betterment of our clients. ITMT is a way of presenting all possible benefits of music therapy to our clients according to their needs, in a way not limited by our philosophy of health, music, and therapy.

Prior to his keynote speech (Bruscia, 2011) and the formal introduction of the term 'integral thinking in music therapy' in his latest book (Bruscia, 2014), Bruscia had put out a few written work that reveal his trail of footsteps in developing this idea. These were the chapter 'Dynamic Forces' in his book, *Defining Music Therapy* (Bruscia, 1998a); the chapter 'Modes of Consciousness in Guided Imagery and Music' in the book, *Dynamics of Music Psychotherapy* (Bruscia, 1998b); and his dialogue with Brynjulf Stige on the topic of 'The Nature of Meaning in Music Therapy' (Bruscia, 2000).

The purpose of this paper is to introduce ITMT as proposed by Bruscia (2011, 2014). Because ITMT is in the early stages of its development, the author attempted to illustrate the need for integral thinking and explain the concept in further detail based on his clinical experiences as a therapist who has been interested in eclectic practice for many years without altering Bruscia's propositions.

II. Salient Features and Discussion on Theoretical Orientation

1. The Need for Integral Thinking

1) Individual differences

Clients or their caretakers seek music therapy for a myriad of reasons and various physical, emotional, psychological, social or spiritual issues. The challenges are often complex and multifaceted with varying degrees of severity and symptoms. Therefore, each individual suffers from a unique set of difficulties and symptoms because even the well-known symptoms often manifest differently. Each client copes with these challenges differently, and one's coping mechanism also changes and evolves over time. Moreover, all health issues are closely interrelated and intertwined (e.g., the relationship between mind and body, and psychosomatic issues) further complicating the process of understanding each client fully and devising the most suitable therapeutic approach.

Due to these individual differences, no assumptions or generalizations should be made based on what we know about each client, because our observations capture only a fraction of who each client is and what he or she is capable of. Consequently, we cannot expect to know our clients thoroughly using just one way of thinking about their health and therapeutic options.

2) Respecting many dimensions of health

The idea of health is defined by one's own values, and the society, and culture in which one lives (Aldridge, 1996; Bruscia, 1998a). The variations in understanding health are vast. Sometimes, health simply means physical well-being, functioning at the optimum level, other times it reflects reaching a point of balance (Bruscia, 1998a). Health can be interpreted as a fixed trait which is achieved by doing, yet it can also be a state that changes constantly and is attained by being more flexible and accepting. Conversely, health may be achieved by knowing and being in touch with oneself, on the other end it can be achieved by admitting and embracing those around. Bruscia further postulates that health is sometimes considered an individual value whereas it can be also viewed as a shared value with family, friends, community and society. Health

may be about finding meaning in life, in other situations it is about transcending and being in touch with the spiritual self.

Renowned authors in music therapy have also discussed their diverse interpretation of health. Hesser (1995) claimed that health represents harmony and balance in the intra- and interpersonal domain, and asserted that music brings out the positive and already healthy-self. Aldridge (1996) stressed the malleable nature of health by stating that “health and disease are not fixed entities but concepts used to characterize a process of adaptation to meet the changing demands of life” (p. 26). Due to the continuously changing aspects of health, he compared health to “a creative process” (p. 20). Aigen (1998) emphasized that the ability to engage in a meaningful process is essential for maintaining health. In the same way, he suggested creative music making such as improvisation as the most fulfilling way of generating meaning in life.

Bonny, on the other hand, highlighted the connection between mind, body and spirit, by stating that “the body cannot become radiantly healthy without the experience of beauty found in the fullest use of the senses” (2002, p. 287). Rolvsjord (2004) accentuated the importance of empowerment. She elaborated that true empowerment happens when the client is taking an active role promoting his or her own health, thus promoted “development towards greater mutuality and empathic possibilities” (p. 105). Ruud (1998) also emphasized the importance of the client’s active role in empowerment, but pointed out the importance of addressing contextual elements that affect the client as well. On a more similar note, Stige (2002) stressed the concept that individual health fosters development of healthier community and vice versa. In other words, the development of the self enables a person to acquire the skills to develop relationships at an individual level, but also at a larger scale in the society (Hesser, 1995).

The above summary does not come near to a comprehensive survey of all ideas, as there are many more major views of health. The purpose of this overview is to acknowledge the fact that there are many different views of health, and that each provides valid and persuasive arguments. However, there are limitations to each approach as one way does not apply to everyone in all age groups in all possible situations. Bruscia (2011) pointed out that this is why each theory was created in the first place, because one way cannot answer all aspects of life. He further noted that

limiting oneself to one way of thinking means throwing away perfectly fine tools, which then leads us back to searching for other approaches.

3) Reflection on current clinical practice

One of the edited books on the topic of medical music therapy presented chapters written by 23 clinicians (Dileo, 1999). To illuminate the diversity of theoretical orientations employed by these therapists, the editor identified each of their theoretical frameworks and presented them, which revealed that there were a total of 16 different theoretical orientations with many of the authors subscribing to two or more approaches. A table generated based on Dileo's data revealed that 17 of the 23 authors (73.9%) have utilized 2 or more, and 6 writers applied 3 or more different approaches.

In a survey of 272 board certified music therapists on the subject of participants' theoretical framework, it was reported that regardless of their theoretical orientations, the participants rated 4 on average ($SD=0.99$) which meant 'Agree' to the question "I would like to expand my work further to employ other theoretical approaches" (Choi, 2008, p. 107). He further reported that the major factors which influenced their choice of theoretical framework were school, work setting, age group and type of degree. Overall, it can be inferred from this report that therapists do not find one way of approaching clients effective or satisfactory, and that their orientation is influenced by their choice of school, type of work environment or the contemporary movements in their culture.

In another survey, clinicians who work with adolescents indicated that about 38% of them utilize more than one theoretical approach from among behavioral, humanistic, psychodynamic, and others, meaning that they find eclectic practice more helpful when addressing the various needs of adolescents (McFerran, 2010). A meta-analysis of quantitative studies conducted with adolescent psychiatric populations found that eclectic approaches yielded the largest effect size ($d=.89$) while a behavioral approach showed the smallest effect ($d=.38$) (Gold, Voracek, & Wigram, 2004). These surveys and clinical studies suggest that a number of therapists are utilizing an eclectic approach in their clinical work quite effectively.

Although therapists are indicating that they are practicing in an eclectic way, it is not clear what they mean by that, because there are currently no widely accepted guidelines

or models for eclectic practice. Some clinicians appear to take music therapy methods or treatment techniques from other models and call it eclectic, while others indicate that they switch between the major theories. Further confusion arises as everyone seems to develop their own way of eclectic practice, which leads to questions regarding boundaries, efficiency, feasibility, and ethics. Whichever stance utilized, clinicians are expressing the need to broaden their approach to meet the various needs of the clients.

4) Therapeutic framework: Whose choice is it?

Every therapist seems to value the need to acknowledge individual differences and the importance of flexibility in clinical work. However, many are bound by the theoretical and clinical frameworks that were imposed through education and training, and offer limited choices, not necessarily considering what is best for each client.

To explain the role of theoretical models, Wilber compared them to maps (2000). Maps are developed for travelers, to position themselves in relation to their destinations. Each map serves its own distinct purpose with emphasis on different details at various levels of resolution. A map is definitely helpful in one's navigation towards his or her destination, but solely focusing on a map during a trip takes away the rich experience of actual travel. Thus, a map is to be used only when it is necessary for a smooth and safe journey. Also, depending on each traveler and the purpose of trip, there are different kinds of maps that will be most useful. For example, if the purpose of traveling is sightseeing, a map of scenic routes and landmarks will be helpful. On the other hand, if it is for business, the quickest and most efficient map with enhanced views of the business district will be more suitable. That is why we cannot insist on using only one type of map for everyone.

The irony of the models we have is that the models guide the therapists not the clients. The models tell therapists how to understand clients and how to operate in the therapeutic process from the therapist's point of view. For example, therapists with behavioral maps actively find ways to help clients take one more step, while therapists with psychodynamic maps facilitate ways for the client to understand where they are, and what this trip means to the client. Therapists practicing within biomedical models work to improve client's physical strength, while those with humanistic maps focus on

discovering inner strength and creativity. In this sense, no one approach is better than the other as each one is doing different things (Bruscia, 2011). We don't know which is best because each circumstance is different and each client is different. The only way to find out is by being attentive to each client's individual needs and strengths.

5) Music itself is integral

A number of music therapy researchers and scholars (Aigen, 2005; Aldridge, 1996; Hesser, 1995; Kenny, 2006; Marshman, 2003; Priestley, 1994; Rolvsjord, 2004; Standley, Johnson, Robb, Brownell, & Kim, 2008; & Stige, 2002) have delved into the microscopic level of music to explain its therapeutic effect on human beings from numerous perspectives. Music has been presented as an access to the unconscious materials (Priestley, 1994); a mirror of healthy self (Hesser, 1995); a way of bringing order and balance (Aldridge, 1996); an innate nonverbal communication of human beings (Stige, 2002); a representation of the collective unconscious (Marshman, 2003); an active path to self-empowerment (Rolvsjord, 2004); an agent to nourish the innate creative healthy self (Aigen, 2005), an avenue to understanding the myth, metaphors and symbols in human life (Kenny, 2006); and a contingent reinforcement (Standley et al., 2008).

Looking at all the models of practice and theories as a whole, one can see how versatile music is. Music has been interpreted in many different ways, but it still has the depth to produce a wealth of knowledge and theories. Regardless of one's abilities, disabilities, purpose in life, interpretation of health, or theoretical orientation, the most compliant and malleable element of our practice has always been music. Consequently, it seems logical to infer that music can promote and address various facets of health and the individual needs of the client. Moreover, it can be proposed that music itself is integral, and "music is a multidimensional, biopsychosocial phenomenon" (Dileo, 1997, p. 131). Because we know that music integrates the right and left brain, science and art, and the mind and soul, perhaps music is the reason why we need to think integrally.

6) Other integrative approaches

Schapira is a clinician and an educator in Argentina, who developed the plurimodal method (2003), which was renamed later as plurimodal approach (Schapira & Hugo,

2005). It is an approach rooted in the psychodynamic framework incorporating concepts from humanistic and existential models and their therapeutic techniques. Initially it was developed by Schapira in the mid 1990s through his clinical work with adult psychiatric patients. However, over several years, the approach has expanded to populations of all ages in various settings, from children with developmental disabilities to older adults with neurological disorders (2005). The therapeutic process is extemporaneous as it is designed to address the needs of the client in the moment, but music therapy techniques are carefully defined to describe the specific purposes each serves. Although it is integrative in nature, emphasis is given to the unconscious, defense mechanisms, transference, and countertransference issues (2003, 2005). On the other hand, the authors emphasize that no one technique or theory dominates their therapeutic process.

The major difference between the plurimodal approach and ITMT is that the plurimodal approach is a methodologically defined method that emphasizes the therapist's role as an expert. Schapira stated that it is called 'plurimodal' because it deliberately and freely uses all or part of existing methods: improvisation, song techniques, and imagery & music according to clients' needs and abilities (2003, 2005). The techniques in this model rely on therapists' clinical intuition and decision making process based on their observation and understanding of the client. Thus, the idea of client-centeredness here is quite different from integral thinking as plurimodal therapists tailor their approach to each client but without giving them much control or choices over the process.

Following is a summary of McFerran's book, chapters 1 and 2 (2010). Katrina McFerran is well known for her work with adolescents. Instead of presenting a previously developed theory of eclectic practice, she presented a model developed and conceptualized based on her survey of music therapists and her own extensive clinical work. Because she found current music therapy practice with adolescents to be "blended orientations, multiple methods" (2010, p. 45), she proposed a developmentally informed eclectic approach based on commonly identified therapeutic goals with this population. She stressed that if therapists are authentic, transparent, flexible and creative, they can develop a clear therapeutic intent for each client, which in turn guides the therapist in determining what to do and how to intervene therapeutically.

The synthesis of all major therapeutic goals from her survey and practice boils down to the following goals: to build resilience, to encourage identity formation, and to increase competence. Based on her research and experience, she connected these clinical needs to major psychological paradigms: psychodynamic for building resilience; humanistic for identity formation; and behavioral for competence building. Individual assessment is essential as it leads to the identification of a goal area, which reveals the framework to use, which then guides the therapeutic process to appropriate musical experiences.

Her emphasis on ecological considerations is similar to ITMT, but it is different in that her model is limited to the three major theories, the approach requires therapists to maintain the expert role, it is limited to the three major goal areas, and the therapist's competency in each major paradigm influences the effectiveness of the work.

2. Important Ideas and Principles of ITMT

1) Basic premise: Modes of thinking

Integral thinking is not a method or approach; it stands as 'a way of thinking' (Bruscia, personal communication, March 9, 2014) because it advocates looking at what we already know and do from more inclusive and flexible points of view. Whatever our orientation is, many of us already think about these different ways of thinking, just with different emphases. Because we all want to help our clients in the best way we can, we consistently think about and reevaluate what we offer them. Integral thinking stems from the same disposition. It presents a way of integrating how we have practiced and evolved over the years for the sole purpose of enriching our practice.

Integral thinking urges us to use the same treatment process and tools that we already have, but to approach clients without preconceived notions of health, goals or treatment. That's why Bruscia claimed 'fluidity of awareness' as the main competency required for ITMT, because therapists' persistent efforts to expand their awareness will present them with more options when working with various clients (2011).

Integral thinking is not a multimodal or eclectic practice, because it is not about switching between existing therapeutic modalities or existing paradigms. (Bruscia,

personal communication, March 9, 2014) Once we become entrenched in one way of thinking or working, it makes it hard for us to return to integral thinking or maintain fluidity. Integral thinking challenges us to step back from becoming locked into one position. Instead, Bruscia presents existing music therapy theories in a way that makes it easier for therapists to shift their orientation and move between different 'modes of thinking.' The three overarching ways of thinking are 'outcome oriented,' 'experience oriented,' and 'context oriented thinking' (Bruscia, 2011). This way, we can look at an issue that needs to be addressed, and quickly make one of the following decisions: 1. The client needs to act on the issue right away to address the presenting problem; 2. The client needs to take time to experience and process the issue to explore other possibilities; or 3. The client and therapist need to do something about the social or environmental context in order to address the issue. In doing so, we are given the option of using the tools and approaches available within existing approaches.

2) Identifying priority needs or prerequisites to primary change

Bruscia described the continued reciprocal interaction between the client, therapist and music with the term 'dynamic.' This term refers to the active encounters or interactions clients are engaged in during therapy (Bruscia, 1998). Also it is related to the moment to moment improvisational and evolving nature of the therapeutic process.

The term dynamic is even more important in integral thinking, because during this dynamic process, all potential directions and means to achieving them are continuously explored. How do we know from moment to moment what the client's needs are, and how do we know which would be the best ways to address those needs?

During each session, clients provide a wealth of information that is highly relevant and urgent to them, through verbal, nonverbal and musical expressions. Thus, most music therapists are already accustomed to assessing clients throughout every session to tailor their approach to the individual client's mood, preference, or responses. In the same way, if we continue to observe with the heightened sense of looking at the whole person, we can learn what the most important priority is in that specific moment for that particular client. With some clients, it may involve verbal dialogues before and during a session, with others it may be purely musical depending on what they choose

to do. Nevertheless, through their verbal, nonverbal and musical expressions, clients convey what their priority needs are at the moment. When it is considered as a priority, we see it either as an important change or growth that needs to take place first, or as a prerequisite to another priority need. Therefore, the first step is identifying whether it is a priority need or a prerequisite to other primary needs.

3) Direction of change

Sometimes, the priority is clear and obvious as behavioral goals, and other times it is unobservable and unpredictable as emotional goals. Sometimes, we need to use our expertise to intervene and facilitate that change, other times we need to provide a space and let the clients explore. Sometimes, the changes need to take place through an interpersonal process, other times it can be worked through either in an intrapersonal or interpersonal socio-cultural context. Therefore, there are many things to consider when deciding which direction to take at every turning point in a therapy session. If the therapist continues to assess and focus on the priority need that emerges at each turning point, again this points to the next direction of therapy.

When the primary change needed is obvious such as the ability to listen and repeat, we have a clear sense of what to do as therapists and what to expect from the client. So, we use outcome oriented thinking to actively assist the client in developing that specific necessary skill. When the identified need is a complex internal issue, such as finding a sense of identity, we use experience oriented thinking because it is not something we can make a client have. We may assist and suggest ways to explore their identity musically, but much control is given to the client with the therapist accompanying him or her during the process. At times, the identified need requires changes in both the client, his or her environment, or significant people. In this case, the music therapist explores ways to work with the client's environment, family members, teachers and peers at school, or even people in the neighborhood or community. Therefore, the identified priority needs help therapists and clients co-determine whether to take the outcome oriented, experience oriented, or context oriented approach during their therapeutic process. Generally, an outcome oriented approach will expect responses that are observable or quantifiable; an experience

oriented approach will anticipate changes that can only be detected in the verbal, non-verbal or musical responses through qualitative inquiry; and the context oriented approach may involve several types of evidence to accurately assess what is happening.

In the case where clients are not able to make decisions themselves, music therapists take charge of the process while discussing options with clients' care takers and other treatment team members. However, the inability to make this decision at one point does not mean clients will never be able to do so at a later time. Music therapy sessions consist of multiple decision making tasks for all levels of clients whether the therapist or music is directive or not. Simply deciding how or when to play and sing is also a decision, thus repeated music experiences will gradually and eventually lead them to making decisions for themselves. The following sections illustrate therapeutic strategies presented by Bruscia (2011), that can be employed in integral thinking.

4) Therapeutic strategies in outcome oriented thinking

As illustrated previously, outcome oriented thinking is indicated when the client's presenting needs are more external, predictable and specific in nature. These are the responses "operationally defined as therapeutic" (Bruscia, 2011). Bruscia has identified three main strategies to promote these goals. The first strategy is to elicit the target responses by using music, verbalization, and the client-therapist relationship as a stimulus or reinforcer in many different ways. Examples of such interventions include listening to sedative music to induce biological changes such as lowered heart rate or blood pressure; learning to play a simple instrument to elicit change of mood, engaging in rhythmic call and response to refocus clients from unpleasant sensations; playing large percussion instruments in varying dynamics to release stress; selecting patient preferred music to elicit reminiscence; and using a specific induction in GIM to evoke a certain image.

The second strategy is conducting a number of sessions in a row which will result in non-musical changes. Often times, it takes a long time and several sessions to be able to detect a noticeable change with certain goals. In such cases, we lengthen the period of therapy and increase the number of sessions per week before expecting changes to appear. Traditional clinical trials that measure depression scores, length of attention

span, physical strength, or social skills before and after several weeks or months of therapy are examples of such outcome oriented practice.

The third strategy in outcome oriented thinking is engaging clients in a musical task or activity which is therapeutic in nature. Thus, we can see the direct link between the target response and musical response. Comparing the first and third strategies in the following way may clear up any confusion. In the first strategy, musical experience 'A' leads to an outcome 'B', but in the third strategy, musical experience 'A' is almost identical to outcome 'A'. Examples of such interventions are playing in a tonechime choir to improve upper extremity gross motor function; playing a harmonica to regulate breath control; walking to a live marching song to support physical rehabilitation; and playing certain instruments based on aural cues to improve auditory discrimination skills.

When using outcome oriented thinking, it is important to consider the cause and effect relationship between music and outcome, so that we can provide a specific and effective intervention in the most effective and efficient way. This can be assisted by referring to empirical evidence and theory, and employing clear assessment tools. The outcome oriented approach can refer to theories and evidence from the following orientations: medical, behavioral, educational and cognitive/behavioral paradigms. In addition, therapeutic approaches can be borrowed from models such as behavioral music therapy, neurologic music therapy, vibroacoustic therapy, music medicine, and medical music therapy. Due to the emphasis on external observable changes in this approach, Bruscia called this 'Music Therapy as Science' (Bruscia, 2011).

5) Therapeutic strategies in experience oriented thinking

Experience oriented thinking is warranted when clients' issues require some kind of internal changes. Unlike outcome oriented approaches, the therapist does not intervene to solve the problem for the client, but accompanies the process and offers musical or other resources that might help the client to get through the challenges. There are two main strategies that can assist the experience oriented process.

In the first strategy, the client undergoes some type of process oriented experience through which he or she confronts the challenges, acknowledges the problems, and finds alternative ways to deal with issues. Good examples of these include using

improvisation to explore relationship issues, writing songs on the spot to explore alternative answers, and listening to other group members to be aware of other perspectives. These musical experiences serve as a transitional space that allows clients to explore self and the world. Therapeutic aims are gaining strength, meaning, insights, resources, creativity, alternate solutions, and opportunities for expressions.

The second strategy involves the process of creating a musical product. The creative process may involve writing original songs, composing music, recording a series of improvisations, preparing and giving a concert, making an album, and producing a music video. This creative process is highly meaningful and therapeutic, but the benefits of such experience are multilayered and vary from one individual to the next. In addition, it may serve as a representation of self in a new or transformed way. This creative process also allows the client to build different relationships with themselves, others and the society, and even develop a new identity. Specific examples of such work include cancer patients creating a musical autobiography to share with family and friends; children with visual impairments forming a choir and giving concerts in their communities; and children with medical issues creating a music video to express their various needs. Therefore, by participating in the process of making a meaningful and significant work, the client may gain a new perspective, trust his or her own ability to achieve something new, and find his or her own way of facing and overcoming challenges. Most therapeutic aims of the first strategy can be promoted through this strategy as well.

For an experience oriented approach to work, the therapist focuses on facilitating an experience that is most relevant to the client's issue. In order to do that, therapists may refer to clinical theories, experiences, research, and existing models. The music therapy models relevant here are Nordoff Robbins Music Therapy, Analytical Music Therapy, and Guided Imagery and Music. In terms of theoretical orientation, psychodynamic, humanistic, gestalt, and existential theories fall under this experience oriented category, and Bruscia categorized these as 'Music Therapy as Art' (Bruscia, 2011).

6) Therapeutic strategies in context oriented thinking

Stige stated that a healthy individual carries a secure sense of belonging to a larger

group while also feeling confident as a unique individual within that group (2002). With various presenting problems, many of our clients do not feel a part of their community, nor do they feel confident or comfortable in that setting. Thus, integrally informed therapists need to consider extending their reach to their clients' social and environmental layers if attention and interventions are necessary.

In order to work in context oriented thinking, therapists need to be reflexive in their own relationship to the environment, society and culture. This is called 'situating oneself' (Stige, 2002). By situating oneself, the therapist can also be reflexive to the client's relationship with all layers of his surroundings. Context oriented practice is not limited to the immediate surrounding; it may extend to the social, political, and even global context.

Based on this contextualization, the therapist can work with the client in designing musical interventions in various contexts that will empower the client, provide more resources, and strengthen social connections. In order to provide a successful intervention, therapists should refer to all the contextual considerations proposed by Stige which are: arena, agenda, agents, activities, and artifacts (2002). Because of its focus on external factors and resources, context oriented thinking is resource-oriented, resulting in preset or emergent outcomes in the client's internal, external or contextual world.

In this type of thinking, therapeutic interventions do not stop at the individual level as therapists consistently explore how they can work with clients to better situate them in many dimensions of the external world. Often times, the first step in this effort involves giving concerts and presenting their musical products to others. In addition, facilitating clients' involvement in community activities such as choir and drum circle in the community and religious groups revitalize the sociocultural relationships. Culture centered music therapy, community music therapy and the feminist approach in music therapy are good examples of current context oriented thinking, and theoretical streams such as cultural psychology, sociology and anthropology provide the basis for this way of thinking, thus Bruscia referred to this group as 'Music Therapy as Humanity' (2011).

3. Music Experiences in ITMT

Applying integral thinking to practice involves no significant changes in the type of music experiences and interventions utilized. In essence, although music has been given diverse names and utilized under different auspices, the ways in which music is presented to our clients are analogous to each other. Of course, each therapeutic model has its own emphasis or more elaborated forms of musical approach, yet there are many similarities across most models, all falling under the headings of creative, re-creative, and receptive methods. Therefore, while there may be a shift of focus in deciding where and how to begin, the actual musical interventions remain the same. For example, Bruscia (2011) illustrated how a method like song discussion can be applied in each way of thinking. As he explained, the actual process of listening to the song, highlighting meaningful or salient lyrics, and discussing one's reaction was identical in all three ways of thinking. What changed, however, was the way in which music therapists facilitate the experience before, during and after the song. In summary, it is not about using a particular music experience. It is about using all possible musical tools and resources that are available to us as music therapists to help clients address their priority needs.

III. Clinical Application of Integral Thinking

1. Settings and Populations

Based on what has been discussed so far, it is apparent that there is no one particular setting or population that is better suited for ITMT. This is because every client presents many aspects of health that need to be taken into consideration no matter the age, cultural background, the kind of disability, developmental need, functional skill, or illnesses they have.

2. Therapeutic Processes

The following therapeutic processes are based on the author's recapitulation of Bruscia's chapters on Integral Thinking in Music Therapy (2014). Integral thinking does not alter the traditional procedural steps known as referral, assessment, treatment, and evaluation, but adds various steps the therapist needs to take in order to operate integrally. Although these steps are presented in a sequential order, it is the author's understanding that the therapist should be reflexive of reutilizing these steps throughout the treatment process. For the purpose of simplification, the therapist is referred to as a male and the client as a female in describing the clinical application of ITMT.

1) Identifying participants and contexts

In order to identify the client's needs, the therapist needs to get to know who the client is at both a micro and macro level. This means learning about the client both as an individual and also as a member of her family, community, environment, and culture. Bruscia notes the importance of remaining 'reflexive at the macro level' because even if the therapist focuses on the client at a micro level, he needs to remain fully aware of the big picture and move back and forth reflexively (2014).

The next step is to find out where the therapist is situated in relation to who the client is and where she is located. This can be done by looking at the similarities and differences between their values, needs, and relationships with their respective contexts. The last step is repeating the same process with all individuals involved in the therapeutic process, each group member, co-therapist, or expert who may play a consulting role during the treatment (Bruscia, 2014).

2) Understanding the client(s)

The goal of this process is to identify various needs of the client, therapist and involved individuals. In order to identify these needs, the therapist needs to shift his 'locus and focus of his awareness' and explore many questions on behalf of the client. The following is a list of questions Bruscia provided as examples from the client's perspective:

- Move around the therapy room and the client's living situation. If you were the client (locus), what would be your main concern (focus) during this therapy process?
- If that was your focus as a client, what would you want and need from the therapist and music?
- What resources do you hope to use in accomplishing your goal for therapy, and what resources do you want the therapist to acknowledge and help you to utilize?
- Going further, if you were the client what would you want or need to change in your relatives, or family, or community, or society?
- Do you see your success in therapy linked to whether any of these contexts change? (Bruscia, 2014, p. 261).

This way, the therapist can become fully aware of many emerging needs of the client from her perspective. Questions also need to be asked from the perspectives of the therapist, fellow group members' and also from the client's family and care takers. It should be noted that there are unique questions that need to be addressed from the point of view of family members and care takers as well. Examples of such questions are:

- If you were the client's parent or spouse, what would be your main concern and what would you want or need from the therapist and the music?
- What resources do you want to bring to bear in helping the client?
- And if you were a member of the community or another segment of society, what would you want or need—for the client to change, or for the community or society to change?
- What resources do you want to bring to bear? (Bruscia, 2014, p. 261).

When numerous needs are identified, the next task for the therapist is to explore and determine what the priority needs are for each party, and come up with a set of flexible goals that best encompass those priorities. An actual example of applying this therapeutic process will be shared later in the paper.

3) Shaping flexible goals and strategies

Once needs are identified, the direction of the change that is needed can be determined. If the necessary change is external, something that is observable and achieved in a predictable way, the therapist uses outcome-oriented therapeutic strategies. If the necessary change is internal, something that is not as clear and predictable, and requires exploration of therapeutic alternatives in self or context, the therapist utilizes experience-oriented therapeutic strategies. The therapist utilizes context-oriented therapeutic strategies if the necessary change needs to take place in the context of the client. In working with the individuals in the context or environment, the therapist can use strategies from either outcome or experience-oriented thinking as he sees appropriate (Bruscia, 2014).

4) Considering levels of directiveness

Implementing different strategies requires different levels of directiveness from the therapist. The therapist needs to carefully consider how much of his leading is necessary in order to help the client fulfill her priority needs. Together, they need to decide whether someone is leading or they are sharing the following decisions: setting goals, selecting and leading music experiences, directing sessions, and determining how to evaluate the progress (Bruscia, 2014).

5) Using music experiences

The first step to making musical decisions involves determining which facet of music can best promote the priority goal. Musical facets can be examined by questioning their utilization in the session. For example:

- a. Should the music be active or passive?
- b. Should it be free or preset?
- c. Should it be stimulative or sedative?
- d. How important is aesthetic quality here?
- e. Which style of music will best support that goal?

During this exploration, the therapist must consider the abilities and resources of the

client, in terms of her physical, emotional, mental, relational, and/or spiritual health, which will help him to determine music experiences the client can manage. The therapist should then consider the type of relationship the client needs in achieving the goal, in order to determine the level of musical interaction. After all these considerations, he decides the specific type of music experience or method, such as creative, re-creative, compositional or receptive. Lastly, the therapist decides how music will be used under the determined way of thinking. For instance, if the therapist uses outcome oriented strategies, he can use music as a stimulus, reinforcer, mediator, or target response. In an experience oriented strategy, music can function as a space or process for change, a product, a deep spiritual or aesthetic vehicle, or a cultural resource. What remains essential is to maintain a macro view of all other options, so the therapist can detect when a certain area is overlooked (Bruscia, 2014).

6) Take different roles as therapist

In integral thinking, therapists take a role that is conducive to promoting the chosen goal and integral strategy. This role is not fixed and can change from session to session or even within a session. Therapists can be an “expert, scientist, musician, professional, empath, surrogate, advocate, more-experienced learner, or fellow Citizen (Bruscia, 2014).”

7) Decide criteria for evaluation

Each integral strategy looks at very different responses as a sign of change. Therefore, many things need to be considered in detail in order to determine the type of evaluation that will capture the effectiveness of therapy. Bruscia offered the following considerations when exploring this process.

- What kinds of change are most relevant to observe, exterior or interior changes or both-in the individual or the individual's context or environment?
- Are the changes expected to be short-term, long-term, or both?
- Will the changes be manifested within sessions, outside of sessions, or both?
- What types of evidence of change are appropriate, musical, nonmusical, or both?
- Should the evidence be objective or subjective in nature, or both?

- Who should decide all of the above, the therapist, client, or both?(2014, p. 264).

8) Shift area or level of practice

There are a total of six different areas of practice which are: didactic, medical, healing, psychotherapeutic, recreational and ecological, and four levels that are: auxiliary, augmentative, intensive, and primary (Bruscia, 1998a). As a session progresses, integral practice may require shifts in different areas and levels of practice depending on the client's emerging needs and therapeutic goals. Consequently, the therapist needs to stay open to signs that indicate changes in the areas and levels of practice.

9) Use of formal assessment tools

Clinical decisions in integral practice are carefully made based on thorough observation and introspection of the clients' values, abilities, contexts, responses, and multi-dimensional aspects of therapeutic process; therefore it is not necessary to conduct a separate assessment as a part of integral practice. The steps described here are presented in the order of a typically progressing session, however the therapist is required to maintain his awareness at the macro level, and continuously re-conduct any of the steps above whenever it is deemed necessary.

In order to approach clients without a predetermined way of interpreting the client's health and responses, traditional assessment tools can be used as an additional method of evaluation once the necessary integral processes are determined.

IV. Clinical Example of Integral Thinking in Music Therapy

The following section depicts a case from the author's own eclectic style of working with clients. In order to illustrate how integral thinking can be incorporated into clinical practice, the texts in italics demonstrate how the practice could have been embellished and further developed with integral thinking.

Case of a Boy with ADHD, Named J

An 8 year old boy with ADHD came to an individual music therapy session. As soon as he entered, he ran restlessly around the clinic mumbling fast inaudible phrases. I greeted him with a big smile and asked how he was doing though he did not answer. Since his mother was right outside of the door, I asked her if anything had happened that day, and she replied that she did not know.

Integral thinking: Shifting locus and focus of awareness

At this time I would quickly reflect on my locus of awareness as myself and shift that to look at the situation from his and his parents' perspective. I would attempt to recall J's responses from previous sessions at a macro level, to understand what this current behavior means. I would inspect the possible feelings he might be having currently and also reasons for having them.

I suspected some tension between J and his mother looking at the affect and tone of his mother's voice. I have been working with him behaviorally under the goals of 'to improve his focused attention' and 'to improve impulse control' but I realized that it would be very hard to approach him the usual way. Thus, I quickly recalled things that he enjoyed doing from previous sessions. My immediate inclination was to actively engage him in something that would attract him.

The visible problem behaviors were running around, not interacting with other people in the room (i.e., me), and doing something meaningless or unproductive. If he were in a group, it would be highly inappropriate, but since this is an individual session, I let him do what he wanted to do for the moment. Perhaps that behavior was his way of coping with the series of stressful classes he had been to. Maybe something had happened before coming to MT clinic that he could not handle.

While he was running, I took out the drum machine that he liked very much. I just began playing a pattern in a pop style at the pace of his running. When he saw me playing the instrument, he stopped running, came over to me and asked me "Can I play?" I gave him the sticks, pulled out the songbook and asked him which songs he

wanted to work on.

Integral thinking: Identifying priority needs

I don't have a pre-planned goal or activity. To understand the direction of today's session, I would reflect on J's priority needs, his parents' and those I picture for him. Based on all these considerations, I suspect J's needs might be: to have fun, release energy, feel good, feel adequate, have freedom, seek approval, just play, make friends, be loved for who he is, and possibly discover his strengths. I also think about his parents' priority needs for him, which can be: learn how to focus, sit still, listen to his parents and teachers, cooperate with others, settle down, be obedient, be less emotional, be happy, improve his behaviors, develop good relationships, find his strengths, and perhaps release stress. I would try rearranging these to see what needs to happen first in order to promote others, and also determine which needs of his are more urgent or important than others.

Thus, I would take an experience oriented approach where I support and help him discover what he needs to overcome his current challenge. I watch him, run with him, sing a hello song on my guitar in a style that reflects his running around behavior. I would also set up a cymbal on one corner and two tom toms on the opposite corner and give him a soft mallet, so we can continue running while playing the instruments at each corner.

When hello song is over, I change the lyrics to reflect his behaviors, and I use musical qualities to match his emotions. Occasionally, I offer a shift in music to see if he wants to change and do something else, and I continue assessing him carefully in regards to his behavior, emotions, body, language, etc. This may reveal that he needs to either release his accumulated physical energy, or work through his frustration from an upsetting event that happened prior to the music therapy session.

I may change the lyrics to "I am running because J is running, I like running with J." I also sing "J is running because _____" just to see if he wants to fill in the blank. Another example would be "I run when I am bored, J runs when he is ____." I don't know what will happen, but I am aware that he needs some validation of his emotions in order to either get into it more or move away and do something else.

Hence, I provide a space with chances for him to sing or play about it.

I felt very good since his distracting or inappropriate behaviors were replaced by musical, productive and appropriate behaviors, and he was able to focus on two different drum patterns for the entire song. I complimented him for being able to focus on the music right away, play such difficult patterns successfully with me, and remain focused on the activity. I was aware of the fact that J and his mother were still not on good terms, and that when the session was over he might become upset again. I felt the need to do something about the relationship. Thus I carefully asked him "You did such a wonderful job on the drum, I was thinking maybe we could play it for her. What do you think?" He did not like the idea and repeatedly said "no" many times. I replied "That's fine, you don't have to. Can we at least record it on the video?" which he agreed to.

Integral thinking: Considering levels of directiveness

During this exploration, I would continue to check my locus of awareness for the decisions I make or options I offer to J, in order to address the needs of the client, not mine. I would stay aware of my own tendencies and personal issues surrounding conflicts, anxiety and avoidance for the same reason. To help J feel safe, and also express freely what he wants to through this experience oriented approach, I would try to give him much control over what he does, and remain nondirective. I would open options for numerous ways of expressing himself. He can pick any instrument, talk, draw, act or choose music that expresses for him.

J and I recorded the song successfully and also made some discoveries on the drum machine. It suddenly occurred to me that there might be a connection between the lyrics of the song he chose and his feelings. The refrain part repeats "I'm left out" several times. I asked whether there were times when he also felt "left out." He says "often!" From here on, he complained about how his younger sister got everything and how unfair it was for him. He said "my mom never lets me do what I want to do!" Then, he told me his mother banned him from computer games. Since I knew how big

computer games were for him, I could feel his anger and thought that was harsh. On the other hand his statement about his mother not allowing anything he wants was irrational. I felt the inclination to confront his way of thinking whether that was really true, but I knew it was not going to be helpful. Instead, I expressed my empathy for his frustration and said “Yes, sometimes there are many things that are hard to take! That must be hard.” As a matter of fact, it really was not an easy situation because I knew there were a lot of delicate family issues that were left untouched. His mother had been a successful career woman who given up her work earlier that year due to several family issues including J’s diagnosis with ADHD. I felt very limited in my work with J because the whole family needed an intervention, not just J.

Integral thinking: Re-evaluating direction of therapy

The experience oriented strategies I identified previously would help J expresses his frustration through music, instead of words. This way, music helps him to release the intense emotions more easily and draw them down to a level that is more manageable. I would continue to pay close attention to the music he chooses and the way he plays, in relation to his and his parents’ priority needs. That would guide my next step in the session. I am well aware of the family issues, and I try to follow up with these issues because J’s therapeutic outcome is closely linked with the wellbeing of the family. Therefore, while I work individually with J, if context oriented strategies are warranted, I would explore ways to work closely with the family members. Sometimes I may invite J’s sister to a couple sessions if J agrees, I would share ideas and suggestions that may help the family, and create opportunities to communicate with them.

Although I was frustrated about the whole situation, I did not see other options. I have tried organizing community concerts and psycho-educational programs for parents, but often times they were not well received and many parents did not appreciate them. The best thing that I could do in times like this was to help them see positive things about each other through musical products or outcomes we created. Consequently, when the 45-minute session was over, I asked J if I could show his mother the video

we recorded. He said that was okay, he just did not want to play it in front of her. I brought her in with many compliments about her son. He was standing in the back looking at different instruments as if he was not paying attention. I pointed out all the things he did well while showing her the video which made her very pleased. Moments later, both walked out in a good mood.

Integral thinking: Evaluating and exploring future directions for therapy

J is a bright boy who can communicate his needs clearly. Sometimes, he acts in unusual ways but that does not mean he is delayed. Because he is highly capable of making decisions and communicating with me, my integral strategies would focus on supporting his decisions and helping him develop appropriate coping skills with his everyday challenges. Therefore, the objectives in his therapy would be about working through the issues at hand as much as he is willing to face. Consequently, I would focus more on how he chooses to process and resolve his issue with his mother. I might express my concern for him keeping such difficult emotions inside and running intensely. Video recording his music and sharing it with his mother is only one of many options he can choose from. Other options would include: telling her how he feels directly; making a song about his feelings and/or wishes; letting it go through his creative music making; and inviting his mother to join us for a part of the session.

As the example demonstrates, there were already some shared qualities between the author's eclectic approach and integral thinking. However, it also illustrates how one's eclectic approach can be limited by one's own clinical and educational background. Because of the author's tendency to be predominantly problem- and outcome-focused, the eclectic approach was not fully integral. By looking at the example, it can be observed how developing fluidity in our consciousness may deepen the therapeutic process.

V. Conclusion

In this paper, the author attempted to describe the rationale, basic premise, important concepts and application of ITMT from a clinician's point of view. Bruscia encourages therapists to develop their own style of integral thinking (2011) as that is the best way to be integrative at an authentic level. ITMT is in the beginning stages of its development. In order for ITMT to develop further, the author hopes that more clinicians will discuss the idea; will apply it in various clinical settings; and will conduct research studies to identify the scope of its practice and examine its impact on clinical outcomes.

The basic premise of integral thinking is that everyone comes with a valuable and valid view point. Everyone is entitled to his or her own value, way of thinking, and choices in his or her life. One of the most frequent phrases that music therapists tell their clients is 'In here, you can do nothing wrong! Whatever you play, it is your own voice!' Here, the idea we convey to our clients is integral thinking, and Bruscia proposes to extend that offer further to our understanding of their pathology and our theory of effective treatments. It is our ethical responsibility to offer what makes best sense to our clients; whatever will benefit them the most. It is time to move away from insisting on fixed means and destinations for our clients and to truly advocate their free will.

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