Experiential Learning in Music Therapy:
Faculty and Student Perspectives

Kathleen Murphy

INTRODUCTION

Experiential learning, engaging students in experiences related to educational content, has been of interest to music therapy educators for some time (Wheeler & Grocke, 2001). Fifty seven percent of music therapy educators surveyed identified experiential training as one of their three most successful teaching methods (Maranto & Bruscia, 1988). Several authors have described this teaching method (i.e. Pedersen, 1999; Stephens, 1984) and it has been the topic of discussion at several educators' forums held during professional music therapy conferences (Polen, Ritholz, Wheeler, & Selesky, 1999).

My interest in experiential learning originated when I was a master's degree student at Temple University. I came to the master's degree program hoping to discover what it was that I felt was missing in my understanding of music therapy. As a young clinician, I had a very basic understanding of music therapy and the therapeutic process. Yet as I was practicing, I felt very deeply that the music could have a greater role in my work. This suspicion was further fueled by my work with a client in the end stages of muscular dystrophy. Near the end of his life, he presented me with song lyrics that we jointly set to music. His message: regardless of what his physical condition was, he could still sing, and the music made him strong. In his last hours, it was music, not traditional medicine that helped to facilitate his transition between life and death.

This experience, along with my intuitive feelings that there was "something more to learn about music", were the primary motivation for pursuing advanced studies, and it was during these studies at Temple University that I was first exposed to experiential learning. It was through the varied forms of experiential learning that I came to understand the power of music to facilitate growth and change. These experiences afforded me the opportunity to experience music therapy as a client, and to expand my use of music as a therapist. I left the program convinced that the therapeutic powers of music can only be fully understood through experiential learning. I also wanted to learn more about this teaching method that dramatically affected my life and my work.

While I knew from personal experience the effect experiential learning had on my clinical work and understanding of music therapy, I did not know if my perceptions were shared by others. This led me to begin my research into experiential learning. I read articles describing various approaches, models, techniques, and methods that are used by educators in music therapy and other mental health professions. While I found that there was great variation across disciplines and even within music therapy, I also realized that I had been exposed to many of the techniques during my graduate studies at Temple. Since the music therapy curriculum there integrated the techniques and styles of three different professors, and provided examples of various approaches to experiential learning, I decided that the best starting point for my research would be the music therapy program at Temple University.

REVIEW OF THE LITERATURE

Experiential learning takes its roots from the highly influential work of John Dewey. Dewey (1938) believed "…that there is an intimate, a necessary relation between the process of actual experience and education" (p. 20). He considered educational experiences to be "moving forces" that awaken "curiosity, strengthen intuition, and set up desires and purposes" (p. 38). His educational philosophy was based on the use of meaningful life-experiences that encourage the learner to interact with his/her environment. His philosophy suggests that both cognitive and affective learning experiences are necessary to the education process.

Since that time several authors from various fields have supported and further developed Dewey's notions of experiential learning in the training of mental health professionals (e.g. Enns, 1994; Epstein, 1994). In fact, there is general agreement across disciplines that educational programs for future therapists should include both didactic and experiential components because learning involves both cognitive and affective processes (Dudley, Gilroy & Skaife, 1998). In this way, learning is based on active personal experience with theoretical concepts (Duhl, 1983). It is through active participation in a learning process that students acquire skills, develop an understanding of the therapeutic process, develop interpersonal skills, and increase their self-knowledge. Additionally, experiential learning encourages students "…to recognize and reflect upon their interpersonal style and to identify areas which need to be developed" (Hall, Hall & Abaci, 1997 p. 484).

Experiential Learning in Music Therapy

A small number of music therapy educators have written about their use of experiential learning methods. While these educators may use similar methods, there is variation with regards to content, frequency, duration, leadership and goals.

Hesser (1985) described a graduate program where music therapy students participated in weekly music therapy groups led by a trained music therapist for the first two years of their studies. These groups gave students a deep understanding of "the importance of self-growth for a therapist and the value of music therapy as a tool for their own growth" (Hesser, 1985 p. 71). Hesser also found that participation in such a group "…can significantly change a student's insight into the process and power of music therapy" (p. 71). In this approach, students develop an understanding of music therapy from personal experience in combination with coursework and clinical experiences.

Tims (1989) incorporated experiential learning in the form of "role-playing" and "music psychotherapy groups" into his educational approach. He believed that both forms help music therapy students achieve clinical competence. He used role-playing in clinical music therapy classes to: 1) afford students the opportunity to practice music therapy methods in a less threatening environment, and 2) to allow students to experience music therapy on a personal level. Music psychotherapy groups were run external to regular coursework with Tims serving as the leader. These groups helped students deal with personal issues as well as afford them the opportunity to experience music therapy at a deeper level. Additionally, students gained a deeper understanding of concepts such as transference, countertransference, spirituality, and

transcendence. Finally, Tims suggested that participation in a music psychotherapy group helped students "…bridge the gap from activity director to therapist…" (p. 92).

Erkkilä (2000) used "in-class experiences" to teach improvisation and analysis simultaneously. In his approach, students are divided into 2 groups, improvisers and observers. Improvisers are instructed to express themselves musically on chromatic keyboards. Observers are given one of five observation tasks: 1) visual observation; 2) musical analysis; 3) free associations; 4) polarity profile; and 5) dynamic form. The improvisations are not recorded; students record their observations in the moment, similar to the clinical setting. The observation tasks are used to structure the discussion following the improvisation. This process helps students learn about the psychodynamic, cognitive and primary aspects of meaning within an improvisation.

Scheiby and Pederson (1999) described a "self-experience" track, which is one of three tracks that make up the MA program in music therapy at Aalborg University in Denmark. Students move through the following progression of experiences: 1) one year of group music therapy focusing on individual and group relationships; 2) one year role-playing in which one student is the therapist and one is representative of a particular client population; 3) 6 months of psychodynamic group work with students serving as leader with a group of their peers; and 4) 6 months of inter music therapy in which students alternate between therapist and client. Students receive direct faculty supervision during role-play, group work and inter music therapy. These experiences run parallel to coursework on psychodynamic theory, group work, music therapy and music. It should be noted that with the exception of the role-playing, the students are involved in an authentic therapeutic processes in all of these self-experiences.

All of these educators believe that in order to understand the power and process of music therapy, students must experience music therapy themselves. Experiential learning helps to develop musical sensitivity; listening skills; techniques for establishing contact with clients and understanding their music; and a deeper and more personal understanding of transference and countertransference. Students are able to make connections between theoretical knowledge and practical application of music therapy methods and materials based on their personal experience (Wigram, DeBacker & Van Camp, 1999).

Students' Experiences of Experiential Learning in Music Therapy

There have been only three studies of experiential learning in music therapy that examined students' experiences. In the first study, Burgess (1997), conducted phone interviews with ten graduates from a master's degree program that incorporated experiential learning methods. Her interviews focused on 3 questions: 1) How did you react to the experiences? 2) Do you view the experiential training you received as being valuable? If so, in what ways? And, 3) What did you learn from your experiences?

Students reported that they found the experiential training difficult, but rewarding. Their understanding of music therapy gained more breadth and depth as a result of their experiences. Further, they reported that experiential learning taught them to listen to themselves and to be open to the vast array of experiences within the client-therapist relationship. Finally, they acknowledged that experiential learning had some negative aspects namely: "fuzzy"

boundaries, not enough time to process experiences, and potential strain on peer relationships (Burgess, 1997).

In the second study, Milgram-Luterman, (2000) sought "…to examine the integration of personal growth experiences into undergraduate music therapy education" (p. 6). She facilitated 10 music therapy peer support group sessions. She interviewed all participants individually as well as in 1 of 2 focus groups at the end of the semester. Individual interviews provided insight into the group members' experiences, whereas the focus groups were used to clarify points made during the individual interviews. Results suggest that the greatest amount of student growth occurred in the areas of self, relationships and spirituality. There was a noticeable change in the students' interpersonal behavior that led to a more supportive learning environment in the classroom. Lastly, students felt that music and peer support served as the catalyst for new personal and professional awareness.

Finally, music therapists who had participated in inter music therapy[1] (IMT) were asked to discuss the extent to which their IMT experiences influenced their current clinical work (Scheiby & Pederson, 1999). Students reported that their IMT experiences were instrumental in their daily work as they were given the opportunity to experience what it is like to be a client and to test one self as a therapist. Additionally, IMT helped them learn: 1) to move between the therapist's process and the client's process; 2) to stay involved with the client without getting lost in the process; 3) about different music therapy methods and techniques; 4) the difference between the client/therapist alliance and friendship; 5) to contain personal reactions as well as how to handle transference and countertransference; 6) to step back and let the client take responsibility in the process; and 7) about personal boundaries.

Problem Statement

For the most part, the writings on experiential learning in music therapy focus on a specific method or technique from the perspective of the educator (i.e. Hesser, 1985) or the student (i.e. Milgram-Luterman, 2000). In discussing experiential learning with my advisor, and upon reflection of my own experience, I felt that experiential learning was much broader than just the use of a specific method. My discussions and reflection led me to believe that there were *levels* or *degrees of experiences* that could be used throughout the curriculum and that these experiences had a cumulative effect within each class and across the curriculum. This observation further fueled my interest in experiential learning and my desire to understand how experiential learning was incorporated into the music therapy curriculum at Temple University. Therefore the purpose of this study was twofold: 1) to gain an understanding of how experiential learning is conceptualized and implemented by different professors across the music therapy curriculum; and 2) to gain an understanding of graduate music therapy students' experiences in courses in which experiential teaching methods were employed.

In order to fully understand experiential learning from the perspective of the music therapy educators and students at Temple University, two separate qualitative case studies were completed. A case study approach was taken in order provide an "intensive, holistic description and analysis of a single entity, phenomenon or social unit" (Merriam, 1998 p. 34). In the first

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[1] A component of Analytical Music Therapy training (Priestley, 1994)

case study, the phenomenon under study was experiential learning as conceptualized and implemented by fulltime music therapy faculty. In the second case study, graduate students enrolled in the music therapy masters' degree program were interviewed to understand their responses to experiential learning as conceptualized and implemented at Temple University.

METHOD FOR STUDY I

Participants

The fulltime faculty members of the Music Therapy Program at Temple University participated in this study. Faculty were informed verbally and in writing of the purpose of the study. The procedure was fully explained and participants were given the opportunity to ask questions. The interviews began once written consent for interviewing and audiotaping was obtained from all participants.

Interview Procedures

Participants were interviewed in their home or school office. Topics for discussion were developed based on a review of the literature and conversations with music therapy educators. Open-ended questions were used to introduce each of the following topics: 1) the nature of experiential learning; 2) the influence of personal experience on use of experiential learning as a teaching method; 3) the use of experiential learning in the classroom; and 4) boundaries in experiential learning. Probes were used for clarification and further exploration of each topic.

Data Analysis

All three interviews were recorded. Verbatim transcriptions were then made by the researcher and analyzed according to the following steps: 1) Transcripts were read in their entirety to get a sense of the whole interview, 2) The interviews were then divided into segments that described a particular experience or reflection on experiential learning, 3) Each segment was coded and codes were grouped into categories. From these categories themes emerged which were then related to the literature and theoretical framework.

Member checks, "…systematically soliciting feedback about one's data and conclusions…" from the participants, were used to evaluate the trustworthiness or authenticity of the analysis (Maxwell, 1996 p. 94). In this way the data were shared with the participants, each of whom found the first analysis to *incompletely* represent the interview data. For this reason, the researcher went back and analyzed the data a second time, making comparisons within the data only. This analysis led to the identification of 5 themes. This second analysis was given to all three participants. All three participants felt this second analysis more accurately reflected their interview data. Table 1 provides a definition for each theme, based upon the second analysis.

Table 1. Definitions for Themes from Study 1

Purpose of Experiential Learning	Includes all statements related to the purpose of experiential learning. The categories within this theme are: 1) developing an understanding of concepts and techniques; 2) developing personal awareness; and 3) developing an understanding of the human condition.
Methods of Experiential Learning	Includes all statements related to experiential learning methods. The categories within this theme are: 1) demonstrations; 2) laboratory experiences; 3) experiential exercises; and 4) group models.
Roles	Includes all statements related to roles. The categories within this theme are: 1) role of the professor; 2) role of the student; and 3) logs.
Boundaries	Includes all statements related to boundaries in experiential learning. The categories within this theme are: 1) physical; 2) educational; and 3) definitional.
Challenges Related to Experiential Learning	Includes all statements related challenges facing educators when using experiential learning methods. The categories within this theme are: 1) finding the balance between didactic & experiential learning; 2) maintaining boundaries; 3) teacher vs. therapist; 4) role of the observer, and; 5) grades.

RESULTS FOR STUDY I

Upon transcription, segmentation, and coding of the data, five themes were identified. These five themes were: 1) The purpose of experiential learning; 2) Methods of experiential learning; 3) The roles of professor, students and logs; 4) Boundary issues related to experiential learning, and 5) Challenges related to experiential learning. The discussion that follows will elaborate on each theme by relating the categories and subcategories within each theme to the statements made by the participants.

Purpose of Experiential Learning

All three participants acknowledged the central role that experiential learning played in the education of music therapy students. The purposes for experiential learning fell into 3 main categories: 1) developing an understanding of concepts and techniques, 2) developing personal awareness, and 3) developing an understanding the human condition.

- *Developing an understanding of concepts and techniques.* The participants incorporated experiential learning techniques into their teaching to help students develop a deeper understanding of music therapy concepts and techniques. Learning occurred through an actual experience, which complimented lectures and readings. Experiential learning connected cognitive learning with emotional understanding. Weaving both of these together helped students make sense of their learning at a deeper level. Additionally, experiential learning helped students to apply their "book knowledge" to the clinical setting.

- *Developing Personal Awareness.* Developing awareness focused on the student's personal growth. Within the context of an experiential learning exercise, students' experienced and responded to music and the therapeutic process. In this way they are able to develop empathy, a skill that is essential for all music therapists.

- *Developing an understanding of the human condition*. Experiential learning gave students the opportunity to learn about the human condition. They experienced a whole spectrum of human emotions. Students were able to gain insight into emotions such as loneliness, pain and sadness.

Methods of Experiential Learning

Each participant identified several experiential teaching methods. When taken together, they form a continuum of experiential methods: demonstrations, laboratory experiences, experiential exercises, and group models. A variety of techniques within each method were identified (see Appendix 1). Placement on the continuum was based on the educational level of student, level of therapy being taught, and depth of experience. In all methods, the level of student participation was related to the level of therapy being taught.

- *Demonstrations.* In a demonstration, the professor lead the experience and one or more students experience music therapy. The demonstration is linked to a particular concept, theory or technique that is being discussed in class. Techniques include: demonstration of activity music therapy, medical music therapy, and music psychotherapy.

- *Laboratory Experiences.* Laboratory experiences gave students the opportunity to practice music therapy methods presented in class under the supervision of the

professor. Students take on the role of either client or therapist. Typically, the professor observes and gives feedback to the student therapist. Laboratory experiences may also allow for class discussions related to the nature of the experience. Techniques include: activity music therapy groups, medical role-plays, reverse role-plays, breakout practice groups.

- *Experiential Exercises.* These are designed by the professor for the student to complete outside of class in order to practice music therapy methods and/or explore the self through personal musical experiences. Exercises fell into three categories: practicing techniques, self-experiences, and dyadic peer encounters.

- *Group Models.* These experiential methods require students to authentically participate in a music therapy group. The groups are designed to reinforce concepts, theories and principles presented in class. The issues/content of the group comes from the students' own lives. The professor does not have any leadership responsibility for the group experience. Group leadership is rotated among the students. The role of the professor is to connect the events of the group to relevant theory. There were three main group techniques: Tavistock Model of Experimental Improvisation, T-groups, and parallel groups.

Roles

The data analysis identified several roles for the professor and students in experiential learning. The choice of role relates to the nature of the experiential method being used, the level of therapy being taught, and the depth of the experience.

- *Role of the Professor.* Experiential learning involves both didactic instruction and a planned experience or sequence of experiences. Within that framework, the professor may take on several roles. In the role of instructor, the professor presents concepts, principles and theories. When leading a demonstration, the professor models the role of the music therapist (this is related to the level of therapy being taught). Professors also take on the role of observer, watching the students work during laboratory experiences. They may also intervene as students are working to demonstrate a skill and/or to offer assistance. In the role of facilitator, professors help to verbally process the experience and relate it to theory, principles, and concepts. They also provide feedback to the students as they are working in class or through written feedback on logs.

- *Role of the Student.* Students take one of three roles during experiential learning: client, therapist or student. Each role varies in depth and responsibility. Student roles are chosen by the professor and are related to the experiential method being used, and the level of therapy being taught. (Personal communication, K. Bruscia, July, 2002).
  In the role of *client*, students can participate either inauthentically or authentically. Students participate inauthentically when they are asked to take on the characteristics of

a particular client population or assume the identity of someone with a particular medical condition. The experience is understood based on the students' imaginal or empathetic constructs of the given client population. Authentic participation occurs when students' participate in an experience as themselves. Here the experience is understood based on the student's personal reaction in the "here-and-now". At a deeper level, the student may respond to the experience based on connections that are made to autobiographical material.

In the role of *therapist*, students may be asked to lead planned experiences. The purpose of this approach is to help the students learn the more technical aspects of music therapy practice such as timing, pacing, as well as how the various methods used in treatment. This approach gives students the opportunity to practice assigned techniques and receive feedback from each other. Students may also be asked to lead a group that is not planned by the educator. Here students may be given a theoretical framework, choice of methods and level of directiveness. They are not given specific music activities or techniques to practice; rather they are responsible for creating a music therapy experience that will meet the needs of the student group.

Lastly, students participate as "students" from one of three positions. In the first position, the student participates as an observer, either by carefully watching an experience to learn how it connects to a particular concept, or as the note taker for a group experience. Secondly, students may give constructive feedback to the student therapist based on how they felt during the experience and how the experience worked or didn't work for them. Lastly, students participate by giving feedback to the professor through written logs. The logs provide an opportunity for students to give the professor an uncensored response to the experience.

- *Logs.* All three professors require their students to write logs. These informal journals contain the students' reflections on their experiences and serve several purposes. First, they give students an opportunity to journal about their personal experience as a "client" by reflecting on what did and did not work for them. Additionally, students can reflect on their experience as "therapist" by using the log as a means for self-evaluation. Second, the logs provide a safe container through which students can explore their personal reaction to an experience with more depth. Third, students can use the log as a means to "let off steam" by journaling about their subjective response to the experience, leader or other group members.

Boundaries

The issue of boundaries in experiential learning has given rise to much discussion among these educators. There is concern about blurring the lines between education and therapy. With the exception of "role-playing", most experiences require some amount of self-disclosure from the student. How this information is used within the context of the class and safeguards for the well-being of the student are not always clearly delineated. Three types of boundaries were

discerned from the data analysis that begin to address this concern: 1) physical, 2) educational, and 3) definitional.

- *Physical.* With the exception of the experiential exercises and the parallel music therapy group, all experiential learning occurs within the classroom. This necessitates movement from the didactic to the experiential back to the didactic creating two types of physical boundaries: time and space. The "time" boundary limits the amount of material that can be explored as well as the depth to which it can be explored. The "space" boundary refers to how the classroom is configured during the various learning experiences (both didactic and experiential) and the effect that configuration has on the role relationships. For instance, when the physical space is configured as a classroom, the teacher usually takes on the role of instructor, while the students take on the role of learner. On the other hand, when the space is configured for small group practice, the teacher may take on the role of observer while the students take on the role of therapist or client.

- *Educational.* All three participants agreed that the experiences used (both in-class and outside of class) needed to be tied to the level of therapy being taught and the learning objectives for the class. This structure limits the type of personal material that can be explored as well as the depth with which it can be processed. The professors maintain this boundary by using the learning objectives as a way to lay the foundation for an experience so that the purpose is clear. This boundary is reinforced when connections are made between what happened during the experience and the learning objectives it was designed to address.

- *Definitional.* The differences between education and therapy can serve as a boundary that will limit the depth and breadth of self-disclosure on the part of the student. While the professor may lead an in-class experience, they are not doing so as the students' therapist. Their role, which may look similar to that of therapist, is one of teacher. They are using experiences to increase the students' understanding of the therapeutic process through personal engagement in learning. Additionally, they are helping the students to develop their sensitivities and abilities in the service of learning therapeutic process through personal engagement in learning.

Challenges Related to Experiential Learning

All three professors agreed that experiential learning posed several challenges. Each professor identified different challenges. However, when presented with the data, they all agreed with the challenges that were identified by their colleagues. Challenges identified included: 1) finding the balance between didactic and experiential learning, 2) maintaining the boundaries, 3) teacher vs. therapist; 4) role of the observer, and 5) grading.

- *Finding the balance between didactic and experiential learning.* One of the difficulties discussed by one of the professors was trying to find the right balance between didactic and experiential learning within the classroom setting. On the one hand, experiential learning helps to prepare students for the "real-life" situations they will face as they move out of the classroom and into the clinic. On the other, it was agreed that educators have a responsibility to make sure that the student has a cognitive understanding of the theories that guide music therapy practice. This Professor went on to suggest that without this balance the integrity of experiential learning is compromised.

- *Maintaining the boundaries.* All three professors acknowledged the importance of maintaining the boundaries within experiential learning so that the focus of each experience remained educational. However, they all agreed that at times this was challenging. Maintaining these boundaries was particularly difficult when students did not understand the goals of experiential learning or felt that the in-class experiences could replace personal therapy. In this case, students may try to push the educational boundaries in an attempt to use the experiences to work through their own issues, rather than as a means of deepening their understanding of the theories, techniques, and concepts being taught.

- *Teacher vs. Therapist.* Another challenge identified was the role confusion that can arise in experiential learning when educators alternate between teacher and therapist. When educators take on the role of therapist for demonstration purposes, they risk losing credibility as an educator. In the role of therapist, educators operate on an interpersonal level and may stir the students up emotionally. In response, the students may become angry and less open to moving into a didactic space where the dynamics of the group are used as a tool to explain academic concepts.

- *Role of the Observer.* One of the most important components of experiential learning is being able to reflect on an experience and pull out the concepts that were being demonstrated. Therefore, it is crucial that the observers remain engaged during a demonstration. This can be challenging as students often do not focus on the entire experience or they stop paying attention altogether. Giving students guidelines for what to pay attention to or what to look for does not prevent students from letting their minds wander. This difficulty in keeping the observers attentive and focused was considered by the Professor to be a drawback to using demonstrations.

- *Grading.* For several reasons, all three professors agreed that grading was difficult. First, the level of each student's involvement in experiential learning is influenced by where they are in their own life's journey. Therefore, it was difficult to grade students based on how they participate in the experiences. Secondly, students may not participate fully for fear that if they reveal too much about themselves, the professor will reject them. Lastly, students are also given the option to "opt-out" of the experiential portion of a class, and this cannot be held against them.

STUDY II

METHOD FOR STUDY II

Participants

Eleven students who were enrolled in the Master of Music Therapy degree program at Temple University, and had taken at least three courses in which experiential learning methods were used by the professor, participated in this study. Additionally, all students had taken at least one course with each fulltime professor. Students were recruited during learning retreats held at Temple University. All students who volunteered to participate were included in this study.

Informed Consent

Students volunteering to participate were informed verbally and in writing of the purpose of the study. The procedure was fully explained and participants were given the opportunity to ask questions. The interviews began once written consent was obtained for interviewing and audiotaping from all participants. IRB approval was granted from the Temple University Human Subjects Review Board.

Interview Procedures

A focus group format was used for data collection. Focus groups are carefully planned small group discussions that are used when researchers are interested in learning how individuals regard a particular experience (Krueger, 1988). The researcher guided the discussion with pre-determined open-ended questions that were developed after a thorough analysis of the experience being studied. Participants were not asked to reach consensus on any topic, but rather encouraged to "…share different perceptions and points of view" (Krueger, 1988 p. 18). This approach allowed participants to share their feelings, insights, and opinions in a non-threatening and permissive environment.

Participants were interviewed in one of three small groups; each consisting of 3 to 5 participants. These three group interviews were conducted using a semi-structured, in-depth interviewing approach. Open-ended questions were used to introduce each of the following topics: 1) the nature of experiential learning; 2) the influence of experiential learning on understanding of music therapy; 3) the influence of experiential learning on clinical work; and 4) the influence of experiential learning on self-knowledge. Probes were used for clarification and further exploration of each topic.

Data Analysis

Table 3. Definitions for Themes from Study II

Learning About Music Therapy	Includes all statements related to what students learned about music and music therapy. The categories within this theme are: 1) depth and breadth of music therapy practice; 2) levels of music therapy practice; 3) methods & techniques; and 4) the value of music.
Learning About Clients	Includes all statements related to what students learned about clients. The categories within this theme are: 1) client needs; 2) client experience; and 3) therapeutic boundaries.
Learning About Being a Music Therapist	Includes all statements related to what students learned about being a music therapist. The categories within this theme are: 1) doing music therapy vs. being a music therapist; and 2) role as a leader.
Learning About Self	Includes all statements related to what students learned about themselves. The categories within this theme were: 1) music's influence; 2) self-knowledge as a music therapist; 3) comfort with levels of music therapy practice; 4) self-awareness as a person; 5) effects of personal feelings on their own process; 6) reactions to boundaries; 7) understanding support; and 8) addressing life's issues.
How Participants' Clinical Work Changed	Includes all statements related how participants' clinical work changed as a result of experiential learning. The categories within this theme were: 1) responsiveness to client needs; 2) understanding of music therapy; 3) self-confidence working at deeper levels, and; 4) recognition of limits of competence.
What Was Learned in Various Roles	Includes all statements related to what students reported learning in various roles. The categories within this theme were: 1) what was learned in the role of client 2) what was learned in the role of therapist; 3) what was learned in the role of observer; 4) what was learned through written reflection, and; 5) general comments on the different roles.
Boundaries	Includes all statements related to boundaries in experiential learning. The categories within this theme were: 1) who sets/maintains boundaries; 2) how boundaries are set; 3) reaction to boundaries being set, and; 4) teacher's responsibility for helping students work through personal issues.
Student Concerns	Includes all statements related to students concerns about experiential learning. The categories within this theme were: 1) concerns about level of participation; 2) concerns about grades, and; 3) concerns about how experiential learning is defined
Experiential Learning in the Curriculum	Includes all statements related to students' comments on experiential learning in the music therapy curriculum. The categories within this theme were: 1) benefits of experiential learning, and; 2) use of experiential learning.

All three interviews were recorded. Verbatim transcriptions were made by the researcher, and analyzed according to the following steps. Transcripts were read in their entirety to get a sense of the whole interview. The interviews were then divided into segments that described a particular experience or reflection on experiential learning. Summary statements were created that captured the essence of what was learned as a result to each experience/reflection. For example, if a participant described a particular experience at length, all the details were condensed into summary statements: *I learned that a client needs a therapist to be present during difficult feelings, so that the client can feel them fully and safely*. Each summary statement was coded based on the nature of the participants' experiences. Codes were inductively developed. That is, they were gleaned from the data. The coded summary statements were then divided into themes and sub-themes. A written description was developed for each theme and sub-theme based on the content of the summary statements. Appendix 2 shows the transition from raw data to the final theme and sub-theme.

Throughout the data analysis process, my advisor served as a consultant. In qualitative research, the consultant serves as a guide; someone who helps the researcher monitor ideas and experiences, as well as guides the research process (Bruscia, 1995). The results of each step in the process were compared with the original interview transcript and then reviewed with my advisor. This was a meticulous process that was repeated until we were both satisfied that the essential information from the interview data was presented in the results. Table 3 provides a definition for each theme.

RESULTS FOR STUDY II

Upon transcription, segmentation, and coding of the data, I identified eight themes. These themes were identified: 1) Learning About Music Therapy; 2) Learning About Clients; 3) Learning About Being A Music Therapist; 4) Learning About Self; 5) How Participants' Clinical Work Changed as A Result of Experiential Learning; 6) Boundaries In Experiential Learning; 7) Students' Concerns; and 8) Experiential Learning in the Music Therapy Curriculum. Each will be described, in detail, below.

Learning About Music Therapy

All participants acknowledged the central role experiential learning played in broadening and deepening their understanding of music therapy. Ideas about music therapy, being a therapist, and working with clients appeared to move from a cognitive way of *doing* to an internal way of *knowing*. Specific categories within this theme included:

- *The depth and breadth of music therapy.* Participants felt they had a better understanding of the myriad facets of music therapy. They learned that music therapy is not an automatic process, nor is it a group of technical skills. Music therapy requires that the therapist develop the ability to be empathic and aware. Through their participation in experiential exercises, participants came to realize that music therapy

can help clients access and work through conscious and unconscious material and that intense experiences in music therapy can be hard to contain. They also came away with a better understanding of the process of music therapy; that is how it unfolds for both therapist and client, as well as how the music contributes at different stages.

- *Levels of music therapy practice.* Experiential learning helped participants understand the various depths at which music therapy can be practiced. By experiencing and distinguishing techniques used at different levels, students gained a greater understanding of the real differences in levels of depth, particularly between the use of music in activity therapy and music therapy practice at the augmentative, intensive and primary levels.

- *Methods and techniques.* Participants gained new insights into the various music therapy methods and techniques. Their participation in experiential exercises helped them learn how music therapy techniques can be used alone or in sequence to address client needs. Through their experiences, participants came to understand that improvisation can expose unconscious material. Additionally, they learned that improvisations can trigger powerful and unexpected emotional responses, but they can also provide a sense of relief. Lastly, their experiences reminded them of how powerful songs can be when used in music therapy.

- *The value of music.* Participants also seemed to come away with a deeper appreciation of the therapeutic value of music. They came to understand that music holds a lot of powerful emotions and can affect people on many different levels. Through their group experiences they learned how music, combined with a group process, could effect change in their clients. They also were able to perceive the way in which music provides a means for people to relate to and support each other without words. Students also felt that it was easier to be present for their peers in music rather than in words.

Learning About Clients

Experiential learning increased participants understanding of their clients. Specific categories within this theme included:

- *Client needs.* Students came away from their experiences understanding that clients do not need therapists to fix them or make them better. They also learned that clients do not want to be saved. Rather, clients need therapists who can help them seek inside of themselves, so they can find their own answers. Additionally, clients also need therapists who can be present so they can feel safe when expressing difficult feelings.

- *Client's experiences*. Through their participation in the experiential exercises, students gained insight into clients' experiences in music therapy. Students came away with a

deeper appreciation of what it is like to be a client. Based on these personal experiences, they were able to develop a better understanding of how strong clients are as well as what they may experience or feel as they go through the music therapy process.

- *Therapeutic boundaries*. Students understanding of boundaries were broadened as a result of their experiences. They learned that some clients may need more structure than others to maintain personal boundaries and that what one client may see as supportive, another may see as intrusive. Most importantly though, they came away understanding that it is essential for music therapists to respect their clients' boundaries.

Learning About Being a Music Therapist

Students began to view their role as a music therapist differently as a result of their personal experiences. Their awareness of what clients need from a therapist was expanded. They came away with the realization that music therapists don't need to provide all the answers; rather they should be a supportive guide.

- *Doing music therapy vs. being a music therapist.* Students' beliefs about their role within the therapeutic relationship shifted from a focus on "doing music therapy" to a focus on "being a music therapist." As a result of their personal experiences, participants came to realize that being present to their clients was more important than getting them to do something. They learned how to be with their clients rather than talking *at* them. As they shifted from a mode of doing to a mode of being, they were more aware of what their clients were experiencing as well as more "in-tune" with what was going on in the therapeutic milieu. This shift also helped participants' resonate with their clients.

- *Role as leader.* Participants' understanding of their role within the therapeutic relationship also changed. Through the experience of "being a therapist" they came away recognizing what a leader does to make a music therapy experience work. Through their experiences in all roles they learned that if a therapist is supportive, clients can be helped to work through their resistance. Additionally, they came to realize that therapists don't have to take responsibility for meeting their clients' needs. Finally, they learned the importance of respecting their boundaries as a clinician.

Learning About Self

Participants also felt that their experiences increased their self-awareness and self-knowledge. These new insights were on both a professional level and a personal level. They also learned how they reacted to strong emotions in themselves and others, and how that may impact their work as a therapist. Specific categories within this theme included:

- *Music's influence.* Through their experiences, participants came to appreciate that music affects them as strongly as it affects their clients. Further, they came to understand that without this knowledge; they would be unable to work with their clients.

- *Self-knowledge as a music therapist.* Participants' experiences served as a staunch reminder of the importance of self-knowledge when working as a music therapist. They learned that in order to work as a music therapist, they needed to be healthy and know themselves. Participation in experiential exercises helped them to identify areas in which personal work was needed.

- *Comfort with levels of music therapy practice.* Students learned that there was a limit to what they could do as a bachelor's level music therapist. Through their experiences, they were able to discern their comfort level with the different levels of music therapy practice. While most felt comfortable working at the supportive level of music therapy, they also gained confidence in working a little deeper. They also were able to identify those areas in which more training would be required.

- *Self-awareness as a person.* Participants' experiences lead to new insights about themselves. As a result, they became more self-aware and accepting of themselves. Through experiential learning they came to see how their personal lives and professional lives were intertwined. They learned that their daily lives were influenced by the same introjects, and transference(s) and countertransference reactions as their clinical work. This helped some understand why they feel like they need to get their clients to do something. Other students learned that their willingness to share autobiographical material was directly related to their personal feelings of safety within the group. If they didn't feel safe within the group, they were less willing to authentically participate. Lastly, some students came to realize that their assumptions about therapy were not real, but based on their personal history.

- *Effects of personal feelings on their own process.* Participants had several personal reactions to the experiences. These reactions helped participants learn how they react to strong emotions in themselves or others. Several participants learned that when they become frightened they don't know what to do and want the leader to be more directive. They often found themselves getting worried when they perceived that their peers were in a "dangerous spot" or having a "rough time" going through the learning process as a client.

- *Reactions to boundaries.* Participants also discovered how they reacted to boundaries. Students learned the importance of boundaries and understanding their roles therein. Some students felt uncomfortable when boundaries were crossed. Additionally, some felt that their need to draw boundaries around an experience interfered with their personal work.

- *Understanding support.* Through their participation in group experiences, participants came to understand how support can affect personal growth. They experienced difficulty when participating in groups where they didn't feel any connections to or support from group members. They learned that support from the group was necessary to overcome resistance and gain insight.

- *Addressing life's issues.* As a result of their experiences, participants agreed that music therapy would be the most effective intervention for helping them dealing with their personal life issues. They felt that music therapy would be more meaningful than traditional verbal therapy.

How Participants' Clinical Work Changed

Participation in experiential learning had a direct impact on the students' clinical work. Participants were able to see noticeable changes in their clinical work based on what they learned about being a music therapist. They reported a shift from doing therapy to being more responsive to their clients' needs. Specific categories within this theme included:

- *Responsiveness to client needs.* Overall, participants felt that they were more responsive to their clients as a result of their participation in experiential learning. They found themselves more empathic and sensitive to the ways in which their clients may react to music therapy techniques. There was a noticeable shift from doing things to being focused on what was going on in the moment. They also noticed a change in their observation skills; suggesting it was like "seeing with new eyes." Their clinical observations tended to be more focused and detailed.

- *Understanding music therapy.* Participants felt that their experiences helped them to make connections and understand what was happening within the context of their music therapy groups. They were also better able to communicate what they had learned about their clients to others on the treatment team.

- *Self-confidence in working at deeper levels.* The classroom experiences provided participants with the opportunity to experience music therapy at varying levels of depth. As a result, participants' confidence in their abilities to work at a deeper level increased. Participants found that they were able to "let go" and trust the music more. Additionally, they were able to deal with difficult issues that arose in their work.

- *Recognition of limits of competence.* As a result of their experiences, participants came away with an understanding of how to work within the scope of their education and training. They learned how to contain an experience so that it didn't go beyond where they were comfortable working. They realized that they were not ready to bring every technique they experienced to their work. However, each experience offered them a

different way of working with clients (i.e. being empathetic), which they could bring to their work. Lastly, they learned to recognize when they needed to refer clients to another therapist for deeper work.

Boundaries in Experiential Learning

One of the more controversial issues with regards to experiential learning is the issue of boundaries. In-class experiences, while being educational in nature, often touch on personal issues. Participants voiced their opinions on the ways boundaries were set and maintained. Specific categories in what students reported included:

- *Setting and maintaining boundaries.* Participants noted a difference in the ways boundaries were set for the in-class experiences. Some experiences were contained by the learning objectives. The leader held the class very tightly so that the student's reactions to the experience did not get out of control. Other times the leader did not have such a tight grip on the experience. The experience was allowed to continue until the student was about to "fall apart."
 There was mixed feelings about who should be responsible for setting and maintaining the boundaries around an experience. Some participants felt that the teacher should set a clear boundary on an experience so that the students learn about the process of doing therapy and how to be a music therapist. Others felt that they had some personal responsibility for setting/maintaining their personal boundaries when participating in the experiences. Yet others believed that the boundaries around an experiential exercise should be maintained by the class, the student who is in the role of therapist, and the teacher. Regardless of who sets/maintains the boundaries, all participants felt that there should be clarity around the boundary issue. Additionally they felt that the purpose of the experiential exercise, what is going to happen and why participation in experiential learning is important, should be explained.

- *Reactions to boundaries being set.* Some participants reacted strongly to having a boundary imposed during an experience. They found it difficult to have their personal issues uncovered and superficially analyzed, but not fully processed. They often felt frustrated and angry as a result. On the other hand, some students felt that going into their issues made them feel as if they were taking up the class' time.

- *Teacher's responsibility for helping students work through personal issues.* Participants also had differing views on the teacher's responsibility for helping them work through personal issues that were identified during an experience. Some felt that if the professor pointed something out, and then put a boundary on it, they should take the student aside later and give him/her the opportunity to talk about it. Others felt that if an issue was identified the student should have the choice to either look at it by him/herself or talk with the professor. They acknowledged the balancing act that the professor has to

manage. On the one hand they didn't want to see a person left hanging, yet they didn't want the experience to delve too deeply into students' personal issues.

Students' Concerns

Students identified several concerns they had with experiential learning. Specific themes in what students reported included:

- *Concerns about the level of participation.* When given the option between authentic participation and inauthentic participation in an experience, students usually chose the former. Most felt the nature of music made it impossible to be anything but authentic. They also came to realize that it did not matter if they participated authentically or inauthentically, because either way, elements of their core self came through. Some students felt that the professors would know if they didn't participate authentically, and would question their seriousness about being a music therapist. There was a concern that if they did participate inauthentically, the professors would wear them down and they would end up participating authentically.

- *Concerns about grades.* Concerns over grades also influenced how students participated in the experiential exercises. They acknowledged that they were told that their participation in experiential exercises would not affect their grades, however, that was not enough to allay their fears. Most students felt pressure to participate in experiential exercises and believed that if they did not open up, or become emotional; their grade would be negatively affected.

- *Concerns about how experiential learning was defined.* Participants found themselves disagreeing with the professors' distinction between experiential learning and actual music therapy. Some felt that the professors were not being honest differentiating experiential learning from personal therapy. They pointed out that the techniques used in experiential learning are the same as those used when working with clients. The only difference is in the follow-up. Additionally, it was suggested that experiential learning was a form of therapy because participants gained new insights into themselves.

Experiential Learning in the Music Therapy Curriculum.

Regardless of the challenges that experiential learning presents, all participants agreed that experiential learning was as essential component of a music therapist's education. Most felt strongly that it was unethical not to include experiential learning into the curriculum. Specific themes in what students reported included:

- *Benefits of experiential learning.* Participants agreed that their personal experiences were beneficial to their overall learning. They found they learned more quickly and were able to apply this learning to their clinical work. Participation in experiential

exercises prepared them to face real-life situations better than reading and discussing the material. They also felt that experiential learning gave them the space to look at and think about themselves in a way that gave them overall direction to their personal and professional lives.

- *Use of experiential learning.* Participants also agreed that experiential learning should be incorporated into all levels of music therapy education. Some were angry that their first exposure came in their master's program. They strongly asserted that undergraduates needed experiential learning so they would know there is more to music therapy. They also linked burnout to the lack of experiential learning in most music therapy education programs. On the other hand, participants were keenly aware that care had to be taken in designing experiences for educational purposes. It was suggested that at the undergraduate level, experiences be designed to help students learn how to focus on and connect with their clients. Further, they suggested that educators link experiences to the students' educational level and the level of music therapy practice being taught.

DISCUSSION

The purpose of this study was to deepen my understanding of experiential learning as it is used within the context of music therapy education at Temple University. To that end, I interviewed both the faculty and graduate students in order to learn more about experiential learning from their unique perspectives. Because of my interest in the program as a whole, the results of these two sets of interviews will be discussed together. This will provide the reader with a comprehensive description of experiential learning as it is practiced at Temple University.

When the music therapy literature is examined as a whole, these studies describe experiential learning in terms of a specific technique (i.e. training group, role-play). From that perspective, experiential learning may be considered a group of educational methods and techniques that are used by educators for a specific purpose. The results from this study put experiential learning into a broader context. I have come to view experiential learning as an integrated educational approach in which students are emotionally engaged in all facets of the educational process. Educators and students are co-creators in this process that is "…anchored in their [the student's] experience" (Bruscia, personal communication, July, 2002), responsive to the learning situation, and what is being learned. The educational needs and developmental level of the students also guide this process.

The experiential learning process engages the students on three levels. First is "armchair engagement" (Bruscia). This form of engagement is created when educators emotionally engage their students in the material being presented. Here the educators shape the discussion so that the students are able to connect the information to their clinical work and then their personal lives. In this stage, the role of the educator is to carefully contextualize the discussion so that it is related to the learning goals and objectives. The role of the student is to participate authentically in the discussion, making personal connections with the information that is being presented on a cognitive level. The discussion between the educator and the

students serves as a framework for the ensuing experience thereby setting the stage for the next level of engagement.

The second level of engagement is "engagement through experience." An experience is introduced so that the students can begin to operate on the information that has been presented. The experiential method that is chosen (see Appendix 1) is based on the learning needs of the students, the education goals and the level of therapy being taught. During the experience, the educator chooses a role (instructor, therapist, facilitator, observer or provider of feedback) based on the method, learning objectives and developmental needs of the students. This criterion also determines how educators move among these roles during any given experience.

Table 4. What Was Learned in the Various Roles

Role in which student learned about	Student As Client	Student As Therapist	Student As Observer
Being a Therapist	X	X	
Self	X		X
Clients' Experience	X		X
The Therapeutic Process			X
Music Therapy	X		

Students also move among roles during each experience. They may be in the role of therapist, client, or observer. Each role gives the student the opportunity to live through the experience from a different perspective. Students commented that being in all three roles increased the breadth and depth of their knowledge about music therapy and themselves. Table 4 shows what was learned in the various roles.

In reviewing the data, it appears that students learnt the most in the role of client, followed by observer and then therapist. It is interesting to note that the two of the educators also believed that the student would learn most from being a client. They felt students' anxiety over being in the role of therapist may interfere with their ability to learn while in that role. The students concurred with this sentiment. Several students reported getting "caught up in being judged by their peers" when they were in the role of therapist, rather than focusing on the student-client and being fully engaged in the experience.

Throughout this second level of engagement, both the educators and students shift their positions within the experience. Educators have to make "in the moment" decisions in order to 1) structure and contain the experience, 2) intervene, if necessary, and 3) determine whether to move into reflection, or onto to another experience. There is not a magic formula that educators use to make these decisions. The decision to move is based on careful observation of the students' level of engagement, and listening to what students are saying. In this way, educators are also modeling skills that music therapists employ when working with their clients. So that even the way decisions are made in the moment can be an opportunity for professional role modeling.

The third level of engagement is "engagement through reflection." The reflection can occur privately through journaling, through a class discussion of the experience, or in a lecture format. This period of reflection allows the students to make connections between the in-class

experience, the learning objective(s), and personal reactions. This is important as it brings the cognitive and the affective components of learning together. The educator may help the students make these connections by drawing their attention to various aspects of an experience as they relate to the concept, principle or theory that was being taught. Other times, students make these connections independently as they reflect about an experience in a journal. Students felt that the written reflections helped them to recall and consolidate their learning. The feedback they received from the professors helped to deepen their understanding of an experience on a personal and/or professional level.

Students move within each level of engagement during each class and across the curriculum. Experiential learning is incorporated into all the practice-based classes (i.e. Music Psychotherapy, Music for Cancer Care, Music Therapy Supervision) within the master's degree program. The students emphasized that it was the cumulative effect of all the experiences that helped them to develop a deeper and broader understanding of music therapy and themselves. Each student interviewed described at least one experience in which a "light bulb" went off and they finally were able to grasp a difficult concept (i.e. countertransference) or gained some insight into their deeper self (i.e. I learned that my assumptions about therapy are all my own stuff, they are not real.) These new understandings and awareness were the result of repeated engagement in the experiential learning process.

A criticism that is often heard from the music therapy community is that experiential learning blurs the boundaries between education and therapy. Both educators and students were clear in their belief in what distinguishes experiential learning from actual music therapy is the placement of boundaries. As in music therapy, classroom experiences or experiential exercises are often designed to elicit autobiographical material. Here the similarities end. The students were able to articulate the difference based on their experiences in the Temple University Music Therapy Program: in music therapy the client and therapist would engage in a therapeutic process in which autobiographical material would be used to help the client work through life issues. The therapist holds the responsibility for helping the client achieve health. In experiential learning, autobiographical material is used as a means to teach a particular concept, principle or technique. The educator has the responsibility to contain the experience so that it does not move outside the realm of the educational goals. It is then the student's choice to seek outside therapy to work through any issues that may have been uncovered.

Figure 1 diagrams the experiential learning process. As can be seen, the experiential portion of this integrated process consists of four interrelated components. This process starts with the presentation of the concept to be learned. Then the professor moves into an experience that can take one of two formats. In the first the teacher is the therapist, demonstrating the concept that was presented. The students move into the role of either client or observer. In the second format, students move into the role of therapist, client or observer. The teacher also takes on the role of observer. After the experience, there is a period of reflection in which written logs, group discussion, or a lecture may be used to integrate the experience with the concept being learned. The professor may then move into another experience or introduce a new topic. This cyclical movement continues within each class, and across the curriculum.

Over time, students are able to bring all of their experiences together to form a gestalt in which there is a deeper knowing of music, therapy and self. There is an increased awareness

of how each of these facets works individually and together to influence the therapeutic process. With this, there is a new appreciation for the power that music therapy has to elicit unconscious material, stimulate emotional reactions and facilitate a group process. This knowledge then can help the music therapist make informed choices within the context of a music therapy session so that they will be better able to meet their clients' needs.

This deeper knowing then leads to both professional and personal change, which in turn leads to a different way of working with clients. Experiential learning develops the ability to be more empathetic and responsive to the needs that clients present in the moment. It empowers clinicians to take more risks and rely on their creativity when meeting those needs. Finally, experiential learning helps clinicians learn to listen to themselves, and to use what they hear to guide their work.
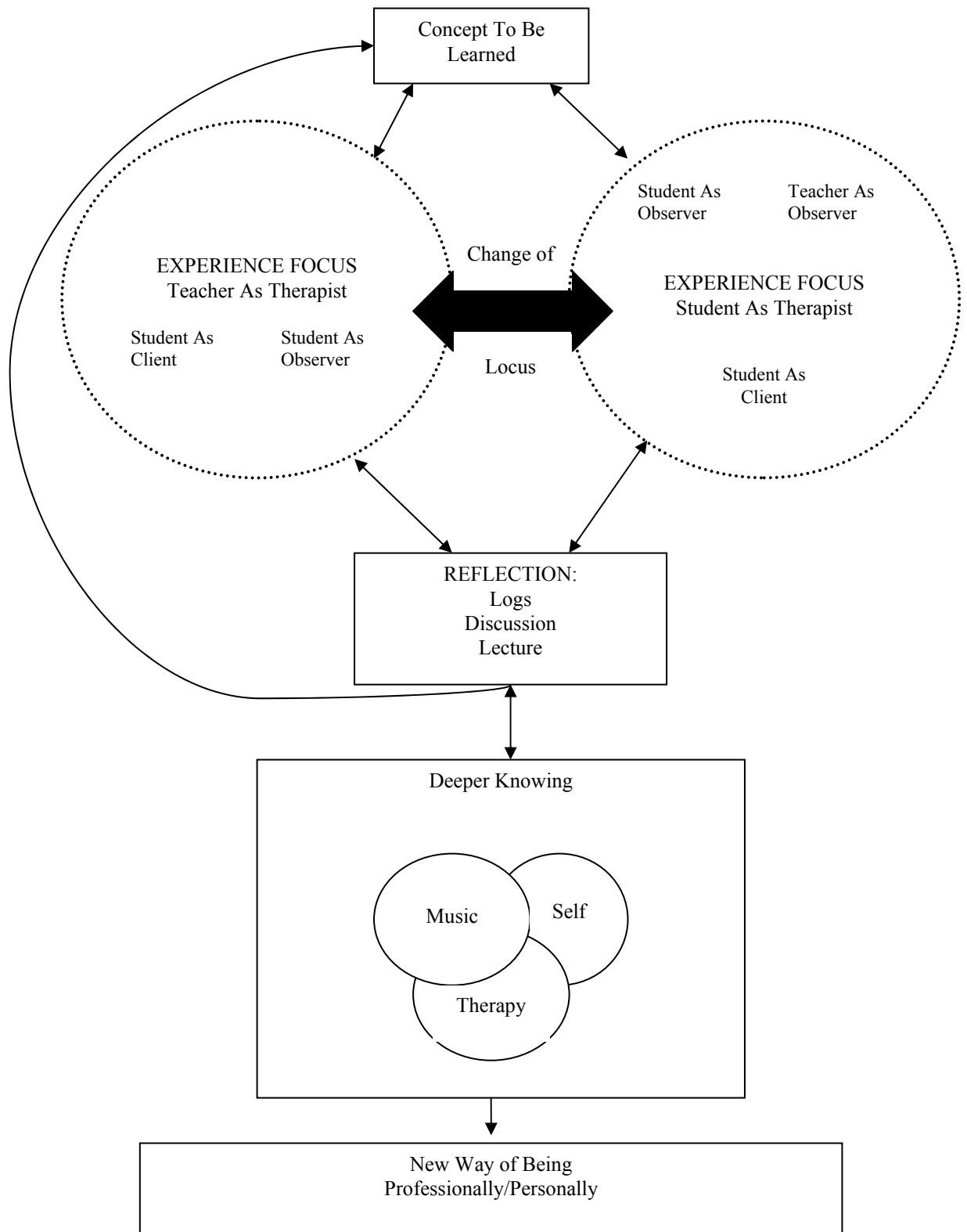
Experiential learning, then, weaves together cognitive insight and emotional understanding so that students come away with a deeper appreciation of what it means to be human. Through their experiences as client, therapist, and observer, students witness how music therapy methods and techniques work together in reaching their inner life world, and by extension their clients. Additionally, because each experience within a given class and across the curriculum gradually adds to the students' understanding of themselves, they are able to understand how music therapy can work in the lives of their clients.

Future Research

The goal of qualitative research is not to find specific truths or to generalize results to a larger population or sample size. Rather, qualitative researchers "…wish to understand the particular in depth" (Merriam, 1998, p. 208). Generalizations, if they occur at all, should be "…grounded in the similarities between the original group studied and the specific group to which one would like to apply the findings" (Aigen, 2005, p. 355). In keeping with the nature of qualitative research, the findings of this study where not necessarily meant to be generalized to all education programs and teaching approaches in music therapy. It is, however, hoped this study can add to the overall understanding of experiential learning in music therapy.

The findings of this study can also lay the groundwork for future research on experiential learning in music therapy education. First, the same type of in-depth study of other university programs, both here and abroad, should be undertaken to gain a richer and broader understanding of experiential learning and its use in music therapy education. This would provide a broader insight into experiential learning by offering holistic descriptions of the various approaches that are being taken. Secondly, the role of "self-experience" in music therapy education should be explored. This study researched experiential learning within the context of the music therapy coursework. It did not study the role "self-experience," in which the student undergoes personal music therapy sessions, plays in the overall education of a music therapist. Thirdly, all of the students interviewed were currently enrolled in the music therapy master's degree program. It would be interesting to learn more about the long-term effects of experiential learning on clinical practice. This may be accomplished by interviewing more seasoned clinicians (those who have been in the field 5 years or longer), to learn what effects (if any) their participation in experiential learning has on their current music therapy practice.

Figure 1. The Experiential Learning Process

Concept To Be
Learned

Student As
Observer

Teacher As
Observer

EXPERIENCE FOCUS
Teacher As Therapist

Change of

EXPERIENCE FOCUS
Student As Therapist

Student As
Client

Student As
Observer

Locus

Student As
Client

REFLECTION:
Logs
Discussion
Lecture

Deeper Knowing

Music

Self

Therapy

New Way of Being
Professionally/Personally

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APPENDIX 1
Continuum of Experiential Teaching Methods in Music Therapy

DEMONSTRATIONS (In class): Students experience music therapy in class, with the teacher leading the experience, and the students participating at various levels.
- Demonstrations of Activity Therapy: Teacher models how to engage clients in supportive music therapy, while students empathize with client population, and respond to teacher/therapist authentically.
- Demonstrations of Medical Music Therapy: Teacher models how to engage clients (individual or group) using various techniques, while students empathize with medical populations under study, and respond to teacher/therapist authentically.
- Demonstrations of Music Psychotherapy: Teacher models how to engage clients (individual or group) within different theoretical orientations and using various music therapy techniques. Students respond authentically (not empathically).

LABORATORY EXPERIENCES (In class): Students practice and experience music therapy methods presented in class under supervision
- Activity Music Therapy Groups: One student is therapist for peer student group, who empathizes with client populations, responding authentically. Teacher observes, gives feedback, and entire class discusses experience.
- Medical Role Plays: One student is therapist to another student in class, who empathizes with medical population under study, responding authentically. Teacher observes, gives feedback, and entire class discusses experience.
- Reverse Role-Plays: Student(s) lead teacher through music therapy experience, with teacher providing feedback. Class observes.
- Break-out Practice Groups: After modeling techniques, teacher divides class into pairs or groups, who then go to separate rooms to practice and explore the technique. Teacher may or may not observe or participate. Afterward, everyone returns for group discussion.
- Break-out Process Groups: After engaging students in music therapy experience, the teacher/therapist divides class into pairs or groups, who then process the experience together. Teacher does not participate. Afterward, everyone returns and selectively share parts of their process.

EXPERIENTIAL EXERCISES: Students practice music therapy methods and/or explore self through personal musical experiences outside of class
- Practicing Techniques: Students practice assigned techniques (relaxation, observation, verbal) out of class, using self or others as subjects. Students keep logs of their experiences and learning.
- Self-Experiences: Students explore self through personal music experiences (e.g., songwriting, improvisation, audiobiography), and write reflections of the experience. Teachers respond to reflections privately, and/or use reflections as topic for group discussions.

- Dyadic Peer Encounters: Students do practice sessions with one another outside of class, using music psychotherapy techniques (GIM, improvisation, songs) taught in class. Student therapist writes self-evaluations, and client-student writes log of experience.

GROUP MODELS (IN AND OUT OF CLASS): Students participate in music therapy groups designed to reinforce concepts, theories and principles presented in class as well as authentically participate in music therapy group.

- Tavistock Model of Experimental Improvisation: Teacher presents principles of group improvisation therapy, and then provides the class with a "given" to explore improvisationally in small break-out groups. The groups remain the same for the entire course, and all participation is authentic. Teacher does not observe or participate in groups, but each group has a recorder, and elects its own leader. A time limit is given, and the groups return to the large group for discussion after each improvisation. Based on the discussion, the teacher presents relevant principles and formulates next "given" for groups to explore. The process continues.
- T-group: Students rotate leadership in their own music therapy group lasting 3 hours. Each student led the group for 45 minutes, continuing in the same session to session and week to week process. All participate authentically. Teacher observes but does not participate. Students write logs of their experiences as members of the group, and leaders write self-evaluations and logs of their experiences. Teacher communicates to each student via the log, and meets with each leader prior to each session.
- Parallel Groups: Students participate in weekly music therapy groups led by an outside person. The focus of the group is on the experience of being a music therapy student. All aspects of the group are kept confidential from teachers.

APPENDIX 2
Example of Interview Analysis for Method II

Step 1: Interview was divided into segments and summary statements were written

Segment	Summary Statements
We would sit in class and be asked to do a life review or a song biography. And I remember thinking "what's a life review? What's a song biography? And then as we would go through the process, I saw what turned up; and then I could see where it could be used and in what instances I would use it with my clients and it becomes and invaluable tool for my work as a music therapist	I learned how various music therapy techniques can be used in music therapy practice.

Step 2: Codes developed for each summary statement

Summary Statements	Codes
I learned how various music therapy techniques can be used in music therapy practice.	Music Therapy Methods & Techniques

Step 3: Summary statements grouped together according to themes which emerged

Summary Statements	Assigned Theme
1. I learned how various music therapy techniques can be used in music therapy practice.	Methods and Techniques
2. Through my experiences I have learned that by using the various music therapy techniques you can help someone work through their issues.	
3. I learned that improvisation can expose unconscious material.	
4. I learned that an improvisation may trigger a powerful and unexpected	

emotional response.
5.   I learned that improvisations can be autobiographical.
6.   I learned that participating in a song improvisation can be a very intense experience for a client, but can also provide a sense of relief.
7.   The experiences I have participated in have reminded my how powerful songs can be. I learned that listening can be very powerful.

Step 4: Written descriptions created for each theme

Theme	Written Description
Methods and Techniques	*Methods and techniques.* Participants gained new insights into the various music therapy methods and techniques. Their participation in experiential exercises helped them learn how music therapy techniques can be used alone or in sequence to address client needs. Through their experiences, participants came to understand that improvisation can expose unconscious material. Additionally, they learned that improvisations can trigger powerful and unexpected emotional responses, but they can also provide a sense of relief. Lastly, their experiences reminded them of how powerful songs can be when used in music therapy.