

Information Sharing

Symposium on Experiential Learning in Music Therapy Report of the Symposium Sponsored by the World Federation of Music Therapy Commission on Education, Training, and Accreditation¹

KATHLEEN M. MURPHY
BARBARA L. WHEELER

Temple University
University of Louisville

ABSTRACT: This article reports on the Symposium of Experiential Learning in Music Therapy, the second symposium of the World Federation of Music Therapy (WFMT) Commission on Education, Training, and Accreditation, held as part of the 10th World Congress of Music Therapy in Oxford, England, in July, 2002. The symposium focused on approaches, research, and issues surrounding experiential learning in music therapy education. Thirty-four music therapy educators and supervisors from 12 countries participated in the symposium. This paper summarizes the 12 presentations as well as the dialogue and debate that followed. The article concludes with a summary of the issues related to experiential learning that were identified.

The Symposium on Experiential Learning in Music Therapy, the second symposium of the World Federation of Music Therapy (WFMT) Commission on Education, Training, and Accreditation, was held as part of the 10th World Congress of Music Therapy in Oxford, England, in July, 2002. The topic of experiential learning was selected as an outgrowth of the first symposium of the same WFMT commission, held in 1999 during the 9th World Congress of Music Therapy in Washington, DC, where many issues about experiential learning emerged (Wheeler & Grocke, 2001).

The program included presentations on various aspects of experiential learning and was organized around four themes: broad views, approaches, research, and issues. Group discussion followed each set of presentations. Thirty-four music therapy educators and supervisors from 12 countries participated in the symposium. The presenters included Barbara Wheeler (USA); Lia Rejane Barcellos (Brazil), Rachel Darnley-Smith (England), Cheryl Dileo (USA), Denise Grocke (Australia), Nigel Hartley (England), Connie Isenberg-Grzeda (Canada), Mechtild Jahn-Langenberg (Germany), Kathleen Murphy (USA), Inge Nygaard Pedersen (Denmark), Benedikte Scheiby (USA), Chava Sekeles (Israel), and Elaine Streeter (England).

Barbara Wheeler, chair, opened the symposium by provid-

ing a context for the day's program. She noted that this was the second symposium sponsored by the WFMT Commission on Education, Training, and Accreditation. The First Education Symposium, held in 1999, led to the development of WFMT Guidelines for Music Therapy Education and Training. Experiential learning was chosen as the topic for this second symposium as it is an important issue in music therapy education and had received the most spirited discussion at the first symposium. This symposium also recognized the importance of experiential learning in music therapy and the many unresolved issues that surround it. While Bruscia's (1998) definition of experiential learning² was provided as a reference, the term was used broadly to include all the various models and approaches that were to be presented.

Broad Views

This section opened with "Self-Experiencing of the Music Therapy Student," presented by Chava Sekeles, who discussed her rationale for including self-experiences as a component of music therapy education. She believes that self-experiences should be used to help students develop careful listening and empathy. They also help students understand that their imprinted musical memories will impact their work as a music therapist. Sekeles suggested that self-experiences should be combined with other forms of therapy, experiential training, and education. These include: (a) individual and/or group therapy, in class or in a private setting; (b) formal and non-formal music studies; (c) peer activities outside the official program—attending concerts, improvisation groups; (d) studies of specific music therapy models through simulation and role plays; (e) the interrelation between music and words, individual and group observations, and supervised internship; (f) non-frontal seminars; (g) workshops—music, self-experiences, vocal improvisation; (h) movement for self expression; (i) visits to therapeutic settings; and (j) giving concerts in therapeutic settings. This integrated program of study is designed so that students will gain insight into themselves and develop their musicality and therapeutic identity.

Kathleen M. Murphy, M.M.T., FAMI, LPC, MT-BC, is a doctoral student in music therapy at Temple University, Philadelphia, Pennsylvania.

Barbara L. Wheeler, Ph.D., MT-BC, is Professor and Director of music therapy at the University of Louisville, Kentucky, and the current Vice-President of AMTA.

¹ Additional information on this symposium, including the abstracts that presenters submitted prior to the symposium and a report on the summary and discussion that took place during the Oxford conference, are found in Wheeler (2004).

© 2005, by the American Music Therapy Association

² "In experiential training, students experience the process of music therapy or healing: 1) authentically, 2) as clients, 3) through a planned sequence of experiences over an extended period of time, 4) as an integral part of an education or training program, and 5) for both educational and personal growth purposes" (Bruscia, 1998, p. 187).

In the next presentation, Kathleen Murphy provided an overview of the spectrum of experiential learning methods used across all music therapy programs at Temple University in Philadelphia, PA. This spectrum was developed after interviewing all three full-time faculty members. Analysis of the interview data revealed four methods of experiential learning: (a) demonstrations; (b) laboratory experiences; (c) experiential exercises; and (d) group models (in and out of class). Each method was discussed in terms of experiential techniques used, the role of the educator, and the depth of student's personal involvement. Additionally, some of the challenges that arose as a result of incorporating experiential learning into the academic setting, including boundary issues, were presented.

The discussion following these two presentations began with comments about the separation of education and therapy. It was suggested that one way to maintain this separation was to design educational experiences with specific learning goals in mind. Students could then opt to receive personal therapy to work through any issues that were uncovered during these experiences or bring closure to any unfinished work. In addition, if students did pursue individual therapy, they would come to understand the process of therapy from personal experience. Supervision, as it applies to experiential learning, was also briefly discussed. It was suggested that the role of the supervisor was to help the student make connections between clinical work, education, and the student's personality. It was also noted that some countries provide special courses for supervisors.

Approaches

The presentations in this section dealt with experiential approaches to music therapy education. The first presentation described the use of experiential learning within the training for two specific models of music therapy practice, Analytical Music Therapy (AMT), and the Bonny Method of Guided Imagery and Music (BMGIM). The remaining two presentations described the use of group music therapy and individual music therapy as a part of the music therapy curriculum.

Benedikte Scheiby presented "Experiential Training in Analytical Music Therapy (AMT)," beginning with a concise description of the self-experience training elements in Analytical Music Therapy. Scheiby offers training in AMT in an institute program to individuals who are experienced music therapists. Students participate in individual music therapy sessions, group music therapy sessions, and intertherapy sessions. In addition to these self-experiences, students are required to write logs, keep diaries, and present cases. This integrated approach helps students develop personal, technical, artistic, and theoretical competence. Scheiby went on to suggest that there are risks for music therapy students who do not participate in experiential training. These include projecting their own needs on their clients, increased risk of professional burnout, and becoming stuck in their approach. They also include difficulty in maintaining boundaries in and outside of the music, losing their own inner music and creativity, and getting

stuck in the dynamics of transference and/or countertransference.

In "Experiential Learning in the Bonny Method of Guided Imagery and Music Training," Denise Erdonmez Grocke noted that experiential learning has been part of the educational process in BMGIM since its inception. BMGIM training is a three-stage process that incorporates both didactic and experiential components. During the training sessions, students work in dyads, switching roles as guide and traveler. Additionally, trainees are required to receive a minimum of 15 personal BMGIM sessions. The trainee's personal work outside of the training sessions is integrated with his or her personal work and the didactic material that is presented during the training session. In this way the trainee develops a depth of understanding and knowledge of the client's process from personal experience, enhancing the trainee's ability to effectively guide clients through challenging imagery experiences. Grocke suggested that experiential learning methods are also appropriate for supervision and went on to describe her use of reimagining³ for BMGIM supervision. The purpose for using this modified technique is to help BMGIM therapists sort out their own issues using the GIM process. The preliminary discussion focuses on how the student therapist feels about the client. The student is then asked to choose music that represents those feelings. After a brief relaxation, the student is asked to imagine the client sitting next to them. The music begins and the imagery session starts. The supervisor uses guiding interventions to help the student focus on how she or he is feeling about working with the client. The music listening is followed by mandala drawing and/or a discussion of the experience.

"Psychoanalytically Informed Group Music Therapy for Music Therapy Trainees" by Rachel Darnley-Smith described the rationale and procedures for a psychoanalytically informed experiential music therapy group. This group model was developed at the Guildhall School of Music and Drama, London, as part of the qualifying 1-year post-graduate diploma in music therapy. For each of three consecutive terms, music therapy students participate in weekly improvisation groups. Darnley-Smith noted that, while the musical content may be very different from cohort to cohort, there does seem to be a common overarching process. During the first term the musical contents of the group could be depicted as musical exploring. Familiar music is often incorporated into these early sessions. In the second term there is more silence and also more independence from the group leader, sometimes accompanied by individual expression of anger and mistrust. In the third term, the music becomes more varied, and there is less agreement among group members and leaders. Eventually the music becomes more flexible and responsive. The students become more focused on being themselves in the music. These groups

³ According to Bruscia (1998), "Reimagining is a technique wherein a GIM therapist revisits one of his client's images in an altered state of consciousness while listening to the same music. The therapist lets his own imagination go deeper into the events and characters, allowing the client's images to develop freely" (p. 547).

are not assessed. The contents are confidential and kept separate from other aspects of the students' education. The goal is to allow the students to learn about the transforming and dynamic process of improvisational music therapy. The experiential music therapy group offers opportunities for musical self-discovery as students explore the relationships between sound, silence, and words. Students are able to experience how a group's music can change over time. Therapeutic boundaries are used to hold the group, facilitate expression, and build trust. Psychoanalytic concepts such as transference, countertransference, and projection are understood through an analysis of the music and the feelings that the music elicits in the participants.

A brief discussion concerning the issue of confidentiality followed this presentation. Participants posed questions in which presenters were asked how they handled situations in which a student's previously unknown mental health problems were revealed. It was noted that information about a student's emerging mental health issues would be shared with the advisor or course leader if deemed appropriate by the group leader. To guard against the need for this, trainees of BMGIM undergo a selection process before starting each level of training. All students need recommendations from their guides and trainers. If a mental health problem is identified, further therapy is recommended before a student can complete the next level of training. If students have psychotic imagery, trainers may recommend use of a modified BMGIM process or another form of therapy for their personal work.

Nigel Hartley's presentation, "At Ease With Music: The Case for Mandatory Individual Music Therapy for Music Therapy Students," examined the role that individual music therapy plays in the education and training of music therapy students at the Nordoff-Robbins Centre in London. Students in this program receive personal music therapy over a 2-year period. Hartley suggested that, in his experience, students often come into a music therapy-training program with a damaged relationship with music. Music education programs together with years of formal training may have led to rigid ideas about what's acceptable and not acceptable with regard to music and music making. He further suggested that a healthy relationship with music is essential in the practice of music therapy. Therefore, individual music therapy sessions are used to facilitate a healing process and to help students develop a healthy relationship with music. Students use their personal music therapy sessions in different ways. In addition to exploring their personal relationship with music, they may choose to explore their relationship with other students, with the faculty and/or the therapist, or personal issues. Whatever issue is brought into the individual music therapy session is addressed through improvisation, helping students to come to a personal understanding of what clients may experience in music therapy.

Research

The results of two research studies were presented in this section of the symposium. The first presentation by Elaine

Streeter reported on the value of the music therapy-training group. The second by Lia Rejane Barcellos reported on students' experiences with experiential learning in the classroom.

Elaine Streeter opened this section of the symposium with "The Value of the Music Therapy Training Group—A Research Project." By way of introduction to her study, she began by sharing some general ideas on experiential learning. She suggested that experiential learning begins when one attempts to link music with information. Experiential learning weaves its way through the entire training and, as such, raises many feelings in students. Therefore, she felt it important to discover the impact of personal explorations on the learning process of a music therapist. Two questions guided her study: (a) Which aspects of a music therapy training group do participants value more highly at the beginning as opposed to the end of their group? and (b) Does the degree to which music therapists value their training group while participating differ in comparison with how they value it, retrospectively, during professional practice? In order to answer these questions, she surveyed 35 music therapists. She found that the participants valued their experiences in the music therapy training group and that the value of this experience increased over time.

Lia Rejane Barcellos followed with the preliminary results of her research, "Student's Experiences of Experiential Music Therapy—A Qualitative Research Study." Barcellos presented the results of the first stage of data analysis. The data for this study came from two sources: the student's point of view, taken from written reports of their own experiences, and the researchers' point of view, taken from an analysis of the videotaped sessions of the experience. At the time of the symposium only the student reports had been analyzed. Students reported that the in-class experiences made it possible for them to live a new experience and to play the role of a music therapist. This included practice in planning and carrying out music therapy experiences.

The discussion began with the relative value of student participation in group and individual music therapy. It was noted that both are required in Analytical Music Therapy training, and group therapy precedes individual therapy. It was suggested that participation in a music therapy group was a nice way of starting students out in personal therapy without frightening them away from therapy. In group music therapy, students can come to understand what it means to nurture the self. Additionally, the group leader is able to serve as a professional role model for the students. Based on the results of the therapy group, some students may want to go into personal music therapy, especially if they had fears about disclosing personal information to the group. The music therapy group was seen as more supportive than individual music therapy, which was seen as more insight oriented.

The question of who should provide music therapy for students was raised. It was suggested that students may feel more comfortable working with a therapist who was not affiliated with the academic program, with the reasons for this centering on personal privacy, professional perspective, and student comfort. Further, it was recommended that the therapist who

is chosen for individual work not be overly identified with one model of music therapy. However, it should be understood that while a student may wish to seek such a therapist, those in institute training programs (i.e., BMGIM, AMT) are required to receive personal therapy in the method in which they are being trained.

The issue of helping musicians move beyond the trauma of music training was raised. It was noted that a survey of music therapists revealed that they did not use music for self-healing. It was also suggested that music therapy should be integrated into the training of musicians to teach them how to use music in treating performance anxiety and stress.

Issues

The presentations in the final section of the symposium explored issues related to experiential learning in general. These include ethical issues in experiential learning, evaluation of experiential learning, boundary issues, and self-experience as a meta-process in the training of music therapy students.

In "Ethical Issues in Experiential Training and Experiential Training in Ethics," Cheryl Dileo noted that ethical risks (i.e., creating dual relationships, misuse of power, access to students' personal information, boundaries) are inherent in all forms of experiential training. She pointed out that experiential learning could turn into therapy if the professor is not clear on the differences between the roles of instructor versus therapist. Dileo offered several suggestions to reduce these risks. First, the role and purpose of experiential learning should be explained to students before they start an academic program. Consent forms that outline the student's role, the leader's role, the potential benefits and risks, and grading policies should also be used. Second, she recommended that student participation be encouraged but not required. Additionally, students should be given the opportunity to decide if they want to participate authentically or inauthentically (as themselves or with some type of role playing). Third, she suggested that educators limit student participation to the here and now rather than uncovering and working through deeper personal issues. Fourth, educators should maintain a list of therapists to whom they can refer students to for additional personal work on issues that may be identified as a result of experiential learning. Finally, she reminded faculty that they must be open to feedback from the students and take feedback into consideration when planning future experiential activities. Dileo then went on to discuss the use of experiential training in order to develop skills in "ethical thinking." She suggested that experiential training methods such as self-awareness exercises, problem-solving experiences, and personal exploration tasks be used to help students recognize and understand their values, personal boundaries, expectations for their clients, and awareness of any tendencies they may have toward avoidance of ethical accountability. She concluded by commenting that exploring these issues is critical in the development of ethical thinking and that attention to ethical issues should be emphasized throughout the entire music therapy curriculum not just in the ethics class.

In "Evaluation of Intertherap," Inge Nygaard Pedersen noted that self-experience for music therapy students at the state university training in Aalborg, Denmark, became mandatory after 7 years of evaluation of the program by the Ministry of Education (from 1982 to 1989). The evaluation determined that (a) the program dealt satisfactorily with ethical rules; (b) places of employment reported positively that they could use staff members with this specific combination of self-experience, musical training, and academic training; and (c) the university boards were positive toward hosting such an experimental program as one of their specialties. Students participate in self-experience disciplines throughout 4 years (1 year of individual music therapy, 1 year of group music therapy, 1 year of methodology in the form of role-playing client groups under student leadership, ½ year of psychodynamic group work under student leadership, and the final ½ year of Intertherap). In Intertherap, students work in self-selected pairs, taking turns in mutually being therapist and client, with direct and follow-up supervision of each session. Evaluation rules for state universities required the development of an internal evaluation of Intertherap, on a pass-no pass basis, concerning the student therapist's role with an emphasis on how the student retrospectively understands this role. Each student who completes Intertherap is required to present a case study in which s/he is the student therapist, based on video excerpts containing musical examples from the Intertherap process. For the presentation of these video excerpts, Pedersen has developed a schema where the case is to be divided into a number of phases. For each phase, students are required to present from the following: working issues/sub-issues, content, therapist's role in the music, and therapist's process based on this case in developing an identity as a future professional music therapist.

Mechtild Jahn-Langenberg discussed boundary issues in her presentation, "Boundary Issues in Experiential Music Therapy: On the Necessity of Boundaries in Music Therapy Teaching." Experiential training, in the form of individual music therapy, is a mandatory component in the education of music therapists in Germany. However, requiring this form of experiential training within the university setting can lead to role conflicts and a potential abusive situation between the student and teacher. Lehrmusiktherapie, understood to be music therapy treatment outside of the academic setting, was designed to prevent these problems. Students work with an experiential music therapist outside of the university. An initial assessment is performed to see how the student and therapist will work together. If they are compatible, arrangements are made for the student to receive 100 hours of individual music therapy. In this way, students can experience a secure therapy framework in which the development of the transference relationship can take place. Dependencies, which can be re-experienced in phases through a regressive process, can be explored without the danger of abuse. Jahn-Langenberg did note that problems often arise due to incompatibility of the value systems of the teachers, teaching music therapists, supervisors, and students.

The final presentation, "'Self-Experience' as a Metaprocess in the Training of Music Therapy Students," was given by Connie Isenberg-Grzeda. This presentation highlighted the opportunities for experiential learning that arise in the undergraduate curriculum. Isenberg-Grzeda noted that the focus of the traditional undergraduate program is on knowledge acquisition and skill development. However, she believes that music therapy educators are also concerned with the "person of the student." She pointed out that "treatment" is a component of good education, as educators often help students learn to become more autonomous. She believes that the development of self-knowledge should be encouraged along with the development of book knowledge. Isenberg-Grzeda suggested that there were several opportunities within the undergraduate curriculum to foster self-knowledge in music therapy students without providing a "self-experience" per se. By designing her classrooms as workshops, students are able to develop therapeutic skills and self-knowledge. Additionally, students write reflective logs on all learning experiences including readings, videos, and in-class experiences. She suggested that music therapy educators can model how to look at what is going on in clinical work by helping students see and understand what is happening in the classroom. She also maintained that experiential exercises should be designed to expose students to what they need to experience in regard to their relationship with music, others, and authority figures. For example, group song writing can be used to teach the technical aspects of a music therapy technique as well as provide the students with opportunity to learn about themselves as members of groups. Isenberg-Grzeda noted that she did not do a lot of autobiographical work within the context of the classroom, rather the students' process in the here and now was used to model the here-and-now process that can be used in therapy.

The discussion following this set of presentations started with follow-up questions for Jahn-Langenberg regarding *Lehrmusiktherapie*. The first question was related to the process by which experiential music therapists were chosen for the students. Jahn-Langenberg responded that students choose the music therapist they want to work with within the guidelines that the board of directors of the group representing German music therapy programs at public universities has developed to help students make informed choices. These guidelines suggest that the experiential music therapist should: (1) have received music therapy education which included self-experiential training, (2) have 5 years of professional experience, (3) have written and presented about their work, (4) have experience in supervision, and (5) be a member of the professional association. Jahn-Langenberg was also asked what she did when several students reported bad experiences with the same supervisors/personal therapists. She suggested several possible courses of action including: (1) identifying if the negative experience is related to a transference issue; (2) removing people from the list of recommended therapists that have been developed by the professional associations; (3) referring the therapist to the ethics board for counseling; and (4) offering training days for supervisors. It was noted that in the United King-

dom, continuing education programs are offered for the leaders of the student music therapy groups.

The question of who pays for students' personal therapy if it is a required component of an educational program was raised. It was noted that in Israel, personal therapy cannot be mandatory if the student has to pay. In England and Germany, personal therapy is mandatory and the students pay themselves. In Denmark, the university pays for the students' personal music therapy. American students can be encouraged to seek outside therapy and it is the students' responsibility to pay for their sessions.

As a follow-up question, the issue of whether or not experiential learning should be mandatory was raised. Again the responses varied by country. In the U.S., it is illegal to require personal therapy as a component of an education program. Students also have to be given the choice to opt out of experiential training that is presented within a given academic course. However, institute training programs that are not affiliated with a university program may require personal therapy and/or participation in experiential training. In Argentina, undergraduates experience music therapy techniques within the context of coursework and personal therapy is recommended, whereas in postgraduate programs personal therapy that is related to the type of music therapy being studied is mandatory.

The next issue put forward for discussion centered on how to train educators to use experiential learning as a teaching method. It was mentioned that in Japan, there are very few music therapy educators who have experience with experiential learning, therefore, it is not a commonly used teaching method. In Germany, music therapy educators who use experiential teaching methods offer courses to educators who are less comfortable with this approach in order to help them develop the necessary skills to become experiential trainers. It was suggested that other countries could adopt this model.

How students integrate material from academic course work with material from their personal therapy was considered. It was felt that all aspects of a student's education and training should be integrated. The question remained, however, as to whose responsibility it was for this integration. It was suggested that the ultimate responsibility for integration of the material rested with the student. Faculty members may step in and help if they notice students having difficulty with this process.

Summary and Conclusions

In keeping with the 2002 World Congress theme, this symposium was intended to provide a forum for dialogue and debate in regard to issues surrounding experiential learning in music therapy. Various models for experiential learning, research on experiential learning, and the complex issues involved with incorporating experiential learning into the music therapy curriculum were presented and discussed. The content and discussion of the symposium centered around three main points: (a) experiential learning is a necessary component in music therapy education, (b) experiential learning can be or-

ganized in many ways and can follow many models, and (c) there are ethical issues inherent in experiential learning. The discussion around each of these points will now be summarized.

Necessity of Experiential Learning in Music Therapy Education

While there were differences in approaches, methods, duration, and models, all participants agreed that some form of experiential learning should be a required component of music therapy education. It was felt to be the only way that students could truly understand the music therapy process. Additionally, participants agreed that it is the best way to achieve the personal and cognitive growth needed to be an effective music therapist. It was suggested that those programs that are unable to offer experiential learning within the curriculum could offer experiential training workshops outside of the academic program.

Incorporating Experiential Learning into the Curriculum

It was agreed that there was not one correct model for experiential learning although experiences used should be related to the developmental and educational needs of the students. Experiential learning can be organized in many different ways and can follow many different formats. Participants agreed that the ideal method of experiential learning may not always be realistic given the constraints of the institutional and cultural context to which one is confined; however, that should not be a reason for not providing experiential learning. Instead, music therapy educators should be encouraged to develop their own model or adapt an existing model to reflect the values of the music therapy community, the academic community, and the society-at-large.

Additionally, it was felt that incorporating experiential learning into the music therapy curriculum was a complex process. Several issues that should be considered when designing an experiential component to the music therapy curriculum were identified. First, educators should consider where experiential learning should occur (a) within music therapy course work, (b) as participation in a music therapy group, (c) through individual music therapy, or (d) a combination of these. The second issue for consideration should address who will lead the experiential component of the academic program: (a) members of the faculty or (b) music therapists from the community. Third, the developmental and educational needs of the students must be considered when planning and designing an experiential learning component. Finally, a system should be put in place to assist students with the integration of academic and personal work.

Ethical Issues

Experiential learning presents several ethical risks. However, it was agreed that the ethical problems associated with not having experiential training far outweighed the ethical problems inherent in the methodology. Suggestions for minimizing ethical risks include (a) having music therapists not affiliated

with the university provide music therapy experiences for students, (b) obtaining informed consent from all students prior to any experiential learning, (c) allowing students to participate in experiences to the degree to which they feel comfortable, and (d) grading should not be tied to the manner in which students choose to participate.

References

- Bruscia, K. E. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. (1998). Reimagining client images: A technique for exploring transference and countertransference in guided imagery and music. In K. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 527–548). Gilsum, NH: Barcelona Publishers.
- Wheeler, B. L., & Grocke, D. E. (2001). Report of the World Federation of Music Therapy Commission on Education, Training, and Accreditation Symposium. *Music Therapy Perspectives, 19*, 63–67.
- Wheeler, B. L. (2004). Experiential Training in Music Therapy: Report of the WFMT Commission. In D. Aldridge & J. Fachner, *Music Therapy World, Info CD Rom V*, pp. 1828–1851. Also available at <http://www.musictherapyworld.de/modules/wfmt/stuff/oxford2002.pdf>.