Andragogy for Music Therapy Education and Training:

Four Conceptualizations to Help Students Thrive in and Outside the Classroom

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Received 21 September 2023; Accepted 25 April 2024; Published 5 July 2024
Editor: Tim Honig
Reviewer: Kei Slaughter

Abstract

The transdisciplinary as well as practical nature of music therapy profession makes it challenging for music therapy educators to design courses and curricula that prepare students to integrate theory and practice, balance the art and science of music therapy, and become independent learners. Existing literature on educational approaches focuses on specific areas such as clinical musicianship and research skills and does not provide holistic views or conceptualizations through which educators can design courses and curricula. In this paper, four conceptualizations and teaching strategies that may aid current educational practices are explored: building a culture of learning, life-long learning, self-directed learning, and teaching diversity and multicultural contexts. Educators’ roles are also provided in cultivating learning environments where students feel safe to explore new ideas and music therapy methods, develop cognitive and social skills as life-long learners, utilize internal motivation to learn and grow with autonomy, and cultivate self-awareness in order to approach clients with cultural humility and knowledge.

Keywords: music therapy; pedagogy; life-long learning; self-directed learning; self-care; reflective practice

Music therapy as a profession has grown tremendously over the last 20 years and music therapists around the world are making a positive impact on the lives of diverse individuals. Music therapists serve clients ranging from babies in NICU to individuals who are actively dying. As much as I feel privileged to train and educate future music therapists, I feel responsible to provide quality education that is sustainable and practical; reflects the
culture and needs of this generation; provides learning experiences through which students integrate theory and practice; and enables them to balance the science and art of music therapy as defined by Bruscia (2014), especially in this era when more advanced scientific understanding about human response to music is available.

Music therapy education is unique due to the practical and transdisciplinary nature of the knowledge that students learn. They have to constantly find ways to integrate theory and practice, and this requires a high level of introspection and reflexivity. During music therapy training, students are introduced to a wide array of knowledge from music theory to neuroscience associated with human responses to music and are expected to demonstrate the professional competencies as articulated by the American Music Therapy Association (2013). Several music therapy educational approaches have been explored: Inclusion of research in classroom settings such as Course based Undergraduate Research (Dvorak & Hernandez-Ruiz, 2019), social justice focused education (Pickard, 2022), teaching functional percussion skills (Knight & Matney, 2012; Matney & Kalani, 2019), culturally centered music therapy supervision (Donley, 2020; Swamy, 2011), methodologies for reflective practice including Video-based Reflective Practice (Jang, 2022) and journal writing (Barry & O’Callaghan, 2008), and self-experiences through various types of music making (Macrae, 2021; Zanders, 2020). However, there is limited literature that discusses how to teach music therapy students in safe and supportive environments where they can thrive by actively engaging in learning, continuously reflecting on their growth and development, and making meanings through autonomous control of their own learning.

Malcolm Knowles (1980) introduced the concept of andragogy and articulated how adults learn differently from children, contrasting it with pedagogy. He posited that adult learners (a) move from dependence on others to independence from others and this is associated with self-awareness and autonomy of learning; (b) use a reservoir of life experiences in the process of learning; (c) are more problem focused and want to solve practical problems; (d) are more intrinsically motivated to learn by recognizing their success and promoting self-confidence; and (e) want to understand whys, which may direct them towards answers to questions about how to apply the knowledge they learn. Supported by adult learning theories including that of Knowles’s andragogy, I explore four conceptualizations that music therapy educators can consider when designing courses and curriculum, engaging in class discussions and experientials with students, and ultimately help them experience deep learning. These are conceptualizations that guided my own decision making as a music therapy educator in structuring and delivering courses as well as designing assignments. I also provide andragogy (i.e., teaching strategies) that aligns with each conceptualization and share examples.

**Building a Culture of Learning in Music Therapy Education**

Due to the practical as well as interdisciplinary nature of the profession, music therapy educators need to strive to find a balance between lectures, experientials, and verbal discussions. In lectures, students are introduced with theories that come from multiple disciplines including psychology, neuroscience, and music theory. In experientials, students have a space to explore ways to turn theories into practice. In verbal discussions, students have opportunities to share thoughts and feelings associated with the experiences and find ways to apply the knowledge to clinical settings.

In these three dimensions of how knowledge is delivered and shared in music therapy classrooms, it is crucial for educators to build a culture of learning where students feel safe to try new things and make mistakes, freely receive and give feedback, and contribute to class by sharing their thoughts and creative ideas. In order to build a healthy learning culture...
community, educators should be good models who demonstrate music experiences and allow open discussions and peer feedback. After an experience is well modeled and discussed, educators can provide student-led experiential opportunities. I find it helpful to not assign a grading rubric to those student-led experientials as long as they come to class prepared for the experience they create and engage in constructive discussions. This way, experiences they facilitate can be more authentic and students can practice music therapy techniques with peers without pressure to perform well, learn to respect and reflect on diverse perspectives, and use the classroom as a rehearsal space before applying the knowledge in clinical sessions. I suggest that educators provide these ungraded classroom experientials on a regular basis so that the healthy culture of learning is experienced and developed throughout the semester.

Another important element that teachers can provide in creating a culture of learning is validation. Students need to feel that they are contributing to the learning community (Davis, 2001) and this can be achieved by acknowledging their presence and contributions to class. Validation can occur through micro-affirmations which are small acts of giving opportunities, consistently giving credit to others, and providing fair, timely, and consistent feedback to build on strengths and work on weaknesses (Rowe, 2018). Creating a healthy culture of learning is important not only for growth and development of the students while they are in training, but also for continued professional development post academic training. After obtaining the board certification, music therapists are required to continue to learn and expand their knowledge base (i.e., continuing education). Professional development opportunities often occur through presentations and discourse in professional venues such as conferences and symposiums and if the culture of learning is well experienced and shared while students are in training, they may continue to show openness to learn and grow and engage in professional activities with open-mindedness and respect for diverse perspectives.

**Life-long Learning in Music Therapy Education**

Life-long learning is defined as “all purposeful learning activity undertaken throughout life with the aim of improving knowledge, skills and competence within a personal, civic, social and/or employment-related perspective” (UNESCO Institute for Lifelong Learning, 2023, para. 2). By creating intellectual environments that are similar to professional practice and dialogues, music therapy educators can promote developing professional attitudes to continuously learn and grow and engage with others, which may carry over post academic training. To create a learning environment that promotes life-long learning, faculty can demonstrate, share clinical/musical/personal experiences and insights, and create meaningful conversations and problem-solving opportunities as a collaborator and facilitator (El-Amin, 2020). For example, educators may pose a question related to what makes a good music therapist, open a discussion about qualities of a good therapist, introduce how allied professions define good therapists, and address how there is a lack of literature that articulates what makes a good music therapist in the profession. If there is a student who is interested in examining this further, a collaborative research opportunity may unfold between the faculty and student.

Another strategy is to teach reflective practice as course content. Reflexivity is a crucial element in cultivating clinical skills and it involves identifying strengths and limitations, integrating theory and practice, and developing clinical reasoning skills and action plans for better clinical outcomes (Dubé & Ducharme, 2015; Schon, 1983). Through reflective practice, music therapists experience continued growth and development, consciously examine assumptions and biases, and develop clinical reasoning as well as decision making skills; yet lack of reflective skills associated with how to reflect on sessions often hinders
students from learning from past experiences. Several methods of reflective practice have been explored in music therapy: journal writing (Barry & O-Callaghan, 2008), self-experiences (Donley, 2020; MacRae, 2021; Swamy, 2021; Zanders, 2020), and guided reflection through video-recorded sessions (Jang, 2022). Video-based Reflective Practice (Jang, 2022) offers practical methodology that utilizes reviewing video-recorded sessions and structured questions designed to help analyze clinical situations, identify strengths and working points, and develop strategies for better future sessions. When deliberately practiced and used in self-reflection or supervisory relationships, these metacognitive processes may carry on post academic training and become a resource for continued growth and development in professional life (Jang, 2022).

Additionally, educators can reserve a time for reflection when students discuss assigned projects which can range from what they learned about themselves in the process of completing the project to what they learned about specific populations or approaches. This gives students an opportunity to reflect on learning processes and outcomes as they relate to finding literature to support their theory and creating music experiences supported by the theory. Furthermore, for students who observe music therapy sessions before embarking on facilitating sessions, educators can assign observation prompts pertaining to the therapeutic process, students’ cultural/family backgrounds that may have influenced the interpretation of the session they observed, and alternative intervention strategies that may be different from the ones that have been implemented by the student music therapist. Helping students to think critically about sessions they observe especially in the initial phase of clinical involvement may provide good resources for developing meta-cognitive skills and understanding client-therapist interactions with multiple lenses.

An integrative review suggests that music therapists are at risk for burnout, and they experience burnout more than other mental health professionals (Gooding, 2018). Self-care practices are crucial for sustainability of the career and there are strategies available, specifically designed for music therapists (Kunimura, 2023). There are increasing voices that self-care needs to be practiced within curricular approaches to not only prevent burnout but also address stress and anxiety that music therapy students experience (Fiore, 2018; Moore & Wilhelm, 2019). Self-care can be taught and practiced as a class experience as well as a course assignment. For example, educators can devote a part of class time to writing a “compassionate letter” with carefully selected background music (Hanser, 2018). For the experience, students are asked to write a letter pretending that it came from who deeply care about them. After writing the letter, they can choose whether to share the letter with their peers. This exercise provides students time to pause, observe and notice their internal processes, validate their hard work, and use their own voice to become empowered.

The concept of gratitude has been studied and shown to be associated with heightened well-being, positive emotions, and increased happiness (Emmons & McCullough, 2003; Seligman et al., 2005). Counting blessings exercise can be practiced in various ways, such as journal writing and writing a thank you letter, and can also be experienced in a classroom setting. For example, an educator can facilitate a collective vocal improvisation about things students are thankful for, create a simple repetitive chord structure such as C, Am, F, and G in 4/4, and start a sentence with “I am thankful for…” in melody. When the educator makes an eye contact with the next person, the person continues the improvisation with their own expression of gratitude within the same chord structure. This can be continuously sung until everyone expresses what they are thankful for. Counting one’s blessings is linked to reducing negative stress of daily life (Krejtz et al., 2016) and doing this exercise together in a classroom is a simple but great way to remind students of the importance of having gratitude for their current as well as future well-being.

Additionally, self-care can be practiced as an assignment in a way that students identify their self-care needs, practice on a regular basis, and share their self-care practice during
clinical evaluation processes (e.g., midterm and final evaluation). Furthermore, as music therapy interns are required to report to an academic faculty on a regular basis, the faculty can intentionally generate self-care related questions and have the students report on how they are taking care of themselves mentally and physically in addition to their learning experiences at their internship site. Another tip for facilitating self-care in classroom is to assign a book to read throughout the semester. Educators may offer a list of books that can help develop the concept of self-care such as Brene Brown's *The Gift of Imperfection* and James Clear's *Atomic Habits*. At the conclusion of the semester, educators can lead a discussion about what they have discovered about themselves and take away points.

**Self-directed Learning and Project-based Learning in Music Therapy Education**

Self-directed learning is the process where individuals take their own initiatives in assessing their own needs, developing goals and plans, identifying resources for learning, selecting and implementing appropriate learning strategies, and evaluating learning outcomes (Knowles, 1980; Tekkol & Demirel, 2018). Self-directed learning has shown to be associated with higher level thinking skills such as creativity, problem solving, critical thinking, and life-long learning tendencies (Tekkol & Demirel, 2018). Self-directed learners display positive characteristics including metacognition, motivation, and self-regulation as well as confidence and competence (Tekkol & Demirel, 2018).

Considering the multiplicity of music therapy discipline, various populations serviced, and spectrum of symptoms addressed in music therapy, educators can design class discussions and assignments that are student-directed in nature. For example, reading materials can be selected by students based on their own interests within the given topic in addition to book chapters or journal articles assigned by the instructor. This autonomy in selecting reading materials based on their own interests may not only deepen their learning but also contribute to class discussion with unique perspectives to the topic discussed. Additionally, educators can facilitate a project-based learning in which students choose a topic, find supporting literature, adopt or develop a theory, and demonstrate music experiences. Topics can be selected based on domain areas (e.g., emotional and cognitive response to music), populations (e.g., individuals with dementia), music experiences (e.g., improvisation), and subcategories of those areas (e.g., emotional expression, emotion regulation) according to the scope and content of the course. These projects can be done individually or collaboratively in various classes such as population and research-based courses. Completing this type of project as a group assignment may provide psychosocial resources (e.g., peer support) and address generational wants and needs (e.g., collaborative problem solving, in-person communication) within a classroom setting (Katz et al., 2021). Project-based learning has been studied in higher education and shown a link between self-directed learning readiness (e.g., self-management skill) and achieving learning outcomes (Kokotsaki et al., 2016). It has also been linked to problem solving skills, perceived improvement of content knowledge, skills, and self-efficacy to the subject (Guo et al., 2020).

In order for students be autonomous and responsible for their own learning, educators need to cultivate a safe learning environment where students take psychological risks by asking questions, sharing ideas, and seeking feedback without fear or judgement; educators are accessible and approachable, and respect and recognize the students’ work; and students and educators collaboratively solve problems and express gratitude and appreciation for their learning (Hardie et al., 2022). When students feel safe in the learning environment, they are more likely to be comfortable with uncertainty when they are unsure about how to complete a task, feel that they are contributing to the learning
community, and critically reflect and discuss experiences for new knowledge being explored (Davis, 2001; Hardie et al., 2022).

Additionally, educators need to provide epistemological and methodological resources for problem solving and offer individualized/group feedback due to the unique nature of each project and students’ learning needs. Scheduling a time for individual/group consultation outside the classroom or devoting a class time for individual/group consultation may be a good strategy to address questions associated with their project. In addition, it is common that university libraries offer classes that are tailored to specific disciplines and scheduling a visit for a library instruction is a great way to help learners to locate and organize resources relevant to the topic of their interest, acquire basic knowledge about research, and gain research writing skills.

**Teaching Cultural Diversity in Music Therapy Education**

American Music Therapy Association articulates competencies and code of ethics associated with diversity (AMTA, 2013; AMTA, 2019; see bullets below). However, it is reported that students feel that there is not enough emphasis on multi-cultural competencies in music therapy education and training and there are voices that cultural diversity needs to be included as a core requirement (Kim & Whitehead-Pleaux, 2016). Students often question how they can address the complexity of the myriad of human conditions and diversity of various cultural contexts, and it seems intimidating for them to approach clients who may not show many of the shared characteristics (e.g., ethnicity, language). Some may have assumptions and biases that may hinder the development of therapeutic alliance and healthy collaboration between the student music therapists and clients.

**AMTA Competencies**

- Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.
- Select and implement effective culturally-based methods for assessing the client’s strengths, needs, musical preferences, level of functioning, and development.
- Demonstrate knowledge of and respect for diverse cultural backgrounds.
- Demonstrate skill in working with culturally diverse populations.

**AMTA Code of Ethics**

- Acquire knowledge and information about the specific cultural group(s) with whom they work, seeking supervision and education as needed.
- Be aware and accepting the client’s individual factors and cultural differences in the treatment process.

Culture refers to “any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background” (Hadley & Norris, 2016, p. 34; Lee & Park, 2013) and culture is both universal and individual (Belgrave & Kim, 2020). There are three levels of cultural identity: Individual identity focuses on individual uniqueness whereas collective identity is defined by factors such as gender, religion, profession, and education (Kim, 2021). Universal identity refers to shared biological and psychological qualities as humans and common life events (Kim, 2021). Ruud (1997)
articulates culture as a way of living, and Lee and Park (2013) describe all therapeutic encounters as cross-cultural in nature and culturally competent counselors as globally literate human beings.

In order to understand clients with diverse cultural backgrounds, being aware of therapists’ own cultural identities is the first step and without a proper level of self-awareness, therapists can create harm (Hadley & Norris, 2016). For example, students can explore their own musical identity and how it is influenced by family, society, and interactions with others. This can help them acknowledge that individuals they work with also have their unique musical identity and background (Reeves, 2015). I have had discussions about their musical identity and majority of the students recognized family influence on their musical development. Also, I have introduced a theoretical model proposed by Dvorak et al. (2017) which theoretically articulates the process of musical development of music therapy students. Reflecting on the model and how they are developing their own musical identity while they are in training seemed to help students not only recognize their own musical identity but also confirm their passion for music therapy or contemplate their future professional journey. For educators who are interested in devoting class time to helping students explore their musical identity, I encourage them to offer various arts media such as poems, drawings, and songs so that students can take time to reflect, express with creativity, and share their musical identity with their class as a community.

Additionally, music therapists work with internationally diverse clients who may speak different languages, bring historically and socio-politically unique cultural backgrounds to sessions, and resonate with culturally specific songs and instruments. I am blessed to have a class in my curriculum that solely focuses on international practices. We visit different continents and study historical, social, and musical background, as well as music therapy practices. Students gain knowledge about specific cultures and develop an attitude to learn from clients about their individual and collective identities. In addition, students are encouraged to approach clients with an assumption that humans share a certain universal cultural identity in that they have similar psychological and physical needs (Kim, 2021). Furthermore, educators can encourage students to gain an understanding about a specific culture by reaching out to a clinician from the culture and interviewing them about the music therapy practice, definition of health and wellness within the culture, etc. Educators may also bring a guest speaker to share their own clinical experiences, client cases, and music.

The class is offered to students in their last year of coursework and they have the freedom to select, research and present on a country they are interested in exploring. Students have the opportunity to explore music and music therapy practices within the sociocultural context of the country they’re interested in. If designing a course that is specifically for international practices is not feasible, educators can assign a topic in their existing class that is solely devoted to international practices and teach how unique social, historical, and musical backgrounds can inform clinical decision-making processes such as choosing music therapy methods, instruments and songs, and communication/facilitation styles. By recognizing their own cultural identity and developing an attitude to learn about specific cultures and learn from clients, students can develop cultural humility. This may help build a healthy therapeutic alliance which is associated with better therapeutic outcomes (Ardito & Rabellino, 2011; Martin et al., 2000)

**Concluding Remarks**

I am an educator who has taught music therapy in the United States for seven years at a midsize university. I have always been interested in cognitive psychology associated with
human learning processes and ways to create optimal educational experiences for students. In this paper, I explored a few conceptualizations that may be relevant to music therapy education and training based on knowledge and insights gained from my own research as well as teaching practices. I also shared teaching strategies that focus on building a culture of learning, life-long learning, self-directed and project-based learning, and cultural diversity. In Table 1, I summarize characteristics of each conceptualization with teaching strategies that may be of good use in music therapy classroom.

Music therapy students are the future of music therapy, and it is music therapy educators’ responsibility to provide quality education that prepares them to be future leaders of the profession who are critical thinkers and life-long learners who take care of themselves and clients they serve. There are various ways to actualize this mission and I have articulated a few. More dialogue and research are warranted to find best practices in music therapy education and training where the multiplicity of the profession is well conceptualized, and aspects of the art and science of music therapy are beautifully balanced.

**Table 1.** Andragogy for music therapy education and training.

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<th>Conceptualizations</th>
<th>Characteristics</th>
<th>Andragogy (Teaching Strategies)</th>
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| Building a culture of learning      | • Students feel safe to learn, ask questions, receive and provide feedback, and collaborate with peers.  
• Students are open to explore new ideas and techniques.  
• Students learn to respect and reflect on diverse perspectives.  
• Students evaluate themselves without judgement and learn from mistakes. | • Balanced course structure between lectures, experientials, and verbal discussions.  
• No grade penalty on mistakes made as long as students are fully prepared musically and/or conceptually based on current level of understanding. |
| Life-long learning                  | • Life-long learners strive to continue to learn and grow.  
• Life-long learning skills need to be learned and can be well-cultivated while students are in academic training (e.g., reflective skills, self-care practices). | • Educators model music experiences and demonstrate/facilitate meaningful conversations that are intellectually stimulating and resemble professional engagement as a facilitator and collaborator.  
• Reflective skills can be learned through guided methodologies (e.g., Video-based Reflective Practice, session observation prompts, journal writing, and self-experiences).  
• Educators can facilitate music experiences that focus on self-care practices within a classroom |
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<th>Andragogy (Teaching Strategies)</th>
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<td>(e.g., vocal improvisation that is about counting blessings, writing a compassionate letter).</td>
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<td>• Assigning a book to read for self-care and discussing what they learned and take away points.</td>
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<td>Self-directed</td>
<td>• Students are responsible for their own learning (e.g., assessing needs,</td>
<td>• Students select reading materials based on their interests within the given topic.</td>
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<td>learning</td>
<td>developing plans, finding resources, and evaluating learning outcomes).</td>
<td>• Project-based assignments that reflect each student’s interests and needs.</td>
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<td>• It is associated with autonomy, problem solving, creativity, and critical</td>
<td>• Team-based assignments that address generational wants (e.g., in-person interactions) and</td>
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<td>thinking skills.</td>
<td>psychosocial needs (e.g., peer support).</td>
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<td>• Educators provide methodological and epistemological resources for problem</td>
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<td>• Educators provide feedback tailored to students’ individual/group needs.</td>
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<td>Teaching cultural</td>
<td>• Self-awareness is crucial in understanding others.</td>
<td>• Creating a space (e.g., song, poem, drawing) to explore musical and cultural identity.</td>
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<td>diversity</td>
<td>• Recognizing different levels of cultural identity and acknowledging universal</td>
<td>• Giving students an opportunity to explore music and music therapy practices within the</td>
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<td>cultural identity as a window to understand diverse client contexts.</td>
<td>sociocultural context of the country they are interested in.</td>
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<td>• Interviewing or inviting a clinician to a class to share clinical stories, client cases,</td>
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<td>• Providing opportunities for students to share experiences of marginalization and/or privilege</td>
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Conflict of interests: None
No funding received for this manuscript.
About the Author

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References


