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COLLABORATIVE LEARNING IN MUSIC THERAPY EDUCATION AS
EXPERIENCED IN A COURSE IN THE FOUNDATIONS AND PRINCIPLES
OF MUSIC THERAPY

By

David Willis Luce

AN ABSTRACT OF A DISSERTATION

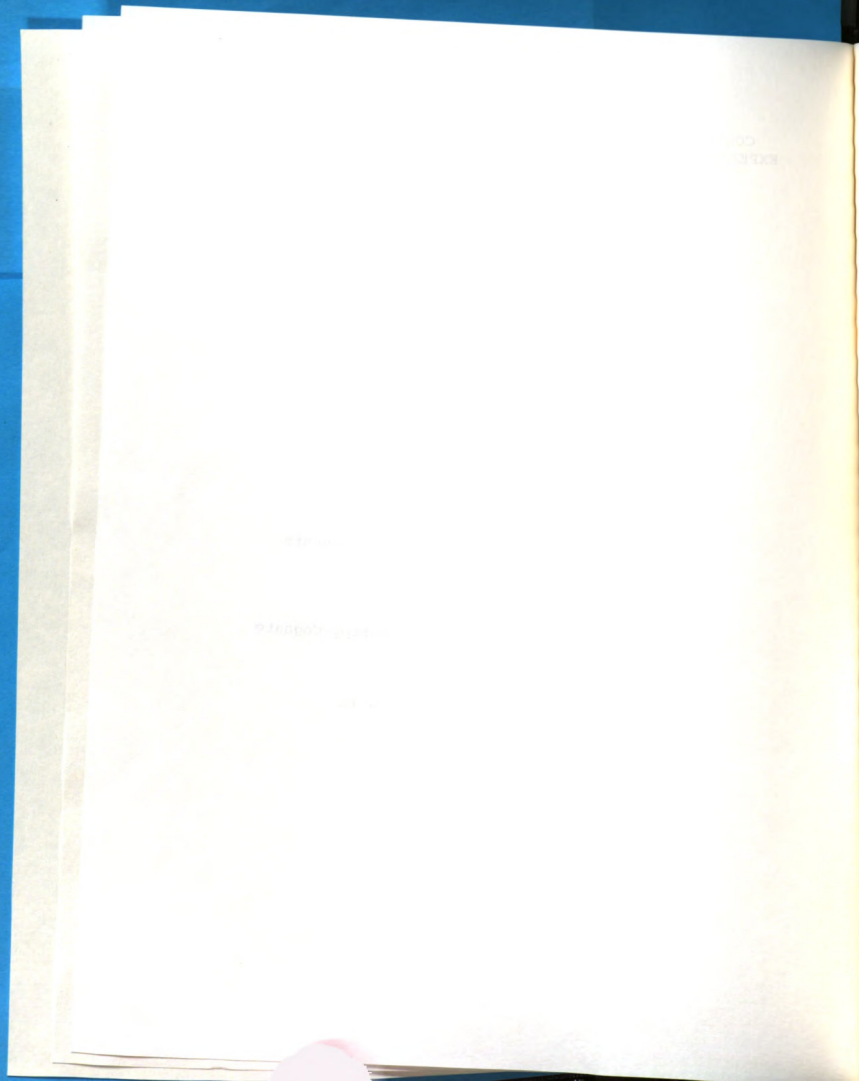
Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

In Music Education with a Music Therapy Cognate

2001

Frederick Tims, Ph. D., MT-BC



ABSTRACT

COLLABORATIVE LEARNING IN MUSIC THERAPY EDUCATION AS EXPERIENCED IN A COURSE IN THE FOUNDATIONS AND PRINCIPLES OF MUSIC THERAPY

By

David Willis Luce

The purpose of this action research project was to examine collaborative learning processes as experienced in a course in the fundamentals and principles of music therapy. The research questions examined the experience from the perspective of the enrolled students and the research participants, including the instructor.

Collaborative learning is a teaching methodology which recognizes that a community of knowledgeable peers socially construct knowledge, and that the authority of knowledge is shared amongst the members of that community by developing interdependent personal relationships (Bruffee, 1999). Collaborative learning has been explored in multiple disciplines throughout the latter part of the twentieth century, but not in the music therapy education literature. Yet, collaborative learning may facilitate the development of the intra- and interdependent personal skills that are essential for contemporary music therapists.

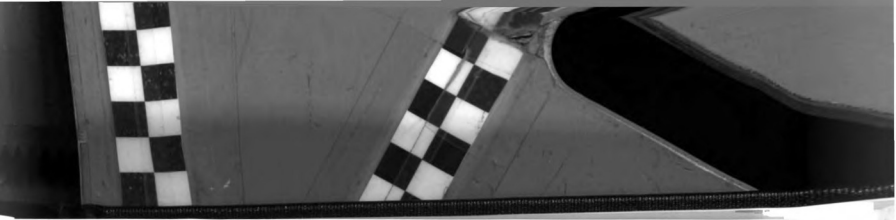


Data sources included students' written course materials, a set of three interviews for each participant, an instructor's reflexive journal, videotapes of each collaborative learning class session, weekly collaborative group process evaluations, and Myers Briggs Type Indicator profiles (Briggs & Briggs Myers, 1998) for each of the study participants.

Phenomenological analysis identified the emergent themes. Structural synthesis framed the students' responses and group interactions within contexts of personal and intellectual development in college students as discussed by Belenky, Clinchy, Goldberger, and Tarule (1986/1997), Erikson (1968), Perry (1970/1999), and developmental stages of student music therapists (Milgram-Luterman, 1997).

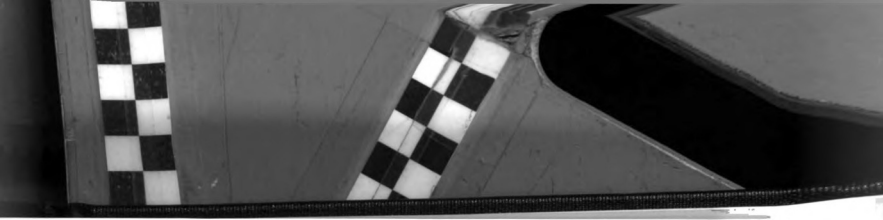
Results indicated that the students' experiences paralleled those reported in the literature; (a) collaborative learning contributed to the overall learning experience and understanding of music therapy, (b) transitional or transformational experiences were experienced, and (c) some students criticized the process for not meeting their needs. The instructor's experience reflected a first attempt at teaching collaboratively.

Suggestions for further study address curriculum, as well as personal and professional development.



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To my mom, who told me that education was the key; to my dad, who has watched over me all of my life; and to my brother, sister, nephew, and nieces, who love and support me. Thank you for being with me on this journey, and at the heart of my life.

To the grandfathers who guide my way, and to all those who bless my life and help me to learn.

April 11, 2001

To my father, who has been my
my dad, who has been my
brother, since I was a child.
me. Thank you for the love and support
heart of my father.
To the people who have helped me
who bring my life to the present.
I am grateful to you all.

ACKNOWLEDGEMENTS

In the course of such a project, many people play a role in the process, yet as the process unfolds, they might not be aware of what that role is. It is therefore important to acknowledge those who have come before me, those who have walked with me, and those who will come after me, for each of you are part and parcel of this process.

In particular, I want to acknowledge my dear friend, Joni Milgram-Luterman, who has been with me through it all. Thank you Joni for your counsel and mentoring. Ted Tims has supported my work, nurtured my experience, and provided the guidance I needed. Roger Smeltekop has become a friend, mentor, and colleague. The Michigan State Music Education faculty--John Kratus, Cindy Taggart, Colleen Conway, and Al LeBlanc--opened their minds and hearts to the work of music therapy, and graciously allowed me the space I needed to do my work. The staff in the School of Music--Bonny Stewart, Dorothy Bartholic, Jeannie Scheer, Karen Deford, and Leasa Sanchez--provided joy and laughter, as well as the things that I needed. To the music therapy students with whom I have had the distinct pleasure to work with, it has brought

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In part
John Milgram
Thank you John
supported my
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faculty--John
Leland--opened
therapy, and
my work. The

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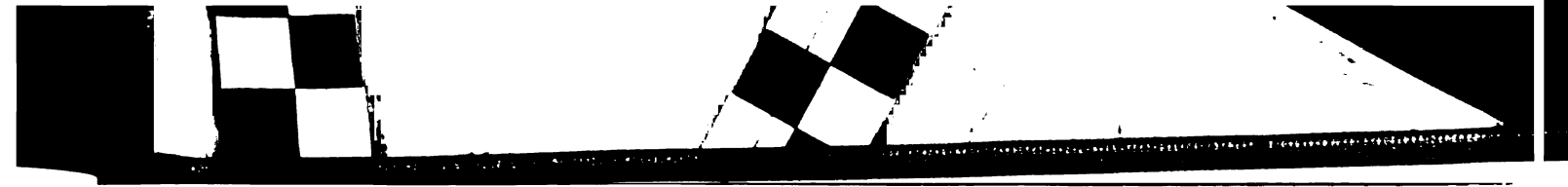
great joy to my heart to watch you emerge and move towards becoming music therapists.

To the students who participated in this study, I owe a special debt of gratitude for sharing your experience: It was the heart of this dissertation. Without you, it would not exist.

I am deeply grateful and indebted to my dissertation committee members who have supported, guided, and mentored me through this experience with dedication, commitment, intensity, integrity, and consistency: Ted Tims (chair), Colleen Conway, Cynthia Taggart, and John Kratus. Thank you for your graciousness, your support, and your encouragement, but most of all thank you for allowing this project to emerge as it did.

While I have told her repeatedly, I still must especially acknowledge Colleen for so much that it is impossible to list. From her suggestion that I might be interested in reading a book on post-modern curriculum, through the completion of this dissertation, she has been an integral part of my experience. Those who know her or have studied with her will feel her presence throughout this work. I am forever indebted to her, and the students I reach will forever benefit from her inspiration to me. I wish to acknowledge and thank my friends and mentors in the

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music therapy community, who have allowed me to share in the vision, energy, and passion of the work that we do. I want to thank and acknowledge all of the people who have allowed me to enter their lives and share our moments together in music: Each of you has made me a better person.

And last, but certainly not least, Charles Eagle, who continues to inspire and guide me, and the work that I do.

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PREFACE

Lately, I have often been reminded of an incident with my niece that occurred when she was but about four years old. I don't remember the particular context of our conversation or the event that precipitated it. However, her exasperation, emotional pain, and sense of loss were forever etched in my mind as she cried out, "I don't want to be different!"

Now, in the throws of this dissertation, her plea--and I must conclude--the pleas of countless other children resound in my mind. I have come to recognize that the unfortunate result of our educational system--intentional or not--has been to drum out the individuality and uniqueness within each of us.

As I was conducting my research for this dissertation, a truly serendipitous moment occurred. I was paying my bills and considering the renewal my subscription to *Lapis* magazine. So, I thought that I should look to the most recent issue to evaluate the magazine's relevance and resolve the debate. From the table of contents, out jumped Ron Miller's provocative essay, "Caring Education and Meaningful Democracy" wherein he noted the following:

The purpose of education for young people is to help them bring forth their creativity, their compassion, their curiosity, their moral and aesthetic sensitivity, their critical intellectual skills, their ability to participate in a robust democracy--in a word, their wholeness--and a decent culture, a culture that isn't blind to everything outside the economic sphere of life, would recognize this."¹

I renewed my subscription, and I renewed my belief and passion for the work of this dissertation.

As I listen to the constant din over the need for improved test scores, for students and teachers alike, I feel afraid, because I have become aware of the results and the futility of such an endeavor. As I watch and listen to the repetitive drilling and memorization that will "leave no child behind," I realize that while we may not be leaving them behind within this corporate culture of manufactured and produced sameness, we are extracting their creative life-energy that could so easily be directed towards recognizing, inspiring, and nurturing the unique qualities of each individual. Energy that could--in the final analysis--create a more vibrant culture and dynamic society in which we recognize, celebrate, and use our uniqueness and individuality. Together, as uniquely developed individuals we could create something exceptional, something that was much more than a mass-

¹ Miller, R. (2000). *Caring Education and Meaningful Democracy*. *Lapis*, 12, p. 36.



marketed, one-size-fits-all approach to life, living, and the pursuit of happiness.

The Holmes Group (1990)² wrote, "thinking is a pretty risky business" (pg. 57). Certainly, that has been true in the course of this dissertation. My thinking about the education of music therapists was significantly affected by writings in post-modern curriculum, critical pedagogy, reflective practice, and collaborative learning. These ideas caused me to rethink everything that I thought I knew about teaching and education. These ideas caused me to take a risk, to look outside the mold of traditional education, and to consider these ideas within the context of music therapy education.

Another serendipitous piece came in the form of an issue of *Parabola* magazine dedicated to teachers. That issue included a reprint of recorded portions of a meeting with J. Krishnamurti on March 13, 1948 that was open to the public, yet intended for educators and teachers³.

Krishnamurti noted that contemporary education had failed because its end-result was two devastating wars. He

² The Holmes Group was a consortium of education deans and chief academic officers from major research universities in the United States that organized in 1983 and sought to improve teaching and teacher education. From *Tomorrow's Schools: Principles for the Design of Professional Development Schools (A Report of the Holmes Group)*. (Previously available from 201 Erickson Hall, Michigan State University, East Lansing, MI 48823.)



noted that what was needed was not simply a new teaching method, but a change in the educators, because what the teacher teaches was a reflection of who and what the teacher is.

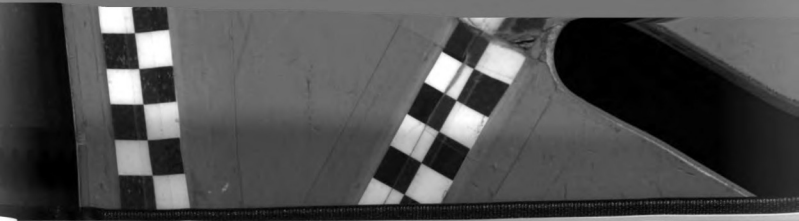
The educator is already set and fixed. He functions in a routine, because he is not really concerned with the thought process, with the cultivation of intelligence. He is merely imparting information, and the man who merely imparts information when the whole world is crashing about his ears is surely not an educator. (p. 85)

Krishnamurti noted that teacher education is focused on techniques for teaching and not on awakening a student's moral and ethical intelligence to help them "deal with the problems of life" (p. 86). He further considered that the purpose of teaching was not to develop an ideal child or an ideal citizen.

If I want to understand a child, I must not have an ideal of what he should be. To understand him, I must study him as he is. To put him into the framework of an ideal is merely to force him to follow a certain pattern, whether it suits him or not; and the result is that he is always in contradiction to the ideal, or else he so conforms himself to the ideal that he ceases to be a human being and acts as a mere automaton without intelligence. (p. 87)

Thus, for Krishnamurti, the focus and function of education should be on the individual.

³ J. Krishnamurti (as recorded March 13, 1948 and reprinted Fall, 2000 as, Educating the educator: Abandoning idealism in teaching. Parabola, 25(3), pp. 85-89.



The function of education is to turn out an integrated individual who is capable of dealing with life intelligently--wholly, not partially--not as a technician or an idealist. But the individual cannot be integrated if he is merely pursuing an idealistic pattern of action. (p. 87)

This focus on educating the individual has been a consistent theme throughout much of the literature related to teaching. Yet, it exists in stark contrast to the position that the function of teaching is to insure and maintain the stability of an existing culture. However, if an existing culture is viewed as oppressive, exclusionary, and self-serving; insuring the stability and permanence of such a culture is not, as I see it, the role of a teacher.

The Holmes Group noted that "deep understanding is often the result of serious play" (1990, pg. 19). Thus, as I embarked on this project, I embraced the notion of serious play: Not simply the joyful, childlike exuberance that we associate with play, but by embracing the thoughtful, exploration of alternatives, possibilities, and potentialities that could emerge in the process. I embraced the notion of creativity that had been nurtured within me as I worked in radio broadcasting, the creativity that spun images in the theatre of the mind and at times, brought laughter to the listeners or promoted thoughtful reflection about the events of the day.



I believed that if I could inspire the students to think critically and reflectively, they could begin to imagine their own possibilities and potentialities for themselves as music therapists and for the music therapy profession. This was a journey into the unknown, for now, even at the end of this dissertation, I still do not know; I can only hope.

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CHAPTER 1

INTRODUCTION

Music therapy education and clinical training have been a focal point of the music therapy profession since the first meeting of the Committee of Functional Aspects of Music in Hospitals of the Music Educator's National Conference Committee in 1946 (de l'Etoile, 2000). The evolution of the music therapy curriculum and clinical training guidelines have born witness to significant debate regarding the purpose, function, and content of these components, as well as their relationship to each other and relevance to professional practice.

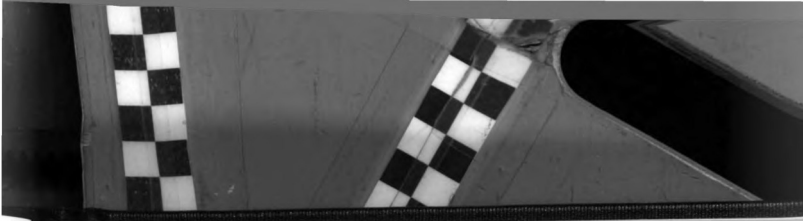
Multiple factors have influenced the direction and focus of this debate. Bruscia (1998a) noted that the difficulty in defining music therapy is related to shifts, over time, in the paradigmatic and theoretical orientations within and outside of the profession, as well as the growth of the profession itself and the changing nature of the healthcare marketplace. Thus, role definitions for therapists and clients, the perceived function of music in the therapeutic environment, and the needs of the healthcare environment, as well as theoretical orientations and the paradigmatic bases of those individuals debating

the topic have all contributed to the content and context of the debate. Ruud (1988) suggested that shifts in current scientific paradigms may favor music therapy and a reassertion of the role of music as "a prime source of information about how to live and relate to the universe" (p. 34). However, it seems that approaches to education and clinical training, and the professional practice of music therapy have not yet reasserted that role.

Education, Clinical Training, and Professional Practice

The difficulty in defining music therapy has similarly made it difficult to determine what to teach and how to teach it. Historical concerns have included the relationship and relevance between education, clinical training, and professional practice (Maranto & Bruscia, 1988; Reuer, 1987). Additionally, content concerns related to the changing cultural diversity in the United States and within the profession have emerged as the profession attracts an increasing number of practitioners from around the world (Choi, 1997; Darrow & Malloy, 1998; Topozada, 1995).

This diversity includes a gender issue within the profession as Braswell, Decuir, and Brooks (1985) suggested that men did not perceive music therapy as a viable career



choice, since the profession seems to be primarily practiced by young women. However, other literature questions whether the intellectual development needs of women (Belenky, Clinchy, Goldberger, & Tarule, 1986/1997) or the need for a critical pedagogy (Hooks, 1994; Maher & Tetreault, 1994) have been addressed in the education and clinical training practices, protocols, and competencies for music therapists.

Music Therapy Curriculum and Clinical Practice

The relevance and relationship of music therapy curriculum to clinical practice has been an important aspect of this curricular debate. Evaluations of the National Association for Music Therapy (NAMT) curriculum have highlighted the disparate perceptions of educators and therapists in comparison to academic, clinical, and regulatory criteria (Braswell, Maranto, & Decuir, 1979; Jensen & McKinney, 1990; Maranto & Bruscia, 1988; Reuer, 1987).

Reuer (1987) noted that the first NAMT curriculum was based on the needs of large institutions with a relatively stable population to provide musical entertainment and performance opportunities (see Appendix A). Questions regarding the efficacy of a fact-based learning process and its relevance to applied clinical practice challenged the

logic of a course-based curriculum and led to the development of a competency-based curriculum for the profession (Blank, 2000). Still, Jensen and McKinney (1990) found "substantial divergence between university curricula and research findings related to competencies necessary for music therapy clinical practice" (p. 174).

Bruscia, et al. (1999) offered a possible resolution of these divergent practices through a comprehensive review of music therapy education and clinical training. They noted that education and clinical training were not separate elements but that they reflected a "continuum of learning" (p. 3). They affirmed that "all levels of education and clinical training must be competency-based in design, implementation, and quality assurance" (p. 3). Their recommendations provided a framework for revising the music therapy education and clinical training standards (AMTA, 2001). However, as noted in several studies and as discussed in chapter 2, Literature Review, compliance with these new standards may be another issue.

Multiculturalism

The changing demographic profile of the United States has seriously challenged the ability of music therapists to address the clinical needs of individuals from diverse cultures. Additionally, a comparison of the professional

1. The first part of the document is a header section containing the title and the author's name.

associations' Descriptive Profiles revealed increasing percentages in the cultural diversity of the members (American Music Therapy Association, 2000; National Association for Music Therapy, 1996). Thus, the rapidly increasing cultural diversity of the United States' population and the music therapy profession calls into question the relevance of a curriculum solely grounded in the music traditions of Western Europe and the United States, as well as the cultural aspects of that tradition (Darrow & Malloy, 1998; Moreno, 1996; Topozada, 1995). Moreover, the contextual relevance of this curricular grounding fails to address the complex need to teach to individual differences and learning styles with regard to the values and differences that inhere within diverse cultures or individuals.

Moreno (1988) noted that a culturally diverse population within the United States meant that with increasing frequency, music therapists will work with individuals for whom a Judeo-Christian, Western European musical base had no relevance. He suggested that ethnic music might reach these culturally diverse individuals, as well as engage clients from the cultural mainstream through its "exotic appeal" (p. 17).

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However, cultural diversity is much more complex than a simple reliance on ethnic music can address or resolve. Boschee, Beyer, Engelking, and Boschee (1997) noted that "multicultural education recognizes diversity in culture, ability and disability, religion, family structure, gender, national and geographic origin, age, race, ethnicity, sexual orientation, socioeconomic class and language" (p. 233).

Toppozada (1995) conducted a survey to examine professional music therapists' knowledge of and attitudes towards relevant multicultural issues. She noted that not only was there a complete absence of multicultural issues in music therapy education, but also that the notion of therapy, in and of itself was a "Western concept" (p. 72). She noted that there were multiple and significant issues related to one's cultural perspective or "world view." These included (a) perception and expression of emotion, (b) concepts of disability, (c) sexual attitudes, (d) perception of time, (e) attitudes towards activity, (f) relationship with nature, (g) the value of the past versus the present, and (h) individual autonomy and shared authority versus hierarchical authority. These issues and others directly influence the process and the effectiveness of therapeutic interactions, because although the therapist

may be totally unaware of their own biases, their "minority clients may in fact be acutely aware of them" (p. 67).

In her view, the focus of multicultural education should not be to simply train students to use specific interventions such as ethnic music with varying cultures. Rather, the focus should be to stimulate an awareness of differences and the influence of personal biases in the therapeutic process.

Toppozada (1995) reported that some therapists do not understand the meaning of such basic terms as culture, ethnicity, and social groups. Other therapists adopted a "color blind" approach that assumed "people are people" regardless of cultural background. A majority of her survey respondents supported increasing music therapists' cultural awareness, but the mechanism for doing so was elusive. Yet, she asked, since music therapists are already trained to develop age-appropriate, population appropriate, and ability appropriate interventions "why should they not also learn to conduct 'culturally appropriate' sessions" (p. 81)?

Darrow and Molloy (1998) surveyed student and professional music therapists in culturally diverse areas of the United States to examine multicultural perspectives. They also reviewed NAMT academic program requirements,

professional literature, and national conference programs.

Their results revealed the following:

1. There are few research studies in the music therapy literature related to multicultural issues.

2. There is increasing attention to multicultural topics at national conferences through the International Relations Committee.

3. Multicultural issues in NAMT approved academic institutions are usually addressed through general education classes or electives outside of music or music therapy.

4. While nearly two-thirds of the therapists surveyed believed multicultural understanding was important, only 13% of the respondents felt that their training in this area was adequate.

5. "Even without university training, nearly 75% of the respondents felt they were familiar with multicultural music in general and 'very' or 'somewhat' familiar with multicultural music specific to their clientele" (p. 30). This latter finding seemed to suggest that either the respondents learned about multicultural issues on-the-job, or they believed that they know and understand something that they might not really know or understand.

The current AMTA Professional Competencies (American Music Therapy Association, 2000, pp. 41-45) generally address the need to recognize the individual differences of clients. However, they only require that a competent therapist (a) "identify the elemental, structural, and stylistic characteristics of music from various periods and cultures (p. 41), and (b) have a musical repertoire "for age, culture, and stylistic differences" (p. 43) (see Appendix B).

The AMTA Standards of Clinical Practice (American Music Therapy Association, 2000, pp. 25-32) require that during assessment, "consideration *may be given* [italics added] to a client's spirituality and cultural background" (p. 26). Spirituality and cultural background are defined in that document as "an interrelationship among a client's musical experiences, personal belief system, and cultural background, which may be influenced by the client's geographical origin, language, religion, family experiences, and other environmental factors" (p. 32).

The AMTA Code of Ethics (American Music Therapy Association, 2000, pp. 33-38) affirms the rights of others and prohibits discriminatory practice or practices that violate the rights of others. Yet, it goes no further to advocate for culturally appropriate practices.

The research clearly suggests that multicultural issues and training have not been adequately addressed in either the music therapy curriculum guidelines, the competencies, or by any significant number of the academic institutions.

Self-development

Personal issues and self-development play an important role in clinical training (Brookins, 1984; Glider, 1987; Grant & McCarty, 1990; Madsen & Kaiser, 1999; Milgram-Luterman, 2000) and professional practice (Bruscia, 1987, 1998b). A vast literature base discusses self-development in college students with implications for teaching and learning. However, there is little discussion as to how this important aspect of education and clinical training is addressed by a competency-based curriculum within music therapy education. The inherent assumption seems to be that self-development simply happens.

Out of 142 distinct competencies, a single reference within the AMTA's Professional Competencies (American Music Therapy Association, 2000, pp. 41-45) addresses self-development as it relates to the individual therapist. A competent therapist should be able to "recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process" (p. 42) (see Appendix B). Adequate

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preparation for professional music therapy practice must include an understanding of the self and the individual as an integral aspect of the therapeutic process (Bruscia, 1998b).

Turnover and Attrition

Lathom (1982) noted that clinical music therapists seemed to be mostly young women under thirty years of age, and this profile seems to have remained relatively consistent over time. Turnover and attrition in the profession have been attributed, in part, to the nature and quality of educational and clinical training processes and "burnout" (Bitcon, 1981; Braswell, Decuir, & Jacobs, 1989; Bruscia, 1987; Glider, 1987).

Another factor contributing to turnover is the status of the music therapist within the clinical treatment hierarchy. Braswell, Maranto, and Decuir (1979) noted that music therapists were perceived as less important to clinical practice than occupational therapists. Reuer (1987) noted that the earliest role of the music therapist was related to the diversionary, educational, or entertainment functions of music in a clinical setting. This focus was also reflected in the original NAMT curriculum (see Appendix A). Music therapists were trained to organize bell choirs, vocal and instrumental ensembles

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

or other such activities, and to perform for their clients, families, and staff. Reuer (1987) noted that subsequent changes in regulatory criteria shifted treatment focus from long-term residential care towards rehabilitative treatment and discharge planning. Thus, an increasing demand for clinically relevant music therapy services developed. Nonetheless, the perception that music therapy functions as entertainment or a diversion persists to this day, and thus it is ancillary or adjunctive to "real" clinical practice within the health care hierarchy.

Choi (1997) surveyed the treatment staffs of music therapy clinical training sites. She found that psychiatrists only perceived music therapy as effective in improving social skills and facilitating self-expression, or for personal enjoyment. Thus, music therapy was perceived as a "supportive treatment rather than as an effective therapeutic intervention" (p. 285). Additionally, she noted that psychologists and social workers regarded music therapy as therapeutic recreation. Notably, they "responded relatively negatively to treatment goals that they considered to be 'their' treatment areas" (p. 286). Moreover, among the therapists that responded to Choi's survey, the music therapy profession was not as respected as much as the individual therapist was.



Thus, the experiences of a beginning music therapist entering the complex hierarchy of contemporary health care can have deleterious effects on an individual's confidence and competence for the work that one believes one has been adequately prepared for.

McGinty (1980) found that many of the clinicians she surveyed were working in situations in which "many clinical decisions must be made without the support of experienced supervisors" (p. 155). Experience proves that music therapy clinical practice is a highly intense interpersonal profession that requires adequate self-knowledge and functionally adequate coping strategies for survival in a highly isolative professional environment.

McGinty (1980) noted that 37.9% of her respondents who were professional members of the National Association for Music Therapy were not currently employed as music therapists. She asked, "are people training for jobs which do not exist? Is music therapy experiencing the phenomenon characteristic of fields which are primarily composed of women who train, drop out to marry and bear children, then re-enter the field?" (p. 151).

Although specific data related to the demand for music therapists in the marketplace were not available, emergent trends of the 1990's suggested that there was considerable





interest and potential demand for music therapists. In addition, increasing consumer interest in alternative health care and parent and patient advocacy groups also seemed to have stimulated this increasing interest in, if not demand for, music therapy services.

It may well be that turnover, at least across positions and facilities, may be endemic to music therapy and the health care profession in general. However, it is imperative that experienced professionals remain active in the field to insure improved quality in clinical services and reaffirm the role of music as "a prime source of information about how to live and relate to the universe" (Ruud, 1988, p. 34).

Summary

The fundamental assumption of the current AMTA competency-based curriculum is that certain knowledge, skills, and abilities can be learned, applied, and experienced through didactic and practicum components. Bruscia, et al. (1999) identified a "continuum of learning" that is knowledge-based and realized through experience that begins with the academic institution, continues through the clinical internship, and extends into professional practice.



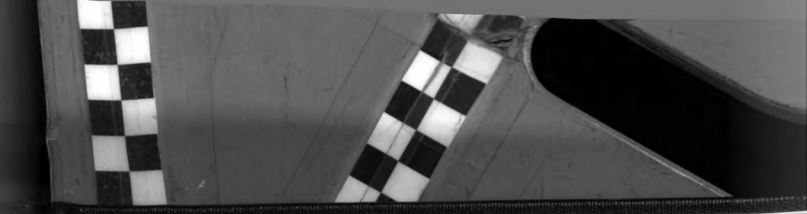
In most academic settings, AMTA approved institutions have also been certified by the National Association for Schools of Music (NASM). Thus, from a historical perspective, both AMTA and NASM standards and guidelines have influenced curriculum development. However, each individual academic institution designs and implements their curricula, and these institutions may or may not develop mechanisms to address the issues that have been highlighted here; relevance, multiculturalism, self-development, professional identity, turn-over, and attrition. Throughout the literature, it is clear that there is a wide-range of diversity amongst the individual academic and clinical programs. It is unclear as to how a competency-based approach to education addresses these issues.

Need for the Study

An advisory report of the National Academy of Education (1999) noted that important issues needed to be addressed in educational research.

1. All students need assistance to make successful transitions through a school's curriculum.





2. The social organization of learning in schools is directly impacted by a student's external as well as internal experience.

3. Teachers are being challenged by an increasingly large proportion of students living in poverty or from multiply diverse cultural backgrounds and ethnic minorities who "have been historically underserved by American educational institutions" (p. 14).

The report further recommended "a significant shift from most previous research on teacher learning, which has focused primarily on the acquisition of skills, dispositions, and knowledge with little attention to how these play out in what teachers do or in what students learn" (p. 15).

Music Therapy Curriculum Development

Noticeably absent from the debate over curriculum in music therapy education is any grounding in curriculum theory. Historically, decisions about music therapy curriculum seem to have been made based on personal preferences or paradigmatic orientations, rather than curriculum theory.

Gaston (1964) proposed twelve questions, based on evaluative criteria, as a basis for curriculum development. Madsen (1965) suggested that a balance between the



practical experiences and theoretical knowledge a music therapist needed should be the basis for curriculum development. Michel (2000) noted that early debate about the music therapy curriculum included a proposed requirement for the development of concert level performance skills that could have prohibited many qualified individuals from entering the field.

Reuer (1987) suggested that "each course of study should be educational, valid, and cover fundamental knowledge in a specific discipline. In addition, the content of each course should be contemporary, representative, relevant and learnable" (p. 1).

Bruscia, et al. (1999) advocated a competency-based approach to curriculum development with increasing levels of breadth and depth for advanced degrees. Groene and Pembroke (2000) found that music therapy educators strongly supported competency-based education because it was "perceived as a better way to monitor student progress pertaining to skill development" (p. 98).

Wheeler (2000) surveyed music therapy educators to examine the structure and content of the practicum component¹ in education. Her results affirmed that there were diverse approaches within the various academic

¹ The practicum component is typically defined as a hands-on introduction and orientation to music therapy clinical practice.

settings to provide this experience, yet the goals for the practicum experience were consistent. Wheeler observed that "much of this variety is embedded in people's thinking and the assumptions that they make about practicum experiences, and only becomes apparent upon careful examination" (p. 304).

Curriculum debate that is based on individual preferences or paradigmatic orientations tends to increase confusion about the functions, purposes, and definition of a discipline, as well as the role of its practitioners. This is certainly true for music therapy. Consumer's confusion about music therapy is a direct reflection of this debate. Grounding curriculum decisions in philosophical and theoretical bases will focus curriculum development in a context that is consistent and meaningful for the profession as well as the public.

Controlling Interests

Music therapy curriculum has evolved in response to the influence of four major controlling interests; the National Association of Schools of Music (NASM), the professional associations (AAMT, NAMT and AMTA)², the

² The American Association for Music Therapy (AAMT) and the National Association for Music Therapy (NAMT) merged in 1998 to form the American Music Therapy Association (AMTA).

Certification Board for Music Therapists (CBMT)³, and each individual academic program. NASM identifies specific content areas of factual- and experiential-based materials that must be included in an NASM-accredited school of music (National Association of Schools of Music, 1999-2000). Each of the professional associations has developed curriculum, approved academic programs, and provided faculty authorization to identify experienced professionals to teach music therapy courses. CBMT certifies a music therapist as Music Therapist-Board Certified (MT-BC) based on the successful completion of a professional association's approved academic program, passing a written examination, and paying a fee. Continued certification is based on a five-year renewal cycle that requires either successful completion of a written examination or a minimum of 100-hours of Continuing Music Therapy Education (CMTE), and paying an annual "maintenance" fee. Finally, each individual academic institution establishes and maintains their program, implements its curriculum, and is directly responsible for all aspects of faculty employment.

³ The Certification Board for Music Therapists is an independent certifying association, accredited by the National Organization for Competency Assurance and the National Commission for Certifying Agencies and issues the MT-BC credential to qualified individuals. Additional information is available from CBMT, 506 E. Lancaster Ave., Suite 102, Downingtown, PA 19335, 1-800-765-CBMT (2268), or via the internet at <http://www.cbmt.com>.

Initially, the National Association for Music Therapy (NAMT) in cooperation with NASM developed curricular guidelines for schools seeking to be approved by NAMT. Those guidelines were adopted in 1952 (de l'Etoile, 2000). The resultant curriculum was a course-based sequence of classes that were intended to provide the theoretical knowledge base for clinical practice and subsequent entry into the profession of music therapy (see Appendix A).

The American Association for Music Therapy (AAMT) was established in 1971 (Peters, 2000) and developed a competency-based curriculum in 1975 (Bruscia, Hesser, & Boxhill, 1981). The NAMT later adopted these competencies as revised in 1996 (American Music Therapy Association, 2000, p. 45).

In 1998, the two professional membership organizations, AAMT and NAMT, merged and became the American Music Therapy Association (AMTA). The Professional Competencies were adopted with an acknowledgment that future revisions would be necessary to "reflect the growth of the knowledge base of the profession," and an understanding that the competencies served as a "cumulative definition of what we do as music therapists" (American Music Therapy Association, 2000, p. 41).



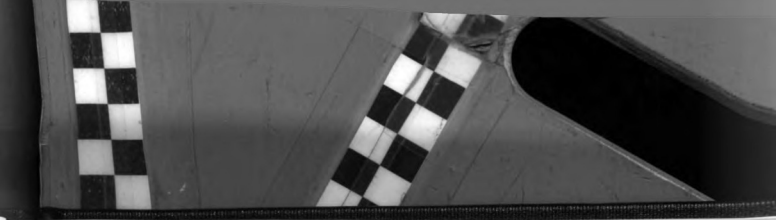
As part of the merger agreement; the AMTA Bylaws, Article XVIII, Section 3, Principle of Merger #3, provided for the formation of a Commission on Education and Clinical Training. This commission was charged with developing recommendations for new education and clinical training guidelines that would embrace the existing models of both organizations (American Music Therapy Association, 2000, p. 22). The commission recommended that the Association establish competency-based standards for bachelor's, master's, and doctoral degrees in accordance with NASM degree guidelines (Bruscia, et al., 1999). Each of these degree levels would address increasing depth and complexity in the competencies: entry level for bachelor's degrees, increasing breadth and depth for master's degrees, and advanced competency at the doctoral level. Individual academic institutions would design, provide, and oversee the "full range of learning experiences needed by students to acquire these competencies, including the necessary clinical training" (p. 4). The commission also provided recommendations for quality assurance.

The AMTA Assembly of Delegates--the organization's policy making body--accepted the commission recommendations in November 1999 (American Music Therapy Association, 2000, p. 45). The Assembly of Delegates revised and adopted the



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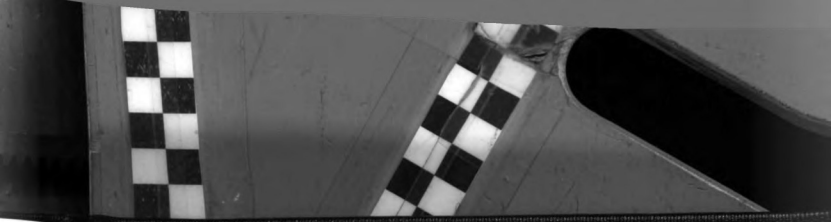
recommendations of the commission during the annual convention at St. Louis, MO, November 2000. The new AMTA Standards for Education and Clinical Training were published in March 2001 (American Music Therapy Association, 2001). Continuing the parallel relationship with AMTA, NASM has proposed changes that would align the NASM guidelines with the new AMTA Standards. These proposed changes will be voted on in November 2001⁴.

Music Therapy Competencies

Multiple aspects of a competency-based curriculum have been debated and discussed within the music therapy profession.

1. Relevance to clinical practice (Alley, 1978; Choi, 1997; Clark & Ficken, 1988; Cohen, Hadsell, & Williams, 1997).
2. The environment in which a competency should be developed (Maranto & Bruscia, 1988; Petrie, 1989; Standley, 1989).
3. The measurement of competency achievement (Gault, 1978).
4. Combined issues (Braswell, Maranto, & Decuir, 1979;

⁴ Information available from NASM, 11250 Roger Bacon Drive, Suite 21, Reston, VA 20190, 703-437-0700, or via the World Wide Web at <http://www.arts-accredit.org>.



Bruscia, et al., 1999; Farnan, 1995, 1997a/b, 1998; Jensen & McKinney, 1990; Maranto & Bruscia, 1988; Taylor, 1987).

Yet, current marketplace demands seem to require different skills than even a broadly structured competency-based curriculum may address (Behnke, 1996; Clark & Ficken, 1988; Oliver, 1989; Reuer, 1996). These different skills are also critical in the contemporary health care environment and to the future of music therapy clinical practice.

Sole proprietorships, not-for-profit, and other small businesses organizations represent an increasingly larger segment of music therapy service providers. Behnke (1996) described her personal process of self-exploration, reflection, and self-realization as a sole proprietor. Oliver (1989) described a model for entrepreneurial music therapists and has subsequently provided workshops and mentoring for many aspiring independent practitioners. Reuer (1996) offered yet another perspective of service provision for music therapists entering the field, the role of a consultant. Clearly, the additional prospect of operating an independent business, consulting agency, or being an employee of these businesses demands a completely different set of knowledge, skills, and abilities than the

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traditional employment venues for music therapists within an institution or some other corporate organization.

Moreover, the nature of organizational employment has changed in accordance with changes in health care services and the reimbursement mechanisms that have in turn, been driven by government regulations and corporate fiscal concerns (Clark & Ficken, 1988). The education and training of future music therapists must consider these issues.

Curriculum Theory and Music Therapy Education

There seems to be little discussion of curriculum theory in the music therapy literature. Petrie (1989) approached the development of a hierarchy of intended learning outcomes from a definition of curriculum as "the end product of the process of curriculum development and is recorded in written form" (p. 126). Any other discussions of curriculum theory seem to have been embedded in discussions of other topics: discussing the role of research in music therapy, Gfeller and Davis (1999b) noted that "research produces new knowledge" (p. 291). They referred to Payton (1988), who asserted that knowledge is accrued through intuition, authority, a priori, or the scientific method. Thus, although the point has not been clearly articulated in the literature, the current approach to music therapy curriculum seems to be grounded in

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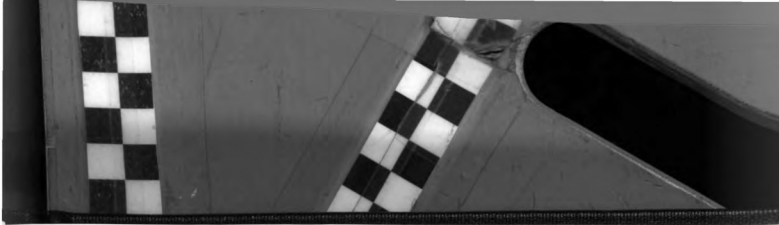
modernist theory⁵. However, important changes and events affecting our contemporary worldview suggest that a post-modern approach to curriculum theory might be more appropriate for music therapy education. Thus, there is also a need to identify teaching methodologies and teacher education philosophies that are consistent with post-modern curriculum theory.

Bruscia (1998a) noted that the knowledge base of music therapy is not static. Music therapy, as a profession and clinical practice, is ever changing in response to contemporary conditions and paradigms. Moreover, Bruscia considered that the effects of previous and future definitions, knowledge constructs, and clinical processes enfold upon and within the constructed knowledge about music therapy (Wilber, 1996).

From the perspective of a sole proprietor operating a music therapy services business, Behnke (1996) observed the following:

I know the implications for my, and other music therapists' entrepreneurial success, personal gratification, and so called 'luck' are entirely due to uncovering interdependent processes and personal talents which wholly rely on accessing the 'music therapist in each of us' (p. 65).

⁵ For a broader discussion of curriculum theory, modernism, and post-modernism see chapter 2, Review of Literature, p. 105.



Milgram-Luterman (1999) suggested that this required a certain *disposition of expertise*. If a music therapist is to remain in the profession and strive for personal and professional improvement, and thereby, reduce turnover and attrition, and promote the profession, this disposition of expertise is essential. She suggested that it must be fostered and nurtured from the beginning, in undergraduate education.

In the midst of a changing scientific paradigm, music therapy, as a profession and clinical discipline, has shifted again (Aldridge, 1996; Eagle, 1991; Kenny, 1985, 1989; Rider, 1997; Ruud, 1988/1998). Professional music therapists must be prepared to adapt to changing conditions in their practice, profession, culture, and world-view, as well as in their personal and interpersonal relationships. Successfully accomplishing these changes requires the development of critical and reflective thinking skills, self-knowledge and understanding, effective coping mechanisms, interpersonal skills, and a multi-cultural perspective.

Personal Development in Music Therapy Education

The developmental processes involved in becoming a successful music therapist are multifaceted and inter-related. Gfeller and Davis (1999a) observed that a



"successful music therapist is a good musician as well as a creative and imaginative person; demonstrates excellent interpersonal skills with clients, supervisors, and peers; and is reliable, genuine and ethical" (p. 11).

The goal of music therapy education and clinical training is to prepare an individual to interact with another individual or group of people through the medium of music for therapeutic purposes or the palliation of symptoms. As such, there are unique interpersonal dynamics and characteristics of the individual as therapist, the individual or group as client, and other participants from within the client's social and psychosocial systems that are inherent to the clinical processes of music therapy (Bruscia, 1998a/b). At the heart of the process is the purposeful achievement of therapeutic goals or the palliation of symptoms.

These diverse elements are brought together in the processes of re-creating, improvising, composing, or listening to music that is orchestrated by the therapist with one or more other persons, and it is focused in its intention and direction. Within this creative and aesthetic context is an exploratory process that can be intensely personal and meaningful. It is uniquely specific in terms

of breadth and depth of meaning, and it has implications and applications for treatment (Bruscia, 1998a/b).

The complexity of these interactions has stimulated discussion about music therapy processes and prompted the development of various music therapy models (Aigen, 1991, 1998; Amir, 1996; Ansdell, 1995; Bunt, 1994; Eagle, 1991; Kenny, 1989; Rugenstein, 1996). In these models, individual characteristics and experiences, interpersonal and transpersonal relationships, and musical processes merge in the creation of a singularly unique music therapy experience. Moreover, these processes merge and enfold in ever-increasing complexity with a therapist's level of experience.

Recognizing this complexity, some authors have advocated for advanced levels of competency and clinical training in music therapy (Bruscia, 1986, 1987, 1989, 1998a; Bruscia, et al., 1999; Hesser, 1985; Maranto, 1989a; Maranto & Bruscia, 1988; Scartelli, 1989). However, in her survey of the current functions of professional music therapists, Lathom (1982) noted that 95.6% of her respondents were female, one-third were between 26 and 30 years of age, and one-third were under the age of 25. Additionally, she found that the mean number of years of employment was between three and five years. This



demographic profile seems to have remained relatively consistent in the membership of AMTA (American Music Therapy Association, 2000): 87% of the membership was female, 26.4% of the membership was under 30 years of age, and 54.3% of the membership was under 40. The obvious indication is that there are few clinicians who remain in the field long enough to move on to advanced levels of training or clinical practice. As Bruscia (1987) observed, "our identity and status as a profession can only grow when music therapists are fully knowledgeable and highly skilled in their discipline" (p. 27). Yet, without advanced-level practitioners in the field, the profession could stagnate.

Learning and Development

The education and training of music therapists is currently grounded in the theory that the requisite knowledge, skills, and abilities can be learned through didactic and experiential processes. Once the basic skills are acquired, the therapist-practitioner moves through increasing levels of proficiency through continued practice and education.

These skills and abilities are acquired as an individual's developmental process may permit. Thus, developmental processes may be stage specific, or at least interrelated, and an individual's ability or capacity to



incorporate and use additional skills, knowledge, and abilities would be reflected in developmental processes occurring through the life span (Bonk & Kim, 1998; Granott, 1998; Parker, 1978; Pascual-Leone & Irwin, 1998; Silverman & Casazza, 2000).

Lefrançois (1997) discussed Erikson's stages of psychosocial development as an important concept to help teachers understand the self-concept and identity issues students may be confronting. Erikson's stage theory proposes fundamental conflicts that an individual works to resolve during a particular stage of development. Adolescence is characterized by the conflict between the need to develop an identity and the difficulty in doing so. Lefrançois noted that all adolescents do not necessarily form a mature identity by the time they leave their teenage years. As adolescents move into adulthood, succeeding conflicts involve the development of intimate relationships versus isolative lifestyles and then an evolving focus on contributions to society versus maintaining the self-absorption of adolescence. Since adolescence is generally perceived as a chronological period lasting through age 21, it is readily apparent that college students may, at varying times and with varying individuals, be somewhere within these three psychosocial stages of development.

As a profession, music therapy clearly requires an individual focus on intimacy and contribution to the larger community. So, although a music therapy student may be a chronological adolescent, the student's personality development may reflect early to mid-adult characteristics.

Adult Learning

Smith and Pourchot (1998) noted that adult learning (andragogy) is significantly different from other age groups. In adult learning there is a need for a socio-cultural approach to learning that is more self-directed and motivated by intrinsic rewards of self-improvement. Silverman and Casazza (2000) reiterated that perspective.

[Students] must see themselves as being in control of their learning and have access to a repertoire of strategies that can be used when modifications are needed. To be successful monitors of their own learning, they also need goals that provide an appropriate set of standards against which to evaluate their progress. (p. 54)

Thus, a student's ability to self-regulate and set goals may be indicative of whether they may have that ability and if their individual differences have been addressed in the curriculum.

Milgram-Luterman (1997) offered a developmental level's approach to undergraduate music therapy curriculum based on processes in critical thinking and reflective practice. Her model is stage specific, yet it recognizes



that individual development is a composite of unique interrelationships (Belenky, Clinchy, Golberger, & Tarule, 1986/1997; Perry, 1970/1999; Schön, 1983). Her model has yet to be further explored in the literature.

Collaborative Learning⁶

Collaborative learning (Bruffee, 1999) is a teaching methodology grounded in post-modern curriculum theory. It may add a dimension to music therapy education that fosters interdependence and facilitates the development of the interpersonal and collaborative skills that are necessary for successful professional practice. Developing interdependence, self-exploration, and reflection in the academic environment could instill competence and confidence within the student. Thus, as a practicing clinician, a music therapist could affirm the viability and relevance of music therapy as a clinical discipline for themselves and their peers. Developing interdependence could help to alleviate feelings of isolation and facilitate the development of constructed knowledge (Belenky, et al. 1986/1997; Perry, 1970/1999). Additionally, it could foster individual self-reliance and a sense of connection to the music therapy profession and broader health care community. Instilling interdependence

⁶ A complete discussion of collaborative learning is presented in the Review of Literature, chapter 2 on page 112.

could promote a disposition of expertise (Milgram-Luterman, 1999) or a sense of professional commitment that could, in turn, reduce turnover and attrition.

Whipple (1987) noted that collaborative learning often defied precise definition and that it can be best understood by articulating its characteristics and discussing what it is not. Cranton (1996) noted that collaborative learning was effective in dealing with communicative knowledge, that is "a knowledge of social norms, traditions, and values underlying our culture, and a mutual understanding among individuals" (p. 27). So that, "whenever we are interested in how people relate to each other and develop social realities, it is communicative knowledge that we are seeking" (p. 28).

Bruffee (1999) articulated three important characteristics of collaborative learning. Collaborative learning is a teaching philosophy and methodology that is guided by three basic principles; (a) knowledge is socially constructed through consensus agreement, by a community of knowledgeable peers, (b) the authority of knowledge is shared amongst the members of that community, and (c) interdependent personal relationships shape a community of knowledgeable peers.



[The main body of the page contains extremely faint, illegible text that appears to be bleed-through from the reverse side. The text is organized into several paragraphs and possibly a list or table, but the characters are too light to transcribe accurately.]

At the core of the philosophy of collaborative learning is the recognition that each individual is different and capable of making a unique contribution to the construction of knowledge. In addition, learning is viewed as a social process, not an isolative or competitive process, that suppresses or oppresses differing points of view to reinforce and maintain the status quo and the control of power (Freire, 1970; Hooks, 1994). Thus, the authority of knowledge is shared amongst a group of knowledgeable peers so that no single person functions as the knowledge authority. Therefore, knowledge is not handed down or dispensed by an authority figure: A single person or organization does not control the flow, content, and quality of information.

Collaborative learning relies on multi-cultural, not simply multi-ethnic perspectives for the construction of knowledge and the development of interdependence. The distinction here is important. A multi-ethnic perspective focuses on the characteristics or artifacts of a particular ethnic group, whereas a multi-cultural perspective addresses not only ethnicity, but also parameters beyond ethnicity (personal communication, Yianis Miralis, October, 2000). Cordeiro, Reagan, and Martinez (1994) identified four components of cultural identification: ethnicity,

religion, gender, and able/disabled. Boschee, Beyer, Engelking, and Boschee (1997) defined multicultural education as recognizing "diversity in culture, ability and disability, religion, family structure, gender, national and geographic origin, age, race, ethnicity, sexual orientation, socioeconomic class and language" (p. 233).

Thus, as knowledgeable peers, collaborative learners represent their individual culture, not simply its characteristics or artifacts. Collaborative learners discuss, debate, deliberate, negotiate, and build consensus to socially construct knowledge as they aspire to become interdependent participants in their intended professions and full participants in a world community.

Collaborative learning fosters the development of interdependence among individuals as each person is recognized for his or her uniqueness and individual differences. Collaborative learning embraces differences and concludes that we can learn from each other, that we can work with each other, and that in order for any one person to learn or grow, we must work together. Learning is thus a process of reacculturation in which knowledge is constructed by those who wish to enter a particular profession or function as a member of a democratic society (Dewey, 1916).





Collaborative processes stimulate the kind of reflective thinking (Schön, 1983) that is necessary to uncover the "music therapist in each of us" (Behnke, 1996, p. 65). As future members of interdisciplinary treatment teams, independent contractors, or entrepreneurs operating their own businesses, music therapists must be inter- and intra-dependent. Collaborative learning offers a teaching philosophy and methodology that may better prepare students for reacculturation into the music therapy profession and the larger health care community. Collaborative learning processes could enhance the development of skills and abilities gained through practical experience. Collaborative learning could foster the development of interpersonal qualities that are necessary for therapeutic interactions. "Any training program which provides interns with diversified tools of process for the future would be a fine program indeed" (Farnan, 1995, p. 64).

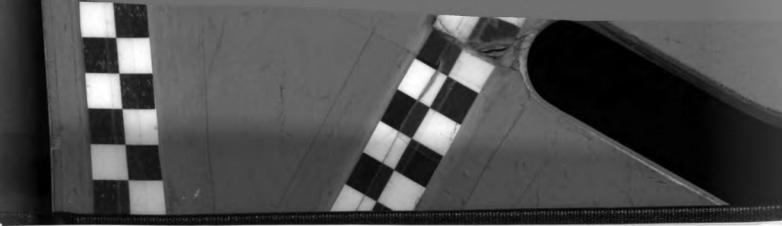
Purpose Statement

Luce (2001) reviewed the literature related to collaborative learning and music education and found that collaborative learning had been widely researched in many other disciplines through the 1990's. Yet, only three studies met criteria for inclusion in that review: Goldberg



(1990), Hoffman (1991), and Keil (1987). Since that review of literature, only one additional work has been identified that examined collaborative learning in any music setting (Conkling, 2000). Moreover, no published studies have discussed collaborative learning in music therapy education or clinical training.

The need for the profession to effectively facilitate music therapists' development as interdependent participants in a dynamic healthcare environment suggested there was a need to consider the applicability and practicality of collaborative learning as a teaching methodology in music therapy education. Considering that no published literature has examined collaborative learning in music therapy education, a logical first step seemed to be to implement collaborative learning in a course and examine the experience from a phenomenological perspective. The purpose of this action research project was to examine collaborative learning processes as experienced in a course in the fundamentals and principles of music therapy. The research questions for this project were as follows:

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1. What were the students' perceptions of this overall class experience as reflected in the students' written materials and participants' interviews?⁷
 2. What were the students' perceptions of the collaborative learning experience as reflected in written summary papers and participants' interviews?
 3. What were the instructor's perceptions of this collaborative learning experience?
 4. What themes emerged from each student's written materials or a participant's interviews that reflected their intellectual thinking (Belenky, et al., 1986/1997; Perry, 1970/1999)?
 5. What themes emerged from the students' written materials or participants' interviews that may reflect issues of self-awareness, multi-cultural awareness, or a disposition of expertise (Milgram-Luterman, 1999)?
 6. What themes emerged to reflect interpersonal relationships among the students, within their groups, or between the students and the instructor, or the groups and the instructor?

⁷ As explained in Chapter Three, some of the enrolled students were only limited participants in the study and did not participate in all aspects of the study. The research questions reflect this distinction.

CHAPTER 2

REVIEW OF LITERATURE

This review of literature will consider the following points:

1. The history, development, and theoretical basis of music therapy education and clinical training curriculum will clarify the need for the study.

2. A selected review of college students' development will frame issues related to the personal characteristics of music therapists, developmental processes in music therapy education, and trainee distress.

3. Selected literature in curriculum theory, collaborative learning, group process and especially consensus group processes will help frame the methodology that was used in the study.

Music Therapy Education and Clinical Training

The issues regarding music therapy education and clinical training were brought to the forefront with the merger of the American Association for Music Therapy (AAMT) with the National Association for Music Therapy (NAMT) into the American Music Therapy Association (AMTA) in 1998. As the principles of the merger required (American Music



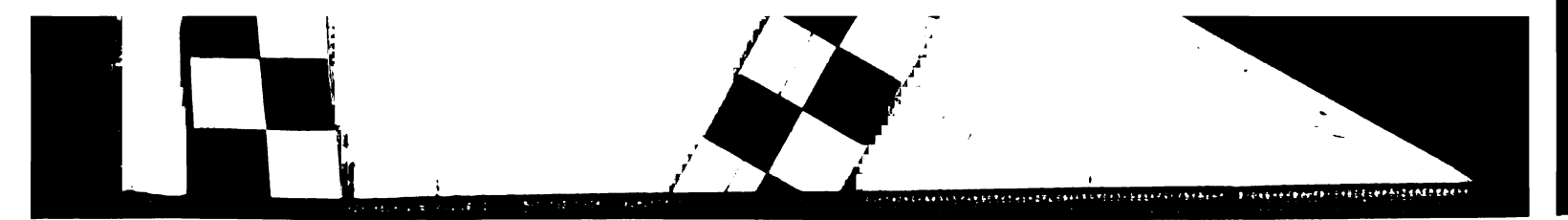
Therapy Association, 2000, p. 22), the Commission on Education and Clinical Training was charged with developing recommendations that would allow the new association to embrace both of the previous associations' education and clinical training models. The commission's recommendations (Bruscia, et al., 1999) were revised and accepted by the AMTA Assembly of Delegates during the annual meeting in St. Louis, MO on November 18, 2000. The final document was published in March 2001 (American Music Therapy Association, 2001).

Evolution of the Music Therapy Curriculum

Several approaches have been taken to profile the evolution of the music therapy curriculum. Groene and Pembroke (2000) provided a time line of curriculum revisions and the development of competency-based education. Blank (2000) profiled the evolution of the undergraduate competencies. Other historical perspectives have provided brief overviews of curriculum and clinical training (Davis & Gfeller, 1999; Peters, 2000).

In light of the forthcoming changes that had been adopted by AMTA, de l'Etoile (2000) provided a historical perspective of the undergraduate music therapy curriculum. She noted that in spite of significant changes in health care and higher education, the academic standards of the



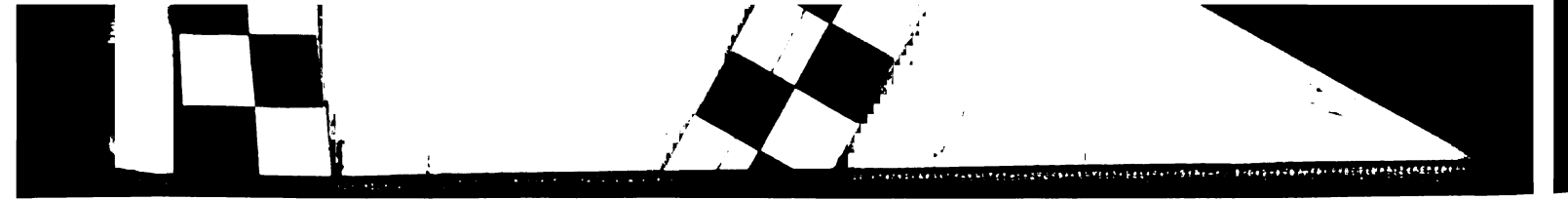


late 1990's were similar to those that were originally adopted in 1952. She recommended that music therapy educators periodically review their curricula and compare them against health care trends. She concluded that the competency-based approach to education and training, rather than a standardized approach, best accommodated the different orientations of collegiate faculty, and thus best matched the needs of individual students. She observed that the often asked question about the traits and abilities that describe "the most suitable candidate for music therapy training" (p. 69) may have to be broadened into additional areas.

Focused collections that discussed music therapy curricula did not appear until the late 1980's (Maranto & Bruscia, 1987, 1988). In 1989, NAMT funded a symposium on music therapy education and the papers were reprinted in *Music Therapy Perspectives (Volume 7)*.

Bruscia (1987) noted that professional identity issues impact music therapy education and clinical training. Professional identity (a) shapes day to day decisions, (b) accounts for the differences between educators and clinical trainers in spite of uniform requirements, (c) affects how students think and feel about music therapy, and (d) focuses the work that music therapists do. He considered





that these identity issues were manifested along five continua: educated or vocationally trained, musician or therapist, classical musician or other, clinician or researcher, and self-defined or defined by the job market. In his proposal to resolve the issues, he articulated "four basic assumptions" (p. 27):

1. Find a balance between the extremes.
2. "Music therapy has a multifaceted identity which embraces all of the dichotomies" (p. 27).
3. Project the issues onto levels of education, and
4. "Music therapy education must be primarily concerned with giving students full knowledge of the discipline, regardless of current demands and practices in the marketplace" (p. 27).

Based on these assumptions, he made seven recommendations.

1. The entry-level education should be the master's degree.
2. The bachelor's degree should provide a broad-based education, functional musicianship, and foundations in music therapy in preparation for the master's degree.
3. The master's degree should provide intense academic, experiential, and field-training in clinical





skills that has integrated music therapy theory, research, and practice.

4. A doctoral degree in music therapy should "prepare music therapy professionals for advanced clinical work, research, supervision, administration, and higher education" (p. 28).

5. Different types and levels of music therapy practice should be taught for the bachelor's and master's degrees.

6. Research abilities should increase with the level of education.

7. Advanced credentials for master's level should be developed within ten years.

If we do not admit the need to abandon those educational ideas and practices from the past that no longer serve us, and if we do not dare to break out into new directions, we will paralyze our future as a discipline and severely limit our advancement as a profession. Our responsibility to music therapy and its constituency is to embrace the diversity of our discipline, and to be a proactive rather than reactive profession. (p. 28)

The persistent approach to music therapy curriculum development and evaluation has been to survey educators, clinical training directors⁸, interns, or students to assess attitudes or identify experiences that would define the training that is needed, who should provide it, and where

⁸ Clinical Training Directors are those individuals who were approved by NAMT to provide clinical supervision for students during internships.



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it should be provided. Only Petrie (1989) framed his work within the context of curriculum theory. Reuer (1987) evaluated the NAMT curriculum based on criteria suggested by Abeles, Hoffer, and Klotman (1984), yet did not identify a particular curriculum theory in which to frame her discussion.

Course-based Curriculum

Academic training programs first appeared in the 1940's at Michigan State University, the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College. Michigan State University is typically credited for having introduced the first university-based curriculum in 1944 (Peters, 2000).

With the formation of the National Association for Music Therapy (NAMT) in 1950, a national curriculum was developed and adopted by 1952. However, even after the formal curriculum was adopted, debate continued as to what it was that a music therapist should know or what characteristics made a good music therapist, as well as where, when, and how those skills, abilities, and knowledge should be learned. In addition, issues of coherence and conformity fueled the debate, but changes in clinical practice and the needs of the marketplace seemed to trigger





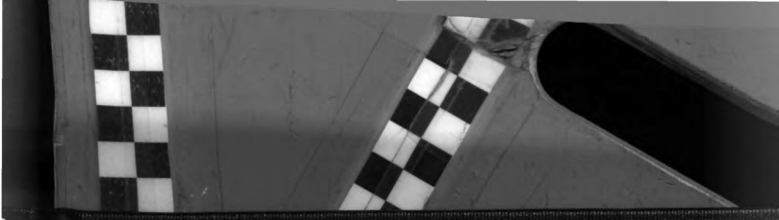
discussions about those changes, if not the actual changes themselves (de l'Etoile, 2000).

The initial publication of the NAMT's professional journal, the *Journal of Music Therapy* in 1964 provided an open venue for the discussion and debate that had, heretofore, been limited to papers at national conferences, proceedings, and personal communications. Gaston (1964) reported that NAMT was interested in developing a model curriculum that would insure competence and encourage continued learning.

Our education ought to increase in magnitude and depth when our schooling ends, because only in this way can we avoid the closed mind. Whenever man ceases to adapt, he ceases to change; not only ceases to change but actively resists change. And the moment he begins to resist change he becomes unduly emotionally involved and only a serious stress situation will remove him from his barricade which, instead of resistance to change, is now self-defense. (p. 148)

In a grant project with the National Institutes for Mental Health, NAMT researchers sought to develop "the most perfect training program possible for music therapists" (Gaston, 1964, p. 149).

Madsen (1965) challenged the profession and proposed a reduction in the requirements for music history, theory, and major performing instrument. He noted that since a music therapist cannot prescribe or diagnose, the music therapist may only be a technician, and thus only required



a technical acumen. A disclaimer from the Chairman of the NAMT Education Committee accompanied that article and invited comments.

In response, Gaston (1965) vigorously disagreed with the notion of the music therapist as a technician. Marker (1966) concluded her disagreement noting that "lessening our course requirements in music is lessening our effectiveness as Music Therapists [sic]" (p. 80). Fischer (1966) argued that classical training in music did not necessarily translate into clinical practice. He had observed an inability of classically trained pianists to improvise, and he felt that this inhibited musical interactions that could be done with "simplicity rather than style" (p. 80). Moreover he noted, the performer's concern over mistakes was so overriding that "the content of the music is not felt, thought, or presented" (p. 80).

Muskatevc (1966) observed that the most often mentioned ability of outstanding music therapists was "the ability to involve the patients and to elicit patient response" (p. 20). He asserted that performance ability was secondary and concluded that this characteristic was evidence of the therapist's "profound understanding of the potential of the influence of music on behavior. . . . It is the basis of music therapy, and the identification of





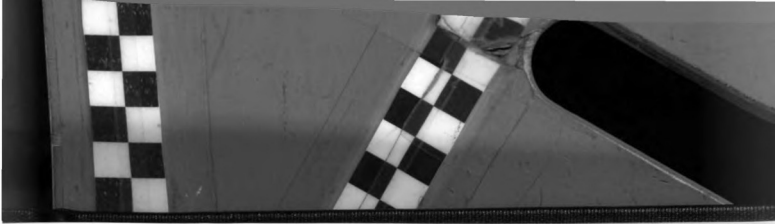
the music therapist" (p. 21). Moreno (1969) suggested that the means by which music therapists achieve their goals is "more basically related to the personality, abilities, and general orientation of the therapist" (p. 19).

In a presidential address to the NAMT, Schorsch (1971) expressed her concern that universities were developing "core courses" to address general education requirements, but the association continued to require specific courses within the music therapy curriculum. She concluded, "It could become a real burden to educators if the Association were to continue to specify courses in the general education requirements" (p. 42).

Competency-based Curriculum

In 1971, the Urban Federation of Music Therapists was founded, and later became the American Association for Music Therapy (AAMT). In contrast to the NAMT course-based curriculum, AAMT developed a competency-based curriculum for schools seeking their approval (American Association for Music Therapy, 1975). Bruscia, Hesser, and Boxill (1981) noted that, although educational competencies had been discussed in the literature, they were first implemented by these authors in the development of the *Manual on AAMT Approval of Educational Programs in Music*





Therapy (American Association for Music Therapy, 1975).

Their 1981 article updated the original list.

The competencies were developed after analyzing academic learning objectives and professional job descriptions. The job descriptions were analyzed for specific tasks required of a music therapist in a particular setting and revealed several competencies in clinical practice, as well as other factors. Those findings included (a) the variety of populations that were served, (b) the treatment approaches that were used, (c) the music therapy services that were provided, (d) the level of interdisciplinary team participation that was required, and (e) the administrative directives and guidelines that were to be followed. The authors then developed the competency list based on four criteria; (a) "essential rather than peripheral," (b) "entry level rather than advanced," (c) "universal rather than population specific," and (d) "professional rather than personal" (Bruscia, Hesser, & Boxill, 1981, p. 44). The AAMT competencies subsequently formed the basis of the competencies that were adopted by the National Association for Music Therapy (NAMT) and the unified organization, the American Music Therapy Association (AMTA).



Within NAMT, Graham (1973) noted that questions related to curriculum standards, clinical practice standards, and adequate preparation of music therapists essentially "challenge the reasons for the existence of our profession" (p. 169). He advocated for a universal set of descriptions and standards for the profession that would insure consistency, while retaining the individual uniqueness of each academic program. Additionally, he disavowed the "scientism" that permeated the profession and hoped that the "considerable amount of pseudo-knowledge it has produced in our journals will be forsaken in favor of ways in which we can develop more flexible and functional musicians" (p. 170).

Maranto and Bruscia (1987) provided the first collection of papers that specifically addressed music therapy curriculum. Within that edited work, Scartelli (1987) advocated for strong educational standards to increase understanding about music therapy and therefore enhance its acceptance in the health care environment. In response to increasing demands for the accountability of educational institutions, Braswell (1987) affirmed the need for competency-based education in music therapy, so that the profession and its practitioners could be accountable.





Petrie (1989) presented the first and apparently only work to date that was clearly grounded in curriculum theory. He developed a hierarchy of "Intended Learning Outcomes" (ILO's) for music therapy based on a definition of curriculum as "the end product of the process of curriculum development" (p. 126). Petrie noted that the NAMT curriculum "was in fact only a suggested list of topics to be covered in music therapy programs" (p. 127), and thus was not really a curriculum.

Petrie's hierarchy was based on 211 surveys from music therapy educators (58), clinical training directors (62), and clinicians (90). He noted distinctions between the current curriculum and an ideal curriculum as reflected in his ILO's, and the changes that would be needed to move towards the ideal curriculum. In particular, he cited changes that would enhance "the student's ability to function effectively and efficiently in the clinical setting" (p. 138). Additionally, he suggested a need for better understanding of the etiology of handicapping conditions and an emphasis on functional music skills⁹ over traditional music skills.

⁹ As detailed in the AMTA competencies, functional music skills include such things as the ability to accompany oneself with piano, guitar, or other accompanying instrument; the ability to compose, transpose, conduct, arrange, improvise (in a clinical style); and the ability to sing and play nonsymphonic instruments (see Appendix B).

Bruscia (1989) discussed the content of undergraduate and graduate education based on four premises.

1. Music therapy is a clinical discipline.
2. A doctorate degree will be needed.
3. It is time to recognize that music therapy "has several areas and levels of practice" (p. 84).
4. Designing programs should focus on the discipline rather than the profession. "Our primary responsibility as educators and trainers is to give students complete knowledge of the discipline, regardless of current demands and practices in the marketplace" (p. 84).

With these premises, Bruscia again advocated for the establishment of competencies that allowed for the breadth and depth of clinical practice that was needed for increasingly complex levels of clinical work. He noted that this would require the development of effective learning sequences and that a competency's relevance and correspondence to entry in the field must be considered.

Maranto (1989b) advocated for competency-accountability-based future models of music therapy education. She cited the benefits of a competency-accountability-based model for improved evaluations of the standards, educators, and clinical trainers. Thus, academic programs would be approved based on students' achievement.

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In 1991, a Competencies Task Force was appointed by the NAMT Executive Board (Blank, 2000). They compiled an initial competency list that was developed from suggestions of the NAMT general members and by comparing competency documents of other professions and associations, including AAMT. In 1993, NAMT adopted its first set of competencies. The task force conducted several surveys before it was dissolved and the work was transferred to a subcommittee of the NAMT Education Committee. In 1996, the NAMT adopted a revised set of competencies. Bruscia, et al. (1999) recommended a competency-based curriculum at the bachelors, masters, and doctoral degree levels, with a provision that changes may be required to reflect the state of the art. The AMTA Assembly of Delegates approved these competencies at the annual conference in November 1999 (American Music Therapy Association, 2000, p. 45), and they were carried over into the revised standards (American Music Therapy Association, 2001).

Evaluating Curricular Effectiveness and Relevance

Multiple research efforts have been undertaken to identify the essential competencies by surveying clinicians, educators, and recent graduates. These surveys invariably were based on precomposed preference lists, so that the survey results reflected the participant's



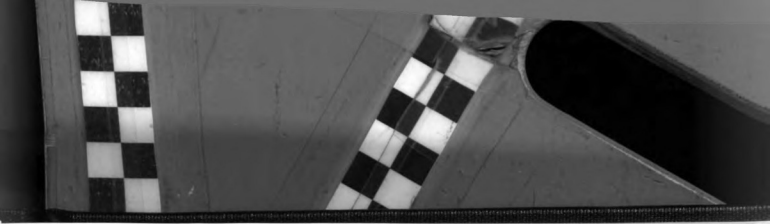
preferences through ranking. Some survey studies solicited additional comments from the participants and some respondents provided additional comments without prompting. Typically, the surveys sought to identify where, when, or how specific competencies should be achieved, and what level of competency was sufficient for effective clinical practice.

One group of surveys evolved out of Florida State University. Alley (1978) sought to assess student's ratings of academic coursework in preparation for internship as a vehicle for improving the curriculum at Florida State University (FSU). She noted that an unpublished study at FSU (Galloway, 1966) had examined 11 different university's music therapy curricula and their relationship and relevance to clinical training, and made 13 recommendations for curriculum improvement. A ten year follow-up study (Iley, 1976) revealed that the university's curricula had remained relatively unchanged.

Alley (1978) also noted that requests for curriculum revisions from FSU music therapy graduates included "a broader overview of standard therapeutic methodologies, more practicum experiences, and more specific treatment techniques for each client population" (p. 12). She noted that these requests were consistent with previous data, and



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that 91% of the respondents felt adequately prepared by the program at Florida State University.

Gault (1978) surveyed the attitudes of Registered Music Therapists (RMT)¹⁰ towards their education and clinical training. She reported a 57.6% response rate and noted that overall therapists were satisfied with their education and training. However, strong negative evaluations were given to agency personnel and academic supervisors in pre-internship experiences.

Another set of surveys came out of Loyola University in New Orleans, Louisiana. Braswell, Maranto, and Decuir (1979) surveyed practicing clinicians and included ratings of music therapy education and clinical training experiences. The authors found that, of the respondents, 27% rated their university training as less than adequate and very poor, 24% rated their clinical training as less than adequate and very poor, and nearly 38% rated their music therapy courses as less than adequate and very poor. The authors suggested that there were many reasons for these low ratings, including the fact that many of the respondents had completed their training as many as 5-20 years earlier. The authors also suggested that this level

¹⁰ The RMT designation was previously awarded by the former NAMT for successful completion of academic coursework and a clinical internship. It identified an individual as being listed on a national registry of music therapists.

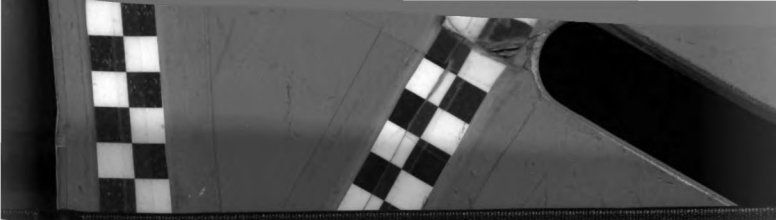


of dissatisfaction might be due to the profession's almost exclusive focus on clinical work in mental retardation, at that time.

Braswell, Maranto, and Decuir (1979) also found that music therapists had little involvement and, in many cases, no awareness of "accountability procedure, plans of care, and progress reports" (p. 52). These authors also asked respondents to rank the status of music therapy as a profession in comparison to psychiatry, psychology, and social work, and occupational therapy. Using a four-level Lickert scale, music therapy was predominantly ranked from a "moderately-low" to "moderately-high" level of importance in comparison to psychiatry, psychology, and social work. Music therapy was ranked second to occupational therapy in level of importance as an adjunctive or ancillary service.

In a subsequent study, Braswell, Decuir, and Maranto (1980) surveyed 48 music therapists in the Southeastern Region of the NAMT¹¹ and asked them to rank the relevance of entry level skills to clinical practice. The authors developed a list of entry-level skills that a music therapist should have once a bachelor's degree and clinical internship was concluded. The respondents rated academic

¹¹ The Southeastern Region of NAMT included the states of Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee.



music skills, knowledge of clinical research, and theoretical literature below the midpoint; only functional music skills were rated above the midpoint.

Brookins (1984) surveyed clinical training directors in the Great Lakes Region of NAMT¹² to identify the skills, knowledge, and qualities that clinical training directors considered as most important for prospective interns. Her survey ranked different elements into four broad areas of instrumental proficiency, academic knowledge, personal qualities, and interpersonal qualities. Although functional skills and theoretical knowledge had been previously studied, she noted that personal qualities had not been mentioned in the literature.

Brookins (1984) found an increased emphasis on "independence, flexibility, and self-motivation" (p. 199). She suggested that the clinical training director's perceived need for these characteristics may reflect increasing or changing demands on the clinical training directors, such as more interns to train, and increasing "professionalism" among interns. She considered that both the academic institution and the internship site share responsibility for "helping the student/intern develop the

¹² The Great Lakes Region of NAMT included the states of Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin.



skills and qualities that are essential for a successful music therapist" (p. 200).

Braswell, Decuir, and Brooks (1985) surveyed clinical training directors and interns, and they identified some disparity between the training that was being provided and the NAMT Clinical Training Guidelines that were in force at the time. Additionally, based on the fact that 75% of the clinical training directors and 92% of the interns who responded were female, the authors suggested that "music therapy is not recognized as a viable career choice among male undergraduate and graduate music majors" (p. 82).

Taylor (1987) surveyed professional music therapists concerning entry level competencies and concluded that intended therapeutic outcomes should determine areas and levels of competency. His recommendations included the following:

1. Detailed studies of process-product linkages between competencies and client improvement.
2. Practical and valid testing of individuals for competencies.
3. "Separate educational, testing, and certification requirements for competence in specialized areas of service" (p. 143).



In addition, Taylor noted that more than two-thirds of the respondents had a bachelor's degree and less than five years of clinical experience.

Reuer (1987) evaluated the NAMT curriculum and was specifically concerned about the following issues.

1. The appropriateness of the present proportion of music therapy, music, and behavioral sciences in the curriculum as it relates to the preparation of practicing music therapists.
2. The relevance of the curriculum in addressing the tasks and skills outlined in the certification process as they relate to job requirements.
3. The sufficiency of the present curriculum as it relates to preparation of entry-level music therapists to meet regulatory and accreditation criteria for clinical practice. (pp. 18-19)

She found that the opinions of educators and clinicians regarding the relevance of curriculum to clinical practice were different. Moreover, the educators over-rated the importance of curricular elements compared to the clinician's ratings. Finally, both educators and practicing clinicians perceived significant differences in the level of importance of the four curricular components in clinical practice, yet they both ranked the components similarly.

1. Behavioral sciences
2. Music therapy
3. Music
4. General education



Finally, Reuer (1987) found a significant difference in the educator's opinions of the importance of regulatory and accreditation competencies compared to the practicing clinicians opinions. Educators ranked these competencies higher than the clinicians did. She noted the following concern.

If, on the other hand, therapists regard them only as 'somewhat important' to 'important' to their jobs, it may indicate that job supervisors and administrators in facilities monitored by regulatory bodies do not regard music therapists as possessing training to perform crucial tasks involving these competencies. (p. 102)

Maranto and Bruscia (1988) surveyed educators, clinical training directors, and clinicians. They sought to identify what must be taught, how it should be taught, how effectively had it been taught, who was responsible for teaching a particular competency, where it was being learned, and what methods and materials were being used. The results reflected diverse opinions and little agreement. They offered subjective insights, opinions, and perspectives about the divergent opinions related to the teaching and learning of entry level competencies.

Contributing factors to the divergence included the individual differences of the students, educators, and clinical trainers. These individual differences were reflected in the diversity of knowledge, skills, and



abilities that are not only requisite to music therapy practice, but also developed in the process of learning to become a clinician. Subsequently, there were differences in the focus and structure of academic and clinical training programs. There were differences in the foci, skills, and abilities of the educators and the clinical training directors, and there were differences in the effectiveness of educators and clinical trainers with particular students and the benefits the students and interns derived from a particular program.

Maranto and Bruscia (1988) also noted that individual differences contributed to the difficulty of achieving the AMTA competencies (American Association for Music Therapy, 1975) that they used for their study. They considered that "we may very well be deluding ourselves in believing that music therapy students actually gain these competencies, or we may be diluting and distorting the competency itself to accommodate the level of learning that students do achieve" (p. 53). They suggested that it might be more appropriate to consider levels of training and competency development first with a bachelor's degree and then a master's degrees.

Their survey results also suggested that individuals had different understandings of what the competencies entailed. Maranto and Bruscia (1988) proposed that the

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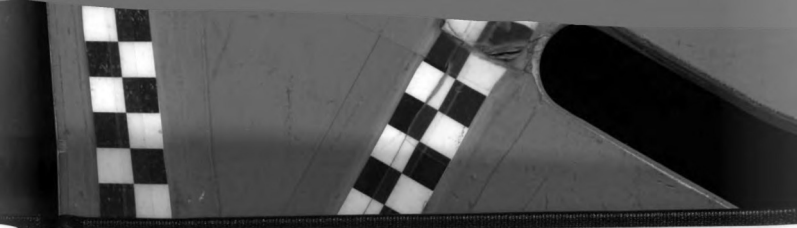
competencies had to be set within a music therapy context and "examined in terms of breadth, depth, and level of difficulty" (p. 53). Recognizing that music therapy was practical and transdisciplinary, they concluded that all competencies had an informational component and an action component that had to be learned within a musical and a clinical context. They also noted that the breadth and depth of each competency should be defined within the competency and taught using a taxonomy of objectives.

Maranto and Bruscia (1988) considered the need for competency training to be developmentally appropriate. They recommended organizing academic and practicum placements "according to the nature of the materials to be learned, and students have to be motivated and prepared to enter each stage of learning, not only in terms of pre-requisite knowledge and skill but also in terms of personal readiness" (p. 56). In addition, they noted the need for effective teaching and supervisory methods.

Knowing what to teach must be complimented by knowing how to teach it in both classroom and field settings. . . . Finding the most appropriate methods of teaching or supervising has to be an ongoing concern, one that requires constant study, self-evaluation, and detailed feedback from students and interns. (p. 56)

Maranto and Bruscia (1988) called for a response by the associations--AAMT, NAMT, and the Certification Board for Music Therapists (CBMT)--to be accountable for their





standards and regulations so that these latter concerns of developmental appropriateness, and teaching and supervisory methods could be addressed. They recommended the following:

1. Standards should outline learning objectives for varying levels of music therapy practice and should be related to registration and certification requirements.

2. Standards should address "broad educational policy rather than procedural details" (p. 59).

3. Any regulation of academic institutions or clinical training programs should direct and maintain the standards.

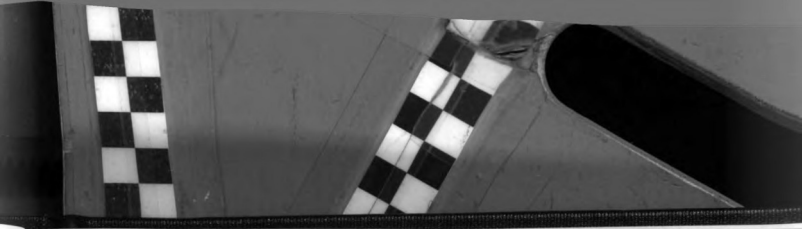
4. Standards and regulations should be research based rather than based on opinions.

5. Standards, regulations, and monitoring procedures should not violate the rights of any parties, and should not be used as weapons against those with conflicting views.

Finally, they offered recommendations to facilitate the education and training system.

1. Cooperative efforts by the associations (AAMT, NAMT), and CBMT to "address the need for uniform credentials" (p. 59).

2. Standards and regulations should be consistent with the requirements for certification.



3. Organizational forums should be provided for educators and supervisors to address problems of common concern.

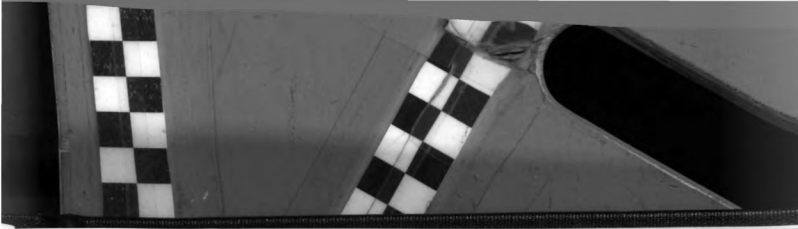
4. Respective committees within each organization should work more cooperatively.

5. The associations should insure that all committee members are well qualified to engage in their respective work and "make the kinds of decisions they are making" (p. 60). After presenting the results of three years of research and in conclusion, the authors asked: "For how long will research go unheeded?" (p. 60).

In 1989, NAMT funded a *California Symposium on Music Therapy Education and Training*. Maranto (1989a) reviewed the purposes of the symposium:

To evaluate the current status and future trends in music therapy education and to make recommendations regarding the content of music therapy education at the bachelor's, master's, and doctoral levels of training, to consider issues of quality assurance in the education and clinical training standards, and to examine new models for music therapy education and clinical training. (p. 108)

Within that collection of papers, Decuir (1989) reflected on the types and levels of musicianship skills that a contemporary music therapist needed, and suggested reducing the music history and theory course requirements and increasing functional musicianship in support of a competency-based curriculum. Tims (1989) reflected on the



need for experiential processes in the academic environment and not just at the internship level. Scartelli (1989) advocated for two levels of education, bachelors and masters, with entry level requiring a master's degree. Boone (1989) advocated for greater integration between academic and internship training with specific competencies identified at each level of training.

Petrie (1993) found that significantly different opinions about intended learning objectives (ILO's) between music therapy educators, clinical training directors, and practicing clinicians continued to persist. "Statistically significant differences of opinion between at least two groups were indicated for 75 of the 89 ILO's (84 percent) identified for the current curriculum emphasis" (p. 164). He concluded that although the differences would not be difficult to overcome, they nonetheless reflected a significant discrepancy between what should be taught, by whom, when, and it's relevance to clinical practice.

Nolan (1995) urged that mental health concepts should be included in music therapy education so that the emerging clinician can effectively communicate the "multi-leveled psychological processes inherent within the music therapy relationship" (p. 438).



Cohen, Hadsell, and Williams (1997) revisited the issue of the applied instrument requirement¹³ for music therapists. Their attitudinal survey of clinicians and students sought to answer questions related to the "importance and applicability of their applied instrument requirements" (p. 68). The authors noted that this study examined the attitudes towards applied instruments separate from other clinical skills, so that although performance using an applied instrument may be important, it may not be as important as other skills or competencies. However, the authors also noted that proficiency on a performing instrument may provide "secondary skills" such as leadership, confidence, and the ability to interact non-verbally.

Curricular Divergence and Compliance

Throughout the literature, comments abound regarding divergence and the lack of compliance with the approved curricula and clinical training guidelines. Maranto (1987) noted that three questions seemed to permeate the literature: What must be taught, how must it be taught, and how effective has the teaching been? She considered that previous literature was inconsistent in its approach and that it had been compiled in a manner that was "piecemeal,

¹³ The applied instrument requirement relates to performance-level proficiency using a solo instrument or voice.

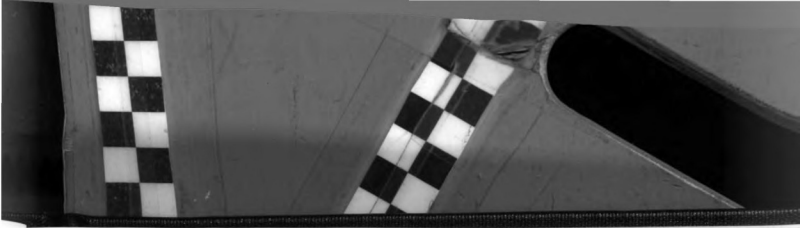


at best" (p. 12). She noted that the literature was also complicated by several "splits"; (a) between education and clinical training, (b) between the research that has been conducted and standards that have been developed, and finally (c) between academic and clinical training programs and clinicians.

Jensen and McKinney (1990) found several areas of divergence between actual academic curricula and the NAMT curricular standards, and wide variability among the programs. This included not requiring an internship for graduation, little if any emphasis on functional music skills, and variances related to specific course requirements.

In their review of competency development, Jensen and McKinney (1990) noted that four approaches--or some combination thereof--had been used to develop the music therapy competency list. This included examining learning objectives, analyzing job descriptions, surveying clinicians about relevant issues, or asking experts for consensus opinions. They concluded the following:

Existing studies of competencies for professional practice are not satisfactory for establishing total curricula. Although they may be useful in identifying minimal requirements for entry level at the time the data were gathered, they perpetuate the existing weaknesses of the system. (p. 176)



They recommended that a study of those therapists who represent the highest level of clinical practice would identify the "best of the present" (p. 177) and thus help clarify how the competencies need to be revised. Yet, this recommendation too, seems circuitous.

Summary

It is clear from this portion of the literature review, that discussion, debate, and decisions about the development of music therapy curriculum have approached the issue from a single perspective. Persistent attempts to identify the best of the present, through surveys or some other analysis of what it is that music therapist do, how they do it, where they do it, and how they should learn it have produced a wide disparity of opinion that has been inconclusive. Yet, the current AMTA competencies (see Appendix B) were developed based on this research and extensive discussions within a select committee that was charged with the development of the competencies.

It is clear that the individual differences of educators, clinical trainers, practicing clinicians, students and interns, and members of diverse cultures continue to affect curriculum development. As noted by Jensen and McKinney (1990), the arguments and the research to date have been purely circular and self-serving.

It is clear that the current approaches seem to be based on an assumption that certain qualities or techniques of the best music therapists can be set into a taxonomy for all other aspirants to learn. Although it has never been clearly articulated in the literature, this approach is clearly grounded in modernist curriculum theory, the scientific curriculum of Bobbitt (1918), Tyler (1949), and others. This approach is dated and in stark contrast to the vast scientific and sociological changes that have propelled humanity into the second millennium (Doll, 1993).

The presence and potential of a shifting paradigm in music therapy could have important and significant implications for the education and training of music therapists. The change from a predominantly behavioral paradigm of measured outcomes to a paradigm of emerging processes as the effector of change within a therapeutic process could challenge the fundamental relevance of a competency-based curriculum. As the debates between representatives of competing paradigms continue, the various paradigms rise to the forefront or fall to the background, and changes in music therapy education and curriculum are sure to follow.

This review of music therapy curriculum literature highlighted the need for a discussion of music therapy



education based on curriculum theory and as will be discussed later, a grounding in post-modern curriculum theory. Additionally, music therapy curriculum literature has done little to address the personal development aspects of a student. Yet, the professional practice of music therapy is totally reliant on the personal characteristics of the individual therapist. It is therefore important to consider relevant aspects of college students' developmental experiences and their implications or applications in music therapy curriculum.

Development in College Students

Kohlberg and Mayer (1972) identified three "broad streams of educational ideology" (as cited in Stephenson & Hunt, 1977, p. 39) that reflected basic assumptions about college students' psychological development. From the "maturationist" perspective, development emerged from within. Thus, an educational environment should allow student's good qualities to unfold and in turn subsume the bad qualities, rather than force that unfolding through external adult pressure. The "environmental" approach determined that the role of education was the direct transmission of information regarding a culture's cognitive and moral knowledge and the rules of the culture. An



"interactional" view held that the role of education was to nourish the cognitive and affective processes that emerge as a result of interactions that reorganize existing cognitive and affective perceptions, beliefs, or processes.

In 1976, a conference was held at the University of Minnesota that was specifically intended to consider the multiple aspects of personality development in college students. In the introduction to the collected papers, Parker (1978) noted that there was a clear distinction between development and learning.

What is considered development, as opposed to learning is characterized by systemic change more than the accrual of bits of behavior or knowledge. It is change in the interrelations of the parts that enables the person to respond to more complex situations effectively. These changes often are referred to as *structural changes*. (p. 12)

He suggested that five types of theory were necessary to properly consider developmental psychology as it related to college students: "task theory, stage developmental theory, temperaments or typologies, theories of the mature person, and person-environment interaction theories" (p. 14). Task theories focused on an individual's interactions with environmental conditions, or coping style. Stage developmental theories emphasized inborn or biological characteristics. Typologies or temperament theories considered individual differences. Theories of the mature



person considered the changes that should take place in a college student's development and provided "an ultimate sense of direction as we attempt to design programs to facilitate development" (p. 14). Person-environment interaction theories recognized the differential interactions that would occur between different college environments and the affects on different students.

Widick and Simpson (1978) considered that students attended college for three fundamental reasons: to learn, to grow personally, and to prepare for a career. They asserted that students should learn more than facts.

We believe that they should also have experiences that help them to formulate a humane value system, integrate a worldview, and develop a broader understanding of self and others. In an increasingly complex world, an accumulation of facts is simply not sufficient; a 'developed' individual is needed to use those facts. (pp. 27-28)

Knefelkamp and Slepitz (1978) identified nine areas of qualitative change in college students.

1. Locus of control-the source to which students turn to define themselves and their environment. We found that students progress from a position of control based upon external factors (e.g., parental admonitions, job market pressures, or results of assessment instruments) to a position where information is processed predominantly through their internal reference points.

2. Analysis-the ability of the individual to see a subject in its diverse perspectives, to break down the subject into its component parts. As students develop their analytic ability, they increasingly become able to see cause and effect relations.

3. Synthesis-the ability of the individual to integrate the diverse components of a subject into a complex whole. Because the ability is more complex than analysis, students did not exhibit the factor until they were rather cognitively mature (stages 6 and 7) in their approach to the world.

4. Semantic structure-specifically, the nature of the verbs and qualifiers used by students in their written and spoken expressions. In this ability, students progress from a semantic structure characterized by absolutes to a more open semantic structure that allows for greater alternatives and greater use of qualifiers and modifiers.

5. Self-processing-the ability to examine oneself and be cognizant of one's defining factors. In its emergence and development, this variable closely parallels that of analysis.

6. Openness to alternative perspectives-the extent to which the individual is aware of and recognizes the legitimacy of other points of view and possible explanations, even if the student differs with those perspectives.

7. Ability to assume responsibility-the willingness of the student to accept the consequences of his/her actions or decisions regardless of unknown and unforeseen interfering factors.

8. Ability to take on new roles-the ability of students to expend their repertoires of abilities and behaviors within the contexts of new roles or activity demands. Students move from a position of not seeking new role or activity opportunities, to a seeking and mastery of them, to an ability to look forward confidently to new opportunities for self within new roles; expansion of old roles and new activities increases as role taking increases.

9. Ability to take risks with self-closely related to role-taking ability, this area refers to the individual's increasing ability to risk self-esteem when new and appropriate demands are made. The individual has a fairly confident sense of self that enables him to focus on new learnings and experiences



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rather than on whether the ego will be damaged.
(pp. 137-138)¹⁴

Silverman and Casazza (2000) offered an integrated approach to understanding learning and development. They identified six research topics that were related and interrelated in learning and personal development: (a) self and identity, (b) motivation, (c) interaction with the environment, (d) ways of knowing, (e) learning styles and preferences, and (f) self-regulation and goal setting. Although these are not the only areas that affect learning and development, these authors focused on improving teacher practice and thus considered them as the foundation of their work.

Self-identity is a multidimensional construct that exemplifies multiple theories and diverse opinions. It is the product of multiple environmental, socio-cultural, and personal influences. Yet, self-identity is also a motivating factor in the pursuit of a college education and reflects individual differences across all demographic and psychographic categories. Choosing to attend college must certainly be viewed in light of a student's focused intent

¹⁴ Reprinted with permission. Knepfelkamp, L. L., & Slepitz, R. (1978). A cognitive-developmental model of career development: An adaptation of the Perry Scheme. In C. A. Parker (Ed.), Encouraging development in college students (pp. 135-150). Minneapolis: University of Minnesota Press. Copyright © 1978 by the University of Minnesota.

to enhance or transform their self-identity through professional and personal growth.

Motivation is often referred to as an internal self-driving force that stimulates or limits human activity. Yet, it also reflects other important aspects of the self. Individual motivation provides a measure of self-worth, relates to self-efficacy, and drives need fulfillment. Subsequently, a student's participation in learning experiences is directly affected by these distinct motivational factors.

Environmental influences refer to the physical and the psycho-socio-cultural factors that are at work in the learning environment. The quality of the physical environment will have varying impact on an individual student's motivation and learning ability. The interpersonal relationships between and among the teacher and students in the classroom or outside of the classroom also directly affect learning and education.

For Silverman and Casazza (2000), individual ways of knowing are reflected in the works of Perry (1970/1999), Belenky, Clinchy, Goldberger, and Tarule (1986/1997), and Gardner (1983). Although Silverman and Casazza (2000) relied on these author's perspectives, it is important to remember that these are not the only works that have

considered the different ways individuals learn or construct knowledge. The essential point of Silverman and Casazza's discussion of ways of knowing is that the relevancy of a topic to an individual student also depends on the way that that individual comes to understand or know about a topic. An individual's way of knowing is directly influenced by the quality and type of life experience that a student brings to the classroom, and thus the student learns or does not learn.

Finally, Silverman and Casazza noted that each student's way of knowing required a different level of dependence or independence from peers or the teacher. They also considered that the interpretation of information and the assignment of meaning to that information varied for each student. Each student has a different perspective of what constitutes knowledge and how that knowledge is interpreted as dualistic and absolute, relative and permeable, or interdependent and contextual. Each student experiences, rehearses, and expresses their knowledge in a different way.

Silverman and Casazza (2000) considered that learning styles and learning style preferences are grounded in cultural, physiological, and personality characteristics. Whereas the multicultural diversity of contemporary college

classrooms has brought these concerns to the forefront, these characteristics have nonetheless always been present. Each individual represents and reflects different cultural influences, irrespective of the great melting pot theory of American culture. Each person interacts differently within their family or community, among their peers and in given social institutions. Each student brings different physiological characteristics and abilities to the classroom. Each student's personality is uniquely individual, in spite of valiant attempts to look or act the same.

Silverman and Casazza (2000) considered that an individual's ability to self-regulate learning experiences and to develop or modify goals was essential to the process and level of success in a learning environment. Yet, this ability to self-regulate through personal goal setting is directly related to and reflective of a composite of self and identity, motivation, interaction with the environment, ways of knowing, and learning styles and preferences. A student's ability to self-regulate and set goals suggests not only whether they have that ability, but also whether their individual differences have been addressed by the curriculum.

Given the multifaceted nature of development in college students, a framework for the present study needed to be established. In this study, development was considered in the contexts of self and identity, ways of knowing, and learning styles and preference. Self and identity were examined within the contexts of personality and psychosocial development as discussed by Erikson (1968). Ways of knowing were placed within the constructs developed by Perry (1970/1999) and Belenky, et al. (1986/1997). Learning styles and preferences were considered within the context of the Myers Briggs Type Indicator (Briggs & Briggs Myers, 1998).

Personality and Psychosocial Development

Personality is an important characteristic of the student who chooses to become a music therapist, and indeed various personalities are reflected in the profession. Much of the evaluative research cited earlier was conducted in hopes of being able to identify characteristics or behaviors of therapists that would insure successful treatment outcomes. Yet, the diversity of personality styles and the diversity of approaches to understanding those styles makes it difficult to conclude that there is one best personality type most suited for music therapists.

Shatin, Kotter, and Douglas-Longmore (1968) attempted to describe the personality profile of successful music therapists. Using the *Sixteen Personality Factor Questionnaire* (Cattell, Saunders, & Stice, 1957), they found no significant differences; yet there was "some evidence that better music therapists were more 'outgoing'" (p. 113).

Clark and Kranz (1996) profiled new music therapy students and found that the driving motivation for pursuing a music therapy education was grounded in altruistic and other intrinsic factors, including the influence of music on their own lives. They suggested that expectation gaps about future working environments or educational and scientific realities may contribute to turnover and attrition. They found that undergraduate students attending public universities chose the academic institution because of location, whereas the students attending private institutions made the choice based on the reputation of the music therapy program. Also, most new music therapy students had little, if any, exposure to music therapy prior to their education. Thus, the notion that a student knowingly chooses a program based on the quality of the program, the academic facility, practicum experiences, music therapy philosophy, or curriculum may be unfounded.

Varied approaches to personality theory and development are embedded within the multiple theories of psychotherapy (Corsini & Wedding, 1995), and a detailed review of those theories is beyond the scope of this dissertation. However, the two aspects of human development relevant to this dissertation are psychosocial and intellectual development.

Erikson's Theory of Psychosocial Development

A widely referenced theory of psychosocial development is based on the collective works of Erikson (Lefrançois, 1997). Inspired by Freud, Erikson identified eight stages of personality development. Each of the stages was described in terms of a conflict regarding "a person's need to adapt to the social environment" (Lefrançois, p. 70). Although each of the stages was related to a chronological period of biological development, aspects of a particular stage may be present or unresolved throughout a person's life. Erikson's stages have been outlined in Table 1 (see page 80).

A brief overview of the stages will help to frame an understanding of the development of music therapy students in college. In the initial trust-mistrust stage, a basic sense of trust about being in the world helps develop a sense of competence to facilitate future development.

Table 1

Erikson's Stages of Psychosocial Development

Age	Stage
Birth to 18 months	Trust vs. Mistrust
1.5 to 3 years	Autonomy vs. Shame and Doubt
3 to 6 years	Initiative vs. Guilt
6 to 12 years	Industry vs. Inferiority
12 to 20 years	Identity vs. Identity Confusion
20 to 35 years	Intimacy vs. Isolation
35 to retirement	Generativity vs. Stagnation
Retirement years	Ego Centricity vs. Despair

If this conflict is not resolved, the individual may be mistrustful and anxious about the basics of life. In the second stage, a child moves towards developing autonomy in the world, and opportunities to explore and seek independence are essential. Without those opportunities, parents or primary caregivers can be perceived as being over protective. This could stimulate doubt and uncertainty about an individual's place and presence in the world.

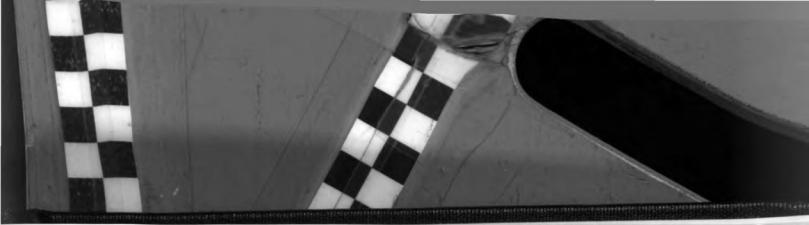
As children seek their own identity in the third stage, they typically model their actions and behavior after their parents or other significant persons in their lives, as a means of identifying with that person. It is in this stage that children should be encouraged to initiate their own behavior and to be responsible for that behavior.

Table I

Elwood's stages

Age
Birth to 12 months
12 to 18 months
18 to 24 months
24 to 30 months
30 to 36 months
36 to 42 months
42 to 48 months
48 to 54 months
54 to 60 months
60 to 66 months
66 to 72 months
72 to 78 months
78 to 84 months
84 to 90 months
90 to 96 months
96 to 102 months
102 to 108 months
108 to 114 months
114 to 120 months
120 to 126 months
126 to 132 months
132 to 138 months
138 to 144 months
144 to 150 months
150 to 156 months
156 to 162 months
162 to 168 months
168 to 174 months
174 to 180 months
180 to 186 months
186 to 192 months
192 to 198 months
198 to 204 months
204 to 210 months
210 to 216 months
216 to 222 months
222 to 228 months
228 to 234 months
234 to 240 months
240 to 246 months
246 to 252 months
252 to 258 months
258 to 264 months
264 to 270 months
270 to 276 months
276 to 282 months
282 to 288 months
288 to 294 months
294 to 300 months
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396 to 402 months
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414 to 420 months
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438 to 444 months
444 to 450 months
450 to 456 months
456 to 462 months
462 to 468 months
468 to 474 months
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672 to 678 months
678 to 684 months
684 to 690 months
690 to 696 months
696 to 702 months
702 to 708 months
708 to 714 months
714 to 720 months
720 to 726 months
726 to 732 months
732 to 738 months
738 to 744 months
744 to 750 months
750 to 756 months
756 to 762 months
762 to 768 months
768 to 774 months
774 to 780 months
780 to 786 months
786 to 792 months
792 to 798 months
798 to 804 months
804 to 810 months
810 to 816 months
816 to 822 months
822 to 828 months
828 to 834 months
834 to 840 months
840 to 846 months
846 to 852 months
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1038 to 1044 months
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1068 to 1074 months
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If this concept is abstractly second stage, the world, and independence of parents or self over protection about an individual. As children stage, they alter their behavior, as a means this stage that their own behavior and



It is also at this stage that early educational experiences begin to impact a child's development.

The fourth stage of psychosocial conflict is grounded in a child's need to interact with and be accepted by their peers. Children seek to learn the important things that they think will help them to be identified with their peers and to be accepted in the culture. Failure to develop this sense of self-worth, or lack of appreciation for the efforts that one has put forth, could lead to an overriding sense of inferiority.

The search for identity characterizes Erikson's fifth stage. As adolescents confront the myriad possibilities of who they might be, they experience the psychosocial conflict between identity and identity diffusion. Lefrançois (1997) noted that establishing a mature identity "is not something that happens to all adolescents by the time they are out of their teens" (p. 71). As adolescents move into adulthood, the importance of relationships forms the basis of their conflict between intimacy and isolation. The need for intimacy drives individuals towards marriage, having their own children, or other similar relationships.

Erikson's second stage of adult psychosocial conflict is Generativity versus Self-absorption, and it reflects a sense of altruism-service to others or one's community-

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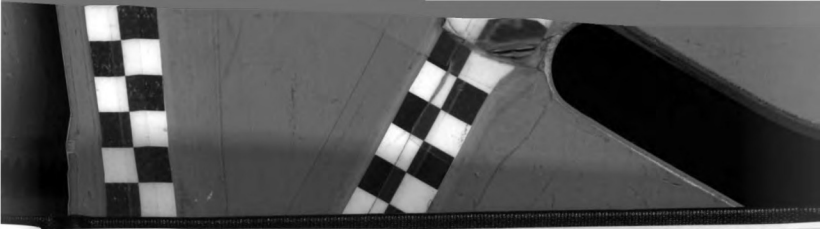


compared to an exclusive focus on the self. The final stage of conflict is integrity versus despair and is related to the sense of meaning that one gives to one's life. If there is a sense that one has lived one's life with integrity, then one can easily accept the end of life. However, a life that is perceived as meaningless creates a sense of despair and can lead to psychological problems.

Bergee and Grashel (1985) profiled music education undergraduates according to Erikson's principles. They suggested that a music educator's personality "may be characterized as inner-directed yet personable, people-oriented, reflective, sensitive, and perhaps spontaneous" (p. 5). Their profile of junior and senior music education students against normative measures for 18 to 24 year olds showed the following: The study participants exceeded the norms on the positive scales, scored lower than the norms on the negative scales, and seemed to have effectively resolved the conflicts of each of the stages. Bergee and Grashel concluded that these music educators were "poised to make a significant contribution to the music teaching profession, and thus to society as a whole" (p. 12).

Additionally, Bergee and Grashel (1985) discussed low scores on the identity scale, as an indicator of Erikson's *psychosocial moratorium*, a delay of psychosocial

compared to an... of conflict is... the sense of... is a sense that... than one can... that is perhaps... and can lead... perhaps... understand... suggested the... characteristic... contained... (p. 2). Their... students with... showed the... norms on the... on the negative... resolved the... General conclusion... to make a significant... problems and the... Additionally, we... notes on the... new potential...



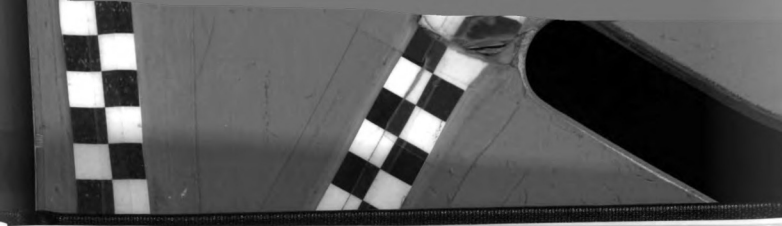
development, while attending college. "Society has imposed a delay of the assumption of adult roles, resulting in an extension of the adolescent condition well beyond the adolescent years" (p. 12). Bergee and Grashel (1985) recommended that curriculum experiences should be geared towards developing a strong sense of identity through mentoring, small-group seminars, and pre-service teaching experiences that would challenge the students to take on adult roles and responsibilities.

Ways of Knowing

Silverman and Casazza (2000) considered ways of knowing as the "theoretical framework that informs about the learners' different understandings of what knowledge is and also how they approach the task of learning" (p. 33). For this study, ways of knowing were framed in the context of intellectual development (Perry, 1970/1999) and women's ways of knowing (Belenky, et al., 1986/1997).

Ethical and Intellectual Development

Between 1954 and 1963, Perry (1970/1999) conducted a landmark study of the male students at Harvard University. He identified "structures which the students explicitly or implicitly impute to the world, especially those structures in which they construe the nature and origins of knowledge, of value, and of responsibility" (p. 1). Perry observed



that "students made meaning of their experience in different ways which will involve different assessments of their own choices and responsibilities" (p. 2).

Additionally, he noted that the students' meaning making changed over the course of their college education, so that a continuum of meaning making emerged from the study. As a student's meaning making progressed along that continuum, characteristics of the previous levels were embedded in the advanced levels. Perry noted that a student's location along the continuum was not absolute or exclusive. Thus, different aspects of any of the locations may be reflected within a student's intellectual development, yet the themes of a particular location tended to dominate a student's meaning making decisions.

Perry (1970/1999) identified nine positions along the continuum in which a person moves from *Simple Dualism* through *Complex Dualism*, *Relativism*, and on to *Commitment to Relativism*.

Position 1: The student sees the world in polar terms of we-right-good vs. other-wrong-bad. Right Answers for everything exist in the Absolute, known to Authority whose role it is to mediate (teach) them. Knowledge and goodness are perceived as quantitative accretions of discrete rightnesses to be collected by hard work and obedience (paradigm: a spelling test).

Position 2: The student perceives diversity of opinion, and uncertainty, and accounts for them as unwarranted confusion in poorly qualified Authorities

the unvarnished condition in poorly qualified authorities
opinion and uncertainty, and accounts for them as
Position 3: The student perceives diversity of

and hard work and objective (mathematics) a spelling book.
accruals of diverse rightness to be collected by
Knowledge and awareness are perceived as disseminated
Authority, which is in the evidence (proof) from
of we're through as other well-known, right answers
Position 1: The student sees the world in polar terms

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or as mere exercises set by Authority 'so we can learn to find The Answer for ourselves.'

Position 3: The student accepts diversity and uncertainty as legitimate but still *temporary* in areas where Authority 'hasn't found the answer yet.' He supposes Authority grades him in these areas on 'good expression' but remains puzzled as to standards.

Position 4: (a) The student perceives legitimate uncertainty (and therefore diversity of opinion) to be extensive and raises it to the status of an unstructured epistemological realm of its own in which 'anyone has a right to his own opinion,' a realm which he sets over against Authority's realm where right-wrong still prevails, or (b) the student discovers qualitative contextual relativistic reasoning as a special case of 'what They want' within Authority's realm.

Position 5: The student perceives all knowledge and values (including authority's) as contextual and relativistic and subordinates dualistic right-wrong functions to the status of a special case, in context.

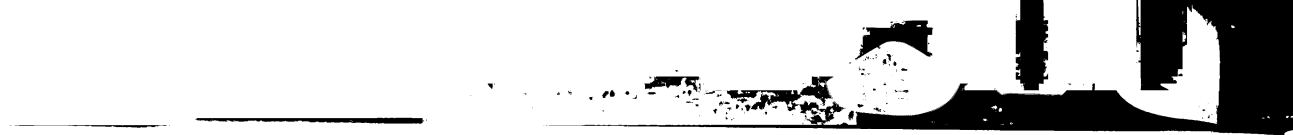
Position 6: The student apprehends the necessity of orienting himself in a relativistic world through some form of personal Commitment (as distinct from unquestioned or unconsidered commitment to simple belief in certainty).

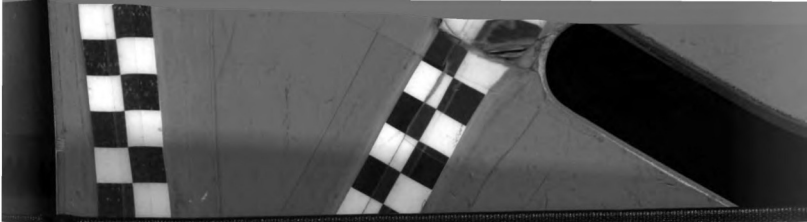
Position 7: The student makes an initial Commitment in some area.

Position 8: The student experiences the implications of Commitment, and explores the subjective and stylistic issues of responsibility.

Position 9: The student experiences the affirmation of identity among multiple responsibilities and realizes Commitment as an ongoing, unfolding activity through which he expresses his lifestyle. (pp. 10-11) ¹⁵

¹⁵ From Forms of Ethical and Intellectual Development in the College Years: A Scheme (p. 10-11, 237-240), by W. H. Perry, Jr., 1970. Copyright 1999, San Francisco, Jossey-Bass. Reprinted by permission of Jossey-Bass, Inc., a subsidiary of John Wiley & Sons, Inc.





Position five was the midpoint through which simple dualism was the foundation of perceptions and an individual's view of the world. Beyond position five, the relativistic aspects of a particular issue were perceived and realized, so that an "it depends" response became more prevalent. As one moved towards a commitment to relativism at position nine, personal values and choices were affirmed as a "conscious act or realization of identity and responsibility" (Perry, 1970/1999, Glossary).

In addition, Perry (1970/1999) defined conditions that were alternatives to growth along the continuum.

Temporizing: The student delays in some Position for a year, exploring its implications or explicitly hesitating to take the next step.

Escape: The student exploits the opportunity for detachment offered by structures of Positions 4 and 5 to deny responsibility through passive or opportunistic alienation.

Retreat: The student entrenches in the dualistic, absolutistic structures of Position 2 or 3. (p. 11)

Perry (1970/1999) discussed the implications of his findings for education. In the simplest of terms, the study provided the instructor a way to understand how different students would perceive instruction or the instructor in vastly different ways. His findings had important implications for changing the roles of the student and the teacher.





The good teacher becomes one who supports in his students a more sustained groping, exploration, and synthesis. His acts of evaluation must subtend more than discrete rights and wrongs, and extend through time to assist discrimination among complex patterns of interpretation. (p. 237)

This change in roles also changed the relationship between the student and the teacher.

Epistemologically the knower and the known are now inseparable. The forms of knowing entwine with the forms of the known, and this involvement includes the forms of the knower's responsibility. The alienated student . . . may imitate or parody the forms of other people's knowledge, but he is as sterile intellectually as he is socially. (p. 238)

Perry (1970/1999) concluded that the study produced at least two themes relative to the type of learning environment that would support and sustain the students. First, was a sense of community reported by a majority of the students: "This was the realization that in the very risks, separateness, and individuality of working out their commitments, they were in the same boat not only with each other but with their instructors as well" (p. 239). Second was the idea that educators must confirm the student as a member of the instructor's knowledge community by virtue of the student's "own making of meaning, his daring to take risks, and his courage in committing himself" (p. 239).

Finally, Perry (1970/1999) noted that the students hunger to "experience themselves more vividly as recognized in the eyes of their educators in their efforts to





integrate their learning in the responsible interpretation of their lives" (p. 240). Yet, he noted that this hunger for growth "involves a new kind of responsibility . . . to go beyond the assertion of his individualism in certainty to affirm his individuality in doubt. To be viable, the new aloneness requires a new realization of community" (p. 240).

Perry (1970/1999) has been widely referenced in the literature and the *Perry Scheme* has been used to assess intellectual development, understand learning styles, and develop effective teaching methodologies geared towards teaching to individual differences.

Women's Ways of Knowing

Belenky, Clinchy, Goldberger, and Tarule (1986/1997) were concerned that women "spoke frequently of problems and gaps in their learning and so often doubt their intellectual competence" (p. 4). They also noted that for women, "real learning" occurred in relationships and not necessarily within the confines of an academic institution.

From a feminist perspective, they believed that the "conceptions about knowledge and truth that are accepted and articulated today, have been shaped throughout history by the male-dominated majority culture" (p. 5). They noted that women's ways of understanding and interpreting the





world were considered as less valuable, and they believed that there was "a masculine bias at the very heart of most academic disciplines, methodologies and theories" (p. 6).

Belenky, et al. (1986/1997) discussed a "morality of responsibility and care" wherein self-concept was "rooted in a sense of connection and relatedness to others" as opposed to "separation and autonomy" (p. 8). Their work was partially grounded in Perry (1970/1999).

[Perry] was poorly designed to uncover those themes that might be more prominent among women. Our work focuses on what else women might have to say about the development of their minds and on alternative routes that are sketchy or missing in Perry's version. (p. 9)

And, similar to Perry, they used open-ended interviews to collect their data.

Belenky, et al. (1986/1997) did not describe their model as "stagelike"; rather they developed five categories of "epistemological *perspectives* from which women know and view the world" (p. 15).

Silence, a position in which women experience themselves as mindless and voiceless and subject to the whims of external authority;

Received Knowledge, a perspective from which women conceive of themselves as capable of receiving, even producing, knowledge from the all-knowing external authorities but not capable of creating knowledge on their own;

Subjective Knowledge, a perspective from which truth and knowledge are conceived of as personal, private, and subjectively known or intuited;

world were considered as a whole, it would be found that their was a certain amount of academic discipline in the work of the scientists. But in a sense of the word, it was not a science of the world, but a science of the world as it appeared to the scientists. It was a science of the world as it appeared to the scientists, and it was a science of the world as it appeared to the scientists.

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Procedural Knowledge, a position in which women are invested in learning and applying objective procedures for obtaining and communicating knowledge; and

Constructed Knowledge, a position from which women view all knowledge as contextual, experience themselves as creators of knowledge, and value both subjective and objective strategies for knowing.
(p. 15)

Reflecting on this epistemology, they concluded.

Educators can help women develop their own authentic voices if they emphasize connection over separation, understanding and acceptance over assessment, and collaboration over debate; if they accord respect to and allow time for the knowledge that emerges from firsthand experience; if instead of imposing their own expectations and arbitrary requirements, they encourage students to evolve their own patterns of work based on the problems they are pursuing. (p. 229)

The obvious point here being that the prevalence of women in the music therapy profession requires that women's ways of knowing and understanding be included in any discussion of music therapy education.

Learning Styles and Preferences

Sims and Sims (1995) suggested that "the notion that all cognitive styles are identical . . . smacks of arrogance and elitism" (p. xi). Silverman and Casazza (2000) suggested that learning styles and learning style preferences resulted from the individual and collective influences of cultural, physiological, personality-based, and instructional preferences.

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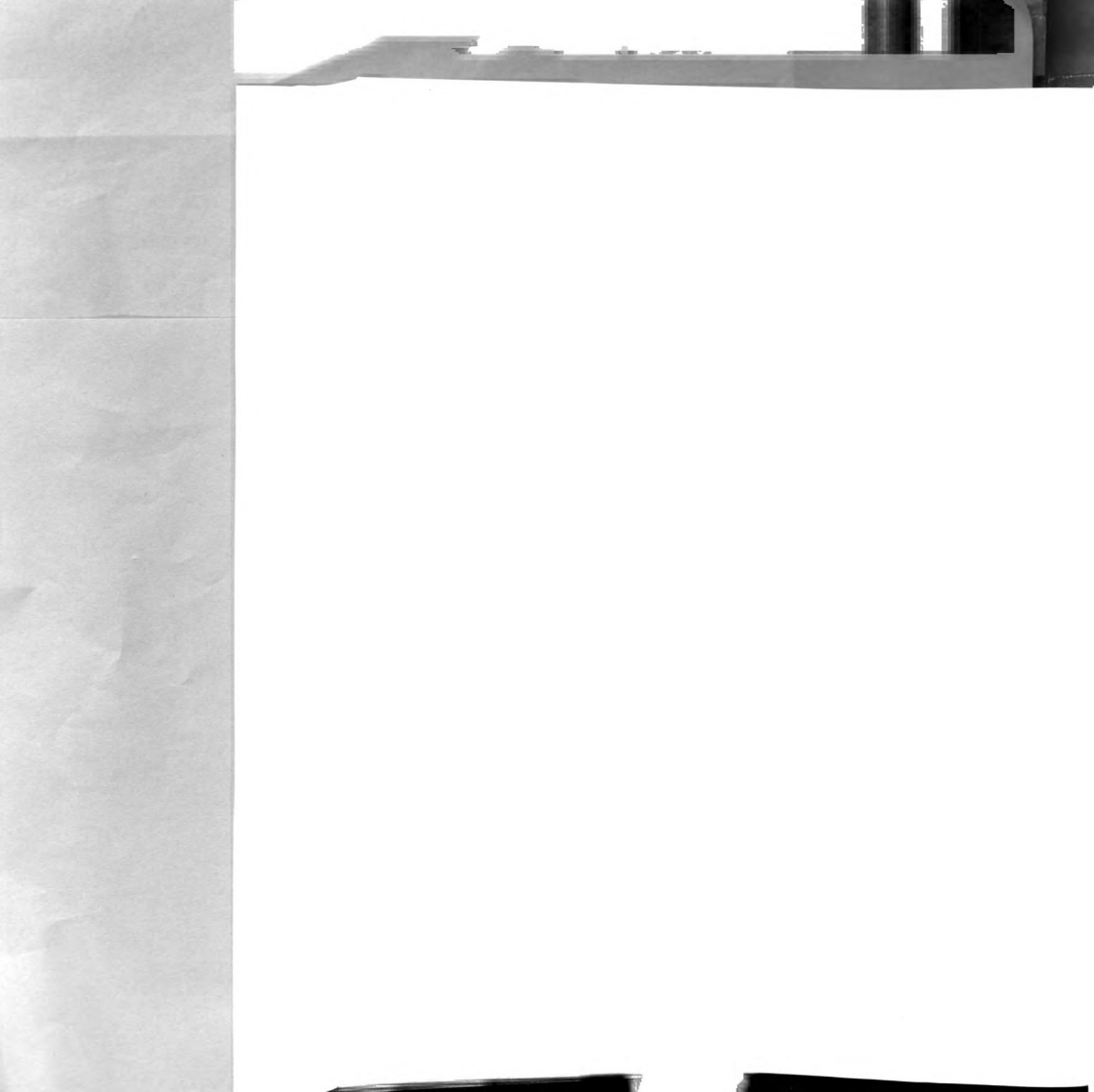
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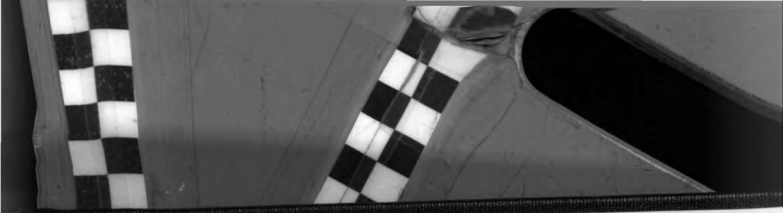
and instructional



Hickcox (1995) reviewed learning style inventories of instructional and environmental, information processing, and personality related preferences. However, the typical approach of most learning style measuring tests was based on ipsative factors that reflected the presence of an attribute along a continuum such as extroversion-introversion in the Myers-Briggs Type Indicator (Briggs & Briggs Myers, 1998). Thus, the amount of extroversion that is present exists at the expense of introversion, and the quality of either characteristic is dependent upon its relationship to the opposite characteristic.

The Myers-Briggs Type Indicator (MBTI) (Briggs & Briggs Myers, 1998) is a personality inventory that has been used to understand normal personality differences. The MBTI is based on the collected works of C. J. Jung and his eight mental functions of extroversion and introversion, sensing and intuiting, thinking and feeling, and perceiving and judging. Hickcox (1995) reported that "the overall psychometric ratings were good for reliability and strong for validity" (p. 36). The MBTI has also been used to identify an individual's preferred learning style (Briggs Myers, 1998; DiTiberio & Hammer, 1993). Throughout the literature, identifying an individual student's learning





style has been considered an important aspect of teaching to the individual needs and differences of students.

The MBTI profile is based on four ipsative scales: Extroversion-Introversion, Sensing-Intuition, Thinking-Feeling, and Judging-Perceiving. The first scale reflects how an individual focuses their attention and where one gets their energy. The second scale focuses on how an individual prefers to take in information. The third scale focuses on how one makes decisions, and the fourth scale focuses on how one deals with the outer world. An individual's MBTI is thus an indicator of preference along these ipsative scales and is composed of the first letter from each of the four scales. Thus, there are 16 possible type indicators: ESTP, ESTJ, ESFP, ESFJ, ENFP, ENFJ, ENTP, ENTJ, ISTJ, ISTP, ISFJ, ISFP, INFJ, INFP, INTJ, and INTP¹⁶.

Summary

Sanford (1966) noted that if personality is fixed by age 18, "it would be reasonable to expect the student to choose his experiences in accordance with motives that are already basic to his personality, and to go about confirming himself as he is" (p. 275). And thus, "the chief job of the college would be to help him acquire the knowledge and skills needed for the successful pursuit of

¹⁶ For a more thorough discussion of the MBTI and its relevance to this study, see chapter 3, Methodology, pg. 169.





his purposes and perhaps for the satisfaction of the particular needs of his personality" (pp. 275-276).

However, if development is ongoing through the college years, learning and development occur concurrently, at varying levels, and enfold upon each other. Thus, if the college student's personality is pliable the educational focus is significantly different from a focus that is based on the assumption of a fixed personality.

Our major concern, rather, should be with helping them to decide what values to have, always with the thought that they may go in what for them are entirely new directions. We are not to suppose that students learn in accordance with their interests; rather we assume that interest depends on knowledge, that the more a student learns of a subject the more he becomes involved in it, and that in this way new patterns of interest and value may be generated. Instead of permitting students to become confirmed in patterns of motives whose determinants have been childish or accidental or culturally primitive, we should encourage development toward patterns that are valued in our society. (Sanford, 1966, p. 276)

Music Therapists' Development

Moreno (1969) observed that the means by which a music therapist strives to achieve therapeutic goals is not simply a matter of technique. "It is more basically related to the personality, abilities, and general orientation of the individual therapist" (p. 19). Brookins (1984) noted that "each music therapy student is expected to acquire a vast array of both interpersonal skills and academic





knowledge as a result of his or her academic coursework" (p. 193). Maranto and Bruscia (1988) noted that there must be an understanding of the developmental appropriateness of students and interns towards increasing the depth and breadth of their competency development.

Meeting together, as therapist and client, in the experience of music therapy is a deeply personal and singularly unique experience. The music therapist's personality, psychosocial development, musical skill, and therapeutic acumen directly affect the therapist's ability to understand and explore their role and the client's role, and their collective relationships within the therapeutic moment (Kenny, 1989). From a psychodynamic framework of music therapy this relationship can also be considered in terms of transference-countertransference (Bruscia, 1998b).

Understanding this developmental aspect of increasing depth and breadth of clinical ability, the *AMTA Standards for Education and Clinical Training* (American Music Therapy Association, 2001) identified entry level competencies for the undergraduate degree, increasing breadth and depth for master's degrees, and advanced competence in particular areas for the doctoral degree. Yet, even though a significant literature base has explored learning in music therapy education, scant research has considered the



developmental processes of music therapy students, especially at the undergraduate level. This latter issue is of particular concern since 44% of AMTA's members hold bachelor's degrees and 34% of AMTA's members have no degree. "The majority of those holding no degree are students" (American Music Therapy Association, 2000, p. 257). Thus, 78% of the AMTA membership holds a bachelors degree or less.

The Milgram-Luterman Developmental Model

Milgram-Luterman (1997) described a developmental model for students in undergraduate music therapy. Her five-stage model was based on the combined theories and constructs of Belenky, et al. (1986/1997), Perry (1970/1999), and Schön (1983). Her stages of development and student characteristics were adapted and described in Table 2 (see page 96)¹⁷. Milgram-Luterman's model has yet to be explored in the literature, but it provided an additional framework of synthesis for this study.

Job Satisfaction, Distress, and Burnout

In the literature, Bitcon (1981) seems to have been the first to address employee distress and burnout for music therapists.

¹⁷ Adapted and used with permission.

Table 2

Characteristics in Milgram-Luterman's Phases of Development

Phases and Descriptions

Phase I. Novice Music Therapy Student

Dedicated to getting good grades and pleasing the teacher; does not perceive having a voice for self expression; adapts views of others; not aware, or does not believe in individual intuitive knowledge; does not perceive benefits of observation or experience; does not see big picture; limited competencies in music, theoretical knowledge, common sense, intuition; and unaware of limits.

Phase II. Immersion through Observation

May not yet recognize the university setting as an environment for personal growth; feels capable of learning; feels cannot create knowledge; has just begun to reflect on motivation for becoming a music therapist; does not yet recognize the scope of knowledge and skills required to become a music therapist; may begin to recognize the real challenges involved in music therapy in terms of specific skills and knowledge to meet clients' needs.

Phase III. Immersion through Experience

Can easily be discouraged with the realization of little promise, terrible illnesses and/or lack of means for communication by some clients; may be anxious; not really connected with the power and beauty of music as a means for communication and growth; new awarenesses that may be painful or exciting; begins to understand implications of various theoretical orientations of music therapy; begins to recognize that commitment to learning is important; begins to recognize personal truths and individual knowledge; begins to define self in terms of a group; begins to recognize existence of relativistic thinking; new feelings of uncertainty.

Table 2 (cont'd).

Phases and Descriptions

Phase IV. Immersion through Reflection

Begins to develop an ability to identify and communicate self-knowledge; commits to finding and applying more concrete ways to learn and express knowledge; begins to take responsibility for own growth; begins to observe music therapy on a deeper level; can identify clinical problems and respond to the situation with some certainty; a new ability to identify and communicate self-knowledge and knowledge of others; more independent, yet still does not yet actively search for opportunities to develop individual clinical and musical expression.

Phase V. Integration of Experience into Self

Begins to contemplate how to succeed in attaining personal goals; begins to formulate personal philosophy of music therapy; commits to finding and applying more objective, concrete ways to learn and express knowledge; considers self as a thinker, and endeavors to expand the self; adopts an attitude of excitement, discovery, or flow, and a disposition of expertise.

I have become alarmed to discover many music therapists expressing discontent with their profession, withdrawing from active participation with other music therapists, feeling that conditions cannot be changed, giving up, and generally becoming indifferent towards their job and chosen profession.
(Bitcon, 1981, p. 2)

She suggested that "initial career counseling, curriculum content, music therapy student counseling, reliable fieldwork experiences, and an internship where daily, 'real' music therapy still allows growth, development and maintenance are all vital in equipping oneself to resist the seduction of burnout" (p. 2). She emphasized that the

key to preventing or dealing with burnout was self-reflection and self-understanding.

Oppenheim (1987) surveyed practicing music therapists to identify factors related to stress or burnout. She found that the most prevalent issues were insufficient pay, lack of respect and support from administrators, and having to perform tasks outside of music therapy. Yet, of her respondents 76.9% had worked in the field for less than five years. She noted that stress and burnout in other professions was related to increased years of experience. Thus, with her respondents reporting less than five years in the profession, she suggested that her respondents might not yet have experienced and manifested the full effects of stress or burnout.

Braswell, Decuir, and Jacobs (1989) surveyed practicing music therapists to assess job satisfaction. With a 57% return ratio from music therapists in the United States, they found that higher levels of job satisfaction were related to higher income levels and recent salary increases of 7% or more. Geographic location was also related to job satisfaction with lower levels of job satisfaction for music therapists living in rural environments, and the New England, Western, and South

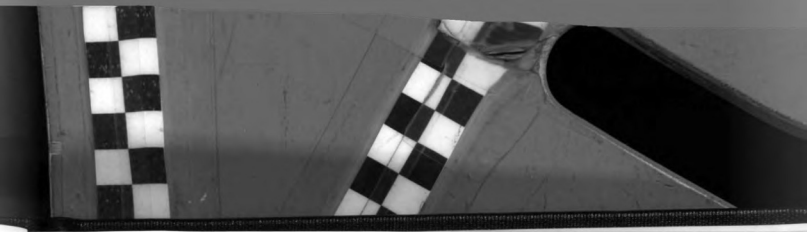


Central Regions¹⁸ of the NAMT. Their results also suggested that job satisfaction was somewhat influenced by age and academic degree. Finally, music therapists in academic settings and those who had been employed as a music therapist for a number of years reported higher levels of job satisfaction.

Glider (1987) noted that interpersonal skills might be seriously lacking in the beginning music therapist or student, and if they were not resolved, they could result in distress or burnout. He profiled psychological distress as one of the factors that confronts a music therapy student or intern, and described it as a "period of emotional distress in the beginning therapist which accompanies the struggle for competence acquisition" (p. 195). Work-related factors included overwork, difficult work, discouragement, personal issues, general passivity of the work, isolation, role ambiguity, lack of promotional opportunities, dealing with organizational cultures, and professional turf battles.

Intrapersonal factors included the constant outflow of emotional energy, difficulty in separating life from work,

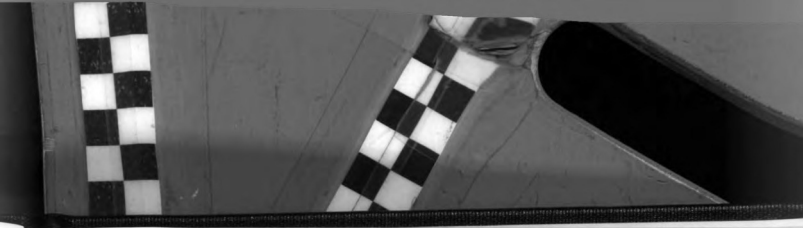
¹⁸ The New England Region of NAMT includes the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The South Central Region of NAMT includes the states of Arkansas, Louisiana, and Mississippi. The Western Region of NAMT includes the states of Arizona, California, Idaho, Oregon, Nevada, Washington, and Utah.



achievement needs, high ideals, workaholic tendencies, poor use of leisure, ambivalent commitment, unrealistic expectations, personality traits, seeing the job as a "calling," and gaps in professional training. He noted that trainees become distressed because they do not have the necessary coping skills. He concluded that "successful elimination of trainee distress often entails the restitution of functioning with mastery over precipitating factors and improved methods of coping" (p. 199).

Glider (1987) also noted that the educational environment could contribute to trainee distress. While the environment provides valuable training, it may also be the source of trainee distress, if faculty members attempt to persuade students to adopt a particular philosophy or theory. "It is rather apparent that parochialism exists within the [music therapy] field, in addition to competing visions of the most appropriate way to educate future professionals" (p. 201). However, students should be encouraged to develop their own and differing perspectives.

At this stage of scientific knowledge, there is simply no room for theoretical myopia. Students need to be made aware of the advantage of being able to don different conceptual spectacles, not only from the point of view of understanding and intervention, but also for the sake of intellectual and scientific honesty. (p. 201)



Additionally, Glider (1987) observed that the social climate could be another contributing factor to trainee distress.

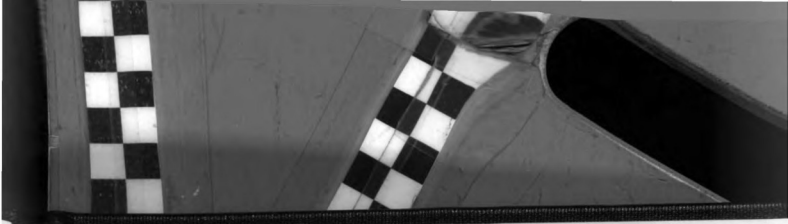
Glider (1987) also identified unique concerns for music therapists. A musician's individual relationship with their performing instrument is strongly couched in self-identity. However, in a therapeutic setting and as a music therapist becomes more immersed in clinical practice, the performing instrument may be relegated to a secondary role, if not set aside altogether. Secondly, albeit that a music therapist's relationship with music in general may be deeply personal and somewhat private, in the therapeutic environment that relationships is transformed into a shared, public exchange with another person or a group of people. Glider suggested that this transformation of musical identity could have negative impacts on an individual's self-identity and thus contribute to trainee distress.

Glider (1987) concluded that these issues point out the need for music therapy educators to "broaden their perspective with respect to clinical training and not to assume that field supervision alone will provide necessary training experiences" (p. 204). He advocated for strengthening students' coping skills with either

assertiveness training, time management, or learning how to work within the socially complex world of a health care organization. He suggested establishing a seminar approach that could help students become music therapists by providing peer support groups, encouraging faculty to openly share their own experiences, and by preparing students for what they will likely face in a professional setting. Finally, he recommended that music therapists maintain their connection to their performing instrument, their performance practice, and music for their personal enjoyment.

Grant and McCarty (1990) profiled the emotional stages of 59 interns from all regions of the NAMT using a researcher-designed instrument to measure 20-paired feeling states related to personal and professional experience. Each intern completed the same assessment at one-month intervals and added personal comments. In the beginning, the comments reflected insecurity, anxiety, excitement, and a feeling of being overwhelmed. By the end of the first month, 80% of the comments reflected some form of struggle: self-doubt, frustration, inadequacy, and insecurity. After the second month, "25% pinpointed supervisor support while others described philosophical differences with supervisors" (p. 115). More significantly, the "struggle



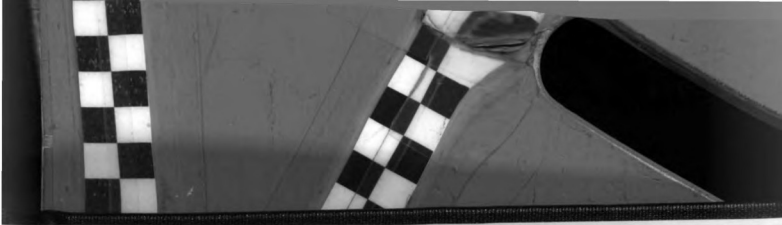


with identity seemed to really emerge" (p. 115) in the form of conflicts, challenges, and adjustments. By the third month, most students seemed to have adjusted to the changes. However, by the end of the fourth month comments reflected "some intense dynamics" (p. 115). By the fifth month, the comments reflected renewed optimism as the students looked towards the end. At this time, a sense of accomplishment and achievement from working independently emerged. After sixth months, the intern's comments were more intensified reflections of the comments they had made during the fifth month.

Madsen and Kaiser (1999) surveyed pre-internship fears of music therapists. They found a variety of fears confronting the students and then ranked the student's primary concerns: readiness for the internship, failure, the internship supervisor and the placement, physical concerns such as money and moving, not learning, clients not responding, and competence.

Summary

It seems clear that multiply diverse developmental factors influence a music therapist's education and training. In addition, a music therapist's connection with their own creative and aesthetic experience and the deep interpersonal relationships that may evolve in the course



of a therapy session intensify an already complex issue of interpersonal dynamics and development. It is imperative that educators and clinical trainers understand the developmental experiences of a music therapy college student, so that appropriate mentoring and peer support mechanisms can facilitate and nurture a music therapist's developmental process.

Fear, anxiety, distress, and burnout are directly related to one's personal development. Yet, it is unclear as to how these factors are addressed within the realm of a competency-based curriculum, or if it is the role or responsibility of a curriculum to address these issues. Those who would argue that effective teaching can only be accomplished by teaching to individual differences might support addressing these issues in a curriculum, yet the methodology may be illusive, if one subscribes to a curriculum philosophy geared towards measuring learning and achievement based on competency development alone.

A broader curricular approach that recognizes the individual characteristics and qualities that a music therapist brings to the therapeutic moment would address personal development in music therapy students.

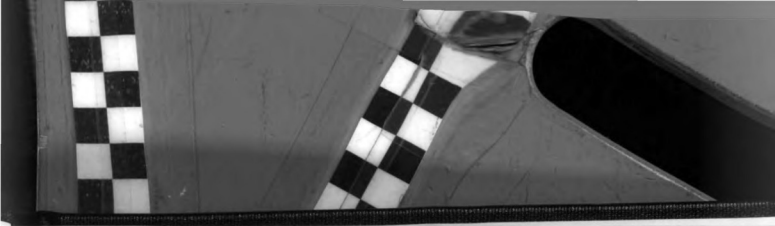


Curriculum Theory

Curriculum theory addresses the aims, purposes, and focus of education. Varying theories about those characteristics have resulted in persistent and sometimes heated debate. The argument has rested on two focal points, the individual and the society, and in particular, the role of the individual within a society. The arguments have been typically grounded in either Plato's notion of educating the individual as essential to the development of an Ideal State (*The Republic*) or in Rousseau's advocacy for the freer and more natural development of a child (*Emile*). In *Democracy and Education*, Dewey (1916) suggested that it was both: The aim of education was to develop both the individual and the society.

Traditionalists and Progressives

Walker and Soltis (1997) noted that two fundamental perspectives, the traditionalist and the progressive have characterized this curriculum debate. According to these authors, the traditionalist perspective held that the purpose of education--thus the function of schools--was to train the undisciplined mind and to mold the behavior of children into mature adults as socialized and behaviorally appropriate contributors to society. Education served to



"maintain an intellectually sound and civilized society"
(p. 18).

The progressive perspective reflected varying approaches, yet was united in its opposition to "rote memorization, drill, stern discipline, and the learning of fixed subject matter defined in adult terms with little relation to the child" (Walker & Soltis, 1997, pp. 18-19). From the progressive perspective, education prepared the individual as a self-directed and personally responsible person to make choices about life-experiences and values. Thus, the individualized person would contribute and adapt within a diverse and changing society.

As these opposing viewpoints well suggest, the debate about curriculum within the role of education can become emotional, passionate, and at times irreconcilable.

Modernist Curriculum Theory

Doll (1993) described the traditionalist-progressive debate in terms of modernism and post-modernism. He suggested that the modernist perspective has permeated curriculum theory throughout most of the twentieth century. The modernist view considers knowledge as something to be acquired and that learning is the acquisition of knowledge.

Freire (1970) suggested that, from this perspective, knowledge was a "bank" of information for a particular



profession or discipline, and that the uneducated student "withdrew" knowledge, so that the amount of knowledge the student was able to accumulate reflected a student's level of learning. Learning was easily measured and evaluated through various testing mechanisms that identified the level of knowledge a student had accrued.

From the modernist perspective, curricula were developed to teach students about their intended profession and to tell them the facts and "truths" of the profession. The professors, teachers, institutions, and professional associations were the "depositories" of that knowledge and dispensed it to the students. The inherent constructs and philosophy of a competency-based curriculum reflect this modernist perspective.

Freire (1970) criticized the notion of education as a vehicle for ensuring the perpetuation of a society. He argued that the perpetuation of an existing society, by definition, excluded those who were not deemed part of that society, in spite of the fact that they may exist within that society. Feminist pedagogy has taken a firm position in this regard and noted that the perpetuation of societal roles, philosophical beliefs, and social hierarchies has excluded women from full participation in the society in which they exist. Advocates for the disabled,



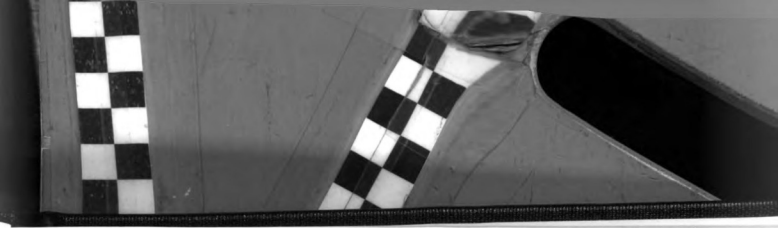
disenfranchised, and culturally diverse have also noted that an educational system that perpetuates this exclusion does so at the expense and oppression of the other voices that nonetheless exist within a society.

Post-Modern Curriculum Theory

Doll (1993) articulated the post-modern perspective and advocated for a transformative, self-organizing approach to education and curriculum development. He suggested that the worldviews of Descartes and Newton--the modernist perspective--had led to incomplete interpretations of earlier theoretical and philosophical writings about education and curriculum. This modernist paradigm relied on one type of knowing: A knowledge that was linear, static, separate, and apart from the experience of the individual.

Doll (1993) suggested that in light of current scientific understanding, this modernist worldview no longer reflected the reality of knowledge, the human species, or its relation to and in the universe. Nonetheless, he noted that the modernist paradigm continues to direct contemporary curriculum, because the scientific method has been literally woven into the fabric of contemporary life and become a moral imperative.





Additionally, Doll (1993) noted that this scientific curriculum was heavily vested in a 'deficit hypotheses': By nature, humans have deficits that keep individuals from evolving and appreciating the value of a productive economy. Moreover, this deficit required that educational curricula reduce or improve the deficit for better performance in school and in preparation for employment. Thus, current curricular models transmit or transfer knowledge in a closed system that Doll believed was doomed.

In comparison, post-modern curriculum theory considers knowledge as local, situational, and constructed to meet the needs of conditions. Post-modern curriculum theory is aligned with contemporary findings and research in science, systems theory, chaos theory, critical and reflective thinking, and the nature of change. From this perspective, knowledge is constructed as it relates to self-actualization, multi-cultural diversity, situational context, and the changes driving the social system. Thus, from the post-modern perspective, knowledge is an interactive dialogue of "knowledge creation not discovery, negotiation not verification" (p. 126). Through reflective thought, the individual turns inward to the self and outward to the society. This concept of knowledge and mind emphasized and required active learning through self-



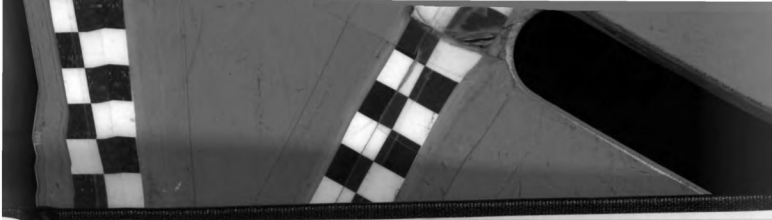
reflection, imaging, and community dialog. Moreover, this new epistemology changed student-teacher relationships and created more collaborative processes.

Doll (1993) considered that such a transformative curriculum would better serve the community. "Educational development would best occur when based on the type of system that characterizes being human" (p. 58). He noted that self-organization is a fundamental process of organic systems, it is the essence of creativity and life, and although unpredictable, change is anticipated. For Doll, it was in this mode of considering education as a creative process through self-organization, where there were significant implications for education and curriculum.

1. "Teaching would become ancillary to learning with learning dominant, due to the individual's self-organization abilities" (p. 101).

2. Teaching would no longer focus on memorization in a didactic process, but would shift into an engaging dialogue for increased depth of understanding.

Even though this approach changes the role of teaching from a pedagogical directive, it does not lessen the teacher's role: it merely changes it. "Indeed it is to bring to consciousness what I suspect self-reflecting teachers already know . . . that through their iteration



they fertilize certain ideas, but the development of these ideas is internal, via the reflective process" (p. 102).

Doll (1993) drew from Bruner's (1960) notion of the 'spiral curriculum,' in which subject matter is studied with increasing levels of complexity to recognize the essence of reflective practice and the changed role of the teacher. The teacher's art is in translating the structures of whatever subject is being studied into the learner's way of viewing things' and then operating in the zone of development that is just beyond the learner's sense of comfort" (p. 124). "Evaluation becomes generative, not just summative; the emphasis is on what the student can do with the knowledge acquired not on how well the knowledge acquired matches a frame set by others" (p. 127).

Summary

Walker and Soltis (1997) observed that curriculum development has been persistently developed within the construct of Tyler's rationale (Tyler, 1949), which was organized around four fundamental questions.

1. What educational purposes should the school seek to attain?
2. What educational experiences can be provided that are likely to attain these experiences?
3. How can these educational experiences be effectively organized?

4. How can we determine whether these purposes are being attained? (Walker & Soltis, 1997, p. 56)

In this context, curriculum development has been locked in a logical, scientific, positivistic approach that is product oriented and maintains, protects, and insures the continuance and dominance of the existing culture. In this context, even different methodologies are not much more than different recipes for making the same product.

"Any inherited system, good for its time, when held to after its day, hampers social progress. It is not enough that the system, fundamentally unchanged in plan and purpose, be improved in details" (Bobbitt, 1918, as cited in Flinders & Thornton, 1997, p. 9).

Collaborative Learning

An extensive literature base exists, in which disciplines outside of music, or music therapy, have long since moved past whether or not collaborative learning is an appropriate teaching methodology. Collaborative learning has been deliberated in English and Composition disciplines for most of the twentieth century (Tebo-Messina, 1993).

Consortiums--such as the National Center on Postsecondary Teaching, Learning, and Assessment that includes Penn State University, the University of Illinois at Chicago, Arizona State University, and the University of Southern

California;¹⁹ and the Consortium for Policy Research in Education that includes Harvard University, Stanford University, the University of Michigan, and the University of Wisconsin-Madison²⁰--have conducted various research projects, including many that involved collaborative learning.

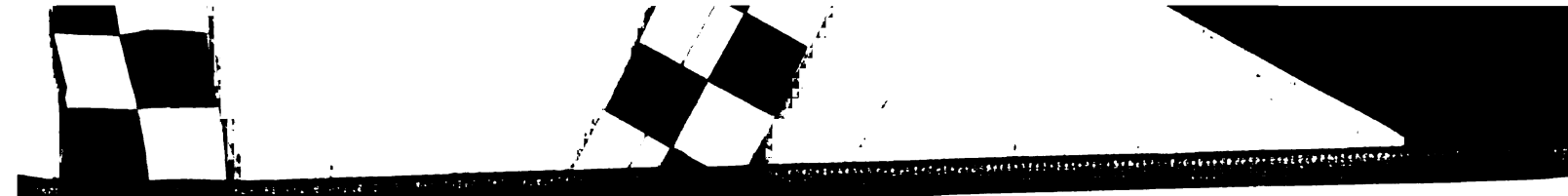
Luce (2001) noted that the collaborative learning literature averaged more than 300 articles per year in the mid-1990's, and had increased to a total of more than 3,000 publications between the mid-1970's and 2000. That research base spanned diverse disciplines in which collaborative learning was discussed, explored, evaluated, and assessed for its effectiveness, or agonized over its failures. Yet, collaborative learning has seen little use in teaching music or music education, and it has yet to be explored in music therapy education, or at least, in the published music therapy literature.

Defining Collaborative Learning

Luce (2001) identified three foundational works in collaborative learning that provide a thorough overview of the methodology and philosophy (Bosworth & Hamilton, 1994; Bruffee, 1999; Goodsell, Maher, Tinto, Smith & MacGregor,

¹⁹ Information available via the World Wide Web at <http://www.ed.psu.edu/cshe/nctla.html>.

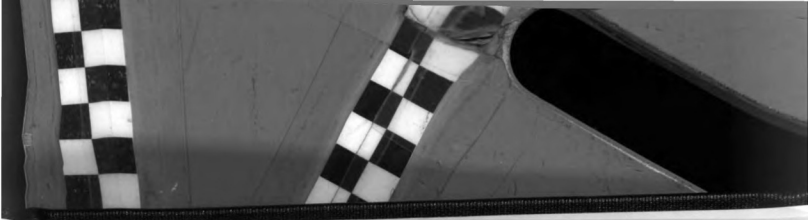
²⁰ Information available on the World Wide Web at <http://www.gse.upenn.edu/cpre/>.



1992). However, a precise definition of collaborative learning is elusive, so that collaborative learning has most often been discussed in terms of its essential qualities and the characteristics that describe what it is compared to what it is not (Whipple, 1987).

Collaborative learning is not a single, specific teaching method. Bruffee (1999) noted that there were various approaches to the social construction of knowledge and the shared authority of knowledge including "peer tutoring, collaborative project work, writing peer review, and consensual response to lectures" (p. 21), and consensus group work.

Collaborative learning is most often described as a process, yet it also embraces a philosophy of education that is unquestionably a philosophy of liberal education, or the education of "free-thinking" individuals in a democratic society (Dewey, 1916). "Collaborative learning stands, we would argue, at the center of the tension in this country between education as a controlling device and education as a liberating force" (Cooper, George, & Sanders, 1994, p. 32). Thus, collaborative learning is firmly grounded in post-modern curriculum theory in which knowledge is local, situational, and constructed to meet the needs of conditions.



Bruffee (1999) articulated three basic principles of collaborative learning; (a) knowledge is socially constructed as "a consensus among the members of a community of knowledgeable peers" (p. xii), (b) the authority of knowledge is shared by the members of the community, and (c) interdependent personal relationships shape a community of knowledgeable peers.

Peters and Armstrong (1998) noted: "Collaboration means that people labor together in order to construct something that did not exist before the collaboration, something that does not and cannot fully exist in the lives of individual collaborators" (p. 75). Goodsell, et al. (1992) stated that collaborative learning changes students from "passive recipients of information given by an expert teacher, to active agents in the construction of knowledge" (p. 4). Smith and MacGregor (1992) observed that collaborative learning challenges the teacher who embraces the philosophy to face "fundamental questions about the purposes of their classes, teacher and student roles and responsibilities, the relationship between educational form and content, and the nature of knowledge itself" (p. 9). Thus, collaborative learning demands a distinctively different relationship between the students and a teacher.

Individual Differences and Multiculturalism

Collaborative learning recognizes the individual differences amongst a group of knowledgeable peers. Fundamentally, this would include a peer's knowledge about themselves, their families, friends, communities, churches, hobbies, interests and activities. Historically, these characteristics have been considered homogeneous within the great American melting pot. However, that notion of homogeneity has been significantly challenged, if not totally dispelled as people increasingly strive to express and promote their individual cultural identity.

In concert with the heterogeneous nature of the American populace, college students are coming from increasingly diverse cultural backgrounds and constituting vastly different knowledge communities. Beyond Hispanic, African-American, Native-American, Asian or western European cultures, student knowledge communities represent cultures from around the world and with varying demographic characteristics.

Bruffee (1999) argued that previous attempts towards multicultural understanding and diversification were insufficient and ineffective--simply experiencing the artifacts or manifestations of a culture provided little,





if any real understanding of what it meant to be a participant and member of a culture.

When we do try to place ourselves 'inside' people of cultures other than our own and see things from their point of view, we inevitably wind up still seeing the world from our own point of view and calling it theirs. (p. 213)

Bell-Metereau (1994) observed that collaborative learning was "particularly successful in helping to integrate nontraditional and ethnically or racially diverse students into the class" (p. 249).

Moreover, the predominance of conflict between cultural groups, classes of people and ideologies--to the exclusion of differing points of view with potentially serious consequences--suggest that collaboration is essential. Wolf (1994) suggested that classroom conflict can be used productively, rather than to promote polarization. She noted that a collaborative praxis would create a "language of possibility . . . that reveals what is hidden, critiques hierarchical structures, and explores and creates new plans for social order and social responsibility" (p. 92).

Collaborative learning translates how others make sense of themselves and their role in the world into a new, socially-constructed, knowledge-based community. Through collaborative learning processes, students acknowledge



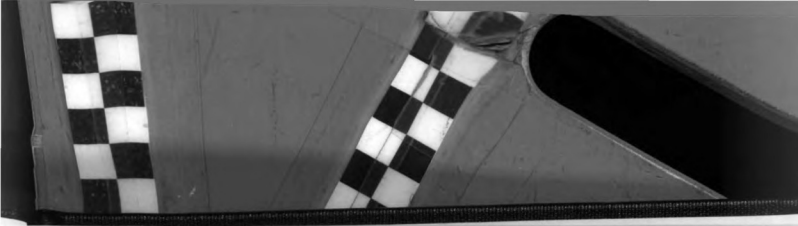
differences, negotiate disagreements, and achieve consensus. Thus, by experiencing collaborative learning processes, students emerge as interdependent thinkers, liberated through their own education, and committed to actively participate in a multi-culturally diverse and democratic society.

Achievement in Collaborative Learning

Christensen (1992) observed that teachers tended to evaluate students based on what they can do rather than how they think. The traditional focus of education--as perceived by administrators, teachers, parents, and politicians--has been towards measurable improvement and individual achievement. However, Cramer (1994) noted that in collaborative learning, both group and individual accountability are essential to student achievement. Wiener (1992) asserted the following:

The collaborative learning teacher is interested in the way the students come up with their consensual answer, the rationale for that answer, the opportunities for debate among groups, the suggestion of how knowledge in a discipline is arrived at rather than in leading students toward an already acknowledged 'right answer.' (pp. 90-91)

Tebo-Messina (1993) observed that collaborative learning works in complex ways that cannot be reduced to behavioral checklists, manuals, or tests. Thus, the intention and processes of collaborative learning are not

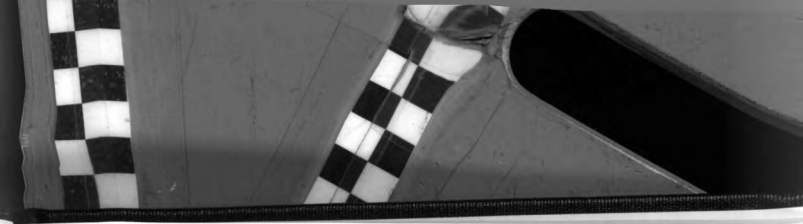


geared to an individual's ability to accomplish specific objectives, duplicate material from a manual, imitate behavior, or improve test scores. Rather, collaborative learning focuses on providing an educational experience that allows and requires individuals to engage in collaborative processes as equal partners in a group of knowledgeable peers.

McKeachie (1999) considered collaborative learning as a type of peer learning. In peer learning, the student's task is to "question, explain, express opinions, admit confusion, and reveal confusion; but at the same time the student must listen to peers, respond to their questions, question their opinions, and share information or concepts that will clear up their confusion" (p. 164). He concluded the following:

1. Students may learn more from interacting with other students than from listening to us. One of the best methods of gaining clearer, long-lasting understanding is explaining to someone else.
2. This does not mean that we [teachers] can be eliminated or have time to loaf. More of our time will be spent in helping students work together effectively, less time in preparing lectures. (p. 165)

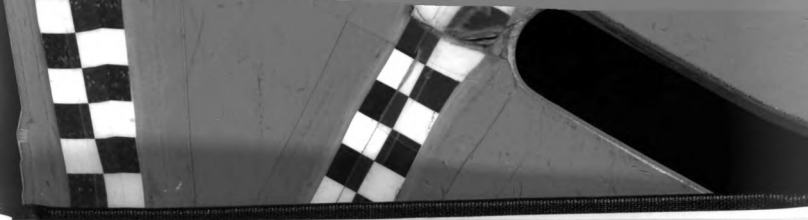
The construction of knowledge requires mediated discourse that includes all participants and is reflective of the group's process. Thus, each individual emerges from collaborative learning as an interdependent participant in



a discourse community. Evaluation in collaborative learning is based on the quality of those processes.

The achievement argument may thus be seen as nested within the paradigms that distinguish modernist from post-modernist curriculum theory: If achievement is the accumulation of facts and information and thus knowledge, the measurement of achievement is easily accomplished through testing instruments. However, if the measurement of achievement is related to the construction of knowledge and an individual's participation in the process, measurement and evaluation must be approached from different perspectives. Nonetheless, achievement continues to be the criterion reference point by which teaching methodologies are measured and evaluated.

The literature has suggested that the level and quality of group interactions directly affected achievement in collaborative learning. Webb, Troper, and Fall (1995) found that the level of constructive activity within a group was the strongest predictor of achievement for all students within a group. Chizhik (1998) noted that, issues such as communication skills, prior achievement, friendships, expectations, and status in a group directly affected group interactions. Thus, these qualities could individually and collectively affect achievement.



Dee and Henkin (1999) asserted that university students who participated in collaborative learning tended to show higher achievement levels than their peers in traditional learning environments. They based that assertion on the notion that in collaborative learning "communication is a critical factor in student achievement" (p. 125), and that communication facilitated cognitive competence as students learn to "ask explicit questions and develop effective explanations" (p. 129).

Bracey (1994) paired low-low, high-high, and low-high achieving students in a collaborative study project. The results showed that the low-low achievers were unproductive, while the high-high achievers were "model" students. More importantly, the combined high-low groups supported and nurtured each other and benefited each other in different but meaningful ways. Webb, Nemer, Chizhik, and Sugrue (1998) confirmed that pairing high-achievers with low-achiever's positively impacted group discussion and achievement for both groups in a science performance assessment project. More importantly, this heterogeneous pairing demonstrated the following:

1. High-achievers' achievement levels were not adversely affected.

2. Below-average students' achievement approached that of above-average students, only when they worked with high-level achievers.

3. Below-average students learned from high-quality explanations and discussions initiated by above-average students through high-level participation, not imitation or copying.

4. Below-average students' performed better on both group tests and individual tests.

5. Spreading high-achieving students across heterogeneous groups improved the schools' overall mean achievement score.

In a study of ensemble member's cooperative rehearsal processes, Berg (1997) observed that the members challenged each other to work at higher developmental levels. They required each other to clarify, elaborate, or justify solutions related to performance practice. They used varied social structures, rehearsal strategies, and musical ideas to enhance their learning.

In Continuous Quality Improvement (CQI)²¹ programs for business, cooperative learning prepared potential employees

²¹ The CQI approach to quality improvement has been widely used throughout the business community and especially in contemporary health care. CQI uses a team approach to identify areas for organizational improvement, develop action plans, assign or accept responsibility for implementing the action plan, and monitor the plan's effectiveness.



for active participation in CQI (Cook, 1994). Through cooperative learning processes, the students learned to work together as a team, and they developed self-confidence, self-motivation, and sensitivity to quality workmanship.

Finally, in the development of learning communities, collaborative learning was an integral component in the development and success--as measured by improved learning processes--of these "learning communities"²² (Curriculum Research and Evaluation [CRE], 2000; Illinois State Board of Higher Education, 1998).

Readiness for Collaborative Learning

Tinto (1997) noted that a high level of student involvement in the classroom with peers and faculty had independently predicted learning gains. He also noted that an increasing body of research had demonstrated a direct relationship between the quality of student effort and the extent of student learning. Chizhik (1998) affirmed that high-level verbal interactions were imperative for success in collaborative learning groups. Therefore, student involvement and engagement in dialogue was essential. Thus,

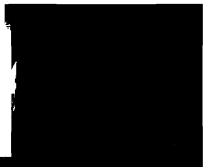
²² Learning communities have appeared with varying levels of involvement. The simplest of learning communities could exist at a classroom level, whereas the most complex learning community could involve the residential setting, curricular program, course enrollment, and classroom assignment.



an individual's willingness, motivation, ability, and interest in participating in a collaborative learning process may well rest on one's level of development in the very skills that collaborative learning seeks to advance.

Nelson (1994) discussed the ability, capacity or interest of students to engage, participate, or learn within a collaborative learning process. Because they might not be equally present in all students, the critical thinking skills necessary for collaborative learning must be developed. Nelson noted that students must come out of their silence and move past dualistic thinking of right and wrong answers. In order to be true collaborators, students must move past the multiplistic thinking that any and all choices are acceptable, or that they can simply rely on external authority to reveal "the truth." They must move past a contextual relativism that distinguishes between choices, and thus come to a level of constructed knowledge that "adjudicates among various combinations in different contexts" (p. 54).

Nelson (1999) noted that some students may not achieve this level of thinking, and some may resist it altogether. Emerson, Phillips, Hunt, and Alexander (1994) reported that some students resisted the responsibility of learning collaboratively and only wanted to do what was necessary to





get a grade and move on. Thus, the characteristics that affect learning and development--as discussed earlier--can specifically direct and affect one's willingness and ability to participate in collaborative learning processes. The conundrum is that at the same time, these processes are intended to facilitate the development of one's willingness and ability to participate in collaborative learning.

Summary

Collaborative learning is a teaching methodology that focuses on interpersonal and intrapersonal development and has been widely explored outside of music, music education, and music therapy education. This teaching methodology is grounded in post-modern curriculum theory and engages in the social construction of knowledge by a group of knowledgeable peers who share the authority for the construction of that knowledge. Collaborative learning changes the roles and responsibilities of the teacher and the student, and it challenges both to explore new ways of collaborating.

Collaborative learning addresses individual differences and multicultural diversity by recognizing each individual as a knowledgeable peer with equal standing within a discourse community. Moreover, collaborative learning imbues each member of a discourse community with

the responsibility for their own learning, and thus engages the individual in ways that have personal meaning and relevance. This process stimulates and enhances an individual's self-motivation and self-identity.

The literature clearly demonstrates that not only do students learn differently, but that they also learn more effectively as individuals and in groups. Thus, collaborative learning does not negatively affect the achievement of high-achieving students, and it enhances achievement for other students as well, when the groups actively engage in collaborative processes.

Resistance or difficulty in adjusting to collaborative learning processes may suggest that a student is not ready to participate in collaborative learning, or the student may be resistant to learning in general. Thus, the teacher is challenged--in new ways--to address that resistance.

Group Learning

Rose (1996) profiled the historical development of group learning in adult education. Even though group learning environments began to appear as early as the nineteenth century, she noted that Lindeman (1921) affected the purpose and function of group learning with his conceptualization of adult learning as a form of social



action. This was democracy in action, and thus, group discussion provided an opportunity for conflict resolution, illumination of situations, or explanations of experience.

Rose (1996) considered that the next significant influence on group learning was psychological field theory (Lewin, 1951). A group's field consisted of a number of variables that affected behavior and could be observed. This construct led to research in group leadership, group culture, community relations, social change, and the development of new techniques.

Although groups continued to focus on cognitive processes and learning, the emergence of consciousness raising groups and self-help groups in the 1960's shifted the focus of group learning to affective issues and reset the development of group processes in the context of therapy (Yalom, 1995).

Finally, Rose (1996) noted that the United States' response to Freire (1970) triggered a return to Lindeman's original concept of group learning for social action and social change through the end of the twentieth century.

Group Process in Group Learning

Imel and Tisdell (1996) identified three components of group process in learning groups, (a) maintenance and task functions, (b) group development, and (c) the facilitator's



role. Maintenance tasks were those that held the group together and directed group process and included "encouraging, mediating, gatekeeping, following, and relieving tension" (p. 17). Task functions included "initiating, information seeking, information giving, clarifying, elaborating, and summarizing" (p. 17).

Imel and Tisdell (1996) identified multiple models of group development (Armstrong & Yarbrough, 1996; Dechant, Marsick, & Kasl, 1993; Kasl, Marsick, & Dechant, 1992; Menneke, Hoffer & Wynne, 1992; Tuckman, 1965). Three characteristics seemed consistent in all of the models, (a) orientation and adjustment, (b) establishing roles and relationships, and (c) performance or productivity. Armstrong and Yarbrough (1996) emphasized that "group members must learn about themselves, their role in the group, and the group's development if effective group learning is to occur" (p. 34).

Imel and Tisdell (1996) noted that the facilitator must attend to group process in order to insure productivity. However, over-involvement would fail to challenge the group members to take responsibility for their own learning. Finally, they noted that the facilitator should form the groups and should be prepared to address issues of power and conflict. They concluded by



noting that "too many factors lie outside our influence for us to attempt to control their outcomes" (p. 23).

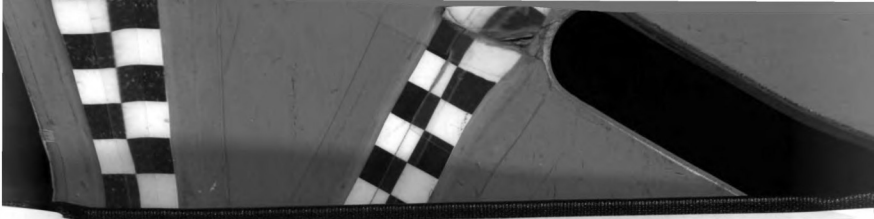
Consensus Group Learning

Bruffee (1999) discussed consensus groups as one method of teaching collaboratively. However, the consensus group seems to have emerged as the predominant teaching methodology in collaborative learning settings (Caplow & Kardash, 1995). Collaborative consensus groups "work collaboratively on a limited, but open-ended task, negotiating among themselves what they think and know in order to arrive at some kind of consensus or agreement. Sometimes their consensus is to agree to disagree" (Bruffee, 1999, p. 21).

Organization and structure

The organization and structure of collaborative consensus groups is based on the collaborative learning premises that knowledge is constructed by a group of knowledgeable peers and that the authority of knowledge is shared. Each group member is thus recognized for the knowledge that they have already gained through life experience and the contribution their knowledge will make to the collaborative group's construction of new knowledge. These principles define the roles of the teacher and the students and clarify their specific tasks within the group.

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...[Bentley, 1993]...
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...knowledge that they...
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...to the collaborative...
...these principles define...
...evident and clearly...



Bruffee (1999) identified five steps for a teacher to develop a consensus group; (a) divide the class into small groups, (b) provide the group's task, (c) reconvene a plenary session of small group reports and act as referee to negotiate a class consensus, (d) lead the students to compare their consensus opinion with the current consensus of the knowledge community the teacher represents, and (e) explicitly evaluate the quality of the student's work.

Bruffee (1999) relied on available research about *decision-making groups* in business, government, and the military to recommend five-member, heterogeneous groups. More than five or six members significantly diluted the quality of the experience, and less than five tended to subdivide into dyads that often sustained anxiety, hostility, and stress. Bruffee noted that a heterogeneous group worked best to explore, discuss, debate, and negotiate through their individual differences. He cautioned that homogeneous groups might tend to agree too soon and cover over their disagreements because the stress of opposition would be too difficult to endure. However, a too heterogeneous group might not be able to arrive at consensus because of their differences.

In preliminary group work, the teacher's main role is that of timekeeper. During initial group discussions,



students should be allowed to guide their own group process. Any specific influence from the teacher alters peer interactions and group process, and thus causes the group to rely on or defer to the teacher as the knowledge authority.

It is not until the groups reconvene as an entire class that the teacher participates in the collaborative process. As a representative of the knowledge community to which the students aspire to join, the teacher facilitates and directs the discussion towards a deeper understanding of what the students had constructed in their individual group discussions. The knowledge that the students had constructed is then compared to that of the larger knowledge community. If the two match, the authority of the student's constructed knowledge is increased and embedded or nested within the larger knowledge community. If the two do not match, the question is why not, and the issue is given back to the smaller groups to address.

Process

In a collaborative learning consensus group, the task that the teacher develops and constructs is the focus of group process. Bruffee (1999) identified two fundamental purposes of collaborative learning tasks.

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1. To help students work collaboratively without further help from the teacher, toward membership in the discourse community that the teacher represents.

2. To lead students to do that not by 'assimilating' 'correct answers' but by constructing collaboratively some knowledge that is basic to the knowledge community in question. (p. 36)

Bruffee concluded that successful completion of the task was based on "whether or not students themselves have discovered or constructed-and appropriately applied-the tools they need" (p. 36).

An important structural component of collaborative learning is what Bruffee called "iterated social imbrication" (1999, p. 45). This is a process of repetitive layering of increasingly complex knowledge communities through social interactions. Thus, no question or discussion occurs in isolation. Each is reconsidered through increasingly complex levels of understanding, so that knowledge is constructed through social processes. The social interactions of the group during a task completion process accomplishes the following outcomes: (a) reflecting the discourse of increasingly larger knowledge communities, (b) distinguishing collaborative learning groups from "mere group work," and (c) propelling the students into the professional knowledge communities they aspire to join. In this process of repeated discussions through increasing

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levels of complexity, the open-endedness of collaborative learning tasks is disciplined and focused.

Task development

For Bruffee (1999), collaborative learning tasks were "nonfoundational, constructive, tool-making tasks" (p. 30). Such tasks do not have a right or wrong answer and draw the students into a process of discussion, deliberation, and negotiation for the social construction of knowledge. These tasks are ambiguous as to the methods or goals of the process, yet a well-written collaborative learning task will control, limit, and focus these ambiguities. Thus, the students learn to create, adapt, shift, and design what they know or can infer to achieve a consensus agreement.

Bruffee (1999) noted that an appropriate degree of difficulty should be provided in any specific group task. The "zone of proximal development" (Vygotsky, 1962)--that level of understanding that lies just beyond current knowledge and ability--of the collaborative groups and the class as a whole is much broader than that of an individual alone. The teacher's responsibility in task development is thus to stimulate the students to discover and take advantage of their differences and "increase the potential learning power of every individual in the group" (Bruffee, 1999, p. 38).

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1988, p. 181.



Phases and changes

Bruffee (1999) identified two distinct phases that consensus groups go through. Dependence and interdependence are each characterized by two major events. The withdrawal of acknowledged external authority and the recognition that the students are fully responsible for their learning characterizes the first phase. The ways students behave in order to get along with each other characterizes the second phase of interdependence, especially the fact that students will exercise authority over each other for their grades and share in the construction of knowledge.

Bruffee noted that part of the teacher's task is to keep these variables in mind when developing or assigning members to the various collaborative groups. Over time, changes may have to be made in the group's composition in order to accommodate these variables. Ultimately, the teacher's goal is to create a collaborative classroom, not a collection of mini-groups.

Adjusting and resisting

Adjusting to consensus group work as a form of collaborative learning can be difficult for students and teachers. Imel and Tisdell (1996) noted that groups can become dysfunctional by engaging in unrelated processes, striving to fail, or engaging in "ritual combat" (p. 15).

Space and structure

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Adjusting and resisting

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In successful collaborative learning consensus groups, social interactions and a primary focus of action and attention on one another drive the process. Whether functional or dysfunctional, it may seem that in this environment the teacher has no control over the classroom. "It may well be out of control if the collaboration is successful, but from the point of view of nonfoundational teaching it is comfortably and productively so" (Bruffee, 1999, p. 25).

Resistance to consensus group work may come from students who have excelled in teaching environments that promote competition and individuality. It may not be in their interest to change the system or to help the slower students with their work and thus reduce the value of their grade. Some students may have a difficult time socializing.

Effective discussion, negotiation, and consensus building require tact, responsive listening, willingness to compromise, and negotiation skills. Additionally, critical thinking or reflective practice skills may not be equally present in all members of a group (Nelson, 1994, 1999). Bruffee (1999) suggested that a group that is bogged down in adjustment or resistance must examine how members of the group are or are not helping the group to get the group's



work done. Thus, the focus of the collaborative consensus group may be on group's process itself.

Power and conflict

The role of the instructor in structuring the groups and the group process becomes readily apparent in the presence of group issues related to power and conflict. Fox (1994) noted that collaborative groups could become simply a smaller reflection of existing "social and political stratification" (p. 113). However, Bruffee (1999) suggested that an essential aspect of group process was for the members to identify and explore their "presuppositions and biases" (p. 39) and to resolve the conflicts. Such a discussion would trigger debate and "lead to a firmer and more sophisticated grasp of subject matter" (p. 39) and thus, enhance the overall group learning and experience.

Bruffee (1999) considered that disagreements highlight at least two important aspects of task or group process, (a) the disagreements of one group can be the foundational points of another group's consensus, (b) the purpose of collaborative learning is to facilitate student's interdependence. Disagreements facilitate the exploration of the sources of dissent, so that the students can begin to understand why people disagree. Issues related to power

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Summary

Consensus group learning is the most frequently discussed approach for implementing collaborative learning. Through consensus groups, students immerse themselves in active discussion, deliberation, and debate to arrive at a consensus opinion that all members of the group can accept. Through consensus groups individuals learn to respect each other and acknowledge each other as knowledgeable peers in the social construction of knowledge. The instructor facilitates the group's reacculturation into the knowledge community to which they aspire by affirming, questioning, or clarifying the group's consensus opinions.

Through collaborative learning, students develop interpersonal and intrapersonal skills and abilities that facilitate their active participation in a democratic society, a business organization, a community, an interdisciplinary treatment team, or a family. Through collaborative learning, music therapy students emerge not only as skilled musician/clinicians, but also as competent, confident, and effective therapists.

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Summary

This review of literature has considered the historical development of the music therapy curriculum, its apparent grounding in modernist curriculum theory, and the its applicability to the personal development of music therapists. It is clear that there has been significant variability in the educational and clinical training programs that have been approved by the professional association. This variability exists in spite of a history of competencies and standards developed by the professional associations. Compliance with the new AMTA Standards for Education and Clinical Training (American Music Therapy Association, 2001) has yet to be explored.

Previous attempts at evaluation have examined the competencies in terms of relevance to professional practice, achievement levels, contribution to a therapist's clinical ability, compliance by educational institutions, and the effectiveness of teachers in teaching those competencies. Jensen and McKinney (1990) concluded that these evaluations have only perpetuated the "existing weakness of the system" (p. 176) and thus, created a circuitous argument that has done little to promote the profession. That is, assuming that building the profession would be defined by (a) maintaining a stable workforce, (b)

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increasing the median age of practitioners, (c) encouraging members of diverse cultural backgrounds to come into the profession and remain past their young adult years, and (d) adapting to changes in knowledge and understanding both within and outside of the music therapy profession.

Collaborative learning has been investigated and embraced by other professions as a viable teaching methodology. However, no available research suggests that collaborative learning has been explored or implemented in academic or clinical music therapy settings. There may very well be several models in existence, yet none have been reported in the literature.

For music therapists, collaborative learning offers one teaching methodology that may develop interdependence, a multi-cultural perspective, a disposition of expertise, self-confidence and competence, flexibility amidst changing conditions, and a deeper level of self-understanding. In addition, by experiencing collaborative learning processes music therapists may gain insight as to how they interact with others, especially clients, and how they define their role in music therapy. The purpose of this action research project was to examine collaborative learning processes as experienced in a course in the fundamentals and principles of music therapy.



CHAPTER 3

METHODOLOGY

Bruffee (1999) suggested that "appropriate research into the efficacy of collaborative learning would be nonfoundational" (p. 264). Such research would be concerned about the interactions amongst the students and how well they made "reliable judgements interdependently" (p. 264). Such research would seek to find out if the students learned something about the construction of knowledge, how that would work in other situations, and if they could teach others to learn collaboratively. Such research requires a qualitative approach to examine those processes.

Qualitative research stems from a non-positivist belief system, which asserts that events and things of the world can only be observed as they interact in an ever-changing process. Qualitative research proposes a general area of study or phenomena to be observed and reports on the observation. It is typically an inductive reasoning process that is based on naturalistic observations of phenomena as provided by narrative, self-report, or other types of documentation (Aigen, 1995; Bruscia, 1995; Patton, 1990).

Reuter, 1993

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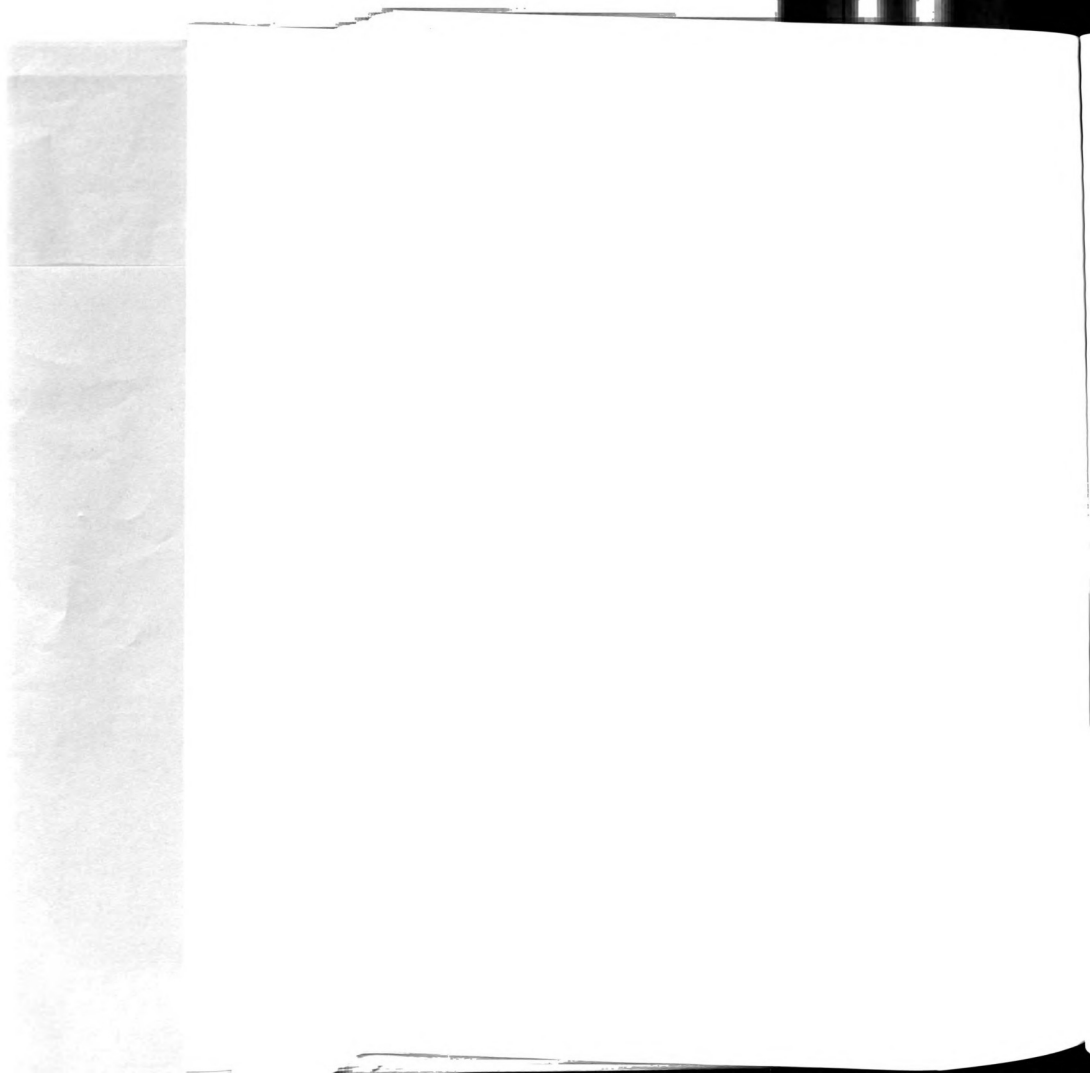
Given the absence of any literature discussing collaborative learning in music therapy education, this study was initiated as an action research project grounded in the phenomenological theory of qualitative research (Patton, 1990). This study examined the experience of collaborative learning in a course in the fundamentals and principles of music therapy.

The methodology for this project included compiling and reviewing student's written documents from the course, conducting tape-recorded interviews, videotapes of collaborative learning class sessions, the instructor's written evaluations of the students' collaborative group work, demographic data, MBTI profiles (Briggs & Briggs Myers, 1998), and the instructor's reflexive journal.

Theoretical Orientation

Phenomenological inquiry assumes there are certain "essences" of an experience that are shared by the participants. "The experiences of different people are bracketed, analyzed, and compared to identify the essences of the phenomenon" (Patton, 1990, p. 70).

Patton (1990) described action research as a cooperative process of people studying themselves: The process is "controlled by the people in the program or



community. It is something they undertake as a formal, reflective process of their own development and empowerment" (p. 129). This action research study sought to identify the individual and shared emergent experiences of the students, the consensus groups, the class as a whole, and the instructor.

The focus of the study was on the experience of the participants, including the instructor. As a participant, the instructor provided data. As the project researcher, the instructor authored the study, and collected and analyzed the data. The instructor's worldview triggered the idea for the study, stimulated enthusiasm, fueled commitment, and drove the study to completion. The instructor's personal perspective and its affect on the collection of data must be understood in order to insure value and trustworthiness in this study.

Personal Orientation

The course of my life has advanced a philosophical perspective that can be characterized as individualistic, idealistic, democratic, independent, social, and spiritually grounded. My K-12, Roman Catholic school education fostered the development of critical thinking, concern for others, and spiritual grounding. My early parental loss triggered an inner search for meaning and

community. It is not
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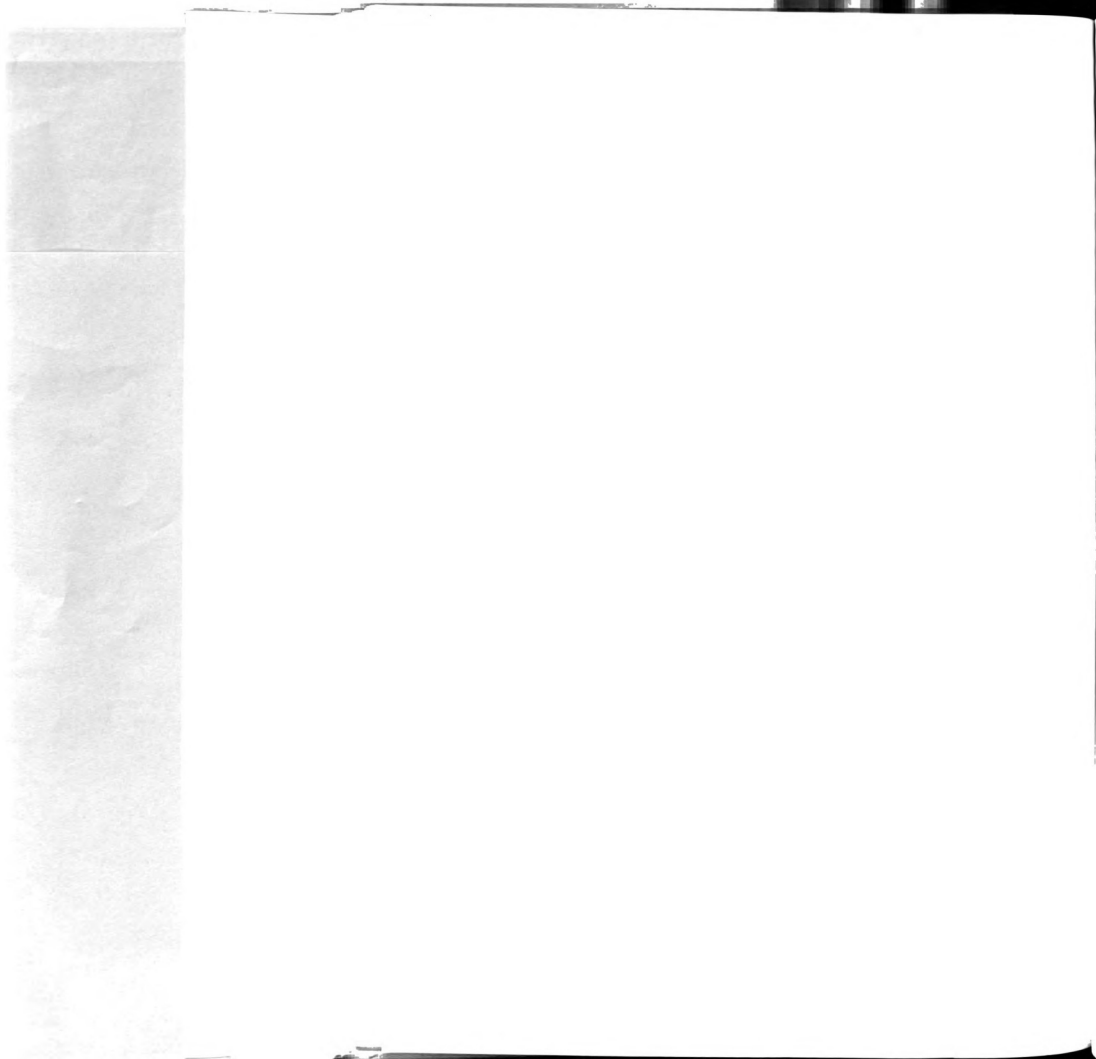
understanding in both the material and spiritual realms.

That search led me to the development of a philosophical perspective that is drawn from multiple schools of thought including Democracy, Phenomenology, Theosophy²³, Buddhism, Christianity, Native American spirituality, and the Gaia hypothesis²⁴. Through this lens, I perceive the self as individualized, but nonetheless interconnected and interrelated with all living things within material reality, as well as the spiritual realm(s) beyond consciousness. I believe that the universe is a living organism and thus, our individual actions affect the whole of existence.

Therefore, I believe that it is imperative that we accept individual responsibility for our lives and actions, and the ultimate impact that they have. I believe that we must develop a mutual respect of our differences that will allow us to interact and work together in a democratic society. The ultimate realization of a truly democratic society is thus dependent upon the full participation of informed individuals working towards a singular purpose of

²³ Information available from the Theosophical Society in America, P. O. Box 270, Wheaton, IL 60189-0270 or via the Internet at www.theosophical.org.

²⁴ According to the Gaia Hypothesis, the Earth is a living entity adapting to changing conditions in response to any stimuli. Thus, the Earth is endowed with faculties and powers that are beyond those of the individual parts. See Lovelock, J. E. (2000). Gaia: A new look at life on earth (3rd ed.). London: Oxford University Press.



maximizing individual and societal potential for the benefit of all people.

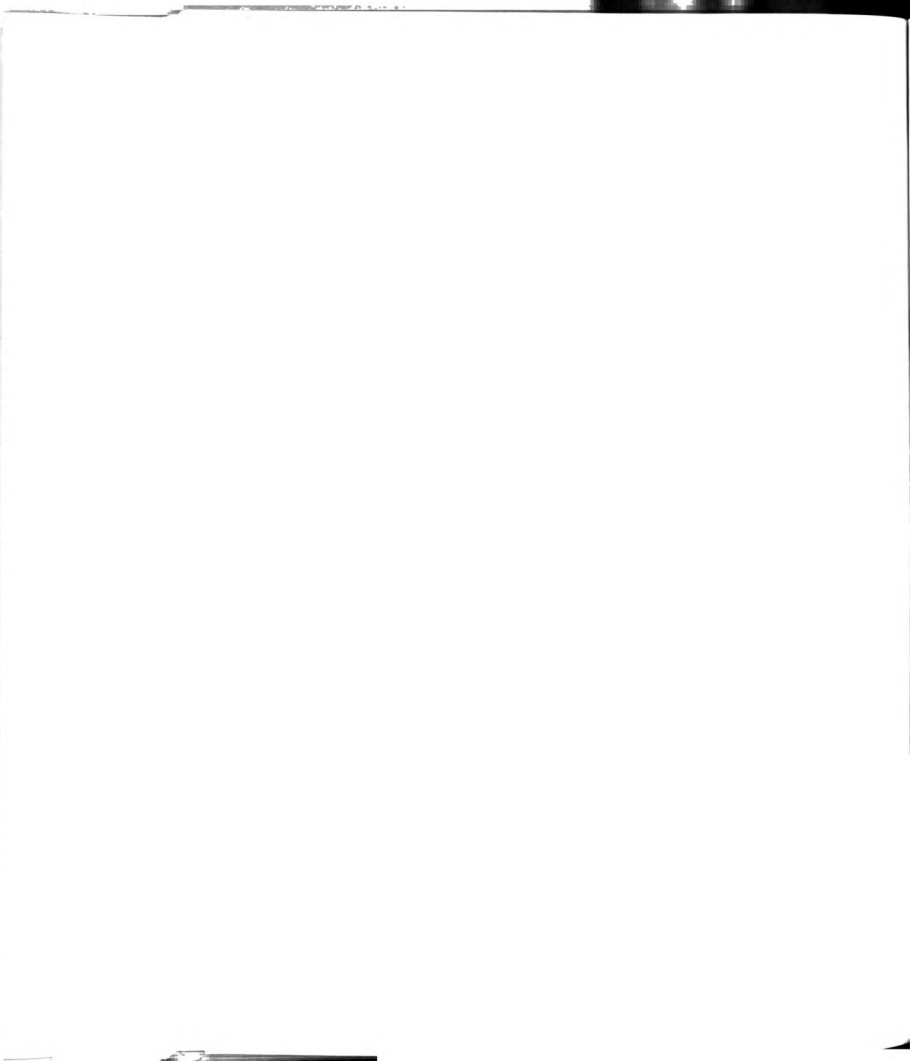
Through this lens, I believe that the role of education is to nurture and facilitate the development of wisdom and understanding that will help each person make choices and decisions that are in our best interests, both individually and collectively. Thus, I believe that the goal of education is to enhance an individual's ability to achieve self-actualization and self-realization as a full and equal participant in this democratic society.

Democratic Inaction vs. Democracy in Action

Our culture now teaches us that children are born on this earth solely to contribute their hearts and minds to the consuming task of generating ever-greater profits and shareholder value. That is explicitly how our leaders want us to treat them in school. (Miller, 2000, pp. 35-36)

However, democratic freedom requires and can only be born through free expression that has not been impeded by mantra-like repetitions of facts and information, or attempts to mimic the skills and lives of others.

The traditional, modernist approach to education trains students to memorize statements as *prime facie* truths of knowledge, without necessarily examining the rhetoric that is used to communicate that information. I believe that we seem to be too easily affected by the media, the messages of the moment, the need for a "quick



fix," and a desire for sameness. We too often fail to scrutinize and debate what we are told. We accept what is spoken as absolute truth and engage in passive, receptive, one-sided speech, when what is needed is rigorous debate towards understanding what is being communicated.

Freire (1970) asserted that speech and language both control and maintain a society. By depriving a culture of its voice, the dominant culture is maintained, while the conquered or submissive culture is subsumed and eliminated. Thus, the essence of a culture is communication. Why then is effective communication not the essence, the aim, the purpose, the focal point, indeed, the 'objective' of education?

I believe that if we choose to live in a democratic world, we can no longer continue to treat education and learning as a passive activity in which our western European knowledge set is handed down from generation to generation. Democracy demands and requires citizen participation in its many and varied aspects. Education is the tool to inform and inspire, drive, create, explore, experience, collaborate, cooperate, negotiate, and resolve in an effort to work together. Education is not a tool to indoctrinate, mandate, proselytize, discriminate, subjugate, destroy, and silence.

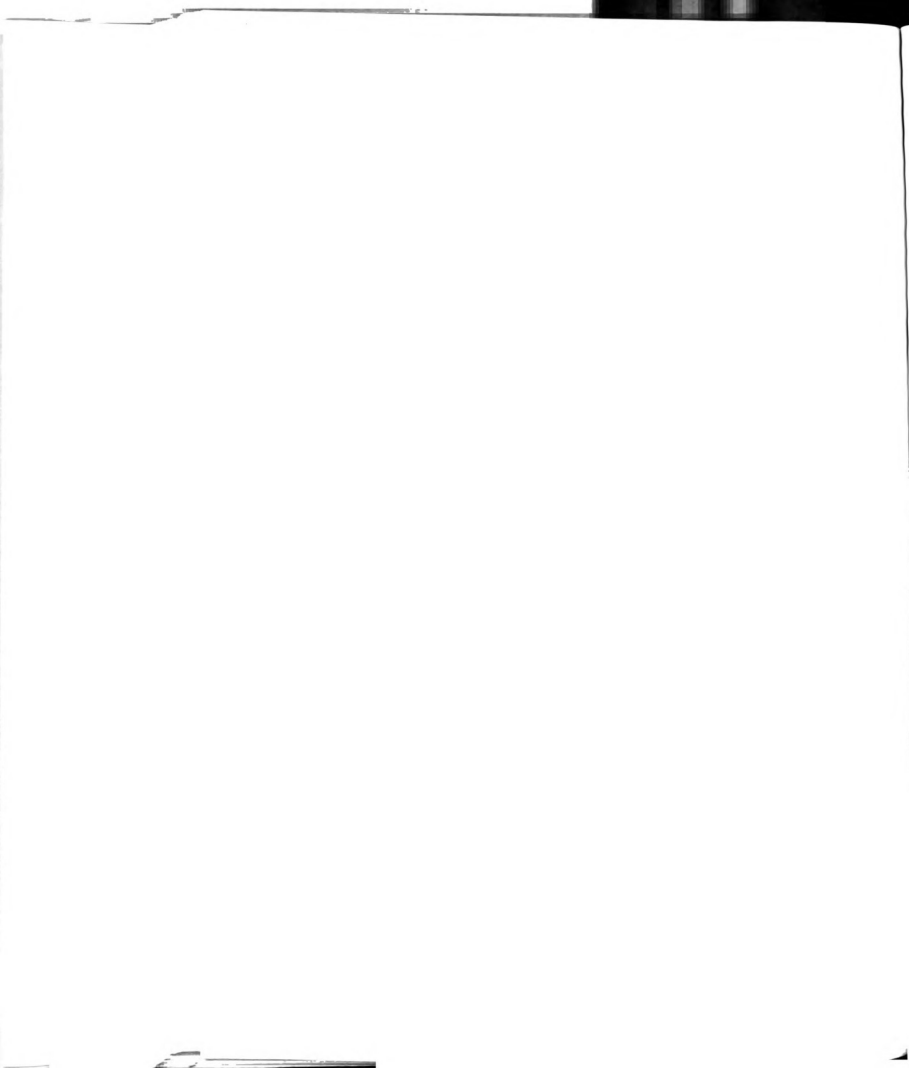
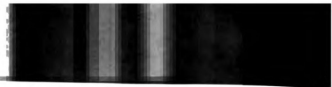


"Cultural progress--the well rounded development of each citizen--is not the toy department of education. It is the bedrock of future economic, political and cultural progress in an increasingly complex world" (The Holmes Group, 1990, p. 21). I believe that our greatness can only be realized through our endeavors and the manner in which we conduct ourselves. Thus, the purpose of education is not to create a product that is consistent and permanent, because consistency and permanence are illusions in this ever-changing experience of living.

Life Experiences

As a music therapist for nearly ten years, I have needed to think, act, and participate collaboratively and interdependently. My life experience had prepared me to do that, and I am thankful that my music therapy education eschewed "activities" in favor of understanding relationships and the musical connection between individuals (Eagle, 1991; Kenny, 1989). Rather than attempting to copy the skills of others, my training required that I explore my relationship with music to help me understand how I would be a music therapist.

My music therapy clinical practice reflects my belief that we are all connected, that we are musical beings, and that we connect with each other in music. In music therapy,



another person and I work together to create a musical space as a healthy way of living.

As a member of the NAMT Assembly of Delegates, I voted to support the adoption of the competencies. I believed that the competencies would address the skills, abilities, and theoretical knowledge that an entry-level music therapist needed. Yet, I knew that there was much more to being a music therapist than what the competencies could address. At that time, I concluded that life experience must be the intervening variable that helped a person evolve as a therapist, and that was something that could not be taught in school.

In my previous experiences as an instructor, I taught as I had been taught. I lectured and the students studied, took my tests, and wrote papers based on my criteria. As a previous co-instructor for this course in the foundations and principles of music therapy, I found my ideas about teaching radically challenged by my co-instructor. I found that confusing and unsettling. As my doctoral studies progressed, I began to see that my beliefs about being in the world and the way that I worked as a therapist were totally inconsistent with the way I thought I should teach.

Through my doctoral studies, I was introduced to the teaching of teachers (The Holmes Group, 1990), reflective

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thinking (Schön, 1983), critical pedagogy (Freire, 1970; Hooks, 1994), post-modern curriculum (Doll, 1993), and collaborative learning (Bruffee, 1999). Finally, I had found a way to teach that matched who I really am.

Collaborative learning was a teaching methodology that reflected not only who I am, but also what I really believe teaching should be about. My life experience has prepared me to accept the challenge of teaching collaboratively, and it seemed logical that I should.

During the first two years of my doctoral studies, I conducted assessment and orientation sessions for Michigan State University students enrolled in the Judicial Affairs Office's *Alcohol, Tobacco, and Other Drugs* (ATOD) education program. The program was required for all students who were cited for possession of alcohol or other drugs in the university's residence halls. I would estimate that I met with an average of ten students per week over the course of the two years. Part of that orientation process included stimulating student's awareness of personal responsibility. The students persistently expressed their frustration over being "treated like a child" and the lack of control over their own lives. Although this may have just been a way of saying that they should be allowed to use drugs or alcohol as they pleased, they were repeatedly asking to be treated

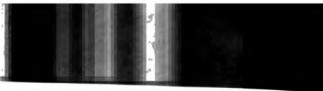
thinking (Gordon, 1967).
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their own lives. Although this may seem a way of
saying that they should be allowed to use or alcohol
as they pleased, they were repeatedly asked to be present

like adults. I believe that effective educational processes can foster personal responsibility, rather than reinforce reliance on outside authority for learning, knowledge, and responsible living.

Even though the music therapy competencies address important skills and information about music therapy, there is so much more to the reality of music therapy. Music therapy can no longer be simply defined as effecting changes in behavior. If we continue to define ourselves by our skills and knowledge through a set of competencies, we fail to recognize the breadth and depth of music and music therapy as human experience and thus, we limit ourselves to the work of technicians (Madsen, 1965). Ruud (1998) noted that "our profession will forever be populated with people and paradigms with competing claims of knowledge. The only answer is to learn from each other and communicate what we learn" (p. 114). Thus, an important function of this study is to communicate what I have learned through this experience.

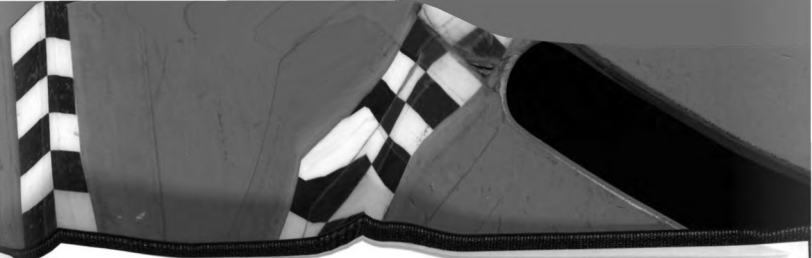
Setting

This study was conducted at Michigan State University where bachelor's and master's degrees in music therapy and a doctorate in music education with a cognate in music therapy are offered. The first class in the undergraduate



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music therapy sequence and the course used for this study is *MUS 270: Foundations and Principles of Music Therapy*. The purpose of this course is to introduce music therapy majors to the history, philosophy, and scope of music therapy in practice. The course is open to any undergraduate student in the university and required for all music therapy majors. The goals for this class were listed on the first page of the course syllabus (see Appendix C).

The class met during the Fall semester from 8:00-8:50 a.m. on Mondays, Wednesdays, and Fridays. The classroom featured a large open area at the base of tiered rows for seating. The classroom was suitable for conducting a small ensemble, choral rehearsal, seating a small audience, or listening to a lecture. The enrollment for this course (21) was small enough that class meetings could be held in the open area. Students were directed to arrange chairs in a small circle in the open area to begin all class sessions. The course syllabus was distributed and verbally reviewed on the first day of class (see Appendix C).

Participants

Research participants were solicited from the 21 enrolled students in the course, and 17 students agreed to

be full participants in the study. The remaining four students agreed to be partial-participants and gave their informed consent to be videotaped in class.

One of the students that declined to be a full participant stated that she had participated in several studies during her introduction to psychology course and did not wish to be studied anymore. Another student stated she just did not like being a part of research studies, and two students stated they did not have the out-of-class time available for the interviews and testing. In mid-November, two students stopped coming to class: One student was a full participant in the study, while the other student was not. The instructor was the final participant in this action research study.

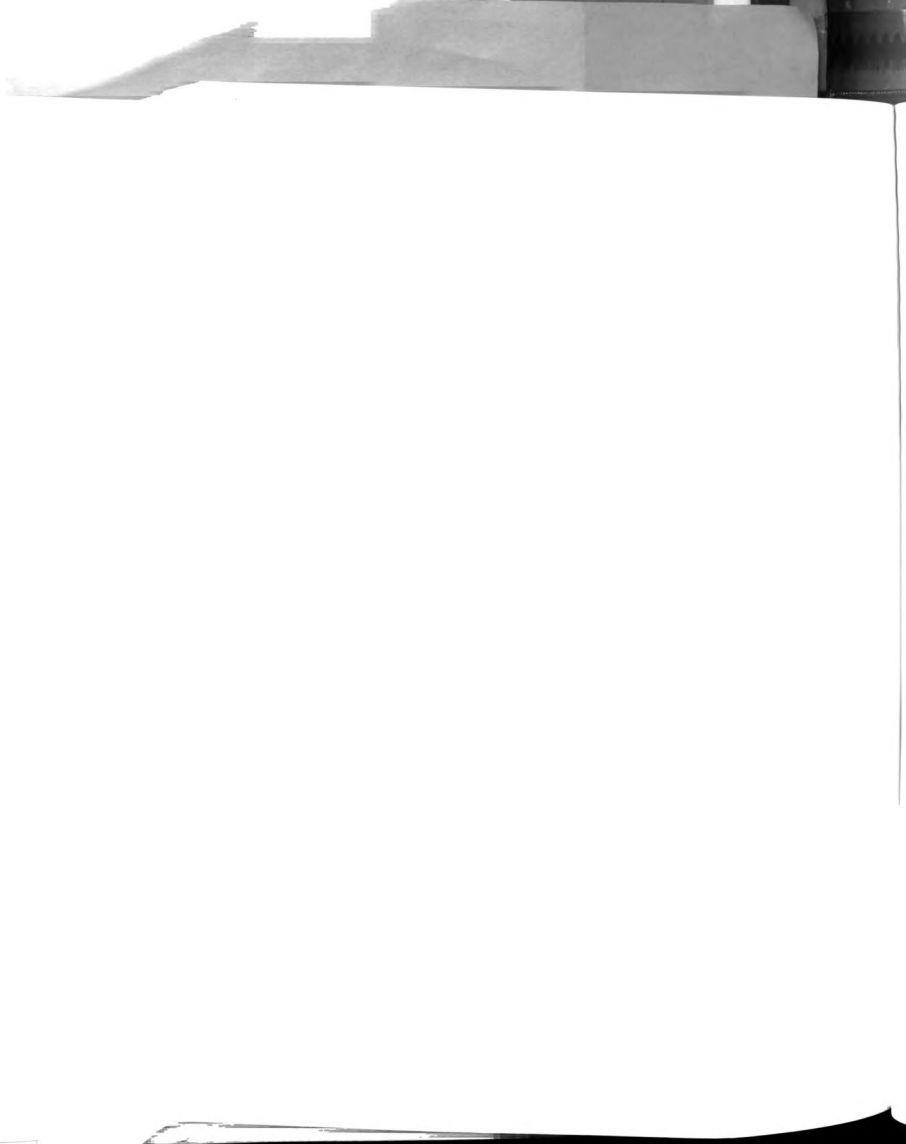
Informed Consent

All students were repeatedly advised, verbally and in writing, that their participation was voluntary and unrelated to any course requirement, a decision to participate or not to participate would not affect a student's grade for the course. All students were provided with informed consent information through verbal instructions during the first class meetings and written communication (see Appendix D).

Student participants were also able to choose their level of participation or drop out of the project at any time. Full participation included (a) providing demographic data, (b) commitment to complete the Myers-Briggs Type Indicator at the university counseling office and provide the results to the researcher, (c) agreeing to participate in audiotaped interviews, (d) giving informed consent to be videotaped in class, and (e) permitting the researcher to obtain previous educational achievement and test score information from the university Registrar's office.

As a partial participant, a student could limit the amount or type of any information that was included in full participation. The participant's acknowledged their informed consent by signing the "Research Project Consent" form (see Appendix D).

The University Committee for Research Involving Human Subjects (UCRIHS) approved this research project, and the approval is on file with that office. The committee's approval was based on the ethical conduct of the research and the protection of student's privacy to the maximum extent allowable by law. Pseudonyms were used for any reference to particular students.



Demographic Profile

A demographic profile of the student participants is reflected in Table 3 (see page 154). Of the 21 enrolled students, there were 19 females and two males. There were five students with senior standing, six juniors, nine sophomores, and one student in Lifelong Education²⁵. Declared majors included 11 in music therapy, five in psychology, one in interdisciplinary humanities, one in music with no major instrument or specialization, one in studio art, one in telecommunications, and one in therapeutic recreation.

Of the 17 full participants, there were 16 females and one male. Their age range was 19-32. The mean age was 21.65, the median age was 20, and the mode for age was 19.

The instructor is a doctoral student, male, and 54-years of age, with a Master of Music Therapy degree, a Bachelor of Science degree in Radio and Television Management with a minor in music, and an Associate of Arts degree in music. The instructor has been a Board Certified Music Therapist (MT-BC) since 1992.

²⁵ Lifelong Education refers to Michigan State University's course of study for adults with existing degrees.

A demographic

collected in Table

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The median

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degree in music. The

Music Therapist (MT)

Research Foundation (1991) is
one of the leading organizations in the field of music therapy.

Table 3

Demographic Profile

Age	Gender	Class Level	MBTI	Major
19	F	Sophomore	INFP	Music Therapy
19	F	Sophomore	INFJ	Music Therapy
19	F	Sophomore	ENFP	Music Therapy
19	F	Sophomore	ENTP	Music Therapy
19	F	Sophomore	ENFJ	Psychology
19	F	Sophomore	INFP	Psychology
20	F	Junior	ENFJ	Psychology
20	M	Junior	ENFP	IAH ^a
21	F	Junior	INFP	Music Therapy
20	F	Junior	ENFP	Music Therapy
22	F	Junior	ENFP	Studio Art
20	F	Senior	ENFJ	Psychology
21	F	Senior	ENFP	Psychology
22	F	Senior	ENFJ	Recreation Therapy ^b
30	F	Senior	ENFP	Music Therapy
32	F	Senior	ENFJ	Music Therapy
26	F	LE ^c	INFP	Lifelong Education

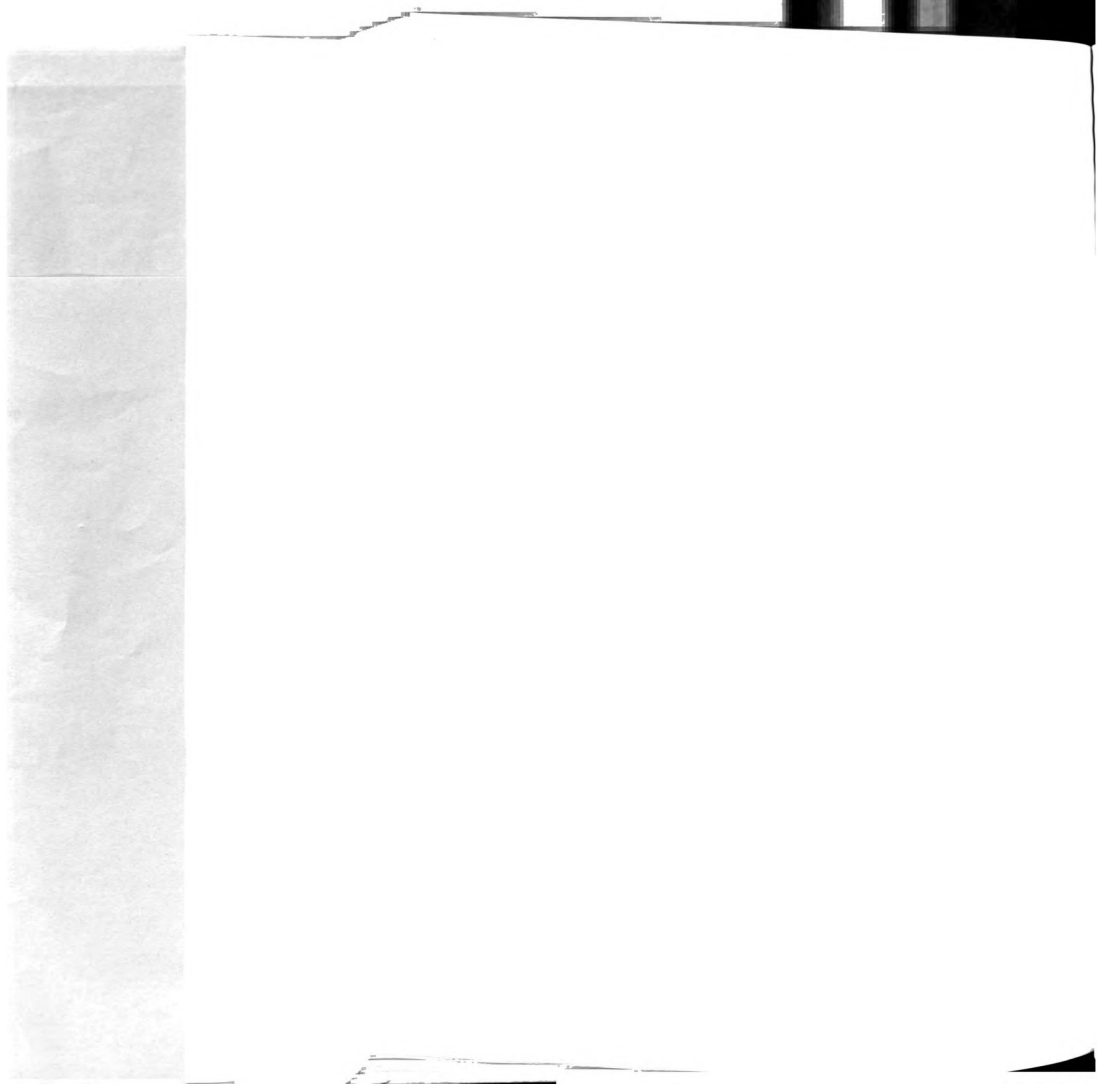
^a Integrative Studies in Arts and Humanities

^b Park, Recreation and Tourism Resources

^c Lifelong Education

Class Organization and Structure

The organization and structure of a class sets the tone and creates an environment for learning to occur. In collaborative learning, the structure of the class can be easily viewed as non-existent, arbitrarily defined, or



loosely organized. Any of these terms would disparagingly ignore the "messy nature" of collaborative processes (Bruffee, 1999). However, a structured approach to this "messiness" is imperative. One approach to teaching collaboratively is through consensus groups. A consensus group model described by Bruffee (1999) and discussed in the review of literature was used for the didactic portion of this class.

The students were introduced to collaborative learning and consensus group process through written and verbal communications. A written summary and description about collaborative learning and a class schedule were included in the course syllabus (see Appendix C). Verbal instructions were provided on the first day of class.

Tims (1989) noted that "experiential learning has been considered as the stepchild of music therapy education," (p. 91) and he advocated for experiential processes as a way to "consolidate the learning and give it meaning" (p. 91). Milgram-Luterman (1997) included experiential processes as an important component of her developmental sequence. Experiential components for this course included musical, music therapy related, and other clinical experiences that were a significant element of the course syllabus (see Appendix C).

Heavily organized, the
more the "mass" and
method (1989). The
"weekends" in the
collectively for
group model based
the review of literature
of this class.
The student
and consensus
communications
collaborative learning
in the course system
institutions were
Time (1989) as
considered as the
p. 31) and he advised
way to "consolidate the
p. 31). Kilmann-Judge
processes as an important
sequences, Experimental
musical, music therapy, and
experiences that were
Appendix (see Appendix B)

Group Structure

Bruffee (1999) recommended that the most effective consensus groups are five to seven-member, heterogeneous groups developed by the instructor. Groups of less than five tended to break down into dyads and thus became limited in their ability to engage in consensus group work. Heterogeneous groups allowed differences to emerge, and the need for collaborative efforts to build consensus was more pronounced. Student-formed groups tended to be more homogeneous, and homogeneous groups tended to find the "disagreement that does arise difficult to endure and are quick to paper it over" (p. 27).

There were 22 students originally enrolled in the class. On the first day of class, the instructor directed the students to count-off in sequence from one to five. Students were assigned to their collaborative groups based on those numbers: All students with the same number were to form a group. The groups interacted somewhat during the first week of classes, but the first group discussion session was not held until September 6th.

On that day, it became apparent that some students had either forgotten or confused their numbers, and one student had dropped the course. The number of students in a group was uneven and inconsistent. One group had two Asian/

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Pacific Islander students and one Caucasian student, yet the two international students should have been in different groups, because on the first day of class they were seated next to each other.

Another group had seven members, so I asked them if one of their members would be willing to join a different group. A student responded, "We'll discuss it." According to one of the student's end-of-term summary report, the student that responded eventually volunteered. I asked her to join this group of three students, which (including one member who was absent) now had five members.

Two other groups had four members, and one other group had only three members. I asked the final group of three to pick one of two numbers that represented specific groups. Two students picked the same number and one picked the other number. I asked the students to join the numerically respective groups. One group now had six members and all other groups had five members.

Instructor's Role

Bruffee (1999) described the instructor as a facilitator and a timekeeper during consensus group discussions. The instructor does not participate in the small group discussions, because the authority of knowledge would shift back to the instructor, and thus nullify a

Heather Lander student... the two international... different groups... were seated next to... Another group... one of their members... group. A student of... to one of the student... student that response... to join this group... member who was absent... Two other groups... had only three members... pick one of two numbers... two students picked the... other number, I asked... respective groups... other groups had five... Butler (1993) found... facilitator and a timekeeper... discussions. The instructor... small group discussions... would write back on the board...

fundamental aspect of collaborative learning: the shared authority of knowledge.

In full class discussions, the instructor represents the knowledge community, in this case the music therapy community. In full-class discussions, the instructor's role is to tell the class "whether or not its consensus corresponds or differs from the prevailing consensus of the larger community" (Bruffee, 1999, p. 43).

For this class, the instructor also operated a video camera. As discussed in the participant's description, all students had given their informed consent to be videotaped. The camera was a standard, VHS, home-style video-recorder with a built-in microphone. It was placed in a stationary position at the back of the classroom for most of the class sessions and during group discussions, but was hand-held by the instructor during class presentations. In the static position, the lens was zoomed out to include as much of the class as possible in the picture. However, it invariably seemed that the students were seated in such a way that a full picture of all students could not be obtained. During group discussions, the instructor would intermittently, manipulate the camera shot by panning or zooming in on the groups. The class was frequently aware of the video camera as evidenced by their occasional glances towards the camera



or gestures they made "for the camera." A conscious decision was made not to use the camera in close proximity of the groups during group discussions. This would have been too intrusive and might have inhibited group discussion.

Course Evaluation/Grading Criteria

The grading criteria were detailed in the course syllabus (see Appendix C) and reviewed verbally on the first day of class. A student's course evaluation was based on the following: Group work represented 50%, individual work represented 15%, clinical work represented 15%, mid-term and final exams represented 10% each or 20% of the total grade. The students were asked to develop a grading rubric to evaluate their group work and completed it by the fifth class meeting: Instructor's evaluation was 30%, group's evaluation of itself was 45%, and individual self-evaluation was 25% of the total group work grade (see Appendix E).

The instructor's evaluation of the group work was based on videotape review of discussions and presentations. Each group could receive a maximum of five points for discussion and presentation, or ten points total for each week's group work. The instructor provided written comments for each of the group's discussions and presentations. The



Written comments were saved in a *Microsoft Word 98* for Macintosh (Microsoft, 1993-98) computer file. Scores for all coursework were recorded on a spreadsheet using *Microsoft Excel 98* for Macintosh (Microsoft, 1993-98).

Class Sequence

The weekly class sequence was designed with several considerations in mind. The class met from 8:00-8:50 a.m. on Monday, Wednesday, and Friday. Given the lifestyles of college students and the low probability of much attention to classwork over the weekend, Mondays were reserved for musical experiences that simply required attendance and participation, rather than higher level cognitive processes. The *Monday Experientials* included presentations by individual students, invited guest speakers, or the instructor to introduce practical aspects of music therapy clinical practice. To support consistency and continuity in the consensus group and full class discussions, Wednesdays were designated as group discussion days, and Fridays were reserved for full class discussions.

The instructor developed discussion questions based on the assigned reading material from the textbooks or reprinted articles, and focused the questions on the general principles discussed in the readings (see Appendix F). Students' suggestions for discussion questions were

selected committees were

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The instructor

the assigned reading

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general principles of

the students' suggestions

solicited, yet none were ever received. The questions were distributed to the groups on Wednesdays, and the students were to use the remainder of the class period to discuss and develop their consensus answers. Each week, a different person was to be designated as the group's Recorder. The Recorder's responsibility was to record the Wednesday discussions and if the group so chose, the Recorder could speak for the group during Friday's full class discussion.

On Fridays, the groups reported their findings in full class discussion. The instructor moderated the discussions and provided feedback and clarification as the representative of the music therapy knowledge community.

There were some weeks in the semester when only two class meetings were scheduled. For these weeks, the musical experiential was dropped so that group discussions and presentations could be held.

Time Line

A chronology of events is important for understanding the process and for referencing the analysis. Events related to the research project are listed in Table 4 (see page 162).

Table 4

Chronology of the Study

Date	Event
August 25	University Committee for Research Involving Human Subjects (UCRIHS) approved the study.
August 28	Class began and project introduced. Participants solicited and asked to sign-up for first interview and MBTI.
September 5	First interviews began.
September 11	First interviews completed.
October 23	Second interviews began.
November 7-13	Family emergency - all work stopped ^a .
November 14-19	AMTA Annual Conference.
November 20, 22	Classes held, no consensus groups.
November 27	Classes resumed, no consensus groups.
December 4	Began Third Interviews.
December 8	Last day of classes.
December 11-15	Finals week - Most Third Interviews cancelled due to snowstorm. One interview completed.
January 16-17, 26	Third Interviews completed with remaining participants ^b .
February 28	Data Analysis began

^a Of the second interviews, three were not held: One participant cancelled and was not able to be rescheduled. Two other interviews were cancelled due to my family emergency and were not able to be rescheduled. One of those participants was one of the students who stopped coming to class.



^b Of the third interviews, six interviews had to be cancelled due to a snowstorm. Of those six interviews, five were conducted after the start of the Spring semester and after the students had received their grades. The remaining student changed schools, moved out of the area, and did not return any phone calls or e-mail communications.

However, what may not be clear from the time-line is that the instructor's family emergency on November 7th seemed to have far reaching implications for the remainder of the class and this study. Substitute instructors conducted the class sessions in their own styles from November 8 through November 15. The following week was the Thanksgiving holiday. On the Wednesday before Thanksgiving, nine of the 21 students were absent, so a full class discussion was held, rather than group discussions. The next week, November 27 through December 1, seven students were absent for the group discussion class session. The students were given the option of a group or full-class discussion and they chose a full-class discussion. The next week was the last week of classes and no discussion groups were held. Thus, for all intents and purposes, consensus groups were discontinued as of November 3.

One additional factor that influenced the class was that by November 20th, two students had completely stopped coming to class. It was later learned that these students had each withdrawn from the university.

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Data Sources

The data sources for this project included the following: (a) written course materials submitted by all students; (b) individual, tape-recorded interviews with the full-participants; (c) videotapes of collaborative group discussions and presentations; (d) the instructor's written evaluations of group discussions and presentations; (e) the registrar's data; (f) the full-participant's MBTI profiles (Briggs & Briggs Myers, 1998); and (g) the instructor's reflexive journal.

Course Materials

Complete details of the course materials can be found in the course syllabus (see Appendix C).

Listening Journal

The intent of the journal was to help the students better understand their individual connection and relationship with music. The listening journal was to be a daily record of a student's personal music related activities. Each student was required to create or purchase a journal that was suitable for documenting those experiences. On each day of the semester, the student was to list or otherwise identify musical activities, processes or experiences that they had engaged in during the day.

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instructor; (b) individual
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The students were encouraged to create their own writing style, yet the written narrative was to include a description of the music activity and the student's response to it. These responses could have included what the student focused on or thought about; feelings or emotions that arose; what the music meant to the student; what their thoughts, feelings or emotions meant; and what they thought about as they were writing in the journal. Ultimately, what was written was to be a reflection of the student's connection to music.

In-class Experientials

A series of six in-class experiences were held to introduce various aspects of music therapy in action. The instructor or invited guests conducted or presented these experiences.

Clinical Experientials

Clinical experiences were intended to immerse the students in the music therapy process as discussed by Milgram-Luterman (1997). Each clinical experience was documented on an Observation Report form (see Appendix C). Three types of clinical experience were required.

1. Volunteer service: Each student was to complete at least five hours of volunteer service in a music therapy or other health-care related setting.

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Clinical Experience
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Three types of clinical
1. Volunteer service
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2. Clinical observations: Each student was to observe, at least, five, 30-minute music therapy sessions conducted by a professional music therapist, i.e., a Board Certified, Registered, or Certified Music Therapist.

3. Dance/Chorus Sessions²⁶: Each student was to attend at least three Dance or Chorus sessions.

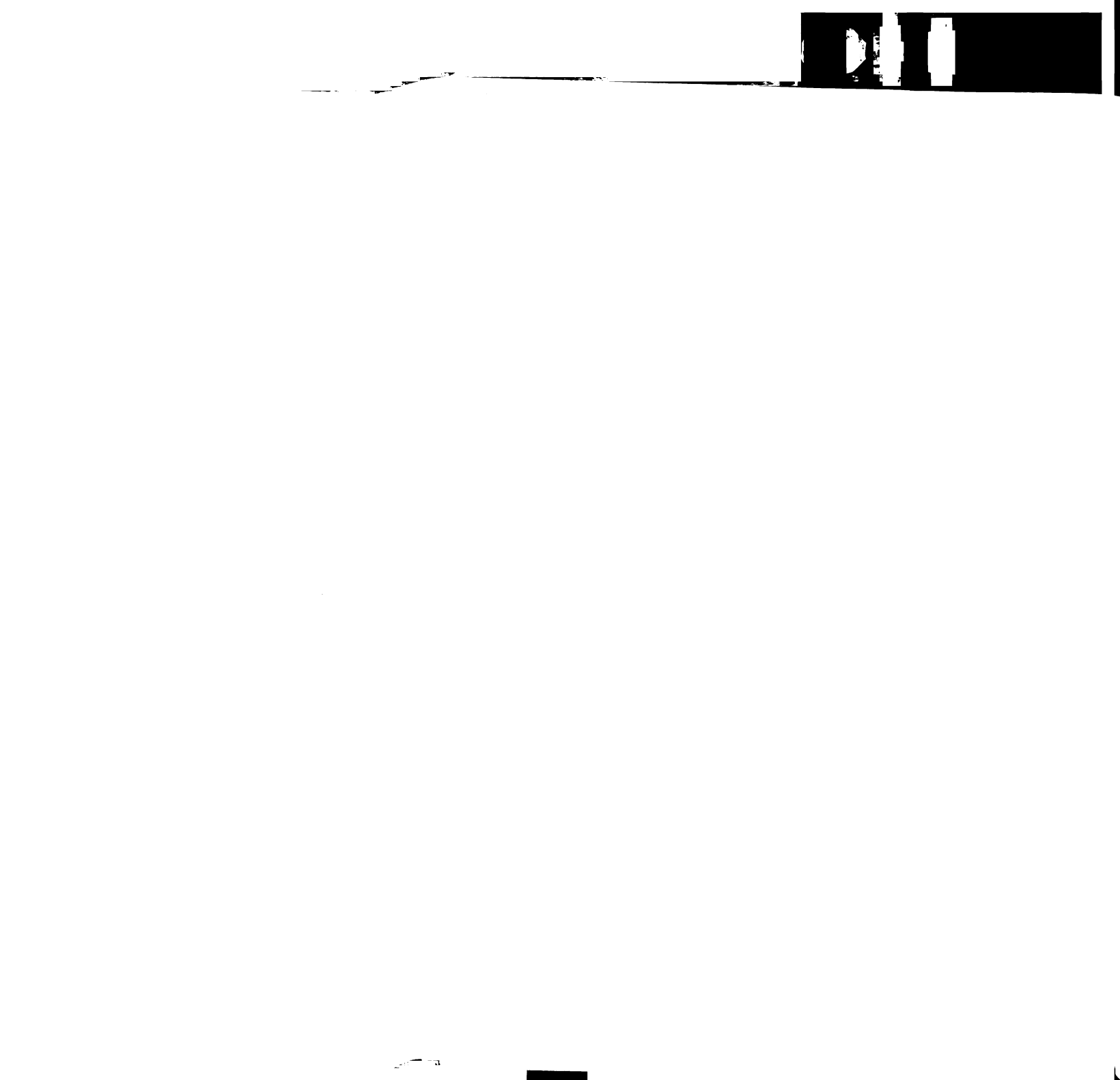
Written Coursework

Written documents required objective statements of what occurred, subjective statements about what occurred, and reflective comments related to one's personal experience of each event that was written about. These written documents included:

1. Completed clinical observation forms for each observation accomplished during the semester. The required observations included: a) at least five hours of volunteer service, b) at least five, 30-minute music therapy sessions conducted by a professional music therapist, and c) attending at least three Dance and Chorus presentations conducted by the junior level music therapy class.

2. A three to five-page, end-of-semester summary of all clinical observations.

²⁶ Community Dance and Chorus sessions are recreational style activities for people from the surrounding community, who have varying developmental disabilities. The sessions are planned and led by junior music therapy students. There were three Dance sessions and four Chorus sessions held during the semester.



3. A one to three-page summary for each, in-class music experiences; there were six different experientials.

4. A three to five-page, end-of-semester summary of their individual experience and personal process in their collaborative group.

5. A three to five-page, end-of-semester summary of their personal music-listening journal experience. In sum, each student was required to produce a minimum of 18 written documents (nine clinical observation reports, six in-class experiential summaries, and three end-of-semester summary reports).

Interviews

Seidman (1998) described an in-depth phenomenological interview process. He recommended that the interview questions be open-ended so that the interviewee would be encouraged to explain their experience in their own words. The interviewer's task was to "build upon and explore their participant's responses" (p. 9). Seidman recommended a three-interview structure to effectively assess a participant's experience and place it in context.

The first interview establishes the context of the participants' experience. The second allows participants to reconstruct the details of their experience within the context in which it occurs. And the third encourages the participants to reflect on the meaning their experience holds for them. (p. 11)

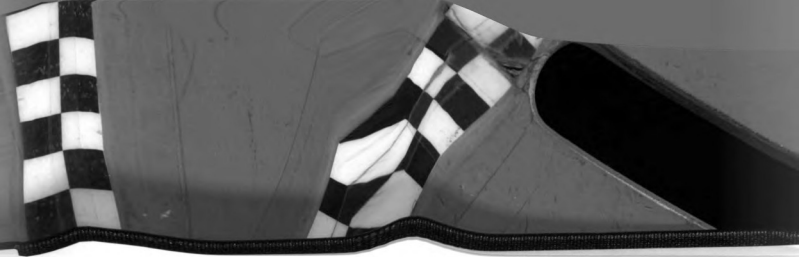
As recommended by Seidman (1998), this project's initial interview sought to assess motivation for taking the class, expectations of the class, critical thinking style, and preferred learning style. The second interview sought to assess the content and quality of the participant's experience in their group and the classroom, their level of satisfaction and continued motivation, and to identify any emergent information. The third interview sought reflective comments about each individual's personal, group, and classroom experience (see Appendix G).

In the final interview, music therapy majors were asked if they were willing to participate in follow-up interviews in their later years of study. For those who agreed to be available, a box was checked on their consent form.

The interviews were used to reference and crosscheck data that appeared in the written summary reports. The interviews were not transcribed and were not entered into any database.

Registrar's Data

In accordance with university policy, a formal request for transcript information was submitted to the university Registrar's office along with copies of signed consent forms from each participant. The specific transcript



information that was requested included; high school or previous GPA, high school class rank; college entrance exam scores with percentile rank, graduate record exam scores or similar with percentile rank, other degrees held, and other test scores. The information was entered into the project database.

Myers Briggs Type Indicator

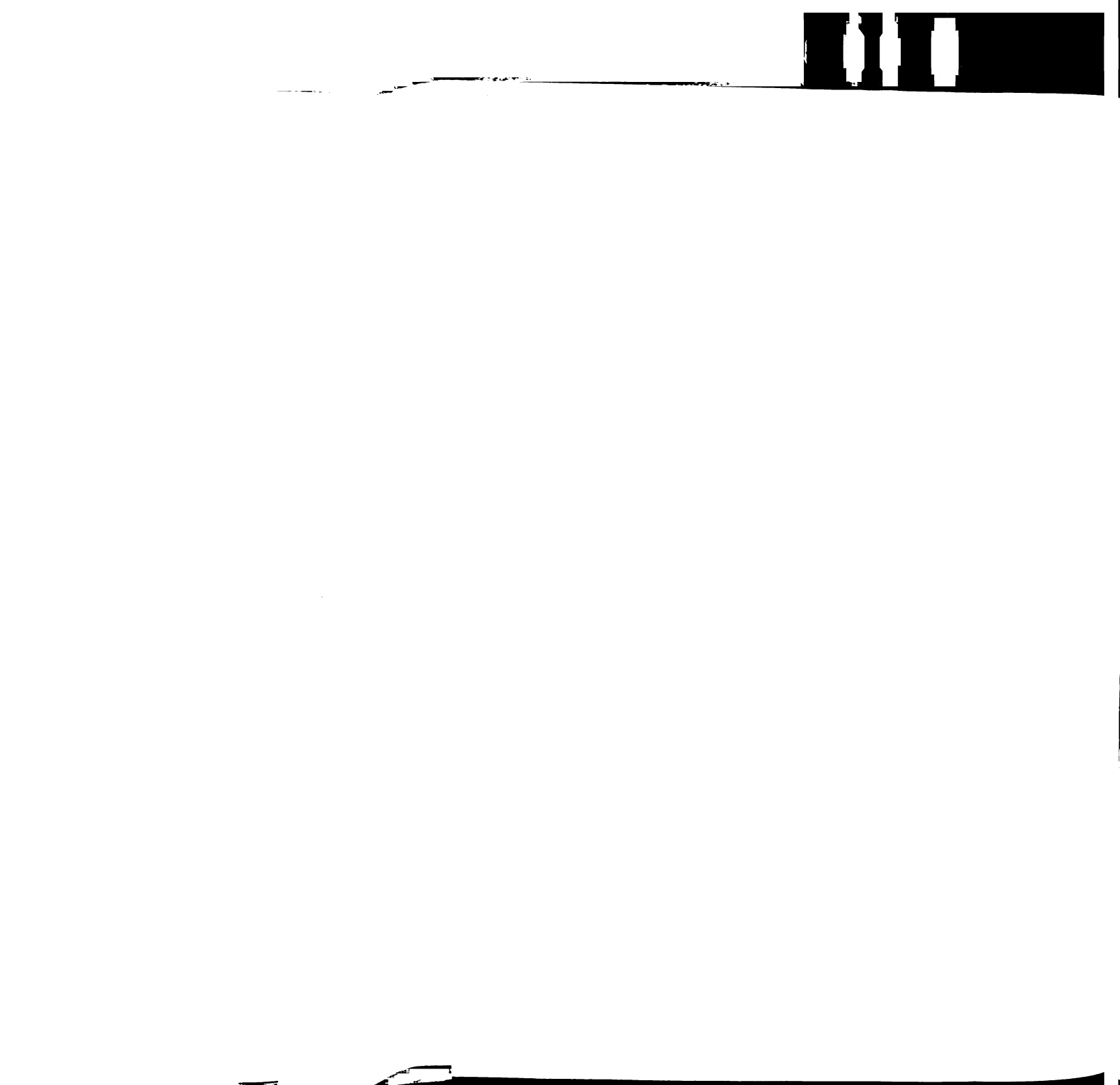
Myers-Briggs Type Indicator (MBTI) (Briggs & Briggs Myers, 1998) is a personality inventory that has been used to understand normal personality differences. The MBTI has been found reliable (Bents & Wierschke, 1996; Carlson, 1985; Carlyn, 1977; Devito, 1985; Salter, Evans, & Forney, 1997;) and consistent over time (Johnson, 1992). It has also been translated into multiple languages and found to maintain good reliability through those translations (Hoskovec & Casas, 1998; Nordvik, 1994; Saggino & Kline, 1995; Sim & Kim, 1993; Tsuzuki & Matsui, 1997). The MBTI can also be used to identify an individual's preferred learning style (Briggs Myers, 1998; DiTiberio & Hammer, 1993).

During the first week of the semester, research study participants were asked to make an appointment to take the MBTI through the university's testing center. A sign-up sheet with appointment times was passed through the class.

A copy of the sign-up list was faxed to the counseling center to coordinate appointment times. By the end of the fourth week of class, all but two of the participants had completed their MBTI's. One more was completed by the ninth week. The final participant completed the test in February of the following year. Psychologists in the testing center met with each of the participants to interpret and review their test results.

Participants provided a copy of their MBTI profiles. However, there was little correlation to the completion dates of the MBTI and the date the students submitted the copies of their results to the instructor. By November first, three of the participants, who had completed the inventory by October 18, had not yet submitted their results. By the last day of classes, one student had still not turned in the results, so it was collected in the following semester. The remaining student completed the inventory in February of the next semester and submitted the results at that time.

The MBTI profiles were recorded in the research project database: however, no attempt was made, on the part of the instructor to include knowledge of a participant's type into any of the coursework, or interpretations of





events during the class. The MBTI types for the student participants were listed in Table 3 (see page 154).

The instructor paid a ten-dollar fee for each test and the psychologist's interpretation for each student, so that there was no additional cost to the participants.

Value and Trustworthiness

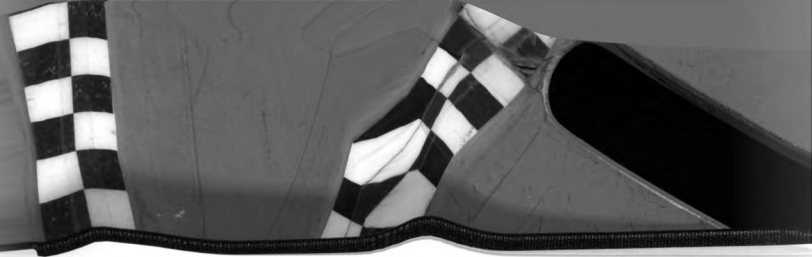
Aigen (1995) discussed value and trustworthiness as the responsibilities of the researcher to make qualitative research relevant.

By valuable, I mean that the findings are of interest because they relate to an important area of study in the discipline or have inherent human interest. By trustworthy, I follow Lincoln and Guba (1985), who say that this means that research findings mirror the experiences of research participants. (p. 301)

He suggested that a study's value is insured if a study illuminated "context-dependent relationships" (p. 303), or had "richly detailed descriptions" (p. 303). Value may be found in the "way in which research topics, foci, theories, and findings are generated and supported" (p. 304). Finally, allowing a study's focus to emerge from the participants' experiences also insures value.

Aigen (1995) identified six procedures for insuring trustworthiness.

1. Prolonged engagement: Prolonged engagement requires the researcher to "spend sufficient time in the research



site for 'learning the culture,' testing for misinformation introduced by distortions either of the self, or of the respondents, and building trust" (p. 305).

2. Persistent observation: Persistent observation "allows a researcher to identify the most important aspects of a given setting or course of therapy" (p. 306).

3. Triangulation: Triangulation is the use of a variety of data sources for the analysis, or a variety of methods during the analysis to provide multiple perspectives.

4. Member checking: Member checking is a process in which the participants are provided with the data, organization of materials, overall presentation, and conclusions. The participants are then asked to confirm how well this information matches their experience of the study. This presents an opportunity to explore different perspectives of the experience and "gives weight to the participants' perspective" (p. 306).

5. Peer debriefing: In peer debriefing, "the researcher meets with a peer who is free to pose questions regarding 'substantive, methodological, legal, ethical, or any other matters' in order to increase the researcher's self-awareness of these matters" (p. 306).

6. The reflexive journal: This is a personal diary maintained by the researcher to record "personal feelings, intuitions, and reactions to the research, as well as considerations that impact on methodological decisions and interpretations of data" (p. 306). This journal is essential to explicating the researcher's biases or preconceptions from the data presentation and analysis.

This study was conducted over the course of an entire semester and included persistent observations in the form of written materials, interviews, videotaped class sessions, and an instructor's journal. The instructor's reflexive journal was referenced to check for bias or preconceptions. Thus, these triangulated data sources provided multiple perspectives of the experience.

Prolonged Engagement

The researcher was in his third year of doctoral studies. During that time, the researcher had been actively involved with the undergraduate music therapy students in other classes, (a) as co-instructor at an earlier time for this same course, (b) a clinical supervisor for student practicum experiences, and (c) as a music therapy session leader for off-campus student observations. Through these experiences, the researcher had established a particular presence within the music therapy students' "culture."

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As the students interacted, either through the Music Therapy Student's club or with each other socially, the students most probably shared some preconceptions or perceptions about the instructor that may have included issues of trust, identity, and the researcher's role in the music therapy culture. Finally, the study participants were asked to define or describe the instructor's role in the class during each of the three interview sessions.

The data sources for this study were developed with the intent of assessing students' and study participants' perceptions of the class culture as the semester progressed. Both the opportunity for individual reflections in written materials and the open-ended nature of the interview questions created the space for this information to emerge on its own.

Persistent Observation

The researcher's persistent observation in this study produced more data than can possibly be discussed in the course of a single dissertation. The depth of information that has been compiled through the multiple data sources should be more than sufficient to insure trustworthiness of the findings that were reported.

Triangulation

Triangulation or the use of multiple data sources affords an opportunity to study the same phenomenon from different perspectives and help to identify consistencies in the findings (Patton, 1990). These triangulated data sources provided an increased depth of understanding of each participant's experience for analysis and cross-case experiences of the participants within their collaborative groups and the class as a whole.

Reflexive Journal

The researcher maintained a reflexive journal throughout the course of this study. A reflexive journal provides an opportunity to not only reflect on events of the past, but also to consider the impact of the events in the present with an eye towards the future. The journal provided an important vehicle for "checking-in" with personal feelings and reactions that surfaced during the study. In the data analysis, it provided an important tool for *epochè* and *bracketing* as discussed in chapter 4.

Summary

The importance of insuring trustworthiness and value in qualitative research speaks to the integrity and ethical standards that the researcher must uphold and practice. Although, we may at times, individually or collectively, be

Triangulation is a technique that allows an opportunity to view a situation from different perspectives. In this study, the findings from the sources provided by the participants and the experience of the researchers and the findings from the triangulation of the data.

The research was conducted throughout the year 2010. The data was provided in the form of a journal, but the data was not provided with the journal. The data was provided in the form of a journal, but the data was not provided with the journal. The data was provided in the form of a journal, but the data was not provided with the journal.

The importance of the qualitative research is that it provides a rich understanding of the research. The research is a qualitative research, and the research is a qualitative research. The research is a qualitative research, and the research is a qualitative research.

the enemy that the comic strip character, Pogo confronted²⁷, it has been the intent of this researcher to conduct the study, present the data, and allow the analysis to emerge ethically and with integrity. This approach lies at the heart of action research methodology and is foundational to presenting data that informs. Any failing to do so in this study resulted from the frailty of the human condition.

²⁷ In one particular and now infamous comic strip, Pogo gazed at his reflection and commented, "We have met the enemy and it is us."



CHAPTER 4

ANALYSIS

"Analysis finally makes clear to researchers what would have been most important to study, if only they had known beforehand" (Patton, 1990, p. 371).

Since there were no outside observers or evaluators, since a peer review of this massive data is not possible, and since the class is over and obtaining the students' interpretations of the themes that emerged is not possible; what remains is the prolonged and persistent observation of a semester long experience in collaborative learning from the varying perspectives of the participants.

A phenomenological analysis of what happened from the participants' perspectives has value, in that it can provide a baseline of information that does not otherwise exist, and thus, it can inform current practice and encourage future research. The trustworthiness of the study lies in the prolonged and persistent engagement in collaborative learning that is presented as clearly as possible and without bias.



Phenomenological Analysis

Data analysis for this study followed the three-phase process of phenomenological analysis described by Patton (1990).

1. *Epochè*, the elimination of personal bias and involvement, and conducting the investigation "from an open view point without pre-judgement or imposing meaning too soon" (p. 407).

2. The phenomenological reduction, or bracketing out "the world and presuppositions to identify the data in pure form, uncontaminated by extraneous intrusions" (p. 408).

3. Structural synthesis, a description of the "true meanings for the individual experience . . . the researcher looks beneath the affect inherent in the experience to deeper meanings for the individual" (p. 409).

Epochè

My personal orientation, as described in chapter 2, reflected my personal bias and involvement in this project, and it served as the impetus for conducting this investigation. I considered that collaborative learning might facilitate personal development for music therapy students, so that they can present themselves as more competent and confident clinicians, and thus, be more effective and better accepted in clinical practice



settings. I believe that competent, confident professional therapists would be less inclined to leave the profession and thus stabilize, enhance, improve, and expand the current level of professional practice.

I conducted this collaborative learning approach to teaching a course in the foundations and principles of music therapy with a clear intention to allow the experience to emerge and without prejudice.

The Phenomenological Reduction-Bracketing

The reduction or bracketing for this study was based on the five steps to bracketing data described by Denzin (1989).

1. Locate within the personal experience, or self-story, key phrases and statements that speak directly to the phenomenon in question.
2. Interpret the meanings of these phrases, as an informed reader.
3. Obtain the subject's interpretations of these phrases, if possible.
4. Inspect these meanings for what they reveal about the essential, recurring features of the phenomenon being studied.
5. Offer a tentative statement, or definition, of the phenomenon in terms of the essential recurring (as cited in Patton, 1990, p. 408).

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The Collected Data

The collected data for this action research project includes the students' demographic data from their consent forms, the students' written course materials, videotapes of class sessions, recorded interviews, the registrar's demographic data, and the full-participant's Myers-Briggs Type Indicator results. The demographic data is profiled in Table 3 (see page 154).

Written Materials

I created a database using *FileMaker Pro 4.1 for Macintosh* (FileMaker, Inc., 1993-1998) to organize the student's data and initially entered the full-participants' demographic data.

I created a series of related files for the database to record all students' written materials. Throughout the semester, I transcribed each student's subjective and reflective comments from their clinical observation forms and their in-class experiential reports into the database, and I saved them for future analysis. By semester's end, the database included 210 clinical observation reports, 117 summary reports (clinical observations, listening journals, group evaluations), and 116 experiential reports.

Videotapes and Interviews

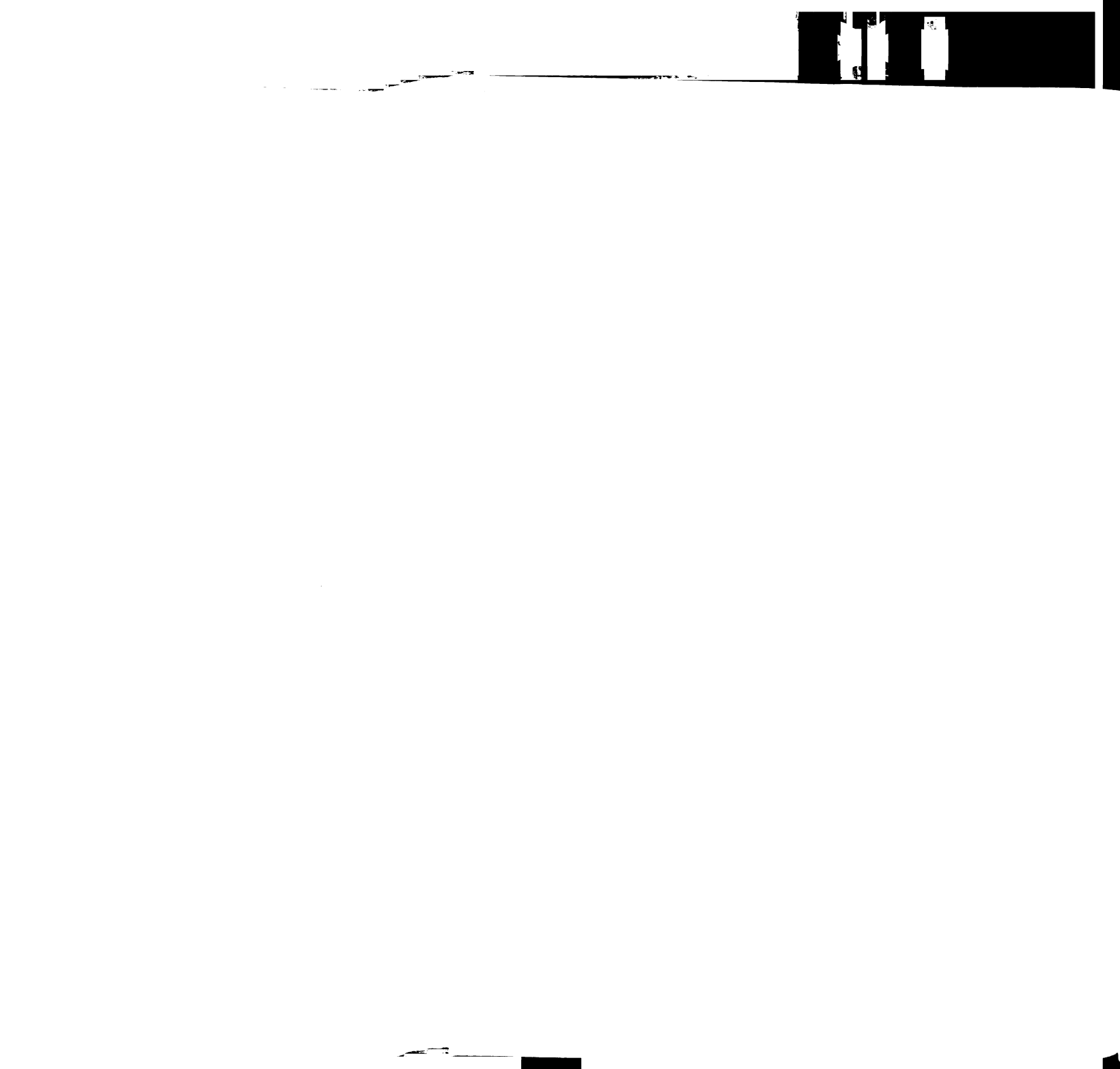
The videotaped class discussions and presentations for ten-weeks, yielded approximately, 20-hours of classroom process. I completed 47 interviews with the research participants.

Registrar's Data

The available Registrar's data yielded some interesting information for particular individuals, and it may have had some bearing on an individual's group participation and expectations of the course or learning environment. However, the information for each student varied: Only 11 of the 17 students had college entrance exam scores listed, and only 9 of the 17 students had a previous GPA listed. Thus, these data were limited to specific cases, and it did not seem relevant to the research questions of this study.

Myers-Briggs Type Indicator

A thorough evaluation of the Myers-Briggs Type Indicator for an individual or a group requires advanced training in psychometrics and specifically in the MBTI. Thus, although the MBTI profiles may offer rich data for analysis, such an analysis was beyond the scope of this dissertation.



The overall MBTI results were organized by groups and have been presented here for descriptive purposes and the reader's convenience (see Table 5, pg. 183). Irrespective of the Introversion-Extroversion scale, 10 of the 17 participant's scales revealed an NFP or an Intuitive/Feeling/Perceiving profile, while 6 of the 17 participants revealed an NFJ or Intuitive/Feeling/Judging profile. Additionally, all but one of the student participant's middle scales were NF or Intuitive/Feeling. The remaining student and the instructor were NT.

The groups were developed without considering MBTI types. However, interesting alignments occurred, irrespective of the Introversion-Extroversion scale for some groups. The comparisons are discussed--as appropriate to a specific group--in the succeeding chapters.

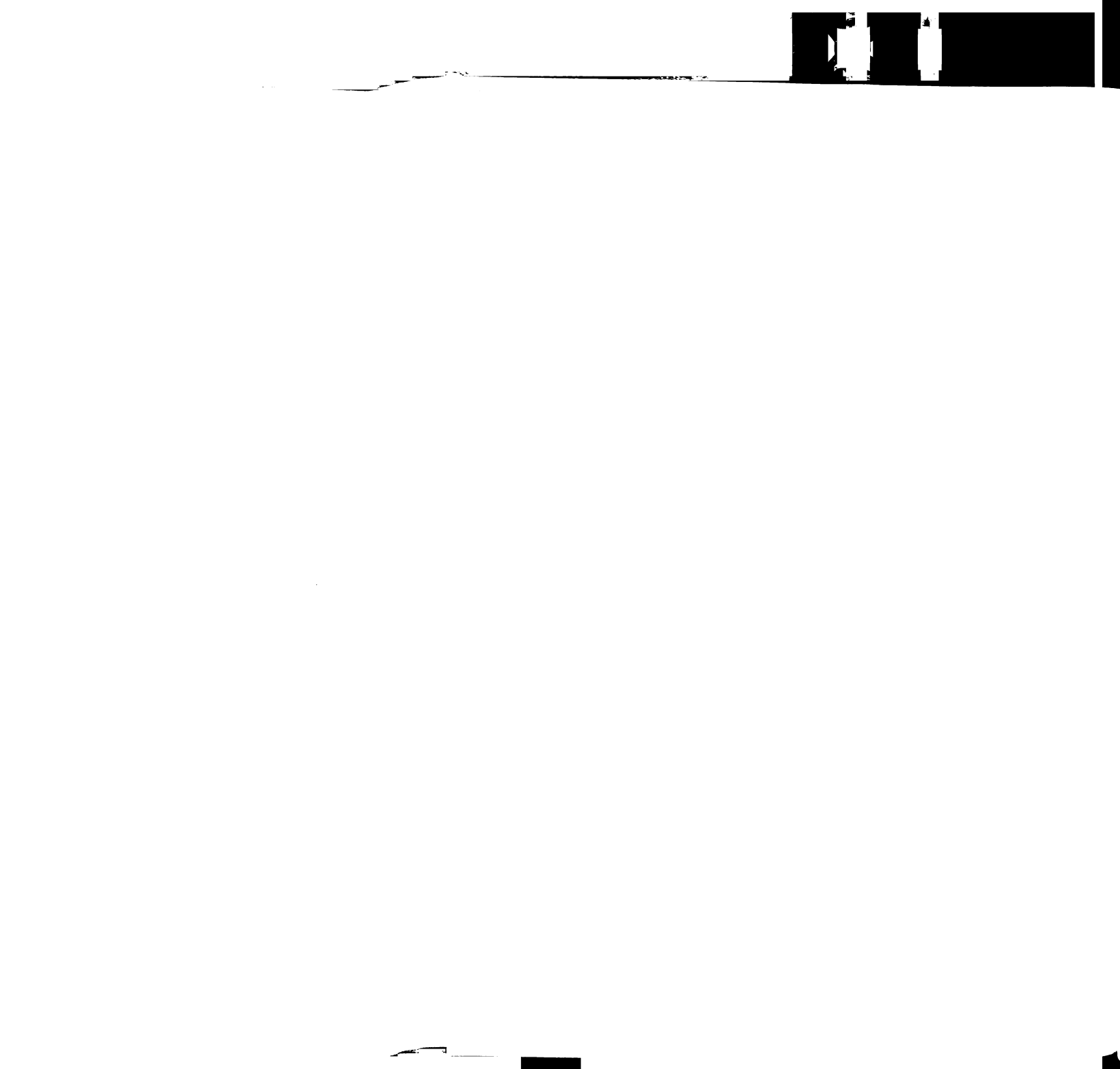
In the Five Amigos²⁸, four of the five members completed the MBTI and revealed an NFP type irrespective of the Introversion-Extroversion scale. In the Quiet Ones, four of the five members' MBTI types were NFP irrespective of the Introversion-Extroversion scale. In the Seis Compañeros, five of the six members completed the MBTI. Of those five, four members' MBTI types were NFJ, irrespective of the Introversion-Extroversion scale.

²⁸ The researcher assigned these group names and they are explained in chapters 5-8.

Table 5

Demographic Profile by Groups

<u>The Task Masters</u>				
<u>Age</u>	<u>Sex</u>	<u>Class</u>	<u>MBTI Type</u>	<u>Major</u>
	F	Sophomore		Music Therapy
	F	Sophomore		Music Therapy
20	F	Junior	ENFP	Music Therapy
21	F	Junior	INFP	Music Therapy
20	F	Senior	ENFJ	Psychology
<u>The Five Amigos</u>				
<u>Age</u>	<u>Sex</u>	<u>Class</u>	<u>MBTI Type</u>	<u>Major</u>
	F	Sophomore		Music Therapy
19	F	Sophomore	INFP	Psychology
20	M	Junior	ENFP	IH
22	F	Junior	ENFP	Studio Art
30	F	Senior	ENFP	Music Therapy
<u>The Quiet Ones</u>				
<u>Age</u>	<u>Sex</u>	<u>Class</u>	<u>MBTI Type</u>	<u>Major</u>
19	F	Sophomore	INFP	Music Therapy
26	F	LE	INFP	Music Therapy
19	F	Sophomore	ENFP	Music Therapy
21	F	Senior	ENFP	Psychology
32	F	Junior	ENFJ	Music Therapy
<u>Seis Compañeros</u>				
<u>Age</u>	<u>Sex</u>	<u>Class</u>	<u>MBTI Type</u>	<u>Major</u>
	M	Sophomore		Telecommunications
19	F	Junior	ENTP	Music Therapy
19	F	Sophomore	INFJ	Music Therapy
19	F	Sophomore	ENFJ	Psychology
20	F	Junior	ENFJ	Psychology
22	F	Senior	ENFJ	Recreation Therapy





For the research participants overall, the MBTI profiles included six-ENFP's, four-INFP's, five-ENFJ's, one-INFJ, and one-ENTP. The instructor had completed the Myers Briggs Type Indicator in 1995 and again for this study; both results revealed an ENTP type. Table 6 (see page 185) profiles these five MBTI types and the respective learning style characteristics (DiTiberio & Hammer, 1993).

Selecting the Data and Synthesis

Thus, I have more available data than I could possibly analyze or effectively use to create a concise and focused dissertation. As I discussed the issue with my doctoral committee members, it was apparent that the analysis needed to be more focused. I reconsidered which data were most important for the purposes of this study.

The following data were selected as most relevant to this phenomenological analysis.

1. The students' perspectives of their group experience as reflected in their end-of-semester summaries.
2. My perspective of the student's group experience as reflected in my weekly evaluations and reflexive journal.
3. The research participant's statements about their group experience during the recorded interviews.

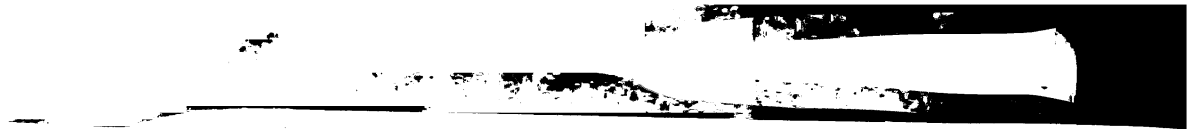


Table 6

MBTI and Learning Style

MBTI Type	Learning Style Characteristics
ENFP	Material must stimulate their imagination. Impulsive energy may lead them to get involved in one project after another, sometimes not finishing them. Enjoy complexity and abstractions. Express themselves well, especially spontaneously. Like variety in classes, subjects, majors, and tests.
INFP	Like general concepts and original or complex material. Seek patterns among seemingly unrelated events and ideas. Value artistic expression and the written word. Say they spend up to nine hours a week in serious nonrequired reading. Want instructors to arouse enthusiasm for learning.
ENFJ	Report that the most important goal of education is to learn how to get along with different kinds of people. Interested in literature and tolerant of theory. Do their best thinking aloud, bouncing ideas off others. Achieve through perseverance and hard work. Want learning to pertain to human values and growth.
INFJ	Tend to focus on theory and underlying meaning. Independent and willing to challenge authorities, even their professors. Learn best when they study alone, with quiet for concentration. Prefer to express creative ideas in writing. Want instructors who arouse enthusiasm for learning.

Table 6 (cont'd).

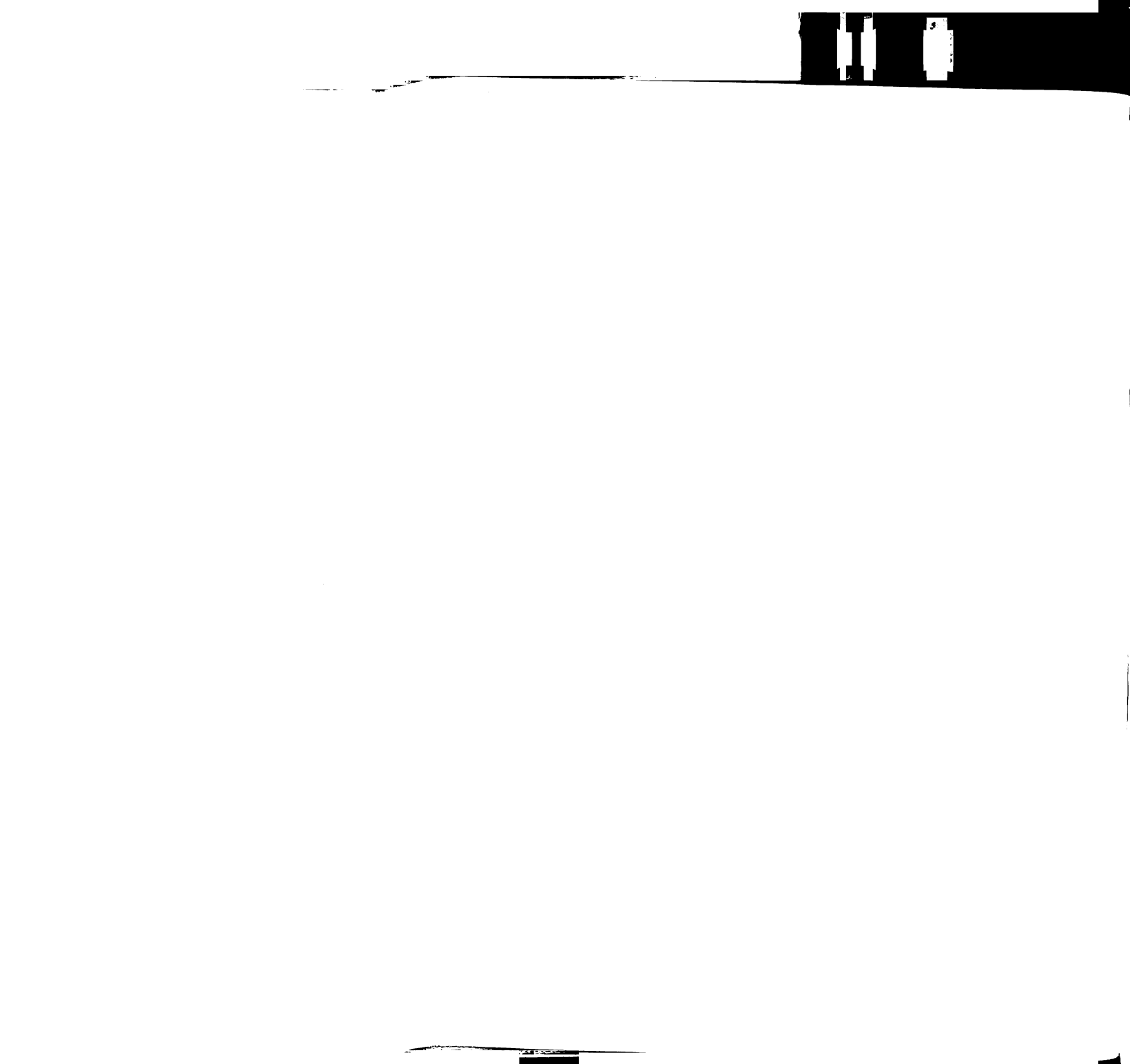
MBTI Type	Learning Style Characteristics
ENTP	Like intellectual challenges. Prefer autonomy to come up with their own ideas. Value competence in diverse areas. Learn best through active dialogue, critique, and debate. Like to create and learn from conceptual models.

Note. As described by DiTiberio and Hammer (1993, pp. 16-31)

During the analysis, it became clear that each student's perspective of the group experience differed in many ways, and some were in distinct opposition to each other. I concluded that the richest synthesis of the data could be accomplished by comparing the student's individual reports with their other group member's reports, and by comparing those comments with their available interviews, my reflexive journal, and my weekly evaluations of their group's work.

The original research questions for this study were as follows.

1. What were the students' perceptions of this overall class experience as reflected in the students' written materials and participants' interviews?
2. What were the students' perceptions of the collaborative learning experience as reflected in written summary papers and participants' interviews?



3. What were the instructor's perceptions of this collaborative learning experience?

4. What themes emerged from the student's written materials or participant's interviews that reflect their intellectual thinking (Belenky, et al., 1986/1997; Perry, 1970/1999)?

5. What themes emerged from the students' written materials or participants' interviews that may reflect issues of self-awareness, multi-cultural awareness, or a disposition of expertise (Milgram-Luterman, 1999)?

6. What themes emerged to reflect interpersonal relationships among the students, within their groups, or between the students and the instructor, or the groups and the instructor?

In order to respond to these research questions, the following analytical processes were conducted.

1. Identifying the themes that emerged from the students' written summaries of the collaborative learning experience.

2. Comparing the themes that emerged from each individual's written summary with that individual's recorded interview, if available.

3. Comparing the themes of individual group members' with the themes of other group members.



4. Comparing the instructor's written evaluations of group processes with the themes that emerged from the student's written summaries.

5. Comparing the instructor's perception of group process and experience from his reflexive journal with the themes that emerged from the student's written summaries.

Focusing the Analysis

I had always considered that the primary focus of this project was to describe what happened during this collaborative learning approach to teaching this class. In order to do that, I wanted to identify and describe any of the emergent themes that would facilitate an understanding of the experience. I sought to identify any relationships or interconnections between and among the students, the process, and the instructor that may further inform music therapy education and clinical practice, music therapy educators, and clinical training directors. Finally, I hoped to identify the sensitizing concepts that I brought to the analysis of the project, and any additional constructs or concepts that the data suggested (Patton, 1990).

Since there were no previously published studies of collaborative learning in music therapy education, what was

most important about this study was the fact that this data set now exists. Secondly, music therapy educators and clinical trainers need to be able to get a feeling for what it was like to use this methodology in music therapy education, and thus, inform their teaching practice. Finally, I hoped that this study might contribute to the collaborative learning literature.

As I began the analysis, I became painfully aware of the fact that I only had two sources of data that represented the students' perspective, their individual Group Summary Reports and the full-participant's interviews. My conscious decision to not videotape, audiotape, or take close-ups of the individual group discussions left out an important piece of data, an unbiased record of what actually happened during the group discussions.

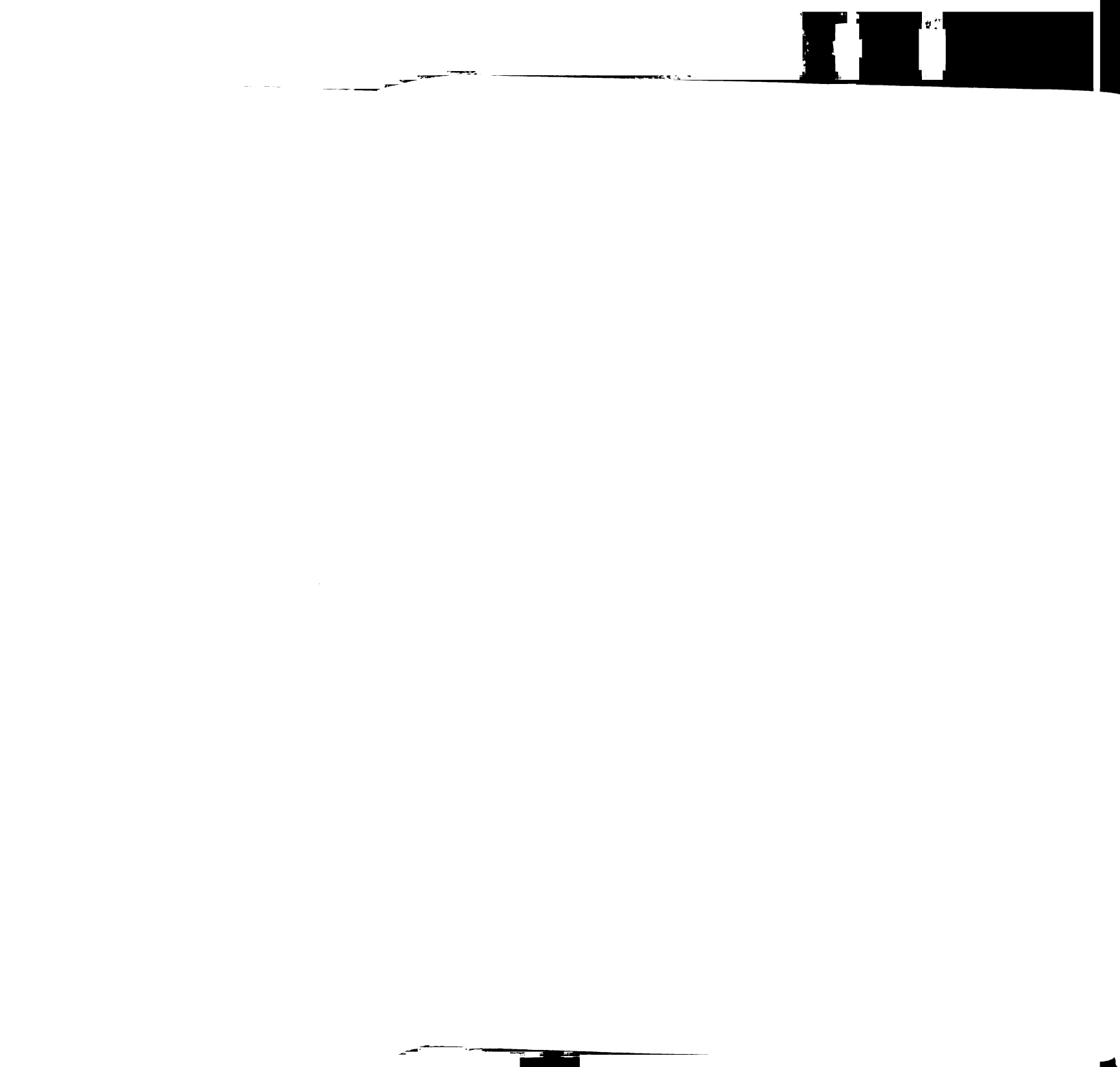
However, I believed, from the outset of the study, that such a recording would most probably inhibit the collaborative process, so that the groups would not have engaged in free, natural, and open discussions. I believed it was more important for the students to experience my trust in them to assume and assert their own responsibility for their learning and thus, freely engage in the learning process--or not--than it was for me to collect data. It was

clear from the videotapes that, at times, the student's consciously redirected their conversation, as they became aware that the camera was focused on them. This reaction seemed to verify my concern that they might perform for the camera, rather than engage in open collaborative discussion. Although the videotapes can help describe the overall "look" of the groups' interactions, noticeably absent is an unbiased report of discussion content.

Organizing and Coding the Data

I read each student's Group Summary Report and on a separate sheet of paper wrote down emergent theme words and phrases that seemed to reflect the essence of the students' comments. After reading all of the summaries, I had six pages of words and phrases. I reviewed these pages and combined similar words and phrases. I then arranged the words and phrases into hierarchies, as they seemed to fit. The remaining themes that did not fit were left as individual themes.

Having already conducted significant research into collaborative learning, consensus group learning, intellectual and psychosocial development, and issues confronting student music therapists, I had an informed



interpretation of these themes, as they emerged, that allowed them to be easily set within various constructs.

I exported each student's end-of-semester group evaluation report from the *FileMaker Pro* database (FileMaker, Inc, 1993-1998) and saved them in *Microsoft Word 98 for Macintosh* (Microsoft, 1993-98) as "Text Only" files. Then, I segmented each of these text files into text blocks in preparation for export into an *N4 Classic* (QSR International, 1997) database for analysis.

I started a new project database using the *N4 Classic* software and developed an Index System²⁹ with Nodal Points³⁰ (see Appendix H) for each of the words or phrases that I had identified in the analysis of the students' Group Summary Reports. The themes seemed to center on four primary nodal points: Group Experience, Individual Process and Experience, The Classroom, and Documentation. There were four secondary nodes for Group Experience: Group Process, Group Cohesion, Grouped Comments, and Evaluation and Grading. There were four secondary nodes for Individual Process and Experience: Perry's Scheme, Belenky, Erikson, and Personal Experience. There were four secondary nodes for The Classroom: Class Structure, Absences, Time, and

²⁹ An index system is the hierarchical organization of text data.

³⁰ A node is a hierarchical point within an indexing system of text data.

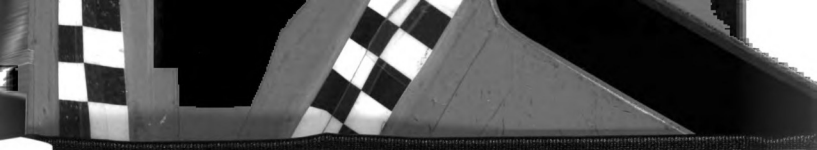


Resistance or Cooperation. There were four secondary nodes for Documentation: Accuracy and Inconsistency, Writing Style, Detachment and Defenses, and Surprises. There were multiple tertiary nodes and some fourth order nodes for the first and second primary nodes in the hierarchy. Thus, from the students' written summaries alone, 99 nodes emerged.

I directly imported my reflexive journal into this project's *N4 Classic* (QSR International, 1997) database. I initiated a "text search" to identify any comments about each of the four consensus groups. I coded that text as it related to each of the groups.

During the semester, I had reviewed each week's videotapes to evaluate group participation³¹. My written evaluations of the groups' discussions and presentations were created using *Microsoft Word 98 for Macintosh* (Microsoft, 1993-98), printed, and distributed to the groups on the following Monday. Since these evaluations were organized by group-name, additional coding for Group was not necessary.

³¹ At the beginning of the semester, the class decided that my evaluation should represent 30% of the group's grade. The class logically noted that since I would not be able to observe their out-of-class work, their self-evaluation for their group work should represent more of their grade than my evaluation. We agreed that their self-evaluation would represent 45% and that their end-of-semester written evaluation should represent 25% of their grade. Thus, the combined weight of the instructor's evaluation and the end-of-semester report that was graded by me, was 55% of each student's group participation grade. Each student's group participation grade represented 50% of the total course grade (see Appendix E).



Analyzing the Data and Presenting the Results

I reviewed all of the original documents to insure that relevant data had not been omitted. From the *N4 Classic* database, I printed out the coded data for each of the groups, and re-read the group comments of each group member. I printed out the coded data from my reflexive journal and compared it to each group's comments. I listened to each student's set of interviews, if available, and noted any comments that diverged from or amplified the comments from a student's end-of-semester written summary. I reviewed my weekly group evaluations and compared my comments with the above data.

Analysis of the data must be approached in a creative manner. Yet, the breadth and depth of phenomenological data requires that presenting the results of the analysis must be focused, organized, clear, and brief (Patton, 1990). Therefore, I have organized the data for each group and myself into separate, succeeding chapters (see chapters 5-9). I reported the results of a group's collaborative learning experience as reflected in the students' written summaries, participant interviews, my weekly evaluations of a group's discussions and presentations, and my reflexive journal. I concluded each chapter with a summary of the



group's experience and a discussion section that responds to the research questions.

Although the students never adopted specific names for their groups, I developed the following group names as an overall reflection of my perception of each group's emergent style: "The Task Masters," "The Quiet Ones," "The Five Amigos," and "Seis Compañeros." The rationale for each group's name is presented at the beginning of each chapter.

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COLLABORATIVE LEARNING IN MUSIC THERAPY EDUCATION AS
EXPERIENCED IN A COURSE IN THE FOUNDATIONS AND PRINCIPLES
OF MUSIC THERAPY

By

David Willis Luce

Volume II

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

In Music Education with a Music Therapy Cognate

2001

CHAPTER 5

THE TASK MASTERS

I named this group The Task Masters because from the first day of group discussions, I observed what seemed to be an intense level of discussion; the students leaned forward in their chairs, and there seemed to be an active interchange of dialogue with a clearly defined leader. At the conclusion of the first discussion session, I overheard them exchanging e-mail addresses. On the first day of group presentations, I observed them meeting before class. The group's initial presentations were clearly articulated, and effectively presented. They answered the discussion questions and seemed to reflect the deliberations and consensus of their group, as I noted in their evaluation.

September 15 - Your group's understanding and definition of music therapy as an evolving construct and your observations about what your definition says about yourselves as a group were both insightful and clearly articulated.

In my personal journal, I mused that this group might be "the leaders of the pack" and wondered what drove them; was it the work of talented students, an early leader taking charge, or true collaboration? On September 23rd, I wrote the following in my journal.

Their response to define music therapy included a statement that their definition is individual and fluid through time, as they become more aware of what music therapy is about. I practically fell on the floor. I was blown away. What great insight! During this week's presentation, they deftly crafted a debate over the Bruscia and Kenny discussions about the process of music therapy. They clearly articulated the differences and briefly debated the issue. Each one had a copy of a single script. I'm not sure, how they're putting it all together, but they have done an admirable job.

However, the group's discussions for the week ending September 22nd seemed to have been more subdued, while their presentation suggested they had accurately interpreted and understood the assigned readings. By the following week, I noted that the group's presentation "seemed to lack the full integration and demonstration of group process that has been a strong characteristic in your previous presentations" (Group Feedback, September 29). After that evaluation, the group seemed to engage in more consensus style deliberations and clearer presentations. However, in the evaluation of October 20, I noted the following.

Discussion: You continue to approach the assignment with what seems to be an organized and systematic approach to answering the questions. I don't sense that there is much deliberation and that may well be because you all agree and that's fine. But I wonder if this lack of deliberation contributed to the quality of this week's presentation.

Presentation: I'm not sure if the difficulty with the presentation was related to your discussions on Wednesday, the problems with communications outside of class, or whatever. But I didn't get a sense that the

presentation was as well prepared as your group has been in the past. I'd be happy to discuss whatever the issue was with you.

In the following week's evaluation (October 27), I noted that the presenter had referred to "her beliefs," and I again wondered if the group was truly collaborating.

Conflict Emerges

The members of this group, using pseudonyms, were Ann, Beth, Mary, Renee, and Samantha. On October 23, I began conducting the second round of interviews. It was here that I gained an important insight as to what was actually going on in the group: The Task Masters were experiencing internal conflict that was not being resolved. The conflict surfaced during an interview with Tammy, who had visited the group for a particular class assignment. The conflict was clarified during subsequent interviews with Beth and Mary.

Tammy's interview was held on October 25. She was talking about how much she enjoyed the congeniality of her group in comparison to her visit to the Task Masters, who argued with each other. The tape recorder had stopped taping somewhere during this segment of Tammy's interview, so I purposely noted the following in my journal.

Apparently, one member disagreed with how something was going to be done, the other member stated firmly that it wasn't going to be done that way and was going to do it her way.

Beth disclosed and discussed the conflict with Renee during her interview on October 30. Beth reported that she and Renee had different ideas about how to respond to the discussion questions. Beth stated that she understood Renee's position, yet each time she attempted to make her point, Renee would not listen to her. Beth stated that she could tell Renee was not listening because Renee kept on talking and her voice got louder and higher in pitch. Beth stated that she stopped trying to make any points because she did not like to argue. Beth described her feelings in her end-of-semester report.

There was only one time where I felt that someone was not listening to me. It was obvious, and I could not help but feel offended and frustrated after her body language told me that she was angry with me.

Mary's interview was conducted on the following morning. She stated that she was "kind of frustrated with her group." As Mary and I discussed the group's interactions, she indicated that the disagreement or confusion emerged over the content and interpretation of the assigned readings. She said that the group then argued that there was not enough time to debate the content, because they had to figure out a way to develop the

presentation. Additionally, during this interview, Mary described the role that the recorder had taken in her group. In this group, the recorder was responsible for creating the Friday presentation. The group members were responsible for contributing their points of view, but the content and accuracy of the information that was presented was the sole responsibility of the recorder.

I reviewed the purposes of the consensus groups and the task of the recorder with Mary. I reiterated that the recorder was the note-taker of the group's discussion and that the presentation should reflect the group's process, especially the disagreements and how they were or were not resolved. Thus, the presentation was not simply about answering the questions, but it was also about discussing the process. Mary again stated that the group focused its energy and time into developing a presentation because there was not enough time in class to debate the content. In her end-of-semester report, Mary wrote the following.

As our group discussions and presentations went on, I became slowly frustrated and disheartened that our group would form a tight bond. It seemed that each time we met, there was one member of the group that had an unrelenting differing opinion. . . . This is an aspect of her personality that I respected and admire. However, in our group discussion when attempting to come to a consensus for our presentation, it was a thorn in my side.

Samantha also discussed the conflict in her end-of-semester report³².

At times, I would feel a member of the group was not happy with something. Personally, I would like a person to be honest, and not hold back what they are feeling. I feel if there is an issue, talk about it- and try to fix the situation. I only felt that this had occurred once. Although the situation was never talked about.

Thus, the conflict was put aside and unresolved. However, it affected multiple aspects of the group's development including cohesion, communications, trust, roles, and personal responsibility. Mary noted how she altered her style and typical group role in light of this conflict.

I typically take on a leader role in group settings. This group was comprised of many leaders and few followers. As a result, I took on a different role. I saw myself often as the mediator of the discussions. It was customary for one member to have an opinion on an issue, and another member of the group to have a contrasting viewpoint. I became mediator to help facilitate communication between the two viewpoints, and help each party really hear what the other was saying. This is not a typical role for me to acquire in a group setting, but as a lifelong personality trait, it is quite normal. I am one that is uncomfortable with disharmonious situations. I do my best to be the peacekeeper and create harmony and joy.

Noticeably absent from this discussion is Renee's perspective. However, she had chosen not to participate in the research study. By mid-November, she had stopped coming

³² Samantha's second interview was cancelled due to my family emergency and it was never successfully rescheduled. Thus, her perspective was not revealed until she submitted her end-of-semester report.

to class and ultimately, she withdrew from the university. Thus, there are no data to reflect her experience.

Within other group member's end-of-semester reports, Renee was described as a strong leader and a clear and articulate communicator. In Samantha's final interview, she stated that Renee had been the debater in the group, in that whenever someone-especially Beth-said one thing, Renee took the opposite point of view. Once Renee stopped coming to class, the debates stopped and the group changed.

Focus on the Presentation

During Beth's interview on October 31, I commented that her group seemed to be very task oriented. She responded that the group spent all of its time organizing how the material would be presented, but that they never had time to discuss the content. Thus, it was up to the recorder to go back and read or review all of the assigned readings and develop the presentation. She further noted that more than three-quarters of the material that was presented by the group came from the recorder, rather than the group.

I stated that this was not apparent in the initial presentations, and Beth responded that the recorders were "good, they're working hard, and spending a lot of time on

it." I asked her if she had any ideas as to how this situation could be remedied. She responded that "some people feel that they just don't have to contribute. I don't know why. . . . Maybe they're just not taking it that seriously or they don't want to."

On October 12, I wrote in my journal: "They are so task oriented. They work through the discussion questions methodically and develop answers. I think Renee is the *de facto* leader and really works to synthesize each person's opinion." However, based on the student's reports, it seemed that the focus of the orchestration and synthesis was on the structure of the presentation, not on the development of a collaborative response to the discussion questions. Mary noted the following in her end-of-semester report.

I would say that I worked hard to be sure our group completed the required work. In that sense our group worked well together. We were always able to complete the task at hand. Perhaps we bonded, and were somewhat cohesive in the goal directed structure of getting our work done.

Silence Emerges

During her second interview, Beth noted that in the group discussions, Ann was completely silent most of the time and had extreme difficulty in speaking in front of a

group. Although Beth was concerned about Ann's silence, she said that she understood it.

I just tried to remember that maybe she never had the opportunities that most of us had to develop skills needed to become an effective communicator. I believe that social skills grow and develop with age and experience, so maybe she just needs a little more practice.

Mary affirmed that Ann seemed confused or had difficulty understanding what was being said and in expressing herself. So, that much of the group's time was spent in trying to find out what Ann did not understand. In her end-of-semester report, Samantha noted that Ann was "always unclear in her opinions and points she would try to get across. And some days she would say nothing at all." Mary affirmed Ann's silence and was concerned that it had also an impact on the group's presentations.

She seemed to know what she planned to say in our presentations, it was written out for her. We discussed the presentation as a group before class began. Yet when it came time for her to speak in front of the class she 'froze.' She was unable to clearly communicate the thoughts and ideas of our group. I wonder what causes this blockage in her self-expression. It seems to be consistent in our group discussion times as well. It was clear to me that she had things she wanted to share, but was unable to express them in a way that we understood. It seemed that she often gave up and would simply say 'I don't know' or 'I don't understand.'

In my journal, I reflected on Ann's silence. I was concerned that she was being left out of the group's process because she seemed quiet during the group

discussions. In class, she persistently responded with a sheepish grin and a smile, followed by a soft-spoken, "I don't know."

Other forms of silence emerged as well. Beth observed that Mary seemed reluctant to speak and Beth noted that Samantha had concluded from this reluctance that Mary did not care about the group. Mary's perspective was different.

My personal role in the group changed throughout the semester. As I said before, I am typically a leader in group settings. With the presence of so many strong leaders, I stepped back and took the role of the mediator or peacemaker. I was strongly invested in the group and the class in the beginning of the semester. As the semester went on, for whatever reason I became less invested in the group process. It might have been just circumstances of business with other classes, and life schedule? It may have been as a result of my frustration with my group and their lack of cohesiveness and investment in our group? I'm not sure. I do take ownership of the fact that I became discouraged and less of an assertive group member.

Silence also came in the form of absence. Samantha was persistently absent or tardy and thus, somewhat silent. Mary stated both in her interviews and her end-of-semester evaluation that Samantha's absence clearly indicated that Samantha was not committed to the group.

Another component that added challenge to our group process was the absenteeism of one of our group members. At the beginning of the term through the middle to later part of the semester, she was frequently absent or significantly tardy. I felt like her absence from the group was a message that she was not invested in our group. The feeling that one member of a small group does not care about the group hinders a building of trust.

However, Samantha defended herself and stated that she believed she compensated for her absence through her out-of-class communications.

And even though I was absent, quiet [sic] a few time- I always contacted the person who was the recorder for the Friday presentation. Either through Email, telephone call, or seeing them in person and speaking with them. I missed class usual [sic] on Wednesday, and I only missed one presentation on Friday. But I knew it was important to discuss the material with them, so they weren't left with a lot of work to do, and because I wanted my thoughts to be presented as well.

Communications

Communications was another theme for this group. In her end-of-semester report, Samantha noted that she knew that communications would be a crucial component of the group's success.

I knew from the beginning, group work would involve a lot of time and good communication. I felt the group experience was a good way to learn about each other, and a way to develop the ability to communicate with other people.

Beth noted that this collaborative learning experience forced her to look at different social skills.

I am forced to recognize that this type of learning process definitely makes me look at different social skills such as communication, listening, and working as a team. These same social skills that are vital to group work are non-existent in the typical classroom setting where learning is an individual process.

Beth also considered that poor communications could frustrate the challenge of this collaborative learning process. "Life and learning can become boring if I am not always up for a challenge. A good challenge can sometimes become frustrating if communication is unclear or non-existent."

Mary expected that the need for strong communications would facilitate group cohesion.

During our first day of discussion, we left the class feeling that we had not adequately discussed the question to make a good presentation. We tried to find a time that we could all meet outside of class to discuss. The schedules of five busy college women did not mesh. In our discussion, I was excited to meet outside of class, maybe over coffee. I had hopes of our group bonding, and becoming friends.

However, as important as these students all said good communication was, it did not seem to occur. In her end-of-semester summary, Beth wrote, "the amount of information that our group members contributed just did not seem to be enough for the amount required for a group presentation." Samantha noted that the level of communications varied: "Sometimes we lacked the communication which we needed to complete our assignment. But, sometimes we had excellent communication and the assignment went smoothly." Samantha had also observed that Ann's silence inhibited group discussions.

Communication was also a factor when we discussed the material to try to prepare for a presentation. I felt that most of the group communicated very well about their feelings and knowledge on the subject, we were assigned to discuss. But, I felt Ann was always unclear in her opinions and points she would try to get across. And some days she would say nothing at all.

Regarding outside-of-class communications, Ann noted that "we would plan on emailing the recorder, but not everybody would follow through." Samantha suggested that e-mail communications could have been better "if we didn't wait until Thursday to send our comments. (we were all guilty of this, including myself) [sic]." Samantha noted her frustration at receiving these last minute, late night e-mails. Yet, she wanted to be sure to include everyone's opinion, as well as her own. She was particularly concerned that in the presentation, "I wouldn't get their opinions across the way they expected me to."

Thus, conflict and silence contributed to poor communications and became a source of frustration in developing the finished product, the group presentation.

Time

All of the groups expressed their concern and dissatisfaction with the amount of time that they had in class to discuss the questions and prepare for their presentations. Ann, Beth, Mary, and Samantha specifically

noted that they felt there was not enough in-class time to discuss the questions and develop the presentation.

Reflections on the Group Experience

Nonetheless, as a group these students reported varying levels of comfort and accomplishment from this collaborative learning experience.

In her end-of-semester report, Ann clearly articulated her need and dependence on authority and the subjectivity of the knowledge that she gleaned from her teachers.

One of the disadvantages of the group learning was that I felt that I did not hear enough from the instructor. I felt deprived of the knowledge and self-experiences that a teacher in a regular classroom would have shared with the class. A smaller part of me enjoyed the small group discussions more than a lecture. Their [sic] were a few times when the entire class engaged in a discussion, including the teacher. That was more productive and I learned a lot more that way than I did just discussing issues with my small group. The Friday discussions were fun and it was exciting to hear every groups [sic] presentation, but I already knew what the answers were to the questions because I already had them. Each group did add a few thoughts and contributions to the topic, but I did not feel that It [sic] broadened my knowledge of the topic a great amount after each week.

However, the socialization aspects of group work seemed to meet her psychosocial developmental needs.

I enjoyed getting to know the other members of my group. Being in my group with them for the entire semester gave me a chance to make some close friends in the class rather than twenty acquaintances. Also, working with the same people allowed me to feel

comfortable with working with them as the semester went on.

Although she directly experienced conflict in the group, Beth reported that this learning experience presented a challenge for her to use and expand her interpersonal skills. She recognized the value and contributions that others made, and she reported positive psychosocial benefits.

The viewpoints of Samantha and Mary usually differed from my own, and this was extremely beneficial. They always seemed to bring up a point that I had missed, neglected, or never thought about. These new ideas and points that other people bring up is very helpful. Reflecting on this aspect of group work, I find it to be the best one. Five minds together means much more information than one alone, and each unique mind and individual personality influences how that person interacts within the group. . . . I have become friends with Samantha and Ann, and I am very happy about that. If I had the option to re-live this experience or continue with it, I would. I would choose group work because it is challenging, it allows me to work on and improve my social skills, and its important benefits include new and different ideas that are helpful.

Initially, Mary looked forward to the prospect of group work.

I was relieved and excited to hear a class would not fit the mold that I had grown tired of over my four years at MSU. . . . As we were divided into groups I looked around the room in anticipation searching for the people I would be working with over the semester. I was under the presumption that we would be working closely by the look of the syllabus. I saw a few familiar faces, and some people that I guessed that I would work especially well with. Our groups were formed; I didn't recognize anyone in my group. I

looked at this as an opportunity to meet some new people, and hopefully make some new friends.

As her group formed, she recognized the diversity within the group, yet held her positive outlook.

It was clear from the beginning of our groups' [sic] creation; we were a conglomeration of many different viewpoints, beliefs, and ideas. Regardless of this odd mix, I was optimistic that this would prove to be a positive group experience.

However, she described having to vote one of the members out of the group as similar to the most intense moments on *Survivor*³³.

We didn't know one another, and were asked immediately to choose "who would leave." Feelings of uncertainty, uncomfortableness, and anxiety arose. Questions came to mind: Who would go? Do I want to go? What if they make me go? Fortunately [Maria] volunteered, relieving us all from the pressure of choosing. Unfortunately the person I was most excited to work with, was no longer a member of my group.

Mary's optimism continued until the conflict emerged. As noted earlier, she became discouraged that the group would form a tight bond, and adopted a mediator role. Yet, in her conclusion, she reported that she enjoyed the class.

Overall, I really enjoyed this class. I enjoyed having a nontraditional setting, and being able to discuss the material in class. I enjoyed that this class was so democratic. All of the decisions we made were done by the majority rather than a dictating instructor. I feel I got a lot out of this class. I feel that I know and understand the field of Music Therapy fairly well.

³³ Survivor was a "real life" network television program that was shown in the United States and brought diverse people together in survival living environments to see who would survive and win a large cash reward.

Samantha's report of her experience seemed to take a pragmatic approach. She highlighted each of the themes that emerged in the group; conflict, communications, the recorder's role, her contribution to the presentations, and time concerns. Although she commented on these various points, her reflections of her own experience only appeared in these closing comments.

Through this experience, I feel it has helped us develop a comfort level in which we are able to express our ideas and feelings with the rest of the group.

. . . In conclusion, even though there were concerns, I felt that the group experience went well in a class like this. I felt we developed a better understanding of each other, and I felt our group worked well together.

Summary

The group was clearly focused on creating their weekly presentations. An early conflict about how to structure those presentations went unresolved and affected the group experience. Rather than discuss the conflict, the group focused their discussions on structuring the presentations, altered their typical roles within a group, and made the recorder completely responsible for their presentations. Since the group believed that their individual grades depended upon the presentation, they worked to accomplish that objective and thus to earn a good grade.

Silence emerged in the face of this conflict and affected the group's interactions. Conflict between two strong personalities caused a third typical leader to withdraw and adopt a different role, in which others perceived her as being uncommitted. Another leader was persistently absent, or silent, and thus perceived as uncommitted. Finally, a soft-spoken member was clearly in silence (Belenky, et al., 1986/1997) and perceived as uninvolved or uninterested in the group.

The group's focus on creating a presentation was aggravated by their perception that their in-class time was insufficient to effectively structure their presentations. Their conflict seemed to be based on whether to invest that time in discussing or debating the content of the material or to create the presentation.

Nonetheless, the students in this group reported positive outcomes from this learning experience. Specifically, the members enjoyed the opportunity for socialization and friendship, becoming aware of another's perspective, sharing in decision-making, and feeling comfortable enough to express their own ideas and feelings.

Discussion

The several themes that emerged described the student's perceptions of the class experience, the collaborative learning experience, their intellectual and personal development, and the interpersonal relationships that unfolded. It is the interrelationships of these themes that contribute to the difficulty in presenting and discussing qualitative data in a manner that is clear, concise, and meaningful. However, it is apparent from these interrelated themes that developmental processes affected this group's participation in collaborative learning.

The Developmental Perspective

Milgram-Luterman (1997) described the "novice music therapist" as someone "dedicated more to figuring out how to obtain good grades and pleasing the teacher than they are to learning and personal growth" (p. 126). This focus on doing whatever it takes to get a good grade is also characteristic of basic dualism (Perry, 1970/1999), in that there is a perceived correct answer and the student's task is to retrieve the answer from an authority source and thus become knowledgeable. The predominant theme for the Task Masters was their focus on creating presentations that merited good grades.

In the context of this achievement focus, the conflict that emerged was based on differing opinions as to how to accomplish that goal. This conflict drove the development of group cohesion and group process. By tacitly agreeing to avoid the conflict in any way, silence emerged within the group and drove the group to "Retreat" (Perry, 1970/1999).

As one of the alternatives to growth, retreat is an entrenchment in dualism and it requires an "enemy," whether that enemy is the instructor or another group member. Thus, one position is right, the other is wrong, and the battle wages on. In this retreat to dualism, the group found cohesion and organized its processes. In order to achieve cohesion as a group, some mechanism(s) must be engaged, or some area(s) of agreement must be identified. Thus, conflict set the stage for the group members to agree to retreat, avoid true collaboration, focus on creating the product, and join together to achieve their perceived objective of a good grade.

The retreat was reflected in a collective silence that manifested itself in several ways. Beth chose to avoid the conflict that she was confronted with. Mary changed her 'typical' group role and tried to be the mediator. Samantha perceived Mary's response as a withdrawal from the group, and Samantha's absence from class kept her out of most of

the conflict. With her limited participation in group discussions, "freezing" during presentations, and dependence on authority, Ann clearly had not yet recognized her own voice and was operating in Silence (Belenky, et al., 1986/1997). Renee's departure from the class--although it was most probably for reasons beyond the group conflict--removed herself as either the enemy or the protagonist. Yet, her departure was late enough in the semester to have already set the group's dynamics in motion.

This collective retreat to dualism also required that somebody in the group had to take responsibility for making sure that the group achieved their intended outcome, a good grade; the recorder filled that role.

The Group's Experience

Although the members of this group were all women, they seemed to have a certain amount of heterogeneity in their personal characteristics, and this was recognized by some of the members in their end-of-semester reports. Although only three of the five Task Masters completed the MBTI, two of those three members reported developing a friendship over the course of the semester. Their MBTI's were ENFP and INFP. The third participant was ENFJ. Again, a discussion of the full impact of the MBTI profiles is beyond the scope of this dissertation.

The group clearly focused on trying to assimilate correct answers, rather than work towards membership in the music therapy knowledge community. The specific rationale behind this is unclear, if there is any. Perhaps it was their individual entrenchment from previous learning experiences. Perhaps it was in response to the withdrawal of the teacher's authority. Perhaps it was couched in the "performance experiences" of musicians. Clearly, it was related to the emerging themes of conflict and silence.

In the face of the group's collective retreat to dualism, they seemed to remain dependent on authority and were not able to move towards the interdependence phase of collaborative learning (Bruffee, 1999). The "ritual combat" (Imel & Tisdell, 1996) permitted them to resist changing and moving towards collaboration and facilitated some limited socialization--albeit fractionalized--among select group members. The group's failure to resolve their conflict drove their group processes and focused their attention to creating good presentations and achieving a good grade.

CHAPTER 6

THE FIVE AMIGOS

This group began with four students on the first day of group discussions. Using pseudonyms, the group included Miranda, Matt, Sarah, and Sylvia. Mandy had been in a group of three students and chose a number that reassigned her to this group. Thus, the Five Amigos were Mandy, Miranda, Matt, Sarah, and Sylvia.

Almost from the beginning, this group seemed to come together in a social atmosphere that was supportive and nurturing, as noted in Matt's end-of-semester report.

I felt bad for missing some of the classes, but I kept in touch with the members of my group and let them know what I was up to. They were extremely forgiving and supportive. This seemed to be a common theme among our group members. Everyone was understanding and considerate of other group members.

Comments about the social and friendly character of this group permeated their end-of-semester reports and their interviews, and it was apparent in their group discussions.

The Social Character Emerges

There seemed to be some shyness in their first group discussions, but by the second discussion session they seemed actively engaged. Their first group presentation included the individual comments of each group member, and

thus highlighted each student's different perspective. In their presentation for the week ending September 22, they not only included different perspectives, but also added reflective comments about the material. For their evaluation, I wrote the following:

Presentation: Your presentation was clearly articulated and well presented. There was a good balance between reporting on the material, personal comments and reflective thinking. Your recognition of the differences in language between Bruscia and Kenny was very astute. Language and interpretation are critical issues towards understanding any debate.

Noting that Kenny seems to be asking more questions than giving answers, was another good observation. Her work is all about her search to understand what it is that we do and what this music therapy process is all about. Her questioning approach reflects where she was in 1989. Moreover, it suggests that there might not be any clearly definable answers and that ultimately the outcome is the same whether one views it through Kenny's lens or Bruscia's.

By the week ending September 29, I felt that the group was engaged in collaborative work. In their evaluation, I noted that "it was evident that there was space for each member to be present and participate in the process."

However, on October 11, I noted that their discussions seemed to be "loosely organized, yet highly sociable." In their end-of-semester reports, the students noted that this social character facilitated their collaborations.

Miranda: In the beginning of the semester, all of us were very concerned in doing well on the group presentations on each Friday. Everyone has a general hard working attitude and cares about meeting the deadlines and shows concern for everyone doing his or

her part to put together the final project. And don't get me wrong, that attitude didn't change entirely, we just became less tense and more relaxed about the process.

Mandy: As the year went on, we became more comfortable with each other, which made our discussions flow better. We understood each other and were able to get things done quickly if the need arose. Being comfortable together was not without its pitfalls though, because it was easy for us to get off track and talk about different things. I never thought this was all bad, because it showed that we were connecting on things besides just what we were forced to talk about.

The group members seemed amazed and pleased that the group came together as it did. Sarah and Miranda explored possible rationales for the group's connection. Sarah noted that Matt, Miranda, and she had each traveled and spent more than four months outside of the United States. Sarah also noted the similarities in their majors; Music Therapy, Studio Art (Art Therapy), and Psychology. Miranda suggested it was their similar interests, especially music that brought them together.

We seemed to have so much to talk about, and I think that is such a lovely thing to blend so well with four other random people in your class. I think it is quite ironic how certain people connect and others don't. I was on a trip overseas with the same 10 people for four and a half months and I get along with some of the members in [my] group better. I think this is due to similar interests. Honestly, I think that music brings certain personalities together.

In addition, Sarah noted that this social cohesion facilitated other in-class opportunities to strengthen their connection with each other.

Another aspect of the groups that I noticed towards the end of the semester was that we generally sat together in our group even when we weren't discussing or presenting. This was not true of everyone in the class, but I noticed it about our group this past week - that we had been fairly consistent in sitting near each other. This meant that during most of our experientials in making music as a class we were close together, and natural partners if that's what was needed at different times. This undoubtedly brought us together in another unspoken way that grew as the weeks went by. Making music involves so many feelings that are not articulated, and they don't always need to be because they are expressed in the music. I know for myself, generally sitting close to people I felt relatively comfortable with contributed to my decreasing inhibition during the sessions where we played music as a class. I never really considered that aspect until right now, but I think that it was very positive.

By the end of the semester, the Five Amigos considered themselves as close friends.

The Loss of Sylvia

The most significant event in this group was the loss of Sylvia. She had been a dynamic presence in the group until late October when her attendance became sporadic. By mid-November, she stopped coming to class altogether. The group members attempted to contact her several times, but there was no response. One student included the following comment in their end-of-semester summary.

The lack of closure on this issue continues to bother me-and definitely has the group concerned. . . . I believe she counted us as her friends, even though we knew her for a short time. Perhaps that is why there is an unresolved quality of feeling that I have about her leaving.

In the following semester, I learned that Sylvia had withdrawn from school.

In the beginning of the semester, Sylvia tended to drive if not dominate the group's discussions, and not always productively. In their end-of-semester reports, each of the remaining members commented on her presence and contribution.

I wouldn't say she was the group leader, but she was an extremely dynamic presence-from day one. . . . She was always the one who wanted to add a piece of information during the presentations, no matter who in our group was presenting.

She was a spirited individual, who at times brought a lot of joy to our group. However, our group seemed to accomplish a lot more when she was gone.

Sometimes she would go off on tangents, and it would be hard to get her concentration back. But when she was actually concentrating, she had good things to say.

We were always on task, but the discussion tended to drag on past the point of productivity.

Her departure triggered definite changes within the group that was now "The Four Amigos."

The loss of Sylvia did disrupt our group's chemistry. She provided a good deal of structure in the group and made her opinions known. She had kept us on task, so after she left we worked our group projects slightly differently. While she was there we tended to let her

voice be heard but we would end up discussing one or two questions for the entire hour. . . . After Sylvia left, we got more done in class and used less e-mail but the discussions were not nearly as thorough.

Sylvia did not submit any written work related to her group participation or evaluation, so her perspective remains unknown.

Gender

Another dynamic in this group was Matt, one of only two male students in the class. Miranda noted that his presence and participation contributed to the successful coming together of an otherwise all-female group.

I think one of the reasons that our group is so successful together is the fact that we do have a male in the group. It seems like other groups don't seem to have as much to say to each other. The male dynamic makes the group more interesting.

Mandy echoed this statement during her second interview, and in her end-of-semester report, she described Matt as "naturally funny and fun to be around." Additionally, she noted that Matt "always had good insights to add to our discussion." Even though Matt was absent a lot, this group seemed to allow and accept his absence.

Even though Matt missed quite a few classes, he genuinely cared about the group and our workload and called and emailed us frequently. Our group was a lot different without him. Definitely less jokes and chatter. Even though Sarah, Mandy, and I got along very well, it was just more fun with the sarcastically funny Matt there.

The Recorder's Role

The recorder's role in this group seemed to be defined similarly, but differently from the Task Masters. Both groups considered the recorder as being totally responsible for the group's presentation. Yet, the Five Amigos seemed to offer more support to the recorder, while the Task Masters seemed rely on the recorder to do it all. For Sarah, the recorder role offered an opportunity for in-depth research.

I liked the recorder - presenter approach to classes on Fridays. And yes, during the week the person that was going to be presenting did a little more work than anyone else. But here's the thing, not much more work, just a little bit. During the week that someone was presenting they went a little deeper than perhaps anyone else did in the information, because let's face it - that person was the one on the line - they were out there speaking in front of the group. I don't think there's anything wrong with a little peer pressure to perform. I know that I came away from the weeks that I was presenting feeling like an expert. I also know myself well enough to know that there is no way I would have had the time or energy to go to that level of study every week. So, in a way this aspect of the class brought a kind of pacer to the group, in my opinion.

Reflections on the Group Experience

From the comments during the final interviews and end-of-semester reports, the social character of this group seemed to provide an environment that facilitated the development of trust, cooperation, and collaboration.

Mandy: Working and learning in the groups the way we did was the last thing I expected to do when I walked in this class. I had expected more of a lecture format, just taking notes for an hour. But instead of learning from the professor, pounding things into our sleep deprived brains, we were forced to actively take part in our learning by working in groups of four or five of our peers.

I am now a firm believer in the fact that we learned much more from this format than we would've from a lecture. We all had individual learning to do: reading the books. Then we brought what we learned to class and combined it to become a much bigger pool of knowledge within our groups. This allowed the whole class to walk away with an understanding of the topic, instead of each person taking home what they thought was going on, and maybe not being sure of it.

Working in the groups also allowed us to connect with people more than we might have in a lecture setting, where it's every man for himself. Here, we had to learn to trust, because part of each person's grade relied on contributions from his or her group members.

And just talking to these people every class period helped build bonds that go above just the academic level. After a while, we weren't just interested in each other as part of our grade.

Matt concluded that he "came away with a more detailed outlook on myself and several enjoyable experiences."

Miranda observed that the group was a "good fit" and that the best part of the group was the people.

We started off the year collaborating ideas equally participating and sharing the workload between ourselves and basically ended it that way. I really feel as if the group work helped my overall understanding and performance in the music therapy class.

Mandy stated that she had some initial anxiety about this learning methodology, but that it was resolved.

Taking all of these different personalities and combining them could've been a disaster, but it wasn't. It worked very well to enable us all to learn more about music therapy. Overall, my experience of working in the group was a good one. Our personalities matched well, and allowed us to connect on other levels besides the academic level. Group work taught us to trust each other. Mainly, and maybe most importantly, it helped us to create a large body of knowledge that would've been impossible for any one of us to get on our own.

Sarah reflected on the transformation of the group through this experience.

It is interesting to reflect back to the first day of class when we were all sitting in the big circle, counting off to see who would be in our groups for the semester. We have come so far as a class in my opinion - in terms of our understanding of music therapy and also our level of comfort with each other. It's difficult to think back to September and evaluate how that growth developed - or exactly when. It's also interesting to analyze how our group developed from five strangers in a class - into [the Five Amigos].

Miranda concluded: "Our group was fantastic and we worked excellent [sic] together." Thus, the Five Amigos recognized that through their personal and social connection, each member of the group contributed to the process and benefited from the outcome.

Summary

The social character of the Five Amigos emerged as the dominant theme in the data for this group. Within this context, additional sub-themes emerged such as comfort, trust, support, cooperation, forgiveness, and respect for

each other. The members of this group seemed to accept personal responsibility for their learning and their roles within the consensus group.

The loss of a group member and the presence of a male in the group impacted the group in ways that were clearly noticeable.

The apparent outcome for each member of this group was a positive and meaningful social experience that facilitated interpersonal and intrapersonal learning.

Additionally, four of the five members of this group completed the MBTI. Three of the members' types were ENFP and one was INFP. The consistency of the NFP type in this group may have also impacted the development of this group's social context.

Discussion

Several factors seemed to come into play that facilitated the development of interpersonal and intrapersonal relationships within this group. Although this analysis is not intended to fully examine the heuristic character of the group, several possibilities present themselves.

The presence of Sylvia in the group seems to have united the group in its acceptance of who she was, and as a

member of the group. The presence of a male in the group seems to have created a certain dynamic that contributed to the social character of the group.

Although the group members never acknowledged it, I had considered that Sarah might have provided a stabilizing force that may have gone unnoticed by the group. If she was absent, the group's interactions seemed to be more directed or at least influenced by Sylvia, and, as noted by the other members, the group was not always as productive. It seemed that Sarah, might have set the tone for the Five Amigos' developmental perspective.

The Developmental Perspective

Sarah was 30-years old. She already held one bachelor's degree and was pursuing her music therapy equivalency degree. Throughout her coursework, Sarah demonstrated a sophisticated level of reflection-in-action (Schön, 1983) in which she reflected upon the actions and choices she made, as she made them. Sarah seemed to reflect the characteristics of the adult stage of "Generativity" (Erikson, 1983) by expressing her concern for and focusing her attention toward her group members. Her sense of "being in her life" and not only reflecting upon, but adjusting to changing situations typified the ninth position of intellectual development (Perry, 1970/1999). In both her

work and in her decision to pursue a new career in music therapy, Sarah seemed to demonstrate a level of constructed knowledge as described by Belenky, et al. (1986/1997). She seemed to be making an "effort to reclaim the self by attempting to integrate knowledge [that she] felt intuitively was personally important with knowledge [that she] learned from others" (p. 134).

Her personality seemed representative of the fifth phase in the Milgram-Luterman (1997) model, "Integration of Experience into Self" (see Table 2, pg. 96). Although she was still exploring music therapy, she nonetheless was beginning to "formulate a personal philosophy of music therapy." She was clearly committed to "finding and applying more objective, concrete ways to learn and express knowledge." She considered herself as a thinker and was endeavoring to expand her self-development. She had adopted an "attitude of excitement, discovery, or flow and a disposition of expertise."

Sarah's presence in this group seemed to set the tone for the other members to allow and accept each other and establish the interdependence and interactions that were essential for collaborative learning (Bruffee, 1999). The other group members seemed to follow her lead, yet probably did so because of their own psychosocial development needs

for intimacy and stability. However, when she was absent, the group seemed to resort to more basic socialization experiences and processes.

Sarah, Sylvia, and Matt had the same MBTI types, ENFP. They each brought a distinctive dynamic character to the group that seemed to invite, engage, and encourage Mandy--an INFP--and Melinda to form this group of friends.

The Group's Experience

Sarah's presence in this group could have facilitated the group's transition from dependence on the authority of the instructor to a comfortable level of interaction with each other and thus interdependence. This comfortable social interaction facilitated group cohesion and identity factors that brought them into a level of shared experience that was most clearly demonstrated in their concern for the loss of Sylvia.

The cohesive nature of the group was based on the acceptance of individual responsibility for the contributions they each needed to make and their learning in general, not just for their grade.

Mandy: Here, we had to learn to trust, because part of each person's grade relied on contributions from his or her group members. And just talking to these people every class period helped build bonds that go above just the academic level. After a while, we weren't just interested in each other as part of our grade.

In this context, the group came together and seemed to successfully engage in a collaborative learning experience.

CHAPTER 7

THE QUIET ONES

On the first day of class discussions, this group only had three members. As I noted in my journal, the groups had somehow become reorganized from the original assignments that I had made. With 21 enrolled students, I had hoped to have four groups of five students and one group of six students. However, there was one group of seven students, two groups of three students, and one group of four students.

Using pseudonyms, the members of this group were Alice, Barb, and Mae. Alice and Mae were from Japan, and Barb was from the United States. As the other groups began their discussions, this group seemed silent. I also noticed that Barb's face had a rather distressed or worried look (affect).

On this first day of group discussion, I reorganized the groups, so that each group would have approximately five members. The Task Masters had seven members: I asked if one of their members would mind switching to another group. Ultimately, Maria volunteered, and I assigned her to this group. Maria said that she thought that Karen was also a member of this group, but that Karen was absent that day.

Thus, the members of this group were Alice, Barb, Karen, Mae, and Maria. As Maria joined the group, she asked for additional copies of the discussion questions and seemed to direct the group in a quiet discussion. I assigned them the name of the "Quiet Ones" as a reflection of their overall character.

Cultural Context Sets the Tone

As I conducted the first round of interviews, Alice and Mae helped me to understand some important cultural and language differences. One underlying cultural context was the Japanese concept of "beauty," as Mae noted in her end-of-semester report.

People in Japan are fairly reserved. It is even a part of beauty in Japan not to speak too much about yourself. Of course, that was not my intention in the group, but this idea has been taught to me ever since I was a child; it is unconscious behavior that comes out naturally.

Alice noted that the learning environment in Japan was significantly different. In the course of the interviews, she clearly articulated the cultural relationship between the teacher and a student in a Japanese classroom. The cultural context of "respect" for elders, authority, and other people set the tone for the student-teacher interactions and their relationship, so that their roles were clearly defined.

Actually, I didn't get used to do discussions and presentations in the class at the beginning. Because we weren't accustomed to doing discussions and presentations. We usually sit down in the class and listen to the lecture. We seldom talk in the class. I was surprised that American students have their own thoughts, and express them confidentially [sic]. I was not confident to speak English, so I was nervous to speak up at the first time³⁴.

Additionally, the language differences posed a significant obstacle for Alice, not only in translating the words, but also understanding the words within a cultural context and in an unfamiliar discipline. Thus, in this new learning environment of music therapy and collaborative learning, she was unsure of what she was talking about and therefore, unsure and insecure in her ability to communicate in English, and thus reluctant to speak. She was afraid to say anything that was wrong or incorrect. However, Mae observed that Alice had much to contribute.

She was quiet in the group. I think it was mostly because she could not keep pace with the others in English. However, when we speak in Japanese, she has many interesting thoughts and ideas to share with me. She is also more experienced than most of us in the group.

Trust, Insecurity, and Understanding

Developing trust was another issue that contributed to the group's difficulty with discussion. Mae noted that "it

³⁴ Alice's difficulty with English was also apparent in her written communications so that her written work is presented throughout, as she wrote it and without editorial notation for accuracy.

takes a long time for me to really express myself to anybody other than those whom I trust, or who are actually interested in my opinion." Alice noted that she did not know her group members very well at the beginning of the semester. Karen observed that there were some initial difficulties in the group.

Our first couple of group discussions did not go very well. I think we were all being a bit shy. No one seemed to want to share their ideas, and when somebody did, we all just agreed. No one was daring enough yet to state an opposing view, if they had one. I am not normally a shy person, but I felt there was a bit of tension and awkwardness in our group during the first couple of discussions we had. I didn't feel ready to share my ideas and opinions yet with people I didn't know. I think these were all natural feelings for me and the other group members to have, but the problem was that our group grade was being affected. We soon realized that sooner or later, we would have to open up and have more productive (and comfortable!) discussions.

There was a feeling of insecurity in approaching the unfamiliar topic of music therapy, and, as Mae observed, that made it difficult to understand the material from the assigned readings.

We had a hard time figuring out what to talk about even though there were certain questions. I think a part of reason was because we didn't have a clear understanding of music therapy, which was fairly new to us. We were very insecure about what we were talking about. I think we often used words like "Well....I think so but I don't know..." "I have no idea what he/she (author) is talking about in this book..." "I don't know...I really don't know..." We were often stuck and didn't know what to say. It was hard to keep going when we didn't have a clear understanding of what was said in the book. We often

just read the questions and looked for the answer in the book rather than discussing our opinions. We were not ready to discuss our opinions yet, rather still struggling to understand what our assigned reading was all about.

Additionally, two members of the group reported during their interviews that they did not enjoy confrontation, and did not want to come across as being "bossy" or as a "know-it-all." Thus, insecurity, not understanding the material and the language, and a level of shyness confounded the group's initial discussion efforts.

A Divisive Threat

On September 20th, I observed this group interacting in a manner that clearly upset me. In my previous studies of family therapy, triangulation was a key concept for understanding a family's structural organization and interpersonal relations. In structural family therapy (Minuchin, 1974), three members of a family would form the structural core--the triangle--of the family system and thus, the remaining members of the family were left to form other alliances or relationships outside of the main family. On September 20, I observed the three Caucasian students engaged in discussion that had clearly isolated the Japanese students, and, in my opinion, threatened the group's development.

The group's seating arrangement clearly reflected this divisiveness as the three Caucasian students huddled together and engaged in active discussion, while the two Japanese students looked in their books. The incident created a serious conflict within me, as the researcher and as the instructor.

9/23 - I'm afraid that if I don't intervene soon the group will revert to a three-person group with two outside observers. Yet, it's the group's responsibility to work through this. I don't want to save them from themselves and I wonder if I'm placing my own values about collaboration unfairly on them. So what, if they don't want to collaborate. So what, if they want to remain prejudicial or exclusionary or whatever. I know that will not serve them well as clinicians, but we each also have a right to say and express what we don't want to do as well as participate in a collaborative group. This will be tough.

9/24 - Well, I've been agonizing over the group's lack of cohesion. The video clearly showed that neither of the Japanese students were involved in the discussion, nor were they invited to comment on any of the issues. So, I was drafting an e-mail to the [dissertation] committee to talk about it and then thought that I may have missed an important piece. Perhaps one of the students was serving as the recorder. If that was the case, it makes perfect sense that she was not involved in the discussion. However, she was absent on Friday, . . . I think I'll find out if she was in fact the recorder before I assign the grade for their discussion and then set meetings with some [dissertation] committee members for supervision.

9/25 - I talked with one of the Japanese students. . . . She was not the recorder on Wednesday. I talked with her further about the group's interactions and she acknowledged that it was hard for the two Japanese women to speak out. It is a cultural issue. I told her that each member of the group was responsible for not only speaking out, but also for creating a space for

each member to participate. She asked me if I wanted her to say anything to the other members and I suggested that for now, we not do that. I talked later in the day with Colleen about my concerns: 1) The group seems clearly divided based on cultural issues, to the point that the two women seem to be consciously excluded from the discussion. 2) The cultural backgrounds, differences, and possibly preferences clearly contribute to this discrimination. 3) The purpose of collaborative learning is to bridge these relationships by allowing for collaborative discourse. 4) If I intervene with the great-equalizer, a.k.a., a grade, will I not in effect be effecting the results of the project and the democratic rights of these individuals to remain culturally distinct by trying to force collaboration on people who don't really want it. 5) Or, is this a case of the instructor knows best and by George these students will collaborate, or else. 6) Or, is it a case of evaluation, just like in any class, the expectations are that in order to get a certain grade you have to participate in group processes, if you don't, for whatever reasons, then you don't get the highest grades.

I decided to use the group's evaluation--the power of the grade--to send a clear message that this type of interaction was not acceptable. I gave them three out of five points for their discussion and wrote the following evaluation for that week.

From my observations, the discussion seemed to be centered and directed by only three members to the near exclusion of two other members. It is important for the group to work together towards cohesion and inclusion. This requires willing participation and encouragement from each and every member of the group. It requires asking each other to state positions, clarify points, and then to be as clear as possible when articulating that position. This goes beyond simple responses. It requires creating an open environment for dialogue so that each and every voice can be heard and honored during the group's discussions.

The group responded immediately. The following week, their discussions seemed much more inclusive. The seating arrangement was changed so that the group was not divided and the entire group seemed to be engaged in discussion.

By the end of the semester, the group's relationships transformed, as evidenced in these comments from summary reports.

Alice: I really appreciate my group members, because they are so helpful even though I haven't contributed to the discussions so well. . . . Doing something with members together helped me communicate with them more than before.

Karen: I also had the chance to talk to [Alice] outside of class, and do some volunteer work with her. I am really glad I got to know her better, it was fun to talk to her about Japan and tell her things about America.

Mae: I feel like we have started building relationships as a group. Now, I have a stronger feeling of togetherness with these four people I worked with.

In her final interview, Maria noted that she had really come to appreciate the contributions that Alice and Mae had made to the group and how accepting they had been of her. However, for Barbara the cultural differences seemed to be a barrier.

I think that having two culturally different group members introduced the remaining three of us to the role of an educator relatively quickly. We were forced however, to focus much of our time on language syntax and the like and much of the time the class material fell second. I think that we also had fewer

interactions between all group members due to this language barrier.

Barb's overall experience in this course seemed to be distinctly different from the other students and therefore, it is presented separately.

The Case of Barb

During the second interview, Barb expressed her concern that she did not believe that I was presenting enough "instruction" for the class. She stated that this approach to teaching might be appropriate for a graduate level class, once the students had an understanding of some of the basics about music therapy. She noted that, although she did not know what the information was, she was sure that there was basic information that the students should be getting from me, so that they could understand what it was I wanted them to get out of the class.

Barb: Like, what do think the goal is for our class?

Me: What do you think the goal of this class is?

Barb: I have no idea. (pause) Because, I see you, like. Like, from what I have . . . From what I have participated in. I guess. It's more like, a facilitator. Like, it's almost like, because you just give us the chapters to read and then ask the questions. It's almost like a substitute teacher.

As the interview continued, Barb additionally noted that she felt she was not learning about music therapy from

me. She stated that she had the book information, but that she was not getting that much from her group because most of their time was spent trying to translate the discussion questions for Alice and Mae.

Me: So you have very little information from the group. You have no information from me. . . .

Barb: Right, and I take what I read from books and hope that helps, and that that's enough.

Me: And hope and pray that that's it.

Barb: Yea.

Me: OK. . . . And then do you take information from [Maria] and [Karen]?

Barb: Yea, definitely. And I take what [Alice] and [Mae] think and understand. But most of the time in our group, I'm not quite sure if they're translating our words.

Me: And then, you have to help them get that.

Barb: Yea.

Me: And is that learning for you?

Barb: It's learning for me, but it's not learning about music therapy, at all.

Me: It's just learning about that?

Barb: Yea.

Me: And the things that your talking about, in terms of the translating: Is it helping you to better understand the things that you should learn in music therapy? Or, is it just helping you to get to a solution?

Barb: I think just the solution.

Me: So, again we come back to what you're stuck with. What you're feeling stuck with is, basically, you're reading what you think you should be getting out of the book. But you're not really sure if that's right.

Barb: Yea.

Me: Because I'm not telling you what it is that it needs to be?

Barb: Yea.

Me: Is that right?

Barb: Right. And it'd be fine, like. It would totally be fine if I never had to take a test on it, or if I didn't have to report back on it. Like, if I was just. Like, say I'll go and read things about, you know, politics or anything that I want to learn about for fun. But, you know, I only have to take away what I want to take away. And, what I feel like,

Me: And, you're not gonna get tested on?

Barb: Yea. Like now, it's just,

Me: Your grade's on the line.

Barb: Yea. And I'm trying to get into graduate school. (laughter)

Me: Now, we come down to the thing. That GPA is in jeopardy with this class! (Barb continues to laugh) . . . If we could take away that pressure, would you feel better about what's happening in class?

Barb: Uh huh! (laughing)

Me: If I could guarantee that [Barb] will definitely get a four point, you'd feel better.

Barb: Yea, I probably would feel better (continued laughter).

It became clear that, for Barb, getting into a top graduate school required a good grade in this class: She stated that she hoped to get a 3.5 or a 4.0 in the class.

In her end-of-semester summary, she expressed her concerns for her own learning, as well as for her classmates, and offered critical commentary of the course. Because of its tone, content, and perspective, it is transcribed below.

I think that structuring a class in collaborative learning format is an excellent idea, as long as it is done in a manner that will facilitate the most learning allowable. I believe that the method of learning from others and drawing on experience truly takes learning to the next level to encompass the application process. When collaborative learning is rightly facilitated one will learn materials that they take away from readings and in turn from each individual in their group. This group learning will encompass not only the syllabus material, but also experiences of others [sic] culture, age, gender, life knowledge, and etcetera as well. This type of learning can be thought of as the most promising because it can incorporate the strongest form of learning: imitation. Collaborative learning has the potential to greatly increase the factual experience one can gain from class sessions and required reading materials.

However, if collaborative learning is not accurately facilitated, it can be harmful in the learning process of class syllabus material and may even hinder this material while focusing on other issues. More so, if no one from the group brings with them to the group material to be decidedly learned for the class all school related or syllabus required education might be lost. This may not hinder the actual life, cultural, and age etc. knowledge that may be gained from the group experience, but it may prevent the student from gaining enough of the acquired knowledge to either be ready for the next course level or to do well in the following course of advanced material. This is not to say that the

educational material is by any means as important as life lessons and cultural/ethnic, or age and gender lessons learned, but it does introduce the question of: is this class that students are paying money for preparing them for the next course they have to take and in turn is it hindering them from be [sic] the best (in this case) Music Therapist because the academic material is being overlooked?

As for the actual group work/collaborative learning that I experienced in my group, I would have to say that the cultural and age lessons that I learned were by far the most important and outstanding in contrast to the academic. I think that having two culturally different group members introduced the remaining three of us to the role of an educator relatively quickly. We were forced however, to focus much of our time on language syntax and the like and much of the time the class material fell second. I think that we also had fewer interactions between all group members due to this language barrier. (This of course is when we were actually presented with enough discussion time, which definitely was a rarity.) Having to do much of our own discussion by e-mail also seemed to present a barrier in both the actual life experiences we were able to learn as well as the academics we were able to truly discuss.

I think another hindrance to our overall knowledge gain was the problem of us not having much to go on when dealing with the actual syllabus material. Although we all read the material, with no outside help from our leader (teacher) much of the time we were at a loss or frantically looking up pages in our book so that we could reread them and try to piece together what we thought might be right. Most of the time we wound up concluding that we were not sure.

Although much of the time we were not quite sure what to report, I think that our group did a good job in our presentation of the material that we thought may be important. I think that we worked well together and that if we would have had more time to discuss, more time to work on language, and definitely more academic and educational knowledge given to us from our teacher, much more could have been taken away from this class. I do not know what the next course in this major entails so I can not report on if I think that I have learned enough about music therapy to go on to the next course, but frankly I hope that the rest of my classmates have. I think that the actual process of

collaborative learning could have been better facilitated in our class. If so, I think that much could have been learned about not only life lessons, but music therapy as well.

Reflections on the Group Experience

Barb's perspective was considerably different from that of her group members as reflected in the outcome statements of Alice, Karen, Mae, and Maria. Alice noted that working collaboratively helped her to learn to communicate better with her peers, and to feel more comfortable speaking in English.

I realized it was important to speak up so that I communicated with classmates, otherwise I may not be able to have chances to express myself. I think most important thing is not how I speak, but what I speak.

Alice also appreciated learning about her peers on a personal level, and their acceptance of her in the group. She noted that e-mailing helped her to reflect on the material more, yet she would have liked more time to discuss after e-mails. Alice concluded that the experience was good for her.

To have many chances to do discussions became good experience in my life. It was also good to know each group's ideas. Sometimes each group has totally different ideas, sometimes each group has similar ideas. We respected each group's ideas. I think we have known each other through discussions and presentations in the class. It was also interesting to know something from other major people.

Karen's experience seemed to reflect the positive aspects and aspirations of collaborative learning.

Through all of my past learning experiences, I have discovered that I enjoy classes that are discussion based, in which class members present, exchange, and discuss different ideas and issues, rather than lecture based classes. I feel that I learn better when working in a group. By working in a group, not only will I be expected to know the material being discussed, but I will also have to share my own opinions and ideas on the material. Also, I would gain insights and ideas that I hadn't thought of before from other group members. I think that students learn much more by working in groups than they would on their own. I know that the information, ideas, and experiences I am leaving this course with are only partly due to what I read in our textbooks, and are mainly due to my experience working in a group with [Alice], [Barb], [Mae], and [Maria].

Hearing what other groups had to say was also beneficial; oftentimes other groups came up with ideas we hadn't thought of, and sometimes what they said reinforced our group's ideas. I also liked it when we had classmates from another group join our group. This brought in even more ideas, and changed the dynamic of our group.

Working with four other people gave me ideas and insights about music therapy that I may never have come up with on my own!

As Mae reflected on her experience, this class seemed to trigger a personal transformation. For Mae, learning to trust her group members, establish a relationship, and share with them provided an emotional and intrapersonal breakthrough, or at least, a small step in that direction.

I want to be myself and express my true feelings. I know I am a friendly person who is able to express myself. It will take time to go through this transition. I think I took a good step in this class, but it was only one step.

. . . I think there was an extremely interesting theory behind this learning style. I was able to interact with my classmates and learn about them on a deeper level. I learned their different views, how they were different from mine, and how they interact with different people. There are many different learning styles and each one works differently for different people.

And finally for Mae, it seemed that this--her first class in music therapy--helped her to affirm her commitment to becoming a music therapist.

I came to Michigan State University to study music therapy. I have considered what I want to study and have come to the conclusion that Music therapy is it. I have gone to a few different colleges and took all the courses I had to take in order to get my degree. Until recent years, I was so busy learning to speak, read and listen to English that I could not think about anything other than passing the classes. My goal was just to perfect my English and pass the class so that I could finish school. It was only over the last few years that I started thinking about what I really wanted to do in the future.

For Maria, the collaborative learning group was a good experience based on each member's participation.

Each girl added her own character to the group, making us who we were as a whole. . . . Learning in a small group setting is the best way for me to learn. It's much better than learning information all by you.

Barb's final interview was conducted in mid-January of the next semester. She characterized the class as an experience that she would rather not ever have to repeat. She initially stated that she had had several different feelings about the experience, yet she did not know what

they were. She stated that she was not sure if she got anything out of the course in terms of content.

She felt that two of the textbooks (Bruscia, 1998a; Kenny, 1989) were overly repetitive and redundant within themselves, and that they overlapped with each other. She stated that she understood the entire notion of the "Field of Play" (Kenny, 1989) after looking at the color chart in the book, early in the semester. Barb said that she thought Kenny's basic point was to take a holistic approach, yet she felt that Kenny excessively belabored the point. Barb observed that Bruscia (1989a) went through elaborate discussions to define music therapy and then concluded every chapter saying that you cannot define music therapy, and she concluded, "What can you say about that?" She stated that for the rest of the semester, the books bored her.

I asked Barb, if she felt that repetitiveness extended into the class-structure, and she said that it had.

Me: So, you heard a repetitive theme coming through the classes, consistently, all the time, that didn't vary, and didn't change. No matter what happened and what went on in class, you felt a pretty consistent theme through that whole process.

Barb: Um, hmm.

Me: On a positive side. Is that good, because that's what a course is supposed to have, is a consistent theme through it? Or, was it that that was boring and didn't interest you?

Barb: I guess, both.

Me: So, it didn't interest you?

Barb: Yea, I mean, I guess that's the way it turned out to be.

Further discussion of this point in regards to her feelings about this experience led to Barb's statements that "by the end of class, the idea of music therapy had turned me off," and that she just wanted to get through it, get her grade, and get on to graduate school.

Barb noted that in the course of this class she felt she had matured, in that she felt more confident and competent in her ability to be challenging.

Me: So, the class has helped you to be more independent?

Barb: Um-hmm.

Me: Is that it?

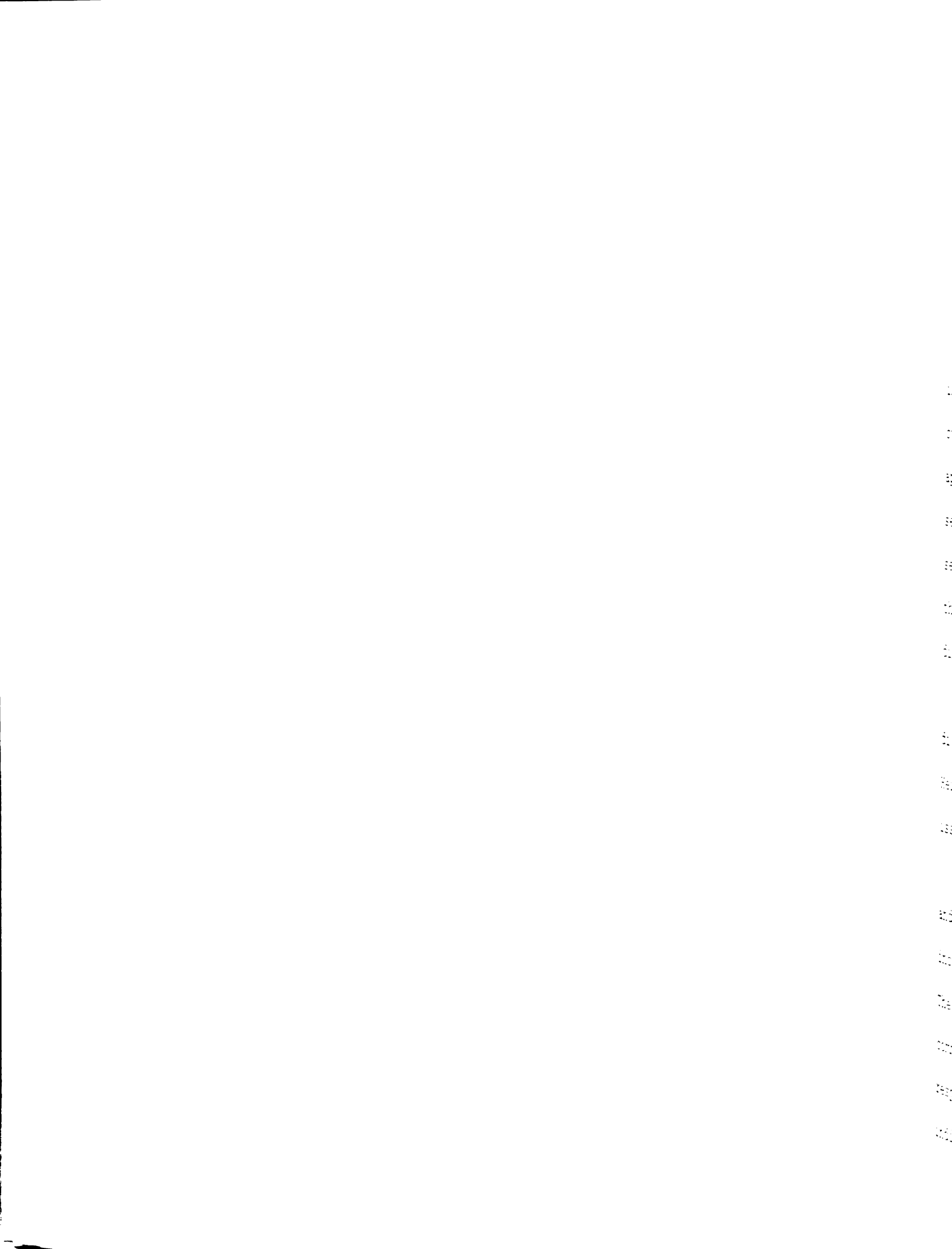
Barb: Yea. No, that's definitely it!

Me: That's definitely it?

Barb: Yea.

In a cover letter to her end-of-semester reports, Barb wrote the following.

I now realize that the cynicism that manifests itself in my summaries represents my ability to question what I am told and hopefully will in turn allow me to become an excellent researcher in graduate school. I also believe that this emotional response may be the most important thing this class has given to me and for that I am extremely happy. I think that this will not only help me to question what I am handed in life,



but it will also help me in the private practice I intend to have one day. Thank you for opening this new realization for me. Hopefully, my summaries will not dishearten you or come across in the wrong light. I feel like I may have learned more in this one day of summary writing than I have all semester in any one of my classes.

Summary

A quiet atmosphere emerged during this group's initial interactions and discussions that seemed to be set by (a) a cultural context of respect for self and others, (b) appropriate and proper social interactions, and (c) limited self-disclosure related to trust and shyness. English as a second language for two of the members, contributed to these quiet deliberations and potentially could have divided the group and inhibited the collaborative process.

One member of the group seemed to have a distinctly different experience both within the group and the class. Her experience seemed much more related to intrapersonal issues that will be considered in the discussion section.

Within this group, several of the intended outcomes and aspirations of collaborative learning emerged. These included both intrapersonal and interpersonal development. The members of this group reported (a) enhanced communications skills, (b) accepting personal responsibility for learning, (c) the recognition of individual differences and sharing in the creation of

knowledge, (d) personal transformation in ways of knowing, and (e) identification with the music therapy professional community and thus affirming one's commitment to being a music therapist.

Discussion

The diversity of the members in this group provided the potential for this experience to render the best that collaborative learning has to offer: The potential to construct knowledge and share the authority of that knowledge with knowledgeable peers from distinctly different cultural backgrounds was clearly present in this group. That potential was manifested for some participants, yet it required the instructor's intervention in order to be realized. Again, developmental characteristics can inform this discussion.

The Developmental Perspective

Two of the group members were 26 and 32 years old, so that the mean age of the Quiet Ones was 23.4. MBTI profiles were mixed for this group; ENFP=2, INFP=2, ENFJ=1. However, four of the five group members were music therapy majors (see Table 5, page 183). Thus, the developmental characteristics of the group members are varied.

Barb's Subjective Knowing

Barb seemed to be firmly locked in the phase of subjective knowing that was described by Belenky, et al. (1986/1997). In their discussion, they noted that subjectivists typically define the self in terms of a *negative identity* (Erikson, 1968); "a definition of yourself primarily in terms of opposition to others or what you are not" (Belenky, et al., p. 78).

There were almost no women in this group who were not actively and obsessively preoccupied with a choice between the self and other, acting on behalf of self as opposed to denying the self and living for and through others. In younger, single, advantaged women, this took the familiar turn of an adolescent push for freedom. (p. 77)

They noted that some women became entrenched in this subjectivity.

They were stubbornly committed to their view of things and unwilling to expose themselves to alternative conceptions. Although they might have described themselves as generous and caring, they could be, in fact, impatient and dismissive of other people's interpretations. (p. 84)

They likened women in this subjectivist position to the *oppositional multiplists*³⁵ described by Perry (1970/1999).

Barb's interview comments suggested that she had immediately developed firm perceptions about music therapy

³⁵ Perry's Position Two, Multiplicity Pre-legitimate. Multiple opinions are seen as alien, unreal, and definitively erroneous. Thus, dualism is reinforced and authority figures have failed to mediate the differences.

and collaborative learning. Her end-of-semester comments seemed to dismiss both, as she found little meaning in the course material and total frustration with the experience, including the manner in which I taught the course.

Barb's primary concern was to get a good grade, so that she could get into a top graduate school. She seemed to be frustrated over her group role as an "educator" and translator. From her interview comments, it seemed clear that, for Barb, traditional teaching methods had allowed her to be most successful in achieving a high grade-point-average. As noted by Bruffee (1999), students who have been successful in traditional approaches often resent and resist collaborative learning.

Additionally, Belenky, et al. (1986/1997) also noted that subjectivist women's quest for the self could become "distinctly antimale," if not at least antagonistic towards men. Nonetheless, the remaining members of the group felt supported by Barb and often relied on her knowledge of her own field to inform their discussions.

Separate but Connected Knowing

The remaining group members, even the younger women, seemed to operate from the separate but connected way of knowing that Belenky, et al. (1986/1997) characterized as "Procedural Knowledge." Karen's comments typified the

group's separate but connected way of knowing and how that contributed to their knowledge and understanding of the material.

By the third and fourth discussions, our group had made definite progress. I know I was personally beginning to feel more comfortable with my group members, and I didn't hesitate as much to throw my ideas out in the open. I noticed that the other group members seemed more at ease too, and were more willing to share their opinions. Because our discussions improved, our group presentations improved as well.

In this way of knowing, there is an acknowledgement of an individual's and another's point of view and the fact that the two can be connected in the creation of knowledge. In this manner, the remaining members of the group recognized and acknowledged Barb's contributions to the group's work.

The Group's Experience

The heterogeneity of this group froze the group members into an early form of silence. Clearly, four of the five group members recognized and commented on their early fears as the primary determinant of their nearly silent interactions. Certainly, my intervention with the group had some effect in that transition. However, the members of the group also recognized that as they became more comfortable with each other, they increased their level of interaction and thus moved into cooperation, if not collaboration.

Transitional or transformational processes were experienced by four of the Quiet Ones.

Alice: I realized it was important to speak up so that I communicated with classmates, otherwise I may not be able to have chances to express myself. I think most important thing is not how I speak, but what I speak.

Barb: I now realize that the cynicism that manifests itself in my summaries represents my ability to question what I am told. . . . I also believe that this emotional response may be the most important thing this class has given to me and for that I am extremely happy. . . . Thank you for opening this new realization for me.

Karen: I know that the information, ideas, and experiences I am leaving this course with are only partly due to what I read in our textbooks, and are mainly due to my experience working in a group.

Mae: I want to be myself and express my true feelings. I know I am a friendly person who is able to express myself. It will take time to go through this transition. I think I took a good step in this class, but it was only one step.

Thus, the experiences of each of these members reflected different ways of knowing, motivation, self-identity, and satisfaction.

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CHAPTER 8

SEIS COMPAÑEROS

On the first day of discussions, this group had only four members. Using pseudonyms, they were Danni, Marian, Natalie, and Tammy. I was restructuring the groups so that each group would have approximately five members, as suggested by Bruffee (1999). Susan and Leo were in another group that only had three members in it. I asked the members of that group to choose one of two numbers. Susan and Leo chose numbers that reassigned them to this group, so that this group of six companions now included Danni, Leo, Marian, Natalie, Susan, and Tammy.

During their first full group discussion, I overheard the members ask, "What does he want?" From the data sources, the theme that seemed to emerge and unite this group was a persistent attempt to understand what it was that I wanted from them.

"What does he want?"

Not only was this group trying to figure out what it was that I wanted them to do, but there also seemed to be some frustration and consternation in trying to answer that question. For the mid-term discussions, I had asked the

groups to pull together the information that we had discussed in class into a cohesive statement about what they thought music therapy was.

- 1) Develop a comprehensive but concise definition of music therapy.
- 2) Describe the music therapy experience.
- 3) What happens in a music therapy session?
- 4) What is the function of a music therapy experience?
- 5) What is the role of the music therapist within a music therapy session?

As the Seis Compañeros engaged in these discussions, at the mid-point of the semester, they were still trying to figure out what it was that I wanted them to do. I wrote the following in my journal on October 11.

The group was totally perplexed and overwhelmed by the whole thing. They needed repeated clarification of what it was that I wanted. They wanted to refer to the books and cite the authors to answer the questions. They borrowed my copy of Davis, Gfeller, and Thaut [1999] because no one thought they'd need it today. They said that they needed more time to think about the questions, they wanted to delay the class discussion for a full day so that they could re-read the material and better answer the question. I agreed to think about it. . . .

As I was interacting with the group, their need for structure and to answer the questions based on "What I wanted" became readily apparent. They in fact said, "Is this what you want?" I of course reinforced that "What I want" is for them to determine the answers based on what they've experienced and read. I explained that I didn't want them to just cite what the authors said: I know what the authors said. I wanted them to answer the questions based on what they've read and interpreted. . . . I've got to find a way to provide the structure that this group needs. . . . Maybe it just has to do with the topic and where we're at. I mean we're discussing theory and philosophy. Where is the certainty in that? Perhaps as

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we move towards the settings and populations section more structure will evolve?

Susan confirmed the group's bewilderment with the following excerpt from her end-of-semester summary.

At times we really didn't know what exactly we were supposed to be getting out of the questions and readings. . . . I can remember several Wednesdays that we sat there for the first five to ten minutes after we got into our groups just trying to decide exactly what you were after.

Natalie chimed in as she noted in her discussion of the presenter's role that "it took us most of the semester to finally figure out what you wanted from the presenter."

Later in the semester, and after much deliberation, reflection, and supervision from my dissertation committee members: I decided that I needed to visit the small group discussions, in spite of Bruffee's adamant position that participating in small group discussions shifted the authority of knowledge back to the instructor.

On November 3, it seemed that the Compañeros were still having difficulty. I noted in their evaluation for that week, that the group seemed stuck.

As I joined your group, you really seemed stuck. Getting unstuck is sometimes a difficult thing. In your future work, look to someone who has any idea upon which you can build. Identify the parameters that you are working with. Marian, you noted that the overviews of the disorders in DGT were not too helpful. So, working to find a disorder that you at least thought you understood was a good place to start.

I wonder if you all might have a tendency to get wrapped up in "overwhelm." If that is not true, then the rest of what I'm writing is mute. However, if you find yourselves investing time in being lost over the task, look for one simple choice or decision that you can make as a group or one simple perspective that a single person can identify and talk about that. Focus the discussion on how that perspective or point relates to the larger issues at hand.

. . . The point here is that, as the group works together, remember to listen to each other. Listen for the essence of what each person is trying to say. If you listen to the affect that is attached to the statement, you might miss the essential content of what is being said.

Thus, it was well past the middle of the term, and the Seis Compañeros were still asking: "What does he want?"

Reluctant Leaders

Complicating the Compañeros' attempt to answer that question was what seemed to be, not necessarily a lack of leadership, but a reluctance to lead. Marian noted that the first group discussion confirmed her worst fears about group work.

I came here to be taught about music therapy by a professor, and I did not know how five young folks, in an introduction class, were going to be able to pull as much information out of those text books as a professor would. . . . I have been stuck in groups where one person ended up doing all the work, and often that person was me. My first day in the group confirmed my fears. We got the questions and everyone just complained the whole time about how hard the reading was to understand, or how they didn't really get through all of it. I always feel like a dork in groups like that. I didn't really want to, at that point, whip out the highlighted book in my bag and start discussing with myself. I knew that I should be

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bold and try to lead the group, but I was afraid of rejection. I didn't want to start out on the wrong foot and have everyone hate me all semester. I am sure that everyone was saying the same thing.

Tammy noted that she disliked group work as well, because she always ended up doing all of the work. Yet, in this class--as a psychology major--she felt that she should take a back-up role to the music therapy students in her group. "I felt that I had more to learn from them, than they had to learn from me." Susan also felt that she "did a lot of question asking in the group." Natalie felt that she was good at providing a structural framework for creative ideas, so that her leadership role emerged after the discussions.

Although each of them had different perspectives of the group members and their role in the group, some general characteristics seemed to emerge. Danni was thought of as a well-prepared, quiet contributor with a unique perspective on music therapy. Marian was considered as the primary music therapy resource.

Tammy: Anytime I had a question about the reading I knew that she [Marian] would not only know the answer, but she would explain it to me in a way that I understood. That takes someone special. I don't know what I would have done in class without her."

Natalie seemed to analyze, evaluate, and reflect on the material and asked good questions. Susan listened and reflected on how the information related to her intended

profession. Leo was respected by most of the group for his humor, congeniality, and personality, yet his group contributions varied from irrelevant to deeply insightful.

All of group members seemed to agree that Tammy was the "driver," as described by Marian.

After the ice started to break, people in our group began to take on defined roles. First, there was Tammy. Every group needs a driver, Tammy was ours. Tammy was the one who would be most prone to say, "I am going to get an A on this, and I don't want to have to do it outside of class, so let's get goin'." She didn't offer ideas nearly as often as she offered to record. She was frequently asking for clarification of questions. She really kept our group concerned about outcome.

Tammy was also described as the "down-to-business" member of the group, or as Natalie observed, "the one in our group to always make sure the work was done and that it was done well. All of us helped get it done but she almost always put the finishing touches on it in my opinion." Leo noted that Tammy was always in class and always prepared; "She just maybe went above and beyond my expectations."

Companionship Amidst Diversity

Tammy noted that although the group seemed similar on the surface, there was diversity within the group.

The first time my group got together was interesting to say the least. We had two psychology majors, two music therapy majors, a recreational therapy major, and a communications major (I think). So you would think that we would all be similar because our majors

are not that far off from each other. You would also think that we were similar by just looking at our group, all from white, middle class families, approximately 20 years old and all pursuing further education. Well, so much for first impressions.

She found diversity within the unique character and qualities that each member contributed to the group. Yet, most members felt that there was a level of companionship, congeniality, and friendship within the group. Susan felt that this was important to her.

More often than not when groups are assigned by the instructor, there is going to be a bad mix. By this I mean there may be someone in the group that just doesn't fit in, not at all by the fault of their own or the other members, but simply based on different personalities. Luckily, that didn't happen to us, and as I could tell, it didn't really happen to any of the groups. This was very important to me. It made the running of our group discussion that much easier.

In addition, for Susan, this camaraderie set a comfortable tone for their work environment and facilitated the group's process when members were absent. "When we were minus a few, those present would simply step up a notch and get it done."

As the Compañeros discussed their relationships with each other, there seemed to be a level of acceptance of each other, a recognition of each person's contribution to the group--no matter how small, a connection with each other, and a feeling of group success that permeated the end-of-semester summary reports.

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Natalie: This is why it is so important for the groups to have a variety of people. Each person brings a different characteristic to the group. I feel that our group was very successful. We had really good discussions and each of us contributed a lot. I feel like our efforts combined in what made the group successful. We all worked together very well and didn't have any problems. Each of us shared in the success of our group.

The Case of Danni

Danni had a distinctly difference perception of her role, presence, and participation in the group compared to the perceptions of her peers. Tammy noted that Danni was always prepared, full of surprises, brought a lot of good knowledge about music therapy to the group, and had a unique way of looking at the material from the reading assignment. Susan described Danni as "the quiet one, who all of a sudden would offer her own bit of comedy, or offer just the information we were looking for." Natalie observed that Danni "always seemed to have good ideas of what to do."

However, Danni experienced her group differently, as she reported in her end-of-semester summary.

I also originally thought the group I was in was fine, until the week I was assigned to join a different group. That week I found out what it was like to have people listen to my ideas, and I actually felt like I contributed to the group discussion and presentations. I did not get the feeling like I was being talked down to, like I often feel with my usual group.

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When we were in the original groups, it felt like nothing ever got done. I think one of the main reasons for this is because everyone is so preoccupied in wanting their opinion heard, yet no one wanted to hear anyone else's opinions. Whenever we had group discussions I felt like it was pointless for me to even be there. Unlike most of the other members, with the exception of [Marian], I would not force my opinion on everyone. At the beginning of the semester I tried to give my opinion on several occasions, but was unsuccessful and eventually stopped even attempting to give any sort of feedback. Because our group would not listen to each other, we would seldom get past the first discussion question.

From her interviews and my observations, yet another picture emerged. In the first interview, Danni reported that she had to read the assignments several times over in order to comprehend what she was reading. Compounded with 18-credits and a 25-hour per week job, Danni was sleeping two-to-four hours a night. As I observed her in class, she frequently had her eyes closed, as if asleep, and on September 23, I wrote in my journal that her participation had been "limited if not negligible."

In her end-of-semester report, Danni noted that if she were given an opportunity to choose a group, she would have chosen this group because it was the largest, six members rather than five. She also frequently mentioned her preference for full-class discussions with multiple perspectives, rather than a single, group consensus.

Another reason why I think that it is very beneficial having the large group discussions verses the small group presentations is because you have the

opportunity to hear many more perspectives, rather than a group concusses [sic]. I know that it has happened in our group that everyone does not always agree with the group concusses [sic], but because only one or two people do not feel the same way they simply do not get to voice their opinion. In the larger group setting, it is more likely that someone else may have the same perspective, or agree with your perspective and change their current perspective.

She also suggested that the groups should have changed members for each set of discussion questions to get "many more perspectives on issues versus the same few unchanging faces and opinions."

In her end-of-semester summary, Danni closed with the following comment.

Being taught by the method of collaborative learning was an interesting experience that I am not likely to forget. It was frustrating for me because it was something new and unusual, and I had a hard time adjusting. I must admit that tt [sic] made me really think about all the various teaching techniques and learning styles. This experience definitely was able to help me realize how I learn the best and why I learn the best that way.

Reflections on the Group Experience

The predominant outcome for the Seis Compañeros was the strength of their social relationship. Leo concluded that he had a good time in his group and he was thankful for being in it. During the class and after the semester was over, Marian repeatedly stated "I loved my group."

Susan concluded that "the members in my group definitely

made me feel at home in the class and I enjoyed it all."

Tammy observed the following.

As far as how our group worked together, I could not have asked for a better group. . . . We were such a well-rounded group that I just think it was perfect. Even though people played different roles, no ones [sic] role was more important then [sic] someone else's. It was just a great experience all around!

Tammy also noted that she "learned a lot about not judging people on the way they look."

Marian experienced a transition from Silence to Received Knowledge (Belenky, et al., 1986/1997). At the beginning of the semester she stated that she had come to learn about music therapy from a professor and had little confidence that her group members would facilitate that process. However, by the end of the semester she learned that she could take responsibility for her own learning, and be successful at it. Additionally, Marian recognized the contribution of her group members to her learning.

After thirteen weeks, am I terribly in love with groups?, not so much. I have, however, learned that it is possible to teach yourself, if you are given some lead in questions. I was able to make some great friends, which is also important. I think the class is a lot more exciting with groups, as opposed to rows and lecture. I guess, if you don't tell anyone, I think I learned as much, if not more, than if it was like any other lecture class.

Additionally, other group members observed that the group had facilitated each other's learning.

Susan: It was a wonderful learning experience, and I think my group members played a very important role in my processing of the information covered in the course. I had the pleasure of knowing that if I didn't quite grasp the readings for the week or if I had a question concerning those, someone in my group would be able to help me gain a clearer picture. Each person was very approachable and I don't feel that any one of us six group members felt intimidated or, shall I say cold? to anyone else in the group.

Natalie: I think we all learned so much from forming groups and learning that way. When there were different ideas and different opinions coming from people, there is so much more to learn. Every person has had their own experiences and each group member brings something new to contribute to the group. Then these ideas are all put together and shared with the class. So instead of getting just one persons [sic] idea, the class gets a collection of 20 different people's ideas. There is much greater doing when this is done.

. . . And lastly, I really liked how this class was run because it gave us a great deal of freedom. We were allowed to talk about the things that we felt were important relating to the topics you gave us. I think this really aided in the amount of information we are taking away from this class. I cannot think of a better way to run the class.

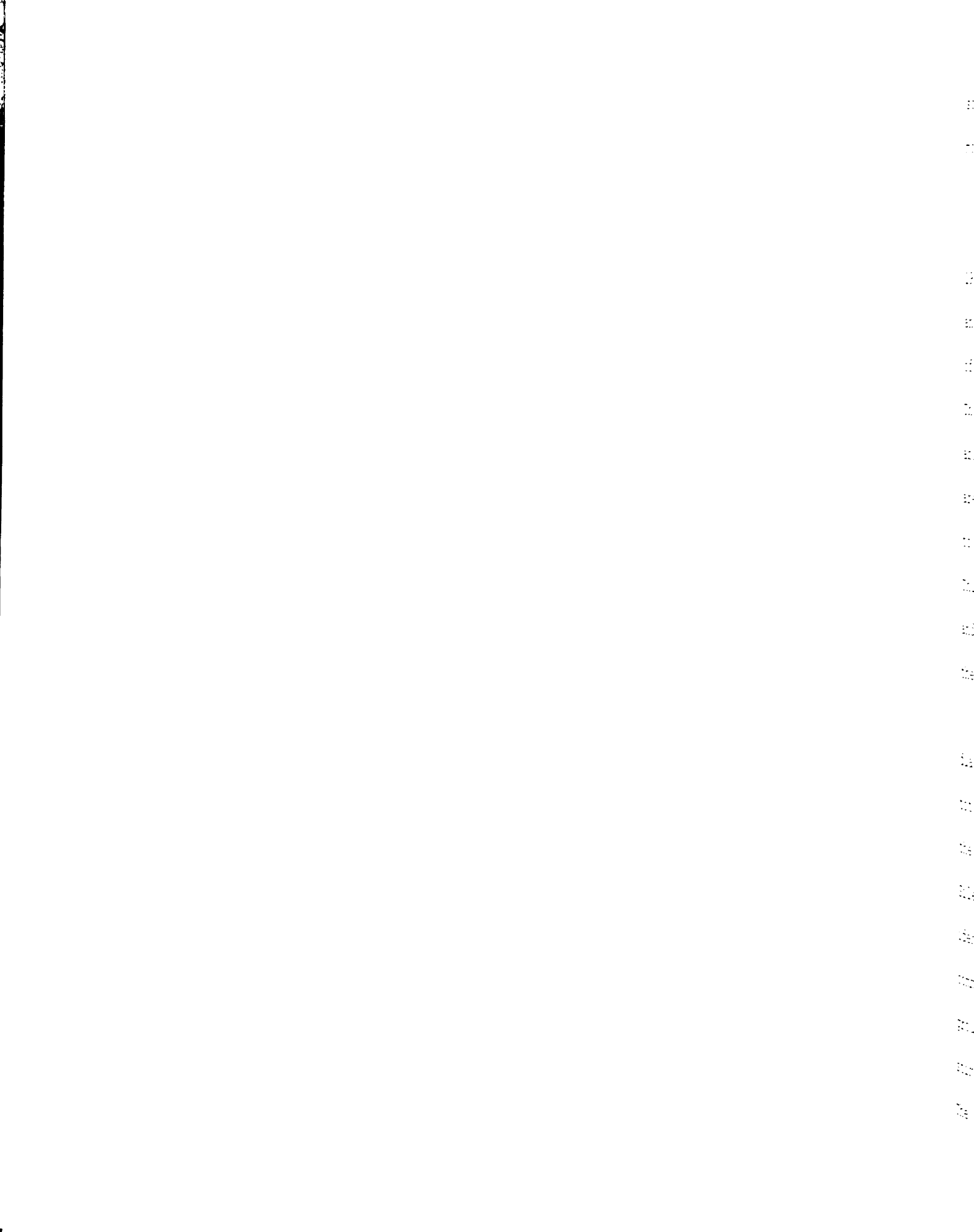
Summary

The Seis Compañeros seemed to coalesce on a mission to find out "what I wanted" and give it back to me so that they could succeed in the class. They embarked on this mission with many fears based on previous group-work experiences. Initially, they were individually reluctant to take on a leadership role and then get stuck having to do all of the work for the group.

The Compañeros forged their relationship amidst some diversity that was reflected in the unique character of each participant. Yet, in the process, Danni seemed to feel excluded and discounted. However, the other written summaries and interviews did not mirror her feelings of exclusion. Finally, four of the Seis Compañeros clearly stated that this collaborative learning experience enhanced their understanding of music therapy.

Discussion

The need to answer the question, "What does he want?" is a basic characteristic of the dualistic thinking that Perry (1970/1999) considered as Position One. The withdrawal of authority seemed to leave the group in a somewhat perplexed state, as they sought the answers to that basic question. The reluctance of the group members to step in and adopt a leadership role further complicated the group's dilemma, and could have created a vacuum for other group processes to emerge (Yalom, 1995). Yet, it seemed that Tammy stepped in as the "driver" of the group's quest to not only figure out what I wanted, but also to answer the discussion questions. The group's social interactions seemed to have filled the vacuum; however, that same



socialization process also seems to have isolated Danni and most probably Leo, as well.

The Developmental Perspective

The fundamental characteristic of dualism (Perry, 1970/1999) is the notion that there are right and wrong answers. Authority figures hold these answers and the task of the student is to extract those answers and learn them. Thus, dualistic students measure achievement based on their ability to find the correct answers. Additionally, there are right groups to belong to and wrong groups to belong to, such as the largest group or the friendliest group. Thus, dualists perceive that belonging to the right group and working hard to achieve the proper objectives merits the highest rewards or grades.

Belenky, et al. (1986/1997) noted that for women, this dualism triggered feelings of isolation, powerlessness, and total reliance on authority figures for their knowledge of the world and more importantly about themselves. Women in Silence have not yet realized their own role in their identity and formulation of the self. However, the commonality of experience shared by the five women in this group helped to form friendly relationships that could stimulate progress towards receiving knowledge from others. The definitive statement in that regard came from Marian:

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"I have, however, learned that it is possible to teach yourself, if you are given some lead in questions. I was able to make some great friends, which is also important."

However, those same social interactions could tend to exclude members of the group and propel them into "alternatives to growth" (Perry, 1970/1999). It is possible that Danni's comments resulted from her "Retreat" back to dualistic thinking. Perry (1970/1999) noted that even though retreat can be dramatic, retreat specifically into dualism requires an enemy resulting in a "violent repudiation of otherness and complexity. . . . Threatened by a proximate challenge, this entrenchment can call forth in its defense hate, projection, and denial of all distinctions but one" (p. 205). Danni's recognition of the contributions that others could make to her understanding, suggested that rather than basic dualism, her reactions reflected a retreat back to dualism.

This element of friendship also ties into the psychosocial developmental needs of identity versus identity diffusion (Erikson, 1968). Additionally, the personality characteristics of these group members could inform an understanding of the group's social interactions. The MBTI profiles for this group were; ENFJ=3, INFJ=1,

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ENTP=1. Interestingly, the ENFJ's were Tammy, Susan, and Natalie. Marian was INFJ and Danni was ENTP.

The profile of the Judging type amplifies some of the characteristics of dualism in that Judging types like formal instruction for solving problems, work steadily towards goals, and do so with a need to sense that they are in charge of events. Thus, it seemed that the three ENFJ's formed the core of the group, yet, as an INFJ, Marian could easily interface with the core, depending upon who was in class. Since Danni's personality style was completely different from her peers (ENTP), this aspect could perhaps have contributed to her feelings of disenfranchisement and isolation.

Leo did not complete the MBTI, so his profile is unknown. Nonetheless, his participation in the group seemed more casual, as if he were an observer and outside of the core group. As the only male in this group, Leo was accepted for his humorous commentary and occasional contributions.

The Group's Experience

The composition of this group reflected some diversity amongst its members, as well as many similarities. Nonetheless, it was the group's unified quest for the answer to what I wanted that triggered their name

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assignment. Their process clearly focused on assimilating the correct answers, and in this process, they became united socially.

Although the withdrawal of authority seemed to leave the group in a quandary over what to do, they engaged in social discourse and relationships that seemed to fill that void and led them to work together. The reluctance of members to take an active leadership stance intensified their feelings related to the withdrawal or absence of authority. Yet, several members reported that they felt that Tammy effectively moved into that role.

For the most part, the group seemed to communicate well with each other. Thus, their communications contributed to the development of trust, the quality of their social interactions, and the group's cohesion into the Seis Compañeros.

CHAPTER 9

MY EXPERIENCE

My experience as instructor and participant-researcher is presented in response to the research questions and in recognition that additional themes emerged in the course of the project. This chapter concludes with a summary and discussion of my experience.

The Emergent Themes

1. Instructor's role versus student needs.
2. The course materials.
3. Interpersonal dynamics.
4. Instructor and participant-researcher conflict.
5. An important event.
6. Students' developmental progress.
7. The in-class experientials.
8. Students' avoiding conflict.
9. Expectations and reactions to a "good performance."
10. Communications.
11. The "Zingers."
12. Quantitative/qualitative conflict.
13. The closing ceremony.

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Instructor's Role versus Student Needs

I began collecting data on the first day of class and described the first classroom interaction in my journal.

I began the first class with a group improvisation and invited students to choose an instrument. I had provided a variety of bells, shakers, drums, and sticks. I instructed the students to move around the class while playing their instruments, and make eye contact with each member of the class for a minimum of thirty-seconds. In my experience, I noticed what seemed to be several bright expressions, a few expressions that seemed somewhat aloof or indifferent. I listened to each person's music and played back what I heard them play. Most of them seemed to engage with me, some seemed perplexed by it.

As I listened to the classes' music, it was disjunct and lacked a defined rhythm or tempo, or any clear musical interactions between the players. My music therapy training in improvisational technique suggested that this lack of cohesion in the music reflected the lack of cohesion in the group. Certainly, on the first day of class that is not extraordinary, but it also could have suggested that none of the students had any previous interactions with each other.

However, the responses to my dyadic interactions with various students reflected an important dynamic. The students' willingness to engage or perform with me provided a rather clear indication of their understanding, previous experience, and expectations regarding our roles as student and instructor: They were doing what they thought I wanted

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them to do. Thus, the classroom hierarchy seemed to be set and reflected in this musical improvisation.

I now wonder if the aloofness or indifference that I had noted was related to what would later manifest as resistance, or was it simply discomfort with performing. Since I did not refer to the specific students in my journal, that answer will remain unknown.

It is clear that trying to walk the line between the instructor's role in a collaborative learning environment and meeting the students' intellectual development and learning style needs created my own internal conflict and formed the bulk of my journal comments.

The clear distinctions for Bruffee (1999) are that the authority of knowledge is to be shared and that knowledge is constructed by a group of knowledgeable peers. The mean age for this class was 21.65 years, yet this course is offered at the sophomore level where the typical age could be expected to be 19-20. Therefore, it could also be expected that the students in this class might be (a) in the midst of a psychosocial development stage that is framed by identity and identity diffusion (Erikson, 1968), (b) in the early dualistic stages of intellectual development (Belenky, et al., 1986/1997; Perry, 1970/1999), and (c) expecting a traditional learning environment with

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an identified knowledge authority. Marian typified that expectation.

[My group members] all looked sweet enough, but I came here to be taught about music therapy by a professor, and I did not know how five young folks, in an introduction class, were going to be able to pull as much information out of those text books as a professor would.

As I noted in the following journal entries, I wrestled with this basic question: How do I meet the needs of students, and adhere to the principles of collaborative learning?

October 11: Have I allowed the class to truly share in the authority of knowledge and the creation of that knowledge? Have I given up too much responsibility for the students to handle? Have I challenged them too much to take responsibility for their own learning? Have I required them to complete something they are not capable of doing?

. . . OK what are the important questions. Are the groups reflecting critical thinking skills on a group level? Is there a member of the group that has assumed or inferred a leadership position to influence the group? Are the groups that are having difficulty not reading the material, not understanding the material, or not capable of synthesizing what they've read? Where is the problem? Even though the groups were formed by a number count, was there something at work that influenced the development of the group dynamics? Is it a simple case of group dynamics at work?

Again, it was Marian who articulated her own internal conflict and the concerns that could be expected as typical of a 19-20 year old student.

She was afraid that she wasn't going to learn what she needed to learn to be a good therapist. She added that since I wasn't lecturing, she had no clear indication of what it was that I wanted her to know. She also

said she needed more feedback within the group discussions from me. She said that the groups were just being left with whatever it was that they talked about as being important, even though that may not be what I wanted them to learn.

. . . So, the bottom line is, that it seems that just as traditional learning models don't work for many students, there are still students who want or demand a dichotomous, positivistic presentation of the facts that they need to know in order to move on. My challenge is to help them move through that, or recognize that they are reluctant to move through that and then give them what they want. They really seem to be almost 'crying out' for structure.

As the semester progressed, I continued to wrestle with this issue of developmental appropriateness.

October 30: In the interviews, many of the students are making statements that seem to reflect early stages of Perry's scheme of critical thinking. They're reporting that the groups are reading the material to answer the questions, or looking to the material to answer the questions. They're looking for the right answers and not constructing them, or adding their own reflections. They seem to be task oriented and not into collaboration. As I watch them in class, their discussions seem to be about how to complete the assignment and how to answer the questions. Perhaps I'm asking the wrong kinds of questions. Even though they are doing group work, they are not necessarily answering questions that have a yes or no answer. What kind of questions could I ask, though? Perhaps, better questions would help. I've asked that in the interview and the students respond that the questions are good. As I've asked them to discuss what they have learned, they always say, I've learned so much, but then can't frame or state what it is that they've learned. [A committee member] suggested today that perhaps this kind of work is only appropriate for older students. It's back to that developmental appropriateness stuff again. Yet, the students each say they like this style better than lectures. They repeatedly state that lectures are boring. They say they like how the class is going. They say they like their groups. But, I wonder if that is just the socialization part of it.

As this internal conflict intensified, my concern for the students' learning increased. I decided to provide a clear demonstration of the kind of things that I wanted the students to get out of this class.

November 1: So, armed with student's concerns about needing some focus, my own concern about maybe abdicating my own responsibility to "share the authority of knowledge," I came to class today prepared to open and gently guide a discussion. The assigned reading was Davis, Gfeller & Thaut and Bruscia chapters on music therapy in mental health. Well, DGT relied on some old Barbara Hesser material to discuss the types of music therapy interventions and came up with about seven classes of "types of musical experiences" compared to Bruscia's four. So, I asked a simple question about the "bold faced categories" e. g. Music and Movement, Music and Relaxation. "Talk to me about the differences between DGT's categories of Types of Musical Experiences compared to Bruscia's." Nothing but blank stares, [Maria] said "What?" Nearly everyone reached for and opened their books. Still, no answer. So, I listed the two typologies on the board and asked them why I should expect or force them to remember either of the two lists. I explained that the profession is still young and that we are still looking to understand what it is that we do and still looking to define our terms. What I want them to get out of the class is that we are an evolving profession, that we need to recognize that we're not all speaking in the same language, because we are all individuals.

I'm not sure of what impact it had. I also clarified the role of the recorder and stated that it was not right or fair to stick the entire responsibility [for the presentation] with the recorder.

I was also concerned about the students' need for authority and structure, so it was also on this day that I joined the individual group discussions for the first time.

[The Seis Compañeros] were having a difficult time getting started with "personality disorders" because DGT provided little if any clarity about the diagnosis. So, I tried to facilitate their discussion, but came away thinking that I'd 'rescued' them instead. I moved over to [The Quiet Ones]. I asked the group how they were doing. [Alice] and [Mae] did not respond. I asked [Alice] if she understood what was going on and she said, yes and nodded her head. However, her verbal statement suggested that she didn't understand it. I asked [Mae] if she understood and her answer was a bit more articulate. I again stated that everyone needs to ask questions and everyone needs to understand what is going on in the class. I went over to [The Five Amigos]. Sylvia volunteered to be the patient with an anxiety disorder. I felt myself working to redirect her, as I felt she was rambling and off task. [The Task Masters] only had three members present today, but said they were doing fine.

The issue had still not been resolved in my mind and I noted the following in my journal just a few days later.

November 5: I'm in serious conflict about the possibility that I had abdicated my responsibility for sharing the authority of knowledge and placed too much responsibility on the students. On the one hand, I want to find out if they can learn that ultimately they are responsible for their own learning and that I can only facilitate that process. Yet, their comments suggest that they are still looking to me to give them the answers, to tell them what it is that they need to know or are supposed to learn in this class. And I wonder if I have pulled back too far and given up too much authority, or responsibility, or whatever. I've looked at Bruffee and think that I've got to visit it again.

. . . I come back to some basic questions: Can collaborative learning move the students off of their dualistic thinking towards [relativistic] thinking? Is collaboration too much to expect of them? Are they simply reflecting my over-correction from total authority to non-authority? Have I over-corrected in regards to my role and responsibility? Boy, this is hard work. No wonder, no one wants to teach collaboratively, it could be life consuming.

It was at this point in the semester that my mom died and I was subsequently absent from class for essentially two weeks. I returned to class still wrestling with this question.

(Reflecting on the class meeting of November 27)
Fundamentally, meeting their needs is part of what collaborative learning is about. . . . So, I gave a brief lecture on the differences in philosophy and methodology between qualitative and quantitative research. I truly sensed this glazed over look on their faces as I talked about the stuff, that brought home the whole reason for collaborative learning, the student's resistance to being talked to.

It's a no-win situation. ☹ If you do the lecture thing, they get bored, feel discounted and talked down to. If you ask them to take their own responsibility for learning, then they're angry at you for making them be responsible and they object to the 'loss of the teacher.' How is this teaching thing ever gonna work? The focus has got to be on personal responsibility, the development of critical thinking and fostering the development of individuals rather than "cloning" a ton of 'little me's' or 'mini-me's.' Wow what a concept, bring in Austin Powers and "Mini-me" to introduce collaborative learning!!! Cool.

The Course Materials

Related to my concern over the instructor's role versus the students' needs was my concern about the appropriateness of the course materials, especially the inclusion of Carolyn Kenny's "The Field of Play," an admittedly graduate level book.

September 10: I reviewed the readings to get a clear sense of what I wanted the students to get out of this first reading. I hoped they would be able to get an understanding of Gaston and be able to draw some comparisons with Carolyn Kenny's ideas. But, I'm still not sure if Carolyn's stuff is too deep for the

students. Yet, I'm thinking that even if they don't understand Carolyn's stuff, the exposure to a different way of thinking is what's important.

However, the Task Masters' discussion on September 23 suggested that Kenny was appropriate for even students at this level.

They deftly crafted a debate over the Bruscia and Kenny discussions about the process of music therapy. They clearly articulated the differences and briefly debated the issue.

During final interview sessions, I asked the students about their thoughts on the course materials. The students gave the textbooks mixed reviews; some favored Kenny (1989), some favored (Bruscia, 1998a), some favored Davis, Gfeller and Thaut (1999), and some favored various combinations of one or more of the books. I reflected that their choices seemed parallel to their intellectual development (Belenky, et al., 1986/1997; Perry, 1970/1999). Nearly all of the students stated that their favorite elements in the course were the Monday Experimentals and especially, making music together.

Interpersonal Dynamics

As I began the interview process, it became apparent to me that there was so much going on in a student's life, and that, as instructors, we have no clue as to what that is and how it may affect their educational process.

Learning about personal stuff through the interviews also

triggered some ethical concerns for me. Nonetheless, I found myself fully immersed in the project as a participant.

September 25: Well, as this messy process untangles, it is becoming more and more evident that my role in this process is fully as a participant. This week's reading assignment for [Qualitative Research] class included chapter 20 from Barbara Wheeler's book. In this chapter, Ken Bruschia talks about the role of the researcher in a qualitative project. He talks about the personal and interpersonal aspects of qualitative research. So, he, in essence, described this agonizing that I'm doing . . . as being part and parcel of personal and interpersonal aspects of qualitative research. So, I've come away feeling like I'm in a group therapy experience, because all of my stuff and all of the group's stuff is coming up in this process. No wonder quantitative research finds safety and security in their reductionistic process. This stuff is messy.

October 12: In his discussion of the here and now focus of group process, Yalom [1965] notes that the therapist is an observer-participant. Lo and behold, that's the same role I have as the instructor in a collaborative learning environment and as an "action researcher." Last night in qualitative seminar, I had remarked that it seemed to me that in my role as video-camera person and observer I had unwittingly removed myself from my role as collaborative instructor and possibly even threatened the notion of the shared authority of knowledge creation. I have been feeling separated from the class and not really part of the process because of my need to videotape and make sure that I got "good" video. That was an issue that I thought about early on, but figured that since the class was meeting at 8:00 AM, the only way that I was going to get someone else to videotape the classes was if I paid them. That raises up additional issues of confidentiality, outside observers and their possible influence on the class process. So, I decided I would have to do the videotaping.

Instructor and Participant-Researcher Conflict

My immersion in the project as instructor and participant-researcher is another "messy" aspect of qualitative research. Clearly, if I were one or the other, things would be different. I often wondered if the students were saying the things that they thought I wanted to hear about the research project. Were they pleased with the course-structure because they concluded that I wanted them to like it as part of a successful outcome for the research project or because saying so affected their grade? Were they focusing on their participation in class as an outcome for the research or to get a good grade?

During the first interviews, some students stated that they agreed to participate in the research because they wanted to help me out. Some students stated that they were not so sure that participation in the project was not part of their grade, or the determining factor in their grade. I asked them if they had heard me explain or remembered reading that participation was not mandatory? Although they acknowledged that they had heard it and read it, some students stated that they were still not sure.

Occasionally, I felt the not so gentle nudge of manipulation.

One student seemed to be overly willing to please, very accommodating and I was wondering if I was being set up for a good parent-bad parent manipulation. So, I'm afraid I'll have to put on my clinical observation hat with this student and be clear about everything with some firm guidelines.

Thus, I must wonder if the findings might have been different had I only been the instructor or the researcher. Yet, this is the essence of action research: to engage the people involved in studying a program, organization, or process (Patton, 1990).

An Important Event

On November 7, my mom died and I immediately left to be with my family. Another doctoral student (Terra) and the chair of Music Therapy (Ted) filled in for me and taught the class. I maintained contact with Terra and conducted formal interviews with both of them about their experience in the class. Naturally, the methodology changed.

Immediately following my return from my family, I attended the national music therapy conference. Thus, I was out of the classroom for ten days and missed four class periods.

The following week was Thanksgiving week with only two days of class meetings. I had planned to discuss the conference and our professional associations, and I had anticipated the low attendance that occurred on the Wednesday before Thanksgiving. Thus, the class structure

was altered for nearly three weeks. I wrote the following in my journal.

November 22: Terra told me several things that should probably be noted. On the first day, she asked the students what they wanted to do. She said there wasn't an immediate response, but then a couple of students raised their hands and said, "just talk to us."
. . . Terra called me up Wednesday morning (11/14) to report that only six students showed up for class. She was obviously miffed. I don't know if it was because I wasn't there or whatever.

From this conversation with Terra, two things struck me as possibly important, the students asking her to "just talk to us" and the reduced attendance. It was also the point in the semester in which two students, who eventually withdrew from the University, stopped coming to class at all.

In my final interviews, I asked the students if they felt that my mom's death or my being out of the class had changed anything for them. Without exception--aside from some student's concern for my well being--they said that it had not. However, each of the students, who had stopped attending class, had disclosed during the Music Experimentals that they had either recently experienced or were reminded of the death of a close grandparent. To this day, I wonder if my mom's death brought that issue up and affected their ability or desire to continue in the class.

As for the students' absences, Leo commented in his end-of-semester summary that since I was gone and the class

was not doing any group work, he did not feel like he was letting his group down.

Sure, I missed my fare [sic] share of class, but I think I only missed one presentation day. Then I missed four days in a row. I was lazy and not motivated. But every day that I missed, you were gone, and I was not letting my group down at all.

As the researcher, I was concerned if and how this event affected the study. I felt completely perplexed and wrote in my journal: "This is so messed up. But, then life is messy, isn't it. So, I'll have to clean it up, I guess." But then, I realized that there was nothing to clean up, because things like this happen, and they are part of the process of human experience and thus, qualitative research.

Nonetheless, I was, and still am unsure as to how this event affected the process for most of the students.

November 22: I'm wondering how these events have changed the nature of the project. The students all signed a sympathy card that I've thanked them for. There seems to be this emergence of the student's selves. There seems to be some intensified bonding between us. Is it because my mom's death made me a human being in their eyes? I remember Joni talking about how her daughters coming to class caused her students to see her as more human. How have teachers mistreated students to cause the students to think of teachers as something other than human? What's up with that? Maybe it's like your parents. When you're young, it's hard to think of your parents or siblings as humans. So, maybe it's that whole thing.

I'm wondering if it was the improvisation experiences that have brought about these changes that I think I see. I wonder if the collaborative work has anything to do with it at all. I'm wondering if taking a collaborative approach is what allowed all of these relationships to emerge. Or was it the fact that Terra

and Ted substituted? I'm just a wondering . . . and it's time to go to bed.

I do know that upon returning to the class on November 20, I felt a strong need to reconnect with the students through a musical improvisation.

I felt the need for us to come together in music. So, we improvised at the start of the class. There seemed to be a definite sense of cohesion in the music. Several of the students commented about it. There were of course those who still don't get it, or aren't quite sure of what this is all about. . . . Anyway, many of the other student's mentioned how we actually 'made music' that day.

Students' Developmental Progress

An initial concern of mine was whether collaborative learning could facilitate the students' growth and transition through stages of intellectual development (Belenky, et al., 1986/1997; Perry, 1970/1999).

September 13: The big thing today was that the group discussions were significantly more animated and louder. They were really engaged. Plus, since most of the class was taken up establishing the grading rubric, the time for question discussion was only about 15-minutes. And it's a hard question, because I'm asking them to construct their own definition of music therapy and reflect on what that says about their group. So, I heard the groups planning to meet outside of class as well.

While this outside of class meeting was forced on them, I can't help but think that they've come to recognize how important the group's success is for their individual grade and they're willing to work together to succeed. As I read about collaborative learning, I think this is a big part of it, working and collaborating together. It is truly exciting for me to see, or even to think that it might be working.

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September 23: In the discussions on 9/20, I was ecstatic to overhear words such as linear, holistic, categorization, and philosophical as the students discussed Ken Bruscia's approach to the process of music therapy compared to Carolyn Kenny's. They got it. Maybe not in the depth that a graduate student would, but they got it. And I wonder, if I could have conveyed it and solidified it as well as they did. Personally, I know that I need to make knowledge my own for it to sink in. That's why collaborative learning has such an appeal for me.

As I reflected on the student's end-of-semester group reports and discussed in the previous chapters, it seemed clear that different students had different experiences of developmental growth. Some students experienced a transition and others did not.

The In-class Experimentals

In the course of the semester, we had engaged in several musical experiences and especially, improvisational ones. The students were required to write brief summaries of each of these experiences using objective, subjective, and reflective statements. As I was reading and evaluating this work, I became aware that their voices were beginning to emerge or even shift. Yet, I was unclear about how that had happened: Was it related to collaborative learning or our collective experiences in and with music?

November 22: I have been experiencing great joy in reading some of the student's reflections because I sense that their voices are beginning to emerge. I'm unsure if it has to do with collaborative learning or the improvisational experiences, or being exposed to clinical practice in action.

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Students' Avoiding Conflict

During the interviews, I became aware of the students' preference to avoid conflict. Each student stated that they felt comfortable stating their own opinion or "speaking with their own voice," that is, until a conflict emerged. Thus, if their voice conflicted with another's, they would use various mechanisms to avoid a fight, or even a debate.

September 10: I found myself reflecting on the diverse backgrounds and what a rich class this is. Each of the students, in their own way is striving so hard to become themselves, in their own way. Yet, as I listen to them talk about their voice, almost without fail, each says they're not afraid to state their opinion, yet when it comes to conflict, they avoid it like the plague. It seems to be an emergent theme, that the avoidance of conflict takes precedence over debate. Each student talked about trying to talk to the other person or share opinions, yet if there was disagreement they most often would agree to disagree and let it go at that.

At that time, I wondered how this interactive style and preference for conflict-avoidance would affect the interactions within the collaborative groups.

Expectations and Reactions to a "Good Performance"

As is the case with any instructor, I also became aware of my expectations and reactions to "good performances." Instructors tend to revel at the sight of a good performance or the success of good students. Perhaps we perceive the student's accomplishment as a reflection of our successful teaching. Perhaps it's a form of parental

pride in the success of a student. In my own reflections, I became aware of how my expectations for a good performance and subsequently my reinforcement of good performances may have contributed to the student's focus on the Friday presentations.

September 23: [The Task Masters] seem destined to be the leaders of the pack. It is unbelievable, make that believable but exciting to hear them be so articulate. I of course, wonder, [what] causes them to excel this way; was it the result of purely arbitrary assignment, or simply that some very bright students have gotten together? Or, are there extremely bright students speaking for the group?

. . . I'm not sure how they're putting it all together, but they have done an admirable job.

Now as I write this dissertation, I wonder whether or not my evaluations of their group discussions and presentations reinforced their focus on creating good presentations in answer to the question, "what does he want?"

Communications

One final theme that emerged from my journal was my communications with the students. I thought that I was clear in my written and verbal statements, yet I am reminded of an old popular song lyric, "a man hears what he wants to hear and disregards the rest"³⁶.

September 13: Various members of the groups reported that there had been some confusion about the reading assignment, since I had provided the revised class schedule. So, some students hadn't read the Sears chapter and had read about Sears in the Kenny book or

³⁶ This personal recollection is based on *The Boxer* by Paul Simon and Art Garfunkel.

just didn't read it. One student claimed that he'd read it last week so he wasn't prepared to discuss it. I'm not so sure he even read it the first time. He seems to have a lackadaisical attitude about things and he had mentioned that he thought this class might be fun. So far, his participation in group discussion has not been good. Nonetheless, I clarified that the revised syllabus was the one we were working from. Some students reported not having a copy of the Sears article. I was afraid of this and on Monday had asked if everyone had it. No one responded. Today, I gave copies to those who didn't have one.

I've found myself wondering how it is that lecturing ever was a successful teaching methodology. If the instructions that I provided were not clear, how in the world would a lecture ever have succeeded. Yes, it's an 8:00 AM class and not every one is a morning person, but I distinctly remember handing out the revised schedule and explaining that they should discard the previous one and use this one. Perhaps, next time, I'll keep the class schedule separate from the class syllabus. With the schedule and syllabus all stapled together; I can see how one could forget that there was a revised part and not a revised whole.

There was also the issue of the recorder's role in the consensus groups. I thought that I had gone to great lengths, both written and verbal, to describe and explain that the recorder was a note taker for the group, and as such, the recorder was to present the group's findings to the class. However, the students interpreted and defined the recorder as the researcher and presenter.

The "Zingers"

Bracketing my experience must include an acknowledgement of the "zingers," the things that really got to me. Clearly, my therapist mind-set and training came into play to handle them. In the therapy community and

probably among parents, it is well known that adolescents are the most skillful age group for "pushing adult's buttons" and zinging authority figures.

Reflecting on them, I must acknowledge two that were the most striking.

1. What I perceived as an initial exclusion of the two Japanese women by their group members.

2. Barb.

My reaction to the initial dynamics of the "Quiet Ones" was sufficiently discussed in chapter 7. However, I found that I had to rely on my therapist's training and experience to be open to hear what Barb was saying and to not internalize it, too much. On the one hand, I heard cutting criticism, but my therapist mind-set knew there was something behind the statements. She was consistently dismissive of music therapy, sought ways to avoid observing or experiencing it, and seemed to reinforce her perception of music therapy through limited participation or adjusting the course requirements to meet her perception of music therapy. I wondered if and how that could have changed, or what I could have done to change it.

It was indeed painful to hear her biting criticism and dismissive comments. While I am concerned about the overall impression of music therapy that she took away from this

class, I also realize that her subjective state of knowing would not have allowed her to learn or change. Thus, once I framed that criticism within a context of subjective knowing (Belenky, et al., 1986/1997), I was able to consider her statements in a different light. Nonetheless, I am sad about the results that she took away from this experience.

Quantitative/Qualitative Tension

Finally, I must acknowledge my internal tension between my life-long exposure and experience within a quantitative paradigm as I shifted, blended, or sought to balance it with my newly acquired mind-set of qualitative inquiry. The clearest evidence of this internal balancing act emerged in my attempts to study specific data while engaging in the essence of phenomenological meaning making through narrative discourse. In addition, the tension may be noted in the content of this dissertation. It will need continued refining.

The Closing Ceremony

During our last meeting, we celebrated the completion of the course and the student's introduction to the profession. We collectively planned the celebration, and the opportunity to make music together--one last time--was the most consistently requested element.

December 18: It was time for an improv. So, I grabbed the largest tubano since somebody else had the djembe. And I started a driving beat to "LEAD" the class. As I was playing, I reflected on what it felt like to take charge of this improv and really lead it. I musically played and played off of [Samantha], who was sitting next to me, and some of the others. Mary and Barb were opposite me and their affect suggested that they were both bored, again. Their playing was flaccid, and sporadic. Barb in fact quit playing and turned in her instrument, but didn't take another.

For me, the music felt good. It coalesced into something. Many of the students were seriously engaged in playing. Even though it coalesced, it didn't develop a life of its own. It kind of stayed where it was, just together. So, I took the "lead" again, increased the tempo and brought it to a close.

I revealed to the class how hard it had been for me to not seize control of the class and how I believed that the best way to teach is collaboratively. But, I acknowledged that it was hard for me to give up control and that it felt good to finally be able to take control of something, now that the class was over. I think I saw looks of surprise, possibly confusion, but there was a definite something in their expressions as I disclosed this control issue.

I thanked them all for allowing me to be part of their lives and said something to the effect that I felt honored and privileged to have been with them for this part of their learning experience. I encouraged all of them to continue to strive for their own growth and development and wished them all well in their futures. I acknowledged them for the integrity, intensity and depth of character that I saw in each of them. How they heard it, I may never know.

Summary

My experience in this project was multi-faceted. As the instructor and researcher-participant in this action research project, several factors interacted and were interrelated in the process. The experience can be framed

in terms of the tensions or conflicts that emerged within me, along with the external events and the impact those events may or may not have had on the process. It would have been difficult to study this process from a linear, cause-and-effect model. The variables cannot be isolated. Therefore, a qualitative approach to studying this process was most appropriate.

The various tensions or conflicts that I experienced in this process have represented the essence of the interactions between myself and the students as the instructor and researcher-participant, and thus, answered the research question.

Discussion

Hamilton (1994) proposed a five-stage, developmental model for teachers in the construction of collaborative learning environments.

Stage One: Learning rules, techniques, and strategies.

Stage Two: Applying what you have learned.

Stage Three: Developing competence.

Stage Four: Becoming proficient.

Stage Five: Becoming an expert. (pp. 97-99)

Clearly, my work with this class has been a stage two experience that provided an opportunity to move towards stage three.

Hamilton discussed the difficulty that permeates stage two as a period of experimentation for the instructor and the students. She noted that at this level, implementing successful instructional strategies was the primary challenge. Once the instructor has learned about collaborative learning, implementing a strategy that is comfortable for the students and the instructor and drives collaborative processes requires walking that same fine line that I found myself on. She noted that student progress, at this stage, could often be defined in terms of a product. Subsequently, the opportunity to work in true collaboration becomes lost on the product focus, and collaborative work could be construed as a waste of time. Nonetheless, she concluded that getting through this stage requires experimentation and understanding that change takes time.

Tompkins (1990) found that she was thinking, as I had thought, about the "distance between" (p. 653) what teachers believed and how they taught. She recognized that her teaching style was a form of performance that was driven by her fears of being found out, shown up, or

exposed. She wanted the students to like and respect her, and she realized that this performance based teaching style merely taught the students "how to perform within an institutional academic setting in such a way that they will be thought highly of by their colleagues and instructors" (p. 654). Thus, the students learned to teach the way they were taught and continued the performance for their students, as well as the teachers who taught them.

Tompkins' (1990) epiphany came as the result of poor and inadequate planning so that she borrowed a method from a colleague that was more enjoyable and less anxiety producing; she made the students responsible for presenting the material to the class using a syllabus that she created. In her experience, every class developed "its own intellectual center of gravity" (p. 657) or focal point for the class to discuss a certain issue. In one particular class, there were nightmarish scenarios.

There were days when people went at each other so destructively that students cried after class or got migraine headaches (I started getting migraines after every class before long). There were huge misunderstandings, factions, discussions at cross purposes, floundering, a sense of incoherence, everything that one might have feared. There were days when I decided I had literally opened Pandora's box and that we would all have been better off conducting business as usual. (p. 659)

However, she also experienced this class as the "most exciting class I've ever been in. I never knew what was

going to happen" (p. 659). She experienced the agony and the ecstasy of collaborative learning and learned that "each student is a walking field of energy teeming with agendas" (p. 659). Her experience of the messiness of collaborative learning and the growth in her understanding of students was highly similar to my own experience with this class.

Tompkins (1990) listed the current rules of thumb that guide her work.

1. Trust the students.
2. Talk to the class about the class.
3. Less is more.
4. Offer what you have.
5. Don't be afraid to try new things.
6. Let go. (p. 659)

I must conclude that the messiness that is collaborative learning must be experienced, experimented with, and allowed to emerge. I had to experience it, in order to begin to understand what I had read about and researched. Persistent attempts must be made in order to uncover not only "the music therapist in each of us" (Behnke, 1996), but also to explore the social construction of knowledge that helps to uncover the person within each of us.

CHAPTER 10

SUMMARY, IMPLICATIONS FOR FURTHER STUDY, AND CONCLUSION

The purpose of this action research project was to examine collaborative learning processes as experienced in a course in the fundamentals and principles of music therapy. The research questions for this study were as follows.

1. What were the students' perceptions of this overall class experience as reflected in the students' written materials and participants' interviews?
2. What were the students' perceptions of the collaborative learning experience as reflected in written summary papers and participants' interviews?
3. What were the instructor's perceptions of this collaborative learning experience?
4. What themes emerged from each student's written materials or a participant's interviews that reflected their intellectual thinking (Belenky, et al., 1986/1997; Perry, 1970/1999)?
5. What themes emerged from the students' written materials or participants' interviews that may reflect issues of self-awareness, multi-cultural awareness, or a disposition of expertise (Milgram-Luterman, 1999)?

6. What themes emerged to reflect interpersonal relationships among the students, within their groups, or between the students and the instructor, or the groups and the instructor?

Summary

This action research study sought to describe a collaborative learning approach to teaching a course in the foundations and principles of music therapy. Selected data were identified to respond to the research questions and to describe and inform the analysis of this experience. A phenomenological analysis identified the emergent themes of the students' responses and interactions, as well as the instructor's responses and interactions with the students.

The emergent themes suggested that there were multiple and varying levels and types of interactions within and among the students, the groups, and the instructor. Interpretive analyses of the students' individual and consensus group processes were framed within developmental paradigms identified for the study (Belenky, et al., 1986/1997; Erikson, 1968; Milgram-Luterman, 1997; Perry, 1970/1999). This analysis revealed various levels of individual development that influenced each student's perception of the experience.

The diversity of their experience was similar to that which has been reported from other disciplines using collaborative learning methods. Overall, some students preferred the experience, some offered thoughtful criticism, and some were strongly opposed to the experience or the manner in which it was conducted. Most of the students appreciated the social atmosphere and the relationships that they built, as well as the opportunity to learn from and about each other. One-third of the students noted that learning collaboratively enhanced their understanding of the breadth and depth of music therapy.

Several students reported a transformational experience. One student observed that she had moved from total reliance on authority for her learning to recognizing that she could direct her own learning. Another student committed to truly expressing herself, rather than trying to be what she thought other people wanted her to be, and she reaffirmed music therapy as her career choice. A student for whom English was a second language learned that it was more important to express what she had to say than to worry about how she said it, and that prompted her to be much more expressive in English.

Two students had strong negative reactions to this course. One student operated from a subjective way of

knowing (Belenky, et al., 1986/1997) that was either a retreat to dualistic thinking, or reflective of her intellectual development. Another student retreated to dualism (Perry, 1970/1999), possibly in response to the social interactions in her group. Finally, another student derived limited benefit from this collaborative learning experience because she remained in silence (Belenky, et al., 1986/1997) through the end of the course.

The instructor's experience was reflective of a first attempt to teach collaboratively (Hamilton, 1994). The challenges and conflicts that emerged were related to the tasks of developing course materials, implementing collaborative learning, experiencing the process of teaching collaboratively, and serving multiple roles as the instructor and participant-researcher.

Additional Factors

Milgram-Luterman (1997) noted that immersing students in experiences facilitated the transition through the developmental stages that she described. Thus, the Musical Experimentals were an integral component of this course. Through these experiences, the students were required to explore their individual connection and relationship with music (Music I Connect With), as well as to explore and develop relationships with other class members during

musical improvisations. Several of the students commented that these improvisational experiences enhanced their individual interrelationships, contributed to group cohesion, and helped establish a sense of community for the entire class.

While it is clear that this experiential component contributed to the students' experience and interacted with the collaborative learning methodology, the specific contribution of each to the overall experience or the interactions between them cannot be sorted out.

The death of my mother certainly affected my participation in this study; yet, its full impact or lack of impact on the students is unknown.

Implications for Further Study

This was the first study to explore collaborative learning in music therapy education. The study profiled a unique experience that was specific to these students, in this class, at this university, at this time, and with this instructor. It is clear that students' developmental levels affect their learning process (Silverman & Casazza, 2000). It is also clear that a competency-based curriculum does not fully address the developmental needs of student music therapists. Using collaborative learning as a teaching

methodology throughout the music therapy curriculum could resolve this discrepancy. Thus, additional studies are needed to explore the efficacy of collaborative learning in music therapy education. Suggestions for further study include the following:

1. Studying collaborative learning in other introductory or foundational courses, in other academic environments, in other music therapy courses, and throughout the music therapy curriculum.
2. Studying the efficacy of collaborative learning in music therapy practicum settings and clinical training.
3. Introducing music therapy educators to collaborative learning through in-service education, faculty development programs, and teacher training.
4. Developing and reporting on action research projects by those educators who may already be teaching or wish to teach collaboratively.
5. Conducting studies to understand the implications or applicability--for music therapy education and clinical training--of the developmental paradigms (Belenky, et al., 1986/1997, Milgram-Luterman, 1997; Perry, 1970/1999) that were used in this study.
6. Developing cooperative action research projects in collaborative learning between researchers and instructors.

7. Conducting further analysis of the existing data.
8. Further reporting on particular aspects of this study.
9. Conducting additional studies by this researcher to develop increasing competence as a collaborative teacher.
10. Conducting follow-up studies with the music therapy students in this study to ascertain if this teaching approach had any long-term effects on their personal or professional development.

Conclusion

Phenomenological investigations seek to study events as they occur and to offer a full and richly detailed description of the experience. Structural synthesis of emergent themes seeks to describe the "true meaning" (Patton, 1990, p. 409) of the experience from the participant's and researcher's perspective.

Collaborative learning addresses several important curricular issues such as multiculturalism, critical pedagogy, the social construction of knowledge, developing intra- and interdependence, and teaching to individual differences. Professional music therapists work in multicultural environments, think critically, cooperate and participate in multidisciplinary treatment teams, and must

be self-aware in a therapeutic environment. Collaborative learning is a teaching methodology that can address these aspects of self-development and attend to the developmental needs of student music therapists.

In addition, collaborative learning fosters a disposition of expertise (Milgram-Luterman, 1999) that would promote, support, and sustain the profession through the retention of clinicians and thus, increase the number of advanced level clinicians that would increase the prevalence and efficacy of music therapy in health care.

Teaching collaboratively challenges a teacher's pedagogy and can only emerge through increased exploration of collaborative learning processes within teaching environments. Teaching collaboratively requires new learning to discard old habits, methods, and beliefs, so that the evolution of a collaborative teacher requires persistence, dedication, and commitment.

As the first reported study of collaborative learning in music therapy education, this research has provided a full and richly detailed description of collaborative learning as it was experienced in a course in the foundations and principles of music therapy.

This study has offered but one small step in the exploration of collaborative learning in music therapy

education. It is hoped that the study afforded the music therapy students an opportunity to begin to explore themselves as musician-clinicians embarked on a journey to live--in music--with those in need. Additionally, it is hoped that the students experienced a deeper understanding of their own relationship with music and the connectedness we share as human beings when we make music together.

This study helped me to understand who I am as a teacher, clinician, and researcher and thus, improve my pedagogy. "The kind of classroom situation one creates is the acid test of what it is one really stands for" (Tompkins, 1990, p. 656).

REFERENCES



REFERENCES

Abeles, H. F., Hoffer, C. R., & Klotman, R. H. (1984). Foundations of music education. New York: Schirmer Books.

Aigen, K. (1991). The voice of the forest: A conception of music for music therapy. Music Therapy, 10, 77-98.

Aigen, K. (1995). Principles of qualitative research. In B. L. Wheeler (Ed.), Music therapy research: Quantitative and qualitative perspectives (pp. 283-311). Gilsum, NH: Barcelona.

Aigen, K. (1998). Paths of development in Nordoff-Robbins music therapy. Gilsum, NH: Barcelona

Aldridge, D. (1996). Music therapy research and practice in medicine: From out of the silence. Bristol, PA: Jessica Kingsley.

Alley, J. M. (1978). Competency based evaluation of a music therapy curriculum. Journal of Music Therapy, 15, 9-14.

American Association for Music Therapy (AAMT) (1975). Manual on AAMT Approval of Educational Programs in Music Therapy. New York: American Association for Music Therapy.

American Music Therapy Association. (1997). Clinical training guidelines (rev.). Silver Spring, MD: American Music Therapy Association.

American Music Therapy Association. (2000). AMTA member sourcebook. Silver Spring, MD: American Music Therapy Association.

American Music Therapy Association. (2001). Standards for education and clinical training. Silver Spring, MD: American Music Therapy Association.

Amir, D. (1996). Music therapy-holistic model. Music Therapy, 14, 44-60.

Ansdell, G. (1995). Music for life: Aspects of creative music therapy with adult clients. Bristol, PA: Jessica Kingsley.

Armstrong, J. L., & Yarbrough, S. L. (1996). Group learning: The role of environment. In S. Imel (Vol. Ed.), New directions for adult and continuing education: Vol. 71. Learning in groups: Exploring fundamental principles, new uses, and emerging opportunities (pp. 33-39). San Francisco: Jossey Bass.

Behnke, C. A. (1996). My Viewpoint: A music therapist and sole proprietorship. Music Therapy Perspectives, 14, 63-65.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule J. M. (1986/1997). Women's ways of knowing (10th Anniversary ed.). New York: Basic Books.

Bell-Metereau, R. (1994). Breaking boundaries, solving problems, giving gifts: Student empowerment in small group work. In S. B. Reagan, T. Fox, & D. Bleich (Eds.), Writing with: New directions in collaborative teaching, learning, and research (pp. 247-264). Albany: State University of New York Press.

Bents, R., & Wierschke, A. (1996). Test-retest reliability of the Myers-Briggs Type Indicator. Journal of Psychological Type, 36, 42-46.

Berg, M. H. (1997). Social construction of musical experience in two high school chamber music ensembles. (Doctoral dissertation, Northwestern University, 1997). Dissertation Abstracts International, 58, 1228A.

Bergee, M. J., & Grashel, J. W. (1985). Psychosocial profiles of music education undergraduates based on Erikson's principles of epigenetic development. The Quarterly Journal of Music Teaching and Learning, 6(1), 5-15.

Bitcon, C. H. (1981). Guest editorial. Journal of Music Therapy, 18, 2-6.

Blank, C. L. (2000, November). The development of undergraduate competencies for the music therapy profession. Paper presented at the National Conference of the American Music Therapy Association, St. Louis, MO.

Bobbitt, F. (1918). The curriculum. Cambridge, MA: The Riverside Press.

Bonk, C. J., & Kim, K. A. (1998). Extending sociocultural theory to adult learning. In M. C. Smith & T. Pourchot (Eds.), Adult learning and development: Perspectives from educational psychology (pp. 67-88). Mahwah, NJ: Lawrence Erlbaum Associates.

Boone, P. C. (1989). Future trends and new models for clinical training. Music Therapy Perspectives, 7, 96-99.

Boschee, F., Beyer, B. M., Engelking, J. L., & Boschee, M. A. (1997). Special and compensatory programs: The administrator's role. Lancaster, PA: Technomic.

Bosworth, K., & Hamilton, S. J. (Eds.). (1994). Collaborative learning: Underlying processes and effective techniques. In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #59. San Francisco: Jossey-Bass.

Bracey, G. W. (1994). Achievement in collaborative learning. Phi Delta Kappan, 76, 254-255.

Braswell, C. (1987). Accountability in music therapy education. In C. D. Maranto & K. E. Bruscia (Eds.), Perspectives on music therapy education and training (pp. 39-43). Philadelphia: Temple University.

Braswell, C., Decuir, A., & Brooks, D. M. (1985). A survey of clinical training in music therapy: Degree of compliance with NAMT guidelines. Journal of Music Therapy, 22, 73-86.

Braswell, C., Decuir, A., & Jacobs, K. (1989). Job satisfaction among music therapists. Journal of Music Therapy, 26, 2-17.

Braswell, C., Decuir, A., & Maranto, C. D. (1980). Ratings of entry level skills by music therapy clinicians, educators, and interns. Journal of Music Therapy, 17, 133-147.

Braswell, C., Maranto, C. D., & Decuir, A. (1979). A survey of clinical practice in music therapy part II: Clinical practice, educational, and clinical training. Journal of Music Therapy, 16, 50-69.

Briggs, K. C., & Briggs Myers, I. (1998). Myers-Briggs Type Indicator (6th ed.). Palo Alto, CA: Consulting Psychologists Press.

Briggs Myers, I. (1998). Introduction to type (6th ed.) (rev. by L. K. Kirby & K. D. Myers). Palo Alto, CA: Consulting Psychologists Press.

Brookins, L. M. (1984). The music therapy clinical intern: Performance skills, academic knowledge, personal qualities and interpersonal skills necessary for a student seeking clinical training. Journal of Music Therapy, 21, 193-201.

Bruffee, K. A. (1999). Collaborative learning: Higher education, interdependence, and the authority of knowledge (2nd ed.). Baltimore: Johns Hopkins University Press.

Bruner, J. (1960). The process of education. Cambridge, MA: Harvard University Press.

Bruscia, K. E. (1986). Advanced competencies in music therapy. Music Therapy, 6A, 57-67.

Bruscia, K. E. (1987). Professional identity issues in music therapy education. In C. D. Maranto & K. E. Bruscia (Eds.), Perspectives on music therapy education (pp. 17-29). Philadelphia: Temple University.

Bruscia, K. E. (1989). The content of music therapy education at undergraduate and graduate levels. Music Therapy Perspectives, 7, 83-87.

Bruscia, K. E. (1995). Differences between quantitative and qualitative research paradigms: Implications for music therapy. In B. L. Wheeler (Ed.), Music therapy research: Quantitative and qualitative perspectives (pp. 65-76). Gilsum, NH: Barcelona.

Bruscia, K. E. (1998a). Defining music therapy (2nd ed.). Gilsum, NH: Barcelona.

Bruscia, K. E. (Ed.). (1998b). The dynamics of music psychotherapy. Gilsum, NH: Barcelona.

Bruscia, K. E., Clair, A. A., Creagan, J., Crowe, B. J., Farnan, L., Forinash, M., Hesser, B., Hughes, J., Selesky, E., Thomas, C., & Wright-Bower, L. (1999). Final report and recommendations of the commission on education and clinical training of the American Music Therapy Association. Silver Spring, MD: American Music Therapy Association.

Bruscia, K. E., Hesser, B., & Boxill, E. H. (1981). Essential competencies for the practice of music therapy. Music Therapy, 1, 43-49.

Bunt, L. (1994). Music therapy: An art beyond words. New York: Routledge.

Caplow, J. A. H., & Kardash, C. M. (1995). Collaborative learning activities in graduate courses. Innovative Higher Education, 19(3), 207-221.

Carlson, J. G. (1985). Recent assessments of the Myers-Briggs Type Indicator. Journal of Personality Assessment, 49(4), 356-365.

Carlyn, M. (1977). An assessment of the Myers-Briggs Type Indicator. Journal of Personality Assessment, 41(5), 461-473.

Cattell, R. B., Saunders, D. R., & Stice, G. (1957). Sixteen Personality Factor Questionnaire (The 16 P.F. Test). Champaign, IL: Institute for Personality and Ability Testing (IPAT).

Chizhik, A. W. (1998). Collaborative learning through high-level verbal interaction: From theory to practice. Clearing House, 72(1), 58-61.

Choi, B. C. (1997). Professional and patient attitudes about the relevance of music therapy as a treatment modality in NAMT approved psychiatric hospitals. Journal of Music Therapy, 34, 277-292.

Christensen, C. B. (1992). Music composition, invented notation and reflection: Tools for music learning and assessment. (Doctoral dissertation, Rutgers University, 1992). Dissertation Abstracts International, 53, A1834.

Clark, M. E., & Ficken, C. T. (1988). Music therapy in the new health care environment. Music Therapy Perspectives, 5, 23-27.

Clark, M. E., & Kranz, P. (1996). A survey of backgrounds, attitudes, and experiences of new music therapy students. Journal of Music Therapy, 33, 124-146.

Cohen, N. S., Hadsell, N. A., & Williams, S. L. (1997). The perceived applicability of applied music requirements in the vocational practices of professional music therapists. Music Therapy Perspectives, 15, 67-72.

Conkling, S. W. (2000). Collaboration in the choral ensemble. Choral Journal, 41(2), 9-15.

Cook, B. P. (1994). Rethinking teaching and testing: Quality in the classroom. Paper presented at the Eastern Regional Competency-Based Education Consortium's Annual Total Quality Education Conference, Asheville, NC. (ERIC Document Reproduction Service No. ED 367 406)

Cooper, M. M., George, D., & Sanders, S. (1994). Collaboration for a change: Collaborative learning and social action. In S. B. Reagan, T. Fox, & D. Bleich (Eds.), Writing with: New directions in collaborative teaching, learning, and research (pp. 31-45). Albany: State University of New York Press.

Cordeiro, P. A., Reagan, T. G., & Martinez, L. P. (1994). Multiculturalism and TQE: Addressing cultural diversity in schools. Thousand Oaks, CA: Corwin Press.

Corsini, R. J., & Wedding, D. (Eds.). (1995). Current psychotherapies (5th ed.). Itasca, IL: F. E. Peacock.

Cramer, S. F. (1994). Assessing effectiveness in the collaborative classroom. In K. Bosworth & S. J. Hamilton (Eds.), Collaborative learning: Underlying processes and effective techniques (pp. 69-81). In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #59. San Francisco: Jossey-Bass.

Cranton, P. (1996). Types of group learning. In S. Imel (Vol. Ed.), New directions for adult and continuing education: Vol. 71. Learning in groups: Exploring fundamental principles, new uses, and emerging opportunities (pp. 25-32). San Francisco: Jossey Bass.

Curriculum Research and Evaluation (CRE). (2000, January). Hartford public high school: Analysis of 1998 & 1999 first quarter 9th grade student records. (ERIC Document Reproduction Service No. ED 438 330)

Darrow, A. A., & Malloy, D. (1998). Multicultural perspectives in music therapy: An examination of the literature, educational curricula, and clinical practices in culturally diverse cities of the United States. Music Therapy Perspectives, 16, 27-32.

Davis, W. B., & Gfeller, K. E. (1999). Music therapy: A historical perspective. In W. B. Davis, K. E. Gfeller, & M. H. Thaut (Eds.), An introduction to music therapy: Theory and practice (2nd ed.) (pp. 15-34). New York: McGraw-Hill College.

Davis, W. B., Gfeller, K. E., & Thaut, M. H. (Eds.) (1999). An introduction to music therapy: Theory and practice (2nd ed.). New York: McGraw-Hill College.

Dechant, K., Marsick, V. J., & Kasl, E. (1993). Towards a model of team learning. Studies in Continuing Education, 15(1), 1-14.

Decuir, A. (1989). Musicianship and music skills training for music therapists. Music Therapy Perspectives, 7, 88-90.

Dee, J. R., & Henkin, A. B. (1999). Collaborative learning, communication, and student outcomes in higher education: Assessing verbal interaction. Journal of Staff, Program and Organizational Development, 16(3), 125-134.

de l'Etoile, S. (2000). The history of the undergraduate curriculum in music therapy. Journal of Music Therapy, 37, 51-71.

Denzin, N. K. (1989). Interpretive interactionism. Newbury Park, CA: Sage.

Devito, A. J. (1985). Review of Myers-Briggs Type Indicator. In J. V. Mitchell, Jr. (Ed.), Ninth mental measurements yearbook (pp. 1029-1032). Lincoln, NE: Buros Institute of Mental Measurements.

Dewey, J. (1916). Democracy and education. New York: Macmillan.

DiTiberio, J. K., & Hammer, A. L. (1993). Introduction to type in college. Palo Alto, CA: Consulting Psychologists Press.

Doll, W. E., Jr. (1993). A post-modern perspective on curriculum. In J. F. Soltis (Series Ed.), Advances in contemporary educational thought. New York: Teachers College Press.

Eagle, C. T., Jr. (1991). Steps to a theory of quantum therapy. Music Therapy Perspectives, 9, 56-60.

Emerson, A., Phillips, J., Hunt, C., & Alexander, A. B. (1994). Case studies. In K. Bosworth & S. J. Hamilton (Eds.), Collaborative learning: Underlying processes and effective techniques (pp. 83-91). In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #59. San Francisco: Jossey-Bass.

Erikson, E. (1968). Identity: Youth and crisis. New York: Norton.

Farnan, L. (1995). Issues in clinical training. Music Therapy Perspectives, 13, 63-64.

Farnan, L. (1997a). Issues in clinical training: What do interns think of their training? Music Therapy Perspectives, 15, 9-10.

Farnan, L. (1997b). Issues in clinical training: Identifying and creating good interns. Music Therapy Perspectives, 15, 56.

Farnan, L. (1998). Issues in clinical training: Identifying and creating good interns-reader responses. Music Therapy Perspectives, 16, 60.

FileMaker, Inc. (1993-1998). FileMaker Pro (version 4.1) [computer software]. Santa Clara, CA: FileMaker.

Fischer, J. O. (1966). Curriculum discussion raised by Dr. Clifford Madsen [letter to the editor]. Journal of Music Therapy, 3, 80.

Flinders, D. J., & Thornton, S. J. (Eds.). (1997). The curriculum studies reader. New York: Routledge.

Fox, T. (1994). Race and gender in collaborative learning. In S. B. Reagan, T. Fox, & D. Bleich (Eds.), Writing with: New directions in collaborative teaching, learning, and research (pp. 111-121). Albany: State University of New York Press.

Freire, P. (1970). Pedagogy of the oppressed. New York: Continuum.

Galloway, H. F., Jr. (1966). Articulation problems in the academic and clinical training of music therapists. Unpublished study, Music Therapy Department, Florida State University, Tallahassee.

Gardner, H. (1983). Frames of mind: The theory of multiple intelligences. New York: Basic Books.

Gaston, E. T. (1964). Developments in the training of music therapists. Journal of Music Therapy, 1, 148-150.

Gaston, E. T. (1965). A note of disagreement [letter to the editor]. Journal of Music Therapy, 2, 135.

Gault, A. W. (1978). An assessment of the effectiveness of clinical training in collegiate music therapy curricula. Journal of Music Therapy, 15, 36-39.

Gfeller, K. E., & Davis, W. B. (1999a). Clinical practice in music therapy. In W. B. Davis, K. E. Gfeller, & M. H. Thaut (Eds.), An introduction to music therapy: Theory and practice (2nd ed.) (pp. 3-14). New York: McGraw-Hill College.

Gfeller, K. E., & Davis, W. B. (1999b). The role of research in music therapy. In W. B. Davis, K. E. Gfeller, & M. H. Thaut (Eds.), An introduction to music therapy: Theory and practice (2nd ed.) (pp. 290-338). New York: McGraw-Hill College.

Glider, J. S. (1987). Trainee distress and burn-out: Threats for music therapists? In C. D. Maranto & K. E. Bruscia (Eds.), Perspectives on music therapy education and training (pp. 195-207). Philadelphia: Temple University.

Goldberg, M. R. (1990). Teaching and learning: A collaborative process. Music Educators Journal, 76(5), 38-41.

Goodsell, A. S., Maher, M. R., Tinto, V., Smith, B. L., & MacGregor, J. (Eds.). (1992). Collaborative learning: A sourcebook for higher education. University Park, PA: National Center on Postsecondary Teaching, Learning and Assessment.

Graham, R. M. (1973). Four questions concerning music therapy [guest editorial]. Journal of Music Therapy, 10, 169-170.

Granott, N. (1998). We learn, therefore we develop: Learning versus development-or developing learning? In M. C. Smith & T. Pourchot (Eds.), Adult learning and development: Perspectives from educational psychology (pp. 15-34). Mahwah, NJ: Lawrence Erlbaum Associates.

Grant, R. E., & McCarty, B. (1990). Emotional stages in the music therapy internship. Journal of Music Therapy, 27, 102-118.

Groene, R. W., & Pembroke, R. G. (2000). Curricular issues in music therapy: A survey of collegiate faculty. Music Therapy Perspectives, 18, 92-102.

Hamilton, S. J. (1994). Freedom transformed: Toward a developmental model for the construction of collaborative learning environments. In K. Bosworth & S. J. Hamilton (Eds.), Collaborative learning: Underlying processes and effective techniques (pp. 93-101). In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #59. San Francisco: Jossey-Bass.

Hesser, B. (1985). Advanced clinical training in music therapy. Music Therapy, 5, 66-73.

Hickcox, L. K. (1995). Learning styles: A survey of adult learning style inventory models. In R. R. Sims & S. J. Sims (Eds.), The importance of learning styles: Understanding the implications for learning, course design, and education (pp. 25-47). Westport, CT: Greenwood Press.

Hoffman, J. A. (1991). Computer-aided collaborative music instruction. Harvard Educational Review, 61(3), 270-278.

The Holmes Group (1990). Tomorrow's schools: Principles for the design of Professional Development Schools (A Report of The Holmes Group). Michigan State University, East Lansing, MI: Author.

Hooks, B. (1994). Teaching to transgress: Education as the practice of freedom. New York: Routledge.

Hoskovec, J., & Casas, E. (1998). The development of the Czech version of the MBTI. Studia Psychologica, 40(1-2), 107-114.

Iley, D. J. (1976). A curriculum study based upon Herbert Galloway's articulation problems in the academic and clinical training of music therapists. Unpublished master's thesis, Florida State University.

Illinois State Board of Higher Education. (1998, January). Higher education policy initiative on undergraduate education: 1986-1998. (ERIC Document Reproduction Service No. ED 417 659)

Imel, S., & Tisdell, E. J. (1996). The relationship between theories about groups and adult learning groups. In S. Imel (Vol. Ed.), New directions for adult and continuing education: Vol. 71. Learning in groups: Exploring fundamental principles, new uses, and emerging opportunities (pp. 15-24). San Francisco: Jossey Bass.

Jensen, K. L., & McKinney, C. H. (1990). Undergraduate music therapy education and training: Current status and proposals for the future. Journal of Music Therapy, 27, 158-178.

Johnson, D. A. (1992). Test-retest reliabilities of the Myers-Briggs Type Indicator and the Type Differentiation Indicator over a 30-month period. Journal of Psychological Type, 24, 54-58.

Kasl, E., Marsick, V., & Dechant, K. (1992). A conceptual model for group learning. In A. Blount (Ed.), 33rd Annual Adult Education Research Conference (AERC) Proceedings (Saskatoon, Saskatchewan, Canada, May 15-17, 1992) (Rev. ed.). Saskatoon: College of Education, University of Saskatchewan. (ERIC Document Reproduction Service No. ED 368 856)

Keil, C. (1987). Culture, music and collaborative learning. Echology, 1, 7-12.

Kenny, C. B. (1985). Music: A whole systems approach. Music Therapy, 5, 3-11.

Kenny, C. B. (1989). The field of play: A guide for the theory and practice of music therapy. Atascadero, CA: Ridgeview.

Knefelkamp, L. L., & Slepitz, R. (1978). A cognitive-developmental model of career development: An adaptation of the Perry Scheme. In C. A. Parker (Ed.), Encouraging development in college students (pp. 135-150). Minneapolis: University of Minnesota Press.

Kohlberg, L. & Mayer, R. (1972). Development as the aim of education. Harvard Educational Review, 42(4), 449-496.

Lathom, W. B. (1982). Survey of current functions of a music therapist. Journal of Music Therapy, 19, 2-27.

Lefrançois, G. R. (1997). Psychology for teaching (9th ed.). Belmont, CA: Wadsworth.

Lewin, K. (1951). Field theory in social science: Selected theoretical papers. New York: Harper Collins.

Lincoln, Y. S., & Guba, E. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lindeman, E. C. (1921). The community: An introduction to the study of community leadership and organization. New York: Association Press.

Lovelock, J. E. (2000). Gaia: A new look at life on earth (3rd ed.). London: Oxford University Press.

Luce, D. W. (2001). Collaborative learning in music education: A review of literature. Update: Applications of Research in Music Education, 19(2), 20-25.

Madsen, C. K. (1965). A new music therapy curriculum. Journal of Music Therapy, 2, 83-85.

Madsen, C. K., & Kaiser, K. A. (1999). Pre-internship fears of music therapists. Journal of Music Therapy, 36, 17-25.

Maher, F. A., & Tetreault, M. T. (1994). The feminist classroom. New York: Basic Books.

Maranto, C. D. (1987). Continuing themes in the literature on music therapy education and training. In C. D. Maranto & K. E. Bruscia (Eds.), Perspectives on music therapy education and training (pp. 1-15). Philadelphia: Temple University.

Maranto, C. D. (1989a). California symposium on music therapy education and training: Summary and recommendations. Music Therapy Perspectives, 7, 108-109.

Maranto, C. D. (1989b). Future trends, issues of accountability, and new models for music therapy education and training. Music Therapy Perspectives, 7, 100-102.

Maranto, C. D., & Bruscia, K. E. (Eds.). (1987). Perspectives on music therapy education and training Philadelphia: Temple University.

Maranto, C. D., & Bruscia, K. E. (1988). Methods of teaching and training the music therapist. Philadelphia: Temple University.

Marker, P. (1966). More on Madsen and MT Curriculum [letter to the editor]. Journal of Music Therapy, 3, 80.

McGinty, J. K. (1980). Survey of duties and responsibilities of current music therapy positions. Journal of Music Therapy, 17, 148-166.

McKeachie, W. J. (Ed.). (1999). McKeachie's teaching tips: Strategies, research and theory for college and university teachers (10th ed.). New York: Houghton Mifflin.

Menneke, B. E., Hoffer, J. A., & Wynne, B. E. (1992). The implications of group development and history of group support system theory and practice. Small Group Research, 23(4), 524-572.

Michel, D. E. (2000). My viewpoint: An assessment of music therapy over the past fifty years and a vision for its future. Music Therapy Perspectives, 18, 72-77.

Microsoft Excel 98: Macintosh Edition [computer software]. (1993-1998). Redmond, WA: Microsoft Corporation.

Microsoft Word 98: Macintosh Edition [computer software]. (1993-1998). Redmond, WA: Microsoft Corporation.

Milgram-Luterman, J. (1997). Development of a theory of undergraduate music therapy education as reflective practice: A developmental perspective. Unpublished Master's Thesis, University of Western Ontario, Windsor, Ontario, Canada.

Milgram-Luterman, J. (1999). Toward a disposition of music therapy expertise as expansion of the self. Canadian Journal of Music Therapy, 6(2), 24-38.

Milgram-Luterman, J. (2000). A phenomenological study of a music therapy peer support group for senior music therapy students. Unpublished Doctoral Dissertation, Michigan State University.

Miller, R. (Fall, 2000). Caring education & meaningful democracy. Lapis, 12, 35-37.

Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.

Moreno, J. (1969). The identity of the music therapist. Journal of Music Therapy, 6, 19-21.

Moreno, J. (1988). Multicultural music therapy: The world music connection. Journal of Music Therapy, 25, 17-27.

Moreno, J. (1996). International perspectives [column]. Music Therapy Perspectives, 14, 8-9.

Muskatevc, L. C. (1966). Blueprint for growth (Presidential Address, 17th Annual Conference of the National Association for Music Therapy, Cleveland, OH). Journal of Music Therapy, 3, 117-119.

National Academy of Education (1999). Recommendations regarding research priorities: An advisory report to the National Educational Research Policy and Priorities Board. Washington, DC: National Academy of Education. (ERIC Document Reproduction Service No. ED 429 132)

National Association for Music Therapy. (1996). Member sourcebook. Silver Spring, MD: American Music Therapy Association.

National Association of Schools of Music (1999-2000). NASM Handbook, 1999-2000. (Available from the National Association of Schools of Music, 11250 Roger Bacon Drive, No. 21, Reston, VA 22090)

Nelson, C. E. (1994). Critical thinking and collaborative learning. In K. Bosworth & S. J. Hamilton (Eds.), Collaborative learning: Underlying processes and effective techniques (pp. 45-58). In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #59. San Francisco: Jossey-Bass.

Nelson, C. E. (1999). On the persistence of unicorns: The tradeoff between content and critical thinking revisited. In B. A. Pescosolido & R. Aminzade (Eds.), The social worlds of higher education: Handbook for teaching in a new century (pp. 168-184). Thousand Oaks, CA: Pine Forge Press.

Nolan, P. (1995). The integration of mental health science concepts in the education of the music therapist. In T. Wigram, B. Saperston, & R. West (Eds.), The art and science of music therapy: A handbook (pp. 433-441). Langhorne, PA: Harwood Academic.

Nordvik, H. (1994). Two Norwegian versions of the MBTI, Form G: Scoring and internal consistency. Journal of Psychological Type, 29, 24-31.

Oliver, S. (1989). Music therapy services of Arizona: An alternative approach to service provision. Journal of Music Therapy, 26, 95-99.

Oppenheim, L. (1987). Factors related to occupational stress or burnout among music therapists. Journal of Music Therapy 24, 97-106.

Parker, C. A. (1978). Introduction: A student development perspective. In C. A. Parker (Ed.), Encouraging development in college students (pp. 3-23). Minneapolis: University of Minnesota Press.

Pascual-Leone, J., & Irwin, R. R. (1998). Abstraction, the will, the self, and modes of learning in adulthood. In M. C. Smith & T. Pourchot (Eds.), Adult learning and development: Perspectives from educational psychology (pp. 35-66). Mahwah, NJ: Lawrence Erlbaum Associates.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park, CA: Sage Publications.

Payton, O. D. (1988). Research: The validation of clinical practice. Philadelphia: F. A. Davis.

Perry, W. G., Jr. (1970/1999). Forms of intellectual and ethical development in the college years. San Francisco: Jossey-Bass (original work published 1970, New York: Holt, Rinehart, and Winston).

Peters, J. M., & Armstrong, J. L. (1998). Collaborative learning: People laboring together to construct knowledge. In I. M. Saltiel, A. Sgroi, & R. G. Brockett (Eds.), The power and potential of collaborative learning partnerships (pp. 75-85). In R. J. Menges & M. D. Svinicki (Series Eds.), New Directions for Teaching and Learning, #79. San Francisco: Jossey-Bass.

Peters, J. S. (2000). Music therapy: An introduction (2nd ed.). Springfield, IL: Charles C. Thomas.

Petrie, G. E., III (1989). The identification of a contemporary hierarchy of intended learning outcomes for music therapy students entering internship. Journal of Music Therapy, 26, 125-139.

Petrie, G. E., III (1993). An evaluation of the National Association for Music Therapy undergraduate academic curriculum: Part II. Journal of Music Therapy, 30, 158-173.

QSR International (1997). N4 Classic (Version 4.0) [Computer Software]. QSR International: Australia. (Information available at www.qsr.com.au)

Reuer, B. (1987). An evaluation of the National Association for Music Therapy curriculum from the perspectives of therapists, and educators of therapists in view of academic, clinical, and regulatory criteria (Doctoral dissertation, University of Iowa, 1987). Dissertation Abstracts International, 48(10), 2528A.

Reuer, B. (1996). Posturing for a changing world: Consulting as a career option. Music Therapy Perspectives, 14, 16-20.

Rider, M. (1997). The rhythmic language of health and disease. St. Louis, MO: MMB Music.

Rose, A. D. (1996). Group learning in adult education: It's historical roots. In S. Imel (Vol. Ed.), New directions for adult and continuing education: Vol. 71. Learning in groups: Exploring fundamental principles, new uses, and emerging opportunities (pp. 3-13). San Francisco: Jossey Bass.

Rugenstein, L. (1996). Wilber's spectrum model of transpersonal psychology and its application to music therapy. Music Therapy, 14, 9-28.

Ruud, E. (1988). Music therapy: Health profession or cultural movement? Music Therapy, 7, 34-37.

Ruud, E. (1998). Music therapy: Improvisation, communication, and culture. Gilsum, NH: Barcelona.

Saggino, A., & Kline, P. (1995). Item factor analysis of the Italian version of the Myers-Briggs Type Indicator. Personality and Individual Differences, 19(2), 243-249.

Salter, D. W., Evans, N. J., & Forney, D. S. (1997). Test-retest of the Myers-Briggs Type Indicator: An examination of dominant functioning. Educational and Psychological Measurement, 57(4), 590-597.

Sanford, N. (1966). Self and society. New York: Atherton Press.

Scartelli, J. P. (1987). Accreditation and approval standards for music therapy education. In C. D. Maranto & K. E. Bruscia (Eds.), Perspectives on music therapy education and training (pp. 17-29). Philadelphia: Temple University.

Scartelli, J. P. (1989). A rationale for levels of certification in music therapy. Music Therapy Perspectives, 7, 93-95.

Schön, D. A. (1983). The reflective practitioner. New York: Basic Books.

Schorsch, J. (1971). Music therapy in process [guest editorial]. Journal of Music Therapy, 8, 41-42.

Seidman, I. (1998). Interviewing as qualitative research: A guide for researchers in education and the social sciences (2nd ed.). New York: Teachers College Press.

Shatin, L., Kotter, W., & Douglas-Longmore, G. (1968). Personality profile of successful music therapists. Journal of Music Therapy, 5, 111-113.

Silverman, S. L., & Casazza, M. E. (2000). Learning and development: Making connections to enhance teaching. San Francisco: Jossey-Bass.

Sim, H. S., & Kim, J. T. (1993). The development and validation of the Korean version of the MBTI. Journal of Psychological Type, 26, 18-27.

Sims, R. R., & Sims, S. J. (Eds.). (1995). The importance of learning styles: Understanding the implications for learning, course design, and education. Westport, CT: Greenwood Press.

Smith, B. L., & MacGregor, J. T. (1992). What is collaborative learning? In A. S. Goodsell, M. R. Maher, V. Tinto, B. L. Smith, & J. MacGregor (Eds.), Collaborative learning: A sourcebook for higher education (pp. 9-22). University Park, PA: National Center on Postsecondary Teaching, Learning and Assessment.

Smith, M. C., & Pourchot, T. (Eds.). (1998). Adult learning and development: Perspectives from educational psychology. Mahwah, NJ: Lawrence Erlbaum Associates.

Standley, J. M. (1989). A prospectus for the future of music therapy: Education standards, requirements, and professional designations. Music Therapy Perspectives, 7, 103-108.

Stephenson, B. W., & Hunt, C. (1977). Intellectual and ethical development: A dualistic curriculum intervention for college students. Counseling Psychologist, 6(4), 39-42.

Taylor, D. B. (1987). A survey of professional music therapists concerning entry level competencies. Journal of Music Therapy, 24, 114-145.

Tebo-Messina, M. (1993). Collaborative learning: How well does it work? Writing on the Edge, 4(2), 63-79.

Tims, F. (1989). Experiential learning in the music therapy curriculum. Music Therapy Perspectives, 7, 91-92.

Tinto, V. (1997). Classrooms as communities: Exploring the educational character of student persistence. Journal of Higher Education, 68, 599-623.

Tomkins, J. (1990). Pedagogy of the distressed. College English, 52(6), 653-660.

Topozada, M. R. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. Journal of Music Therapy, 32, 65-90.

Tsuzuki, Y., & Matsui, T. (1997). Test-retest reliabilities of a Japanese translation of the Myers-Briggs Type Indicator. Psychological Reports, 81(1), 349-350.

Tuckman, B. W. (1965). Developmental sequence in small groups. Psychological Bulletin, 63, 384-399.

Tyler, R. (1949). Basic principles of curriculum and instruction. Chicago: University of Chicago Press.

Vygotsky, L. S. (1962). Thought and language. (E. Hamsman & G. Vankan, Eds. and Trans.). Cambridge, MA: MIT Press.

Walker, D. F., & Soltis, J. F. (1997). Curriculum and aims (3rd ed.). In J. F. Soltis (series ed.), Thinking about education (3rd ed.). New York: Teachers College Press.

Webb, N. M., Nemer, K. M., Chizhik, A. W., & Sugrue, B. (1998). Equity issues in collaborative group assessment: Group composition and performance. American Educational Research Journal, 35(4), 607-651.

Webb, N. M., Troper, J. D., & Fall, R. (1995). Constructive activity and learning in collaborative small groups. Journal of Educational Psychology, 87(3), 406-423.

Wheeler, B. L. (2000). Music therapy practicum practices: A survey of music therapy educators. Journal of Music Therapy, 37, 286-311.

Whipple, E. R. (1987). Collaborative learning: Recognizing it when we see it. American Association for Higher Education Bulletin, 40(2), 3-7.

Widick, C., & Simpson, D. (1978). Developmental concepts in college instruction. In C. A. Parker (Ed.), Encouraging development in college students (pp. 27-73). Minneapolis: University of Minnesota Press.

Wiener, H. S. (1992). Collaborative learning in the classroom: A guide to evaluation. In A. S. Goodsell, M. R. Maher, V. Tinto, B. L. Smith, & J. MacGregor (Eds.), Collaborative learning: A sourcebook for higher education (pp. 89-96). University Park, PA: National Center on Postsecondary Teaching, Learning and Assessment.

Wilber, K. (1996). A brief history of everything. Boston: Shambhala.

Wolf, T. (1994). Conflict as opportunity in collaborative praxis. In S. B. Reagan, T. Fox, & D. Bleich (Eds.), Writing with: New directions in collaborative teaching, learning, and research (pp. 91-110). Albany: State University of New York Press.

Yalom, I. D. (1995). The theory and practice of group psychotherapy (4th ed.). New York: Basic Books.

APPENDICES

Appendix A

NAMT Undergraduate Curriculum - 1952

NATIONAL ASSOCIATION FOR MUSIC THERAPY
MINIMUM MUSIC THERAPY REQUIREMENTS³⁷

UNDERGRADUATE TRAINING LEADING TO B. A. OR B. M.
IN MUSIC THERAPY OR BACHELOR OF MUSIC THERAPY

GENERAL EDUCATION

30 S.H.

Sufficient flexibility is permitted under General Education to allow for the specific requirements of various institutions. English, Speech, Biology, Physiology and the Humanities would normally be included in this group.

PHYSICAL EDUCATION

4 S.H.

To include as many dancing activities as possible—folk, square, tap and creative dancing.

MUSIC

60 S.H.

Basic Theory (2 years) to include Rhythmic and Melodic Dictation, Sight Singing, Keyboard Harmony and Harmony.

History of Music. 1 year.

Piano. Great stress to be place on sight-playing, accompanying, transposition, improvising accompaniments to given melodies, playing by ear, and a wide knowledge of piano literature.

Voice. Preferably class voice, which should include vocal methods.

Organ.

Class Instruments. At least 1 semester each of Brass, Woodwind, and Strings. Percussion instruments recommended. Instrumental ensemble on minor instruments highly desirable.

Conducting.

Arranging. Basic work in arranging and adapting small groups of instruments, rhythm band, musical games and community singing.

Recreational Music. Included are non-symphonic instruments, rhythm band, musical games and community singing.

³⁷ As presented in Gilliland, E. G. (Ed.). (1953). Music Therapy 1952: Second Book of Proceedings of the National Association for Music Therapy, Vol. 2 (pp. xvi-xvii). Lawrence, KS: National Association for Music Therapy. Reprinted with permission.

SOCIAL STUDIES 8 S.H.

Principles of Sociology (Introduction to Sociology).
Delinquent and Normal Behavior
Mental Hygiene.
The Family.

PSYCHOLOGY 16 S.H.

General Psychology (Introduction to Psychology).
Child or Adolescent Psychology.
Abnormal Psychology.
Clinical and Experimental Psychology recommended.
Psychology of Music (4 S.H.).
Influence of Music on Behavior (3-5 S.H.).

GENERAL HOSPITAL ORIENTATION 2 S.H.

GENERAL ELECTIVES 8 S.H.
128 S.H.

CLINICAL TRAINING

A minimum of six months residence internship in an approved neuro-psychiatric hospital with an established music program. Students planning to work with mentally retarded or handicapped children should spend an additional two months in an appropriate institution. The internship is in addition to the 128 hours of on-campus training.

CORE COURSE REQUIREMENTS

Psychology of Music	4 S.H.
Influence of Music on Behavior	3-5 S.H.
Hospital Orientation	2 S.H.

It is assumed that these courses will include the role of *Music in Therapy*, and will be taught by people with experience in that field.

These core courses are the actual professional courses of the Music Therapy curriculum. In order to meet the desired high standards of content, the first two courses should follow other required courses in Psychology. It is essential, therefore, that these be taught only by highly competent people from the field of psychology.

John M. Anderson, M.D.
E. Thayer Gaston, PH.D.
Roy Underwood, Chairman

Appendix B

AMTA Professional Competencies

AMTA PROFESSIONAL COMPETENCIES³⁸

In moving from a course-based to a competency-base curriculum, it must be emphasized that the approved list of competencies not be viewed as a static requirement. As the clinical and research activities of music therapy provide new information, the competency list can and must be revised to reflect the growth of the knowledge base of the profession. As such, this list provides a common ground from which present state, comparisons, and trends can be determined. They also provide a cumulative definition of what we do as music therapists and, therefore, better enable us to convey that definition to others. Scartelli (1994). Pp. 1,3.

– MUSIC FOUNDATIONS

1. Music Theory and History

- 1.1 Recognize standard works in the literature.
Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
- 1.2 Sight-sing melodies of both diatonic and chromatic makeup.
- 1.3 Take aural dictation of melodies, rhythms, and chord progressions.
- 1.4 Transpose simple compositions.

2. Composition and Arranging Skills

- 2.1 Compose songs with simple accompaniment.
- 2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.

3. Major Performance Medium Skills

- 3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
- 3.2 Perform in small and large ensembles.

4. Keyboard Skills

- 4.1 Accompany self and ensembles proficiently.
- 4.2 Play basic chord progressions (I-IV-V-I) in several keys.
- 4.3 Sight-read simple compositions and song accompaniments.
- 4.4 Play a basic repertoire of traditional, folk, and popular songs with or without printed music.
- 4.5 Harmonize and transpose simple compositions.

5. Guitar Skills

- 5.1 Accompany self and ensembles proficiently.
- 5.2 Employ simple strumming and finger picking techniques.
- 5.3 Tune guitar using standard and other tunings.
- 5.4 Perform a basic repertoire of traditional, folk, and popular songs with or without printed music.

³⁸ Reprinted with permission from American Music Therapy Association.

5.5 Harmonize and transpose simple compositions in several keys.

6. Voice Skills

6.1 Lead group singing by voice.

6.2 Communicate vocally with adequate volume (loudness).

6.3 Sing a basic repertoire of traditional, folk, and popular songs in tune with a pleasing quality.

7. Nonsymphonic Instrumental Skills

7.1 Play percussion instruments alone or in ensemble.

7.2 Demonstrate basic knowledge of care and maintenance of nonsymphonic and ethnic instruments.

7.3 Play autoharp or omnichord with same competence specified for guitar.

7.4 Demonstrate basic understanding of technologically advanced instruments (omnichord, MIDI, electronic keyboard).

7.5 Demonstrate basic skills (i.e. rudiments) on several standard percussion instruments sufficient to facilitate rhythm-based experiences for groups and individuals.

8. Improvisation Skills

8.1 Improvise on percussion instruments.

8.2 Compose and develop original melodies, accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally, and instrumentally.

8.3 Improvise in small ensembles.

9. Conducting Skills

9.1 Conduct basic patterns with technical accuracy.

9.2 Conduct small and large vocal and instrumental ensembles.

10. Movement Skills

10.1 Direct structured and improvisatory movement experiences.

10.2 Move in structural rhythmic and improvisatory manners for expressive purposes.

10.3 Move expressively and with interpretation to music within rhythmic structure.

A. CLINICAL FOUNDATIONS

11. Exceptionality

11.1 Demonstrate basic knowledge of the potentials, limitations, and problems of exceptional individuals.

11.2 Demonstrate basic knowledge of the causes and symptoms of major exceptionalities, and basic terminology used in diagnosis and classification.

11.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g. anatomical, physiological, psychological, social.)

12. Principles of Therapy

- 12.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
- 12.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
- 12.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

The Therapeutic Relationship

- 12.4 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
- 12.5 Establish and maintain interpersonal relationships with clients that are conducive to therapy.
- 12.6 Use oneself effectively in the therapist role in both individual and group therapy, e.g. appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired behavioral outcomes.
- 12.7 Utilize the dynamics and processes of groups to achieve therapeutic goals

B. MUSIC THERAPY

13. Foundations and Principles

- 13.1 Demonstrate basic knowledge of existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
- 13.2 Demonstrate basic knowledge of principles, and methods of music therapy assessment and their appropriate application.
- 13.3 Demonstrate basic knowledge of the principles and methods for evaluating the effects of music therapy.
- 13.4 Demonstrate basic knowledge of the purpose, intent, and function of music therapy for various client populations.
- 13.5 Demonstrate basic knowledge of the psychological and physiological aspects of musical behavior and experience (i.e. music and affect; influence of music on behavior; physiological responses to music; perception and cognition of music; psychomotor components of music behavior; music learning and development; preference; creativity).
- 13.6 Demonstrate basic knowledge of philosophical, psychological, physiological, and sociological bases for the use of music as therapy.

14. Client Assessment

- 14.1 Communicate assessment findings and recommendations in written and verbal forms.
- 14.2 Observe and record accurately the client's responses to assessment.
- 14.3 Identify the client's appropriate and inappropriate behaviors.
- 14.4 Select, design, and implement effective culturally based methods for assessing the client's assets, and problems through music.
- 14.5 Select, design, and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development.
- 14.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.

- 14.7 Demonstrate knowledge of professional standards of clinical practice regarding assessment.

15. Treatment Planning

- 15.1 Select or create music therapy experiences that meet the client's objectives.
- 15.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.
- 15.3 Identify the client's primary treatment needs in music therapy.
- 15.4 Provide preliminary estimates of frequency and duration of treatment.
- 15.5 Select and adapt music consistent with strengths and needs of the client.
- 15.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
- 15.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.
- 15.8 Organize and arrange the music therapy setting to facilitate the client's therapeutic involvement.
- 15.9 Plan and sequence music therapy sessions.
- 15.10 Determine the client's appropriate music therapy group and/or individual placement.
- 15.11 Coordinate treatment plan with other professionals.
- 15.12 Demonstrate knowledge of professional standards of clinical practice regarding planning.

16. Therapy Implementation

- 16.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 16.2 Provide music therapy experiences to change nonmusical behavior.
- 16.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 16.4 Utilize singing skills in music therapy sessions.
- 16.5 Provide models for appropriate social behavior in group music therapy.
- 16.6 Utilize therapeutic verbal skills in music therapy sessions.
- 16.7 Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 16.8 Conduct or facilitate group and individual music therapy.
- 16.9 Establish closure of music therapy sessions.
- 16.10 Implement music therapy program according to treatment plan.
- 16.11 Promote a sense of group cohesiveness and/or a feeling of group membership.
- 16.12 Provide music therapy experiences that assist the client in development of social skills.
- 16.13 Communicate to the client's expectations of their behavior.
- 16.14 Assist the client to communicate more effectively.
- 16.15 Provide music therapy experiences to improve the client's sense of self and sense of self with others.
- 16.16 Create a physical environment (e.g. arrangement of space, furniture, equipment, and instruments) that is conducive to effective therapy.
- 16.17 Provide music therapy experiences to elicit social interactions.
- 16.18 Provide music therapy experiences to promote client decision-making.

- 16.19 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 16.20 Provide music therapy experiences that assist the client in increasing on-task behavior.
- 16.21 Provide music therapy experiences to elicit affective responses from the client.
- 16.22 Provide feedback on, reflect, rephrase, and translate the client's communications.
- 16.23 Establish closure of treatment issues.
- 16.24 Provide sensory stimulation through music therapy experiences that allow the client to use visual, auditory, or tactile cues.
- 16.25 Utilize non-symphonic instruments (pitched and unpitched) in music therapy sessions.
- 16.26 Provide music therapy experiences to encourage creative responses from the client.
- 16.27 Use music with techniques of relaxation and/or stress reduction.
- 16.28 Provide music therapy experiences to improve the client's orientation to person, place, and time.
- 16.29 Provide music therapy experiences to enhance the client's cognitive/intellectual development.
- 16.30 Recognize and respond appropriately to effects of the client's medications.
- 16.31 Demonstrate knowledge of professional standards of clinical practice regarding implementation.

17. Therapy Evaluation

- 17.1 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
- 17.2 Modify treatment approaches based on the client's response to therapy.
- 17.3 Recognize significant changes and patterns in the client's response to therapy.
- 17.4 Revise treatment plan as needed.
- 17.5 Establish and work within realistic time frames for evaluating the effects of therapy.
- 17.6 Review treatment plan periodically within guidelines set by agency.
- 17.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 17.8 Demonstrate knowledge of professional standards of clinical practice regarding evaluation.

18. Documentation

- 18.1 Write progress notes that accurately reflect client change and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
- 18.2 Document clinical data.
- 18.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
- 18.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.

- 18.5 Document and revise the treatment plan and document changes to the treatment plan.
 - 18.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
 - 18.7 Demonstrate knowledge of professional standards of clinical practice regarding documentation.
19. **Termination/Discharge Planning**
- 19.1 Inform and prepare the client for approaching termination from music therapy.
 - 19.2 Establish closure of music therapy services by time of termination/discharge.
 - 19.3 Determine termination of the client from music therapy.
 - 19.4 Integrate music therapy termination plan with plans for the client's discharge from the facility.
 - 19.5 Assess potential benefits/detriments of termination of music therapy.
 - 19.6 Develop music therapy termination plan.
 - 19.7 Demonstrate knowledge of professional standards of clinical practice regarding termination.
20. **Professional Role/Ethics**
- 20.1 Adhere to professional code of ethics.
 - 20.2 Interpret and apply ethical standards of the music therapy profession.
 - 20.3 Adhere to professional standards of clinical practice.
 - 20.4 Demonstrate dependability: follow through with all tasks regarding education and professional training.
 - 20.5 Accept criticism/feedback with willingness and follow through in a productive manner.
 - 20.6 Resolve conflicts in a positive and constructive manner.
 - 20.7 Meet deadlines without prompting.
 - 20.8 Express thoughts and personal feelings in a consistently constructive manner.
 - 20.9 Demonstrate critical self-awareness of strengths and weaknesses.
 - 20.10 Interpret and apply laws and regulations regarding the human rights of the clients.
 - 20.11 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
21. **Interdisciplinary Collaboration**
- 22.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client's treatment program.
 - 22.2 Define the role of music therapy in the client's total treatment program.
 - 22.3 Collaborate with team members in designing and implementing interdisciplinary treatment programs.
22. **Supervision and Administration**
- 22.1 Participate in and benefit from supervision.
 - 22.2 Manage and maintain music therapy equipment and supplies.
 - 22.3 Perform administrative duties usually required of clinicians (e.g. scheduling therapy, programmatic budgeting, maintaining record files).

22.3.1 Write proposals to create and/or establish new music therapy programs.

23. Research Methods

- 23.1 Interpret information in the professional research literature.
- 23.2 Determine if conclusions drawn in a study are supported by the results.
- 23.3 Demonstrate basic knowledge of the purpose and methodology of historical, quantitative, and qualitative research.
- 23.4 Perform a data-based literature search.
- 23.5 Apply selected research findings to clinical practice.

REFERENCES

- Alley, J.M. (1978). Competency based evaluation of a music therapy curriculum. Journal of Music Therapy, 11, 9-14.
- Braswell, C. Maranto, C.D., Decuir, A. (1979a). A survey of clinical practice in music therapy, Part I: The institutions in which music therapist's work and personal data. Journal of Music Therapy, 16, 2-16.
- Braswell, C. Maranto, C.D., Decuir, A. (1979b). A survey of clinical practice in music therapy, Part II: Clinical Practice, education, and clinical training. Journal of Music Therapy, 16, 50-69.
- Braswell, C. Maranto, C.D., Decuir, A. (1980). Ratings of entry skills by music therapy clinicians, educators, and interns. Journal of Music Therapy, 17, 133-147.
- Brusia, K., Hesser B., and Boxill, E. (1981). Essential competencies for the practice of music therapy. Music Therapy, 1, 43-49.
- Certification Board for Music Therapists. (1988). Job re-analysis survey of music therapy knowledge and skills.
- Jensen, K.L., and McKinney, C.H. (1990). Undergraduate music therapy education and training: Current status and proposals for the future. Journal of Music Therapy, 18, 158-178.
- Lathom W.B. (1982). Survey of current functions of a music therapist. Journal of Music Therapy, 19, 2-27.
- McGuire, M.G. (1994). A survey of all National Association for Music Therapy clinical training directors. Unpublished manuscript. Author.
- McGuire, M.G. (1995). A survey of all recently registered music therapists. Unpublished manuscript. Author.
- McGuire, M.G. (1996a). Determining the professional competencies for the National Association for Music Therapy: Six surveys of professional music therapists in the United States, 1990-1996. Paper presented at the Eighth World Congress of Music Therapy and the Second International Congress of the World Federation of Music Therapy, Hamburg, Germany.
- McGuire, M.G. (1996b). A survey of all American Association for Music Therapy and National Association for Music Therapy educators. Unpublished manuscript. Author.
- McGuire, M.G., Brady, D., Cohen, N., Hoskins, C., Kay, L. (1996). A document in process: Music Therapy Professional Competencies. A presentation at the Joint Conference of the American Association for Music Therapy and the National Association for Music Therapy, Nashville, TN.

- Maranto, C.D., and Bruscia, K.E.(1988). Methods of teaching and training the music therapists. Philadelphia: Temple University.
- Maranto, C.D., and Bruscia, K.E.(Eds.) (1988). Perspectives on music therapy education and training. Philadelphia: Temple University.
- National Association for Music Therapy. (Various dates). Surveys conducted from 1991 through 1996.
- Petrie, G.E. (1989). The identification of a contemporary hierarchy of intended learning outcomes for music therapy students entering internships. Journal of Music Therapy, 26, 125-139.
- Petrie, G.E. (1993). An evaluation of the National Association for Music Therapy Undergraduate Academic Curriculum: Part II. Journal of Music Therapy, 30, 158-173.
- Reuer, B.L. (1987). An evaluation of the National Association for Music Therapy curriculum from the perspectives of therapists, and educators of therapists in view of academic, clinical, and regulatory criteria. Unpublished doctoral dissertation, The University of Iowa.
- Sandness, M.I., McGuire, M.G., and Cohen, N. (1995) Roundtable Discussion: The process of implementing the NAMT Professional Competencies into the academic curriculum. A presentation at the National Association for Music Therapy Conference, Houston, TX.
- Scartelli, J. (October-November, 1994). *NAMT Notes*, pp.1, 3.
- Taylor, D.B. (1984). Professional music therapists' opinion concerning competencies for entry-level music therapy practitioners. Dissertation. Abstracts International, 43. 8424243.
- Taylor, D.B. (1987). A survey of professional music therapists concerning entry level competencies. Journal of Music Therapy, 24, 114-145.

The AMTA Professional Competencies are based on music therapy competencies authored for the former American Association for Music Therapy (AAMT) by Bruscia, K.E., Hesser, B., and Boxill, E.H. (1981). Essential Competencies for the Practice of Music Therapy. *Music Therapy*, 1 43-47. NAMT in turn adapted these competencies as the "NAMT Professional Competencies" revised in 1996. In its final report the Commission on Education and Clinical Training recommended the use of these competencies, and this recommendation was approved by the AMTA Assembly of Delegates on November 1999.

Appendix C

Course Syllabus

MUS 270 - MUSIC THERAPY: FOUNDATIONS AND PRINCIPLES

Michigan State University

Fall, ____

M-W-F: 8:00 - 8:50 AM

TA/Instructor:

David W. Luce, MT-BC, MMT

Office: MPB-5 or Music Therapy Clinic

Office Phone: 353-6426 (Music Therapy Clinic) E-mail: Loosedawg@aol.com

Office hours: M-W-F: 9:00-10:00AM, or by appointment.

GOALS OF COURSE:

- ◆ To provide an introduction to the history of music in health and healing.
- ◆ To provide an introduction to the history, theory and philosophy of music therapy and the profession.
- ◆ To provide an introduction to the music therapy experience and the process within that experience.
- ◆ To provide an introduction to the scope of practice and professional use of music therapy in a variety of clinical settings.
- ◆ To begin to explore and become familiar with personal relationships with music.
- ◆ To begin to explore, become familiar with and understand individual feelings and personal issues related to working in a therapeutic context.
- ◆ To exchange knowledge and ideas in a collaborative process of classroom discussion and experiences.
- ◆ To observe music therapy practice in action and participate as is appropriate to a given situation.

REQUIRED TEXTS:

- Bruscia, K. E. (1998). Defining music therapy (2nd ed.). Gilsum, NH: Barcelona.
- Davis, W. B., Gfeller, K. E., & Thaut, M. H. (1999). An introduction to music therapy: Theory and practice (2nd ed.). New York: McGraw-Hill.
- Kenny, C. B. (1989). The field of play: A guide for the theory and practice of music therapy. Atascadero, CA: Ridgeview Publishing.

HANDOUTS:

- American Music Therapy Association (1996). Professional competencies (rev.).
- American Music Therapy Association (1997). Clinical training guidelines (rev.).
- American Music Therapy Association (2000). AMTA bylaws.
- American Music Therapy Association (2000). AMTA code of ethics.
- American Music Therapy Association (2000). AMTA standards of clinical practice.
- American Music Therapy Association (2000). A descriptive statistical profile of the 1999 AMTA membership.
- Certification Board for Music Therapists (1998). CBMT Code of professional practice.
- Certification Board for Music Therapists (n.d.). Certification vs. Licensure.
- Certification Board for Music Therapists (n.d.). CBMT Examination Content Outline.
- Certification Board for Music Therapists (n.d.). CBMT Fact sheet.
- Gaston, E. T. (1968). Man and music. In E. T. Gaston, (Ed.) Music in Therapy, pp. 7-29. Lawrence, KS: Allen Press.
- Sears, W. W. (1968). Processes in music therapy. In E. T. Gaston (Ed.) Music in Therapy, pp. 30-44. Lawrence, KS: Allen Press.

Additional readings will be assigned and either placed on reserve in the music library, the music therapy clinic, or provided in class.

REQUIRED MATERIALS:

A Listening Journal

SUGGESTED MATERIALS:

An empty binder for filing handouts and class materials. A three ring binder of at least 3-inches is recommended.

WEB RESOURCES:

- American Music Therapy Association (AMTA) -
<http://www.musictherapy.org>
- Certification Board for Music Therapists (CBMT) - <http://www.cbmt.com/>
- MSU Music Therapy Club -
http://www.msu.edu/user/dysangco/mt_index.html
- Arts in Therapy Network - <http://www.artsintherapy.com/>

MUS 270 - MUSIC THERAPY: FOUNDATIONS AND PRINCIPLES
Class Schedule (revised - 8/30)

8/28	Introductions: Nature and Expectations of the Course; Getting Acquainted.
8/30	Group Assignments and Class Organization:
9/1	Class Organization II:
9/4	Labor Day - Holiday - NO CLASS
9/6	Group Discussions: Topics: Origins and the Nature Of Music: The Power of Music! Reading Assignment: Davis, Gfeller & Thaut [DGT], Chapter 2: Music Therapy: A Historical Perspective (pp. 15-19 only). Gaston (1968). Man and Music. (pp. 7-29) Kenny: Forward, Preface, & Chapter 1 (pp. xii-20) For additional information see: Schullian & Schoen: Chapters 1-5 (pp. 3-157) On reserve in Fine Arts Library 4th Floor
9/8	Group Presentations:
9/11	Music I Connect With - Part I Reading Assignment: Bruscia: Forward and Chapters 1-3 (pp. ix - 23) DGT: Chapter 1: Clinical Practice in Music Therapy (pp. 3-11) Sears (1968). Processes in Music Therapy. (pp. 30-44)
9/13	Group Discussions: Topic: What is Music Therapy?
9/15	Group Presentations:
9/18	Music I Connect With - Part II Reading Assignment: Bruscia: Chapters 4-6 (pp. 25-44) Kenny: Chapter 2 (pp. 21-44)
9/20	Group Discussions: Topic: What is Music Therapy? Part II

9/22	Group Presentations:
9/25	Music I Connect With - Part III Reading Assignment: Bruscia: Chapters 7-11 (pp. 45-89) DGT: Chapter 3: Music: A Human Phenomenon and Therapeutic Tool (pp. 35-59). Kenny: Chapter 3 (pp. 45-70)
9/27	Group Discussions: Topic: What is Music Therapy? Part III
9/29	Group Presentations:
10/2	Group Discussions: Topic: The Music in Music Therapy Reading Assignment: Bruscia: Chapters 11-13 (pp. 91-125) Kenny: Chapters 4 (pp. 71-98)
10/4	Group Presentations:
10/6	Michigan Music Therapists Fall Meeting - NO CLASS PLEASE ATTEND THE MEETING - Details will be announced in class
10/9	Music Therapy Experiential - I Reading Assignment: Bruscia: Chapters 14 -17 (pp. 127-156) Kenny: Chapters 5-6 (pp. 99-130)
10/11	Group Discussions: Topic: The Process and Therapy in Music Therapy.
10/13	Group Presentations:
10/16	Mid-term Quiz Reading Assignment: DGT, Chapter 1: Clinical Practice in Music Therapy (pp. 11-15 only) and Chapter 2: Music Therapy: A Historical Perspective (pp. 19-34 only)
10/18	Group Discussions: Topic: The Music Therapy Profession: History, Clinical Practice, Preparation and Training.
10/20	Group Presentations:

10/23	Music Therapy Experiential - II Reading Assignment: DGT: Chapters 4, 8, 9, and 13 Bruscia: Chapters 17-22 (pp. 157-227)
10/25	Group Discussions: Topic: Music Therapy and Developmental Disabilities, Autism, Mental Retardation, Learning Disabilities and Sensory Impairments.
10/27	Group Presentations:
10/30	Music Therapy Experiential - III Reading Assignment: DGT: Chapters 5, 8, and 12 Bruscia: Chapters 17-22
11/1	Group Discussions: Topic: Music Therapy and Psychiatric Disorders in Children, Adolescents, Adults and Older Adults.
11/3	Group Presentations:
11/6	Music Therapy Experiential - IV Reading Assignment: DGT: Chapters 7, 9, 10 and 11 Bruscia: Chapters 17-22
11/8	Group Discussions: Topic: Music Therapy and Medical Illness, Physical Disabilities and Rehabilitation.
11/10	Group Presentations:
11/13	Reading Assignment: DGT: Chapters 6, 10, 11 Bruscia: Chapters 18-22 Group Discussions: Topic: Music Therapy and Older Adults. Music Therapy in Death, Dying and Hospice Care.
11/15	Group Presentations:
11/17	AMTA National Conference NO CLASS - You are encouraged to attend the meeting

11/20	Group Discussions: Topic: The Contemporary Music Therapy Profession: Its Language and Organizations. Reading Assignment: DGT: Chapter 14 (pp. 275-289) AMTA and CBMT documents
11/22	Group Presentations:
11/24	Thanksgiving Holiday - No Class
11/27	Music Therapy Experiential - V Reading Assignment: Bruscia: Chapters 24-26, (pp. 239-260) DGT: Chapter 15, (pp. 290-338)
11/29	Group Discussions: Topic: Research in Music Therapy: It's Role and Function.
12/1	Group Presentations:
12/4	Music Therapy Experiential - VI Reading Assignment: Bruscia: Chapters 23 and 27 Kenny: Chapter 7 and Postscript
12/6	Group Discussions and Presentations: Topic: Implications of What's Known: New Vistas of Opportunity
12/8	Final Quiz Final day to turn in all written materials
12/14	Final Exam Session - 7:45-9:45 AM End of term review: Individual Group Evaluations End of term review: Class discussion and evaluation

Class Structure and Projects

Class Structure:

Monday's classes will be experiential days. We will explore our relationships with music and how music can be used in therapy.

Wednesday's are group discussion days. Each group member is responsible for having completed the reading assignment for that week for Wednesday's class.

Friday is group presentation day. Each group will be provided an equal amount of time to present their group's response. The class will then discuss the presentations.

Group Discussions, Presentations and Participation:

The class will be composed of several five-member groups for all group-related processes. The number of groups will depend on the number of students in the class. The groups will be initially formed through random assignment.

Groups may request a membership change no later than the class meeting on September 15. There must be a firm rationale for requesting the change. Before requesting a change, all members of the group must agree to the requested change and the rationale for the change. The group members should then schedule a meeting with the instructor during regular office hours to formally request and discuss the change. No changes can be requested later than September 15. However, extenuating circumstances may make a group change necessary after that date. Such changes will be discussed with the group. The instructor is the final authority in making group changes.

Each student is individually responsible for completing the weekly reading assignments in preparation for Wednesday's discussion. In addition, each student should invest some time in reflecting on the material: understanding what was read, thinking about what the material means, and thinking about the meaning the material has for themselves. Students are encouraged to seek out additional resources that will further contribute to the group discussions.

Group discussions will be conducted on Wednesday mornings. Discussions will be based on the assigned reading for that week. Individual students or

groups are encouraged to develop or suggest discussion questions and must be submitted no later than Tuesdays at 5:00 PM. Discussion questions will be presented at the start of Wednesday's class. Groups are to work towards consensus answers that represent the group's collaborations and findings as completely as possible. It is expected that your group's process of negotiation will respect the knowledge and contribution of each group member. Unanimous agreement on all points is not required, however a consensus opinion that each member of the group can accept is required.

For each class discussion, groups should select a recorder. Each member of the group should have an opportunity to serve as recorder at least once. The recorder is responsible for taking notes on the group's Wednesday discussions and deliberations. The recorder is responsible for organizing and accurately reporting and presenting the group's findings during Friday class discussions.

Friday class time will be divided equally between all groups. Each group is expected to make a presentation of their findings from the Wednesday discussion. The group recorder is the presenter and the remaining group members will assist the presenter. Groups are expected to allow time to answer questions at the end of their presentation.

Individual Assignments:

Listening Journal:

The listening journal is a daily record of your personal music related activities. Make, create or purchase a journal suitable for documenting these experiences. On each day of the semester, list or otherwise identify each musical activity, process or experience that you engaged in during that day. Create your own writing style and make it meaningful for yourself. However, your written narrative should include a description of the music activity and your response to it. Your commentary on the experience should describe your responses to the music: What did you focus on, what did you think about, did any feelings or emotions arise, what did the music mean to you, what did your thoughts, feelings or emotions mean, and what did you think about as you were writing in your journal. Ultimately, what you write should be a reflection of your connection to music. The intent of the journal is

to help you better understand how you connect with music. Your journal will be evaluated for effort, not content.

At the end of the semester, compose a three to five page summary report of your journal writing experience. This summary report should include your thoughts about the assignment, what you've noticed about your relationship with music and how this might impact your preparation as a music therapist. Has anything changed? Has anything stayed the same?

The Listening Journal and your summary report are to be turned in on the last day of classes, Friday, December 8.

"Music I Connect With":

Each student will bring in a favorite musical selection that can be played either using the stereo system or performed live. Afterwards you are invited and encouraged to share what you are willing to share about the reasons this particular piece of music has meaning for you. Please remember that you have a right to privacy: You are only being asked to share information that you feel comfortable talking about and does not violate your right to privacy.

In-class Experiences:

The instructor will conduct or present a series of six in-class experiences to introduce various aspects of music therapy in action. Students will participate in the experiences and then write a summary of the experience. The summary should include an objective description of what happened and a separate section discussing your subjective responses to the experience. The objective description is a step-by-step review of what happened. Subjective thoughts should include any personal thoughts, images or memories that occurred for you. The summary should not be any longer than two or three pages.

Clinical Observations:

- 1) Complete at least 5 hours of volunteer service in a music therapy or other health-care related setting. Your placement may be coordinated through the MSU Service Learning Center, or in consultation with and approval by the instructor.
- 2) Observe five 30-minute Music Therapy sessions conducted by a professional music therapist, i.e., a Board Certified, Registered, or Certified Music Therapist.
- 3) Attend three Dance/Chorus presentations.

At the end of the semester, write a one to three page subjective summary for each of these clinical observations: volunteer service, music therapy session observations, and dance/chorus sessions. These summaries are due on the last day of classes, Friday, December 8.

NOTE: For all Clinical Observations, a completed observation form must be submitted for each observation in order to receive credit for a clinical observation. A sample form is included in this syllabus and may be copied on a copier or used as a template in your computer. Each completed form must be submitted no later than one week following the observation.

Written Materials Requirement:

All formal papers must be typed on a typewriter, word-processor, or computer in a non-cursive, 12-point font and double-spaced. Computer users: please do use an ink jet or laser printer. Do not use a dot-matrix printer.

Note: As part of the course, the instructor will be videotaped and from time to time, and members of the music faculty will be observing the class.

GRADING CRITERIA:

The overall goal of the course is to introduce you to the language, terminology and profession of music therapy. Your work will be evaluated based on your growth and experience in that process. Your final grade will be based on the following:

50% - Group participation and presentations: This part of your grade will be based on your participation in the group experience. This will include instructor and group evaluations. Each member of the group will prepare a typewritten summary and evaluation of the group's activities. The evaluation should specifically address member participation, group process and contribution of the group to the overall class experience.

Please Note: Your attendance in class and your participation in class discussion and experiences are essential to the group's success and your individual progress.

15% - Individual Work:

5% - Personal Listening Journal, and Summary Report

5% - "Music I Connect With"

5% - Music Therapy Experience Reports

15% - Clinical Observations

5% - Volunteer service

5% - Music Therapy session observations

5% - Dance/Chorus attendance.

For all Clinical Observations: A completed observation form must be submitted for each observation in order to receive credit for a clinical observation. Guidelines for your observations and the required sample form are attached. Completed forms must be submitted no later than one week following the observation.

20% - Examinations

10% - Mid term quiz

10% - End of term quiz

Final Grade Equivalents:

4.0 = 94 - 100%

3.5 = 87 - 93%

3.0 = 80 - 86%

2.5 = 73 - 79%

2.0 = 66 - 72%

1.5 = 60 - 65%

1.0 = 50 - 60%

0.0 = <50%

COLLABORATIVE LEARNING: A BRIEF INTRODUCTION

Collaborative learning is a teaching methodology and philosophy guided by three basic principles; (a) knowledge is socially constructed through consensus agreement, by the members of a community of knowledgeable peers, (b) the authority of knowledge is shared amongst the members of that community, and (c) interdependent personal relationships shape a community of knowledgeable peers.

What is a knowledgeable peer? Each of us brings knowledge and experience to school. At bare minimum, this includes knowledge about ourselves and our families, friends, communities, churches, hobbies, interests and activities. For the most part, each of us knows how to interact in these settings. We know what to expect and what is expected of us. We know what we should and should not do. We know what helps us to function and what impedes our process within these knowledge communities. And, we act accordingly, because that's what we know. We also know about these knowledge communities: We know and understand the beliefs, the philosophies, and the organizational structures, and how they exist in the world.

Through collaborative learning, we begin to recognize and acknowledge the differences amongst ourselves. Each of us brings a different perspective, a different way of understanding, and a different knowledge base. These differences may create disagreements. These differences may inhibit building relationships. These differences may impede the learning process or learning abilities of an individual, a group, or an entire class. Or, we can use these differences to learn how to work together. Through collaborative learning processes, we will negotiate these disagreements and work to achieve consensus. That doesn't mean that we change our beliefs, or the way we act. It means that we create agreements that we all can accept and live with. Through collaborative learning, we will translate our individual knowledge into a new community of knowledgeable peers, as music therapists. For those of you who do not intend, or choose not to become music therapists, this collaborative learning process will enhance your knowledge and understanding of music therapy, as well as the profession that you have chosen, or will choose.

In 'traditional' arrangements, the authority of knowledge lies with a teacher, professor, supervisor, or business owner. A student or new employee comes to the person in authority to learn what the authority has to teach by memorizing some information, or by being taught how to do something. Once a student graduates or an employee is promoted, the student or employee may integrate that knowledge into their own way of doing things.

However, in collaborative learning the authority of knowledge is shared by the members of a group of knowledgeable peers. The authority of knowledge does not belong to the instructor, teacher, or professor. This does not mean that the teacher abdicates responsibility for the conduct and direction of the class. It does not mean that anything goes. It does mean that each member of the class shares in the authority and thus the responsibility for creating what is learned in the class. In a collaborative learning environment, the instructor serves as a resource, a facilitator, a mentor, and guide to direct and assist you in working through the process.

In collaborative learning, textbooks are another resource from which we draw information to construct knowledge. Collaborative learning is an inductive reasoning process that will require your individual effort and commitment.

Collaborative learning seeks to promote your achievement in personal and interpersonal areas, as well as in scholarship. Collaborative learning relies on your thoughts, deliberations, dialogues, negotiations, and compromises to socially construct knowledge and foster interdependence for you and your peers. Interdependence means maintaining your own individuality within the group, it does not mean giving up your individuality to satisfy other members of the group. Each of you will engage and negotiate with others while reaffirming and developing your own sense of self. By developing these interdependent relationships, you will share the authority of knowledge that the group constructs.

A professional music therapist in the contemporary world community needs skills in negotiation, compromise, and consensus building. By learning how to collaborate now, you may also learn how to contribute to more effective team building, such as facilitating the inclusion of special needs children in school settings and building multicultural relationships of understanding.

Collaborative learning is being implemented in this class to help you begin to recognize your personal skills, your knowledge and abilities; to integrate your knowledge with the knowledge of others; to work together in an environment that supports individual differences, encourages discussion and debate, requires consensus, and facilitates your development as an interdependent member of an interdisciplinary treatment team. Welcome to your class!

**MUS 270 - MUSIC THERAPY: FOUNDATIONS AND
PRINCIPLES
OBSERVATION GUIDELINES**

1. Introduce and identify yourself to the therapist, family or others in the observation area.
2. Come early enough to talk briefly to the therapist and inquire about some of the basic information regarding the client and the therapeutic goals. Keep in mind that the therapist may be extremely busy at the beginning of the session. In that case, try to meet afterwards or at another time.
3. Please ask questions of the therapist as you are seeing only an isolated portion of a broad treatment process.
4. When discussing or commenting on the session, be aware of who is present, e.g., the client's parent/family/caretaker, and other students.
5. Take time to read over the client's report. This will help you to follow the What's and Why's of the therapist's interactions.
6. You may take notes for your own reference and to help you assess your own responses to clinical music therapy processes. These are for your use only and not to be discussed outside of the clinical context or environment. Any confidential information that you write down should be disposed of appropriately to maintain confidentiality.
7. What you observe is **CONFIDENTIAL!** Absolutely, no information gained regarding the client or therapist should be conveyed or discussed outside of the clinic or this class. Confidentiality is a fundamental right of those involved in the therapeutic process. Respect for it must be practiced by all of us.

Confidential information can be disclosed inadvertently or carelessly in casual conversation, unless you are constantly aware of your responsibility in this regard.

MUS 270 - MUSIC THERAPY: FOUNDATIONS AND PRINCIPLES
OBSERVATION REPORT

Your Name: _____ Session Date: _____

Session Time: _____ Length of Observation: _____

Name of Music Therapist or Volunteer Supervisor :

Facility (name and description):

Room Description:

Population Description:

Interventions Observed:

Client(s) Responses:

Your Reflections:

Appendix D

Participant Information and Consent Form

Participant Information

Research Project:

Collaborative Learning in Music Therapy Education as Applied to a Course in the Foundations and Principles of Music Therapy

Primary Researcher: Frederick Tims, Ph. D.

Secondary Researcher: David W. Luce, MT-BC, MMT

Fall Semester

The purpose of this research project is to study a teaching methodology known as collaborative learning, as it is applied in music therapy education and specifically in the course, MUS 270: Foundations and Principles of Music Therapy.

Collaborative learning is a teaching methodology and philosophy guided by three basic principles; (a) knowledge is socially constructed through consensus agreement, by the members of a community of knowledgeable peers, (b) the authority of knowledge is shared amongst the members of that community, and (c) interdependent personal relationships shape a community of knowledgeable peers.

What is a knowledgeable peer? Each of us brings a storehouse of knowledge and experience to the school environment. At bare minimum, this includes knowledge about ourselves and our families, friends, communities, churches, hobbies, interests and activities. For the most part, each of us knows how to interact in these settings. We know what to expect and what is expected of us. We know what we should and should not do. We know what helps us to function and what impedes our process within these knowledge communities. And, we act accordingly, because that's what we know. We also know about these knowledge communities: We know and understand the beliefs, the philosophies, and the organizational structures, and how they exist in the world.

Through collaborative learning, we begin to recognize and acknowledge the differences amongst ourselves. Each of us brings a different perspective, a different way of understanding, and a different knowledge base. These differences may create disagreements. These differences may inhibit building

relationships. These differences may impede the learning process or learning abilities of an individual, a group, or an entire class. Through collaborative learning processes, we will negotiate these disagreements and work to achieve consensus. Consensus does not mean that we change our beliefs, or the way we act. Consensus means that we come to an agreement that we all can accept and agree with. Through collaborative learning, we will translate how each of us makes sense of ourselves and our role in the world into a new community of knowledgeable peers, as music therapists. For those of you who do not intend, or choose not to become music therapists this collaborative learning process will enhance your knowledge and understanding of music therapy, as well as the profession you have chosen or will choose.

In 'traditional' education, the authority of knowledge lies with a teacher, professor, supervisor, or business owner. A student comes to this person in authority to learn what the authority has to teach by memorizing some information, or to be taught how to do something. Once a student graduates or an employee is promoted, the student or employee may integrate that knowledge into their own way of doing things.

However, in collaborative learning the authority of knowledge is shared by the members of a group of knowledgeable peers. The authority of knowledge does not belong to the instructor, teacher, or professor. This does not mean that the teacher abdicates responsibility for the conduct and direction of the class. It does not mean that anything goes. It does mean that each member of the class shares in the authority and thus the responsibility for creating what is learned in the class. In a collaborative learning environment, the instructor serves as a resource, a facilitator and a guide to direct and assist you in working through the process. The teacher serves as a mentor, not as the source of all knowledge that is dispensed to you so that you can memorize it and report it on a test.

In collaborative learning, the textbooks and the teacher are resources from which we draw information to construct knowledge. In collaborative learning, we move away from the textbook and the teacher as the only source of information, and away from the repetition of facts. Collaborative learning is an inductive reasoning process that will require your individual effort and commitment.

Collaborative learning seeks to promote your achievement in personal and interpersonal areas, as well as in scholarship. Collaborative learning relies on your thoughts, deliberations, dialogues, negotiations, and compromises to socially construct knowledge. Developing socially constructed knowledge fosters interdependence for you and your peers. Interdependence means maintaining your own individuality within the group, it does not mean giving up your individuality to satisfy other members of the group. Each of you will engage and negotiate with others while reaffirming and developing your own sense of self. By developing these interdependent relationships, you will share the authority of knowledge that the group constructs.

A professional music therapist in a world community needs skills in negotiation, compromise, and consensus building. By learning how to collaborate now, you may also learn how to contribute to more effective team building, such as facilitating the inclusion of special needs children in school settings and building multicultural relationships of understanding. Collaborative learning has been implemented in a variety of professions such as medicine, nursing, business, teaching, and counseling. Yet, it does not seem to have been explored in music therapy education.

The purpose of this research project is to introduce the music therapy profession to collaborative learning as an important and necessary teaching method for music therapy education, and especially as it is applied to this course. To do this effectively, any factors that may influence the process and outcome must be identified and evaluated. These factors would include some personal information about you, such as basic demographic information: your age, sex, ethnicity, and cultural background. It will also be important to try to identify and understand your previous learning experiences, as well as your attitudes and beliefs about education and learning, your personality style, and how you learn. The processes and outcomes that will be examined will include your class participation, course work and final grade.

Be assured that any information that you agree to provide will remain confidential. That means that your name will not be associated with any of the data collected, nor with the responses you've provided, the research findings that are presented, or any discussion of the outcomes. You will remain anonymous in

any report of the research findings. Your privacy will be protected to the maximum extent allowable by law.

This research project will help the music therapy profession understand how collaborative learning processes can benefit music therapy education. While your full participation is essential to the success of the research project, you are not required to participate in the research project. Please note:

YOU ARE NOT REQUIRED TO PARTICIPATE IN THIS RESEARCH PROJECT. You are being asked to voluntarily participate in this research project. You may take the class without participating in the research project. There are no rewards or punishments and your course grade for this section of MUS 270, will not be affected regardless of your choice to participate or not to participate in the research project.

As a full participant in the research project, you will be assigned a project identification number that will be used in the collection and analysis of data. You will be asked to complete an assessment inventory and participate in three interview sessions with the secondary researcher, outside of normal class time. The assessment inventory that will be used is called the Myers-Briggs Type Indicator (MBTI). The MBTI is a measure of personality dispositions and interests based on Jung's theory of types. It was designed to ascertain an individual's basic preferences across four areas that were identified as, a) Extrovert-Introvert, b) Sensing-Intuition, c) Thinking-Feeling, and d) Judging-Perceiving. The MBTI will identify you as being one of sixteen types. You will be given the results of your MBTI, and you can have the results explained to you. Or, you may choose to seek out additional information about your type. Your type designation reflects your tendencies towards one of the styles in each area. Your type designation is not necessarily firmly fixed, but it certainly suggests your most comfortable style of interaction with others and how you learn most effectively. The MBTI will be administered during regular class time and it is not anticipated that it will require any extra, out-of-class time.

The first interview session will be scheduled at the beginning of the semester. During this interview, the secondary researcher will be seeking information about your learning preferences and answering any questions that you might have. The second interview session will be scheduled around the

middle of the term, and the interviewer will be seeking your individual and confidential feedback about the course, the research project, and your thoughts about the class and the project. The final session will be scheduled near the end of the term and the secondary researcher will again be seeking your feedback at the end of the course. The interview sessions will be scheduled at a time that is convenient for both you and the secondary researcher, and the interviews will be held in the secondary researcher's office. These interviews are anticipated to take no more than one-hour each.

Follow-up interviews will be conducted during spring semester, 2001. If you could be available and would agree to participate in such an interview, please check the box on the consent form. There are no other additional out-of-class time requirements anticipated at this time. All other data will be gathered during regular class sessions.

All class sessions will be videotaped as part of the instructor's teaching competency for a doctoral degree in music education. This videotaping is for the instructor's doctoral committee to evaluate the instructor's teaching abilities and is completely separate from this research project. The camera will be placed in a static position and focused on the instructor. Your appearance in any shot or shot sequence will be incidental, unless you agree to be videotaped as part of the research project. Your voice will most probably be recorded on the videotape, even though your image may not. No attempt will be made to emphasize or improve the quality of your voice on the video recording, but you should be aware that your voice might be recorded.

The camera will be moved from its static position to videotape the class processes of the project participants. Students who decline to participate in the project will not be videotaped. Information and data from this videotape will be reviewed and analyzed by the secondary researcher. There may be occasion that one or more of the secondary researcher's doctoral committee members may also see these tapes. Dr. Frederick Tims is the committee chair. Additional members of the committee include Dr.'s. Colleen Conway, John Kratus, and Cynthia Taggart. Each of these committee members are on the MSU School of Music faculty and are aware of the confidential nature of this material. No other individuals will have access to these videotapes. The videotapes will not be

reproduced. The investigator will maintain these tapes in the strictest confidence and they will be erased after a period of five years. Your privacy will be protected to the maximum extent allowable by law.

Alternatively, you may choose to participate in the research project as a limited participant rather than a full participant. As a limited participant, you may refuse to answer certain questions, you may refuse to complete specific assessment inventories, or you may refuse to release certain information about your previous experience or background. Please remember that the research project is separate from the class. Your choice to participate in the research project as a full or limited participant, or to refuse to participate in the research project is not related to your participation in the class processes as an enrolled student. Your agreement to participate in the research project is only related to the gathering of additional information about you, as it relates to the research project.

As either a full participant or partial participant, you may also choose to stop your participation, or change your level of participation in the research project. This can be done by formally notifying the secondary researcher through written, electronic (e-mail, telephone) or verbal communication from you or another responsible party designated by you, and without fear of penalty or reprisal.

You may decline to participate in the research project. If you decline to participate in the research project, you understand a) that any representation of you on the videotapes recorded for this class is incidental and unintentional, and b) that your course grade will not be affected in any way because you declined to participate.

If you choose to participate in the research project, please sign the attached consent form to indicate your voluntary agreement to participate. For any questions or concerns that may be raised by participating in this study, contact:

Frederick Tims, Ph. D.
MSU School of Music
Music Bldg. #149
353-9122
tims@msu.edu

David Luce, MT-BC
MSU Music Therapy Clinic
or Music Practice Bldg. #5
353-6426
loosedawg@aol.com

For any questions about participant's rights as human subjects of research,
contact:

David. E. Wright
UCRIHS Chair
Room 246, John Hannah Administration Building
355-2180
UCRIHS@msu.edu
WEB SITE: - <http://www.msu.edu/user/ucrihs/>

Research Project Consent Form:

Collaborative Learning in Music Therapy Education as Applied to a Course in the Foundations and Principles of Music Therapy

Researchers: Frederick Tims, Ph. D., & David W. Luce, MT-BC, MMT

I _____ (print your name) hereby give my voluntary and informed consent as a full or partial (circle one) participant in the research project, *Collaborative Learning in Music Therapy Education as Applied to a Course in the Fundamentals and Principles of Music Therapy*. I hereby authorize the release of information highlighted on this form. (Your privacy will be protected to the maximum extent allowable by law.)

Signature _____

Date _____



By checking this box, you agree to be available for a follow-up interview.

Name: _____

Project ID #: _____

e-mail address: _____

Telephone: _____

MSU Class Standing: _____

Age: _____

Gender: _____

Cultural Environment: _____

Previous Education/Experience:

High School/Previous GPA: _____ High School Class Rank: _____

College Entrance Exam Score(s):

ACT _____ SAT _____ GRE _____

Other degrees/test scores (specify): _____

Previous Profession: _____ How many years? _____

Myers-Briggs Personality Type: _____

Learning Style Information: _____

Critical Thinking Level: (Perry/Belenky)

Start: _____ End: _____



Appendix E

Grading Rubric for Group Participation

MUS 270 - MUSIC THERAPY: FOUNDATIONS AND PRINCIPLES

Grading Rubric for Group Participation

Group Participation Grade is 50% of an individual's final grade and has three parts:

1. Self-Evaluation represents 45% of Group Participation Grade:
Self-evaluations for each group will be determined independently, by each group and are to be conveyed to the instructor no later than the last day of classes, December 8.
Criteria for group self-evaluation are:
Being prepared and having completed the readings
Contributing to the group discussion
Facilitating group discussion
Coming to class
Organization
Showing respect for others
Communicating
For Recorder Only: Accurately reflecting the group's consensus
2. Instructor Evaluation represents 30% of Group Participation Grade:
Weekly evaluation of group discussion and group presentation that is based on a 5-point scale each for discussion and participation: total of 10 possible points.
Each group can choose one week's score to be discarded leaving 12 weekly scores.
3. Individual, end-of-term, written evaluation of group process and self-participation represents 25% of Group Participation Grade.

Appendix F

Summary of Group Discussion Questions



MUS 270 - MUSIC THERAPY: FOUNDATIONS AND PRINCIPLES

Summary of Group Discussion Questions

Wednesday, September 6

What is the role of music in culture?

What is the role of music in our culture?

What is the role of music in other cultures?

How do your answers to the above statements effect the role of music therapy?

Wednesday, September 13

How would you have defined music therapy before taking this class or reading this material?

Define music therapy as of today. Justify your definition based on your readings to date and your group's deliberations.

What does this definition say about your group?

Wednesday, September 20

Based on your readings to date and what you know about music therapy process, is there a distinction between the music and the therapist in the process? Prepare to defend and debate the music therapy process as described by Bruscia compared to Kenny. What are the differences, similarities, omissions, and inclusions?

Wednesday, September, 27

Ask each member of the group to identify, explain to the group, and lead a discussion about one thing, or concept, or idea, or thought that seemed really important in this week's reading assignment. As a group, discuss how these different things might be related. As a group, see if there is one thing that might connect all of these different things together, or are they all uniquely different.

In your presentation on Friday, help the rest of the class to understand what your group came up with. You are encouraged to be creative in your presentations and utilize the resources that are available to you.

Monday, October 2

Part I: Playing

Using the instruments provided, initiate and engage in an improvisational experience with your group members. The focus and purpose of this improvisation is simply to explore music making and create a music experience in your group.

Keep the following in mind as you begin your improvisation:

The instruments provided include your voice and your body.

The music begins with the first sound.

There are no wrong notes, pitches, rhythms, or instruments.

There is a ten-minute time limit to your improvisation.

Part II: Observing

Observe the group improvisational experiences of an assigned group and consider the following points in your observation.

- a) Describe the musical experience that was created: the people, the process, and the product.
- b) Describe the levels of music experience that were reflected in the improvisation: Pre-musical, Musical, Extra-musical, Para-musical, and Non-musical.
- c) Were you aware of an aesthetic in the music? Describe that aesthetic in any terms you choose (images, metaphor, poetry, dance, or music).

Group observation assignments:

Group 1 observes Group 2

Group 2 observes Group 3

Group 3 observes Group 4

Group 4 observes Group 1

Part III: Reflection

Discuss the experience as perceived by the members of your group using the same criteria as listed for observing.

For Group Presentations:

Prepare a summary presentation of your group's reflections. The recorder or another designee can report to the class.

Prepare a summary presentation of your group's findings of the group that you observed. The recorder or another designee can report to the class.

Wednesday, October 11

You have read various authors' positions about the theoretical foundations of music therapy (Gaston, Sears, Bruscia, Kenny, and Davis, Gfeller, & Thaut.).

Reflect and discuss with your group the similarities and the differences that these authors bring to your understanding of the foundations and principles of music therapy. Discuss and negotiate within your group, the answers to the following:

- 1) Develop a comprehensive but concise definition of music therapy.
- 2) Describe the music therapy experience.
- 3) What happens in a music therapy session?
- 4) What is the function of a music therapy experience?
- 5) What is the role of the music therapist within a music therapy session?

Your answers should reflect singular statements by the group. Members with divergent opinions are encouraged to debate and discuss disagreements within the group. These divergent positions can be mentioned in your presentation, but the final answers must be consensus answers that represent all of the group members.

Wednesday, October 18

Review and discuss in your group the correct responses to the mid-term exam for the questions your group is assigned. Evaluate why incorrect responses are incorrect. What differences made one answer more correct than another?

Prepare a brief presentation for the class to discuss your findings for each assigned question.

Assigned questions:

- Group 1 - questions 1-6
- Group 2 - questions 7-12
- Group 3 - questions 13-18
- Group 4 - questions 19-24

For your reference, the questions were drawn from the following sources.

- Gaston - questions 1-6
- Sears - questions 7 & 8
- Davis, Gfeller & Thaut - questions 9-13
- Bruscia - questions 14-25

Wednesday, October 25

Assigned Populations:

- Group 1 - Autism
- Group 2 - Mental Retardation
- Group 3 - Sensory Disorders
- Group 4 - break down into groups of two and join with one of the other groups as volunteer "clients"

For your presentation on Friday:

1. Briefly describe the primary characteristics of your assigned population.
 2. Briefly discuss the etiology (possible causes, or developmental progression) of the handicapping condition.
 3. Identify the music therapy goals and interventions proposed by Davis, Gfeller, & Thaut.
 4. How did Davis, Gfeller, & Thaut arrive at those music therapy goals?
 5. What principles from Gaston and Sears are reflected in their recommended goals and interventions?
 6. What Areas or Levels of Practice (according to Bruscia) do their recommendations represent?
 7. What Areas or Levels of Practice are missing?
 8. What Areas or Levels of practice might also be included? Why?
 9. What aspect might the "Field of Play" concept add to this picture?
 10. Assign each of your volunteers a particular handicap from your assigned population and provide the volunteers with a descriptive profile of the handicapping condition. Assist and provide the volunteer with whatever they might need to adequately play this role.
- Develop one music therapy intervention for each of your volunteer clients. The intervention should reflect an area or level of music therapy practice that was missing from Davis, Gfeller, Thaut, or could be included. Demonstrate the intervention with your volunteers.

Wednesday, November 1

Assigned Populations:

- Group 1 - Correctional Psychiatry
- Group 2 - Anxiety Disorders
- Group 3 - Mood Disorders
- Group 4 - Personality Disorders

For your presentation on Friday:

1. Briefly, describe the primary characteristics of your assigned population.
2. Briefly, explain why music therapy is an appropriate intervention for that population.
3. As a group, develop one music therapy intervention that would be appropriate for this population.
4. Provide a brief description of the theoretical orientation that your intervention is based upon.
5. Provide a brief description of the level(s) of practice that your intervention is based upon.
6. Demonstrate the intervention with assigned roles for your group members and describe the process for the class.

Monday, November 20

Based on what you have read and your experience, discuss, debate, and collaborate as a group, and develop a rationale for having a professional association. What are the benefits? What might be the drawbacks? Why should you join a professional association?

With your group, discuss the differences between licensure and certification. What are the benefits and drawbacks of licensure? What are the benefits and drawbacks of certification? As a group, develop a rationale and preference for one or the other.

Wednesday, November 29

Compare and contrast the discussion of music therapy research as presented by Bruscia and Davis, Gfeller, and Thaut.

What are the obvious differences in their presentation?

What are the subtle differences in their presentation?

Consider the distinction between quantitative and qualitative research. How was it addressed in these two texts? Would you consider that there was a bias, or a perspective that was reflected in either of the texts? Describe and discuss how that bias or perspective was apparent.

What is the role of research in music therapy clinical practice?

Within your group, debate the usefulness of qualitative and quantitative research design. Prepare to engage in a full class debate on the issue for Friday.

Appendix G

Interview Protocols

First Interview Protocol

1. What brought you to this class?
2. Why did you agree to participate in the project?
3. Previous learning experiences
 - In school and out of school
 - Most successful
 - Least successful
4. Voice - Talking or participating in discussions
 - Silent or vocal
 - Easiness or uneasiness
5. Critical thinking
 - Right answers
 - Answers depend on the situation
 - Issues without answers
 - Answers that may come some day
 - Issues that will never be resolved
6. How do people learn?
 - How do people become knowledgeable?
 - How do you learn?
 - Things that help you to learn and things that don't
 - How do you become knowledgeable?
7. How do you handle disagreements?
8. Roles in the classroom
 - Teacher's
 - Student's
9. Expectations
 - Class
 - Grade

Second Interview Protocol

1. How would you describe this class?
2. How would you describe your group?
 - Your relationships with other members of your group
 - Your role in the group
 - Would you say there is a defined leader in your group?
 - Have you disagreed with or about anything in the group? How did that get resolved?
3. How has your group worked to answer the weekly discussion questions?
 - Was there a single answer to the questions?
 - Did your group find the right answers?
4. What have you learned so far? How have you learned what you've learned?
5. Do you think you're becoming knowledgeable?
6. Have you observed any disagreements in class or in your group? How were they resolved?
7. How would you describe the various roles in the classroom?
 - Your group's
 - Your own, both in the group and in the class
 - The class' and mine
8. If you were to criticize this class, what would be your main concerns?
9. Have your expectations for the class changed? Have your expectations for a grade changed?

Third Interview Protocol

Tell me about your experience of this class.

Did the class meet your needs?

Did the class fulfil your expectations?

How would you improve the class?

Describe the one thing that you liked the most about this class. Why?

Describe the one thing that you liked the least about this class. Why?

Describe the one thing that was most valuable to you in this class. Why?

Describe the one thing that was least valuable to you in this class. Why?

What things helped you in this class?

What things hindered you in this class?

How would you describe your group experience?

Your relationships with other members of your group

Your role in the group

Would you say there was a defined leader in your group?

Did your group find the right answers?

What have you learned in this class? How did you learn that?

How would you describe the various roles in the classroom?

Your own, both in the group and in the class

Your group's

The class' and mine

How would you describe this class in comparison to previous learning experiences?

How has this class affected your understanding of music therapy?

Have you found anything in this class that will be useful to you as a person?

Has this class made you knowledgeable?

What grade do you think you have earned?

What grade do you think you'll receive?

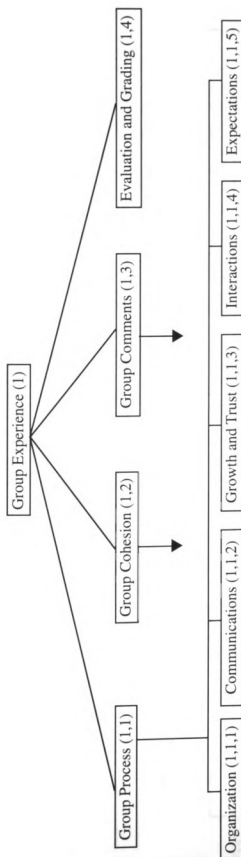
Appendix H

Node Report-Graphic Representation

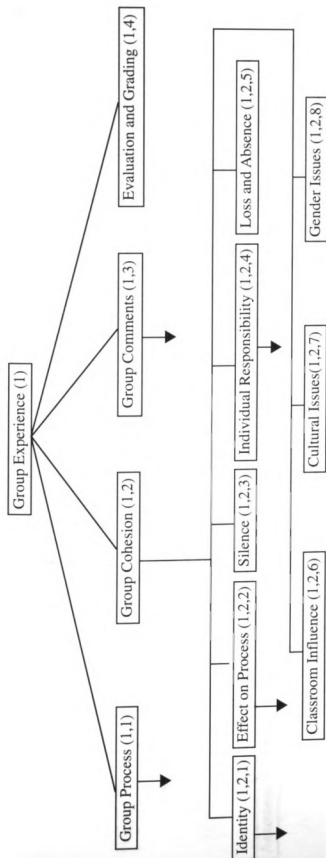
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graph TD
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    Root --> IPE[Individual Process and Experience (2)]
    Root --> TC[The Classroom (3)]
    Root --> D[Documentation (4)]
    GE --> GP[Group Process (1.1)]
    GE --> GC[Group Cohesion (1.2)]
    GP --> GC1[Group Comments (1.3)]
    GP --> EG1[Evaluation and Grading (1.4)]
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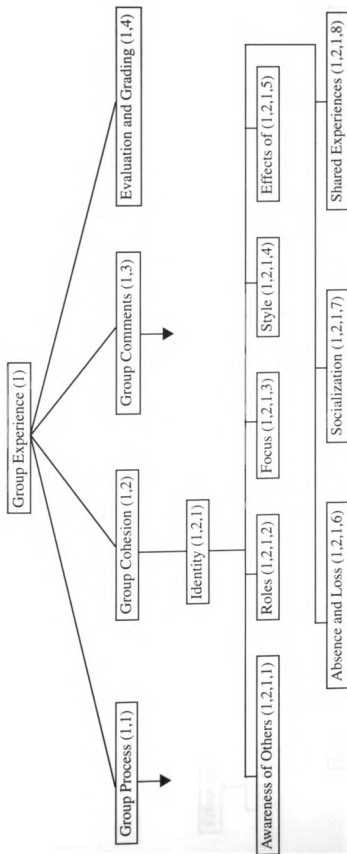
Node Report-Graphic Representation
Group Process Secondary Nodes



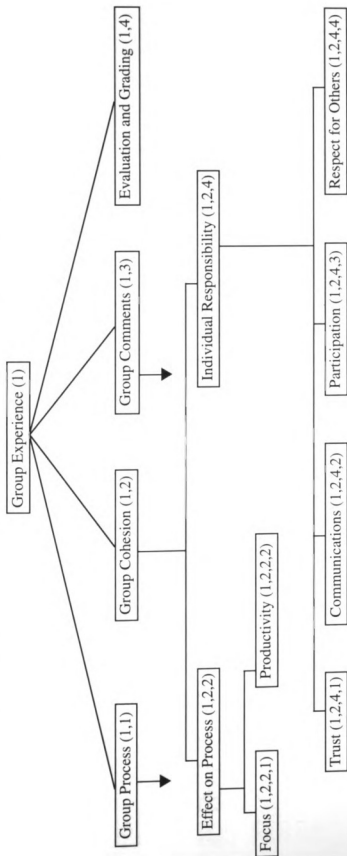
Node Report-Graphic Representation
Group Cohesion Tertiary Nodes



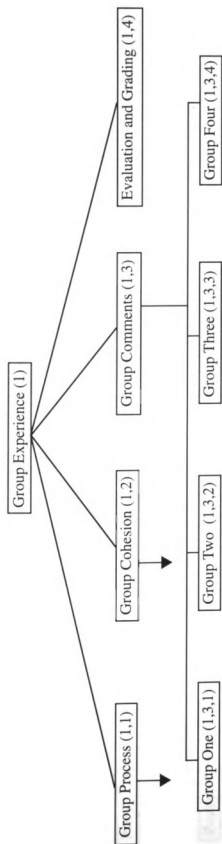
Node Report-Graphic Representation
Group Cohesion-Identity Fourth Order Nodes



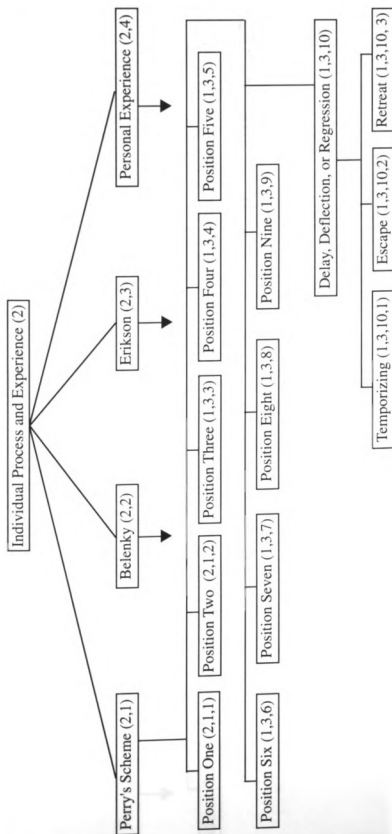
Node Report-Graphic Representation
Group Cohesion-Effect on Process and Individual Responsibility Fourth Order Nodes



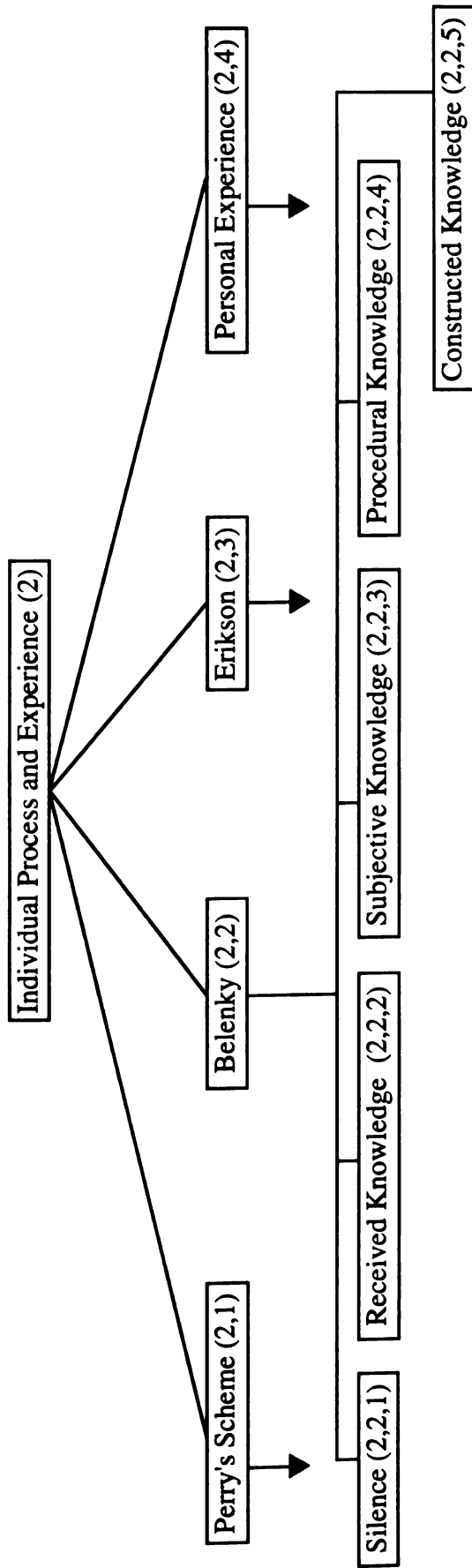
Node Report-Graphic Representation
Group Comments' Tertiary Nodes



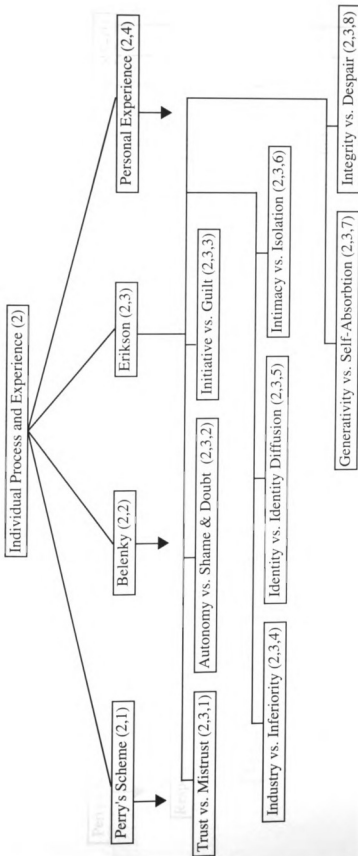
Node Report-Graphic Representation Individual Process and Experience-Perry's Scheme Tertiary Nodes



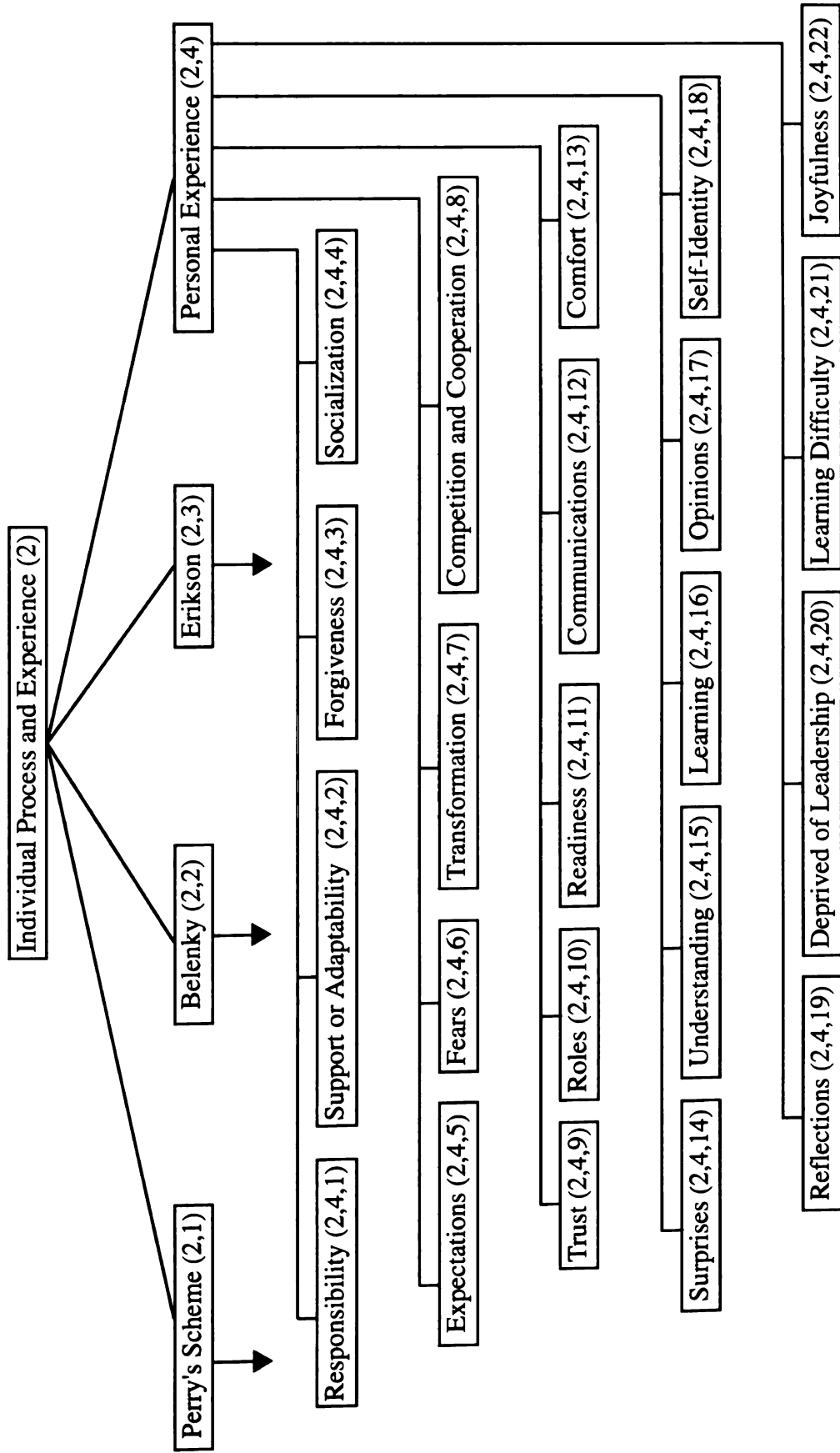
Node Report-Graphic Representation
Women's Ways of Knowing Tertiary Nodes



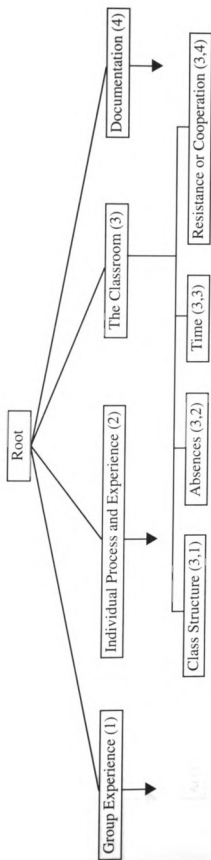
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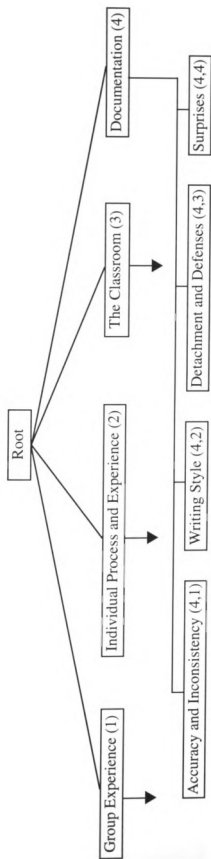
Node Report-Graphic Representation
Personal Experience Tertiary Nodes



Node Report-Graphic Representation The Classroom Secondary Nodes



Node Report-Graphic Representation
Documentation Secondary Nodes



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