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RESONANT LEARNING: A QUALITATIVE INQUIRY INTO MUSIC THERAPY STUDENTS' SELF-EXPERIENTIAL LEARNING PROCESSES

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ABSTRACT

This monograph presents the qualitative component of a mixed methods study. The main purpose of this study was to examine how self-experiential learning through personal therapy that took place within the context of a music therapy training programme was related to the development of music therapy competencies. Semistructured qualitative interviews and musical material from the student participants' self-experiential learning processes were analyzed using a hermeneutic approach. Arts-based interpretation was used to construct an improvisation narrative for each participant. In addition to the vertical analyses, a metatheoretical approach was used to analyze the data across all of the cases. Five themes were identified and interpreted according to the theory of cybernetic psychology. Results indicated that self-experiential learning through personal therapy prepared students to enter the complex reality of clinical practice with a well-developed ability to meet the diverse needs of their future clients.

INTRODUCTION

This study was situated within the context of the five-year, full-time Master of Music Therapy programme at Aalborg University in Denmark and was conducted as part of my PhD studies in music therapy at this same university. This programme integrates practical professional training and experience-based learning approaches with various theories of music therapy and consists of three parallel tracks: (a) the theory track, (b) the music track, and (c) the therapy track. These tracks are interwoven into the academic lives of the students in order to help them integrate these three forms of learning. A unique aspect of this programme is that students are required to participate in fully subsidized personal therapy sessions from the onset of their training (as described by Pedersen, 2002, 2007a, 2007b; Scheiby & Pedersen, 1999; Wigram, 1996; Wigram, Pedersen, & Bonde, 2002). Although these self-experiential processes can be deeply personal, they also occur within an academic training framework where the fundamental aim is to help each music therapy student to develop the professional competencies that he or she will need in the future.

I graduated from the Aalborg Master of Music Therapy programme in 1997. Professionally speaking, I “grew up” in an academic milieu that had a fundamental belief in the value of self-experiential learning. Furthermore, I was employed in the programme as a teaching assistant from 1997–2000, and part of my role was to serve as the music therapist for students’ individual music therapy sessions.¹ The current study emerged out of my experiences and ongoing curiosity about the use of self-experiential learning in music therapy training. Specifically, I was interested in students’ personal perspectives on what it was like to engage in this process and how they understood the role of music within this process.

I incorporated the concept of resonance into this study because it symbolizes aspects of self-experiential learning that occur in music therapy training contexts. Fundamentally, it is an acoustic term. Resonance phenomena occur when a sound is met or affected by a frequency that matches one of its own natural frequencies. Sound waves spread from one system to another. Thus, the concept of resonance signifies two systems (or persons) relating to each other. Furthermore, in music therapy contexts, there is a double, somewhat parallel resonance, since actual physical sounds may resonate with each other, *and* the participants also relate and resonate with each other. These two kinds of resonance work together to strengthen one another—in clinical music therapy as well as in experiential music therapy training.

The current study investigated how music therapy students enrolled in the final year of the master’s degree programme at Aalborg University experienced and described resonant self-experiential learning processes that occurred as part of their training. Although this study utilized a complex mixed methods design, only the qualitative portion of the study will be presented in this monograph. Readers who are interested in the combined results may download the entire dissertation at <http://www.mt-phd.aau.dk/phd-theses/>.

RELATED LITERATURE

Psychotherapy research indicates that each client’s experience of the therapeutic relationship may be linked to his or her potential to benefit from the therapy (Binder, 2006; Jørgensen, 1998; Luborsky et al., 2002). Thus, it seems logical that the therapist’s ability to foster a constructive therapeutic relationship would have a significant impact upon the overall effectiveness of the therapy (Orlinsky, Rønnestad, & Willutzki, 2004; Rønnestad, 2006). However, our knowledge about *what* it actually takes to become a skillful psychotherapist or music therapist is limited. Training and education are difficult areas to evaluate empirically due to the complexity of many interacting elements (Mortensen, 1998; Rønnestad & Ladany, 2006). Hougaard (2004) concluded that the true value of psychotherapists’ education is not known, as little research has been conducted in this area. My review of the literature also revealed a lack of research that examines relationships between music therapy education and clinical competence. However, it is my position as well as the position of others that it is important to understand how

¹The Music Therapy curriculum at Aalborg University contains both individual and group self-experiential learning processes. The present paper is focused primarily on the individual format.

therapists' academic training may be related to the development and maintenance of their professional competencies (Jensen, 1998; Rønnestad & Ladany, 2006).

Inclusion of Personal Therapy in the Training of Therapists

In most European countries, one must participate in personal therapy in order to become an accredited or licensed psychotherapist. Geller, Norcross, and Orlinsky (2005) stated that “our [i.e., therapists’] training, our identity, our health, and our self-renewal revolve around the epicenter of personal therapy experiences” (p. 3). However, my review of the literature revealed that very little is written about self-experiential learning or personal therapy within the context of psychotherapy or music therapy training programmes (Geller et al., 2005; Hougaard, 2004; Rønnestad & Ladany, 2006; Watson, 2005; Wigram, Pedersen, & Bonde, 2002).²

I found two particularly relevant studies that explored the perceived impact of mandatory personal therapy on counseling students' professional practice. Grimmer and Tribe (2001) conducted qualitative interviews with 14 recently qualified and trainee counseling psychologists. They found that mandatory personal therapy was linked to a range of perceived positive outcomes for all of the participants. Although specific outcomes varied amongst individuals, four core categories of experience emerged from the data: (a) reflections on being in the role of the client, (b) socializing experiences, (c) support for the emerging professional, and (d) interactions between personal and professional development. It is important to note that all participants believed that being in the role of the client helped them to better understand the therapeutic processes of their own clients. They also reported negative experiences from being in the client position and made subsequent efforts to not replicate these experiences in their own practices. D. Murphy (2005) confirmed these findings in a follow-up study where he facilitated an in-depth, semistructured group interview with five students enrolled in a master's of counseling programme. Similarly, these participants felt that the ability to be self-reflective helped them to work through their own unresolved issues and also helped them to realize the influence that these personal issues could have on their clinical practice.

Although there are a limited number of publications on self-experiential training and/or personal therapy that occur within the context of music therapy training programmes, there has been a significant amount of dialogue on this topic. In 1990, an Education and Training Commission was formed at the 6th World Congress of Music Therapy held in Brazil, and these discussions have continued at subsequent World Congresses, which occur every three years (Wheeler & Grocke, 2001). At the 10th World Congress of Music Therapy held in Oxford in 2002, a symposium was held that focused specifically on experiential learning in music therapy. All 34 participants, who represented 12 different countries, agreed that experiential learning is a necessary component of music therapy education and felt that it is “the only way that students could truly understand the music therapy process” (Murphy & Wheeler, 2005, p. 143). However, it also became clear that experiential learning is organised differently amongst

²Please note that during the editing process of this monograph, an anthology on the topic of experiential learning in music therapy was published. Please see <http://barcelonapublishers.com/self-experiences-in-music-therapy-education-training-and-supervision/> for more information.

training programmes and that not all programmes require students to participate in personal therapy.

A number of unpublished surveys (Hald, Majlund, Holland, & Karpantschhof, 2001; Hannibal, 2004; Streeter, 1999) and one published paper (Watson, 2005) have examined music therapy students' own personal therapy processes that occurred during their training. Overall, participants in these studies felt that their personal therapy experiences were useful and important. However, there was lack of clarity as to *why* they considered these experiences to be so important.

I found two studies that are particularly relevant to the current inquiry. In 2007, K. Murphy investigated approaches to experiential learning contained in the music therapy training programme at Temple University in Philadelphia. The purpose of Murphy's study was twofold: (a) to gain an understanding of how experiential learning was conceptualized and implemented by three different professors in the programme, and (b) to gain insight and understanding about graduate music therapy students' experiences of experiential teaching methods. Results indicated that the students appeared to learn the most when role-playing clients (as compared to playing the roles of observer or therapist). She concluded that experiential learning "weaves together cognitive insight and emotional understanding so that students come away with a deeper appreciation of what it means to be human" (Murphy, 2007, p. 54). Murphy also suggested that future research should involve: (a) investigations into the experiential learning components of other music therapy programmes, (b) investigations into the role of students' personal music therapy sessions, and (c) inquiries which examine the long-term effects of experiential learning for the professional music therapists' clinical practice.

In 2011, Gardstrom and Jackson published a survey study conducted with American music therapy education programme coordinators that investigated students' personal therapy practices within the context of undergraduate music therapy training programmes in the United States. Only 14% of respondents reported that their programme requires some form of personal therapy within their undergraduate curriculum. Thirty-two percent indicated that they encourage personal therapy but that the American Music Therapy Association (AMTA) did not require that any form of therapy be included as part of the curriculum in approved training programmes. The authors made several recommendations based on the results of this study, not the least of which was the need for further investigation into the specific benefits of personal therapy as a required or an encouraged component of music therapy training. The results of the present study may help to address this need as well as address Murphy's suggestions outlined above.

Music Therapy Supervision in Training Contexts

Although not all music therapy students are required to participate in personal therapy as part of their training, all students are required to participate in clinical supervision. Although approaches to music therapy supervision may vary widely, a fundamental goal is to help students develop their professional competencies. Furthermore, "while personal growth is not the focus of supervision, it is a common by-product for participants" (Forinash, 2001, p. 1). It is therefore relevant to consider literature pertaining to music

therapy students' experiences in supervision and how these may relate to the development of their professional competencies.

In a study that investigated students' experiences and concerns during music therapy practica, Wheeler (2002) found that some of the primary concerns of the students included "meeting clients' needs" and seeing "changes in the clients" (p. 290). In order to address these concerns, students indicated that they wanted a supervisor who not only provides clinical feedback, but also respects them and provides support. In 2012, Wheeler and Williams investigated how students felt about the process of being supervised during their practicum experiences. Results showed that students had very strong ideas about what they found to be helpful or not helpful in supervision. Students also demonstrated insight and awareness around the fact that events in their supervision sessions were related to their personalities and to their lives. Both of these studies indicate that supervision is a complex activity, which requires knowledge, sensitivity, and skill on the part of the supervisor. However, as noted above, supervision in and of itself is not meant to serve as personal therapy for students. Results of the current study may indicate ways in which self-experiential learning through personal therapy can complement the supervision that is being provided in academic contexts, thus addressing a wider range of needs and better preparing students for professional practice.

Finally, Young and Aigen (2010) explored self-experiential processes by examining the use of improvised music in supervision that occurred within the context of the teaching apprenticeship training programme at Temple University in Philadelphia (Aigen as supervisor; Young as supervisee). They found that the music-making used within the supervisory process generated deep learning and fostered increased understanding of the relationship between supervisor and supervisee. These findings have obvious implications for the present study, which examined students' own music therapy experiences that occurred as part of their training.

Professional Therapists' Own Personal Therapy

Although the literature contains limited information on personal therapy that occurs in training contexts, several publications address why it is important for professional therapists to participate in ongoing personal therapy (Bike, Norcross, & Schatz, 2009; Geller et al., 2005; Grimmer & Tribe, 2001; Guy, Stark, & Poelstra, 1988; Macaskill, 1988; Macran & Shapiro, 1998; Norcross, Strausser-Kirtland, & Missar, 1988; Orlinsky, Norcross, Rønnestad, & Wiseman, 2005; Wiseman & Shefler, 2001). Bruscia suggested that every music therapist should experience music therapy as a client in order to truly understand the medium that he/she is using: "In terms of the old adage, 'Physician heal Thyself!', I am saying not only that a music therapist should heal himself, but also that he should take his own medicine" (Bruscia, 1998, p. 116). This stance has implications for the current study in that some of the benefits of therapy experienced by professional therapists may be similar to those of student therapists, which in turn supports the concept of incorporating personal therapy into therapist training.

Norcross, Strausser-Kirtland, and Missar (1988) provided a comprehensive summary as to why therapists should participate in their own personal therapy: (a) It improves the emotional and mental functioning of the psychotherapist. This makes the clinician's life less chaotic and more gratifying in a profession where one's personal

health is an indispensable foundation. (b) It provides the therapist-client with a more complete understanding of personal dynamics, interpersonal elicitations, and conflictual issues. (c) It alleviates the emotional stresses and burdens inherent in the “impossible profession”—it enables practitioners to deal more successfully with special problems imposed by the craft. (d) It serves as a profound socialization experience, establishes a sense of conviction about the validity of psychotherapy, demonstrates its transformational power in their personal lives, and facilitates the internalization of the healer role. (e) It places therapists in the role of the client and thus sensitizes them to the interpersonal reactions and needs of their clients and increases respect for their patients’ struggles (i.e., it facilitates the development of empathy). (f) It provides a firsthand, intensive opportunity to observe clinical methods—the therapist’s therapist models interpersonal and technical skills (pp. 36–37).

Several survey studies have investigated the personal therapy activities of professional therapists. Norcross and Guy (2005) reviewed 14 self-report studies conducted with mental health professionals in the United States and found that a majority of respondents (72%) indicated that they had participated in their own personal therapy. In an international study that included over 5,000 therapists, Orlinsky, Rønnestad, Willutki, Wiseman, and Botermans (2005) found that 79% of respondents indicated that they had participated in their own personal therapy. Orlinsky, Norcross, et al. (2005) reviewed the results of several research studies to identify the outcomes and impact of psychotherapists’ personal therapy. They found that the most common “lasting lesson” for the therapist (in the role of client) was the experience and knowledge that he/she gained about the “centrality of warmth, empathy, and the interpersonal relationship” (p. 222). In another survey that investigated the perceived benefits of personal therapy for psychologists, Pope and Tabachnick (1994) found that the most common benefits cited were enhanced self-awareness and increased self-understanding.

The literature also contains several examples of music therapists’ own personal music therapy processes. Hadley (1998) investigated her own transference experiences as a client in two forms of improvisational music therapy: Creative Music Therapy as developed by Nordoff and Robbins (1977) and Analytical Music Therapy as developed by Mary Priestley (Eschen, 2002; Priestley, 1975, 1994). She concluded that her personal experiences gave her not only a better understanding of and different perspective on these methods but also great personal benefits from her own therapy processes. These included an increased awareness of the relational patterns in her own therapy and finding alternative ways of relating. Although Hadley did not directly speak about the impact of her personal therapy experiences on her work as a therapist, it seems reasonable to assume that they would have also had some subsequent influence on her professional approach.

Inside Music Therapy: Client Experiences, edited by Hibben (1999), contains examples of music therapists’ perspectives on their own experiences of personal therapy using the Bonny Method of Guided Imagery and Music (GIM). Perceived benefits of these GIM experiences included mourning losses, letting go of unhelpful coping mechanisms, and personal transformation (Schulberg, 1999), as well as intellectual understanding and increased feelings of internal structure or organization (Isenberg-Grzeda, 1999).

Although the literature suggests that personal therapy is beneficial for psychotherapy and music therapy trainees, reasons as to why this may be the case have not been clearly identified. Furthermore, personal therapy (as a self-experiential learning process) is not required by all music therapy training programmes. The literature does indicate, however, that many professional psychotherapists and music therapists do participate in personal therapy and that this appears to have both personal and professional benefits. This implies that there may be a strong rationale for incorporating personal therapy into music therapists' training, but more research is needed in order to support this rationale. Therefore, the purpose of the present inquiry was to explore and generate increased understanding of self-experiential learning processes (i.e., personal therapy) that took place in a music therapy training context, from the perspectives of music therapy students. The primary research question was: How do students in the Aalborg Music Therapy programme experience and describe the self-experiential learning processes that occurred as a mandatory part of their training?

METHOD

Design

Self-experiential learning is a complex phenomenon that is difficult to investigate, as it contains an unconscious component that is hard to describe. I also questioned how I as a researcher would be able to grasp and understand the self-experiential learning processes of others. I reflected upon the idea that self-experience is about the self who experiences, and that nobody has access to that experience but the self. It is an experience in your own body—a type of learning that is composed of who the student is and who he/she can become through personal development. Thus, it seemed that no research design would capture *all* of the information about this topic. Initially, I considered doing a multiple-participant case study using observational methods, in order to root the study in a “real world context.” I abandoned this idea, however, as I felt that music therapy students are challenged enough by the complexity of the Aalborg programme without adding another layer to their personal process. Therefore, I decided to conduct open-ended qualitative interviews that would occur after the students' self-experiential learning processes were completed. These interviews were rooted in a hermeneutic design where repeated analyses of text would lead to increased understanding and knowledge of the phenomenon being investigated (Fog, 2004; Kvale, 1996, 2003, 2005, 2006; Wheeler & Kenny, 2005). Additionally, each participant was asked to bring a recorded example of a musical improvisation from his/her sessions to the interview in order to help recontextualize his/her experiences. This also provided me with additional material that through arts-based interpretation could lead to a more comprehensive understanding of the students' whole experience of the self-experiential learning process.

Participants

Participants included music therapy students from Aalborg University who were in the last stages of the master's programme, having completed the self-experiential component of their training, with only one practicum semester left, or in the process of completing

their master's thesis. I needed to interview students who had completed their self-experiential training so that they could reflect upon their experiences. I also assumed that more advanced students would feel less pressure to participate and be more comfortable with the interview process.

All students who met the criteria for inclusion were invited to a group information meeting. Here, I presented background information and the goals of the research, as well as the steps related to data collection. I invited these students to contact me if they had further questions or if they wanted to volunteer for the study. In total, nine students (eight females, one male) volunteered to participate.³

Ethical Considerations

Although all research studies involve ethical considerations, the sensitive nature of the current study meant that I had to be particularly aware of several potential ethical issues. I had taught several of the potential participants the previous year, and although our "teacher-student" relationships were over, these prior relationships may have influenced students' decisions regarding their participation in the study. If a student indicated that he/she wanted to participate in the study, he/she was then required to review an informed consent document that outlined the details of the study, including risks and benefits and issues pertaining to anonymity and confidentiality. Unfortunately, the music therapy community in Denmark is rather small, and it was difficult to ensure that the material would be completely anonymous. Participants were made aware of this limitation so that they could make an informed choice regarding their participation. Participants could withdraw from the study at anytime with absolutely no penalty, and they were guaranteed the opportunity to review their own transcript and the analysis of their recorded improvisation (i.e., participant checking). I provided my contact information, should the participants have a need for further information or support at any time. Ultimately, it was my responsibility as the researcher to treat participants with respect and not violate their trust (Brinkmann & Kvale, 2005; Dileo, 1995, 2000; Fog, 1992; Løgstrup, 1997; Robson, 2002).

Data Collection Procedures

The data collection procedures were as follows:

1. Students who agreed to be interviewed for the current study were asked to write a few vignettes that reflected important issues that arose for them during their self-experiential training. They sent these vignettes to me prior to the interviews.
2. I read these vignettes very carefully and wrote down thoughts that came to mind. I also compiled lists of questions to ask specific participants during the interviews.
3. I conducted and audio-recorded individual interviews with nine music therapy students. These interviews were approximately 90–120 minutes long.

³It was difficult to include an equal number of males and females in this study, as typically only 10%–20% of the students enrolled in the Aalborg music therapy programme are male.

4. Each student brought a recorded example of a significant improvisation from his or her self-experiential process to the interview. We listened to the music together and discussed it. I kept a copy of each recorded improvisation for later analysis.
5. After each interview, I wrote my reflections in a log.
6. I transcribed each interview and wrote additional reflections in my log.
7. The students read the transcripts and made suggestions. These suggestions were incorporated into the transcripts. The students approved the revised transcripts.

Data Analyses

The vertical analyses involved analyzing the text from each individual interview as well as the recorded improvisation that each participant brought to the interview.

Analysis of text. In *The Hermeneutic Method of Text Analysis*, Kvale (1996) indicated that analyses are integrated into all of the steps of the research process and that the interpretational process cannot be isolated to one period of time when the researcher codes and analyses the material. In the present study, it was my experience that the process of hermeneutic inquiry was rather complex and contained multiple layers of information, reflection, and meaning. The first part of the vertical analyses resembled a phenomenological approach, as it was very open and descriptive (Forinash & Grocke, 2005). According to Dahlager and Fredslund (2006), it is appropriate for the researcher to be cautious during the first steps of the analysis—to stay close to the material and allow it to speak to you. McLeod (2001) also pointed out that “phenomenology and hermeneutics both assume an active, intentional, construction of a social world and its meanings by reflexive human beings ... and although not sufficient, phenomenology is necessary, because in its absence, interpretive frameworks become rigid and dogmatic” (pp. 57–59). Based on these ideas, the *vertical* text analysis procedures were as follows:

1. I listened to each audio-recorded interview as a whole. At this stage of the research, I worked with one interview at a time.
2. I used Atlas Ti (a data analysis software program) to help manage and organize the data from the interviews. I read through each interview transcript. Every time a salient issue emerged, I underlined the relevant text and the program saved this piece of text as a “quotation.” At this point, I focused only on what the text itself was saying. I did not try to question or interpret the dialogue.
3. I read through each interview again and, paying particular attention to the quotations, I started to define codes. Each interview was assigned between 80 and 100 codes.
4. While coding, I made notes about my thoughts and feelings. These “memos” were not always related to the specific piece of text alone. Often, they were general considerations that came to mind and were inspired by the interview text as a whole.
5. I then grouped the individual codes from each interview into “code families.” Each interview had approximately 10 “code families” (i.e., theme categories).
6. At this point, I felt that I had a good sense of what each interview encompassed and that I could proceed with the next step in the hermeneutic circle. This

involved writing a new text that would bring together all of the levels of information gathered in the above five steps to form a new entity referred to as a “hermeneutic summary.”⁴

Analysis of music. As previously noted, participants were asked to bring a recorded example of a significant improvisation that emerged from their self-experiential learning processes. I believed that the analysis of this musical material would contribute to the process of hermeneutic inquiry as verbal and musical aspects of each student’s experiential learning processes would be connected and formulated into a “whole.” The improvisations were analyzed by adapting a method created by Arnason (2002) wherein systematic but flexible listening and reflection guidelines allowed me to ground the interpretations within each participant’s self-experiential learning context. Other sources that informed the analysis are cited below. The *vertical* music analysis procedures were as follows:

1. Open listening. A research assistant listened to each improvisation as a whole.
2. Focus on what is happening in the music itself. The research assistant created a chart on which she analyzed various musical parameters (e.g., instrumentation, volume, tempo, length, etc.). She also made a graphic notation of each recording to illustrate visually what was happening in the music (Bergström-Nielsen, 2006; Ferrara, 1984).
3. Describe the thoughts, feelings, and reactions that are evoked in the listener. The research assistant used Hevner’s mood wheel, with/on which a number of different moods were defined and placed. While listening to each recording, she marked the ones that were indicative of the experience (Bonde, 2005; Hevner, 1936; Ruud, 1998; Wigram et al., 2002).
4. Note images and metaphors elicited by the music. This step was a prolongation and elaboration of step 3, but the research assistant now focused on the images and metaphors that emerged while listening to each recording and made a mandala drawing.⁵
5. Integration. I then combined each step of the descriptive musical analysis with the student’s life-context as narrated through his/her vignettes and interview, taking the research assistant’s suggestions into account. A new piece of text was created, referred to as the “contextualization text.” The purpose of compiling this text was to anchor the music analysis within the context of each student’s life world and personal therapy experience. Furthermore, the text illustrated the unique components of each individual’s personal process.
6. Return to open listening in order to re-experience each improvisation as a whole. Reflecting on all the work that had been done up to this point, I listened to each recording one last time.

⁴The following sources inspired the concept of the “hermeneutic summary” for this study: Dahlager & Fredslund, 2006; Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Gadamer, 2004; Kenny, 2005; Kenny, Jahn-Langenberg, & Loewy, 2005.

⁵It is important to note that steps 1 to 4 of the music analysis were carried out by a research assistant who was also a music therapist. I completed steps 5 to 7. I felt that a second music therapist would contribute additional perspectives that would inform my interpretations, thus contributing to the validity (i.e., trustworthiness) of the study.

7. Finally, I created an “improvisation narrative” which “utilizes a mix of free verse poetry, prose, and abbreviated sentences to represent in words the dynamic and creative nature of improvised music” (Arnason, 2002, p. 7). The goal was not to isolate components or simplify the content, but to elaborate complexities and to maintain the creative and aesthetic components of the research process (Aigen, 1998; Austin & Forinash, 2005; Bruscia, 1996; Kenny, 1998; Kenny et al., 2005).

The metatheoretical analysis. At this stage of the project, I felt a need to step away from the computer, so I conducted the metatheoretical analysis across the nine interviews “by hand” (i.e., without the organizational assistance of the Atlas Ti qualitative analysis software). The following nine steps illustrate how the metatheoretical analysis circled between and amongst different parts of the material:

1. I wrote the names of all 101 code-families from the vertical text analysis on pieces of paper and laid them out on a table.
2. As if putting together a puzzle, I started to organize the code-families into thematic groups.
3. I went back and forth many times among the original codes that each code-family contained to determine the overarching themes of the code-families.
4. Ultimately, I determined that there were five overarching themes that contained all 101 code-families.
5. I realized that the code-families were mutually connected to each other and that the five overall themes were connected and interrelated in complex ways that together formed a cohesive whole. I created a five-pointed star model in which each main theme forms a distinct corner of the star yet remains interconnected to all of the other themes.
6. The star model resulted in a total of 10 connected “pairs of themes.” In order to ground the results in the data, I identified quotations from the interviews that illustrated each of the 10 pairs of themes. Data was included from all nine interviews.
7. I looked at the horizontal findings from an explicit theoretical standpoint—the theory of cybernetic psychology.
8. I placed this theoretical perspective into a landscape of relevant learning theory.
9. I returned to each of the 10 thematic pairs of the star model and elaborated from the quotations (see step 6) a metatheoretical analysis and understanding of what was found across the nine interviews within a cybernetic psychology framework.

RESULTS AND DISCUSSION

Selected Results from the Vertical Analyses

The results of the vertical analysis consisted of three pieces of text for each of the nine participants: (a) the hermeneutic summary, (b) the contextualization text, and (c) the improvisation narrative. Results from two of the nine student participants will be presented. In order to limit the amount of text, the hermeneutic summaries have not been included. The contextualisation text and improvisation narratives are meant to provide the

reader with an overarching sense of each student's experience of personal therapy that occurred within a music therapy training context.

The reader may also notice that I have included some questions in the improvisation narratives. This was done in order to maintain a sense of "interpretational sensitivity" (Stige, Malterud, & Midtgarden, 2009). In this way, I am acknowledging that my interpretation is one of many that are also possible and that it does not represent a final understanding of the case.

Heidi

Contextualisation Text for Heidi. Maintaining trust in her therapist had been a central theme in Heidi's self-experiential process. She had had a number of music therapy sessions with this same therapist before she applied to the music therapy programme. Therefore, when the individual therapy began as part of her training, the initial trust in her therapist was already present. This trust, in addition to her emotional maturity, made it possible for Heidi to engage in some very painful inner work which was related to past experiences of great loss—especially the loss of her mother when she was nine years old.

One could say that Heidi had managed to maintain a balance between darkness and light for the many years that had passed since her mother's death. Until she participated in personal therapy during her music therapy training, it had not been possible for Heidi to embark on a deeper processing of this early loss—perhaps due to the intensity of the emotions that were related to such an unhappy childhood memory.

Gradually, the therapist came to represent a positive mothering figure for Heidi. In feeling a close sense of togetherness with her therapist, Heidi experienced care, comfort, light, and warmth. In trusting that her therapist was truly able to be there for her and with her, Heidi was able to make space and allow the good to triumph over the bad—even though allowing this to happen had caused tremendous, almost unbearable pain. It is important to understand that Heidi had maintained a negative image of her mother over the years and remembered her as a strong authority figure who had wanted Heidi to be a well-behaved and disciplined girl. Maintaining this image had helped Heidi to control her feelings of love and deep longing for her mother.

The recorded improvisation that Heidi brought to the interview highlighted a breakthrough that had occurred in her personal therapy. Heidi sat at the piano and her therapist played the marimba. The therapist stood behind her so that Heidi could hear but not see her. During the improvisation, Heidi experienced an image of herself in the garden by the house where she had lived with her mother. She watched her mother standing by the window on the second floor of the house, looking down at her while she was in the garden. It was a fantastic and moving feeling for her to meet her mother in this way—in spite of the distance between the garden and the window, and in spite of the fact that the window was shut. At the end of the improvisation, the therapist used her singing voice, which reminded Heidi that her mother used to sing to her when she was little. Heidi made space for her mother to appear and was able to get in touch with the joy and longing that she had denied for so many years.

This improvisation represents the start of Heidi's healing process in relation to the loss of her mother. Heidi had been deprived of being acknowledged and nourished by her mother's love. She had had sufficient ego-strength to live her life up to this point and protect this fragile aspect of her identity. This fragile aspect was made visible and audible

in this improvisation as she allowed herself to become vulnerable. Heidi referred to this improvisation as a “heart opener.” Heidi’s reluctance to confront this painful issue and her need for the support of the therapist in order to do so were confirmed by Heidi’s own words: “I could not have done this on my own.”

Improvisation Narrative for Heidi. The piano begins the improvisation with a vague disharmony. There is no pulse. Where is Heidi right now? In a no-man’s-land? Yes, it is a no-man’s-land. The music will tell the tale of this land. It will speak of her longing for human warmth, and it will transform her. Heidi establishes a pulse and is soon met in the music by her therapist, who is playing the xylophone.

They walk together in harmony into a space of lightness. It is a garden—the garden of her childhood, which is by the house where they had been living when her mother died. Heidi plays the melody and the therapist mirrors it. She feels trust, and they develop a partnership. The tempo increases, and this feels good. She is filled with courage. Everything will be fine. Together, they ascend melodically. She wants to play. A more dynamic feeling emerges.

One wrong note is heard, and there is a feeling of slight uneasiness while dissonance mixes with harmony. Who is in the foreground? Darkness mixes with light. She is in the garden of her childhood. She is a little girl and her adult self at the same time. The dissonance is insistent. The truth is, she lost her mother. She was a playful child and all of a sudden she lost her mother. Her mother has been absent ever since and no one was available to help her or to support and contain her grief.

Heidi’s heart had been armored. She took great pains to remember only bad things so that her mother’s disappearance felt like a relief and not like a loss. Up to this point, she remembered her mother as an authority figure against whom she could turn her anger. But now she is in the garden, standing on her own two feet, with her own music, supported by the sounds of the xylophone, finally ready to look up and listen to herself in a new way.

The soft voice of a woman is heard. Heidi looks up and sees her mother standing behind a windowpane on the first floor, looking into the garden for her child. A voice sings a lullaby that is calm and consistent. It feels serene. The sound of the voice is simple and clear. Heidi joins the soft waving of the song. Her heart is opening.

Being in contact with her mother, in spite of the distance, touches Heidi deeply. There is distance between the garden and the closed window. Joy and sorrow are experienced simultaneously, yet she does not fall apart. Feelings of serenity and safety have been established. Her whole being is quiet. She is able to live side by side with the memory of her mother, without the urge to create disharmony. She is crying at the piano. A silent river.

Olivia

Contextualisation Text for Olivia. The music example that Olivia brought to the interview came from intertherapy sessions that she had as part of her self-experiential training. Here, a student dyad works together under supervision, alternating between client and therapist roles. An overarching issue in Olivia's sessions was to help her to explore aspects of herself so that she could discover and develop her own inner resources. She aimed "to let go more of herself," and when this happened, it often brought surprising personal discoveries into her conscious awareness.

The purpose of this improvisation was for Olivia to try to describe herself through the music and to connect to her family roots by expressing herself in a folk tune. On the one hand, she experienced positive feelings of peace and joy in sensing her roots, her past, her childhood, and her family. On the other hand, she felt annoyed that she could not play the folk tune properly. At one point, the improvisation took a turn and changed into an "incorrect playing," where Olivia seemed to live out something that was musically distorted, which directly contrasted to her desire to play the tune in the right way. The improvisation is characterised by "contrasts" and perhaps represented a "split" between an expectation to behave "correctly" or live up to a norm and a desire to behave more "incorrectly" or independently in her expression.

The improvisation may also represent what Olivia was going through with regard to conflict that she had been experiencing between her "old" life and the new life that had begun when she started her music therapy training. As a young girl, she moved to Aalborg—a new town for her—and she started the music therapy training program, which also felt really new and unfamiliar to her. She found that she needed to stick to her "personal base" and remember where she came from and what she had brought with her. At the same time, in order to develop personally, she needed to expand her limits and redefine what she perceived as normal.

In this improvisation, Olivia's task was to play with no consideration for her therapist. Therefore, contact between the players was not evident in the music. She tried to free the crazy, funny, and goofy aspects of herself. She felt that she could live freely in the improvisation, but when listening to the recording in the interview, she noted a withdrawal in her vocal expression, which may represent the difficulty she had in freely expressing herself. One may understand this improvisation as a step toward integrating aspects of her personality and becoming more fully herself.

Olivia tried to take ownership of her space and not care what others thought (the therapist represents "others"). The therapist could also play whatever she wanted. In the improvisation, Olivia played the piano and used her voice. She ended by playing the cello. The therapist played the xylophone and at the end was playing the djembe. It is ironic that prior to this improvisation, the therapist had often found it difficult to find her space in the music when improvising with Olivia. Here, when Olivia allowed for the distorted and rebellious aspects of herself to be expressed, the therapist found it easier to understand her and find her own place in the music.

During the interview, Olivia described an overall problem that she had had during her years of music therapy training. She had experienced anxiety because she was worried that she was not accepted by the educators. Therefore, it was an ongoing challenge for her to try to let go of what she thought was expected—what she thought she had to live up to—and to "show herself in her true colours" while trusting that she was good enough. During the course of her personal therapy, Olivia had valuable experiences

of feeling received and positively mirrored when she followed her spontaneity and intuition. This was exemplified in her chosen improvisation.

Improvisation Narrative for Olivia. Olivia is playing—taking up all of the [sound] space in the room. She explores notes around the centre of the piano, searching for something familiar. Fragments of a folk dance interrupted by moments of pause. She must find it. She likes this song. She is in high spirits—like Pippi.⁶ This is funny. The melody must be found. The hands continue to seek and play major harmonies. Heavy and light, a dancing waltz, try again. The piano takes up the sound space and she likes that. She likes when it sounds right. But at this moment, she cannot remember the piece accurately, and that is annoying.

The therapist plays soft background music on the xylophone. She plays unknown notes and she does not follow Olivia. Is this because she cannot or because she does not want to? The therapist creates a little melody on top of her music, probably just trying to follow her. Olivia doesn't care anymore.

She continues to try to play the folk tune. She just wants to dance. She holds onto the chords she finds, now elaborating on the rhythm. It reminds her of her roots. It is so good. Like roots that grow under a tree—or cultural roots; the sound of folk music. Come on ... it will be fine. This is wonderful. Now it works. She increases the tempo. She is autonomous. She finds the melody again, and the sound—it resonates with her personality. Having roots and to be far-reaching—solidly planted in the past—in the history of childhood. She is happy to feel so close to her roots, to the ground, her childhood, the honesty.

She improvises a melody. It continues, but the expression is slipping. The sound picture is twisting around—like a carousel. She is whirling now, out in a broad spectrum of notes, flying off on a tangent. Out into nothing she falls heavily, running down the notes of the keyboard with a sound that darkens. Clusters of chords and abrupt changes in tempo express frustration. An elephant tramping in an atonal whirlpool—between roots of chords. Fragments of folk tunes are entrenched in an incorrect way of playing. The xylophone comes along. It is a massive chaos of distorted notes. It culminates in a shared expression of absurdity. Olivia sings an old Danish song out of tune: “My lassie came along—the day I left for war.” It is absurd and bloody awful. It is a dramatic revolt. Pink and black. She wants to be herself, wants the right to play the fool. It does not have to be correct. Incorrect playing is the most funny. She is laughing. What a sound-circus of release. What a relief—just being. It is easier for her to be there and for the therapist, too. It is easy to join with the irregular. She loves the feeling of being allowed to be incorrect and ridiculously foolish. It makes her feel like living. Living in a free way, like this improvisation.

The music is long-winded and she stops. Stands still. Single irregular notes. The xylophone. The voice. No melody and no dynamics. Where is she actually? What path will she follow? Her voice is meek. She plays the cello now, searching for the irregular note. Squeaking. Chafing. Maybe she is angry? Maybe shaken up? The therapist plays the djembe—is present, matching her energy. She is searching for herself, looking for her femininity. A new point of departure. “Uhhh”—she is calling out loud. Finally centering

⁶Pippi Longstocking is a fictional character in a series of children's books by Swedish author Astrid Lindgren.

herself, playing long strokes, then a single note, voice and cello make an airy sound. The drum rhythm creates a sense of grounding. A very special mood—the music fades.

Results of the Metatheoretical Analysis

After the vertical analyses of each individual participant's material was completed, an inductive metatheoretical analysis was conducted across all nine cases. A total of 101 code families emerged, and these were organized into five overarching themes: (a) the *learning* dimensions of self-experiential training (contained 36 code families), (b) the *relationships* that have an impact on the training or develop through the training (contained 27 code families), (c) the *music* that is interwoven into the self-experiential process (contained 20 code families), (d) the *development* of the student's self (contained 21 code families), and (e) the levels of *consciousness* related to self-experiential training (contained 21 code families). It is important to note that some of the code families were contained within more than one theme.

These five themes together contained “the whole” and were interrelated in multiple and complex ways. As noted above, to clarify this complexity, I developed a “star model” in which each main theme forms its own corner of the star but at the same interconnects with all of the other themes (see Figure 1). I believe that a comprehensive understanding of self-experiential learning cannot be achieved by focusing on each theme in isolation, but rather by acknowledging the resonance that occurs between and amongst the themes.

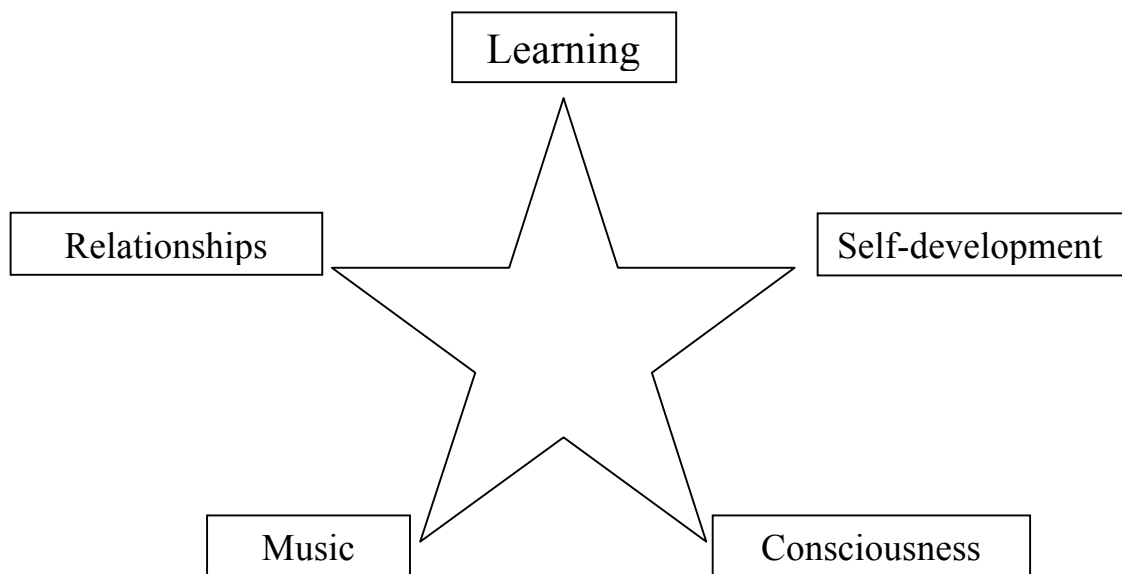


Figure 1. Star model: Interrelated themes of self-experiential learning

The five-pointed star, a pentagram, is an important symbol for many cultures. According to the ancient Greek philosopher and mathematician Pythagoras, the five points of the star represent the five elements: water, air, earth, fire, and spirit (at the top). In the present self-experiential learning context, it appears to represent a human being,

with arms and legs outstretched. It contains a vertical dimension (body, mind, and spirit) as well as a horizontal (relational) dimension of being.

I will now summarize the remaining results of the metatheoretical analysis by describing each of the 10 possible pairs of themes that emerged from the star model from an explicit theoretical standpoint—the theory of cybernetic psychology—inspired by the writings of Bateson (1979), Wiener (1961), and Ashby (1961). This is a broad and tolerant theory that integrates several theoretical perspectives (including psychodynamic, body dynamic, Jungian, learning, developmental, and gestalt) and is also influenced by Eastern methods of mindfulness and self-contemplation (Lindvang, 2007, 2010; Vedfelt, 2000a). These interpretations of the star model pairs are also supported by the use of direct quotes from the participants' interviews.

Pair #1: Learning–relationships. A cornerstone of cybernetic psychology is the potential for healing and development through relationships. In infancy and early childhood, basic relational skills are developed through nonverbal communication with our closest caregivers, and this is our first human apprenticeship. Based on our experiences of relationships with others (both negative and positive), we develop an “inner network” on how to communicate and relate in different situations.

These elements of human apprenticeship appear to be an important part of self-experiential music therapy training. Relational dynamics were intensified during students' personal therapy experiences, and this helped them to learn and develop various aspects of relational competence. During the interviews, music therapy students described how issues pertaining to safety and trust emerged during their self-experiential processes. As a result, they gained an intimate understanding of how vulnerable one can be when in the position of being the client and how essential trust is to establishing and maintaining a therapeutic relationship. Participant quote: “Sitting together with a therapist and having the ability to trust a therapist and build up the alliance ... this is also something you get to learn, and you need to remember that when you become a music therapist.”

Pair #2: Learning–self-development. In cybernetic psychology, personality is conceptualized as a multilayered system of information. Within this system, human beings have many roles that are played out with varying levels of awareness. Inner parallel processing and organisation occur where different parts of the personality (referred to as “inner part-personalities”) dialogue with the unconscious in order to adjust to each here-and-now situation (Vedfelt, 2000b, 2002). These inner part-personalities represent subsystems of the psyche. The everyday state of consciousness is represented by the ego, which is considered to be one part that is parallel to all of the other parts.

Through self-experiential learning, students may develop a deeper awareness of their inner part-personalities, experience changes, and recognize personal limitations. New relational experiences in therapy, both positive and challenging, may help the student to develop new subsystems or personality parts with extended, flexible capacities. In the current study, students got to know themselves better through their self-experiential processes and gained insight into how this might help them assume multiple roles (personally and professionally) as well as meet the demands of working as a professional music therapist. Participant quote: “There is the small and then also the big and ugly part of me—and it was like none of these qualities were accepted, inside me, in the beginning. Because I didn't want to be small and weak—no, I should not be like that,

and I shouldn't take up room or be too big and noisy. But actually, as a human being, you are both. Gradually, I have understood that and it is now integrated in me.”

Pair #3: Learning–music. Cybernetic psychology proposes that modes of experience such as feelings, body sensations, and inner images hold precise and more information about a person or a situation than the rational ego-bound mind. According to Vedfelt (2001), our normal rational state of consciousness is capable only of handling a very small amount of information as compared to what our total system is capable of handling. Vedfelt described the capacity “to move” outside the usual state of consciousness and spoken language as subliminal processes and felt that it is possible to perceive our subliminal knowledge base by developing alternative forms of cognition. Self-experiential processes in music therapy that include alternate ways of gaining understanding (e.g., through the use of music improvisation, body movement, imagery, etc.) give the student important non-intellectual or sensory experiences which may also heighten his or her awareness of subliminal processes. Through music improvisation experiences, the student develops a relationship with music and learns firsthand how music can be used as a transformational vehicle in the (i.e., their own) therapeutic process. It is important that students learn to feel comfortable with such self-explorations, as it will be part of their job to help their future clients do the same. Participant quote: “What I experienced in the music was caring and love from the music; I felt that I was contained in the music and I felt that the music carried me and gave me permission to just be there.”

Pair #4: Learning–consciousness. A fundamental tenet of cybernetic psychology is that reflection happens on several levels, sometimes parallel and simultaneously, and that thorough introspection is needed to explore these levels.

During self-experiential learning, students need to accrue a foundation of experiences in order to gain the skills that they need to work at increasingly complex levels. They need to be able to switch between contemplative and analytical positions (Vedfelt, 2000a). This balance between insight and intuition is a very important learning dimension. Participant quote: “I experienced a lot through my body. In the therapy, I could feel in my body ‘there is something going on here,’ but I didn't always understand it with words.” The student needs to be able to trust what she or he feels in the moment, and at the same time understand the importance of openly reflecting upon the process afterward.

The following quotation exemplifies one student's levels of reflection as they related to her learning: “... my body was integrated, and I somehow managed to listen to the music simultaneously, and afterward I was able to listen to what had happened, and it has been so very good to have the sessions taped and to listen to them afterward. So actually it has been a three-layered learning process.”

Pair #5: Relationships–self-development. Cybernetic psychology posits that human beings are resourceful and social individuals who participate in a continuous and creative developmental process. In cybernetic psychotherapy, the relational competence of the therapist personifies her or him as a “good person” in the client's universe—a trained human being who is able to give acceptance and response on many levels. The therapist looks for the client's resources—exploring negative and positive feelings with the client with the idea that an attempt to self-regulate is taking place (Vedfelt, 2000a).

The self-experiential learning processes provided the students with opportunities to experience support and self-development that occurred through their relationships with their therapists. They reflected upon this in the interviews. Participant quote: “My therapist was very fine, and I remember that I always experienced myself as creative, when I was with her in a session, it was so good. She was very supportive.”

For some of the students, it was essential for them to work through difficult issues and relationships from their childhood in order to create new and more appropriate patterns (schemas) and/or better ways of relating. The self-experiential learning environment and the relationship with the therapist provided a safe space where the students could discover their developmental possibilities and understand the personal work that needed to be done in order to become an effective therapist. Participant quotes: (a) “... and then there were some of those things that I took up from my past, from my childhood, which were painful, and it was hard, but ... it was hard in a beneficial way, I would say” and (b) “I do need to nourish myself, I need to offer myself something, something that I can live on, on many levels, before I can be something for others.”

Pair #6: Relationships–music. According to cybernetic psychology, the human system is a self-organising and self-regulating system that constantly receives, selects, and works with feedback from the environment. States of creation are referred to as information-dense states of consciousness where vast amounts of information and feedback are treated by the intelligence of the unconscious (Vedfelt, 2000a).

During the students’ self-experiential processes, important relational work occurred within and through the improvised music. These improvisations could be conceptualized as an information-dense state of consciousness where feedback received through musical interactions can be treated and reorganised. Participant quotes: (a) “... we sat there and I played the piano and the therapist played the xylophone—and then suddenly she was there, my mother ... it was fantastic to be in contact with her—even though she was behind the window, which was closed, and I was outside in the garden—the garden where we lived at that time ... I had the feeling that I saw her and she saw me ... and it opened up my heart” and (b) “... entering the music and then feeling that I play me, I mean what is going on inside me, and then there is one person [the therapist] supporting me in the music.”

Pair #7: Relationships–consciousness. In cybernetic psychology, feelings are understood as channels of communication that carry information, but human beings are not always consciously aware of all of the emotional communication that is occurring. Emotional communication may be subtle and can appear, for example, through bodily expressions. Research has indicated that the unconscious takes in much more information and perceives it more quickly than the normal conscious mind and that this also holds true for relational communication (Damasio, 1999; Vedfelt, 2000a, 2009).

Within the context of self-experiential learning, the students gained confidence in their ability to recognize (i.e., bring into consciousness), feel, and/or express emotions. Participant quote: “One of the most important things is that I was able, as a client, to go through and to express a lot of different feelings and still have my feet on the ground. ... I have learned that contact with and the reaction to feelings like sorrow or anger is not dangerous.” Relationships between the therapists and students also developed partly in the unconscious. The relational exchanges were complex and happened quickly. Participant quote: “I asked myself: Do I really learn from her [the therapist], because I didn’t have

that same clear feeling that I have tried other times, in other kinds of learning processes ... but what I learned was sinking into me somehow. I was just not really conscious about [aware of] it.”

Pair #8: Self-development–consciousness. Cybernetic theory describes personality as a complex phenomenon, with different personality parts having different levels of consciousness that all work together to regulate the whole human being. These self-regulating processes function best when the system is open to exchange with surroundings but also allows for individuals to withdraw in order to process all of the incoming information. The system would not be able to find its developmental direction without some constraints (Ashby, 1961; Vedfelt, 1996).

Self-experiential learning may lead to the development of a greater capacity for systematic introspection and self-regulation. This would allow the future music therapist to maintain a healthy balance of awareness of her/his own conscious and unconscious processes, which in turn allows her/him to respond adequately and appropriately to the client’s needs (Vedfelt, 2000a).

The music therapy students expressed an increased conscious awareness of their own development and acknowledged the power of the unconscious. During their self-experiential learning processes, there was a need for them to be open and to take in a huge amount of information, but they also expressed a need for boundaries and balance so that they could store and integrate new information. Participant quote: “The boundaries were there, more naturally, in the last therapy course, and they had a kind of self-regulating function; I did not have to be in control ... to be reserved or keep back my feelings when it was relevant to stay open.”

Pair #9: Self-development–music. “Complexity” is a keyword in cybernetics. When a system is developing, it moves toward higher levels of complexity, where an increasing number of components are at play.

The students’ self-experiential processes facilitated the discovery of complex inner personality parts, which could be discovered, explored, and developed through music improvisation. Participant quotes: (a) “There was a certain theme about building myself up musically. So that I remember who I am, and remember that the music can remind me of who I am”; (b) “With the music, I could express different qualities of my core self, and with the music making a space, it was possible to be in contact with a certain mood for a longer time and to see how it is inside that mood”; and (c) “... in the music, I could feel a new part of myself or I could feel myself more clearly after an improvisation if I stopped and allowed it to resonate for a while within myself.”

Self-development through creative music improvisation also appeared to provide students with the additional resources to cope with complexity, which will also hold them in good stead in their future roles as therapists. Participant quote: “Go to the extremes in the music, go to some musical expression that sounds really chaotic or ugly or intense or wildly beautiful, or enormously quiet or very dramatic. The repertoire has been expanded—and this will make me more capable of meeting my future clients and what they bring.”

Pair #10: Music–consciousness. In Vedfelt’s terminology, a supra-modal space describes a state of consciousness where cross-modal experiences are possible. Our normal state of consciousness contains a very restricted amount of information where transport is slow. A supra-modal space is a multidimensional psychic space with access

to several modes of experiences, and a huge amount of information is processed very quickly. The ability to contain many sorts of information simultaneously is also called the “synesthetic sense” or the “supra-modal ability.” Infant research has also shown that it is an innate human ability to experience amodality and cross-modality—the ability to transfer experiences from one modality to another (Hannibal, 2000, 2005; Stern, 1991, 1995; Trevarthen & Aitken, 1994).

It is important for student music therapists to further develop this innate cross-modal or supra-modal capacity so that they can formulate a whole picture of the client and the therapy process as quickly as possible. They must learn how to work with many sorts of information simultaneously in an interactional musical space where they are focused on meeting and attuning to their clients. When the professional therapist is able to listen deeply and respond to the client’s expression in different modalities, the basis for “affective attunement” is provided, where the therapist and client share inner emotional movements in a quick and nuanced way (Trondalen & Skårderud, 2007).

The students spoke about having cross-modal experiences where feelings, body sensations, memories, etc., were all contained within particular music improvisations. Participant quotes: (a) “I had a deeper feeling of myself when I was present in the music. ... I felt it very much in the body as well; I was very close to myself—in the spine—and I have been able to memorize those feelings again, through that sensitivity I experienced in the music and in my body” and (b) “... while improvising, it was like standing in the room in front of my mother [who was] lying on the sofa, and [I was] really feel[ing] the feelings that I had when I was only 10 years old.”

When looking closely at each pair of themes from a metatheoretical perspective, it is possible to have a more tangible picture of the personal development and transformations that the music therapy students went through as a result of their self-experiential learning processes. Specifically, as students got to know themselves better through these processes, there was an expansion of the “self”—especially in and through their music improvisation experiences. The students learned firsthand how music can be used as a transformational vehicle through their own therapeutic processes, and this created a deeper understanding of music’s potential in therapy at large. The students became better able to trust what they felt in the moment and developed higher levels of self-awareness and relational awareness. All of the qualities that the students developed through self-experiential learning are deeply embedded in contemporary conceptions of high-level therapeutic functioning and competencies (Orlinsky & Rønnestad, 2005; Skovholt, Jennings, & Mullenbach, 2004).

SUMMARY AND IMPLICATIONS

Summary of Findings

Individual qualitative interviews were conducted with nine music therapy students who were enrolled in the final year of the master’s degree programme at Aalborg University and who had completed the mandatory self-experiential learning process (i.e., personal therapy) that was part of their training. Each student also brought a recorded example of a significant improvisation from his/her personal sessions to the interview. Results of the vertical analyses contained three pieces of text for each of the participants: (a) a

hermeneutic summary, (b) a contextualisation text, and (c) an improvisation narrative. Results of the cross-case metatheoretical analysis revealed five overarching themes: (a) the *learning* dimensions of self-experiential training, (b) the *relationships* that have an impact on the training or that develop through the training, (c) the *music* that is interwoven into the self-experiential process, (d) the *development* of the student's self, and (e) the levels of *consciousness* related to self-experiential training. These five themes were used to create a "star model" that demonstrates interconnection between and amongst all five themes. Each of the 10 possible pairs of themes that emerged from the star model was interpreted from the theoretical standpoint of cybernetic psychology. Direct quotes from participants were used to support these interpretations. Overall, these results suggest that resonant self-experiential learning through personal therapy helped these students to develop essential competencies that will allow them to enter the complex reality of music therapy clinical practice and meet the needs of their future clients.

Implications for Music Therapy Training

Based on the results of the present study, previous literature, and my own personal experiences, it is my belief that all music therapy training programmes need to incorporate organized self-experiential learning initiatives into their curriculum and, more specifically, that all music therapy students (pre-professional trainees) be required to participate in their own personal music therapy sessions. While this does not exclude the fact that other forms of therapy could be of benefit to students, I feel (similar to Bruscia, 1998, cited above) that experiential therapies such as music therapy can be fully understood only by practitioners who have themselves experienced music therapy as a client. Furthermore, it is essential that music therapy pre-professionals have these experiences in a learning environment where they have structured opportunities to reflect upon their own therapy outcomes from both personal and theoretical perspectives. As noted in Murphy's (2007) study, students appeared to learn the most when role-playing clients (as compared to playing the roles of observer or therapist), and two of the three educators interviewed for this same study believed that students learned the most from being in the role of client. Professional Danish music therapists who completed the questionnaire contained in the quantitative component of the present study supported this perspective from the personal therapy point of view. Thirty of 32 respondents reported that they would not have been able to achieve the same overall level of clinical competence in their work as music therapists if their training had not included self-experiential learning in the form of personal therapy.

Wheeler's (2002) study found that one of the primary concerns of music therapy students was that of being able to meet their practicum clients' needs. Accordingly, it is important for students to be undergoing their own personal music therapy processes for the well-being of the clients with whom they work while they are student music therapists. Personal therapy helps students to develop competencies that go beyond those that are achieved in clinical supervision. One of the student participants in the present study said that her personal therapy experiences helped her to identify with the client—"there is not an 'us' and 'them'"—and that this also helped to strengthen the therapeutic relationships she had with her [practicum] clients. Similarly, Murphy (2007) found that

because of self-experiential learning, students became more aware of the here-and-now, developed more self-confidence in their clinical work, and became more empathic and sensitive toward their practicum clients. It should also be noted that music therapy training in and of itself is quite demanding, and students who enter these programmes come from diverse and varied backgrounds. Personal music therapy sessions may help students to build self-confidence and resilience that would greatly help them during their training.

Although I am recommending that all music therapy training programmes require students to participate in personal music therapy sessions, I am not doing so without realizing that there are a number of ethical and logistical issues that need to be considered, and that these may vary according to culture and context. In the Aalborg program, the therapist-teachers who are responsible for students' personal therapy have nothing to do with students' grades. The boundaries between that therapy track vs. the music and the theory tracks have been clearly established through a comprehensive process that occurred over several years. At other universities (such as Temple University, as described in Murphy's 2007 study), professors may be responsible for self-experiential processes as well as coursework, and this may place limits on the types of processes that they are able to facilitate. Ultimately, it is extremely important that each training programme continuously discuss and evaluate the quality and ethical issues related to self-experiential learning and that university faculty remain open to considering changes based upon constructive feedback and needs of their students.

I also believe that any programme that includes self-experiential learning should build a strong framework around these experiences. For example, students could have introductory and termination interviews at the beginning and end of their training. Students could also maintain personal portfolios, which document their self-experiential learning processes. Near the end of their studies, these portfolios could be condensed or transformed into a form of artistic expression and shared in some way with their classmates. This could further raise their level of self-awareness and personal reflection, which could in turn contribute positively to the formation of their professional identities just prior to entering the professional world.

Finally, in Murphy's (2007) study, the professors at Temple University reported that they felt responsible for making sure that the students had an understanding of their self-experiential learning processes. This is perhaps an issue that the Aalborg programme could examine more closely. In this program, unconscious processes are emphasized and students are encouraged to have trust in tacit knowledge. One of the students whom I interviewed indicated that she felt she had needed additional help to better understand what she had experienced in her self-experiential learning processes. Ultimately, it is important that these processes be understood by students in both tacit and tangible ways.

Implications for Research

"We can know more than we can tell" (Polanyi, 1966). As noted above, tacit learning is a significant part of self-experiential learning in the Aalborg programme. The students' qualitative interviews and the analysis of their music improvisations illustrated how their learning processes were connected to personal feelings and body memories that were sometimes difficult to articulate. The cybernetic theoretical interpretation of the results

also indicated that the music therapy students had a “supra-modal ability” with which they could quickly access and process several modes of experience. We need to better understand what is happening at all levels of consciousness during self-experiential learning. Perhaps the growing knowledge about the brain, neurological systems, and the “mind-body” connection will inspire much needed research on this topic.

Building upon the work of Gardstrom and Jackson (2011), it would also be important to investigate the self-experiential learning/personal therapy processes (or lack thereof) utilized not only in undergraduate programmes in the United States, but in all levels of music therapy training programmes around the world. It would be very helpful to know: (a) what kinds of self-experiential learning methods are used and why, (b) if personal therapy is required and why or why not, and (c) if self-experiential learning models used in particular programmes appear to be related to particular music therapy competencies. Current training programmes could be modified depending upon the results of these investigations.

Finally, more research is needed on the benefits of personal therapy for professional music therapists. According to Orlinsky and Rønnestad (2005), burnout is a less widespread condition among professional therapists who have entered personal therapy once or several times during their careers. However, we do not know if the same holds true for music therapists specifically. It would also be interesting to know: (a) how many music therapists regularly participate in their own personal therapy, (b) the reasons why they do or do not seek out personal therapy, (c) the kind(s) of therapy that music therapists seek out, and (d) the specific impacts of personal therapy on their personal and professional development. It would also be interesting to investigate whether there are aspects of music therapists’ own personal therapy that are likely to be inadvertently repeated with their clients (i.e., parallel processes). In addition to contributing to the profession at large, all of this information would also help to provide further rationale for music therapy students on why participation in personal therapy is necessary.

Concluding Remarks

The primary purpose of all self-experiential learning that occurs within the framework of an educational programme is to thoroughly prepare students to become effective and competent therapists. The student participants in the present study felt that self-experiential learning directly contributed to the development of their clinical competencies. However, it is not possible to be prepared for everything, and music therapists will encounter situations that require knowledge that goes well beyond the scope of what they have learned as a student. Ultimately, the professional music therapist needs to meet the complex reality of the therapy world with openness and flexibility—acknowledging that there are many possible ways of understanding and intervening. A combination of personal therapy and supervision may help both student and professional music therapists to develop, maintain, and expand the competencies that they need to truly understand and help their clients to the fullest extent.

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