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FROM THEORY TO PRACTICE: ROLE PLAYING CLIENTS AS AN EXPERIENTIAL TECHNIQUE TO DEVELOP MUSIC THERAPY SKILLS WITH ADVANCED LEVEL MUSIC THERAPY STUDENTS

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Introduction

Music therapy is a stimulating but difficult subject to teach. Models of music therapy approach that can be used in educating music therapy students (Alvin,1975; Bruscia,1987; Priestley,1976; Thayer-Gaston,1951; Nordoff-Robbins,1971,1977). From these models of music therapy, and many others not mentioned here, students can acquire a perspective, an approach, some techniques and methods on which they can model, an idealistic feeling or viewpoint, a framework or structure to their approach, a direction, a philosophical understanding and a model for developing the client therapist relationship. However what they frequently don't find in any of the literature on clinical music therapy or the books on music therapy training that have been produced are clear procedures. Only in some approaches in the U.S.A. have definitive procedures been described for intervening with certain client groups, and the methodology connected to these procedures (Unkerfer,1989; Standley,1990). In the field of medicine, psychology and some other paramedical professions, procedures have been defined on the basis of experience and research which has shown that undertaking the specific method in a precise way can guarantee a result. Music therapy does not work in this way, and especially in the european tradition we have very much approached our work with clients in a flexible and responsive way to the needs that each individual presents. However this does present the music therapy educator with difficulties in teaching students, some of whom may want to be given a very clear methodology and approach that they can feel secure with while others will reject any attempt to structure or organise them and don't want to model themselves, but rather develop there own way of working. It is difficult to teach students at each of these two extremes, except through the process of developmental therapy and self experience.

As students prepare for their clinical practical work, frequently happening later in their training period, they are acquiring knowledge and skill in musical and theoretical areas. They become informed about therapeutic methods of intervention, and at the University of AAlborg they study therapy theory in a variety of areas including the cognitive, humanistic, psychoanalytic and behavioral traditions.

Their musical skills have developed through individual piano improvisation, voice improvisation, group playing and audiolab., as well as graphic notation and intuitive music skills. They are prepared over a period of three years to be as flexible, interactive, adaptable, and musically communicative as possible, without them ever having the experience of developing their musical skills with client groups. Consequently, when they reach the point where they go to clinical practica, they are 'filled up' with theoretical knowledge, philosophical orientation, musical skills and music therapy intentions, and are expected to undertake clinical work drawing effectively on a balance of these various elements in order to develop an appropriate client\ therapist relationship through music together with an understanding of the needs of the client.

Forty years ago, when people began experimenting with music therapy to develop its use clinically, the self taught or auto-didact people with a pioneering spirit allowed their creativity to develop their own method of work. Today's music therapy student is presented with different problems. Now they can go into the practical experience with theoretical knowledge and musical skills but still without any required or clear direction. Therefore, they are in need of preparation experiences which will help them to understand both their role as a therapist, and the experience of the client. They need to use these experiences to build up their own ability to evaluate what is happening in their therapy work, and understand that from the point of view of the client. In Europe particularly, music therapy has grown up within the psychotherapy tradition and framework. In order for a therapist to understand transference issues with a client, and also their own counter-transference issues, they have to have experienced and explored those phenomena in their own process. This process is very much a part of the five year training programme in music therapy at the University of AAlborg in Denmark.

AAlborg University Training Programme in Music Therapy

There are four main tracks of education in the music therapy program:

1. Theoretical and Scientific Studies
2. Musical Skills
3. Self Experience
4. Clinical Training

This paper is concerned with one part of the self experience or experiential work with students. There is a tradition at Aalborg for students to go into the role of student clients in their training. In group leading, individual music therapy, intertherap, and group music therapy during the first three years of training, students experience both group and individual therapy. The value of self experience as a part of the music therapy training has been defined by Inge Nygaard Pedersen in her paper to World Congress in Spain (Pedersen,1993), and describes the self-experience work with students as a complex process where the students learn to experience the ongoing process of music therapy in an active and consciously reflecting way. They deal with projections, introjections and self containment in practice, developing a high level of sensitivity and particularly learning how to be involved and at the same time survive as a music therapist. In order to develop part of the training in a safe and

contained environment, the sessions are treated as therapy sessions, with closed doors, no interruptions, supervision times before and after the sessions, and ethical agreements with the students about the confidentiality of material emerging in these sessions. During the first three years of the training at AAlborg, the students go into their own process, explore their therapeutic resources, learn to understand the experience of being a client in music therapy, and also their role as a therapist. This requires a high level of trust between the students and between the students and the teachers. In the individual therapy sessions, the therapists involved are not part of the teaching staff of the institution. The process involves exploration and development, and if material emerges which clearly indicates the student has therapeutic issues that need to be addressed, recommendations are sometimes made for the student to undertake additional external therapy sessions to explore those issues and resolve them.

It was within this tradition that four years ago I began to develop an approach involving experiential work for the students in working with a variety of pathological disorders. It was only because this tradition was in place that it enabled me to develop this course, where the students were prepared and motivated to go into the complex process of role playing clients. The students were prepared with musical skills and therapeutic approaches and knowledge for their therapy work, but could have no experience or practice in applying those musical skills to a clinical population. As they already had the other parts of the self experience program, the experience of being therapists and clients, these sessions extended that experience by attempting to create as closely as possible a real therapy situation where the students took on the roles of clients with pathological problems.

Role Playing Clients - Clinical Therapy Work

In starting this process, I was filled with considerable doubt as to its potential efficacy. My own memories and experiences from training in music therapy were that this was a risky and hazardous process. On the few occasions that we undertook 'role playing' sessions, where our teachers tried to help us to imagine what it would be like to build a relationship with, for example, a client who has autistic disabilities, the method employed often involved going into the role of an autistic client for a few mimutes. I have recollections of embarrassment, humour and frustration. It wasn't a satisfying experience, and I didn't believe that done in this way it would be any more satisfying with the students at Aalborg, even though they were experienced in role playing.

I therefore developed a structure where it was undertaken in a very experiential way, but with clear structure and guidelines in a safe environment. Preparation for the session was essential, and the boundaries of the session would be respected. It was necessary to set up situations that came as close as possible to the real situation. I created "cameo portraits" of real clients, using many clients from my own experience, as well as clients documented in the literature. I wanted the students to have an experience during these sessions of working with a variety of different client populations, and to be prepared for the needs of those clients as well as possible.

I developed a course for fifth and sixth semester students which consisted of twenty, 4 hour sessions where the students went into the experience of setting up, running and then analyzing

therapy sessions. The students role–play clients and therapists and are observed doing this by other students as well as being recorded on video for subsequent analysis. A wide range of clinical pathologies are explored during the course of this year, from psychiatry, learning disability, social areas and general medicine. This course mainly aims to equip students to undertake group work with clients, and to teach them how to make use of musical material and musical frameworks for the purpose of group therapy work.

The groups covered so far include:

* Blind Clients
* Deaf Clients
* Deaf & Blind Client
* Autistic Individuals
* Autistic Groups
* Profound Mental Handicap / Learning Disability
* Moderate Mental Handicap / Learning Disability
* Cerebral Palsied Clients
* Muscular Dystrophy / Multiple Sclerosis
* Psychiatric Open Group
* Psychiatric Closed Group
* Schizophrenic Clients (paranoid)
* Schizophrenic Clients (thoughts disorder)
* Anxiety Neurosis
* Depressed Clients
* By Polar Manic Depressives
* Elderly Clients, Senile Dementure / Alzheimer
* Psychiatric / Substance Abuse
* Eating Disorders
* Family Therapy
* Terminal Illness

The students are expected to do some background reading on the clinical pathologies that they will experience each week in order to have an understanding of the aetiology, pathology and difficulties of these client groups. Literature from the theory of music therapy course is relevant for this course, and the students receive some teaching on these client groups, wherever possible with video examples. Recommended literature also includes Case Studies in Music Therapy (Bruscial,1990), Improvisational Models of Music Therapy (Bruscia,1987), Music Therapy in Health and Education (Heal & Wigram,1993), Analytical Music Therapy (Priestley,1996) and the Art and Science of Music Therapy (Wigram et al, 1995).

Preparation for the Session

Each week, the students are given a client group of between three and five clients. The students undertaking the role of clients are expected to learn and memorise the information about the client that they have been assigned. They are always given a different name, and during the session, this name is written on a white label which they wear. Taking a different

name is quite important to the process in order to have a real feeling of a change of identity.

The students acting as therapists (either individually or in pairs) plan and prepare the therapy session. Supervision to prepare the session for at least an hour is also given to the students two or three days before each session. During this supervision, I first of all expect the students to have studied the clients they are going to be working with, consider their needs, and how they might structure the music therapy session. I expect them to have worked out some ideas of how they may approach the clients in this session and what they may do. We then discuss other possibilities, and look at the need for some frameworks and freedom within those frameworks. Special attention is paid to finding the most appropriate therapeutic approach and musical material to meet the needs of each client individually in a group, and the group as a whole.

The Session

The students then prepare the room prior to the session, and prepare musical material where appropriate. The student therapists describe their group to all the students present. We revise the descriptions of the clients that have been given, in order to have that very present in our minds from the beginning of the session. Any instructions that are necessary are given for the beginning of the session, such as the parameters of the room, the instruments that are included within the musical space, and any issues about whether or not the clients may leave the session. Sometimes during this period of time, additional information may be necessary on exactly how the students will role play the clients. As they have frequently not encountered some of these clients, this is a necessary part of the process.

The therapy session always begins with the students undertaking the role of clients leaving the room and waiting outside some minutes and getting into their roles in a quiet space. When the therapists are ready to begin their session, they go outside the room, collect their client group and bring them into the room. From that moment on the session is a protected, safe environment in which the therapy takes place, and everybody is very mich in the role. The session may last 45 to 90 minutes, and at the end of the session, the student therapists will take their clients out of the room. Only when they are out of the room and the door is closed is the therapy session considered finished.

Feedback Time

The feedback time is a very important part of this process. The order may vary, but typically, the feedback occurs in the following way:

1. The students playing clients give feedback.
2. The students playing therapists give feedback.
3. The observers give feedback.
4. Sections of the video are analyzed.

I give feedback during the whole process, and also at the end. After the feedback period we sometimes go over some situations to find out what else could have been done. Role–playing exercises are again used to model some different styles of work. In this way, exercises can be done on techniques that were used during the session, or on techniques that could be used in future sessions.

Student Therapists Process

The students acting as music therapists are developing their musical skills, their therapeutic skills, their creative skills, their group leading skills and also their observational skills. They are also having to develop memory, as in the feedback session, they need to remember what happened in the session, particularly what musical material was used, and what musical material the clients themselves produced during the session. They are in the position of having to interact with a group of their own students who are playing the role of clients and this rather 'false' situation can create specific problems for them. Counter–transferencial issues centre around their feelings towards the students/clients and to a large extent the stage they have reached in their own process. Difficulties in building relationships are therefore obvious, and it is more difficult to act in the role of therapist in this situation than that of a client.

Students Acting as Clients

The students who take the role of clients are going through two processes. They are beginning to try to get inside the role of clients with different disorders, illness or disabilities. They are also trying to explore how such clients would act and interact in music therapy sessions. This is a very difficult role and requires a total commitment and trust both in the therapists, each other and the teacher. Over the period of four years that I have been undertaking these sessions at Aalborg University, it is clear that getting the role of clients is easier for the students than being the therapist. I give the students a certain amount of information, but not too much, as they can't be expected to remember a whole history of a person's life. At the same time, they can be creative in the session, and bring their own ideas into the role they are undertaking, perhaps adding some aspect to the patient that they are being.

Role Playing Versus Acting

One of the most critical part of the experience is whether the students playing the characters of the clients believe in who they are becoming and whether the therapists can perceive them as clients, or just students acting a part. The students don't have a wide clinical experience and may never have seen or worked with the clients listed above. Wherever possible, they are prepared by some previous information given in psychiatric or therapy theory studies on the characteristic pathological problems of different client groups. In addition, they are expected to read about the client population with whom they will be working each week. Where they are clients with whom I am familiar from my own clinical experience, I frequently make a

small role play to demonstrate the characteristic way of the individuals within the group to the students taking the role of the clients. They are given the 'cameo portrait' of the clients some days before the session. However these portraits are only a few lines long, and are intended to give the students a perspective rather than a detailed description of the clients. They include some information about the clients personal way of behaving, their relationships within the group and some of the problems that they are experiencing. However the objective here is not that the students have to learn and remember detailed and complex information about a client. If we worked in this way, we would be putting the students into the role of actors, where they would spent the therapy session trying to remember all the various aspects listed in the client's description. This would reduce their own creativity and potential for really going into the role of the client. Given limited information, the student can work in their own fantasy and imagination of that client. Their portrayal may not be strictly accurate, but it will be more real.

Having experienced it myself as a client in these sessions, I can describe the process as similar to going into an altered state of consciousness. When you start to behave like a client, you begin to experience a blurred or distorted vision of reality, sinking yourself as deeply as possible into the role, frequently withdrawing and then emerging as an altered person. The students at Aalborg, over the years that I have been working with this method have taken this process very seriously. Naturally however they don't believe they have become the client in question, but they do experience the feelings, anxieties, and sometimes despair and loneliness of the clients they are portraying. The students who are the therapists for each of these groups also perceive the group they are working with as clients rather than their fellow students and respond with great sensitivity and a therapeutic approach.

Such is the depth of this experience in some cases, that some students have retained feelings from their experiences as clients which go on during the rest of the day and perhaps into the following day. One student, playing the role of an autistic client, continued to experience a sense of isolation and loneliness which affected her emotionally into the next day after the session. As this phenomena has emerged on occasions I have explained to the students that they should contact me or one of the other students to talk about these residual feelings.

This does raise another important issue that is relevant to this process. In taking on the role of a client, students may be finding out about a part of themselves which is quite close to the difficulties described in the client's personality which gives them a symbiotic experience with the fictional client whom they are playing. As a distorted form of counter-transference, it parallels the description given by Mary Priestly of empathic counter-transference where the therapist can gain significant insight into a client's needs and difficulties from their own personal experience. It is an incredibly invaluable tool of the therapist and a way of reaching into the client's inner being and understanding them.

Students Acting as Observers

The observers have a definite role in every session. They need to make careful notes of the musical interactions going on in the session, the way the therapists are approaching and working with the group at a musical level, and also at an interactive, personal level, and the

way the clients are responding. All aspects of the group process need to be observed, and in the feedback session the observers play an important role in giving an objective view of what has happened. Also, their own counter-transferencial issues can be addressed in the way they experience the session, and the feelings it creates in them.

Creating the Music Therapy Session

Providing the students with a model for making a role play, and the descriptions of the clients gives them the setting for the therapy. What they try to do in the session is addressed in the supervision session. There is no 'recipe' for a music therapy session. Each session will develop in the way that most appropriately meets the needs of the clients.

Understanding the Needs of the Clients

The direction of the therapeutic process can be understood best from the perspective on the needs of the clients. Students (and some therapists) can propose quite vague or general aims in therapy work. In order to help students formulate the directional process of their therapy and be able to retain that in their mind while they are making the therapy session, often acting as a partial supervisor or objective observer of their own work, I have tried to help students define their approach to clients based on the clients needs under three levels:

General Needs:

- To provide a safe therapeutic environment.
- To give the client a space where they can express themselves.
- To form a therapeutic relationship through music making with the clients.
- To provide the clients with a medium through which they can explore and develop their own process.
- To help the client explore issues from their own life and past.

These are broad needs which can be generalised to almost every music therapy situation. Almost all students propose these as the needs of clients but sometimes limit their consideration of the purpose of the music therapy session to these broad aims. Therefore, I ask them to look closely at the next two levels to define both needs related to discrete pathological problems and needs related to the individual.

Needs Related to Pathological Problems

- Defining the clients needs from a pathological point of view can enable the student to become more specific, but still within a general framework. For example, a client with autism typically displays certain ways of being and behaving that are related to the moderate or severe range of autism within the autistic continuum:

- Difficulties in social interaction.

- Difficulties in imagination and imaginative play.

- Difficulties in communication.

- Repetitive patterns of behaviour.

- Difficulties in coping with change.

- Abnormal and unusual motor and sensory disturbances.

This example gives some general descriptions of pathological difficulties within the framework of autism. One can generate a similar list of problems relating to other pathologies.

However, from a therapeutic point of view, every patient, irrespective of their diagnostic category or pathologic disorder is considered as an individual with a unique individual character and needs. Therefore the third level of defining needs relates to the individual's own life problems and needs.

Individual Needs

- A careful assessment of the client's own personality, their history, personal identity, musical identity and musical behaviour.
- Issues relating to the individual.
- Personal characteristics in the relationship with the therapist.
- Personal characteristics in the relationship with other clients in the group.
- Transference phenomena.

Using this model gives the students a great deal to think about, and often they begin to learn in the therapy situation that it is a hard balance to take all these things into consideration and at the same time act in an intuitive and free way with the clients. Sometimes the balance is wrong, and the students become 'lost' in their clients and lack an overview or perspective of the general and specific needs. I do believe that we don't function in a therapy session with a list of objectives to achieve based on these needs, but if we have a clear understanding and knowledge in our head of these different levels of needs, and they are 'present' with us during the therapy session, it helps us to act intuitively in our therapy work, and it helps us to achieve insight into the needs of the clients.

Frameworks for Sessions

Students need a framework, and many possibilities suggested to them of approaches and musical material they can use in the session. What follows is an attempt to provide a framework for considering the many elements that go to make up a music therapy session or

course of sessions, and the many aspects that will have to be considered.

This can provide a format for setting up a session and taking various things into consideration:

1. Needs of the clients.
2. Objectives of the session.
3. Structure of the session:
   - Activities.
   - Improvisations.
   - Passive/active.
   - Directed/non-directed.
   - Therapist/co-therapist/helper roles.
4. Equipment needed and located.
5. Opening.
6. Sustáining, developing, judging, containing, changing.
7. Closing.
8. Therapist.

The area needing most discussion is usually the structure of the session. The students are often sensitive and informed about the needs of the clients, and also the objectives of he session. But what to incorporate in the session presents problems. Below in Figure 1 is an attempt to provide in improvisational music therapy a range of ideas, albeit incomplete, for developing a session.

Figure 1: Techniques and Dynamics of Improvisational Music Therapy

STRUCTURE OF SESSION

IMPROVISATION		
FREE & UNSTRUCTURED	THEMATIC	ACTIVITY STRUCTURED
	GUIDED FANTASY	WARM UP TECHNQIUES
	STORY	INSTRUMENTALLY ORGANISED
	OBJECT	MUSICALLY ORGANISED
	PAINTING	
	WEATHER	
	CONCEPT	
	EMOTION	
MEDIUM	MUSIC	CONTROL
INSTRUMENTS	ATONAL	FREE
PERCUSSION	TONAL	WITH INITIAL PLAYING FILES OR GIVENTS
+ PIANO	MODAL	
+ PITCHED PERCUSSION	PENTATONIC	PARTIAL STRUCTURE
VOCAL DIALOGUE	STYLSTIC	FULL STRUCTURE
VOCAL + INSTRUMENTS	THEMATIC EXTEMPORISAION	PARTIAL / FULL DIRECTION
VOCAL ALONE	EXTEMPORISATION	GESTURE
RECORDED MUSIC / RECEPTIVE		MUSIC
MOVEMENT		VERBAL
MOVEMENT + INSTRUMENT		CONDUCTED

Video Examples

Method of Evaluation

This course is evaluated at the end of the year with an external censor. The method of evaluation is remarkably similar to the process of the sessions during the year. Students are given three clients with whom they will work individually in their evaluation, and they make a 30 minute session. The atmosphere is often intense and the added anxiety of this being an evaluation will affect the students. However they are given fairly clear guidelines about the purpose of the evaluation. In particular, they are informed that this is not a test to measure their effectiveness as a therapist, and the evaluation will not be made on the basis of the success they may achieve in their therapy session with the clients. Evaluation is far more concerned with looking at their musical identity with a group of patients, how they use music in an interactive way in order to form relationships with them, and in particular their understanding of the process.

After the session, they take a discussion with the censor and the examiner during which they are expected to describe events that they considered significant that occurred during the session, and if possible, use musical examples to illustrate their description. They can select these events on the basis of either moments of closeness, musical excitement or good response and interaction, but equally they could select a moment of resistance, anxiety or lack of contact, to demonstrate their own understanding of different aspects of the therapeutic process in the session. The question that we are addressing is, can they see what is going on, can they understand the significance of what is happening, and what is happening musically between them and the clients. The censor takes an objective stance without knowing the students. Our external censor is a clinician, and over the last four years has offered excellent and insightful feedback to the students connected to their role as therapists, and the way they build relationships with the clients as well as giving them a critique on their understanding of what is happening in the sessions that they do for the evaluation.

Recent discussion about the method of evaluation both for this course and for group leading, as well as for other parts of the self experience track in the training course, including intertherap and individual therapy, has considered the possibility of using video material. The other parts of the self experience programme are not evaluated by an examination, but this particular approach is, and therefore the artificial nature of an examination adds an element of superficiality that is typically not present during the course.

Conclusion

There are advantages and disadvantages with this method of training. The advantages include putting the student into the role of the client, and also giving the responsibility as therapists. They gain enormously from finding out the difficulties of working with a 'clinical' problem, even though it is role played by their colleagues. Perhaps for the first time in their training, they suddenly become aware that the group they are trying to work with may not be

interested in playing instruments, expressing themselves or responding to the therapist. Silences become very important, and the ability of the student to cope with difficult situations, is very much part of this.

The students' experiences in group and individual therapy with each other on the course and with the teachers has frequently involved their own development in free expression through music. Willingly and with high motivation they go into process, both with their musical skills, and their therapeutic intention. So it is a shock within their training process to suddenly come to a realisation that when working with clients, these clients are not equipped in the same way that the student is, or the therapist, to improvise and make music, and may not have anything close to the motivation or experience of using music as an expressive medium. In this way this course provides them with very good pre-experience to going into practical work.

Critically, one can view the process of playing the role of clients as being potentially rather superficial. How can you go deeply into a person's problems in this type of session where the person is role playing, and therefore the problems are fictitional? Especially with the therapy sessions that involve a verbal exchange, everyone in the room is conscious that there is an element of 'play acting', and much of the material is being constructed moment by moment. This goes back to the question of how deeply the students are able to go into the role of the clients. If they begin to believe in the person they are portraying in their role, and try to take into themselves that personality and believe in it, the tension and intensity of the session develops as increasingly the therapeutic issues become clear. The process can work best with "clients" who are either non verbal or have very limited motivation to talk, as the issues of fabricated verbal material are not so strong. However at all levels the students have shown a remarkable ability to go into the process. This is due to the tradition in Aalborg University music therapy programme, and due to the safe and therapeutic environment we create for these sessions. From the moment the students come into the room in their persona as clients, we believe in this as a therapy session, until the point where they leave the room. It is sometimes amusing and at other times profoundly affecting to listen to the reaction of the group who have been playing clients when they leave the room after the session. They can be laughter and excitement at the events that have occurred in the session, a relief from the tension of containing both some of the humorous and the distressing events that have occurred. Equally common their can be deep breathing and tiredness as they try to let go of the situation into which they have been put, and come back into reality.

Perhaps the most valuable outcome to all of this work is that the students gain a significant insight into the needs and problems of the clients with whom they will work, and some good developments in their concept of the role of the therapist and their own resources to undertake that responsibility.