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Creating an Apprenticeship Music Therapy Model Through Arts-Based Research

Abstract

Newly graduated music therapists often feel isolated within their practices. They leave the university's structured educational environment to be on their own. Some of them miss the time they were improvising together, supporting each other, and sharing their struggles and successes through classes and group supervision. This paper addresses some of these issues by proposing an apprenticeship model using arts-based research to support new music therapists entering the profession. This study reinforces the importance of mentoring apprentice music therapists to assure that the next generation will feel confident and well-prepared to enter into and develop the field. A group of five music therapy interns and I participated in a co-researcher group using phenomenological arts-based research (ABR) and participatory action research (PAR) in order to explore principles and foundations for a future apprenticeship model. The findings show that an immediate need of apprentice music therapists in their direct experiences and lifeworlds is to identify support for their work through meaningful, trusting relationships among peers and with mentors.

Introduction – [MUSIC 1]

Music therapy is the art of bringing music to our fellow human beings so they can blossom into their highest beauty. For us as educators, music therapy is the art of transmitting our passion for genuine caring to the next generation of music therapists so they can, in turn, pass it on to following generations.

Apprenticeship

In the Middle Ages, young adults developed their craft under the guidance of craftsmen. They carefully observed their masters and then gradually refined their art until they forged their own identities. Music therapists have followed that path—guided by pioneers, by music itself, and by the people they serve in therapy (our greatest teachers, as we often say in our work). The term *apprenticeship* should be preserved in our contemporary practices as it resonates with the tradition of passing on to the next generation what was given to us. My goal in mentoring and guiding apprentice music therapists is to accompany them in their quests for their own voices and paths. I am an apprentice as well—a lifelong apprentice who is learning from our encounters. In this context, apprenticeship is a social practice of legitimate peripheral participation, to use the terminology of Lave and Wenger (1991). And according to Cain (2007), apprenticeship is shaped by the whole community of practices and is not the result of one individual alone.

I have been a music therapist for the past 20 years and an internship supervisor and educator for the past decade. Through teaching I have found myself transmitting my passion for the field to students. In return, I have seen their own passion rising. I have felt that students really need to be supported and encouraged in their personal and professional development in order to keep their aspirations alive. Through teaching, my role of mentor started to emerge as my relationships with students developed more of a guiding dimension.

Even though I was the primary researcher, I came to this pilot study with an egalitarian stance as co-researcher while still carrying the role of mentor. Given my experience as a music therapist and being the initiator of the pilot study, I envisioned my position as guide and facilitator for the group process in order to allow the individuals to express their unique voices. It was important for me, though, that participants felt at ease in taking a mentorship or leadership role whenever they felt comfortable in doing so.

In this research I looked at the participants' experiences with mentorship and how it developed throughout the pilot study and up until the interview a year later. The perspective I am proposing on mentoring combines my own and the participants' perceptions from our shared experiences. These insights on mentoring are interpretative and subjective, in alignment with the qualitative research method of ABR.

Figure 1. Apprenticeship by Claude Côté. Watercolor on Crescent paper.

The Ripple Effect

The proposed apprenticeship model draws from the experiences of young music therapists who participated in an arts-based co-researcher group. This model carries the potential for the *ripple effect*, which in the context of mentorship has been defined by mentors as "not only the human investment made in helping their mentees, but also the long-term, multiplying investment that they and their mentees would continue to make in others throughout their lives" (Morer-Urdahl & Creswell, 2004, p. 4). Pavlicevic and Ansdell (2004) use this metaphor in their book, *Community Music Therapy,* and even use ripples on the water created by a pebble to illustrate the cover of this book. Not only does the music disperse, but individuals can also look toward community and, vice-versa, the community can reach within individuals—like the movement of concentric circles found in the ripple effect (Pavlicevic & Ansdell, 2004).

Literature Review – [MUSIC 2]

Mentoring, Supervision, and Apprenticeship

By the Middle Ages, "mentorship" had evolved to become "apprenticeship" (Merrill, 2008). Then in the past century the terminology of mentoring and supervision established itself. For Merrill (2008), confusion seems to exist between the terms mentoring and supervision in the field of music therapy. Often, she reports, they are used interchangeably in relation to internships. Cawood (1999), in a thesis titled "Supervision in the Music Therapy Internship: An Examination of Management Styles and a Survey Measuring Intern Perception of Mentorship in Supervision," also writes about mentoring and supervision.

Memory, Unkefer, and Smeltekop (1987) describe supervision in music therapy as an essential "partnership between students and supervisor" (p. 161). The authors provide theoretical models that are mainly inspired by health and education disciplines. In a music therapy education and training book edited by Maranto and Bruscia (1987), there is no

mention of mentoring. *Music Therapy Supervision* (Forinash, 2001)*,* is a collection of papers clarifying the definition of supervision in music therapy. In one of those papers, McClain (2001) reviews literature and finds that supervision is "a comprehensive term for a concept that includes teaching, modeling, observing, shaping, coaching, and evaluating the skills and behaviors of students" (p. 9). It pertains to internship, according to McClain—which is also called pre-professional supervision—and to professional supervision for advanced practice.

Bruscia (2001) introduces a model of supervision derived from apprenticeship training. The apprenticeship is integrated into the graduate music therapy program for enrolled, clinically experienced music therapists, who serve as apprentices under the "continual guidance" (p. 283) of the professor in order to learn all the aspects of supervisory responsibilities in music therapy. Bruscia identifies five levels of intervention, which are oriented toward action, learning, client, experience, and countertransference.

On the other hand, some universities offer music therapy group experiences in their advanced trainings. These groups help students integrate personal and professional learning processes. Barbara Hesser, who has instituted this type of group at New York University, is convinced that "the more we understand and explore music together and individually, the better we can bring it to our clients" (1985, p. 68). She adds, "Being a music therapist is an in-depth, lifelong process, not begun or completed with a degree" (p. 67). Stephens (1987) talks about experiential music therapy groups for advanced supervision. Music therapists, once graduated, have minimal support systems and are still growing and developing their identities. Stephens emphasizes the need to enhance leadership skills in order to educate professionals and the community at large about music therapy. Préfontaine (1997), in an article entitled "On Becoming a Music Therapist," advocates for experiential learning in professional identity development: "Becoming a music therapist would then signify becoming a person whose forte lies in the utilization of sound to give freedom to the body and the voice, and sensitivity, intuition, and creativity to complement the spoken word and rationality" (p. 1). Préfontaine sees learning music therapy as the process of exploring relationships to the self and to others.

Arts and Mentoring

Snowber, an arts-based researcher, looks at mentorship on a spiritual level beyond the professional one (2005). She sees the mentor as an artist. She writes: "The artist and mentor work in the landscape of both the internal and external world, forging connections that bring passions to life" (p. 345). She is inspired by the etymology of the word *mentor*, derived from *mentos*, which means intent, purpose, spirit, or passion (Online Etymological Dictionary, 2001). Snowber invites mentors and art-makers to freely welcome new ideas and perspectives and to set aside preconceived agendas.

Snowber captures some of the essence of mentoring when she says, "listening to the underside of what is happening in a student's life is a sacred act, one that must take form in the soil of mindfulness and loving kindness" (2005, p. 347).

Snowber also pays attention to the development of leadership skills in the realm of education at a humanistic level. This has nothing to do with academic or administrative terminology. She brightly connects mentoring, arts, leadership, and the soul, arguing that "the aspects of loving kindness, soulfulness, and heartfulness come into play as part of the palette that makes a thoughtful and discerning leader" (2005, p. 351). This type of

leadership enriches the process of mentoring and becomes a model for apprentices who are inclined to become future leaders. Snowber proposes a holistic view of mentoring which we should welcome as music therapists. She concludes, "One can lead with the heart, listen with the soul, analyze with the mind, and attend with the gestures of the body" (2005, p. 351).

Mentoring and the Ripple Effect

Morer-Urdahl and Creswell (2004) used a qualitative transcendental phenomenology method (Moustakas, 1994) to study the ripple effect in a youth leadership mentoring program. Four themes emerged from their study: investing and reinvesting in others; influencing others positively; giving and receiving; and establishing interconnectedness among relationships. The essence of the experience is rendered in a rich narrative:

> The ripple effect in the mentoring begins with a person who is willing to invest in another and form a meaningful relationship built on trust. This person has the ability to give and mentors a person who has the capacity to accept. It benefits both the mentor and mentee by impacting positive outcomes in personal lives, in organizations, and in society. Theoretically, the ripple effect is endless and its impact ripples outwardly as the experienced influences and feelings of connectedness are forwarded to others. It occurs both vertically and laterally. Mentors were mentored by others in a vertical fashion, and they passed it on laterally to peers through verbal and nonverbal communication, throughout time, and to individuals receptive to mentoring. This investing and reinvesting might also be seen as a "circle" of investing and reinvesting in others, with the "circle" continually expanding outward. This investment can have both positive and negative effects. The essence of the experience is giving, and that giving has the potential to be a multiplier. (Morer-Urdahl and Creswell, 2004, p. 23)

As seen in this brief literature review, little has been written so far on mentoring and apprenticeship models specifically for music therapists. The next section describes arts-based research that provides a foundation for developing an apprenticeship model for music therapists.

Methodology – [MUSIC 3]

Arts-Based Research (ABR)

Qualitative inquiry has provided suitable approaches for music therapists to translate or express research findings. It seems, however, that there is still room for innovative research methods that could address music therapy practitioner/researcher questions and help develop practice. It is natural for music therapists—who are immersed daily in music—to use sensitivity, intuition, and musicality, combining it with their clinical knowledge and experience. ABR is an example of a qualitative research method that has similarities with music therapy approaches. As Eisner (2008) discusses, we approach human beings' experiences as we experience the qualitative world through our sensory system.

ABR is an opportunity to closely reflect on what is happening in the music therapy experience without corrupting its essence or distorting its meaning through verbal over-

analysis in linear and verbal language. Austin and Forinash, music therapists who contributed to ABR, define this method:

> Arts-based inquiry is a research method in which the arts play a primary role in any or all of the steps of the research method. Arts forms such as poetry, music, visual art, drama, and dance are essential to the research process itself and central in formulating the research question, generating data, analyzing data, and presenting the research results. (2005, p. 458)

As in participatory action research, ABR attempts to democratize knowledge. For Knowles and Cole (2008), one of the strengths of arts-informed research is accessibility and the recognition of individuals as "knowledge makers engaged in the act of knowledge advancement" (p. 60).

Co-researcher Group: Phase I

A co-researcher group was created for Phase I of my doctoral study, a pilot project using phenomenologically situated participatory action research (PAR) and ABR. Through the research group study, I was searching for particular knowledge regarding my dissertation topic. It became apparent that mentoring was a prominent theme.

Five newly graduated music therapists—previous students or interns—were recruited for this research. The participants, four females and one male, distinguished themselves with their dynamism, leadership qualities, openness, creativity, and passion for music therapy. They were between 22 and 25 years old with different cultural backgrounds: two participants were from Quebec, Canada, and the other three were from Europe and Africa. Three of them worked in special schools, one worked in a community center for adults with disabilities, and another worked in a children's hospital.

This group met for five sessions of two hours over a period of three months. We came together with a similar desire to commit ourselves to an open and flexible structure with no preconceived ideas of what would come out of our explorations. The relationships between co-researchers and the sharing of topics developed through trusting, collaborative work, and we continued informing each other about new resources and potential projects even after the pilot study was completed.

Our sessions evolved into discussions, instrumental and vocal improvisations, adapted group sessions of the Bonny Method of Guided Imagery and Music (BMGIM), mandala drawing, collective and individual writing, and poetry, according to our needs to further deepen our reflections. We oftentimes used two artistic media per session. For instance, after doing a round to check in with each participant at the beginning of the session, we discussed a theme and then did musical improvisation, drawing, or writing, concluding with reflections and a short improvisation. Every co-researcher also filled out a diary after the meetings.

Co-researcher Group Phase II

The research itself, or Phase II, consisted of conducting semi-structured interviews with each co-researcher one year after his or her group experience. I used a phenomenological approach to investigate the lifeworlds of the participants regarding our work together.

The artistic data such as creative writings, music improvisations, mandalas, and the transcripts from our previous pilot study served as foundations for structuring the interview questions. I sent the interview questions to each participant prior to our meeting. Interviews were conducted in French for four participants and in English for the fifth, using a phenomenological approach of being aware of my own presence and my inner dialogue to allow for a free-flowing emergence of data. Afterwards, the transcripts were sent to each participant to check for accuracy. Participants could add, delete, or modify any of the content. The transcripts were then translated to English by external service software and then edited by me.

The data analysis consisted of listening to and reading the transcripts and using intuitive and analytical modes to allow for the emerging themes and essences of the co-researchers' experiences to surface. The specific findings and interpretations were reported through narratives and various media—music, art, and poetry.
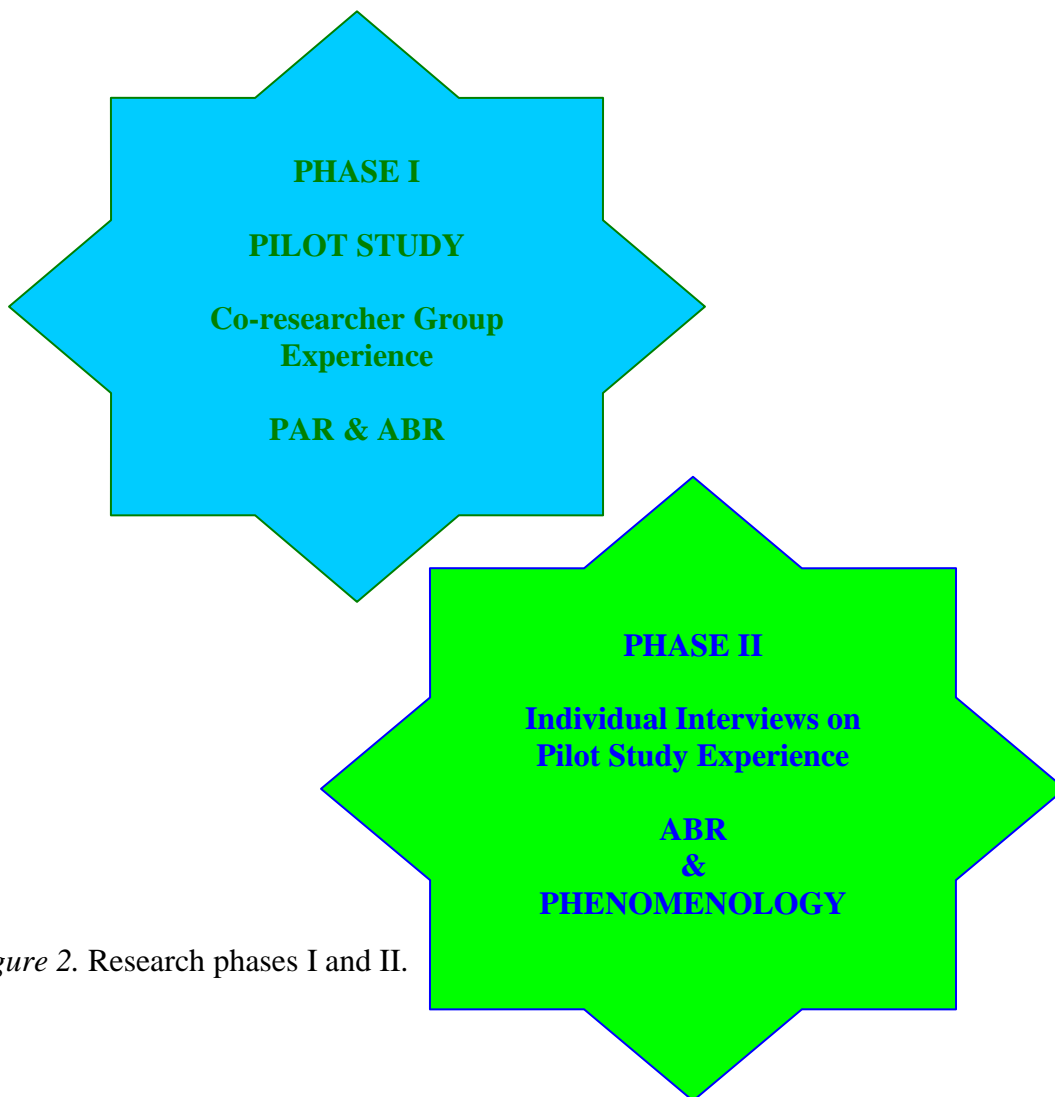

Figure 2. Research phases I and II.

Ethical Issues

　　As primary researcher, I completed an institutional board review form, and it was approved by my university review board. Participants were interviewed at their time and location of choice. They signed consent forms, and they were informed that they could withdraw at any time from the research without prejudice. Confidentiality was assured and names were changed to fictional ones the participants agreed on or chose themselves.

　　Due to the fact that as former students and interns the participants were known to the researcher, the multiple relationships—such as teacher/student, supervisor/intern, music therapy colleagues, and fellow board members of music therapy professional associations—were carefully explored and addressed.

Findings – [MUSIC 4]

Creating Our Nest

　　For five Sunday afternoons from September to December, 2007, we met in a quiet music therapy studio in Montreal for our sessions. We worked with artistic media for our two-hour sessions. What follows are narratives that refer specifically to mentorship from the interviews done one year after our group experience.

Figure 3. Mentors Make Mentors by Melanie.

Mentorship

　　Defining mentorship. The concept of mentorship was multifaceted in our group experience. As I initiated the research group, I was the primary mentor, but there was peer mentoring as well. Aspects of supervision came up in the interviews, as it included mentorship for some participants, and similarities between mentor and therapist, leader, and teacher were mentioned as well.

　　Participants developed knowledge of mentorship through experimenting with it during the research project. There was no theoretical background or explicit information given to them at the beginning of the group because we were already working on other concepts, and I did not want to influence the course of mentorship. However, as the group evolved, mentorship unfolded without being named, per se. The participants' reflections

about the concept of mentorship were thus intuitive and were pulled from their immersion in its implicit form.

For Anna, a mentor *"makes interventions in which goals are the progression and realization of a project."* Anna described mentorship as a sharing with one or several persons who helped her avoid getting discouraged, and she sees it as not being the concern of only one person; it is *"meeting with other people who live in similar situations. . . . Sometimes, when I am in a down period, they are in an up period, so we are never at the same exact place."* The feedback she got from her peers was a type of mentoring for Anna. For instance, she shared in the group that when she led her choir, she had benefited from the group's ideas, experiences, and questions. *"Mentorship is really like a source of light that enables you to continue as much as music therapists are the source of light for the little leaders [children]."* She insisted that it takes somebody like a mentor at the beginning of a project, during the project, and after it to evaluate the outcomes. She said it is not rare that we underestimate our successes. She added that sometimes you do not necessarily have only one mentor; it could be a person at your workplace and one from outside as well.

Anna said it is *essential* to have a mentor, especially after you finish university training. She wondered what she would have done without a mentor as mentorship has been crucial to her professional development, and she felt privileged to have been mentored. In the same way that she works with children through meaningful relationships, she seeks for herself a quality in the bond that is essential to her. Mentorship was a source of structure and of comfort, too, reported Anna. She saw a mentor as a counselor: *"Even though you know the type of work you want to do, if you do not know how to achieve it, that does not produce anything."*

Melanie reported from her experience of being supervised that mentoring manifests itself *"just by being under the supervision of someone I looked up to. Just by spending time with them and having them guide me and really being able to see how they talk, how they work things out. For me, it was a lot more than the theory, the classes, the improvisation classes, the textbook readings—all that stuff was valuable, but I don't think that I would have been half the music therapist I am without those mentors, because they leave you a legacy."* She added, *"A mentor imparts their character, their skills, and their qualities to a receptive student."* She found it important to see cohesion between practice and theory through mentorship: *"If it's just theory without action, it's worthless, but if it's something that's been lived, then it's really valuable, and whoever is being mentored will recognize that and then they'll really care about something."*

The concept of mentorship in itself was rather new to Leonard, although it related to the idea of supervision for him. *"It is different, but it is rather like a link to a mentor [who] is like a model, who guides, inspires, encourages."* He described certain qualities a mentor should demonstrate: "*One must have self-confidence, counseling abilities, be able to receive several ideas and synthesize them without imposing a direction, and . . . remain very open to everybody's ideas. . . . It is not enough to be a good leader and to have great ideas for being a good mentor."*

Serena put high value in mentorship for personal and professional development. *"Mentorship inspires me. . . . It is very important! . . . A mentor is someone who accompanies you without judging . . . who is really there to encourage without making any judgment . . . to perhaps give advice, to support, to listen."*

Peer mentoring. Participants found support in each other in the co-researcher group. They benefited from feedback, encouragement, and ideas. Anna, who had initiated a Community Music Therapy (CoMT) project in her school, really benefited from the group: *"There are often obstacles when doing CoMT . . . and it [mentoring] is exactly what we did [in the group]; the co-researchers were also little mentors because they listened . . . and we intervened together. . . . We were mentors for each other."*

Melanie also found that there was mentorship between the co-researchers: *"We were all at very similar places, but we all had different strengths in different areas and projects we were working on."* She described mentoring elements that were found in the group: *"A big part of mentoring is being there and saying, 'Wow, that's awesome—you're doing a good job!' And we did that for each other . . . listening . . . and also giving each other ideas. . . . Mentoring doesn't always have to be done by someone who's that much further than you because we have different experiences and can be valuable to each other."* Serena said she truly used the group to feel supported and accompanied in a free and selfless way: *"We were there for each other."*

Mentoring relationships in the research group. The mentoring relationship evolved differently for participants according to their personal and professional development. The group was a germinating ground for mentorship development, although it was not explicitly the purpose of the co-researcher group.

Anna saw the mentorship relationship develop itself gradually, even though the group was not quite at a professional level. The group stimulated the participants to pursue their goals and to keep going. Their resolve to move forward was strengthened. Anna spontaneously referred to the participants when asked how the mentorship relationship evolved since the group ended a year earlier: *"We were also friends, so it is difficult to say how the mentorship will evolve. . . . We want so much for music therapists around us to succeed so that yes, mentorship will continue."*

Melanie felt the supportive climate helped her evolve as a co-researcher in the group. She referred to what I brought to the group as a mentor by saying, *"Your greatest contribution as a mentor was just creating an atmosphere of acceptance and safety. . . . You made a lot of effort to help us feel safe. It was like when you want to have therapy with someone, you have to create a safety net for them where they can be vulnerable and where they can share ideas without being worried that someone's going to judge what they say or think that they're silly."*

Leonard felt we were in the *"same boat"* in the mentoring relationship that occurred in the group: *"I really liked the position you took . . . of being in the 'same boat.' The mentor can either take a position of authority and of experience or be at the level of the mentees and make the experience with them. In this research project, the idea was really that the mentor is there to give a sense to creativity to emerging ideas without imposing a direction."* One important aspect for the group process, according to Leonard, was to have had good relationships between the mentor who initiated the project and the participants. He believed that the trusting relationship that was already established enabled us to move deeper. *"It would have been different if we did not know each other and used the first three sessions to get to know everybody,"* he added. For him, these relationships that started earlier at the university between the co-researchers, including myself, were already "*very good relationships. . . . The project was like a continuation of that process."*

Serena stated that mentorship builds through time. *"I cannot ask someone I do not know to be my mentor. It is contradictory. I have to trust that person. And so it evolves through time—not necessarily in years, but at least in months—through meaningful experiences."* For that reason, the group was significant for her because experiences were meaningful and directly linked with the participants.

Mentor versus supervisor. The participants sometimes interchanged the role of mentor and supervisor. The differences between the tasks of supervising and mentoring seemed clear to them, but there was ambiguity about whether these roles could be fulfilled by the same person or two different persons. For Anna, mentorship and supervision were mixed concepts: *"The supervisor is the one who was giving me the structure, and the mentor was the one who gave me comfort. . . . But it was like the two together in the same person."*

When speaking about mentoring, Melanie looked back at her music therapy studies and supervision and *"the mentorship I received from supervisors, watching them work, seeing the way they think about clients, and the way they treated them. Not just their music therapy techniques, but their whole philosophy. I learned more valuable things there than in all my classes, practicum, and textbooks combined."*

Leonard saw some similarities between mentorship and supervision, the latter being more within a professional framework. With mentorship, he said, *"We are kind of in the same boat . . . whereas the supervisor can row the boat."*

Serena said she needed and sought out mentorship while she was interning. Supervision and mentoring are two different concepts for her, the former corresponding to clinical aspects, while the latter covers professional development and her personal journey.

Mentor versus therapist. Some participants related mentorship to therapy in terms of their common characteristics. Anna believes that *"[mentorship] almost needs to be innate. It is a quality of being . . . encouraging people. It is also the quality of being a therapist, being able to listen. When I have a friend who has a problem at work, we look for a solution. We put the shoulder to the wheel. Yes, it is that mentorship."* The mentor is like a therapist, according to Anna, because "*a mentor listens, encourages, gives avenues of solutions. When children speak to me about their problems, I encourage them. I give them possible solutions. . . . I do not call that mentorship. I call that music therapy. It is where the link is."*

Mentor versus teacher. Leonard felt that in some situations, such as when teaching music, he acts as a mentor: *"When we teach, we take on the role of 'mentor.' Because we teach the practice of an instrument, we often are a type of model. Often the pupil tries to imitate the teacher."*

On becoming a mentor. Anna intended to become a mentor herself and can already hear herself already having "mentor discourses" when she works with her undergraduate students. She feels good and confident in this new role.

Melanie would like to teach music therapy one day, she said, and linked mentoring to teaching. *"Teaching is like mentoring. . . . Being a mentor means going through experiences with the people you're mentoring. It's not sitting and teaching them. It's going through experiences together, and you have to work it out. . . . The way that you want to mentor them has to be who you are. It can't be an ideal that you haven't reached."*

Serena would like to act as a mentor for her young clients because they have a mutually trusting relationship. She does not feel judged by them, and they do not feel judged by her. She said, *"We are in mutual acceptance of each other's abilities."*

Summary

Mentorship had several faces for the co-researchers; a mentor was sometimes a supervisor, a teacher, a therapist, or a leader, depending on the context. Peer mentoring was prominent within the group, allowing them to support each other. Co-researchers reported that elements such as a trusting relationship, congruence, equality, respect, and diversity were essential in mentoring.

Discussion – [MUSIC 5]

Co-creating Mentorship

Participants commented that the co-researcher group became a space for peer mentoring, positive support, sharing, and expanding relationships. Peer mentoring was particularly important for participants. Anna, who was working on a CoMT project, stated that it was essential to share and receive feedback from her colleagues: "*We were mentors to each other."* Melanie appreciated that participants' diverse experiences were a wealth of resources and that "*mentoring does not always have to be done by someone who's that much further than you.*" Serena really used the group for mutual support: "*We were there for each other.*" She also mentioned that mentoring needs time to develop, as found by Morer-Urdahl and Creswell (2004): "Mentoring evolves beyond guidance and support, and it includes commitment and trust built throughout a significant timeframe" (p. 9). Mutual support was probably the theme that came up most often during interviews. Melanie and Coralie especially appreciated that the group was a place for sharing without any judgment. Melanie mentioned that our group had its own inner ripple effect, impacting each other.

Similarly, a study by Snowber (2005) resonates with the apprentices' experiences of mentorship, arts, and leadership. Anna evoked the spiritual side of mentoring when she said, "*Mentoring is really like a source of light that enables you to continue*." Melanie was inspired by everyone's strengths that were shared during sessions. Coralie also felt it was important to reconnect with the arts as a means of exploration and expression. Coralie reported that she is called an "artist in residence" at the hospital where she works. For Leonard, the concept of leadership included respect and good relationships. Snowber (2005) also writes about leadership qualities: "The aspects of loving kindness, soulfulness, and heartfulness come into play as part of the palette that makes a thoughtful and discerning leader" (p. 351).

Mentoring

Mentoring was probably the most important feature of our group experience that enabled relationships and themes to unfold. Guidance and reassurance from mentoring was particularly important for apprentice music therapists. Mentoring apprentice music therapists was like co-creating a musical work that is in constant evolution. Participants perceived me as a mentor in the group, but I intentionally took a low mentoring profile, leaving them space to foster their own. What made the mentoring a rich experience, as mentioned by participants, was that we already knew each other and had built trusting

relationships. Time was also a factor in consolidating our mentoring relationships. In my experience, mentoring seems best accomplished in a long-term relationship as mentor and mentee keep evolving. I, too, have a mentor who was first my teacher 20 years ago. Her approach has had a considerable impact on my work, my teaching, and my mentoring. She has been a model for personal and professional development.

Being Apprentice Music Therapists

Few studies have been done on music therapy apprenticeship with the exception of those by Bruscia (2001), who developed apprenticeship training for music therapy supervisors, and by Merrill (2008). Participants in my study appreciated the fact that they had the chance to develop and innovate through their music therapy practice. Melanie believed that relationships, teamwork, and trust were essential elements, and that passion and vision were passed on through the apprenticeship. Leonard appreciated that music was at the heart of our research group model because "music has all the qualities to reach people." For Coralie, her apprenticeship experience coupled with the themes was "eye-opening." It gave her a way to contribute to the "planetary" common good, she said. Serena also looked at apprenticeship as an opportunity to grow.

Experiencing Group

Group experiences are not always integrated into music therapy trainings. They are even less present after students have graduated. Hesser (1985), Stephens (1987), and Préfontaine (1997) refer to music therapy group experientials for professionals. This co-researcher group did not have therapeutic goals but thematic ones. Nevertheless, participants like Anna and Leonard felt that the group was a place for personal and professional development. Experientials brought Coralie memories of when she was training as a music therapist using artistic modalities. Leonard used the group flexibility and creativity to allow himself to explore new territories.

One aspect that stood out in the interviews was that the participants and I did not know where this journey would take us. The mutual support we experienced made us pursue and trust the process. As Stephens (1987) and Hesser (1985) emphasize, a supportive environment enables growth and trusting relationships to develop. The group process was valued and enriched by everyone's ideas and artistic expressions, according to Melanie. She felt that the group diminished the sense of isolation, which is a result also reported by Stephens (1987).

The co-researcher group created a microclimate, as Serena said. We searched for fertile ground and, like gardeners, we learned while doing—tilling, preparing the soil with care, planting seeds, and cultivating our garden. Mutual mentorship, relationship, and creativity were probably the most important elements to develop, as water is important for growth. Music was the air we breathed. Serena used the term *germination,* which occurred not only in the group but also inside every gardener. Within our garden there was an imaginative nest where co-researchers came for sharing, nurturing, mentoring, and support.

The co-researcher group was a space suspended in time for the reflection of the experience of being an apprentice music therapist. A year later the experience still resonated and brought new perspectives to the participants' music therapy practices. We came as sole individuals and departed enriched by relationships.

Figure 4. Meeting in Musical Communal Space. Oil pastels. By Guylaine Vaillancourt

Research Group Experience: A Wealth of Resources

The six co-researchers, including myself, found personal and professional satisfaction in being part of the group. We felt privileged to co-create such a fertile space for sharing our values and interests. This group was only an initiation, and the participants took what they needed according to their own processes regarding their music therapy practices. They found unexplored resources in themselves that they were eager to share with peers and clients. There are several aspects that can be developed through such a research group model; it is up to the group members themselves to use the group as a means for developing oneself and advancing knowledge.

The format of ABR and PAR with a co-researcher group set us up in a democratic direction. I believe that our common desire to contribute to the field emerged as a strong leitmotiv because of these research approaches.

Apprenticeship Model

This study resulted in designing a training and mentoring model for apprentice music therapists who could participate in co-constructing knowledge. Reflective and critical thinking, PAR, and ABR, as seen in this research, allowed for that knowledge to surface from different angles. The qualitative method of ABR especially responded to a need for expressing inquiry without being restricted to words only. The combination of ABR, PAR, and phenomenology was also critical for producing knowledge in the context of the pilot study. The model that emerged from the research is a model that joins linear and non-linear thinking, intuitive and intellectual modes, and theoretical and practical concepts. The model is represented by a cycle that regenerates itself as needed, as we see in PAR. Four phases characterize this model: reflective and critical thinking, experiential ABR, music therapy practice, and creation of knowledge. The phases are not necessarily sequential and are interchangeable. For instance, the group could decide to start with arts-based experiential work, go to reflective and critical thinking, and move back to the

experiential. This process allows for going deeper and deeper regarding the created knowledge of concepts and topics involved. This dynamic model is in constant movement and transformation as trainees/mentees refine knowledge.
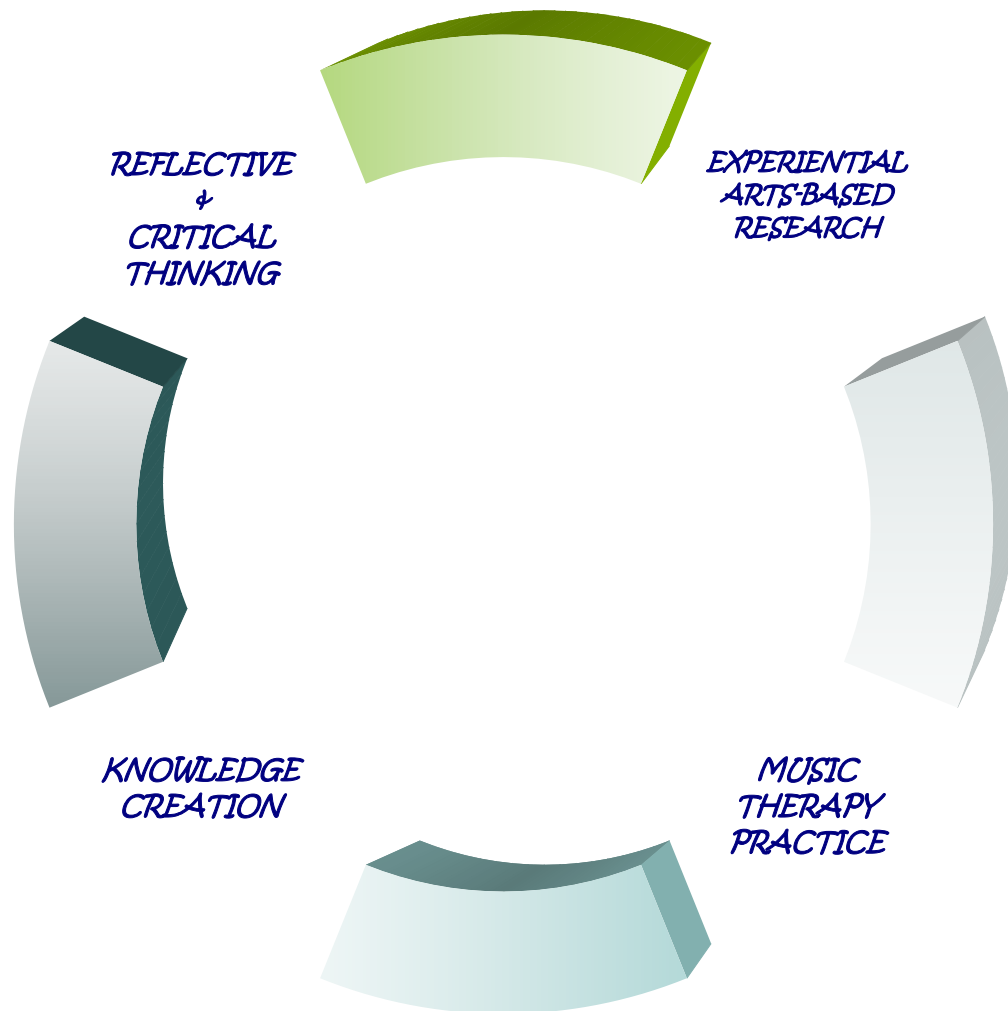

Figure 5. Apprenticeship model.

Phases of the Apprentice Music Therapy Model

The *reflective and critical thinking* phase is concerned with gathering information, brainstorming, reflecting on concepts, and exchanging ideas. This phase can be nourished by participants bringing personal and professional experiences to the cycle. The *experiential ABR* is like a kaleidoscope that looks at the concepts from various artistic angles using music, visual arts, creative writing, drama, and dance/movement. For instance, mentoring can be explored with part of the group improvising and the other part drawing or moving to the music. This process allows insight into issues or topics that the intellect cannot reach. *Music therapy practice* is the chance to process knowledge

harvested through reflection, critical thinking, and experiential ABR. The apprenticeship space is a type of laboratory or prelude to practice that allows risk-taking in a safe and trusting environment. When trainee/mentees come back to the apprenticeship group, they bring increased knowledge that can be further explored by reentering the cycle. *Knowledge* is accessed and created all the way through the apprenticeship model through the three other components of the cycle. It is a dynamic, interdependent, and alive process that could be conceptualized within a system thinking approach.

Future Implications

After the group had ended and I had met each participant individually one year later for the purpose of this study, some participants expressed a desire to come together again and proposed that meeting a few times a year would be helpful to support their growing practices. Maybe this type of group could be extended over a number of years to continue mentoring. One of our initial visions as co-researchers was to *proliferate* or *multiply*—implying that our group model could be reproduced by the co-researchers themselves. Co-researchers could then become leaders of the group, integrating newcomers into it.

Individual mentoring is offered through some professional associations. We might want to consider adding a peer mentoring group model to be offered to apprentice music therapists that is different from group clinical supervision.

A future avenue to explore might be to use PAR and ABR to uncover new directions, new ways of thinking, and new knowledge that could contribute to concrete changes in music therapy practices. ABR and PAR share common ground in democracy, active participation, and concrete implications for the field and for clients.

Conclusion – [MUSIC 6]
Leaving the Nest and Creating New Ones

The metaphor of a nest represented the group as a place to create and to feel supported. Participants also envisioned a way to expand our group by multiplying or proliferating. They saw themselves using the group as a home base, becoming a springboard for re-creating such a group model. Every new group would have its own identity and color. Our group was enriched by co-researchers who had different cultural backgrounds and experiences. It could be interesting to design groups that are characterized by diversity, which adds to the knowledge produced.

Participants came back to the group to find a safe space for letting go of their fears, worries, and anxieties, as well as to express their joys and satisfactions. They gained strength and self-confidence by taking great care of each other while developing the necessary qualities for their practices such as empathy, authenticity, non-judgment, leadership, and mentorship. In addition, they used their creativity and sensitivity as musicians and therapists to serve their practices. Their involvement contributed to professional recognition in the larger community, an important factor for young music therapists who are starting their careers and need recognition in their milieu.

My mentoring practice has been profoundly transformed. Just as the group experience was eye-opening for participants; it was also eye-opening for me. I came to realize the importance of our roles and responsibilities as educators and mentors in guiding new generations of music therapists. The group created a space for apprentice

music therapists to express how much support and mentoring they craved. I was moved by how they gave each other support and how they shared their need for personal and professional growth with authenticity, honesty, and humility.

I am looking at the future of the music therapy field with confidence as we are opening possibilities for apprentice music therapists to be provided with the necessary support so they can become future mentors and educators.

Coda – [MUSIC 7]

My gratitude goes to the co-researcher group members who generously engaged in the research. I also would like to sincerely thank my dissertation advisor, Carolyn Kenny, and my committee for their feedback, which helped me find my own path: Elizabeth Holloway, Barbara Wheeler, and Kenneth Aigen.

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Vaillancourt, G. (2009). *Mentoring apprentice music therapists for peace and social justice through community music therapy: An arts-based study* (Doctoral dissertation). Antioch University, Ohio.

The electronic version of this dissertation is accessible at the OhioLINK ETD center at http://etd.ohiolink.edu/view.cgi?acc_num=antioch1255546013.

AUDIO FILE DETAILS

Recorded in Saint-Lambert (QC) Canada. March 2009
Track1.mp3 (284 Ko) -   Glass Chimes   (Duration 00:18)   Introduction

Recorded in Neuville (QC) Canada. April 2009
Track2.mp3 (1,03 Mo) - Guitar   (Duration 00:27) Apprenticeship by Claude Côté.
                                                                        Literature Review

Recorded in Saint-Lambert (QC) Canada. March 2009
Track3.mp3 (247 Ko) -   Wood Chimes   (Duration 00:15)   Methodology
Track4.mp3 (380 Ko) -   Piano   (Duration 00:24)   Findings
Track5.mp3 (795 Ko) -   Piano   (Duration 0:50)   Discussion
Track6.mp3 (947 Ko) -   Piano   (Duration 01:00)   Conclusion

Recorded in Montreal (QC) Canada. December 2007

Track7.mp3 (3,27 Mo) - Group Improvisation (Duration 03:34)   Coda

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