Scandinavian Journal of Educational Research

ISSN: 0031-3831 (Print) 1470-1170 (Online) Journal homepage: https://www.tandfonline.com/loi/csje20

Becoming a Reflexive Practitioner: Exploring Music Therapy Students' Learning Experiences with Participatory Role-Play in a Norwegian Context

Wolfgang Schmid & Randi Rolvsjord

To cite this article: Wolfgang Schmid & Randi Rolvsjord (2020): Becoming a Reflexive Practitioner: Exploring Music Therapy Students' Learning Experiences with Participatory Role-Play in a Norwegian Context, Scandinavian Journal of Educational Research, DOI: 10.1080/00313831.2020.1755723

To link to this article: https://doi.org/10.1080/00313831.2020.1755723

Published online: 05 May 2020.

SCANDINAVIAN JOURNAL OF EDUCATIONAL RESEARCH
https://doi.org/10.1080/00313831.2020.1755723

Becoming a Reflexive Practitioner: Exploring Music Therapy Students' Learning Experiences with Participatory Role-Play in a Norwegian Context[1]

Wolfgang Schmid and Randi Rolvsjord

Faculty of Fine Art, Music and Design, The Grieg Academy – Department of Music, University of Bergen, Norway

ABSTRACT

The objective of this qualitative study was to explore music therapy students' learning experiences of participatory role-play in the context of the integrated music therapy master´s program at the University of Bergen in Norway. Role-play is one type of experiential learning that initiates an interaction between students in a simulated scenario, thus producing concrete experiences as the basis for reflection. Empirical data were collected in two focus group interviews with 13 alumni who had attended role-play classes. We applied a thematic and interpretative hermeneutical strategy to data analysis. We identified five continua of learning experiences: (i) one's personality & becoming a professional, (ii) being spontaneous & being prepared, (iii) feedback from self-experience & from others, (iv) experiential learning & theoretical learning, (v) music therapy as a discipline & in interdisciplinary contexts. The continua highlight empathy, reflexivity, and person-centeredness as core learning assets for becoming a health-care practitioner.

ARTICLE HISTORY
Received 13 May 2019
Accepted 26 March 2020

KEYWORDS
Health-care education; active learning; music therapy; participatory role-play; reflexive practitioner; person-centred; empathy

Introduction

Role-play is one type of active and collaborative learning practice in higher education that can provide a powerful foundation for students to build lifelong skills and organizational capacities (Dewing, 2010; Kolb, 2015; Lord et al., 2012; Lund Dean & Wright, 2017). An interaction between students in a simulated scenario is initiated, thus producing concrete experiences of practice as the basis for reflection (Bassey, 2010). According to Van Ments (1999), role-play is a type of simulated or staged communication that focuses attention on the interactions between people. Unlike rehearsed performances, the essence of role-play is that it is improvised and that the players act spontaneously (Northcott, 2002). In role-play, students grapple with the elements of role, function, and context. They become engaged drivers of their own learning processes where they identify and work with challenges, manage timelines, and self-assess their progress (Lord et al., 2012).

Role-play in Health-care Education

A variety of academic disciplines such as psychology, law, cross-cultural training, medicine, and nursing use role-play to incorporate active learning into their curriculum (Nestel & Tierney, 2007;

CONTACT Wolfgang Schmid wolfgang.schmid@uib.no Faculty of Fine Art, Music and Design, The Grieg Academy – Department of Music, University of Bergen, P.O. Box 7800, N-5020 Bergen, Norway

[1] Supplemental data for this article can be accessed at https://doi.org/10.1080/00313831.2020.1755723

Westrup & Planander, 2013). The emphasis on human interaction and the acquisition of professional roles is seen as an enjoyable, safe and powerful strategy for learning in health-care education (Luttenberger et al., 2014; Woodhouse, 2007). According to Social Learning Theory (Bandura, 1977), the format provides opportunities for peer education where the students learn by observing and modeling each other's performance as an important component of the learning process (Turner & Shepherd, 1999). Role-play is discussed as a low-cost learning strategy for health-care professionals that increases their professional and personal knowledge, while at the same time preparing them for a safe interdisciplinary practice of the highest quality (Beaubien & Baker, 2004; Walton et al., 2014). Participating in role-play may increase students self-confidence, and help facilitate insight into their own attitudes and preconceptions in professional interactions with clients (Joyner & Young, 2006; Roberts et al., 2008). Furthermore, it may also encourage students to think more deeply about the needs and experiences of their clients (Jenkins & Turick-Gibson, 1999). All these intrinsic aspects of role-play are seen to be motivational factors for students' individual learning processes (Kilgour et al., 2015).

Despite the varied benefits of role-play in concretizing students learning, past literature has also highlighted a few drawbacks that students may face in role-play learning. First, some students might not feel comfortable with the expected level of active engagement in role-play classes. The experience can make some students feel vulnerable as they may need to pull themselves out of their comfort zone to take on their assigned roles in the interaction. This disconcerting feeling may be further exacerbated by the watchful eyes of their peers who get to observe and comment on the entire interaction (Joyner & Young, 2006). Moreover, students could experience this format as less predictable than more didactic lectures (Woodhouse, 2007). The use of video recording for documentation and evaluation is seen as both beneficial and challenging in the literature as some students might be intimidated by being filmed, being subjected to observation and critique, and seeing themselves on video (Woodhouse, 2007). These potential challenges underscore that role-play classes need a predictable and reliable frame, in addition to a learning group that has become used to working together over time. A teacher, who keeps track of the time and frame of the role-play, and creates an open, constructive discussion culture, is also crucial for success.

Role-play in Music Therapy Research and Education

Educational research in music therapy is still a relatively small area of research. In general, there are few empirical attempts to understand the professional development of students trained in art therapy, music therapy or dance movement therapy (Orkibi, 2013). Educational research in the field of music therapy has specifically included focus on the use of musical instruments and musical skills (Kennedy, 2001; Silverman, 2011), supervision (Forinash, 2001; Tanguay, 2008), clinical practice development (Madsen & Kaiser, 1999; Wheeler, 2002), models for self-experiential learning and psychotherapy in education (Gardstrom & Jackson, 2011; Murphy, 2007; Scheiby & Pedersen, 1999), reflexive journaling (Barry & O'Callaghan, 2008) and research on feminist pedagogy in music therapy (Hahna & Schwantes, 2011). Role-play as a form of learning in music therapy education is associated with various domains, such as preparation for practicum placements or in the supervision of practice (Goodman, 2011; Murphy, 2007; Tims, 1989). Tanguay (2008) mentions role-play in the supervision of practice placement and students' processes of learning to practice music therapy. Practice placements are a great resource for learning, but as Madsen and Kaiser (1999) point out, they are also related to student fears such as a failure to fulfill requirements, not having enough knowledge or being prepared well enough. Wheeler (2002) reports similar feelings of anxiety and concerns from students starting their practice placement. Tims (1989) suggests that role-play be considered as a less threatening way for training practical skills, meeting clients, and developing communication skills with the interdisciplinary team. Murphy (2007) evaluates role-play as a category of educational experiential practices in which students receive "the opportunity to practice music therapy methods presented in class under the supervision of a professor" (p. 38).

Though role-play is considered to facilitate a broad range of learning outcomes in higher education, the nature of learning processes and achievement involved in this format has not yet been made explicit in research literature (Rao & Stupans, 2012). To help bridge this gap in knowledge, this study aims to explore music therapy students' learning experiences with role-play.

Participatory Role-play in the Bergen Music Therapy Program

The five-year integrated music therapy master's program at the University of Bergen aims to qualify students for the professional practice of music therapy. Music therapy in this context can be described as a health-promoting, resource-oriented approach, in which persons are engaged individually or in groups in active music making or music listening (Rolvsjord, 2010; Ruud, 1998, 2010; Stige, 2002). In Norway, the professional practice of music therapists is increasingly situated in various multi-disciplinary contexts. Music therapists work with diverse populations across the lifespan in neonatal intensive care, palliative care, mental health, in prisons or with children with special needs, to name but a few. Consequently, the professional identity of music therapy as a profession can be described in terms of hybridity informed by the practices of both health and music. Music therapy education in Bergen therefore includes the development of musical competence, interpersonal sensitivity and the ability for theoretical reflection with respect to music and health. Since 1998,[2] role-play classes have been systematically implemented as part of the curriculum. The format of participatory role-play was organically developed from actual teaching practices and continuously revised by teachers and participating students attending the music therapy program. From the very beginning, the format was designed as an active experiential approach for students' learning and was implemented in three phases. Subsequently, it was theoretically undergirded with reference to Van Ments (1999) conceptualization of role-play among others. The formation and implementation of role-play classes within the Bergen music therapy program is particularly student-led, and is therefore participatory by its nature. Thus, students do not implement a role-play defined by the curriculum, but instead actively design, conduct and evaluate the role-playing themselves in a collaborative process with the teacher and their peers. The classes are conducted with a maximum of eight students per group. The students rotate their assigned roles as the therapist, client, observer, or interdisciplinary team member twice throughout the one-year course. There is a graded exam at the end, and the classes are conducted in three phases: (1) preparation, (2) performance, and (3) evaluation.

The Preparation Phase

The preparation phase starts one week before the actual role-play takes place. The student who will take the role of the therapist prepares in collaboration with the teacher a written description of a self-chosen case. This case can be fictitious or related to a client the students have observed or worked with during their practicum placement. The students have their practicum placements in a variety of institutions such as nurseries, schools, hospitals, or homes for the elderly. Therefore, the role-play can range from music therapy with a premature infant and her mother on a Neonatal Intensive Care Unit (NICU), to a session with a group of persons with early stages of dementia in a community center. The written description of the role-play includes some information about the institutional context, the setting and therapeutic process, as well as about the theoretical perspective taken. The students who take the therapist role decide themselves which activities, methods and theoretical rationale they intend to use. The students who play the role of the client prepare for this role by imagining and investigating the actual client population, becoming as familiar as possible with a potential client's appearance, attitude, and way of behaving. In addition, the students are encouraged to use their previous clinical, social and personal experiences to create links with the client's life situation, and emotionally prepare for the role. Students are encouraged not to make detailed plans, but to be

[2]Before 2006, the music therapy program was located in Sandane at Sogn og Fjordane University College, Norway.

responsive to the actual role-playing in the session. Therefore, an improvisational attitude to the interactions is fostered.

The Performance Phase

The performance phase begins with a short introduction to the session's goal and approaches provided by the student who plays the role of the therapist. The session starts with the therapist greeting the client. The role-playing will normally take 20 minutes, and is often videotaped as a tool for the evaluation phase. If the case for the role-play is for example related to music therapy in intensive neonatal care with a premature infant and her family, the student may choose to work close to the incubator and sing for the baby and the parents. If another student chooses to have role-play with an adult client in mental health care, the session might take place in a sound-proofed room on a psychiatric ward, equipped with instruments like a piano, guitar and percussion for active music making. The course teacher takes care of the structural frame and uninterrupted implementation of the role-play, and also moderates the discussions and video-based evaluations in the next phase.

The Evaluation Phase

In the evaluation phase which follows the role-play, the entire student group is involved in a discussion of the performed session. This usually includes both general discussions of each person's experience of the role-play, as well as evaluations of the interactions as observed on the video. The video recording affords a detailed and thorough evaluation of the musical interplay and verbal and bodily communication between therapist and client. It also provides some distance to what has happened as interactions are viewed on video. In the evaluation phase, alternative ways of working and use of instruments can be tried out and discussed as well. This can include further options for choice of instruments or repertoire with the client in mental health, or how a therapist might address the needs of the family of a premature infant, to refer to the examples given earlier. Furthermore, theory relevant for the role-play is integrated and discussed in this phase, linking practice and theory closely to the performance.

Each student performs two role-plays. In the second role-play, an interdisciplinary team meeting is included where each student in the group takes a role as a professional from a certain discipline, ranging from a specialized intensive care nurse to a priest in a hospice-setting. The student group forms an interdisciplinary team with the members commenting on the performed session from the perspectives of their specific professional background.

Method

Data Collection

To approach our research question, we conducted focus group interviews with alumni and applied a hermeneutic approach to data analysis. Focus group interviews are a unique method of qualitative research and a type of data collection that encourages a pre-determined group of people to engage in a collaborative process of discussion and meaning-making about a specific set of issues (Malterud, 2012; Wilkinson, 2008). The essential aim of focus group research is to identify a range of different views around a research topic, and -in our case – to gain an understanding of the issues from the perspective of the music therapy alumni themselves. Hereby, the group context is intended to collect more wide-ranging information in a single session than would result from one-to-one interviews (Hennink, 2007). In our research, we interviewed two groups of alumni. Each group was interviewed once. With the inclusion of two groups, we aimed to provide rich data material representing main themes, as well as a variety of sub-themes. We emphasized a collaborative approach in conducting the interviews in order to nurture dialogues between the alumni. The dialogic approach of the focus group interviews can be seen as an extension of the participatory format of the role-play classes. The

interview guide for the focus groups was developed by the two authors of this article (see Appendix A) with an emphasis on the exploration of student's experiences with all three phases of the participatory role-play (Kvale & Brinkmann, 2009). We were interested in how they designed a case, prepared themselves for taking a role, how they actually managed to take on the role, and lastly, how they experienced the use of the video in the evaluation phase. We set up initial questions with the intention of stimulating group discussions and encouraging a range of responses and ideas to provide greater understanding of students' learning experiences, attitudes, opinions and perceptions. To ensure that our questions were not leading or biased, we invited the alumni to continuously give feedback to the topics suggested, and to contribute with further thoughts. We concluded with a collaborative summary at the end of each interview. Consequently, the groups worked as their own "feedback groups" (Hennink, 2007, p. 233) to verify the relevance of the questions as well as the results of the discussions. In addition, we addressed topics raised by the first group that were not represented in our interview guide with the second group. For example, the alumni participating in the first group discussed how the role-play format opened up for a way of learning that was experienced as bodily. Consequently, we included a question about modalities of learning into the second group's interview (see Appendix A for more examples).

Participants and Roles

The two groups consisted of a total number of 13 alumni, five students in the first and eight in the second group. All of them were given information about the background and purpose of the research project, and asked for their written consent. Participation in the project was voluntary at any time. Both authors of this article were present at the interviews with both groups. However, they held different roles: While one researcher was primarily responsible for the facilitation of the group discussions, the other researcher was taking notes, keeping an eye on the time, and that all themes of the interview guide as well as those mentioned during the interviews were discussed. For pragmatic reasons, the interviews were conducted at different points in time. The first group with five alumni was interviewed nine months after they had completed their music therapy training. The second group was interviewed immediately after they had finished the course. The interviews with each of the groups lasted approximately 90 min. The authors have more than 25 years of experience as musicians and music therapists, in music therapy education and research in Norway and Germany. Their work is informed by humanistic, music-centered, resource-oriented and feminist perspectives, with a focus on client's contributions to music therapy as well as embodied practices.

Ethical Considerations

Due to the specific constellations and involvement with the students participating in this research, we paid particular attention to potential issues regarding our roles and the former student-teacher relationship during the whole research process. We double-checked that all direct and indirect information given about the alumni in this study concerning their music therapy training, e.g., year of education, gender, examples for concrete role-play classes or working areas were minimized so as to not compromise anonymity. The community of music therapists working in Norway is small, but rapidly growing. Therefore, the names of the former students and institutions they refer to were anonymized.

Data Analysis

We applied a hermeneutic approach to the analysis and interpretation of data with the aim to better understand how the alumni ascribe meanings to their experiences with role-play classes (Alvesson & Sköldberg, 2018; Wheeler & Murphy, 2016). Following the focus-group method, data

collection and analysis were in parts conducted simultaneously. Furthermore, the data collection and analysis of the first group discussion informed the data collection in the interview with the second group (Hennink, 2007). Both authors transcribed the audio recordings of the interviews into written text and independently conducted a thematic analysis of the written material (Ryen, 2002). Subsequently, they discussed emerging codes, synthesized or eliminated overlapping and repeated codes and finally identified key themes, most prominently in terms of illuminating the research question. They translated the key themes and quotes from Norwegian into English language. During the analysis, they constantly alternated in focus and re-visited details in the text as well as the wholeness of each interview, often referred to as the hermeneutic circle or spiral (Alvesson & Sköldberg, 2018). In addition, the researchers engaged continually with theoretical material, allowing the emerging themes and categories to be informed and challenged through an engagement with theory (Alvesson & Sköldberg, 2018). The dialogical process of comparing, contrasting and supplementing the material from both groups allowed for thick and nuanced descriptions. Consequently, the findings represent a detailed and nuanced spectrum of the alumni's feedback (Ryen, 2002).

Findings

We identified five main themes in the analysis of the interviews. To depict this gamut of data, we present the findings in the form of *five continua of learning experiences* representing what and how students learn in and through participatory role-play. The five continua are: (i) *one's personality & becoming a professional*, (ii) *being spontaneous & being prepared,* (iii) *feedback from self-experience & from others*, (iv) *experiential learning & theoretical learning*, (v) *music therapy as a discipline & in interdisciplinary contexts*. The continua do not appear in a sequence or hierarchical order, but rather present in a dynamic interplay (see Figure 1).

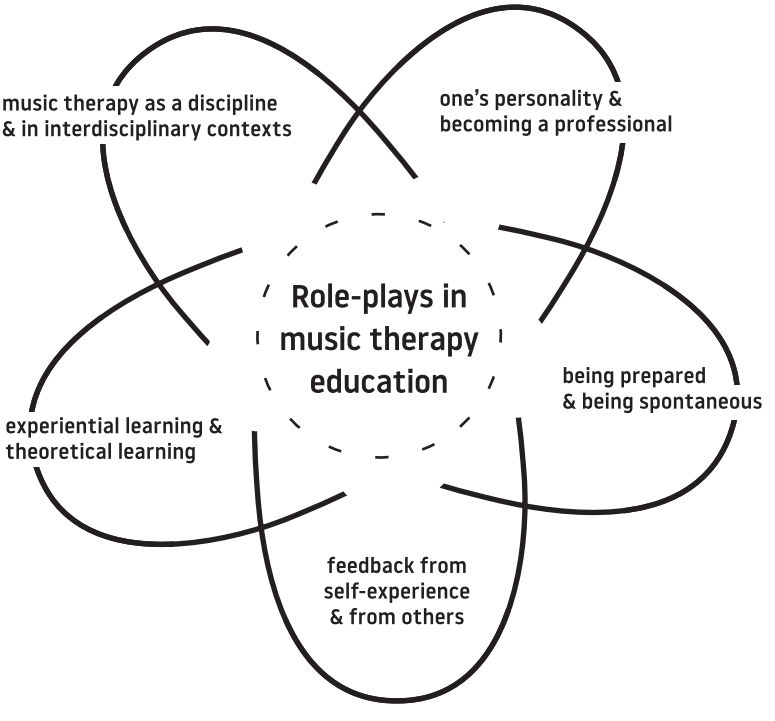

Figure 1. Five continua of learning experiences.

Continuum 1: One's Personality & Becoming a Professional Music Therapist

The format of participatory role-play afforded the students the possibility to explore and develop their professional identites as music therapists. By slipping into the role of the therapist, they explored and performed not only a professional role, but got to know themselves better: "It's about awareness of your own personality and strengths, and how you can best use that authentically but still form your professional identity" (T). In a continuum, the role-play provided various opportunities for the students to experience and learn about their personal style, skills, weaknesses and strengths, and to be authentic in the way one practices as a music therapist. This is illustrated in the following quote: "There might be a quick way to build up a professional identity defined by the expectations of how a therapist should be, but it's about meeting people, building relations with people, and about being there in a true and good way" (B). To see the diversity of personal styles within the student group and the various ways of doing music therapy is described as being helpful to balance the interplay of one's own personality and the forming of a professional identity: "I thought a lot about what was similar and different between us in my group. How we do things differently. Not because of some ways of doing would be better than others, but because we are different" (M). Some students mention that they became aware of their learning progress: "There was a kind of pressure as we were coming closer to the end of the studies. Soon we would go into work, and you feel that you should show that you are a music therapist very soon" (J). When slipping into the client role, the students experienced taking over various "sick roles" (I), playing a diagnosis: "It is a bit challenging to not to become stereotypical in the client role, not to relate too much to the pathology around our clients, because the problems resulting from illness are different from person to person" (I). As reflected in this quote, the student emphasizes that it is not the diagnosis the music therapist engages with, but rather a person's problems and challenges resulting from illness.

Continuum 2: Being Spontaneous & Being Prepared

The students prepared for taking the role of either the therapist or client. Nonetheless, acting in either role also forced them to move out of their preparations and improvise in the moment of the ongoing role-play. Consequently, each role-play required both spontaneity and planning: "It was a theme for consideration as to how much we should plan, and how we could balance planning and spontaneity in the situation" (J). The continuum, *Being Spontaneous & Being Prepared*, captures how some students were anxious to get started and slip into a role, and how they gradually felt safer while conducting the role-play. Both student groups highlighted that having sufficient time for the preparation, implementation and evaluation of the role-play was crucial for delving into a case's complexity and details, and to reflect and discuss it from different perspectives: "The process of preparations was really important, both as therapist and client … .to relate to theory, and to move into all the elements of a case" (M).

Continuum 3: Feedback From Self-Experience & From Others

The alumni emphasized how role-play afforded possibilities for self-experience as they engaged with the different roles, not to mention possibilities to learn from detailed feedback from their peers and the teacher while watching the video: "To watch the video afterwards was very useful, because you could see how you, for example, tend to use one word repeatedly, or how you tend to play faster than the client" (A). The students discriminated two types of *evaluation* following the role-play classes: (1) a formal evaluation within the class and the teacher present, as well as a more (2) informal evaluation after the class had finished. In the formal evaluation they could increase their theoretical knowledge and link practice and theory with "the teacher providing the structure and the focus on theory" (B). "The role-plays provided some hooks to put theory on. It's about

integrating it in your work – to get it into your vocabulary, into your understanding of what you do" (B). The use of the video in this part of the process was experienced as being both instructive and useful, giving opportunity to gain a "third-person-perspective" (M) on oneself. At the same time, it was uncomfortable for some: "It was really unpleasant with the video – five kilometers beyond my comfort zone" (T). In contrast, the more informal evaluation of the students among themselves in their spare time was experienced as a more personal exchange between friends. It gave room for self-experience that helped them reflect upon their personal and emotional experiences with the role-play:

> In the role-play class we were fellow students giving each other constructive feedback, focusing on scholarly input and such things. But afterwards, during lunch or on our way to Ikea or a party, we were more encouraging … more personal … like "what you did was really good". (A).

A small student group with people who know and trust each other is seen as crucial for open and honest feedback: "I think the people in the group, and the size of the group is important. We were a small group and not 20 persons. We felt safe with each other, which was good" (K).

Continuum 4: Experiential Learning & Theoretical Learning

The role-play classes also provided learning experiences across the continuum of experiential learning and more theoretical book learning. In particular, the students articulate that they have learned with and through their bodies in the role-play: "These are experiences that you feel in your body, it's very physical, and when you recall it you recall the bodily sense of it. That is a very different form of learning" (SH). Some became more aware of their own body posture and body language in particular situations. Others used props and accessories to more easily slip into the role of a client, and also to leave the role after the role-play was done:

> The first time I was a client I had a very strong experience. I was going to be a little girl, and I don't have any experience with acting. I felt overwhelmed by how well I managed to slip into that role. I had a huge hoody, and I had brought with me a Winnie-the-Poo teddy bear, and I almost started to cry because it was super to be able to feel how it was on that side of it … .to feel supported and to be in music therapy. (MB)

Taking the role of a client was sometimes described as difficult, but was generally seen as a valuable experience. It was connected to a change of perspective and an experience of how it may feel to be a person with challenges attending music therapy. The students describe this as a training in empathy: "It's good to get a sense of how it is to be a client – to receive music therapy, to experience how it is to be met or not met by the therapist" (K).

Continuum 5: Music Therapy as a Discipline & in Interdisciplinary Contexts

The students report that they could dwell and reflect on music therapy interactions from multiple perspectives in the role-play classes. The continuum of, *Music Therapy as a Discipline & Music Therapy in Interdisciplinary Contexts,* indicates how the learning format affords an awareness of music therapy as a health-care profession within a wider interdisciplinary context:

> I learned a lot from the interdisciplinary parts. You had to think about what the leader of a ward in a hospital would say, what kind of critical questions she would ask. In that role, we asked a lot of questions as to why we did this and that about the goals. It became a more complex dialogue. It was a completely different angle and another focus. (S)

Students identified pertinent topics that needed to be communicated in an interdisciplinary team meeting, whilst also developing the terminology to communicate music therapy and respond to critical questions: "To develop the professional music therapy language was a really good training exercise" (I), and: "It helped me to provide a rationale for what I do in music therapy" (J).

Discussion

The findings of our research shed light on processes of experiential learning in role-play classes from the perspective of music therapy alumni (Rao & Stupans, 2012). According to them, this learning is based on principles of participation and collaboration. It can be described as an imbrication of the personal and the professional. Students' professional identities were formed by taking different perspectives on a scenario, and by integrating embodied and linguistic conceptualisations (Alvear, 2006; Kilgour et al., 2015). Our findings exemplify learning as a social activity and a mutual, dialogic process (Wenger-Trayner et al., 2015), where the learner's experience becomes the source of learning and development (Kolb, 2015). Thus, role-play stimulates learning that is "not a series of techniques to be applied in current practice" but instead is "a programme for profoundly re-creating our personal lives and social systems" (Kolb, 2015, p. 18). This entails the contradiction, adjustment and alignment between one's vision of practice and one's actual practice, as specifically depicted in continua III and V in our findings. The formal and informal feedback from teacher and peers in role-play classes are assets for learning processes. The peer-group format invites the students to vicarious learning and modeling as suggested by Bandura (1977). Put simply, students learn from observing each other's performance and then adopt similar behavior. Peer learning is a credible source of information, empowerment and reinforcement (Turner & Shepherd, 1999). Based on these perspectives, and the findings of our study, role-play may serve as a format that helps students learn how to define and navigate their professional role and engage in flexible partnerships (Aigen, 2012; Rolvsjord & Stige, 2015; Stige & Aarø, 2012). It may provide students with problem-solving strategies (Schmid, 2016). On a related note, Procter (2008) introduces the term reflexive adaptability to describe a music therapist's willingness to reconsider his or her professional role in relation to the changing needs of a situation.

Embodied Learning and a Training in Empathy

In an attempt to capture the far-reaching learning experiences, the alumni repeatedly mentioned sensations rooted in their bodies. This points to embodied learning processes that were unfamiliar for some in the beginning, but deeply affected them and allowed for the integration of theory and practice in new ways. Slipping into a client role was described by some of the students as a training in empathy, followed by a critical discussion of constructs of illness and disability. For a health-care professional, empathy is an essential asset that results in improved patient satisfaction (Cundell, 2017). In addition, health-care professionals presenting with high empathy scores reported having more job satisfaction and less burnout (Farrelly, 2012; Jeffrey, 2016). For this reason, role-play may facilitate training in empathy, and promote health for both client and therapist.

Becoming a Reflexive Health-care Practitioner

Johns (2017) carries forward the above-mentioned peculiarities and affordances of experiential learning, and claims a radical shift in the education of health-care professionals from learning that originates in a technical and disembodied view of the client, to ways of learning and knowing that values and nurtures intuitive approaches. The five continua illustrate how role-play can facilitate experiential learning that invites exploration, awareness, reflection and integration of a student's individual strengths, unique capabilities as well as personal boundaries. Taking into account that interpersonal, communicative and shared decision-making skills still present a major challenge for the education and working life of health-care professionals (Edgman-Levitan et al., 2013; Epstein & Street, 2011), the training of reflexive health-care practitioners with an imperative on relationships and collaboration is vital. The appreciation of the individual relationship within a caring dyad, stimulates and maintains an awareness for the clients as partners in the promotion of their own health and health-care (Gabrielsson et al., 2015; Morgan & Yoder, 2012). Such person-centered

perspectives require a change in behavior and mindset from all involved, supported by health-care education that places people as the priority. Person-centered care is a partnership approach to therapy that recognizes interdependency in the caring dyad (Schmid, 2018), acknowledging the client's competence and contributions to the therapeutic process (Rolvsjord, 2010, 2015). As Epstein and Street (2011) point out, this might be a strategy for sustainable future health-care education, as training and education in person-centered approaches provide an opportunity to improve a professional's satisfaction, and to uphold the personal values of empathy and compassion.

Concluding Reflections on our Research

Finally, we want to share some reflections on potential strengths and limitations of our research and our roles as researchers. Regarding the study's scope, the findings are clearly related to music therapy education and the health-care system in Norway (see Robson, 2002). They may stimulate further educational research in music therapy and form a basis for a critical reflection on wider health-care education and curriculum. We explicitly encourage further participatory research with music therapy alumni to enhance the understanding of the learning processes. Such approaches may be a way to obtain valuable first-hand information from young colleagues in their transition from student to professional without feeling pressured to please their former teachers nor to attest to the quality of their education. Concerning our roles as qualitative researchers, we have influenced the collection, selection and interpretation of data. We therefore aimed to be as transparent and comprehensive as possible at all stages of data collection and analysis. We are aware of that other researchers in a different context may present different findings (Finlay, 2002). To ensure trustworthiness throughout the project, we checked for the accuracy of the data in the course and at the end of each focus group's "data collection dialogue" with all students participating (Shenton, 2004, p. 65). Furthermore, we researchers were in ongoing dialogue to evaluate and adapt our approaches and roles, as well as the project's method and analysis as it developed.

Conclusions

This research on role-play in music therapy education contributes to an enhanced understanding of the format and its benefits in the training of health-care professionals. Participatory, student-led and experiential learning emphasizes empathy, reflexivity and person-centeredness as core learning assets and competencies. These competencies may form the basis for the acquisition of health-promoting and sustainable strategies for both the client and the professional, and provide learners with lifelong skills and organizational capacities.

Acknowledgements

We would like to thank our colleagues Jill Diana Halstead-Hjørnevik and Xueli Tan for their valuable comments on former versions of this article. We would like to thank Leon Westerheim Gundersen for his innovative work on the figure included, illustrating the dynamical interplay of the five continua of student's learning experiences. Finally we would like to thank POLYFON, knowledge cluster for music therapy at University of Bergen, for the funding of this research.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by POLYFON - knowledge cluster for music therapy, University og Bergen (N).

References

Aigen, K. (2012). Community music therapy. In G. McPherson & G. Welch (Eds.), *Oxford handbook of music education* (pp. 138–154). Oxford University Press.

Alvear, J. (2006). Role playing as a learning strategy. https:www.chcf.org/wp-content/uploads/2017/12/PDF-FFRolePlaying.pdf

Alvesson, M., & Sköldberg, K. (2018). *Reflexive methodology. New vistas for qualitative research* (3rd ed.). Sage.

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Barry, P., & O'Callaghan, C. (2008). Reflexive journal writing: A tool for music therapy student clinical practice development. *Nordic Journal of Music Therapy*, *17*(1), 55–66. https://doi.org/10.1080/08098130809478196

Bassey, M. O. (2010). Educating for the real world: An illustration of John Dewey's principles of continuity and interaction. *Educational Studies*, *36*(1), 13–20. https://doi.org/10.1080/03055690903148480

Beaubien, J. M., & Baker, D. P. (2004). The use of simulation for training teamwork skills in health care: How low can you go? *Quality & Safety in Healthcare*, *13*(Suppl.), 51–56. https://doi.org/10.1136/qshc.2004.009845

Cundell, D. R. (2017). Culturing the empathic health professional: Challenges and opportunities. *Healthcare Transformation. Advance Online Publication*, https://doi.org/10.1089/heat.2017.29043.drc

Dewing, J. (2010). Moments of movement: Active learning and practice development. *Nurse Education in Practice*, *10* (1), 22–26. https://doi.org/10.1016/j.nepr.2009.02.010

Edgman-Levitan, S., Brady, C., & Howitt, P. (2013). *Partnering with patients, families, and communities for health: a global imperative*. Report of the Patients and Family Engagement Working Group. Doha: World Innovation Summit for Health (WISH). http://www.wish.org.qa/wp content/uploads/2018/01/27425_WISH_Patient-Engagement_web-1.pdf

Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *The Annals of Family Medicine 2011*, *9*(2), 100–103. https://doi.org/10.1370/afm.1239

Farrelly, L. (2012). *Measuring empathy in health care staff in relation to job satisfaction, job related affective well being, gender, occupation and length of service* (Bachelor's thesis). https://esource.dbs.ie/handle/10788/448

Finlay, L. (2002). "*Outing*" *the researcher: The provenance, process, and practise of reflexivity*. *Qualitative Health Research 2002*, *12*(4), 531–544. https://doi.org/10.1177/104973202129120052

Forinash, M. (2001). *Music therapy supervision*. Barcelona.

Gabrielsson, S., Sävenstedt, S., & Yingmark, K. (2015). Person-centred care: Clarifying the concept in the context of inpatient psychiatry. *Scandinavian Journal of Caring Sciences*, *29*(3), 555–562. https://doi.org/10.1111/scs.12189

Gardstrom, S. C., & Jackson, N. A. (2011). Personal therapy for undergraduate music therapy students: A survey of AMTA program coordinators. *Journal of Music Therapy*, *48*(2), 226–255. https://doi.org/10.1093/jmt/48.2.226

Goodman, K. D. (2011). *Music therapy education and training: From theory to practice*. Charles C. Thomas.

Hahna, N. D., & Schwantes, M. (2011). Feminist music therapy pedagogy: A survey of music therapy educators. *Journal of Music Therapy*, *48*(3), 289–316. https://doi.org/10.1093/jmt/48.3.289

Hennink, M. M. (2007). *International focus group research. A handbook for the health and social Sciences*. Cambridge University Press.

Jeffrey, D. (2016). Empathy, sympathy and compassion in healthcare: Is there a problem? Is there a difference? Does it matter? *Journal of the Royal Society of Medicine 2016*, *109*(12), 446–452. https://doi.org/10.1177/0141076816680120

Jenkins, P., & Turick-Gibson, T. (1999). An exercise in critical thinking using role playing. *Nurse Educator*, *24*(6), 11–14. https://doi.org/10.1097/00006223-199911000-00009

Johns, C. (2017). *Becoming a reflective practitioner* (5th ed.). Wiley-Blackwell.

Joyner, B., & Young, L. (2006). Teaching medical students using role play: Twelve tips for successful role plays. *Medical Teacher*, *28*(3), 225–229. https://doi.org/10.1080/01421590600711252

Kennedy, R. (2001). A survey of guitar course offerings in music therapy degree programs. *Music Therapy Perspectives*, *19*(2), 128–133. https://doi.org/10.1093/mtp/19.2.128

Kilgour, P., Reynaud, D., Northcote, M. T., & Shields, M. (2015). Role-playing as a tool to facilitate learning, self-reflection and social awareness in teacher education. *International Journal of Innovative Interdisciplinary Research*, *2*(4), 8–20. https://research.avondale.edu.au/cgi/viewcontent.cgi?article=1075&context=edu_papers

Kolb, D. A. (2015). *Experiential learning: Experience as the source of learning and development* (2nd ed). Pearson Education.

Kvale, S., & Brinkman, S. (2009). *Interviews. Learning the craft of qualitative research interviewing*. Sage.

Lord, S. M., Prince, M. J., Stefanou, C. R., Stolk, J. D., & Chen, J. C. (2012). The effect of different active learning environments on student outcomes related to lifelong learning. *International Journal of Engineering Education*, *28*(3), 606–620.

Lund Dean, K., & Wright, S. (2017). Embedding engaged learning in high enrollment lecture based classes. *Higher Education*, *74*(4), 651–668. https://doi.org/10.1007/s10734-016-0070-4

Luttenberger, K., Graessel, E., Simon, C., & Donath, C. (2014). From board to bedside training the communication competencies of medical students with role plays. *BMC Medical Education*, Advance online publication. http://www.biomedcentral.com/1472-6920/14/135

Madsen, C. K., & Kaiser, K. A. (1999). Pre-internship fears of music therapists. *Journal of Music Therapy*, *36*(1), 17–25. https://doi.org/10.1093/jmt/36.1.17
Malterud, K. (2012). *Fokusgrupper som forskningsmetode for medisin og helsefag [Focus groups as research method in medicine and health care]*. Universitetsforlaget.
Morgan, S., & Yoder, L. H. (2012). A concept analysis of person-centered care. *Journal of Holistic Nursing*, *30*(1), 6–15. https://doi.org/10.1177/0898010111412189
Murphy, K. (2007). Experiential learning in music therapy: Faculty and student perspectives. In A. Meadows (Ed.), *Qualitative inquiries in music therapy: A monograph series Volume 3* (pp. 31–61). Gilsum NH.
Nestel, D., & Tierney, T. (2007). Role-play for medical students learning about communication: Guidelines for maximizing benefits. *BMC Medical Education*, Advance online publication. https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-7-3
Northcott, N. (2002). Role play: Proceed with caution!. *Nurse Education in Practice*, *2*(2), 87–91. https://doi.org/10.1054/nepr.2002.0057
Orkibi, H. (2013). The applicability of a seminal professional development theory to creative arts therapies students. *Clinical Psychology and Psychotherapy*, *21*, 508–518. https://doi.org/10.1002/cpp.1851
Procter, S. (2008). Premising the challenge. A response to Alison Barrington's article challenging the profession. *British Journal of Music Therapy*, *22*(2), 77–82. https://doi.org/10.1177/135945750802200206
Rao, D., & Stupans, I. (2012). Exploring the potential of role play in higher education: Development of a typology and teacher guidelines. *Innovations in Education and Teaching International*, *49*(4), 427–436. https://doi.org/10.1080/14703297.2012.728879
Roberts, L. M., Wiskin, C., & Roalfe, A. (2008). Effects of exposure to mental illness in role-play on undergraduate student attitudes. *Medical School Education*, *40*(7), 477–483.
Robson, C. (2002). *Real world research* (2nd ed.). Blackwell.
Rolvsjord, R. (2010). *Resource-oriented music therapy in mental health care*. Barcelona.
Rolvsjord, R. (2015). What clients do to make music therapy work: A qualitative multiple case study in adult mental health care. *Nordic Journal of Music Therapy*, *24*(4), 296–321. https://doi.org/10.1080/08098131.2014.964753
Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, *24*(1), 44–46. https://doi.org/10.1080/08098131.2013.861502
Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Barcelona.
Ruud, E. (2010). *Music therapy: A perspective from the humanities*. Barcelona.
Ryen, A. (2002). *Det kvalitative intervjuet. Fra vitenskapsteori til feltarbeid [The qualitative interview: From philosophy of science to fieldwork]*. Fagbokforlaget.
Scheiby, B. B., & Pedersen, I. N. (1999). Inter music therapy in the training of music therapy students. *Nordisk Tidsskrift for Musikkterapi*, *8*(1), 58–71. https://doi.org/10.1080/08098139909477954
Schmid, W. (2016). Musik lehren und lernen – kollaboratives Lernen im Musiktherapistudium [Music teaching and learning – collaborative learning in music therapy education]. *Musiktherapeutische Umschau*, *37*(2), 176–184. https://doi.org/10.13109/muum.2016.37.2.176
Schmid, W. (2018, June). *Learning in vivo – about practitioner knowledge, learning as social participation, and becoming a reflective music therapy practitioner*. Keynote presented at the Grieg Research School of Interdisciplinary Music Studies, Stavanger, Norway.
Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Educaton for Information*, *22*(2004), 63–75. https://doi.org/10.3233/EFI-2004-22201
Silverman, M. J. (2011). Developing and testing the guitar song leading performance scale (GSPS). *International Journal of Music Education*, *29*(3), 283–293. https://doi.org/10.1177/0255761411409123
Stige, B. (2002). *Culture-centered music therapy*. Barcelona.
Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. Routledge.
Tanguay, C. L. (2008). Supervising music therapy interns: A survey of AMTA national roster internship directors. *Journal of Music Therapy*, *45*(1), 52–74. https://doi.org/10.1093/jmt/45.1.52
Tims, F. (1989). Experiential learning in the music therapy curriculum. *Music Therapy Perspectives*, *7*(1), 91–92. https://doi.org/10.1093/mtp/7.1.91
Turner, G., & Shepherd, J. (1999). A method in search of a theory: Per education and health promotion. *Health Education Research. Theory & Practice*, *14*(2), 235–247. https://doi.org/10.1093/her/14.2.235
Van Ments, M. (1999). *The effective use of role-play: A handbook for teachers and trainers* (2nd ed). Kogan Page.
Walton, M., Woodward, H., Van Staalduinen, S., Lemer, C., Greaves, F., Noble, D., Ellis, B., … Barraclough, B. (2014). The WHO patient safety curriculum guide for medical schools. *Quality & Safety in Health Care*, *19*, 542–546. https://doi.org/10.1136/qshc.2009.036970
Wenger-Trayner, E., Fenton-O'Creevy, M., Hutchinson, S., Kubiak, C., & Wenger-Trayner, B. (2015). *Learning in Landscapes of practice. Boundaries, identity, and knowledgeability in practice-based learning*. Routledge.
Westrup, U., & Planander, A. (2013). Role-play as a pedagogical method to prepare students for practice: The students' voice. *Högre Utbildning*, *3*(3), 199–210.

Wheeler, B. L. (2002). Experiences and concerns of students during music therapy practica. *Journal of Music Therapy*, *39*(4), 274–304. https://doi.org/10.1093/jmt/39.4.274
Wheeler, B. L., & Murphy, K. M. (2016). *Music therapy research* (3rd ed.). Barcelona.
Wilkinson, S. (2008). Focus groups. In J. A. Smith (Ed.), *Qualitative psychology. A practical guide to research methods* (pp. 186–206). Sage.
Woodhouse, J. (2007). Role play: A stage of learning. In J. Woodhouse & D. Marris (Eds.), *Strategies for healthcare education* (pp. 71–80). Radcliffe.