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The Evaluation of Universitas Pelita Harapan Music Therapy Student's Self-Confidence in Practicing Clinical Improvisation Based on Bandura's Theory of Self-Efficacy

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Abstract

Self-confidence is an individual's belief in their ability to perform a task. Self-confidence will affect an individual's performance. Clinical improvisation is one of the most essential yet complex techniques in music therapy. The music therapist's self-confidence in facilitating clinical improvisation will affect the therapeutic relationship and outcome during sessions. However, the factors that may affect the music therapist's self-confidence in facilitating clinical improvisation remain unknown. According to Bandura (1997), there are four factors that may affect an individual's self-confidence: mastery experience, vicarious experience, verbal persuasion, and emotional & physiological state. This research aims to evaluate whether these four factors will affect the self-confidence of seven Universitas Pelita Harapan music therapy students when facilitating clinical improvisation. This phenomenological research was done by evaluating the students' testimonials in a structured questionnaire. Seven respondents who were the third- and fourth-year students were asked to fill in this questionnaire. The data showed that the four factors in Bandura's theory played a role in affecting the respondents' self-confidence when facilitating clinical improvisation.

Keywords: Self-Confidence, Clinical Improvisation, Music Therapist

Introduction

Clinical improvisation is one of the most essential techniques in music therapy practice (Bruscia, 2004). During the application of clinical improvisation, the therapist will facilitate the improvisation as a tool to achieve therapeutic aims. Therefore, it is paramount for every therapist to acquire a satisfactory improvisation skill (Hiller, 2009; Pavlicevic, 2000). It is indisputable that there are technical and psychological limitations that may hinder the therapist from executing a well-facilitated clinical improvisation (Wigram, 2004). In his research, Shevock (2018) also stated that self-confidence is a determining factor that affects the performance of an improvisator.

There has not been a lot of research that addressed the issue of self-confidence in music improvisation, especially clinical improvisation. However, there is a lot of research that spoke about the impact of self-confidence towards an individual's behavior (Brown, Ganesan, & Challagalla, 2001; Feltz, 1988; Greenacre, Tung, & Chapman, 2014; Holloway & Watson, 2002; Locander & Hermann, 1979; O'Leary, 1985; Zhu, Chen, Chen, & Chern, 2011). Estes and Felker (2011) conducted an experiment to investigate the correlation of self-confidence with the respondents' accuracy in accomplishing the Mental Rotation Test (MRT). This experiment showed that self-confidence will impact the individual's performance, and an alteration of the individual's self-confidence will affect the performance significantly.

Bandura (1997) theorized that four factors will affect an individual's self-confidence: mastery experience, vicarious experience, verbal persuasion, and emotional and physiological states. Based on the fact that self-confidence will affect an individual's performance, we are aiming to investigate whether a music therapist's self-confidence will affect their performance in facilitating clinical improvisation. The main objective of this research is to analyze whether these four factors will affect the UPH music therapy students' experience in practicing and facilitating clinical improvisation.

This research adopted the phenomenological approach. Data collection was done through a semi-structured questionnaire that was presented to cohort 2016 and 2017 of the UPH music therapy students. These cohorts were chosen due to their more extensive experience of practicing clinical improvisation in class and practicum courses, compared to the younger cohorts. The answer provided by all respondents in the questionnaire was analyzed, coded, and divided into several sub-categories to investigate the factors that affect the self-confidence of the students.

Bandura's Four Factors of Self-Confidence

The first factor in Bandura's theory was mastery experience. Mastery experience is an individual's successful experience in a task that affects their self-confidence. An individual's success in presenting their ability to perform a task will increase their self-confidence (Feltz, 1988; Maddux, 2012). The second factor in Bandura's theory was a vicarious experience. Vicarious experience is someone else's experience that may impact an individual's self-confidence. This happened when an individual is observing someone else's behavior and the result of this behavior. This experience may result in a certain expectation that the individual can also achieve the same result when presenting the same behavior (Bandura, 1986; Maddux, 2012). Next, verbal persuasion

is a form of verbal feedback that may affect an individual's self-confidence. Shevock (2018) also stated that a supportive listener is one of the main factors that may improve an individual's self-confidence as an improvisation. Lastly, emotional and physiological states mean an individual emotional and physical condition when performing a task. The higher someone's anxiety is, the lower their self-confidence may be (Stajkovic, 2006); on the contrary, a sense of safety will help increase the individual's self-confidence.

Research Method & Data Collection

This research is qualitative phenomenological research. We wanted to evaluate the music therapy students' self-confidence in practicing clinical improvisation through their narrative. We created a semi-structured questionnaire that consists of three parts. This questionnaire was sent to seven music therapy students from the 2016 and 2017 cohorts via email. The data was then collected by analyzing the respondents' narratives and answers in the other sections of the questionnaire. Data analysis was done through a process of coding. All the raw narrative was gathered, and comparisons were made throughout all parts of narratives to identify several similar and different themes among respondents. The identified themes will be further elaborated as a conclusion about the respondents' self-confidence through Bandura's theory.

Instruments of Data Collection

The questionnaire that we designed consists of three sections that have both open-ended and close-ended questions. The first section consists of questions about the respondent's background. The second section consists of a few close-ended questions, and the respondents need only to answer agree or disagree with the statements that we made based on Bandura's theory of self-confidence. These statements represent the four factors in Bandura's theory. For instance, to represent mastery experience we created five statements about individual practice, peer practice, in-class practice, experience with clients, and others – for when the respondent wants to add another statement that was not yet stated. The last section of the questionnaire consists of open-ended questions in which respondents can elaborate their answers in the previous section and provide a narrative of their experience.

Result

The data collected from all responses revealed that all four factors that Bandura stated were significant to the students' self-confidence. Based on the students' response, we concur that each factor in Bandura's theory has a unique contribution to the students' experience. Based on Bandura's theory (1997), mastery experience is the most dominant factor out of the other three. This was confirmed by the students' responses. The mastery experience question in the questionnaire presented several kinds of practice such as self-practice, peer practice, in-class practice, and improvising with clients. Through data analysis, we could see that all these practices provide the students with musical and clinical knowledge and experience, as well as mental preparation.

Musical knowledge was attained the most through self-practice and peer practice. Through self-practice, the students explored musical elements such as chords, accompaniment styles, motifs, themes, and style. The peer practice complements this exploration through exchanging musical resources. Practicing to apply these musical elements with their peers encouraged the students to practice spontaneity in clinical improvisation and timing.

Clinical knowledge is the knowledge that is needed specifically for clinical improvisation. For the students to understand the clinical significance of a clinical improvisation, practicing with peers is needed to experience the techniques as a musician interaction or dialogue. Self-practice cannot provide the students with the experience of responding to musical interaction, which may be unique to each client. The in-class practice provided the students with a safe space to practice applying the techniques in a variety of scenarios during clinical improvisation. The practices in mastery experience also prepared the students mentally to facilitate clinical improvisation with real clients.

Despite Bandura's statement that mastery experience is the most significant factor out of the other three; specific to the experience of clinical improvisation; the students reported that vicarious experience also played an important role in building their self-confidence. The students explained that direct observation of a mock improvisation from their classmates and lecturer helped them in noticing the multiple layers of interaction between therapist and clients. In the vicarious experience section, we presented several scenarios such as observing a workshop by the lecturer, workshop from classmates, viewing case sample videos/recordings, reading research, and listening to people's presentations. Through these events, the students conveyed that they acquire clinical knowledge, an opportunity to observe, and inspiration.

There is a variety of clinical knowledge that the students attained from observing other people's clinical improvisation. First, observing other's improvisation provides the students with ideas to respond to the client's playing. As mentioned before, every individual's musical playing and response can be unique and personal. Therefore, having a deposit of musical response ideas in a clinical setting would be valuable. Moreover, observing others' experiences enable the students to understand the proper timing to apply the techniques and musical ideas. Lastly, observing others' improvisation experiences gave them a clearer image of instances that may happen when facilitating clinical improvisation. In the meantime, a live, onsite observation of clinical improvisation provides them with a more detailed understanding of the multi-layers of musical interaction in clinical improvisation. Through this experience, the students were able to closely observe both the therapist and client's facial expression, the intention of the therapist and client beneath their musical response, closely observing the client's response, and direct musical feedback from the therapist in the interaction. Six of the seven students mentioned that they gained other benefits from these experiences such as motivations to practice clinical improvisation.

The third factor in Bandura's theory is verbal persuasion. In the questionnaire, we divided this section into two: positive feedback and negative feedback. In general, the kind of feedback that the students received is parallel towards the level of their self-confidence. When students received positive feedback, they reported that they experienced a boost in their self-confidence. However, it is important to note that the impact of verbal feedback will not always be the same. This also depends on the credibility of the assessor and the personality of each student.

The credibility and significance of the assessor is the reason why the students' response to verbal feedback may vary. When the assessor is an experienced facilitator of clinical improvisation or seasoned music therapist, verbal feedback will have more significance to the students. If the assessor is an individual that understands and has experienced the same occurrence as the students, their verbal feedback will be considered valid. All seven students concurred that their lecturer's and classmates' response significantly impact their self-confidence. Furthermore, the response of their lecturer will affect them more because they considered that lecturers have extended knowledge and experience, compared to their classmates. Thus, making their lecturer's feedback felt more objective than their classmates'.

Aside from the credibility of the assessor, the personality of the students; or more specifically, how the students perceived feedbacks; will also affect the significance of the verbal feedback. There are students that admitted that they have difficulty accepting feedback. Therefore,

negative feedbacks will deplete their self-confidence significantly. This will also impact the students' views on their own abilities.

The last factor in Bandura's theory is emotional and physiological states. Both of these states play an important role in the students' self-confidence, however, the emotional state was proven to be more significant than physiological states. The reason for this being, first, when there is a disruption with the student's physiological state, this will affect their emotional state, and only then will it affect their self-confidence. The students also didn't mention the opposite scenario in their description. The second reason is not all sessions require the students to be physically fit. Sometimes some clients do not challenge the students physically or will not demand too much physical activity from the students.

Conclusion

Based on the result, we concur that all of the responses from the students reflected the validity of Bandura's theory of self-confidence; regardless of the difference in the students' prior musical background. Each factor plays its own, unique role in shaping up the students' self-confidence when facilitating clinical improvisation. The fact that in this research, the respondents' musical background was insignificant to their self-confidence level, could prove that the knowledge and skill that is required in practicing clinical improvisation differs from practicing musical improvisation for artistic purposes. Further investigation on the impact of the students' prior musical background on their clinical improvisation practice is needed to provide a more solid conclusion.

In this research, it is also visible that constructive feedback when delivered positively, can benefit the students' self-confidence better than negative feedback. Especially, when the feedback was delivered by an individual that the students' considered to have the credibility to provide valid inputs. Further exploration on the factors that may affect the students' reception to feedbacks is needed to conclude whether positive feedback is in general a better method to improve the students' self-confidence.

Clinical improvisation is a complex technique to comprehend, and based on the students' response, it is evident that there are multiple elements in clinical improvisation that needs to be noticed to grasp the concept of this technique comprehensively. It is not a technique that can be mastered within four years of a bachelor's degree. The respondents concur that observing different improvisation sessions will allow them to observe the layers of interaction between the therapist

and client. Because clinical improvisation is social interaction at its core, and that each individual is unique, every clinical improvisation session will most likely look and feel different. This is why direct, practical practice with different individuals is needed to enrich the students' clinical and musical knowledge.

The result of this evaluation only applies to the students that provided their statements. Evaluation to a wider range of respondents with different musical and cultural backgrounds, also different experiences and knowledge is needed to understand other challenges in facilitating clinical improvisation that has yet to be mentioned in this research. Nonetheless, this research can serve as a guide to students, educators, and music therapists, when a different perspective of practicing clinical improvisation is needed.

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