Meaning-making processes in music therapy clinical improvisation: An arts-informed qualitative research synthesis

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Tony Meadows & Katherine Wimpenny

Abstract

Although clinical improvisation continues to be an important focus of music therapy (Aigen, 2014), little attention has been given to integrating qualitative research in this area. As a result, the knowledge base is diffuse and contained within specific areas of practice. This Qualitative Research Synthesis is the first study of its kind to synthesize qualitative research evidence authored by music therapists regarding meaning making in clinical improvisation. Further, as a conduit for broadening dialogues and sharing our[1] response to the analysis and interpretation of the data, an Arts-Informed re-presentation of the synthesis is offered. This artistic portrayal provides a means of communicating the creative aesthetic, to maximize dissemination and scholarship as a necessary and reflexive component of research and practice.

Objective or Purpose

In this paper we will:

- Contend that Arts-Informed Qualitative Research Synthesis (AI-QRS) is a scholarly and revelatory means of artistically analyzing and interpreting research literature and existing evidence on an identified theme, while drawing on a creative aesthetic and artistic portrayal
- Present the first international AI-QRS integrating the range of qualitative research evidence authored by music therapists regarding meaning making and its implications for clinical practice
- Contribute to a global understanding of music therapist's practices of clinical improvisation, across settings, models and methods, to inform the profession, advance educational practices, and engage the wider public

Perspectives

Clinical improvisation has been used extensively in music therapy practice to enhance health and well-being (Aigen, 2013a,b; Bruscia, 2012; Geretsegger, Holk, Carpente, Elefant, Kim & Gold, 2015; Stige, Ansdell, Elefant & Pavlicevic, 2010). Early developments in Nordoff-Robbins Music Therapy (Nordoff & Robbins, 2007) and Analytical Music Therapy (Eschen, 2002) provided frameworks for clinical practice that have propelled the profession forward into a broad range of clinical, music-centred practices with children and adults, using both individual and group improvisational methods (e.g. Aigen, 2005; Smeijsters, 2005; de Baker & Sutton, 2014). Underpinning these approaches are diverse theoretical perspectives that provide unique insights into the role of music, how the therapist understands and responds to the client's music, and how the therapeutic process can be described and understood (Aigen, 2013a; Bruscia, 1989; Smeijsters, 2005). While enriching to the profession, this also creates difficulties in understanding what constitutes best practices for clinicians using improvisational methods.

The diversity of qualitative research related to clinical improvisation serves an important place in articulating the processes undertaken when working with clients, and how these connect to health related outcomes. However, this diversity has inadvertently fragmented music therapist's understanding of these processes, given the diverse nature of the questions they ask, and the methods undertaken in gathering an analysing data. Developments in qualitative research synthesis (QRS)

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(Major & Savin-Baden, 2010) provide opportunity to examine this research across setting, population and methodology, to enrich our understanding of these processes, and set an agenda for future research in the field.

While undertaking this study, we realized there were opportunities to build on the qualities of QRS to further extend approaches for creating, translating, and exchanging knowledge, especially as the subject matter of musical improvisation offered such fertile ground in which we as researchers could be creative. Thus, we took inspiration from arts related inquiry to explore the relationships between ourselves as artist/researchers, the phenomena (the data from the research papers), knowing (as speculative theory, perception, understanding and practical wisdom), doing (praxis) and making (as aesthetic creativity) (Wimpenny & Gouzouasis, 2016), to challenge ourselves to explore how a research synthesis can be presented through other means beyond the written text. We wanted to engage with the complexity inherent in relationships between subjects, thoughts, art forms and contexts.

Methodology and Methods

Synthesis of research evidence is becoming important in the field of qualitative inquiry, as it is recognized that combining qualitative studies provides user-led, personalized perspectives which are often more difficult to locate through randomized controlled trials (RCTs) and crossover studies (Major & Savin-Baden, 2010). Qualitative research synthesis (QRS) is an approach that uses qualitative methods to analyse, synthesize and interpret the results from qualitative studies. It is an approach that is methodologically-grounded and rigorous, since it seeks to answer a specific research question by combining qualitative studies that use thick description and are located in broadly the same tradition (Major and Savin-Baden, 2010). The purpose of the synthesis is to make sense of concepts, categories or themes that have recurred across a particular data set in order to develop a comprehensive picture of the findings, while recognizing the social, historical and ideological context of the research (Noblit & Hare 1988; Paterson et al., 2001; Sandelowski & Barroso, 2007; Major & Savin-Baden, 2010). Further, QRS provides researcher knowledge about quality issues when conducting qualitative research methodology, since only studies of accepted calibre are included.

As we moved into understanding the final interpretation of themes in the synthesis process, a new creative phase developed in which we entered into an aesthetic interpretation of the third level themes or constructs. Drawing upon arts-related research (Savin-Baden & Winpenny, 2014), we employed the arts to explore, understand and re-represent the actions and experiences of the clients and therapists in the primary studies. We wanted to explore how the arts (particularly clinical improvisation) could inform this process, and how the process would inform the music making. This act of re-presentation and portrayal of the QRS findings required us to reflect consciously on what we had learnt and uncovered, as well as turning that lens outward to consider how to share our observations with others, to present new insights, and to create space for further questions to develop (MacKenzie & Wolf, 2012). Such inquiry is not modelled on predictive processes. Rather, as Sumara and Carson (1997) contend, "understandings emerge from the associative relations among complex interactions." (p. xviii).

The AI-QRS process is captured in the three stages outlined below:

Identify area of research and research question

1
- Identify and collate qualitative studies related to the research question across a large area of literature using inclusion/exclusion and quality criteria
- Examine the theories and methods used in each study in-depth

2
- Compare and analyze findings for each study
- Synthesize the findings for each study
- Undertake an arts-related interpretation of findings across the studies

3
- Present the arts-related synthesis
- Offer further questions

***Stage 1**:*
The area of research focused on the international literature and only examined qualitative studies that captured clients and music therapists' perspectives about the experience and practice of clinical improvisation. As such, the research question was:

> **"How do clients and therapists engage in, and make meaning of, the improvisational process, and what are the implications of these meaning making processes for music therapy practice, and clinical improvisation in particular?"**

Sampling framework
Explicit searching strategies were used and detailed in order to create an audit trail. Purposive sampling using electronic searches for online databases included Medline, CINAHL, PsyINFO, AMED, ASSIA, SCOPUS, (CSA), Cochrane Database (of abstracts of reviews of effects).

Develop and implement inclusion and exclusion criteria
The initial search resulted in 539 papers. This was narrowed to 54 papers using inclusion and exclusion criteria outlined in Table 1.

Table 1: Inclusion and exclusion criteria

Include	Exclude
Sources between 1990 - 2015	Sources and publications before 1990
Sources related to clinical improvisation interventions in music therapy	Sources and publications not related
Sources detailing what the interventions are and how they are delivered	Sources lacking adequate detail
Ways in which the interventions are used	Sources lacking adequate detail
Effectiveness of interventions, including use of (standardised) assessment tools i.e. perceived benefits from therapist, client and carer perspectives	Sources lacking adequate detail
Adoption of interventions e.g. use / uptake of certain interventions over others	Sources lacking adequate detail
Sources identifying therapists role(s) within the intervention	Sources lacking adequate detail
Sources indentifying therapeutic reasoning	Sources lacking adequate detail
International literature	Sources not in English language
Clinical, community populations / programmes	Sources not related
Children and young people, adult, older adult population	Sources not related
Clinical context e.g. hospital, acute, community services	Sources not related
Primary empirical qualitative studies To include case study research, narrative inquiry, ethnography, phenomenology, (participatory) action research, grounded theory	Quantitative studies, literature reviews, other syntheses.
Peer reviewed journal articles	Grey literature, reports, conference proceedings
Use of rich description	No data presented

Quality Assessment
The set of 54 research papers were then assessed using a seven-category critical appraisal tool developed by Savin-Baden and Major (2007). Articles rated 2 or 3 in at least five of seven categories

were accepted. This approach limited the number of studies selected to a final set of 14. While more studies were expected, this has been the largest QRS study to be conducted to date on this topic.

Stage 2:

Analysis, synthesis and interpretation

The synthesis process involved an iterative cycle of analysis, including both reciprocal and reputational processes (Noblit & Hare, 1988), using the following steps:

1. Each paper was read
2. A summary of the study was recorded to enable studies to be compared
3. The findings of each paper were identified in relation to their ability to address the initial research question
4. Analysis moved beyond comparison to examining the relationships between studies, including listing and organising themes noted across studies as well as standalone themes, to develop first order themes
5. First order themes were located across the studies
6. The themes were then combined in order to develop new insights, or second order themes located across the data set
7. The final stage of the QRS synthesis involved the development of third-order interpretations (Table 2), involving the translation of information from the first- and second-order themes to a higher level, whilst maintaining data integrity.

Table 2: Third order QRS themes

Third order themes /interpretations
Professional artistry: Attempting to enter the client's world from where the music emerges Musical techniques are used engage, to evoke responses and to support the client through their everyday struggles
The Performative act: Client change exists in the potential for change in the music Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar (*affirming self and creating new self may occur)* Uncertainty in the music brings, aesthetic beauty, tension, risk taking and the potential for change
Meaning making: Improvisation as a meaning system of musical portraits The session meaning is made in different ways by different therapists and may be made differently by therapists and clients Understanding can come from music

Stage 3:

Arts-related interpretation and representation of the third order themes

In a typical QRS, the third level interpretations are the focus of the findings (Results) section, and are presented in written form alongside excerpts from the included studies. Alongside this textual representation, we also offer an aesthetic re-interpretation, using the arts to re-present an artistic, perforative encounter (improvisational music therapy sessions).

As a means of shifting into the arts-informed stage of this inquiry, we both experienced individual improvisational music therapy sessions, each led by a music therapist experienced in Nordoff-Robbins Music Therapy and Analytical Music Therapy respectively. This immersive, emotional, improvised music experience provided an insightful opportunity to heed McNiff's (1998) advice to 'trust the process' and consider *how music improvisation could itself inform our means of sharing our learning from the study, and how our aim of sharing our learning [and to a wide audience] could inform [our]music making*.

Further, as part of this process, we invited the music therapists we had met with, and graduate students from Shenandoah Conservatory, to also engage with us, and share their responses to the third level QRS interpretations, which resulted in conversations, musical soundscapes, improvised musical moments and reflective verse about one another's responses to the third level themes (namely; Professional Artistry, The Performative Act, and Meaning Making).

Findings: Constructs

When viewed as a whole, we suggest that the three interpretative themes which emerged from our QRS - Professional Artistry, The Performative Act, and Meaning Making - are central to the ways music therapists and clients engage in clinical improvisation. Each construct is briefly defined below:

Professional Artistry:

This construct, which was evident across the studies included in the QRS, was acknowledged in two forms. Each is briefly defined below:

- Attempting to enter the client's world, from which the music emerges
- Musical techniques are used to engage, evoke responses and support the client in their everyday struggles

'*Attempting to enter the client's world, from which the music emerges'*. Evident across the studies was the importance of the music therapist's ability to display 'reverent attention' (Cooper) in their interactions with the client, drawing upon their knowledge, their personal and professional competence, and expressed in their musical responses to clinical situations of complexity and uncertainty. Such practices reflected therapists' epistemology of practice; their professional and personal beliefs, values and opinions that were seen to shape the way they reasoned, acted, and understood 'the world' of the client. Improvising involved the therapist being 'poised', 'ready to go', and having a sense of 'faith' - faith in the music and in oneself. As such, there was a clear sense of the importance of the therapist's connections to their emotional self, and a willingness to enter a deeply embodied/visceral space, which a number of therapists described as entering into a spiritual realm.

'*Musical techniques used to engage, to evoke responses and to support the client in their everyday struggles*'. Professional artistry accounted for the range of often competing, complex issues and discourses, which therapists sought to manage artfully through their musical interactions. Dealing with pressure, anxiety, tension and conflict was seen as part of the process of improvising. As a creative process therefore, improvisation draws upon all the resources of the therapist. This involves not only the technical skills of being a musician, and the physical and cognitive stamina involved, but also the myriad decisions made in-vivo as client and therapist make music together.

Professional artistry encompasses the therapist's desire to enter the client's world, from which the music emerges, recognizing the subtleties and nuances required within the 'musical exchange', and the musical 'offerings' and 'invitations' to the client to 'respond'. Such artistry was illustrated in the therapist's demeanor, authenticity and respect for the client, noted by the therapists' examination of their intra- and inter-personal skills, their conscious appraisal of the need to 'step in and step back', to be conscious of ways of influencing client agency, and to persist in finding ways to engage and enter into the client's world, so both could be involved in the shared experience of improvising..

The Performative Act:

Clinical improvisation is performative in that the client and therapist express themselves fully in the music. The music is understood as an expression of self – a lived experience of *self* in the music, and is considered from three perspectives:

- Client change exists in the potential for change in the music
- Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar (*affirming self and creating new self extemporaneously)*

- Uncertainty, tension, risk taking and beauty in the music evokes change

'*Client change exists in the potential for change in the music'*. Performing – improvising - everyday struggles provides a space and place for client (and therapist) to change and growth. Clients expressed feelings associated with their current emotional state in improvisations through 'sounding' him/herself in and through the music', which offer an opportunity for freedom and agency, and for insights into self to occur (which were displayed outside of therapy sessions following client reflections, actions, and through observed change reported by others). In improvising, clients are not only challenged to express their creativity, but to expand their creative self. This expansion, or the potential held within, affords new opportunities to explore and construct/re-construct self.

'*Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar; Improvisations are co-constructed by the client and therapist'.* What was evident in the included studies was how these music therapists 'mindfully met' the client, as an equal, in the shared musical experience A such, the client and therapist performed themselves in the music..

'*Uncertainty, tension, risk taking and beauty in the music evokes change'* Clients and therapists experience a wide range of tensions and conflicts that propel the therapeutic process forward, are barriers to change, and are sources for session content. These include physical and emotional tensions, feeling lost and uncertain, and encountering strong feelings while/after improvising. Taking risks is central to change. These risks include expressing oneself in new ways, immersing oneself in new therapeutic themes, and engaging in music-making in ways that allow for unexplored or un-encountered aspects of self to be sounded. Aesthetic beauty is both a process and product of these experiences. Beauty in the music can be a source of insight and meaning (an agent of change), and/or a way of experiencing oneself musically.

Meaning making:

Clients and therapists make meaning of their experiences in a variety of ways, reflected here in three forms:

- Improvisation as metaphor
- Session meaning is made in different ways by different therapists, and may be made differently by therapists and clients
- Meaning can be derived from analyzing the music itself

'*Improvisation as metaphor*'. For some clients and therapists, the process and product of improvising, whether solo or duet, is a metaphor for the client's life challenges. Therapists and clients interpret the music, drawing upon a range of constructs to make sense of their music experience. Sometimes this involved interpreting the music as being like something else (e.g. "the music really sounded like the way I interact with my partner"), and sometimes as a release of feeling (e.g. "I felt so angry as I played, it was so good to get it out"). Thus, musical processes were understood as psychological processes, wherein the music was a metaphor or symbolic carrier of meaning.

'Session meaning is made in different ways by different therapists, and may be made differently by therapists and clients'. For therapists, meaning-making occurred through listening and intuition; listening to the music itself and the client's musical responses; the emotions evoked and worked through; listening by observing, feeling and thinking clinically; listening for significance, imagery and the intangible. Further, meaning making was derived on two levels: the nonverbal level, which consists of body postures, images, and sounds, and the verbal level, using words to connect musical and verbal meaning.

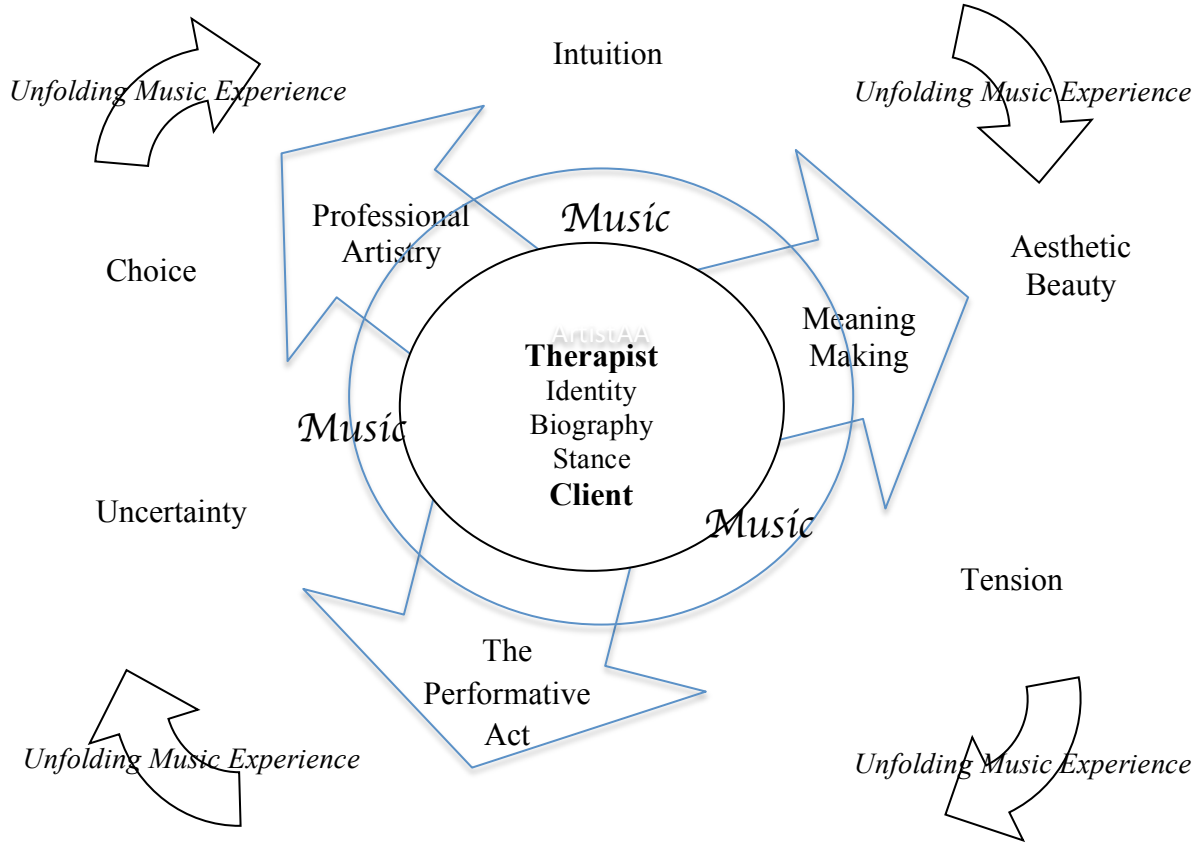
Clients used similar processes to make meaning of their experiences. However, clients were not always able to make meaning of their experiences, especially when they were engaged in non-referential improvisations. Further, for clients for whom verbal expression is limited, the therapist assumed the meaning of the improvisational experience was contained within the musical encounter itself.

'*Understanding can come from music'*. Understanding comes from the music is two primary ways. First, it emerges intuitively from the direct, 'lived experiences' of the client and therapist "in the music". Second, musical analysis was sometimes used to make meaning of the client's improvisations. In particular, the Improvisation Assessment Profiles (IAPs) (Bruscia, 1987), which involve both musical analysis and psychological interpretation, were sometimes employed.

An Emergent Conceptual Framework

The following figure (Figure 1) identifies a conceptual framework, which builds on the framework of Rendering, Portrayal and Praxis developed by Savin-Baden and Wimpenny (2014). It aims to provide a means of sharing our improvisational meaning-making, which has involved both analytical and creative processes (both with others and materials/artefacts) and critical reflection. While each concept of the framework can be explored separately, they exist in a contiguous relationship in improvisation for the Artist-Researcher-Practitioner.

Figure 1: Clinical Musical Improvisation: A Conceptual Framework



The remainder of our full paper presents a rich discussion on Music, Artistry, Meaning Making, Performance, Aesthetic Beauty, Tension, Choice, Uncertainty, Intuition, and the Therapist-Artist – Researcher and Client relationship.

Scientific or scholarly significance of the study / work

This Ai-QRS has synthesised qualitative research in order to bring together, in a scholarly and artistic way, the ways clients and therapists make meaning of improvising, and draws implications of these meaning-making processes for music therapy practice. When taken as a whole, they underscore clinical improvisation as both a creative and symbolic process. As a creative process, the client and therapist are concerned with the way the music sounds, it's aesthetic beauty and musical form. From this perspective, meaning is encountered in beauty. As a symbolic process, the music created by the client is understood as a representation of the psyche (the 'self') and interpreted by both client and

therapist accordingly. From this perspective, meaning is created by working through life problems in the dynamics of the client-therapist-music relationship.

Within this context, the findings from this study reveal the considerable focus therapists place on authenticity and presence ('listening') while improvising with clients. The importance of communicating this practice-based knowledge, including their interpretation with respect to the clients' wider life world, enables the music therapist to better connect with clients while also engendering a genuine respect for the challenges they encounter in their lives. Such 'dialogic learning' denotes the importance of self with other in order for 'meaningful musical encounters' to occur - simultaneously challenging clients to sound themselves anew.

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