An Arts-Informed Qualitative Research Synthesis Into Clinical Improvisation in Music Therapy: Researcher Reflections

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An Arts-Informed Qualitative Research Synthesis Into Clinical Improvisation in Music Therapy: Researcher Reflections

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Abstract
Although clinical improvisation continues to be an important focus of music therapy research and practice, less attention has been given to integrating qualitative research in this area. As a result, this knowledge base is diffuse and contained within specific areas of practice rather than through the broad lens of multiple practices, settings, and approaches.

In this case study, we profile, synthesize, and represent qualitative research regarding the ways music therapists engage in, and make meaning from, clinical improvisation. We share the synthesis process, highlighting how qualitative research synthesis was used to analyze, synthesize, and interpret the findings from robust qualitative studies that address the research theme. Furthermore, as a conduit for broadening dialogues, opening up the landscape more fully, and sharing our response to the analysis and interpretation of the data, we discuss how we conducted an arts-informed representation of the synthesis.

When viewed as a whole, the synthesis revealed three dimensions that were central to the ways in which we explored how music therapists and clients engaged in improvisational practices: professional artistry, the performative act, and meaning-making. Each element is explored and exemplified through the selected papers and discussed within a larger theoretical framework.

We identify how therapists use complex frameworks through which they attempt to make meaning from improvisational experiences. Particular implications for theory and practice are discussed, along with our researcher reflections on data representation and interpretation, explored through the lens of arts-informed inquiry.

Learning Outcomes
By the end of this case, students should be able to

- Understand how the analysis, synthesis, and interpretation of robust qualitative studies inform and enrich our understanding of music therapy clinical practice
- Recognize the importance of questioning how the methodology and methods used when conducting qualitative inquiry maintain integrity between the research question, the subject matter, the unfolding research process, and the presentation of the study findings
- Reflect upon the ways in which the findings from a qualitative synthesis can be represented and the ways in which the arts intersect with these representations
- Appreciate the opportunities and benefits that can occur when researchers from diverse disciplinary backgrounds and perspectives work together to explore alternative ways of
conducting robust qualitative inquiry

Introduction

In this case study example, we share our experiences designing and developing the first qualitative research synthesis (QRS) focused on clinical improvisation, funded by the Arthur Flagler Fultz Research Foundation, American Music Therapy Association (AMTA; http://www.musictherapy.org/research/fultz). We share the unfolding story of our collaboration, the emergence and extension of the qualitative synthesis process into an arts-informed QRS, which we call Ai-QRS, and the insights gained through this creative process.

Clinical improvisation is a widely used method of music therapy that enhances health and wellbeing for a broad range of client problems, as the client and therapist extemporaneously create music by singing and/or playing a range of tuned and untuned percussion instruments (Bruscia, 1987; Gardstrom, 2004). While clinical improvisation is widely used by music therapists, we were aware that less was known about how therapists undertake clinical improvisation and what the clients’ experiences are in and of improvisation (Cooper, 2010). In terms of conducting a QRS, we were interested in exploring how a synthesis approach could be adopted to bring together and examine existing, robust, qualitative studies about clinical improvisation in order to look at connections between studies and to provide ways to advance professional knowledge of improvisational practices.

The focus of our study was twofold:

1. To identify core components of improvisational music therapy clinical practice, thereby enhancing our understanding of these practices;
2. To advance understanding of the impact of clinical music improvisation on the health and wellbeing for individuals, groups, and communities.

We share our research process with you in this case, not only because of the methodology itself but also because you never know where you will find synergies and enriching collaborative experiences. It was in and through the diversity of our backgrounds and perspectives that the richness and joy of this project emerged.

Building a Connection

When we began work together on this study, we didn’t know each other. In fact, we came from completely different backgrounds and clinical experiences. Katherine is an occupational therapist by profession, now working as a reader in Arts Related Research and Pedagogy in the Disruptive Media Learning Laboratory at Coventry University in the United Kingdom, and Tony is...
a music therapist and associate professor of Music at Shenandoah University in the United States. After attending a training program on ways to synthesize qualitative research, we briefly discussed collaborating on a project before returning to our respective workplaces:

Katherine: Having recently completed the first QRS funded by the UK Occupational Therapy Research Foundation (UKOTRF) about the effectiveness of interventions used by occupational therapists working in mental health (Wimpenny, Savin-Baden, & Cook, 2014), I was excited about the possibility of collaborating with Tony on a QRS within his area of expertise in the field of clinical improvisation. I was motivated by his level of scholarship, his energy and enthusiasm as well as imagining how we would synthesize data from studies that included musical scores, use of lyrics and poetry! I saw working with Tony on this project as an exciting, new challenge to extend my QRS experience and passion for creative innovation in qualitative inquiry. It was also really great to be awarded funding to conduct the first QRS on this theme through the AMTA, and to embark on a research collaboration with a colleague working in the US higher education system.

Tony: Katherine’s background as a qualitative researcher and experience in arts-informed research was what initially attracted me to discuss the QRS project. In our work together, I discovered just how valuable this perspective is—she provided a ground and framework for my ideas about how to work with the data—and her perspective as an “outsider” to the field of music therapy has been immensely helpful—both in keeping me focused, asking important questions about clinical improvisation as a therapeutic undertaking, and engaging in all kinds of imaginative discussions about how to represent the synthesis data. In many ways, the openness Katherine has shown throughout the research process, to “play with” and explore new ideas, to work with data in unusual ways, and clarify or discard ideas as we discussed them, has taught me a great deal about qualitative research, and clinical improvisation—in ways I would never have imagined when we started working together.

Getting Going: Perspectives From the Literature

We started our research journey by engaging with the literature on clinical improvisation (Aigen, 2013a, 2013b; Bruscia, 2012; Geretsegger et al., 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-centered practices with children and adults, using both individual and group improvisational methods (e.g., Aigen, 2005; De Backer & Sutton, 2014; Smeijsters, 2005). 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, 2013b; 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 provides an important knowledge-base 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 and analyzing data. Developments in QRS (Major & Savin-Baden, 2010) therefore provided opportunity for us to examine this research across settings, populations, and methodologies; to enrich our understanding of these processes; and to set an agenda for future research in the field. Furthermore, QRS provides researcher knowledge about quality issues when conducting qualitative research since only studies of accepted caliber are included.

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 clinical 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.

A Brief Overview of Our Methodology and Methods

Phase 1: The QRS

The first phase of the QRS was a relatively easy, although labor-intensive task captured in the two stages outlined below:

- Stage 1
  - Identify area of research and research question;
  - Identify and collate qualitative studies related to the research questions across a large area of literature, using inclusion/exclusion and quality criteria.
- Stage 2
Stage 1

We examined published qualitative studies that captured clients’ and music therapists’ perspectives of the practice of clinical improvisation. As such, our research question was as follows:

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

We used explicit searching strategies in order to create an audit trail. Purposive sampling using electronic searches for online databases included MEDLINE, CINAHL, PsycINFO, AMED, ASSIA, SCOPUS, CSA, and Cochrane Database (of abstracts of reviews of effects).

Develop and Implement Inclusion and Exclusion Criteria

The initial search resulted in 539 papers. We narrowed this to 54 papers using inclusion and exclusion criteria outlined in Table 1.

Table 1. Inclusion and exclusion criteria.

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

**Quality Assessment**

We then assessed the set of 54 research papers 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.
Stage 2

Analysis, Synthesis, and Interpretation

The synthesis process then involved us engaging in iterative cycles of analysis, including both reciprocal and reputational processes (Noblit & Hare, 1988). In doing so, the following steps were undertaken:

1. We read each paper several times.
2. We recorded a summary of each of the studies to enable them to be compared.
3. The findings of each paper were identified in relation to their ability to address the initial research question.
4. Our analysis moved beyond comparison to examining the relationships between studies, including listing and organizing themes noted across studies as well as standalone themes, to develop first-order themes.
5. We located all the first-order themes across the studies.
6. We then combined the themes in order to develop new insights or second-order themes which we located across the data set.
7. In the final stage, we developed third-order themes (Table 2), involving the translation of information from the first- and second-order themes to a higher level while maintaining data integrity.

Table 2. Third-order QRS themes/interpretations.

<table>
<thead>
<tr>
<th>Professional artistry:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempting to enter the client’s world from where the music emerges</td>
</tr>
<tr>
<td>Musical techniques are used to engage, evoke responses, and support the client through their everyday struggles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The performative act:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client change exists in the potential for change in the music</td>
</tr>
<tr>
<td>Music provides a co-created narrative of known and unknown moments—familiar and unfamiliar (affirming self and creating new self may occur)</td>
</tr>
<tr>
<td>Uncertainty in the music brings aesthetic beauty, tension, risk-taking, and the potential for change</td>
</tr>
</tbody>
</table>
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

QRS: qualitative research synthesis.

Interpretive Findings From Phase 1 of the QRS

When viewed as a whole, three interpretative themes, namely, Professional Artistry, The Performative Act, and Meaning-Making, emerged from the QRS, reflecting the ways music therapists and clients engage in clinical improvisation. Each is described below.

Professional Artistry

We acknowledged this theme as being constructed in two forms:

- 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

Across the studies, music therapists expressed their ability to display “reverent attention” in their interactions with the client as being central to their work. Reverent attention draws upon their clinical knowledge, personal and professional competence, and is expressed in their musical responses to clinical situations of complexity and uncertainty. Such practices reflected the therapists’ epistemology of practice—their professional and personal beliefs, including the 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 are used to engage, evoke responses, and 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 evoke change.

Client Change Exists in the Potential for Change in the Music

Performing—improvising—everyday struggles provided a space and place for each client (and therapist) to change and growth. Clients expressed feelings associated with their current emotional state in improvisations through “sounding” themselves in and through the music, which offered 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 challenged not only to express their creativity but also to expand their creative selves. This expansion, or the potential held within, affords new opportunities to explore and construct/reconstruct self.

Music Provides a Co-created Narrative of Known and Unknown Moments—Familiar and Unfamiliar
What was evident in the included studies was how these music therapists “mindfully met” the client, as an equal, in the shared musical experience. As such, the client and therapist performed themselves in the music.

**Uncertainty, Tension, Risk–Taking, and Beauty in the Music Evoke Change**

Clients and therapists were seen to experience a wide range of tensions and conflicts that propelled the therapeutic process forward, were barriers to change, and were sources for session content. These included physical and emotional tensions, feeling lost and uncertain, and encountering strong feelings while/after improvising. Taking risks was viewed as central to change. These risks included expressing oneself in new ways, immersing oneself in new therapeutic themes, and engaging in music making in ways that allowed for unexplored or un-encountered aspects of self to be sounded. Aesthetic beauty was understood as 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 were understood to make meaning of their experiences in a variety of ways, reflected here in three forms:

1. Improvisation as metaphor;
2. Session meaning is made in different ways by different therapists and may be made differently by therapists and clients;
3. 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 feelings (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. Furthermore, meaning-making was derived on two levels: the nonverbal level, which consisted of embodied experiences, images, and sounds, and the verbal level, using words to connect musical and verbal meaning(s).

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. Furthermore, 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 the Music**

Understanding was seen to come from the music in two primary ways. First, it emerged 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.

**Phase 2: The QRS Process Expands**

In a typical QRS, the third-level interpretations are the focus of the findings section and, as such, are presented in written form alongside excerpts from the included studies (see above). However, as we encountered the data, listened to audio recording associated with the primary studies, and considered how a musical phenomenon such as clinical improvisation might be represented, we began to question the narrative (written) nature of the findings. Can a musical phenomenon be fully represented in words alone?

It was not that the QRS themes themselves did not have integrity; it was more a problem of using words to describe music. The further we moved from the experience of the researchers and clients in their articles, the less we felt we were capturing their experiences. No matter how elegant our words, they were ultimately static, and no matter how clever our third-order themes, they were ultimately reductive. And there was no music!

Therefore, 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 musical improvisation could itself
inform the ways we represent data from the studies and how our aim of sharing our learning with others could inform [our] music making. We wanted to consider how the experience of improvising, and the meanings derived from this process, could be captured in ways that would draw the reader or audience into the clinical experience. We realized in this process our responsibility as data “representers” shifted, as did the palettes from which we could choose to represent our work. Therefore, as part of the arts-informed process of our inquiry, we invited the music therapists we had met with, and graduate students from Shenandoah Conservatory, to 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 (Professional Artistry, The Performative Act, and Meaning-Making).

Representing the “Data Findings”

Engaging in this process opened new insights into the QRS process. It forced us to grapple with the very nature of representation and to work at ways of integrating words and music. As such, our engagement in these arts modalities—the same modalities clients and therapists use in improvisational music therapy sessions—invited us into reimagining the data. Arnason’s (2003) depiction of listening with an improvisational attitude captures this process elegantly, which we have adapted into a poem.

A faith in creative action to be in music with another person,

To play, and

To take needed risks …

A curiosity about the world,

A delight in being surprised,

An emotional sturdiness for coping with unexplainable events;

A willingness to go beyond what is known or comfortable, and

To share music in different social and cultural communities. (p.134)

As we engaged in these processes, we considered our own response to the QRS definition of improvising:

A sound.
One from you
And one from me.
Embodied
Experienced
And then gone.
And on it goes. (Meadows, 2016)
Breathing, having space, searching, working with ideas and thoughts and feelings through sounds I made, we made, my voice, her voice
Sounds, which at times resonated, but also clumsily portrayed, what I was exploring—it didn’t have to be “right”
Offering a pathway, an opening, (re) envisioning, (re) imagining, (re) claiming a sense of perspective, where would it lead?
Being accompanied, guided, other options, other possibilities, some beyond me, but others within reach
Connecting (my)self with (an)other, sound and imagery,
Physically, cognitively, emotionally, metaphorically,
Feeling able to take control (back). (Wimpenny, 2016)

We looked at ways we might be able to use images to help us share the complexity of the data and the ways in which visual artistry could be used to present a meta-perspective of the phenomenon of improvisation we were seeking to represent, as Murray Schafer’s scores have exemplified (see Figure 1).
Figure 1. The score for “Divan/Shams/Tabriz,” for Orchestra.


In doing so, we moved into a visual representation of the QRS that was based on Prezi, using visual images, distilled summaries of the constructs, audio files from the original qualitative studies analyzed in the QRS, and poetic reflections (including some of those presented above) that formed a 6-min video gestalt. In developing this video, we aimed for an immersive, aesthetic experience of the QRS, one that might parallel or represent the experience of improvising. Thus, one might enter into the visual/sound experience in order to understand it, not just read a summary of the QRS themes as a written narrative.

Final Reflections

The act of representation and portrayal of the QRS findings invited 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 modeled on predictive processes, rather, as Sumara and Carson (1997) contend, “understandings emerge from the associative relations among complex interactions” (p. xviii), as well as serving to open up space for further questions.

Our Ai-QRS synthesized qualitative research in order to bring together, in a scholarly and artistic way, the ways clients and therapists make meaning of improvising and the implications
these meaning-making processes have for music therapy clinical practice. When taken as a whole, we understand 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, its 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 our study revealed 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 client’s 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.

We have also shared the challenging yet exciting process we undertook as researchers to shift our QRS into an arts-informed QRS, and the ways in which we collaborated with artists and students to engage in this interpretive act, drawing on aesthetic sensibilities as the heart of arts-related analysis.

Acknowledgements

This project was funded through the Arthur Flagler Fultz Research Fund of the American Music Therapy Association.

Exercises and Discussion Questions

1. In our research, we describe QRS as research that “provides researcher knowledge about quality issues.” What might we mean by this phrase, and why is it important for the process of selecting studies which undergo the synthesis?

2. Our original search resulted in 539 papers which we narrowed to 54 papers using inclusion exclusion criteria, and following the quality assessment, 14 papers were finally selected. Can you think of other possible inclusion and exclusion criteria, and why do you think it was important to reach this number of studies to undergo the synthesis?

3. In a QRS, third-order themes are developed by translating information from the first- and second-order themes to a higher level while simultaneously maintaining data integrity. In
this case study, we have not included excerpts from the included studies, although this would be important for a full research paper. Why do you think it is valuable to include example “data” from the included studies in the write-up of a QRS?

4. What other artful means do you think we could have considered in order to faithfully represent the findings of the synthesis from the clinical improvisation research studies?

5. List some of the key opportunities and challenges in using music and images to help share the complexity of data discussed in this case study.

Further Reading


References


