**Music Therapy Charity – Brief Report June 2017**

**Study Title: Music Therapy with Children and Parents in a Child Development Service: A Qualitative Study of the Dynamics of Expertise.**

**Introduction**

I am grateful to the Music Therapy Charity for awarding me a further £1500 in December 2016 which has offered me an amount of paid time in which to progress this study further. I am pleased now to be able to report on the activity in the study since the time of the award.

As outlined in my application in January 2017, the work of this period has been to complete the analytic work of the study, in tandem with the process of writing up the whole PhD thesis. This has been an exciting time; the analytic work has moved on apace, while my everyday work as clinician and manager in a growing NHS Music Therapy service has continued to provide the impetus for completing the study.

**Data Analysis**

I have used a modified grounded theory approach in my data analysis. Through an iterative process of repeated readings of texts, systematic labelling and grouping of labels, gathering into loose categories, and distilling further into key themes, the analysis seeks to stay ‘grounded’ in the data, findings emerging directly from it.

A further feature of grounded theory is the emphasis on constant comparison. This has been a particular feature of this study given the inclusion of three distinct cohorts of participants in separate focus groups: parents of children attending music therapy, music therapists within the Child Development Service (CDS), and wider CDS staff.

In terms of the analytic process, I have worked with the data both vertically and horizontally. By vertically, I mean working with the data of each of the three cohorts, labelling and clustering, before shifting focus to work horizontally across the cohorts. This has allowed me to then compare data across the groups and, subsequently, to compare emerging concepts.

Even in the early stages, reading and familiarising myself with the material prompted unintentional comparative processes. For instance, while the music therapists appeared to foreground the procedural (accounts of administrative processes, required paperwork, balancing of waiting lists etc.), the procedural faded in the parent material. The content here was more personal, concerned with the experiences of their child and themselves in attending music therapy. While in terms of managing the complexity it has been challenging to work across diverse data sets, it was, however, a complexity which I had intentionally set out to look for, and for which the research approach has allowed a frame.

**Brief Word on Findings**

Five key themes have emerged through the analytic process. While there is still some fluidity in the wording of them, and I do not report on them at length here, I will highlight three of them as being of particular interest as I now write up the study. I focus on them here, not for their detail in itself, but for the suggestion of the shape and scope of the findings. These are as follows –

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| * The distinctive functions of music therapy within the CDS. * Parents as strong co-shapers of music therapy * Child and parent as conduits between music therapy and everyday life |

The first theme places music therapy firmly within the broad, day-to-day functioning of the CDS. Music therapy is perceived as having particular qualities both in terms of what it offers child and parent, and in terms of their engagement with other services within the CDS. As the Occupational Therapist commented of music therapy –

‘It’s almost like the *glue* that holds it together for the families… there’s a lot of children where the music therapy has been the main therapy and we’ve dipped in and out of it, the physio, speech, and OT, and I think that’s worked really well for the complex families who feel comfortable in that role, and in that environment’

The second focuses close attention on how music therapy sessions with a child and parent present actually ‘work’. Parents bring detailed knowledge and intimate experience of their child, together with a powerful commitment to their development, to music therapy. As this parent puts it -

‘Maybe I was too committed for it. I am with J’s therapies, I *have* to. It’s a responsibility, it *is* a responsibility and I want him to only get better with this. If that means giving one hundred per cent of time and everything, as a mother, I have to’

Such commitment appears to inform the intentions which a parent might bring into sessions. These, in turn, shape the unfolding activity of sessions. Of particular interest here is that such shaping may not be made explicit, but it can be seen to underpin the emergent nature of activity.

Finally, the third finding speaks to the permeability of music therapy, its travelling into everyday life. This was a notion which appeared in the original pilot study. Child and parent appear to act as conduits, the activity of sessions being transferred as a child initiates musical play within the home environment, a parent recognising and extending into further shared play. Recalling the song sung in sessions which involved holding and moving a small parachute, one mother says –

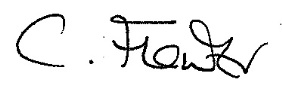
‘We did a lot of activities with the parachute… he does that at home, takes the blanket, and he was like, gives it to me and… sometimes I’m like ‘what d’you want me to do?’, and he’s like, you know, trying to do that (*mimes shaking blanket*), I’m like, ‘Ooh, you want me to do what (therapist) does?’

**Writing Up**

After a lengthy period of work, and a thorough analytic process, the data analysis work is now completed. The focus of activity now switches to the structuring and writing of the thesis as a whole. In doing this, the pilot study, with its detailed focus on the music therapy trio of child, parent, and therapist, will be incorporated into the wider scope of this study, together forming the completed doctoral thesis. This is the work of the next, and hopefully, final part of what has been a challenging, but stimulating process.

**End Note**

In reaching this point, I wish to repeat how grateful I am for the continued financial support of the Music Therapy Charity. As ever, I am happy to give you any further information you would like, or contribute in any way I can to your work, which has enabled music therapists, like myself, to pursue research.



Claire Flower

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