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## **Performative, arts-based, or arts-informed? Reflections on the development of arts-based research in music therapy**

Alison Ledger and Triona McCaffrey

### **Abstract**

Arts-based research (ABR) has emerged in music therapy in diverse ways employing a range of interpretive paradigms and artistic media. It is notable that no consensus exists as to when and where the arts are included in the research process, or which music therapy topics are most suited to arts-based study. This diversity may pose challenges for music therapists who are developing, reading, and evaluating arts-based research. This paper provides an updated review of arts-based research literature in music therapy along with four questions for researchers who are developing arts-based research. These questions are, 1) when should the arts be introduced? 2) which artistic medium is appropriate? 3) how should the art be understood? and 4) what is the role of the audience? We argue that these questions are key in understanding arts-based research, justifying methods, and evaluating claims arising from arts-based research. Rather than defining arts-based research in music therapy, we suggest that arts-based research should be understood as a flexible research strategy appropriate for exploring the complexities of music therapy practice.

## **Introduction**

It has been exciting to observe and be a part of a growing interest in ABR in music therapy over the past decade. There is now a body of ABR which music therapists can draw on to understand their practice and develop their own ABR processes. However, ABR in music therapy is still in its infancy and the boundaries of ABR in music therapy are contested (Beer, 2015; Ledger & Edwards, 2011). Questions have been posed as to whether studies described as ABR are strictly arts-based (Ledger & Edwards, 2011) and whether ABR in music therapy should be framed within Performative Social Science (Beer, 2015). The arts have been employed and understood in diverse ways within ABR, and no established criteria have emerged for the evaluation of ABR in music therapy. In this paper, we reflect on the development of ABR in music therapy to date and offer explanations and discussion of its diverse implementation. These explanations lead to recommendations for understanding and evaluating ABR in music therapy and for developing ABR which is both valuable and meaningful.

One of the earliest references to ABR in music therapy was a study undertaken by Diane Austin, who used music and poetry and performed a musical play (Austin & Forinash, 2005). Austin and Forinash (2005) paved the way with their report of arts-based research (ABR) in music therapy, highlighting its possibilities for researching aspects of music therapy practice. They defined ABR as a form of inquiry where the arts are primary to the investigative process and are used in “response to raw data, to create new data or lift the analysis to another level or to gain access to otherwise unavailable material” (Austin & Forinash, 2005, p. 459). Since then, other music therapy researchers have drawn on Austin and Forinash’s work to support their own artistic methods of inquiry (Estrella & Forinash, 2007; Ledger, 2010; Ledger & Edwards, 2011; Lindvang, 2013; McCaffrey, 2014; Schenstead, 2012; Vaillancourt, 2011; Viega, 2013).

A previous review of ABR in music therapy found that few music therapy studies to date had fully met Austin and Forinash's description of ABR (Ledger & Edwards, 2011). It was observed that it was more common for music therapy studies to be related to ABR principles or to demonstrate the use of the arts at some stage in the research process. More recent examples can be found in the work of Beer (2015), Gilbertson (2013), Lindvang (2013), McCaffrey (2014), Schenstead (2012), and Viega (2013). For the purpose of this paper, we undertook an updated review of music therapy studies employing artistic methods. This review revealed a diversity of topics, reflecting a range of epistemological and theoretical positions, motivations for using the arts, and artistic media used. In this introduction, we offer further reflection on the development of ABR in music therapy and indicate a range of possibilities that are available to music therapy researchers. The broadest definition of ABR is used to denote the employment of any type of arts at any stage of the research process.

ABR in music therapy has focussed on multiple topics. Aldridge (2008) and Trondalen (2007) used music or movement in their analysis of clinical work while Gilbertson (2013) used ABR as part of a long-term immersion process to gain insight into music therapy sessions he conducted with a 14 year old boy who had experienced severe brain injury. He used expressive writing and the creation of a body cast of his hand using these processes to reflect on his work with the client. The experiences of qualified or trainee music therapists have also been investigated through ABR (Beer, 2015; Ledger, 2010; Vaillancourt, 2009 & 2011), while other studies have focused on self-inquiry (Lindvang, 2013; Schenstead, 2012). Adolescents who have experienced trauma (Viega, 2013) and mental health service users (McCaffrey, 2014) have been the focus of PhD research using artistic methods, and Austin (Austin and Forinash, 2005) employed ABR to examine the culture of Alcoholics Anonymous. This brief overview of topics shows how ABR may be helpful in understanding

a range of music therapy practice contexts, both within health services and more community-based contexts.

One striking aspect of ABR compared to studies using other qualitative methods is the range of epistemological frameworks cited by music therapy researchers. Consideration of the epistemological positioning of researchers is essential for understanding the underpinning philosophical orientation of the investigative process (Edwards, 2012). In the following section we describe some of these variations with reference to what researchers indicated regarding their research orientation. This epistemological diversity indicates the need to consider that ABR in its many iterations in music therapy might have been employed as a method or a series of techniques rather than having a fixed or dynamic ontological foundation as its basis.

In one study, ABR was located as a subsidiary of Performative Social Science “that relies upon the artistic process to illuminate, articulate, and circulate obscure or obfuscated facets of meaning, nuances or emotions, and constructions of reality” (Beer, 2015, p.2). Other researchers have framed ABR within a postmodern perspective, “rooted in hermeneutics and intersubjective processes” (Estrella & Forinash, 2007, p.382). Schenstead (2012) aligned with a hermeneutic perspective in her arts-based self-study, Ledger’s (2010) research was aligned within a constructivist research paradigm, while Lindvang’s (2013) study drew on self-experiential learning. McCaffrey (2014) and Trondalen (2007) both drew on a phenomenological perspective, while Vaillancourt (2009; 2011) situated her research within both phenomenology and participatory-action design. This variety of epistemological positions offers an explanation for the diverse approaches to techniques and procedures that is evident in the music therapy and ABR literature.

A related factor for consideration was the music therapy orientation of the researcher. ABR has been employed by researchers oriented to a range of different theories and training

within music therapy practice. While a number of authors have not explicitly mentioned theoretical orientation as background information to the ABR process, an observable cohort align with a music-centred approach, for example Aldridge (2008), Beer (2015), Gilbertson (2013) and Viega (2013). Other approaches include Community Music Therapy (CoMT) (Vaillancourt, 2009 & 2011) and recovery-oriented music therapy (McCaffrey, 2014).

Some ABR in music therapy has overtly focused on the arts in analysis (examples include Aldridge, 2008; Ledger, 2010; Schenstead, 2012; Trondalen; 2007; Viega, 2013). Other music therapy researchers have approached their topic with the intention to use an arts process to explore an issue or gain new insights (Gilbertson, 2013; Lindvang, 2013; McCaffrey, 2014; Vaillancourt; 2009 & 2011). The term arts-based reflexivity was used in both McCaffrey's (2014) and Schenstead's (2012) work in which gaining insight was an explicit goal.

As ABR has been presented as a response to social justice movements in other disciplines (Leavy, 2011), it is surprising that ABR has not been utilized for more critical and emancipatory purposes in music therapy. This may reflect its use as a method or technique rather than as a distinctive paradigmatic research framework (Edwards, 1999). We anticipate that because of the applicability of the arts for critical engagement with values, cultural identity, and social change, a critical emancipatory engagement may become a greater focus of ABR in music therapy in years to come.

Given that music is the primary medium of music therapy practice it is unsurprising to find that music is a preferred medium in ABR in music therapy (Aldridge, 2008; Beer, 2015; Lindvang, 2013; Schenstead, 2012). Other researchers have employed mixed ABR methods that include music and other media such as poetry and various forms of visual art (Austin & Forinash; 2005; McCaffrey, 2014; Vaillancourt, 2009 & 2011). There are also a group of music therapy researchers who have moved beyond the medium of music in the pursuit of

knowledge through ABR. Some have employed poetry (Ledger, 2010), body casting and creative writing (Gilbertson, 2013), while others have engaged in movement to musical data described as body listening (Trondalen, 2007; Viega, 2013). In an earlier overview of ABR this was described as seeming “to approach the nature of expressive movement or even dance.” (Ledger & Edwards, 2011, p. 314).

The diverse implementation of ABR challenges the task of identifying boundaries and providing clear-cut definitions of what ABR is and should be in music therapy. As stated in a previous review (Ledger & Edwards, 2011), this permits unlimited potential for ABR in music therapy. We propose that researchers might be guided by the principles of carefully considering when to undertake ABR, and making decisions that are appropriate to their research topics, their epistemological positions, and their research contexts. Based on our experience of undertaking ABR in music therapy, we suggest four key questions for music therapists who are considering ABR: 1) When should the arts be introduced? 2) Which artistic medium is appropriate? 3) How should the art be understood? and 4) What is the role of the audience? In this paper, we show how we and others have addressed these questions in order to assist others to develop ABR in music therapy. Our experiences of undertaking ABR as members of the Music & Health Research Group at the University of Limerick undertaking PhDs supervised by Jane are interwoven in the following sections to illustrate important considerations.

### **When should the arts be introduced?**

The most frequently cited description of ABR in music therapy emphasizes a central role for the arts throughout the entire research process, from the initial research idea through to the presentation of research findings (Austin & Forinash, 2005). This description implies that the

decision to use the arts is taken very early in the research process. An early commitment to an arts-based orientation may sit well with post-positivist research traditions, in which researchers rarely deviate from their initial research design (Bunniss & Kelly, 2010). However, early adoption of an arts-based orientation may not always be indicated or possible, and the idea to employ the arts may not emerge until later in the study. This was the case in Alison's research about music therapy service development (Ledger, 2010), in which she held a more subjective and co-constructed understanding of knowledge in which methods and procedures of the research could be emergent.

Alison: The decision to employ arts-based methods came after a period when I was struggling to bring together multiple sources of data: narratives about service development, observations of a new music therapist in practice, lessons from service development training events, and reflections on my own and my supervisor's music therapy service development experiences. I tried more conventional methods for analysing qualitative data, but found that these were inadequate for telling the whole story and for conveying the strong emotions that music therapists experienced in setting up new services (strong emotions such as insecurity, uncertainty, and frustration).

By coincidence, I then had a life-changing experience involving music. While watching a lunchtime concert at my then place of work (the Irish World Academy at the University of Limerick), I was strongly affected by a song performed by the English folk musician Chris Wood. The song lyrics gave me new insight about a situation I was experiencing, which prompted me to make a significant change in my personal life. While this encounter was not wholly surprising given my background as a music therapist, it reminded me of the value of the arts in providing new insights and making sense of experiences. For some time, my supervisor Jane and I had mused about the possibility of using arts-based methods in my research and I particularly remember us delighting in the



idea of developing Music Therapy: The Musical. However, it was the events surrounding the Chris Wood concert which made arts-based analysis seem like a real possibility.

Triona, on the other hand, considered arts-based methods from the very beginning of her PhD study, partly because of Jane's encouragement but also following exposure to Alison's work. The main impetus for Triona's use of arts-based inquiry was her interest in service user evaluation of music therapy in mental health (McCaffrey, 2014). In Triona's case, the arts were introduced in a second stage of the research, after more traditional verbal interviews were undertaken and perceived to be insufficient for capturing service users' experiences of music therapy.

*Triona: At the time of this project's commencement, most accounts of service user experience of music therapy were generated from verbal methods of inquiry including interviews, surveys and questionnaires. The first stage of my research followed a similar trajectory by carrying out individual interviews with service users who described their experiences of attending music therapy in mental health. These interviews were methodologically informed by Interpretative Phenomenological Analysis (IPA) (Smith, 1996, 2004; Smith, et al., 2009), which sought to gain rich and in-depth description of human experience. However, having analysed each of these interviews, something of a contradiction emerged. I noticed how, during the interviews many service users referred to the inadequacy of words in describing their personal experiences; some wondered if they had chosen the "right words" while others commented "it's hard to say", as they spoke about their involvement in music therapy. The contradiction became clearer as I questioned the epistemological fit of asking service users to describe their personal experiences of engaging in a creative therapy purely through verbal means. I was cognisant that music therapy is often offered to mental health service users because it offers a non-verbal way of relating. As a music therapist who had previously worked in mental health, it struck me that some of those with whom I had worked would most*

likely decline the invitation to engage in a interview and yet welcome the opportunity to say something through a creative means. As I consulted the arts-based research literature further, it became apparent that this mode of inquiry is often employed in the pursuit of social justice by offering minority voices an opportunity to make a meaningful contribution to research in a holistic and creative manner. This description particularly resonated with my research that positioned mental health service users as experts by experience and called for the need to amplify such voices in music therapy and mental health research. Each of these thoughts concreted my decision to employ arts-based methods in the second stage of my research.

Our experiences show how the arts can offer solutions when methodological problems are encountered and when questions of ontological and epistemological fit emerge. We therefore encourage researchers to consider arts-based methods not only in the research design phase, but also when traditional methods prove inadequate for answering the research questions and when their research orientation permits changes to the original design.

### **Which artistic medium is appropriate?**

The medium of music is an obvious choice when investigating music therapy practice. Beer (2015) in particular has strongly argued for the integration of music “into all phases of methodology” (p. 1). However, music is not the only option and we encourage researchers to consider other media, such as visual art, poetry, dance, or movement. Factors such as the people responsible for creating the art, the researcher(s) and participants’ backgrounds, the ways the art will be interpreted, and the research context should be taken into consideration when making decisions with regard to artistic media. These factors influenced our media choices, including Triona’s decision to use visual art and music.

Triona: The second stage of my research involved running a series of three arts-based focus groups with a small group of service users who attended a community mental health programme. I strongly felt that it was important to offer participants a choice of arts-based methods in describing their personal experiences of music therapy. However, guidance on which ones to select was rather limited as I noted that it is not commonplace for researchers to justify their choice of arts-based method within the investigative process. Upon Barone and Eisner's (2011) recommendation that the arts-based researcher exhibits artistry in their chosen method of engagement, I decided to use the media of visual art and song writing. These were chosen due to my previous experiences of using visual art in educational contexts, and my background as professional musician and music therapist.

Like Triona, Alison's decision to use poetry was in part influenced by her previous experiences. Other drivers were her research aims, the time restrictions of PhD study, and the stage of ABR development in music therapy at the time.

Alison: I was unsure of which art form would be most appropriate for meeting my research aims (*synthesis of multiple sources of data and expression of music therapists' emotions*). I started by writing what I thought would later become lyrics, perhaps because this is normally what I do when I am writing songs. I wrote poetry in response to each narrative I had collected about service development, using significant words and phrases from the narrative *but also drawing on my own and others' experiences*. Poetic conventions helped me to bring *multiple music therapists' stories together, such as the use of rhyming couplets or abcb form*. Once I had written twelve poems, I was able to group them together to identify seven common themes in music therapy service development (going solo, looking for a home, building relationships, accepting the challenge, insecurity, investment, and development takes time). I considered whether I needed to set these poems to music, but felt that I had already achieved what I had set out to do. The poetry writing had helped me draw conclusions from my data

and conveyed the emotions that I thought were important to get across. With my PhD deadline approaching, I decided it was less important to set my poems to music as to progress with writing up my thesis. Furthermore, this foray into arts-based research had felt like a brave and significant enough step for me as a researcher and for the discipline of music therapy at the time.

We propose that the choice of medium in music therapy research is not necessarily straightforward and that several factors may be called into play. We regret that we did not provide full explanations of our choices in our PhD theses, as we suspect it would be helpful for those developing ABR to read others' justifications for their chosen media.

### **How should the art be understood?**

A critical task for researchers who undertake ABR is consideration of the place of the arts in the research and their own role in the process of arts creation. This was a particular challenge for Triona, who wished to avoid interrogation of art created by research participants.

Triona: Over the course of the arts-based focus groups one piece of visual-art and three original song compositions were created. Undoubtedly, the biggest dilemma faced during this research study was that of what to do with these rather ambiguous materials so as to arrive *at some sense of findings about others' personal experience of music therapy in mental health services*. Because service users had consented to have their visual images and songs presented to others rather than analysed by the researcher, I was hesitant to perform an analysis of these materials with the intention of arriving at conclusive findings. Such an analysis would place me in a position of power in defining how service users had experienced music therapy. This seemed highly problematic in a study that was based on principles of inclusiveness and collaboration. Performing an analysis of these materials without input

from those who created them would only exclude the very voices that I wanted to promote in music therapy research.

Recognising these problems, I embarked upon a reflexive trajectory that was inspired by other arts-based researchers such as Gilbertson (2013). This involved composing an original song response to each of the arts-based materials. The songs drew upon sources including: 1) a written account that outlined the context in which the arts-based material emerged, 2) *participants' comments from focus group transcripts concerning the arts-based material generated*, and 3) my own thoughts and questions about the arts-based material (see McCaffrey, 2014). The final lyrics of the song responses feature service user comments which are distinguished from those of my own while the musical style or genre was inspired by the group dynamic at the time the arts-based material was created. Together these elements were combined in the song responses to offer rich contextual and situated information surrounding the creation of arts-based materials, so as to further illuminate lived experience of music therapy in mental health. The arts-based materials and their related song responses by no means provide a clear definition of this phenomenon but instead present a framework in which the researcher and audience can collaboratively reflect upon how music therapy is received among the mental health service community.

In Triona's study, art created by mental health service users was not analysed in a traditional sense, but instead provided a springboard for further exploration of the complexities of music therapy in mental health. Consistent with her phenomenological and recovery-oriented perspectives, she understood her role as both a witness to the creation of arts-based materials and a co-creator who facilitated participants' wishes to engage in song-writing. Alison understood her role slightly differently, as the primary creator of the arts materials.

Alison: I understood my poems as a method of analysis, a way of synthesising findings from multiple sources of data, and also a means of communicating the strong emotions felt by new

music therapists. In this way, the poems were intended to tell the service development stories of my research participants, but also my own stories and the stories of other music therapy colleagues. Though I worried about the quality of my poems and how they would be received, what was most important to me was that the poems conveyed our experiences of being music therapy pioneers.

Our understandings of the arts may be consistent with descriptions of arts-informed research elsewhere (Coles & Knowles, 2008; Shannon-Baker, 2015). In both of our studies, the arts were viewed as a means of deepening or advancing knowledge rather than producing “aesthetically pleasing artifacts” (Shannon-Baker, 2015, p. 37). However, this is not to say that other music therapy researchers should avoid an aesthetic orientation within ABR. Viega (2013), for example, focussed on aesthetics in his PhD study of hip-hop songs written by adolescents in music therapy. His research was based on the premise that “the aesthetic components adolescent clients consciously put into the creation of their songs can reflect their lived experiences, internal resources, developmental struggles, and aspirations” (p. 3) and so an arts-based inspection of aesthetic components was undertaken. It is important that music therapy researchers articulate their position in relation to the arts so that their work can be judged accordingly. In our experience, reading ABR literature and talking to colleagues and supervisors were useful strategies for developing understandings and approaches with regard to the arts.

### **What is the role of the audience?**

A common rationale for employing ABR is the desire to make scholarship accessible to a wider audience (Knowles & Cole, 2008; Leavy, 2011). In many arts-based studies, the audience has an important role in making sense of the art (Leavy, 2011) and determining the

degree of resonance if critical for evaluating the impact and value of the research (Knowles & Cole, 2008). Though the audience's role has been acknowledged by several music therapy researchers (Ledger, 2010; McCaffrey, 2014; Schenstead, 2012; Vaillancourt, 2009; Viega, 2013), little has been documented about how music therapy stakeholders respond to ABR findings. As most previous ABR in music therapy has been conducted within doctoral work, it is likely that audience responses occurred beyond the limits of the PhD time frame (as was the case in our arts-based work). As ABR becomes more established in music therapy, further reflection on the contribution of the audience becomes possible. Since submitting our theses, we have been fascinated by the range of responses to our research presentations.

Triona: While the underlying message of my ABR presentations has been to emphasise the need to listen to service user perspectives of music therapy in mental health, it has been particularly insightful to witness and engage in the discussions sparked from the visual and song materials emerging from this project. The degree of variance and diversity has been *striking; after playing one of the songs I wrote in response to one service user's visual image*, one member of the audience commented that I had a lovely voice. I immediately fretted that *the point of the presentation had been 'lost' but later realised for this person the point of* aesthetic appreciation was of importance. After presenting to a group of mental health professionals, one music therapist wrote to say that one of the songs presented had made a big impression, as it seemed to help people understand more about what occurs in a music therapy session. After listening to a number of songs about service user experience of music therapy in another presentation, one psychiatrist relayed how she often felt that her views were not listened to by her governing health authority. This reminded me that both service users and providers can experience being unheard within healthcare. The songs presented seemed to spark a discussion that highlighted a sense of shared humanity, albeit related to a feeling of frustration on behalf of marginalised voices within healthcare provision.

Alison: Throughout my research, I feared that my work would be perceived as trivial. It was therefore reassuring when participants and colleagues reported that the poems honoured their experiences and a relief when my examiners praised my approach. I have since presented the poems when teaching arts-based methods to postgraduate researchers from a variety of healthcare disciplines, medical education academics and students, and undergraduate medical students. Although the focus of this teaching was research methods, inevitably participants wanted to know more about music therapy: *how music therapy helps, how music therapists work, and music therapy's place in the interprofessional team.*

Our experiences show how ABR materials can live on through later performance or presentation to audiences who have further insights to offer the researcher or a wish to understand more about the profession of music therapy. Schenstead (2012) has similarly found that the audience can bring about new insights and moods to an ongoing research process. Further reporting of audience response should be encouraged in music therapy, particularly in an era of research where matters relating to impact and applicability often arise.

## **Discussion and Conclusions**

ABR is an exciting expansion of the music therapy research palette. It presents new possibilities for thinking about knowledge and research and allows new ways of understanding and communicating music therapy practice. At the same time, ABR in music therapy is uncertain territory. Music therapy researchers have used the arts in different ways and there is no set path for novice researchers to follow. One possible solution is to develop clear definitions about what ABR in music therapy should be. However, we argue that it is too early to be creating definitions and that definitions limit the possibilities for innovation



that ABR brings to music therapy. ABR in music therapy is often undertaken as part of doctoral research (Ledger, 2010; McCaffrey, 2014; Viegas, 2013), the perfect time for researchers to be testing boundaries and developing new research approaches with the support of their supervisors and panels. As indicated in a prior paper on ABR, we encourage doctoral researchers to consider ABR as a way “to develop compelling findings, to deepen understandings of their research materials, and to promote dialogue and reflection.” (Ledger & Edwards, 2011, p. 317).

When reviewing relevant literature on ABR in music therapy, we noted that ABR has been variously referred to as a methodology (Beer, 2015; Vaillancourt, 2009), a method (Schenstead, 2012; Vaillancourt, 2011), or an approach (Austin & Forinash, 2005; Ledger, 2010). On further reflection, we suggest ABR in its current form in music therapy may be better understood as a flexible “research strategy” (Denzin & Lincoln, 2011, p. 14), which can be aligned with different theoretical paradigms and perspectives. This understanding of its current uses may promote inclusive understandings and further innovation in ABR in music therapy as it trends towards its own disciplinary foundation within the field.

In this paper, we pointed to marked differences in the topics studied, epistemological and theoretical positions taken, motivations for using the arts, and artistic media chosen by music therapy researchers. Rather than proposing strict definitions of ABR, we suggest that it is more important that music therapy researchers explain their design choices fully, providing information about their a) epistemological and theoretical orientations, b) research aims and motivations, c) rationale for their chosen media and d) views on the place and purpose of the art created in the research process. Only then can other music therapists evaluate their research and understand how the arts may contribute insights in their respective fields of interest.

Instead of being prescriptive about what ABR should be, we proposed a series of questions to help music therapists who are considering arts-based approaches. Music therapy researchers should not be afraid to introduce an arts-based approach in the analysis phase, when this fits with their overall research paradigm. Furthermore, we encourage researchers to consider artistic media other than music and in line with the research context, the people involved in making the art, and how the art will be interpreted and understood.

Understandings of art are likely to be different depending on the research paradigm and it is important that music therapy researchers spend time reflecting on fundamental assumptions about knowledge and research. One of the key epistemological questions is the extent to which the audience is involved in knowledge creation. The audience response has been one of the most fascinating aspects of our own ABR and we would like to see others writing about this important aspect.

The uncertainty and ambiguity surrounding ABR may seem daunting to music therapists, especially those who have been trained within objectivist epistemological traditions and who are oriented to the value of evidence in making the case for music therapy in healthcare (Edwards, 2005). Instead, we propose that music therapists celebrate the capacity of ABR to flexibly engage with human complexity as we have so willingly embraced in professional practice.

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