‘Sewing Together’: An idiographic study of a music therapist’s experiences of a group at a special school for children and young people with severe and complex special educational needs

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**Abstract**

This research was commissioned by a school in London which provides for children and young people aged 2 to 16 with a wide range of learning difficulties. This single-participant study uses video annotation, video elicitation interview and interpretative phenomenological analysis to explore perceptions of processes in a music therapy group, from the point of view of a music therapist. Two tables of annotations present a description of events in each video clip in a timeline. The IPA interview analysis produced 25 emergent themes, grouped into four super-ordinate themes (‘Balancing Diverse Needs’; ‘Spontaneity’; ‘Therapists’ Musical Stance’; ‘Group Dynamics’). Parallels are drawn with other music therapy groups described in the literature and with Foulkes’ group analytic psychotherapy. The study elucidates an approach to group music therapy which provides a space for spontaneous and meaningful interaction, both through music and other modalities

**Background for the study**

At the 16th World Congress of Music Therapy, Gary Ansdell called for the exploration of ‘what’s inside the black box’ in music therapy (2020). Identifying a tendency for research to focus on inputs and outcomes, but ignore what happens in between, he made the case for diving into the ‘messy’ details of music therapy practice. Rather than using the ‘spotlight’ of intervention research, where music therapy might be identified as ‘doing something’, but with little exploration of what that ‘something’ might be, he made a plea for a focus on process, on what happens in between the ‘input’ of beginning music therapy and the ‘output’ of specific changes in health or behaviour. This study takes one approach to embracing this idea. The complexity and individuality of music therapy has been identified by De Nora (2006) as being problematic for certain kinds of research (for example randomised control trials) and she has advocated for research methodologies which respect the unique quality of music therapy in each setting and local context, where there can be a ‘focus on the music therapist's craft as the active ingredient in music therapeutic effectiveness’ (p. 90).

While the authors acknowledge the need for more focus on service user/family perspectives in music therapy research, and have indeed conducted recent studies which contribute to this (Annesley et al 2020a, Annesley et al 2020b), the value of exploring the music therapist’s craft, from the clinician’s perspective is also, in our view, worthy of further exploration, especially where there is potential for informing practice about new ways of approaching specific client cohorts. Simon Procter, in a recent podcast interview (Annesley 2019), drew attention to the neglect of ‘craft’ in the profession in favour of theory. This study attempts to make links between both, using the lens of the experienced clinician to elucidate practice in a singular context.

*Commissioning of the study*

This study was commissioned by a special school in London, which provides for children and young people aged 2 to 16 with a wide range of learning difficulties, including Autistic Spectrum Disorder (ASD), and complex learning and medical needs. Music therapy is a well-established service within the school, having been part of the school’s offer since its inception in 2011 and prior to this for 14 years in two special needs schools which merged to become the current provision. It is provided by an NHS service, which provides music therapy for children and young people across the school’s age range. Research into intervention, impact and process is integrated into the commissioning of the service, and this project was designed in consultation with the headteacher, and with the lead music therapist, Nicky O’Neill (also the second author of this article).

*The Jammin’ Group*

This study explored processes in an established music therapy group. *The* *Jammin’ Group* had been running for four years since the beginning of an expansion of the school’s age range into a new secondary school provision. The purpose of the group was to align itself with the philosophy of the secondary provision, focusing on independence and development of musical and social skills through a musically rich and targeted environment. The group was normally facilitated by two music therapists, Nicky O’Neill and Anthony Voelcker. The group was ‘slow-open’ (Foulkes 1983), meaning that membership was curated by the music therapists, based on referrals and on limited numbers. In slow-open groups, new members can be added to a group, but group membership tends to be fairly consistent over time, with any changes taking place gradually. In this case there was a core membership of 3-4 young people who were musically motivated and able to socially relate and express themselves through free improvisation, both vocal and instrumental. They formed a stable core group since the group’s inception, into which were added two or three additional members on a termly or bi-termly basis.

*The Jammin’ Group* was run with an open, improvisatory approach, where events in each session were client-led, rather than pre-determined by the therapists. Parallels could be drawn between this model and group analytic psychotherapy approaches in both music therapy and talking groups (Foulkes 1983, Davis et al 2014). The group also gave occasional performances, which might link it to Community Music Therapy (CoMT), which addresses ‘mechanisms of exclusion and inclusion in broader contexts and requires a more socially engaged practice’ (Stige et al 2014, p. 9). Exploring this wider context is beyond the scope of the current study, which confines itself to interpretation of the details of events within the music therapy sessions.

*Significant moments in music therapy*

The detailed exploration of interactive processes in music therapy can usefully inform practice. Microanalysis in music therapy encompasses a well-established range of methods and can be incorporated into both quantitative and qualitative methodologies (Wosch and Wigram 2007). Previous studies have identified the notion of ‘pivotal’ or ‘significant’ moments as being informative of processes in music therapy (Grocke 1999; Ansdell et al 2010; Gavrielidou and Odell-Miller 2017). This concept can be linked to Stern’s ‘present moment’ in psychotherapy (2004), where discrete experiences are identified as drivers of change in a therapeutic process.

Where improvisation is a feature of therapeutic work, it is impossible to predict in advance when ‘important’ events in a therapeutic process will take place. It may be difficult, during the actual experience of therapy, to be fully aware of the multiplicity of interactions, and to judge their significance. These considerations became the motivation for the choice of methods described below. For the purposes of this study, the focus was on the experiences of the lead music therapist, Nicky O’Neill. in order to understand more about her experiences of group processes, moment-to-moment.

*Aims of the study*

The study aimed to explore musical and communicative processes in music therapy in a group for young people from a specialist provision with learning disabilities, from the perspective of one of the music therapists facilitating the sessions. The following research question was addressed:

How does a music therapist experience and describe therapeutic processes and ‘meaningful moments’ in a music therapy group with young people with learning disabilities?

**Methods**

This was a qualitative idiographic study with n=1. Data collection took the form of video annotation by the principal investigator (PI)/first author and video-elicited interview. Video-elicited interview is a method of data collection in which participants are invited to respond to video footage, encouraging them to reflect on moments and personal experiences of interactions (Henry et al 2012) and has been recently used effectively as a research method in music therapy by Flower (2014), which was part of the motivation for the choice of method in this study. The interview was analysed using interpretative phenomenological analysis (IPA). This method of analysis is widely recognised as being appropriate for exploring life experiences (Smith and Osborne 2014).

*Stages of the study*

The study consisted of the following stages:

1. Repeated viewing of video excerpts
2. Tabular annotation of video excerpts
3. Interview with participant (digitally audio recorded)
4. Transcription of interview in full
5. Interpretative phenomenological analysis of interview transcription
6. Key quotes added to tabular annotation

*Ethical considerations*

The study was approved by the NHS Trust’s R+D department and identified as a ‘Service Evaluation’, meaning that it was not required to be approved by an NHS Ethics Committee. Group members (GMs) in the video excerpts were not defined as participants. Approval had been sought prior to the study for video recordings to be used for research purposes. All GMs’ names have been anonymised for the purposes of this summary report.

Nicky was sent a participant information sheet (PIS) and consent form prior to the interview. As gatekeeper and co-author this included a waiver of confidentiality. Despite her close involvement with setting up the study, I made it clear that, just as with any research participant, she had the right to withdraw from the interview.

*Selection of Participant/Reflexivity Statement*

This was a single participant study. The participant was Nicky O’Neill, the lead music therapist at the school which commissioned the research. While there is precedent for including participants as co-researchers (Given 2008), we decided to delineate clear boundaries in the process of data collection and analysis, positioning Nicky clearly as participant, rather than researcher. It was in discussions with her as we were planning the project that the idea crystallised. Since I do not work with Nicky in this setting, it struck me in our conversations how much insider knowledge and awareness she had of the processes of the group, and that finding a way to capture this should be the priority of the project. Delineating our roles in this way made it clear that Nicky was ‘freed up’ to move away from a position of detachment and into one of intimate involvement with clinical practice. The precedent of Flower’s (2014) study, where the music therapist and parent are participants in the study, provided a helpful model. It is due to her close involvement with the set-up and design of the study that Nicky is also included here as co-author.

As the PI, it is important to acknowledge my position in relation both to Nicky and to the setting. I did not work as a music therapist at the school which was the focus of the study, but I am a member of the same NHS music therapy team as the participant. Thus, we are likely to share some similar views in relation to theory and practice. I was also asked by her to conduct the study. While the question of ‘bias’ has can be argued to be moot in qualitative research (Stige et al 2009; Galdas 2017), the importance of acknowledging a particular subjective position is essential. In this case, the rationale for the study includes an assumption of ‘good clinical practice’. This study did not attempt to critique the practice of the music therapists or the service, but to understand more about the Nicky’s perceptions, experiences and rationale with regard to the work.

*Video Selection*

Video excerpts were chosen by Nicky as being representative of key moments in the group’s therapeutic process. Ansdell et al (2010) advocate the exploration of events in a music therapy session at different ‘degrees of magnification’, where the ‘1st degree’ might be a segment of approximately four minutes. The two excerpts chosen here were 4m22s and 3m25s, corresponding approximately to this ‘1st degree’ magnification.

*Video Annotation*

Through close watching of the video clips I constructed a table for each video clip, describing events on a timeline using free text. The table (see Appendix A) followed a similar procedure to that of Pavlicevic (2007), using the tabular format to track parallel events on a timeline. Following the interview and analysis (see below), I selected what I perceived to be key quotes and added these to the tables as a way of linking the plain description of events to the reflections of the participant. The table is intended to inform and support the findings from the interview analysis.

*Video-elicited Interview*

An interview was conducted with Nicky referring to two video clips. Since she had selected the clips herself, Nicky was familiar with the material prior to the interview. The interview followed a semi-structured design, using a topic guide. The video excerpts were used as material for discussion. For each of the two excerpts, the interview was divided into two sections, as follows:

1 Prompt questions about each whole video segment

* What is important about this section?
* How would you describe this section as a narrative? *Or* What happens during this section?
* Who is your main focus during this section?
* What is happening in the music throughout this section?

2 Examples of prompt questions after spontaneous pauses

During the replaying of the video, Nicky was invited to stop the video as frequently as desired, and to comment on events just viewed. Prompt questions were used here to elicit further reflections

* What is happening here?
* What is your emotional response to this?
* Where is the focus at this point in time? (i.e. which person/people/interaction?)
* What is important about this moment?

*Transcription of interview*

The interview was transcribed in full. The transcription was then sent to the Nicky to check for accuracy, prior to analysis of the data.

*Interpretative Phenomenological Analysis*

Analysis took place in the following stages:

1. Initial notes
2. Identification of ‘emergent themes’
3. Emergent themes grouped into ‘super-ordinate themes’

The analysis software NVivo12 was used for the purposes of coding. (See Table 1 for a summary of themes.)

**Findings from the interview**

I described 25 emergent themes through the IPA coding process. This was an iterative process, whereby a large number of initial notes were produced, which were developed into a group of emergent themes. This process involved revisiting the original transcription and, as the analysis developed, revising the emergent themes and considering each theme’s relationship to the dataset as a whole. These were then grouped into four super-ordinate themes.

* Balancing Diverse Needs
* Spontaneity
* Therapists’ Musical Stance
* Group Dynamics

I will take each of the super-ordinate themes in turn and elucidate them with reference to the transcription. Emergent themes will be identified within the text using italics. GMs are anonymised using the codes P1-4 to identify different individuals.

*Balancing Diverse Needs*

Nicky referred to the various needs of the young people in the group, and the need to find a balance between them, so that all GMs were able to have a positive experience in the group. This involved giving them opportunities for *Making sense of lived experience*. ‘Inquisitiveness’ was accepted and allowed by the therapists, enabling the GMs to ask questions about each other.

You’ve got [P3] commenting on [P2]. We’ve been singing to everybody and then she starts really looking at her and asking these questions about her. Why does she look like this? So, commenting on her differences.

This links to another emergent theme, that of *Accommodating different levels of social awareness.* There was acknowledgement that some of the inquisitiveness might be problematic in certain contexts, but that the group allowed space for curiosity to be expressed without embarrassment. Nicky stated that

this is a really important social, emotional experience that’s happening in this group, which is the opportunity to enquire in real detail about difference … in society, commenting on someone who looks quite different, might not be socially acceptable, but in this setting it’s another opportunity

Inquisitiveness was framed positively here, and was identified as an important feature of the group. The use of the word ‘opportunity’ showed Nicky adopting a stance where things were allowed to happen where they were perceived by the therapists to be beneficial.

There was some discussion of how to meet the needs of individual GMs, for example when they required special attention for some reason. Where there was a *Client struggling to take part*, it was necessary to find ways of allowing them to withdraw when needed, while at the same time encouraging them back into group activity once they felt able. This was thought about in the context of the group as a whole, where ‘a bit of an imbalance in the mood in the group’ could be created through one GM feeling overwhelmed and retreating from interaction. Sometimes *Considering the specific needs of all GMs* required attention to mobility or health limitations. Nicky described the following example:

it’s quite specific what instrument we give her, that she can actually access. She’s also quite tactile-defensive so you have to be quite canny in your positioning of the wind chimes, so not too invasive.

This consideration of ‘access’ demonstrates the choosing of a specific instrument in order to facilitate the participation of a specific GM. A *Diversity of needs* was described, where it became part of the therapists’ roles to develop the capacity to multi-task, and to maintain awareness of the range of needs in the group. This was described as ‘That ability to carry on playing in music, watching everybody else and noticing whether somebody’s about to trip up.’ This was about having to think about lots of different things at once, all the time, and make decisions moment-to-moment (which might sometimes be to do nothing).

Sometimes the moment-to-moment decision making, including *Monitoring GMs’ needs*, was understood by Nicky to require clear intervention, for example by finding ways to encourage GMs to interact.

Do I need to sew these two together, or is there some interaction happening between two people that I need to comment on or is it working by itself?

The following statement provides a clear summary of her experience of maintaining an active role throughout, by considering a range of interventions.

Constantly as a therapist I’m thinking, what opportunities are needed? What can I amplify? Do they need an instrument at this point? Do we need to swap round? Do they need a microphone? Does someone need a bit more emotional support or encouragement? Do we need to quieten everybody else down to bring a solo spot up?

The variety here is striking, with a multi-layered, musical/extra-musical, and emotionally-oriented range of considerations to be borne in mind consistently.

*Spontaneity*

The importance of encouraging and allowing spontaneity came through as a core principle in Nicky’s therapeutic stance. This appeared to be a strongly held value in relation to the work with this group, where the individuality and capacity for personal expression was warmly supported for all of the GMs.

Examples were given of *GMs’ musical initiative* being manifested, either as individuals or as part of a group process. This might have involved, for example, a group member coming forward to take a more active role, as described here:

So [P1]’s getting a little bit fed up with this maybe quieter pulse and feeling. So, then you see him come forward and then he starts playing. So, he’s been slightly zoned out, as you might term it, but he then comes back to drumming at that point.

Equally, there were instances described of sensitive musical intimacy, expressed within the group and between members of the group simultaneously.

And then you’ve got this line underneath that again this really sensitive, I think of this work as [a] very sensitive and intimate little circle that’s going on. But very sensitive ‘Ah, ah, aah’ underneath, coming from [P4]

The description of a ‘line’ referred to a melodic line played by one of the GMs, experienced by Nicky as having a supportive intention towards other GMs.

Spontaneity appeared to include a level of trust, where Nicky would be *Trusting the GMs’ process*, allowing events to unfold, rather than being in direct control. This was in part a trust of specifically musical processes, where ‘it’s music that’s holding it’, ‘it’ being the various social and musical interactions between the group members, the ‘group feeling’, perhaps. Part of this was also about the *GMs developing autonomy*, and various instances are described where a GM takes the musical or social initiative. On one occasion, she described how P3 was better able than her to improvise some lines of a song.

Perfect! Perfect scanning. It shows her level of attunement. She’s listening to what I’m saying, and then she takes it into- I’m not saying she understands the word ‘scan’ but she can hear clearly that I wasn’t able to. So she then takes on the melody herself. She’s confident, she’s emphatic about what she does

As well as clearly describing her experience of P3’s actions, Nicky also displayed admiration for P3’s skill here, perhaps showing a degree of surprise at how well this GM was able to achieve what she herself had struggled to do in that moment.

*Therapists’ Musical Stance*

The attention to musical detail was apparent in numerous statements made in the interview. Musical interactions are explored as a dynamic process, where ideas are developed between group members were facilitated in various ways by both therapists. Nicky experienced this as a *Dance between therapists*, which could be interpreted as a partially metaphorical statement. It was also framed as essential, since she stated that the ‘dance…has to happen between you as therapists, as co-therapists’. This included some flexibility of musical roles. She described the following:

I might say to Anthony, ‘Can you take this over?’ if I get a bit stuck, so we can use each other as refreshers

The therapists were experienced as *Guiding the music* at times. This could include active involvement, or making decisions to hold back.

So we’re getting into a different groove now when Anthony’s filling more, would you call it? You’ll notice in this whole section, I’ve stood back, so I’m not playing the keyboard, so there’ll be different orchestrations at different points in the session, which keeps it fresh and has therapeutic intent.

The reference to ‘orchestrations’ perhaps demonstrated a compositional perspective, where decisions about instrumentation affected the music as a whole. It seemed to imply an aesthetic element, where keeping the music ‘fresh’ had a positive effect on Nicky’s musical motivation, and perhaps that of the whole group.

The therapists were described as providing both *Encouragement to participate musically* and as *Encouraging musical connections*, both between GMs, and between GMs and therapists. Here the former is framed as taking a gesture ‘into’ music:

So [P3] waves. [P3]’s waving at her then … leaning towards her. So then I pick up that vocally and I go (sings) ‘Hello [P2]’, just taking anything possible into music.

With regard to the musical connection, a reference to ‘sewing together’ the music of different GMs showed an intention to facilitate connections. Likewise:

So I take it into a melodic line and there’s real attention. [P2] is looking at me. [P3]’s looking over at me. [P4]’s got his head down a little bit.

This implied an experience of cause-and-effect, where the melody brought the GMs attention onto Nicky, enabling her to bring the group together. *GMs’ awareness of therapists* was broadly described as a positive sign.

[P3] smiles as Anthony says that he’s not feeling well, so her understanding and appreciation of him…as a person

The language used here seemed to indicate something positive about this GM’s personal awareness of Anthony, demonstrating the importance of relationship in these musical interactions. (Here Anthony ‘says’ that he is not feeling well in the context of an improvised song.)

*Group Dynamics*

Throughout the interview there were many references to musical, social and interpersonal group processes. Rhythm was emphasised as a modality for musical connection, described on some occasions as the therapists and GMs being *In the groove*.

It’s got quite a strong melodic line but it’s also got that lovely lilt that you have with a waltz and they’re obviously all really in this groove.

The waltz that features for a large segment of Excerpt 2 is referred to here as something that the GMs are all ‘in’ together, and there are several other references to individuals being connected to the group by rhythmic musical processes. This could be expressed through sound or movement, such as where Nicky described the following moment:

[P1] is enjoying this being appreciated, people singing to him, and he’s got a bit of a groove in his body going on.

Here the movement might be seen to affirm the enjoyment of connection, so that the rhythmic feeling is also expressive of a feeling of being noticed by other GMs. *Group processes* were generally discussed in the context of making group connections in some way, for example where ‘acknowledging everybody in the group’ was described as an important part of the therapists’ intention. Nicky also described ‘little cells of focus in group work’, where subgroups were formed temporarily within the whole group and focused interactions took place.

Nicky described *Flexible roles within the group*, exemplified vividly in this segment:

Anthony and [P4] have now taken over the lead momentum. [P3]’s stepping back a bit. This is what I love. I love the different coming-to-the-fore of the solo spot, or the main ones that are being heard. So, both of them have raised their volume and they’re using their voice. [P3]’s just sitting back for a moment and then you’ve got P2 coming in instrumentally.

The exuberance of the language here displays Nicky’s emotional response to the interplay between the different personalities in the group, and how their roles shift in relation to one another over time, so that sometimes one person was taking the attention, and sometimes another. This fluidity would appear to have been an important part of Nicky’s experience of the group, suggesting that it may have had therapeutic significance.

*Positive interactions in the group* were described throughout the narrative. These took the form of moments where GMs showed their enjoyment of a situation, sometimes involuntarily. For example, she described a moment when ‘[P4] can’t help but laugh at [P3]’s suggestion even though [P4]’s not feeling that great and doesn’t really want to laugh at [P3] I think’. Importance was also attached to *Understanding between GMs*, moments of their being aware of one another in some way.

[P2]’s smiling and [P3]’s I think noticing it. There’s [inquisitiveness] happening from [P3] here, so [P3] doesn’t need to comment on it. [P3]’s appreciating it.

The experience of this moment as an appreciation of one GM by another shows Nicky’s position that the group is working therapeutically through an interplay of relationships between GMs. There was also reference to *Wider connections*, where events in the outside world played into group processes. One key example was in P4’s comparison of himself to Theresa May. Nicky experienced this reference as opaque, but also an important catalyst for P4 to shift his role.

We have the suggestion of ‘Theresa May’, which shows for me, this is a recent thing as I said, they’re obviously all now able to watch the news and I think it would be being reinforced in class as well, some understanding of the outside world, so we get these outside world interjections that come in, now and again. What is the meaning of Theresa May coming in at this point? I don’t know. And [P4]’s obviously much happier. [P4]’s head’s up now. [P4]’s smiling. The fact that [P4]’s stepping up into the Prime Minister role.

Table 1 – *Super-ordinate Themes* and *Emergent Themes*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Super-ordinate themes** | Balancing diverse needs | Spontaneity | Therapists' musical stance | Group Dynamics |
| **Emergent Themes** | Making sense of lived experience | GMs' musical initiative | Verbal communication | Wider connections |
| Focus on an individual GM | Trusting the GMs' process | Encouraging musical connections | Flexible roles within the group |
| Monitoring GMs’ needs | GMs developing autonomy | GMs' awareness of therapists | Positive interactions in the group |
| GM struggling to take part | Spontaneous connection viewed as positive | 'Dance' between therapists | Understanding between GMs |
| Considering the specific needs of all GMs | Therapist's musical identity as part of the work | In the groove |
| Diversity of needs | Guiding the music | Group processes |
| Accommodating different levels of social awareness | Encouragement to participate musically |
| Therapist applying interventions |

**Discussion**

The findings from the interview present an overview of Nicky’s experiences of the group in these two video clips. Her reflections were informed by her experiences of the group in the past, for which the video excerpts served as audio-visual reminders. She responded not only to the video, but also to the way in which watching the video triggered her memories of the events as they unfolded in real time, and how this related to her knowledge of the real people involved. The annotations can be referred to (see Appendix A) in order to illustrate the complexity of interactions taking place during these short video segments. The processes she described can be linked to theory and practice in both group music therapy and group psychotherapy.

*Finding a groove/Interruptions*

Pavlicevic (2003) has explored some of the theories which have usefully informed music therapy practice with groups, including that of Tuckman, whose phases of group development include the transitional phase of ‘storming’, or ‘Intra-group conflict’ (Tuckman 1965 p. 388), where disruptive processes are understood as an inevitable aspect of a group’s evolving character. The instances of potentially uncomfortable inquisitiveness from one GM, or where another GM retreats from the group and finds it hard to engage for a while perhaps supply good examples of the process in action. Pavlicevic usefully frames Tuckman’s ‘storming’ phase as a way of contextualising the ‘complexities that make group work so uncertain’ (p. 216).

The importance of music in Nicky’s metaphor of ‘sewing’ the GMs together was perceived by her as a positive force in this group. Conversely, isolating tendencies were described, where certain GMs found it hard to participate for a while. This ebb and flow between a group’s ‘common groove’ and forces which work against this is similarly described by Pavlicevic (2003, p. 118), who explores the tendency for groups to break apart musically, just as easily as they can come together in a shared musical experience. The optimism of Nicky’s descriptions is striking in this interview. GMs who are struggling are experienced as returning to the shared musical space, helped by key musical interventions by both therapists, as well as by the encouragement of their fellow GMs.

*The group as a microcosm of society*

Behr and Hearst (2005) make the following statemen in describing group analytic psychotherapy:

‘When a therapeutic group meets, its members collectively represent the society in which the group is held and proceed to re-create it in microcosmic form through the formation of the group.’ (p. 10)

Pavlicevic describes groups similarly, stating that ‘every group musical event is a microcosm of society: people coming together for a specific purpose’ (2003 p. 137). There are some key instances of social processes as described by Nicky and as observed in the video clips, which seem to support this idea, in this context. Nicky identified the group as providing an opportunity for GMs to enquire about difference ‘in society’ (see above, Findings: *Balancing Diverse Needs*). This was focused on a scenario where one GM was saying what might be interpreted as ‘inappropriate’ things about another, but where, in the safety of the therapeutic group, it could be framed by Nicky as an opportunity for learning. An important premise, apparent in the interview findings, seems to be in the respect for individuality within a collective, where there are occasions where the specific needs of one person are given priority for a while, and other members of the group encouraged to provide support in this process. GMs were able to learn things in the group which they might not be able to learn elsewhere, where, in other circumstances, ‘politeness’ might be insisted upon. The capacity for music therapy groups to provide a space to for GMs to consider difference, for example in relation to disability, is echoed by Elefant (2010), who presents group work where children from a mainstream setting and children from a special school were combined, and where the consideration of similarity and difference between the two cohorts became a valuable part of the therapeutic process.

The encroachment of wider events was also witnessed in Excerpt 2, which recorded events that took place at the same time as the resignation of the then UK Prime Minister Theresa May. Here the political event was consciously alluded to by the group members. The GM who had been struggling for a while to take part was encouraged by the comparison, fantasising, with the support of the therapists and their peers, that they would be the new Prime Minister. Here ‘society’ was finding its way into the group space in an overt, conscious and even comical way, with political events incorporated playfully into the group’s narrative.

*The therapists’ roles in the group*

The complexity of events and interactions might bring to mind Foulkes’ (1983) concept of the ‘group matrix’, where a therapy group is visualised as a network of connections which can be likened to a neural network. In Foulkes’ group analytic model, the therapist is described as a ‘conductor’, where the role of the conductor is to facilitate and encourage, rather than overtly lead the group members. Interactions between members of the group are regarded as having as much therapeutic importance as those between group members and therapist. Strange (2012) adopts a similar stance towards group music therapy with young people with profound learning disabilities, where sessions are ‘created in partnership with the group rather than imposed’ (p. 186), and where his therapeutic stance involves striving ‘to increase the frequency of inter-student interactions, including that of music-maker and listener, through my musical support’ (p. 193). Importantly, Foulkes’ concept of the group conductor emphasises a light touch, where it is not the conductor’s role to lead the group in an authoritarian or even didactic sense, but instead to facilitate group interactions, by stepping back when necessary and allowing processes to unfold. There appears to be a clear parallel in the approach described by Nicky, for example where she described ‘standing back and…watching’ when group interactions are happening spontaneously, without the need for any intervention from her or Anthony.

Nicky’s reflections on key moments during group interactions echoed the findings of Flower (2014), where music therapy was perceived by therapist and parent as ‘a fluid, dynamic web of musical and interpersonal relationships, rather than a fixed entity’ (p. 843). The language of movement in this somewhat poetic statement is echoed by Nicky’s description of the way the two therapists worked together as a ‘dance’. My perception, from the perspective of PI, is of a therapeutic partnership responding in a flexible and agile way to a variety of shifting needs in the group.

**Conclusions**

The respecting of individual needs and allowing of musical and relational processes to evolve organically and through spontaneous interactions came through strongly in the interview. These processes can also be seen in action in the video clips and through the annotations. It is hoped that examining perceptions of group processes in this level of detail will inform ongoing practice, helping to identify therapeutic priorities and to determine clear strategies for developing practice. An intention of the study has been to elucidate group music therapy in action so that processes in this context can be better understood by stakeholders.

*Limitations of the Study*

The scope of the study, which included time limitations, precluded interviewing both music therapist facilitators. The perspective of Anthony, the other music therapist facilitating the group, would likely have provided another rich source of data, as well as a helpful comparison with that produced from the single interview conducted.

The annotations, while fairly detailed, only begin to scratch the surface of the detailed interactions in the video excerpts. The time limitations of the study did not allow for a more detailed microanalysis of the video excerpts, which would have produced yet more rich information about the musical interactive processes playing out in the group.

The budget and commissioning of the study did not provide for the engagement of an independent researcher. The process of commissioning and the close professional relationship between the PI and the participant arguably presents challenges to researcher independence.

*Implications for practice*

The value of the *Jammin’ Group* as providing a space for meaningful interaction, both through music and other modalities, has been illustrated by close examination of detailed processes. This study furthers our understanding of the potential benefits of this approach. There is scope for other music therapy groups, adopting a similar approach to practice, to be explored further in local settings. It is also hoped that group music therapy in action, as explored here, might provide inspiration and ideas for music therapists in other locations, as well as for music therapy educators both in the UK and elsewhere.

*Implications for further research*

While the idiographic focus of this study need not be viewed as a limitation within the remit of IPA, further studies exploring perceptions and experiences of music therapy group members themselves, as well as intervention studies, would be welcomed and would add to our understanding of both process and efficacy in this context. As stated in the limitations above, a more detailed microanalysis would yield further useful data on process. Additionally, the wider social context of the group was not explored in this instance, due to the decision to focus on moment-to-moment processes. The social functions of the group in the school context, for example, where performances have been included as part of the group experience, invites further study, perhaps through an ethnographic lens.

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