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"My Tune: Music Therapy from OUR Perspectives":

A Joint Reflection on the Research Process

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Abstract

Participatory research is an increasingly popular research approach in music therapy. It allows diverse perspectives to be included in the research process thereby affording agency to all participants. Yet, it is challenging to involve various actors at all stages of a research project, including dissemination. In the My Tune project we used a co-creative approach, where young people, music therapists, and caregivers were involved as co-researchers. Within the project we developed a tool for reflecting on music therapy processes from the clients' perspectives. At the end of the project, we strived to find a way of involving as many participants as possible in the composition of a common article. Two group discussions were held, where project participants conjointly reviewed the My Tune project. In the qualitative analysis of these discussions, key topics were identified, such as *motivations, conditions for success, challenges, lessons learned, personal benefits,* and *characteristics of participatory research*. These findings reflect the experiences of the participatory collaboration from diverse perspectives. They give an insight into the research process and refer to the resulting My Tune tool, offering important impulses for future participatory research.

Keywords: music therapy reflection; participatory research; co-creation; diverse perspectives; empowerment; agency

Introduction

Participatory research is an approach involving persons with diverse expertise on a given topic as active researchers (Stige & McFerran, 2016; Unger, 2014). In music therapy, this may encompass professional researchers as well as service users, clinicians, relatives, and many more. Participation goes beyond involvement as interviewees or informants,

potentially ranging from the co-determination of research designs to more active involvement such as making crucial decisions in the research process (Wright et al., 2010). Participatory research aims for equitable relationships between all parties involved in collaboration, which is ideally realized in all phases of the research process (Minkler & Wallerstein, 2008).

Participatory research is an often called-for, yet still rarely realized, form of research (Geretsegger, 2023). One reason for this may be that involving various actors in research is demanding, as it necessitates balancing diverse perspectives and grades of research experience. Even scarcer are research articles written not only by a research project's scholarly participants but also other team members such as clients[1] and clinicians (for examples see Devlin et al., 2024; McCaffrey et al., 2024; Tuastad et al., 2023).

In our project, *My Tune: Music therapy from OUR perspectives*, co-researchers were involved in all project processes, and we additionally chose a specific path in compiling this joint article.[2] In this paper, we will address three main areas of content: (1) we will briefly introduce the overall *My Tune* project, including a description of the development process of the My Tune tool, which is the project's end product; (2) we will outline the chosen procedure of two group discussions to create this joint article (Methodology section); and (3) present the participants' resulting reflections on the research process and the My Tune tool (Findings section).

The Project—My Tune: Music Therapy From OUR Perspectives

Aim and Scope

Reflection and evaluation of therapy processes can be regarded as important parts of music therapy[3] work. Reflection takes place, for example, with the clients themselves, in team meetings, in supervision, or in therapists' personal documentation. Music therapy evaluation processes can be carried out through various standardized survey tools (Cripps et al., 2016; Spiro et al., 2018). Furthermore, publications—for example in the form of individual case studies—by music therapists make such processes of reflection or evaluation comprehensible. However, the clients' perspectives on their therapy are underrepresented, not only in the music therapy publication landscape, but also in music therapists' professional routines (Baines et al., 2014). The project *My Tune: Music Therapy from OUR Perspectives* (Fent & Stepniczka, 2023; Stepniczka & Fent, 2023a, 2023b) aimed to fill this gap. The goal was to develop a tool for young people (i.e., persons aged 10 to 24) that accompanies their reflection of their music therapy experiences. We proceeded on the assumption that actively reflecting upon and evaluating their music therapy processes might enable clients to better identify aspects that hinder as well as facilitate their therapy progress and to better understand their needs. Recognizing that their perspectives are appreciated might contribute to their self-esteem and experience of self-efficacy. Moreover, the communication between therapist and client, as well as common goal-setting processes, may be strengthened. The project—and the resulting My Tune tool—was addressed to persons who are capable of speech and verbal reflection.

The young people's perspectives on their music therapy experiences were central not only to the resulting tool, but also to the entire research process. The My Tune tool was developed in a participatory collaboration between young people with music therapy experience, music therapists, and caregivers.

Young people as music therapy clients represent a marginalized group in several ways. In most societies, children and adolescents are generally attributed less agency and decision-making power than adults (Klyve, 2019). According to the prevailing hierarchies in the healthcare system, clients are ascribed less authority over their own health than

those providing professional care such as doctors, nurses, or therapists (Rolvsjord, 2014). People with mental health issues in general might face discrimination due to the stigmatization that is still prevalent in society (Tuastad et al., 2023).

Participatory research offers the opportunity to address these power imbalances. Moreover, it can produce particularly relevant research findings by integrating many different perspectives. Although awareness regarding this topic is currently growing, participatory research is not equally represented in all countries (Geretsegger, 2023). The My Tune project was, to our knowledge, the first participatory research project with young people in the field of music therapy in Austria.

The research project was conducted at the Music Therapy Research Centre Vienna (WZMF) at the University of Music and Performing Arts Vienna (mdw), Austria, from March 2022 to May 2023. It was funded by the Ludwig Boltzmann Gesellschaft [*Ludwig Boltzmann Society*] as part of the *Patient and Public Involvement and Engagement in Research 2021* call.

Ethics Approval

Ethics approval of the project was provided in advance by mdw's Ethics Committee (Application number: 05/2022).

The Project Team

The My Tune research team consisted of:

- the project coordinators (WZMF employees Julia Fent and Irene Stepniczka as initiators),
- the steering committee (two young people with music therapy experience, a caregiver, and two music therapists), which co-led the project with the coordinators and were part of the management team for the entire duration of the project from March 2022 to May 2023, as well as
- the co-creation team (three young people with music therapy experience and four music therapists; working mainly from May to July 2022), which was integral to the development of the tool.

A prerequisite to participate in the project was a connection to music therapy. This could be in the role of a therapist (who works with young people), a client (between the ages of 12 and 24 years old), or a client's caregiver. The project coordinators took various paths to recruit the research team. It proved especially challenging to find young people with music therapy experience willing to participate. Invitations for participation were first distributed via the Austrian Association of Music Therapists and via various patient organizations (e.g., LOK—Leben ohne Krankenhaus [*Living without hospitals*], which supports people with mental health issues). However, the most effective strategy for finding young people willing to participate was music therapists directly addressing their clients and informing them about the opportunity to participate in the My Tune project. No special selection procedures had to be established, as the number of interested and suitable persons did not exceed the number of possible participants.

When our team was complete, the group of the music therapists and the caregiver were quite homogeneous in terms of their cultural backgrounds. Most were born and raised in Austria or Germany like their parents, with German as their first language. Their ages ranged from late 20s to late 50s and people of different genders were represented. The music therapists worked with children, adolescents, and young adults in psychiatric clinics, outpatient clinics, or private practice. The caregiver involved was linked to music therapy through a client who regularly attended music therapy and whom she accompanied in a

residential facility.

The group of the young people with music therapy experience was much more diverse in terms of their origins, cultural, and educational backgrounds. Their ages ranged from 16 to 24, and all of them identified as female. Additionally, all of them had received music therapy in the context of a mental health crisis in a child and adolescent psychiatric facility in Vienna/Austria in an individual or group setting. Some of them had continued their music therapy afterwards in private practice. Three had met each other beforehand during their stay in a child and adolescent psychiatric facility.

All members of the steering committee and the co-creation team signed consent forms, which allowed audio and video recordings throughout the whole project and guaranteed the participants that all their data are treated anonymously, unless they wished otherwise.

We acknowledge that biases in research result from the backgrounds of the persons involved, as they shape a person's perception and being-in-the-world. This is even more relevant regarding the powerful roles of initiators and coordinators of the project. We perceive these biases as ineradicable and see it as our responsibility as researchers to reflect on our backgrounds and to ensure that they are a source of insight and do not lead to an unconscious restriction of possible research findings. The two coordinators had complementary professional backgrounds. One person is a music therapist with clinical experience in adult psychiatry, a doctorate in gender studies, a constructivist epistemological orientation, and experience in qualitative and participatory research. Potential biases stem from the former focus on music therapy with persons with mental health problems, but also from privileged societal positionings regarding age, origin, ability/mental health, and educational background. The other coordinator holds degrees in musicology and cognitive science and has not been in touch with persons with mental health problems in a work context until the My Tune project. However, like with the former person, potential biases could appear due to privileged societal positioning, as mentioned above.

The My Tune Research Process

The My Tune project was anchored in a participatory approach (Heron & Reason, 1997), in which the distinction between the subjects and the objects of the research (i.e., the researchers and those being researched) is suspended and all individuals become experts and researchers of their own life-world (Heron & Reason, 2001). In mixing qualitative and quantitative strategies as complementary methodological approaches, qualitative elements were dominant: a qualitative cyclical approach guided the overall research process. Single quantitative elements, such as descriptive statistics, were used specifically during the evaluation (test phase) from testing the tool in practice. Figure 1 provides an overview of the research process.

Figure 1. My Tune Project Procedures & Research Processes.
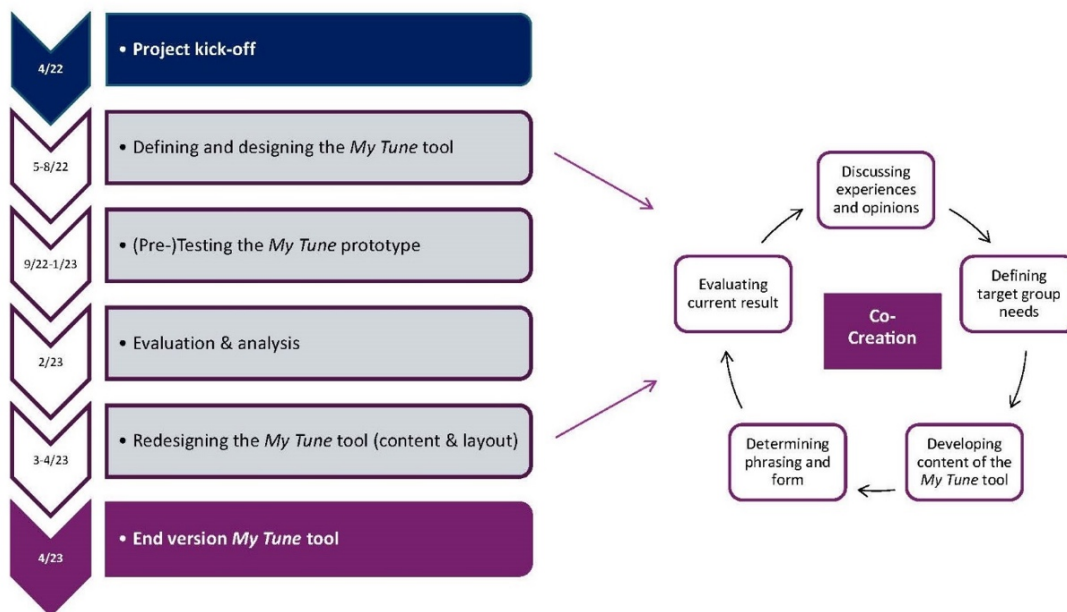
Key to the development of the My Tune tool were eight co-creative workshops until the test phase that were planned and prepared jointly by the management team. These workshops focused on different topics/questions and were usually co-led by one of the coordinators with a member of the steering committee. Figure 2 shows the different constellations over time and the topics of the respective phases.

Figure 2. Developmental Stages of the My Tune Tool.
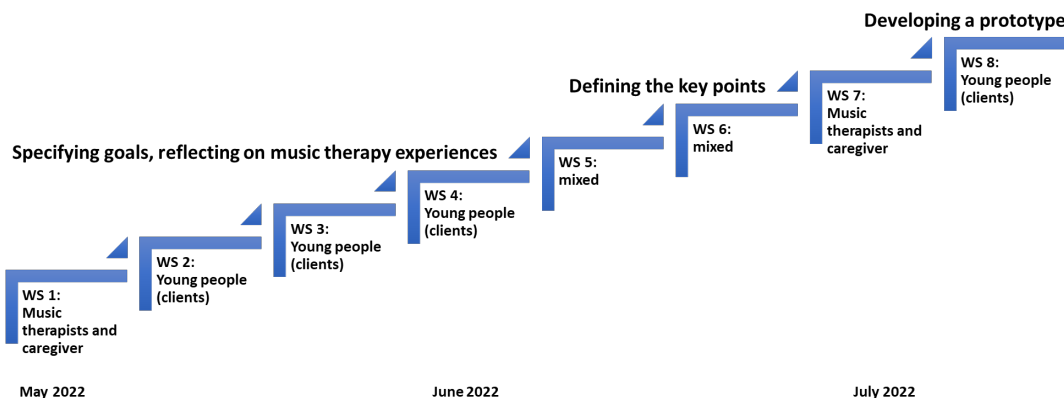
In line with cycles of action and reflection as is typical of participatory research (Heron & Reason, 2001; Stige & McFerran, 2016; Unger, 2014), we collected ideas in each workshop, concretized the topics, finally drawing conclusions. Consequently, at the end of each workshop, results were formulated, which in turn formed the basis for the design of the subsequent workshops. This also corresponded to the qualitative research approach grounded theory (Strauss & Corbin, 1990), where data generation and evaluation always alternate and mutually advance each other. Thus, each workshop consisted of data generation and evaluation on a micro level, which was followed by subsequent work in the management team leading to further follow-up workshops.

After the prototype of the My Tune tool was fully developed and had been finalized by the management team, it was tested over a two-month period (December 2022 to January 2023) by eight music therapists and 17 clients in child and adolescent psychiatric facilities, outpatient clinics, or private practice. The consent of the facilities was obtained in advance and all participating clients and therapists signed consent forms. The experiences from testing the My Tune tool were collected anonymously through six feedback questionnaires,

three each for therapists and clients. The questionnaires captured user opinions regarding the design, content, and effect of the My Tune tool before and after the first use, and after the last use. Data analysis was performed by the management team. It included descriptive statistics to present the Likert scales data from the feedback questionnaires as well as qualitative content analysis (Züll & Menold, 2019) to explore the feedback questionnaires' open answer fields. Figure 3 shows excerpts from feedback on the tool.

Figure 3. Quantitatively Analyzed Text from My Tune Tool's Test Phase.

Note: Feedback from clients is on the left and feedback from music therapists is on the right.

According to the feedback, the tool was amended in one final workshop involving members of the management and co-creation teams. The two most important adaptations to the tool based on this feedback were that separate information materials for clients and therapists were designed and that the form of Part II of the tool (for details, see below) was adapted to be more appealing for the users (the clients).

The My Tune Tool

The My Tune tool consists of two parts, one that therapists and clients work on together (Part I) and one that clients work on individually (Part II).

- Part I is intended to encourage clients to reflect on their music therapy processes with their music therapist in a structured way. The starting point is to recall a salient situation experienced in their music therapy, which may be facilitated through a creative activity such as music improvisation, drawing/painting, or movement (a die with activity symbols is enclosed to randomly choose an activity). The clients then elaborate on the situation with the therapist, discussing what made the situation special, how it influenced them positively or negatively, and if the clients would have needed something else in this situation. If necessary, pre-formulated question-and-answer cards may be used. This is meant to foster personal reflection on topics that may not previously have been in focus. Clients should be thereby able to recognize helpful and hindering factors in therapy as well as their own contribution, possibly learning to identify their needs more easily in the future. Furthermore, a joint reflection of the client and music therapist should be encouraged.
- Part II of the tool consists of a series of cards (connected with a ring), which contain reflection questions that clients can work on independently. Topics include the role of music in their lives, their experiences in and the impact of music therapy on their everyday lives. Thoughts and feelings can be recorded via notes in a diary, drawings or similar and, if desired, shared with the therapist.

In addition to these two parts, the tool comprises a handbook for music therapists and a one-page information sheet for clients. Figure 4 includes photographs of the materials.

Figure 4. Part I and Part II of the My Tune Tool.

Methodology—Creating a Common Article

After the My Tune tool prototype had been developed, tested, and the final tool version created, we decided that we wanted to write an article on the research project to disseminate our findings and experiences. Yet, the question was which procedure was most appropriate for involving as many members of the research team as possible. This section presents the methodological steps taken in order to write this article, thereby representing the views of the participants as thoroughly as possible.

Involving All Participants

The question of how to disseminate the results of our project accompanied us throughout the whole project. Still, during the project's duration, poster and paper presentations took place and conference proceedings were composed. These were discussed with the steering committee in advance and then realized by the coordinators. However, time and financial resources did not allow the realization of a full-length article within the project duration, given that writing truly collaboratively needs a lot of time and commitment of all involved persons (Blank & Nimführ, 2023) and may not appeal to everyone equally.

Towards the end of the project, we therefore aimed to develop a procedure of how to involve the participants' views as thoroughly as possible in an article. Our first attempt was to invite everyone to send us written feedback on specific questions of how they experienced the project in order to compile the different opinions into an article. It became obvious that this was not a feasible way for most participants. Instead, we agreed on holding group discussions about the project that subsequently were analyzed by one coordinator and built the basis for this article. The article was then sent via email to the rest of the team members to give enough opportunities for everyone to make sure their opinion was adequately represented. This procedure corresponded to what the involved participants were able and willing to contribute. The fact that the group discussions were explicitly held to create a joint article gave everyone the opportunity to raise issues they wanted to be included in the article.

Data Generation

In May 2023, we carried out two group discussions with different members of the steering committee and co-creation team. The two coordinators, one young person, and two music therapists attended the first group discussion, and two coordinators, three young people and one music therapist participated in the second group discussion. The remaining five

persons were unable to join the group discussions due to time constraints. However, one music therapist and the caregiver provided written reflections on their experiences in the project.

The group discussions were prepared by the two coordinators. They were structured according to the following topics: project participation (e.g., relationship to music therapy, motivation for collaboration), experiences regarding the collaboration within the project (e.g., what was good and what was not so good, what were important aspects), opinions regarding the My Tune tool (e.g., what is particularly liked, is something missing), general review of the project (e.g., personal benefits from collaboration, miscellaneous).

At the beginning of the first group discussion, we talked about how the discussion should be documented, i.e., through taking notes or using a recording device. The group agreed on the latter, as this allowed for a freer discussion without worrying about missing important content. It was further decided that the coordinators would process the recordings and analyze the transcripts. Permission to make audio recordings and process data was covered by the general declaration of consent signed at the start of the project.

In the next step, the recordings were anonymized and transcribed verbatim.

Data Analysis

The transcripts were processed in accordance with the structuring qualitative content analysis by Kuckartz and Rädiker (2023, pp. 99–122) using the software *F4analyse*. Kuckartz and Rädiker (2023) propose a way of analyzing texts that foregrounds the explicit content. This makes it possible to distill central themes while at the same time not insinuating motivations or meanings that have not been named.

As agreed among the participants, the transcript processing was carried out by one of the coordinators.[4] According to the procedure described by Kuckartz and Rädiker (2023), the analysis began with the identification of main categories, which stood for the main topics of the discussions as they had been pre-structured. To organize the contents, these were applied to the material by allocating all relevant text passages to a category (coding). This step was deductive, building categories in advance and applying them to the transcript.

After this deductive coding process which provided an initial structure, subcategories were generated from the text passages within the main categories. This step was inductive, starting from the text and building subcategories on this basis. Finally, some categories were renamed or arranged differently to reach optimal adequacy.

Feedback Loops

Once the preliminary analysis was completed and an outline of this article drafted, it was necessary to ensure that the participants of the two group discussions found their views represented and had control over the use of their statements. The draft of this article was first sent to the participants of the two group discussions in two different versions, each containing only the quotes (and passages, if applicable) from their own workshop (or, in the case of the two written contributions, from the respective contribution). After all participants had given their consent to the use of their quotes, the draft was sent to all members of the steering committee and the co-creation team, regardless of whether they had participated in one of the workshops, had provided a written reflection on the project, or had previously been involved in the preparation of the article in any way. This afforded all project participants the opportunity to assess whether their experiences were adequately represented in the article or whether they wanted to add or adapt anything. The article was then finalized by the coordinators and sent out again for approval. This procedure has similarities with communicative validation (Schiff et al., 2016; Stracke,

2009) as it is practiced in qualitative research, when interviewees are shown the analysis of their interview data to approve of it or make changes. In our case, this concept was altered and also the whole article was subject to everyone's approval and open to changes.

Findings—Impressions of the Project Participants

Categories and Subcategories

The main categories can be assigned to the following areas: *In the run-up to the project, collaboration in the project,* and the *jointly developed My Tune tool.*

The main categories are *motivations, positive project impressions, conditions for success, challenges, lessons learned from less successful aspects, personal benefit from participation, characteristics of participatory research, positive impressions of the My Tune tool,* and *critique of the My Tune tool.* Table 1 shows the structure of the categories and subcategories.

Table 1. Subject Areas, Main Categories, and Subcategories.

Subject Area	Main Category	Subcategories
In the run-up to the project	Motivations	• Positive music therapy experience • Functioning as an active researcher • Advancing music therapy research from the client's perspective • Diversity of perspectives • Payment for participation • Interest in (participatory) research
Collaboration in the project	Positive project impressions	• Appreciation • Diversity of perspectives in mixed settings • Experiencing the development process
	Conditions for success	• Alternating group compositions • Flexibility • Safe space
	Challenges	• "Patient" identity as a field of tension • Decisions • Old patterns • Different understandings of terms
	Lessons learned from less successful aspects	• Detailed preliminary talks are key • Dealing with time pressure • Assuming leadership responsibility
	Personal benefit of participation	• Active research experience • Getting to know different perspectives
	Characteristics of participatory research	• Action orientation • Dismantling hierarchies and attributions • Time required • External communication

Subject Area	Main Category	Subcategories
Jointly developed My Tune tool	Positive impressions of the My Tune tool	• General features • Individual components
	Critical aspects of the My Tune tool	• Difficulty in communicating one's own experience • Lack of accessibility • Possible burden

The findings are presented in more detail in the following sections. The quotes indicate the corresponding group discussion (GD) or written feedback, as well as whether the person speaking was a young person (YP), a music therapist (MT), a caregiver (CG), or a coordinator (CO).

Main Category 1: Motivations

There were different motivations for participating in the project. In the case of the young people, for example, these were positive music therapy experiences, as they had learned about the project from their respective music therapists (subcategory: *positive music therapy experience*).

Another motivation in this group was the opportunity to be an active researcher instead of just being an informant (subcategory: *functioning as an active researcher*):

> *I knew the idea of looking for test subjects for something like this, but here it's actually the opposite. (YP, GD 2)*

Another point was the opportunity to give meaning to the client's perspective (subcategory: *advancing music therapy research from the client's perspective*).

Both young people and music therapists mentioned the expected diversity of perspectives as an aspect (subcategory: *diversity of perspectives*). The opportunity to collaborate with young people was a key motivator for the music therapists:

> *I work quite a lot with young people in various contexts and have always had the impression that the way young people experience something differs greatly from the way it is sometimes interpreted therapeutically. That's why I found it really exciting that there was a participatory project that might shed some light on this contrast. (MT, GD 2)*

The fact that participation was paid was also a reason for taking part in the project (subcategory: *payment for participation*), as well as interest or curiosity about how a participatory research project would work (subcategory: *interest in [participatory] research*).

Main Category 2: Positive Project Impressions

Aspects perceived as particularly positive regarding the cooperation in the project were the appreciation shown by the project initiators and characterizing the interaction among participants (subcategory: *appreciation*). Some young people emphasized that the therapists respected their opinions and were interested in them:

> *The fact that we were heard was also really interesting to hear from music therapists: "We're interested in improving the quality of therapy. We want to help people like you," and for me that was like, "Oh, I actually forget: therapists really want something good for us and really want to help us." Sometimes I forget that. (YP, GD 2)*

Music therapists and the caregiver appreciated the equal inclusion of all opinions:

> *[…] this being at eye level. That is, all of us always together from the very beginning. (MT, GD 1)*

The mixed workshop settings were consistently experienced as particularly valuable (subcategory: *diversity of perspectives in mixed settings*):

> So, I would have liked to have had more mixed workshops because I thought it was really interesting to hear the other aspects from music therapists and other people. I pretty much know what we thought about it, but to hear other people's views was very interesting. (YP, GD 2)

Another positive experience was being involved in the process of the increasing concretization of the My Tune tool (subcategory: *experiencing the development process*):

> This process, how it came about, out of nothing really. I somehow still have that feeling so strongly present from the beginning. This completely intangible thing that then somehow becomes something. (MT, GD 1)

Main Category 3: Conditions for Success

Various aspects were named as crucial for the project resulting in the My Tune tool in its current form. Here, the value of the different compositions of the workshop groups was mentioned. This does not only refer to joint workshops of young people, music therapists, and caregivers, but also to the fact that different people within the different constellations participated from one workshop to the next, as not all people had time on all workshop dates (subcategory: *alternating group compositions*). This was experienced as a corrective action that ultimately ensured a balance:

> I experienced the whole thing a bit like a super complex board game. I came in the first hour and made a plan of how the game was going to go and what my idea of it was. Then the next time I come and someone makes an input, yes, has made their own move, and I sit there and think to myself: "Okay. That's definitely not the game that was in my head! Let's start again from the beginning!" So, I found that super exciting, because every time a completely new perspective came in that I had never thought about before and it threw everything overboard and reshaped it. And I think that's what it needs. (MT, GD 2)

This statement also reflects the focus on the process instead of the rigid implementation of a previously defined plan (subcategory: *flexibility*).

The creation of a framework in which discomfort and problems could be addressed and responded to accordingly was also named as essential (subcategory: *safe space*):

> I can remember right away in the first meeting, when something was unpleasant or something like that, that we really had the freedom to express ourselves about it. I thought this was really great with those little red cards. (YP, GD 2)

The red cards mentioned here, which all participants received at the beginning of the subsequent workshops, were introduced at the suggestion of one of the young persons. They served as a stop signal to which the respective workshop facilitator should react if a person perceived the ongoing discussion as overwhelming.

Main Category 4: Challenges

Challenges emerged on different levels. On an individual level, one of the young persons found it difficult to want to contribute her experiences as a music therapy client, but also to want to break out of this role, to transcend it. The latter became possible in the mixed workshops, as commonalities with members of "the other group" could also emerge there, for example through jointly held positions and opinions (subcategory: *"patient" identity as a field of tension*):

I liked the workshops with the music therapists and also the steering committee things much better than the ones with just the young people. But maybe because I tried to break out of this cliché. [...] I wanted to get away from "being a patient." I wanted to leave that behind me a bit. (YP, GD 1)

Also on an individual level, decisions were discussed (subcategory: *decisions*). In the co-creative workshops, very often several possibilities of how to proceed arose. In these cases, the possibilities were discussed in the management team (coordinators and steering committee) and decisions were made and proposed to the other participants in the next workshop. These decisions affected form, contents, and layout of the tool. On the one hand, individual participants found it difficult to accept that decisions had to be made at certain points, which led to the discarding of alternative options:

I still very vividly remember these moments when a decision has been made in one direction or another, but then that other thing was gone. But, also, to realize that there is no other way than to make decisions at some point. (MT, GD 1)

On the other hand, situations arose in which participants decided to support decisions even though they were contrary to their preferences, as in the case of the topics that were to be included in the tool:

I resisted this aspect "relationship with the therapist" for so long, that it became a topic [in the tool], because I thought it was completely out of place. [...] I somehow tried to steer it in a different direction for a while, but everyone thought it was so great that I thought to myself: "Okay, that's the way it is now." But I struggled for a long time to find it okay that it ended up in there. (YP, GD 1)

On a collective level, there was the observation among the participating music therapists that even in the mixed workshops (and even more so in those in which only music therapists participated), it quickly happened that music therapists thought *for* the clients from a music therapist's perspective instead of asking the young people directly and listening to their opinions (subcategory: *old patterns*). If the therapists were in the majority, it quickly ensued in some constellations that they dominated the process and others withdrew:

Since it soon became apparent that therapists got involved in the group process faster, more easily and, above all, more uninhibitedly than caregivers and clients, it was important in the joint workshops to ensure that everyone felt safe in the group and that it was possible to meet at eye level. (MT, written feedback 1)

The aspect of negotiating the meanings of individual terms was relevant even beyond the project team (subcategory: *different understandings of terms*):

The responses to the feedback questionnaires revealed that not all therapists understand "reflective capacity" in the same way. Does "reflection" only mean that you can talk about something or does it also mean that you can make an inner connection to it? [...] So, if key terms are not sufficiently defined, research results can also be distorted due to such ambiguities. (MT, written feedback 1)

Main Category 5: Lessons Learned from Less Successful Aspects

In the group discussions, several points were raised that were not (or not immediately) optimal from the participants' point of view. Alternative options were discussed together. For example, it became clear that it would have been good if the coordinators had known more about the participants in advance regarding what fears they have, how these can be mitigated, and whether there are topics, situations, constellations, or people that could be difficult for them (subcategory: *detailed preliminary talks are key*). For example, the fear of

meeting people they know from previous hospital stays:

> *But I was incredibly nervous before the first music therapist workshop I attended because I was afraid I'd find someone I'd already met somewhere. (YP, GD 1)*

It can also be difficult if people are open about traumatic experiences to a variable extent. More in-depth preliminary personal conversations in a one-on-one setting (e.g., one coordinator and one participant), in which possible triggers are discussed, could also help workshop facilitators to better cushion delicate situations.

One aspect that had a major influence on the project was the time pressure resulting from a relatively tight schedule. This was due to the project duration specified by the funding body and the number of possible workshops based on the available budget (subcategory: *dealing with time pressure*).

In retrospect, both the facilitator of the first workshop and individual participants felt that the introduction to the topic was too direct. From the second workshop onwards, longer introductory rounds were therefore planned to allow everyone to settle into the situation and prepare for working together.

During the exchange in the group discussions, it also became clear that such a space, which is only dedicated to reflection and not directly to the further development of the tool, would have been needed more often in between. This could also have made it easier for participants to find their way back into the process whose last workshop had been some time ago.

Especially towards the end of the project, some participants experienced high stress. Critical comments were voiced less in the fear that this could slow down the process. This could be counteracted:

> *Yes, or one word at every workshop "What are you dissatisfied with now?", so that you simply have that in there every time. It has kind of a negative aspect, but then it's not forgotten. Because otherwise it always was: "We have to get it done." (YP, GD 1)*

In view of the many different workshop constellations, spaces for reflection could also have served to make it easier for groups to come together:

> *That generally bothered me during the course of the whole participatory project. Because there is a lot that can/should/must happen in a meeting, and at the same time there are always different constellations, always different dynamics. I also wondered whether it might be good for future projects to have an appointment in between to talk about the group dynamics. (MT, GD 2)*

Overall, there was a consensus that the creation of spaces for reflection would not have stood in the way of an overall focus on outcome:

> *On the other hand, it also continues to develop because we are now seeing further development. So, I don't think it stops when you create these spaces. (MT, GD 1)*

The role of the project coordinators and the respective workshop facilitators was also discussed (subcategory: *assuming leadership responsibility*):

> *And that's something I learned. I think I was kind of like: "Okay, it's a participatory project, we're all on an equal footing, nobody has to lead, nobody has to guide." And that's not exactly the case, because it's still my job as a facilitator to intervene if things get problematic. (CO, GD 2)*

For example, several people found it challenging when individual participants claimed too much speaking time for themselves or tried to assert their own point of view with great vehemence. Suggestions to counteract this as a facilitator included intervening at an early stage and asking the people concerned to let others have their say.

Main Category 6: Personal Benefit from Collaboration

Regarding the question of what personal benefits the participants were able to derive from the project work, two points became clear. Firstly, it was the active research experience in a participatory project that was mentioned as beneficial (subcategory: *active research experience*). Aspects of this theme were the experience of developing something in collaboration with different people, the flexibility to get involved in the partly ambiguous research path, and being in the role of the researcher themselves.

Secondly, the opportunity to gain insight into the backgrounds of the various participants' experiences (subcategory: *getting to know different perspectives*) and into music therapy in general was also seen as particularly valuable.

Main Category 7: Characteristics of Participatory Research

Essential characteristics of participatory research can be derived from the discussions, for example, that the focus is on the joint process (subcategory: *action orientation*):

> *I also think it's nice that research can work like this. Because otherwise there are fancy technical terms or some kind of structures that you have to stick to, and so it was simply full of action and doing and free. (MT, GD 1)*

A key point was also the accessibility of participatory projects for people who have no scientific training (subcategory: *dismantling hierarchies and attributions*):

> *And I think that's always the important thing, that you don't always think, "Oh, I have to have this and that title somehow so that I can do research," but rather, "No, not really!" (YP, GD 2)*

It further enables

> *[…] that the usual roles are broken out of and research can take place at eye level. (CG, written refl. 2)*

The value of the subversion of hierarchies was seen as another central point:

> *With this openness, or if everything that everyone says really has the same value, I believe that completely different things can arise than if there is something hierarchical involved. (MT, GD 1)*

It was also mentioned that participatory projects require more time due to incorporating diversity in backgrounds into the teams (subcategory: *time required*).

One concern at several timepoints was the difficulty for some of the young people in communicating their involvement in the project to outsiders. This was an issue since the primary reason for their participation was an experience that may lead to stigmatization in society: the participation in music therapy in the context of a mental health crisis (subcategory: *external communication*):

> *I proudly told everyone: "I'm participating in a research project, I have to go to the university." I wouldn't do that again. Well, I would do that differently in future, I would keep it to myself. (YP, GD 1)*

This also meant that for most dissemination activities (paper presentations, poster presentations) during the course of the project, only the two coordinators were on site as representatives and the content was agreed upon in advance with the members of the steering committee.

Main Category 8: Positive Impressions of the My Tune Tool

The participants perceived the My Tune tool, which was available in its final form at the time of the group discussions (with only minor reformulations following the two workshops), as well-made overall (subcategory: *general features*). The slim format was found to be suitable. Its appearance was described as professional and supportive:

> *There's a lightness to it that I really like, because thinking about all this is already challenging and tedious enough. That's why I think it's nice that the graphics and the tool itself are designed with so much lightness. Very inviting somehow. So, it would also be something to have a look at in your free time. (MT, GD 2)*

Regarding the individual components (subcategory: *individual components*), it became clear that some were pleased that their specific suggestions had been included (such as the die in Part I and the ring that holds the cards in Part II together).

Concerning the questions that are part of using the tool, various characteristics and functions, especially from Part II, were named:

- Making one's feelings more tangible:

> *Sometimes I don't understand my feelings, and such questions usually help me to reflect, understand, and deal with them better. (YP, GD 2)*

- Welcome distraction:

> *I have to say, from personal experience, especially when you're very tense and your mind is in a muddle, I actually find questions like this quite good for calming you down. Because you get other thoughts. And then you think about music that you like instead. (YP, GD 2)*

- Meaningful playfulness:

> *If it had been a mere questionnaire, it would feel like work. And this way it feels more playful without feeling childish. Because it can also happen that the therapists treat you a bit like a child. And I think that's the right balance of both things. (YP, GD 2)*

Main Category 9: Critical Aspects of the My Tune Tool

Points were also discussed that could not be implemented as intended, such as offering the opportunity to express one's own experience creatively instead of describing it verbally (subcategory: *difficulty in communicating one's own experience*):

> *And that we somehow really wanted this creative element to be much bigger in the beginning. But that this realization is simply so incredibly difficult. I think that's this music therapy like "make something tangible." (MT, GD 1)*

The difficulty of describing non-verbal processes in a way that is comprehensible to others, as is one purpose of the My Tune tool, was also seen as a general problem of music therapy research:

> *How can you even describe such processes? Because sometimes it's indescribable what's happening right now. And yes, maybe that's one of the limits we've reached. (MT, GD 1)*

Individual participants also worked as music therapists or as caregivers with non-verbal clients. Making the tool accessible to these people was a wish at the beginning of the project but could not be realized in the end (subcategory: *lack of accessibility*).

The point that Part II of the tool can also be used by the client alone was discussed

controversially (subcategory: *possible burden*):

> But I think it can also be both. It can trigger a lot, but it could also be a safe anchor that you have something like this in your hand and can write it down. (MT, GD 1)

In order to consider this point in more detail, the music therapists' manual was subsequently supplemented with the note that they may personalize Part II of the tool by removing individual cards before passing it on to clients.

Discussion

In the data several themes emerged that can be linked to overarching concepts, such as the importance of individual standpoints, hierarchies in research, and specific challenges of participatory research. These are discussed in more detail below.

Perspectives and Roles

Perspectives were a recurring theme in the two group discussions, be it as a motivator to participate in the project, as an enriching aspect within the project, or as a condition for success. However, the importance of perspectives is also found among the problematic aspects, such as the potentially restrictive character of a defined role. For example, having the experience of being a music therapy client grants a specific perspective, yet it can be limiting and stigmatizing to be confined to this experience. Another point is the different social valuations of different perspectives, such as those of music therapists in contrast to those of clients.

The diversity of perspectives in participatory research should produce findings that are as balanced and relevant as possible, which is based on the assumption that perception and knowledge are always situated (Haraway, 1988). The backgrounds of the people involved influence research findings, as every background leads to unconscious biases that influence what one perceives as relevant and on what one places emphasis. If only those in high positions in the hierarchy (as are therapists as opposed to clients in music therapy contexts, for example) are the ones to make decisions in research, there is the risk that the research will only confirm the therapists' perspectives. Thus, the involvement of clients in music therapy research significantly increases the quality of research and creates more social justice (Harding, 1991).

Different perspectives and group affiliations can be defined using various dimensions of diversity, such as gender, age, physical and mental health, ability, origin, level of education, and many more. These are of varying significance depending on the situation and topic. They are always interwoven and cannot be viewed in isolation, as delineated by intersectionality (Hill Collins & Bilge, 2020). In the My Tune project, it was the aspect of age that determined membership of a group, that of adults (music therapists and caregivers) or that of young people (clients). A further criterion was the role from which music therapy had been experienced: as a therapist, client, or caregiver. In terms of age, it is young people whose opinions are usually given less consideration or are underrepresented in society. Within the hierarchies of the healthcare system, it is typically the clients whose views are given less consideration (Klyve, 2019). We were able to counteract these imbalances through our project design and the group compositions. However, such a project, even if it temporarily succeeds in destabilizing hierarchies, cannot transcend societal values. This was demonstrated by the fact that it remained a challenge as to how or whether the entire team could be visible to the outside world without the young people having to fear disadvantages in other areas of their lives. This can be traced back to the social stigmatization of mental health issues. It was precisely here that group affiliations proved to be problematic, as there was a desire to transcend

one's own role in the project and not be confined to it. This illustrates the importance of an intersectional perspective (Hill Collins & Bilge, 2020), acknowledging that although our roles of being a therapist, client, doctor or a relative might be the main feature perceived in a clinical context, we are always more than that.

Finally, it became apparent that the understanding of the role of the respective workshop facilitators was also subject to continuous change. The challenge here was to find a balance between working together as equally as possible, which required the delegation of responsibility, and taking on leadership responsibility when necessary. When the coordinators acted too autonomously, this led to individual participants temporarily withdrawing; on the other hand, not taking responsibility in emotionally charged situations led to individual participants being temporarily overwhelmed.

Ways of Knowledge Generation

In addition to the aforementioned hierarchies between different positions, there are also societal hierarchies between different forms of knowledge. In an extended epistemology (Seeley, 2014), a distinction can be made between propositional knowledge (knowledge about something), presentational knowledge (knowledge that can be acquired through creative/artistic activity), experiential knowledge (knowledge that can only be acquired through direct personal experience of a particular situation), and practical knowledge (in the form of practical skills). These forms of knowledge are subject to societal valuations: in the Western world, propositional knowledge is usually the most highly valued, whereas less value is usually attached to experiential or practical knowledge (Heron & Reason, 1997). In participatory research, these unequal values are deliberately undermined. However, the challenge is to find ways to enable the generation or "elevation" of these different forms of knowledge. This also concerned us when writing this article. We had originally asked everyone to write down their project reflections and send them to us so that we could bring them together in one article. However, it turned out that a discussion face-to-face was much better suited to capturing the experiences of the participants, which is why we held the two group discussions. Besides, the difficulty of translating an experience that is located in the non-verbal realm and make it communicable through the My Tune tool proved to be not completely resolvable. Yet, this challenge also characterizes music therapy and creative arts therapies in general. Still, it became clear that the desire to implement a broad understanding of knowledge in the project means that suitable methods must be used to generate this.

Issues of Time and Financial Matters

In retrospect, it seems somewhat ironic that in a project aiming to create a reflection tool, too little time within the project timeframe was set aside for reflection. This may certainly be due to time pressure. In the beginning, the joint work was still perceived as flexible and open. Towards the end, some participants had the impression that opposing views were no longer welcome in order to not slow down the completion of the tool. Yet, it was emphasized that it was precisely the conscious inclusion of different opinions that contributed to the success of the project. In future projects, appropriate formats will have to be used to ensure reflection times are also scheduled into the time constrained final phase of the project. Realizing that more detailed preliminary talks and more familiarization time would have been beneficial at the beginning also underlines the importance of process orientation despite the goal of creating a finished product.

We were in the fortunate position to have enough financial resources to provide adequate payment for all research team members, which we regard as a necessity in participatory research. However, it was important for us to ensure that the main

motivation for participation is the interest in the topic and in doing research. In non-participatory research, paying participants might bear the danger of the corruption of findings and results, as it might, for example, exert pressure on participants to give answers they think the researchers would want to hear. We regard this danger as less present in participatory research, where those persons undertaking research activities are paid.

Limitations

Limitations of the project can be seen in the fact that the music therapy backgrounds of the participating young people were rather homogeneous, as all had experienced music therapy in the context of a mental health crisis. Additional research could examine the applicability of the tool for client groups with other backgrounds. The participants also had similar skills, for example in terms of language ability. The development of a tool for non-verbal clients would therefore require a different team composition but could then build upon the findings from the My Tune project. Of special importance in this regard is the facilitator's role and the structured creation of spaces for reflection throughout the project.

Conclusion

The aim of the My Tune project was to develop a tool that would enable young people to reflect on and evaluate their own music therapy processes. This was proposed to support the clients' self-esteem and experience of self-efficacy and strengthen the communication between them and their therapists. Representatives of the groups of people who would later (potentially) use the tool were involved in its development: young people with music therapy experience, music therapists, and music therapy clients' caregivers. The process was designed to incorporate the contributions of all participants into the final My Tune tool.

The scope of this article was to provide insight into the project from as many perspectives as possible. The form we chose for this was facilitating, transcribing, and analyzing two group discussions at the end of the project specifically for this purpose, as well as two written feedback documents from project participants. These reflection forms proved to be suitable for enabling everyone to participate satisfactorily in the writing process.

The project thus enriches the music therapy landscape with a participatorily designed reflection tool[5] and valuable learning experiences from a participatory research process. The latter may hopefully make a small contribution to more researchers considering and carrying out such research designs in the future and to the publication landscape increasingly reflecting participatory projects and the perspectives of all their participants.

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About the Authors

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My Tune Team Members: The My Tune team comprised young people with music therapy experience, music therapists and caregivers. Together with the two project initiators they developed the My Tune tool in a participatory research process. Nine out of these 12 persons also collaborated in writing this article (according to the definition of the role of authors by the International Committee of Medical Journal Editors, 2025).

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[1] We use the word "client" in the article unless the usage of another term ("patient") is rooted in the data. We decided to use the word "client" as it grants a person more self-determination than the word "patient" and avoids pathologizing. The word "service user" was also considered but was discarded due to its potential neoliberal implications (Haug, 2003).

[2] The fact that only the academic coordinators appear by name and all other participants are summarized under "My Tune Team" may seem strange at first glance, as it reflects an imbalance in representation. The decisive factor in this was that not all people wanted to be named, and only partially naming the team would have obscured their contribution even more. Thus, the labelling of the authorship of this article follows the way we had handled it throughout the entire project: only those two persons whose names were known from the outset are mentioned by name, as they were the initiators of the project: Julia Fent and Irene Stepniczka. However, during the creation process of this article, we were able to ensure that everyone's contributions were equally valued, even if they were not mentioned by name but collectively as the "Tune Team Members" (on this issue, see Devlin et al., 2024).

[3] When talking about music therapy in this article, we mainly refer to a music therapy orientation in which the relationship between therapist and client is regarded as a crucial component of success. When working with young people, active music making (e.g., in the form of improvisation) is an important approach.

[4] The transcripts of the group discussions and the written reflections were processed by Julia Fent. The original language of the transcripts and the written feedback was German. The quotes given are therefore translations.

[5] The My Tune tool is available in the German language only and can be requested—while stocks last—from the coordinators: mytune@mdw.ac.at