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"Human Experiences are so Complex":

A Creative Arts Exploration of UK Qualified and Trainee Music Therapists' Views About Mental Health Diagnoses and Their Relevance to Music Therapy Clinical Practice

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Abstract

A significant percentage of music therapists work in mental health settings. The music therapy literature evidences a range of perspectives on mental health diagnoses, but there is little in the way of research exploring music therapists' and trainee music therapists' sense-making around them. This qualitative study uses a novel story completion-reflexive improvisation-interview (SC-RI-I) method to explore in-depth eight UK qualified and trainee music therapists' assumptions and beliefs about, and approaches to, mental health diagnoses. We used reflexive thematic analysis to develop four themes from the data: 1) Ambivalence about diagnosis; 2) Where do music therapists fit?; 3) Music therapists are client-centred; and 4) Music therapists critique the system. The participants expressed mainly reservations about mental health diagnoses, but also acknowledged they can have value, and were uncertain about their own positioning within diagnosis-led mental health systems. They emphasised the importance of recognising client individuality and prioritised person-centred approaches, which they viewed as fundamentally at odds with diagnosis-led mental healthcare. Their accounts often echoed anti-/critical-psychiatry views, critiquing both mental health systems and wider understandings of mental health. The SC-RI-I method could serve as a useful framework for producing rich and detailed data about music therapists' experiences and perspectives in future research.

Keywords: story completion; improvisation; interviews; client-centred; reflexive thematic analysis

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Introduction

This article explores UK trainee and qualified music therapists' views about mental health diagnoses, and how their understandings and expectations impact their clinical work with people who have been given those diagnoses. We contextualise this research by overviewing the range of perspectives evident in existing music therapy literature relating to mental health diagnoses, examining particularly the language and assumptions evident. We use quotation marks around medical terminology throughout this paper (e.g., "symptoms," or "illness") reflecting the reservations of some about the use of medical language (Boyle & Johnstone, 2020), and our own approach to mental health diagnoses and preference for non-medical language. Additionally, we refer to experiences of "distress" or "mental distress," using language that does not frame experiences as disordered or as illness (e.g., Kinderman et al., 2013). We acknowledge that language around mental health is controversial, and that opinions are diverse (e.g., Perkins, 1999).

Music Therapy and Mental Health Diagnoses

Research suggests the percentage of music therapists working in mental health settings is significant—11% in the UK (Carr et al., 2017), 23% in the US (American Music Therapy Association, 2021), and 16.7% worldwide (Kern & Tague, 2017). In these settings, "a medical model gaze, that seeks the remediation of the intrinsic pathologies of the individualized client" (Gross, 2022, p. 2), is prevalent. But accounts of music therapists' views on mental health diagnoses are limited (e.g., Gross, 2022; Procter, 2001; Rolvsjord, 2010), and music therapy research often uses the language of diagnosis, "illness" and "treatment," even when taking a recovery-oriented view of the work (e.g., Solli et al., 2013).

Some music therapists explicitly advocate aligning with diagnostic systems—for example, seeking to identify the most useful clinical approaches for specific diagnostic categories, aiming in part to "secure the future of music therapy in adult psychiatry" (Odell-Miller, 2007, p. 400). Others assert that focusing on diagnosis could help music therapists overcome difficulties in "communicating the value and purpose of music therapy to the multi-disciplinary team" (Carr et al., 2013, p. 4) in psychiatric settings. Additionally, numerous studies imply some degree of acceptance of medical approaches by using medicalised terminology and not critiquing diagnostic systems (e.g., Freitas et al., 2022; Haugwitz, 2021).

The diagnosis of "schizophrenia" has had particular focus in the music therapy literature (e.g., Bruscia, 2012; Hannibal et al., 2023). Particularly, evidence-based research has been prevalent—as seen in randomised control trials (e.g., Pérez-Aguado et al., 2024), meta-analyses of randomised control trials (e.g., Geretsegger et al., 2017), and the inclusion of arts therapies in the National Institution for Health and Care Excellence (NICE, 2014b) *Psychosis and Schizophrenia in Adults: Prevention and Management* recommendations. Additionally, some studies measure outcomes of music therapy for various mental health diagnoses (e.g., Bent et al., 2023; Foubert et al., 2020), though the focus on evidence-based practice has also been widely critiqued (e.g., Aigen, 2015).

Although much literature suggests music therapists' agreement with the use of mental health diagnoses, other research indicates a trend of moving away from using such diagnoses. For example, some avoid the language of diagnosis and propose instead a focus on strengths (Perkins et al., 2016), in line with recovery principles. Similarly, others refer to "service users" (McCaffrey, 2017, p. 29), "those struggling with their mental health" (Chandler & Mclean, 2024, p. 290), and "people with mental health difficulties" (McCaffrey & Edwards, 2016, p. 2), circumventing medicalised language. The resource-oriented approach (McCaffrey et al., 2018; Rolvsjord, 2010) emphasises autonomy, social inclusion and optimism, in contrast to a deficit model.

Some researchers both critique mental health diagnoses *and* use medicalised language. Rolvsjord (2010, p. 20) has criticised an "illness ideology," advocating a resource-oriented approach that includes "skepticism toward diagnostic systems" and discourages a focus on pathology. However, the words "mental disorder" and lists of diagnoses feature in Klyve and Rolvsjord's (2022) research on children in mental healthcare, alongside an emphasis on resource-oriented perspectives. Similarly, Tuastad et al. (2023, p. 125) refer to "mental illness" in their research on music therapy in mental health aftercare while also advocating resource-oriented and community music therapy approaches that entail a "critique of the bio-medical model and its individual-oriented focus."

In contrast, other researchers have called for music therapy to move away from "the perpetuation of medicalised perspectives in the profession" (Pickard, 2020, p. 1), and change the conceptualisation of clients as "ill" and therapists as "expert" (Cameron, 2014), with the assertion that music therapy is in a "constant struggle to gain recognition by and within a normatively centered and individualized medical model [that] contributes to the inadvertent oppression of those we seek to help" (Bruce, 2022, p. 125). In their position paper, Fairchild and Bibb (2016) asserted that "the language used to represent people when writing about music therapy does not always fully represent the ways that we actually work" and critiqued the primarily problem-focused language used in music therapy literature (including in relation to mental health).

Procter (2001) was overt in his criticism of mental health diagnoses, characterising their use as "an attempt by an authority figure to represent a person's experience in pathological terms, which can be both disempowering and stigmatising," and posed the question "As music therapists, do we need diagnosis? Could we work without it?" Gross (2022, p. 2) proposed a "postmodern music therapy" approach, which "defines itself in diametric opposition to modernist, or medical-model, music therapy."

UK Mental Healthcare

In the UK, most mental healthcare is accessed through the publicly funded National Health Service (NHS), and third sector organisations such as Mind. Large gaps in provision have been identified, and many people also use digital services for support they are unable to access elsewhere (MIND, 2025). The National Institute for Health and Care Excellence (NICE) guidelines inform practice and tend to focus on diagnoses, underpinned by Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association, 2013) and International Classification of Diseases (ICD-11) (World Health Organisation, 2022) categories (NICE, no date). Diagnosis of common conditions such as depression or anxiety disorder can be made by general practitioners or NHS psychological therapy services, while the pathway for urgent mental healthcare is the same as for physical illness, with the 111 phoneline a first port of call, along with Accident and Emergency departments for high-risk situations (NHS, 2021). Surveys point to a high prevalence of mental health conditions in the UK population (one in five adults) which has been steadily increasing in recent years, particularly in young people, with a higher overall prevalence in women than men (MIND, 2025; NHS England, 2025). While NHS Talking Therapies are available for short-term work (NHS England, no date), longer-term psychotherapy is more typically accessed privately by those able to afford it (British Psychoanalytic Council and UK Council for Psychotherapy, 2014).

Music therapists work in various NHS mental health settings, including some Child and Adolescent Mental Health Services (CAMHS) and in adult mental health. NICE guidelines indicate music therapy as part of a treatment plan for a number of mental health conditions, including for dementia, as an "activity to promote wellbeing" (NICE, 2019), alongside other arts therapies for psychosis "to express yourself and work through your problems" (NICE, 2014b), and as an intervention for psychotic depression (NICE, 2024). However,

music therapy provision within mental health services is inconsistent across the UK, with substantial geographical variation across NHS trusts (British Association for Music Therapy, 2020).

UK mental health policy has explicitly supported a focus on recovery approaches in recent decades: since 2001 in Wales and England (Levarre-Waters, 2021), 2000 in Scotland (Bradstreet & Mcbrierty, 2012), and 2006 in Northern Ireland (Swords & Houston, 2020). However, it has been noted that there are barriers to full implementation, including "the deeply rooted biomedical model" (Erondu & McGraw, 2021, p. 459), and the impact of economic austerity (Cummins, 2018), with Shim et al. (2014) suggesting that medical approaches to mental distress remain. Additionally, critiques of the recovery approach include that the focus on "outcomes" can "lead to transactional care" (Collins, 2019, p. 16), that it is too generalised to allow for individual need, and it may be used to coerce people to act in certain ways (Watts, 2016), and that only certain goals are permitted by the approach due to "normalisation" (Rose, 2014). An activist collective, Recovery in the Bin (2014) claims that the recovery approach "started with noble principles but […] now mostly operates as cover for coercion, victim blaming, disability denial and removal of services."

The Identity of Music Therapy

Recently the United Nations and World Health Organisation (2023, p. xvi) called for a "significant shift from biomedical approaches" to mental healthcare. It has been noted that "there are still questions… about whether music therapy is an art, a science, allied to medicine, a psychological or sociological treatment or all of these phenomena" (Odell-Miller, 2016, p. 7), and conceivably music therapy's heterogeneous identity could in fact be an asset in supporting this shift. Indeed, research has shown that music therapy can be experienced as the "opposite of treatment," offering "freedom from illness [and] stigma" (Solli & Rolvsjord, 2015, p. 84). It has also been demonstrated that music therapy offers a "place to be free" (Klyve et al., 2023, p. 5), as well as the ability to "promote an identity of being a […] person with value and resources" (Solli et al., 2013, p. 260).

Aims of the Current Study

This research aims to explore qualified and trainee music therapists' approaches, beliefs, and expectations around mental health diagnoses. We focus on their conceptualisation of distress, perceptions of mental healthcare systems, and the meaning they make of mental health diagnoses.

Methodology

Research Design

A novel creative arts method was used, employing story completion and reflexive improvisation as stimulus materials for qualitative interviews. Some suggest that stimulus materials can help access emotions, frames of mind and opinions that may not be reached through interviews alone (e.g., Catterall & Ibbotson, 2000). Our research had three phases: a story completion task, a reflexive improvisation task, and an interview (SC-RI-I). As a requirement to complete three separate activities could be experienced as burdensome, to maximise accessibility, participants were invited to complete some or all of the activities. We analysed the data using reflexive thematic analysis (Braun & Clarke, 2022). The reporting of this research has been guided by both the reflexive thematic analysis reporting

guidelines (RTARG) (Braun & Clarke, 2024) and the Big Q qualitative reporting guidelines (BQQRG) (Braun & Clarke, 2025).

Research suggests story completion can help access perceptions, constructions and assumptions in ways other research methods may not (Moller et al., 2021). Participants were presented with a story "stem"—the start of a hypothetical scenario centred on a client who had recently been given a mental health diagnosis by a psychiatrist and referred to music therapy—and asked to write what happens next, allowing their thoughts and feelings to shape their response (see Box 1). The scenario was intended to be plausible, with enough information for participants to write a meaningful story but leaving opportunity for them to "fill in the gaps" in their responses. A gender-neutral name was used for the hypothetical client, allowing participants to form their own assumptions about Ashleigh. The diagnosis Ashleigh had been given was intentionally not included, allowing for exploration of how mental distress is perceived (Moller et al., 2021). The story completion instructions were based on Braun and Clarke (2013).

Box 1. Story Completion Instructions and Story Stem.

Please read the following opening sentences of a story, and then write what happens next. There is **no right or wrong way to complete the story**—I am interested in the range of different stories that people tell. Don't spend too long thinking about what might happen next—just write about how you imagine the scenario might unfold, including details about the music. Some details of the opening sentences of the story are deliberately vague; it's up to you to "fill in the blanks"! Because detailed stories are important for my research, you are asked to spend at least 10 minutes completing the story and to write a story that is at least about 200 words in length (for context, this paragraph is 125 words).

> "Ashleigh has just arrived for an initial music therapy session with you. A support worker suggested that Ashleigh could find music therapy helpful in gaining confidence in interactions with others and with self-expression. Ashleigh has recently been given a mental health diagnosis after meeting with a psychiatrist…"

Thank you for taking the time to complete your story.

Improvisation has been shown to be a useful tool for self-examination in music therapy (e.g., Annesley & Haire, 2021), and as a form of "referential improvisation" (Keith, 2007, p. 66), reflexive improvisation can be particularly helpful to gain insight into opinions and emotions. Participants were invited to complete a reflexive improvisation related to their experience of writing their story—they were instructed to recall the thoughts, feelings, and physical sensations they experienced, and were asked to record a short improvisation reflecting those, which they shared with the researcher.

The participants' stories and reflexive improvisations together worked effectively to "set the scene" for a searching conversation. Each interview began with reviewing the participant's story at the same time as listening to their reflexive improvisation (when completed). The first question in each interview allowed participants to explore ideas and feelings that arose in the previous phases of the research. The questions explored participants' preconceptions about Ashleigh, whether they find it useful to know clients' mental health diagnoses, how mental health diagnoses impact music-making, their feelings about clients' music being used in diagnostic processes, and their overall feelings about mental health diagnoses (see Box 2).

Box 2. Interview Questions.

Interview questions

The interviews (online or in-person) incorporated questions taken from the following list (after the researcher and participant listened to the participant's reflexive improvisation together):

1. How did you find the experience of the story completion and the reflexive musical improvisation?
2. Thinking about the story stem you were given; what mental health diagnosis did you imagine that Ashleigh had been given?
3. In what ways is it useful or not for a music therapist to know about a client's mental health diagnosis?
4. What impact does knowing a client's mental health diagnosis have on the way you approach making music together?
5. What are your feelings about clients' ways of playing music being used as a diagnostic/assessment tool for some mental health conditions?
6. Overall, what are your feelings about mental health diagnoses? Do you think there are other more useful ways to understand clients' distress?
7. Is there anything else you would like to add about mental health diagnoses and their relevance for music therapy clinical practice?

Participants and Recruitment

Eight participants were recruited, with seven completing all three phases of the study (one completed only the story and the interview phases). Participants were recruited via adverts circulated on social media, the British Association for Music Therapy email list, a charity providing mental health support, and University of the West of England (UWE) music therapy teaching staff. Participants were required to be UK based, either a qualified music therapist or a trainee on an accredited programme, not necessarily working in a mental health setting. The participants were aged 27-68 (mean 45) years, six identified as women, two as men, all described their racial/ethnic background as white. Six were qualified music therapists and 2 were trainees. Years in practice ranged from less than a year to 2 years for trainees, and from 1 to 20 years for qualified music therapists. Participants described their main areas of clinical work as NHS mental health ($n = 2$), charity/non-profit funded mental health (2), forensic (2), school/educational (1), and dementia (1).

Both qualified and trainee music therapists are considered part of the music therapy workforce in the UK (Carr et al., 2017; Langford et al., 2020) and it's not unusual for both groups to be included in the same study in UK research (e.g., Brand et al., 2023; Mains et al., 2025; Tsiris, 2017), hence our inclusion of both of these groups in this study. We did not specify that participants had to have experience of working in particular mental health settings (e.g., NHS mental health services) because we were interested in the views of music therapists in general, rather than those with experience of particular settings. In taking a broad and exploratory approach, we hoped to explore the views of music therapists in ways that lay the groundwork for future research in the area, highlighting, rather than assuming, potential differences in perspective.

Ethics and Procedure

The research received a favourable opinion from the UWE Psychology Ethics Committee, ratified by the UWE College of Health, Science and Society Research Ethics Committee, reference number 16301418, and was undertaken in line with the British Psychological

Society (BPS)'s (2021) Code of Human Research Ethics. Participants gave informed consent via an online Qualtrics survey that included an information sheet, a General Data Protection Regulation privacy notice, consent questions, with separate consent questions for the story completion task, reflexive improvisation and interview, demographic questions and the story completion task. Two interviews took place in-person and six online (using Microsoft Teams video conferencing software), and all were conducted by the first author (FA) and audio recorded for the purposes of analysis. In-person interviews were manually transcribed using Braun and Clarke's (2022) transcription notation system (see Box 3). Teams-generated automated transcriptions of the online interviews were edited for accuracy and formatted in line with Braun and Clarke's guidance.

Box 3. Transcription notation key (based on Braun & Clarke, 2022).

Wor- A dash following letters signals cut off speech or sounds
((pause)) signals a significant pause
Word Underlining signals an emphasis on particular words or sounds
"Word" signals when a speaker reports the speech (or thoughts) of another person (or reports their own speech in the past)
[…] signals editing of data extracts for brevity and to remove superfluous material

Researcher Positioning

The FA and second author (SA) both have lived experience of mental distress and mental healthcare, but neither identify with a mental health diagnosis. Both identify as British, middle aged, white women who are educated, the first generation in their families to attend university, and with left-wing political views. The FA identifies as cisgender, heterosexual and non-disabled. The SA identifies as non-trans,[1] queer and physically disabled with significant mobility impairments. The third author identifies as a cisgender, white, middle class, middle-aged man who is non-disabled. The authors are aware that these characteristics intersect to shape their perspectives on this research and their interpretations of the data.

The FA occupied positions of both "insider" and "outsider" researcher when recruiting and interviewing participants, as a then-unqualified trainee (outsider to participants who were qualified therapists) and as someone with experience of taking a music therapy role in clinical settings (insider to all). The FA was potentially also an outsider in that she has lived experience of mental distress (participants were not asked about their personal experiences). The FA was aware of the advantages and disadvantages of these different perspectives and approached conducting and analysing the interviews critically and with awareness of her beliefs and feelings (Hayfield & Huxley, 2015).

Data Analysis

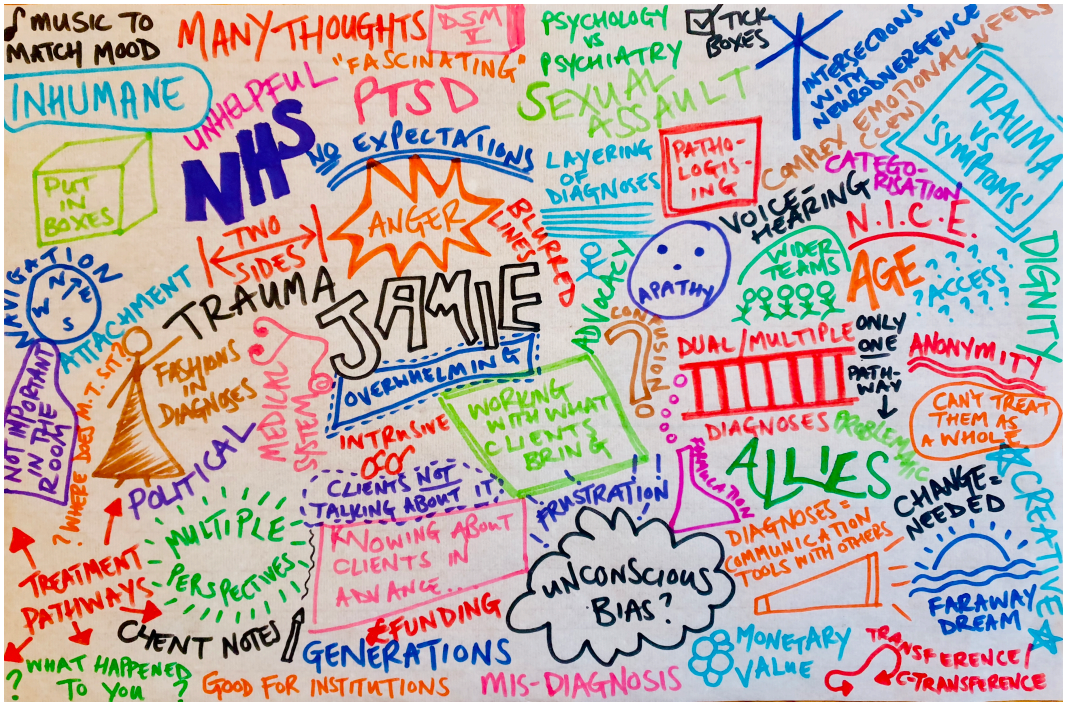
Our use of reflexive thematic analysis was underpinned by critical realism coherent with the aims of the research—to explore assumptions and understandings arising from shared social meanings (Pilgrim, 2014). We were particularly interested in how participants made sense of the 'social object' of mental health diagnoses, and the systems and frameworks within which mental health diagnoses originate and operate, and whether and how these understandings shape their music therapy practice. Pilgrim (2017, 2022) described critical realism as encompassing ontological realism, epistemological relativism and judgemental rationality. An ontological realist position assumes that the world exists independently of

[1] We use this term to open up a space between trans and cisgender, and between feelings and (publicly claimed) identities.

the way that we describe it; reality is both mind and species independent. From a critical realist perspective reality has both intransitive (durable) and transitive (fluid) elements. The transient and fluid aspects of reality are shaped by our perspectives and meaning-making, which connects to epistemological relativism. An epistemological relativist position assumes that humans construe the world individually and collectively (through ideology). As Pilgrim (2022, p. 83) notes, "the emergent feature of language use in human life means that we are meaning bearing agents who construe and re-construe reality as we go through life." Judgemental rationality involves the weighing up of truth by using common sense logic, the available evidence and considering the honesty of ourselves and others. Unlike strong social constructionism, critical realism does not reject the notion of truth but truth claims are treated as provisional and contextually situated. Critical realism shares with positivism/naïve realism ontological realism and with idealism/strong constructionism an emphasis on contextual meaning-making. From a critical realist perspective, researchers are part of what they study and there is no disinterested value-free position from which to conduct research. Thus, critical realist research acknowledges the values that drive research questions and inform the interpretation of data. With regard to diagnosis of mental health problems, critical realists like Pilgrim (2022) reject psychiatric positivism in favour of contextually situated accounts of what happened to people and the meanings they make of those events (as evident in the "Power Threat Meaning Framework," which considers what has happened to someone, how it affected them, what sense they made of it and what they did to survive, Pilgrim, 2022). Pilgrim also argues that psychiatric diagnoses represent value-laden judgements about what is right and wrong conduct and are not disinterested descriptions.

The FA led the analytic process, with "critical friend" input from the SA (Smith & McGannon, 2017)—the SA offered feedback on the FA's developing interpretations and encouraged reflexivity. The FA viewed her subjectivity as an "analytic resource" (Braun & Clarke, 2022), and kept a reflexive journal throughout the research. Reflexive thematic analysis was used to explore, analyse and interpret patterned meaning across the data set (Braun & Clarke, 2022). The FA initially immersed herself in the data by reading and re-reading the interview transcripts and making visual familiarisation notes (see Figure 1).

Figure 1. Example of Visual Familiarisation Notes.



This was followed by a systematic process of coding. The coding process was iterative, with fine-grained inductive coding capturing both semantic and latent meaning (Braun & Clarke, 2022). The resulting 560 initial codes were grouped into initial clusters, beginning the process of developing candidate themes. The FA then generated thematic maps for potential themes to explore meanings and the connections or disconnections between them, revisiting early phases as necessary to produce rich and complex themes. Lastly, the FA devised a short responsive composition for each finalised theme, incorporating musical elements of the participants' RIs. We had originally envisaged sharing the improvisations when reporting the research, but this felt too intrusive as after listening, we felt they contained intimate and personal material. Instead, the FA integrated elements of participants' RIs into her own musical responses, producing musical vignettes to bring each theme to life and honour participants' contributions (see the Analysis section for links to each vignette). The RIs were not analysed when composing the vignettes, though the FA absorbed herself in them through repeated listenings, noticing thoughts and feelings that were then incorporated into the compositions. This creative process supported and paralleled the iterative nature of the analytic process and the FA's reflexive approach.

The final themes were: (1) "It's something that's on my mind quite a lot"—Ambivalence about diagnosis; (2) "We can so much more easily sit with the messiness, the confusion, the not knowing"—Where do music therapists fit?; (3) "We work with what they bring"—Music therapists are client-centred; and (4) Music therapists critique the system, with the subthemes—Music therapists critique mental health systems and Music therapists critique societal structures. In the following analysis, participants have been given researcher chosen pseudonyms, and data extracts are tagged with these and either "music therapist" or "trainee music therapist."

Quality Practice in Reflexive Thematic Analysis

Reflexive thematic analysis is a Big Q qualitative approach. Big Q qualitative can be broadly defined as non-positivist qualitative research or qualitative research that is conducted within a qualitative paradigm (e.g., interpretivist, naturalistic). This means that quality techniques aligned with (simple) realism or positivism, that assume the possibility of an external reference point for judging the validity of the analysis, such as member checking or triangulating for accuracy, are not methodologically congruent with reflexive thematic analysis (Varpio et al., 2017). Instead, quality practices that emphasise interpretative depth and researcher reflexivity (*during* the analytic process) are encouraged such as reflexive journaling, working with critical friends, who can support the researcher to clarify their analytic insights and deepen their engagement with their data, and allowing time for analytic insights to fully develop (Braun & Clarke, 2022). All of these quality practices the FA, as noted, engaged with, although there was the practical constraint of an assessment submission deadline on "allowing time." Braun and Clarke (2022) also provide a "15-point checklist" for quality practice in doing and reporting reflexive thematic analysis that guided the FA's engagement with reflexive thematic analysis.

Analysis

Theme 1: "It's Something That's on my Mind Quite a lot"—Ambivalence About Diagnosis

Listen to musical vignette: https://soundcloud.com/human-experiences-are-so-complex/theme-1-ambivalence-about-diagnosis-2?in=human-experiences-are-so-complex/sets/human-experiences-are-so-complex-musical-vignettes/

This theme captures the reservations articulated by participants about the use of mental health diagnoses—both generally and with regard to their own clinical practice. Some noted that they considered the issue often—"It's something that's on my mind quite a lot" (Jamie, music therapist). Generally, participants felt there were both positives and negatives to a system of diagnosis, though much discussion focused on the difficulties and challenges. Jesse (music therapist) described the "two sides" of diagnosis represented in their improvisation—that diagnosis has the potential to be messy and complicated but also brings a sense of security:

> There's that kind of, that tension between yeah, the kind of l-lack of clarity and confusion and uncomfortable tension and all of that, and then the kind of feeling of maybe safety and order and trying to organise.

Participants were unsure how useful knowing a client's diagnosis is, describing themselves as "sitting on the fence" (Alex, trainee), and noting that diagnosis has "pros and cons" (Jo, music therapist). Most felt the usefulness of a diagnosis should be determined by whether the client thinks it's helpful for them. Participants hoped knowing a diagnosis wouldn't result in preconceptions but acknowledged that it could do so. Jamie evidenced this ambivalence:

> How does it change the way I approach the client? It doesn't, I don't, I don't know. I'd like to think it doesn't but I'm pretty sure it does.

Many felt the diagnostic system is flawed, and agreed with findings (e.g., Bradford et al., 2024), that mental health diagnoses can often be incorrect. Some asserted diagnoses are inherently subjective—they "may change if somebody else saw them tomorrow" (Ali, music therapist). Indeed, Jamie reported that mental health diagnoses can appear on clients' records without a formal assessment process:

> It might say on the first time it's mentioned, "possible schizoaffective disorder." The next time you see it […] it might say "diagnosis: schizoaffective disorder."

Some uncertainty about the validity of mental health diagnoses focused on the fact they are subject to fashions and generational differences. For example:

> An older person will instantly have a schizophrenia diagnosis, and then that might, for a younger generation you can see there's actually differentiation between bipolar or schizoaffective and, erm, schizophrenia (Jamie).

Some participants noted "people like to over-pathologise things" (Jamie), and diagnosis can enable a whole person pathologisation that "invalidates somebody's experience" (Ali). Some also felt categorising people is inhumane, wrong, and represents a practical but not a meaningful reality for music therapy, something they must work with and around. In fact, mental health diagnoses can be a barrier to effective, client-centred therapy:

> It could potentially be an obstacle to asking them more openly what their experiences are, potentially, if, y'know, if we're not careful (Toni, music therapist).

Participants also noted that "often people actually don't agree with their diagnosis" (Jesse). Others felt clients can interpret diagnosis as a "life-sentence" of sorts, a message that something is inherently wrong with them, and often they "react negatively" (Jo).

Another element of participants' uncertainty about mental health diagnoses was related to the fact that these are not perceived to accommodate capacity for change and development. Many asserted that diagnoses are a snapshot in time:

> Diagnosis is not necessarily a kind of the end point, it kind of fluctuates and changes and then obviously people recover (Toni).

Jamie expressed frustration at professionals who do work with diagnosis and reported intense and visceral reactions to the way systems of diagnosis operate: "Your whole body just wants to scream about it."

Participants were unsure whether it's better to know a client's diagnosis before meeting them. For example, Jo said: "I think generally ((pause)) yes I find it useful to know," whereas Robin reported: "I definitely prefer to meet them before I read about their background." However, there was consensus that diagnosis is not the most important thing about a client—"I don't think it's often very much at the forefront of my mind" (Jo).

On the positive side, Jesse noted mental health diagnoses help bring a sense of order and control to experiences that are felt as chaotic and difficult to understand, though perhaps this is more useful for people around the person experiencing distress than the person themselves:

> I think diagnoses are a way of us trying to organise those experiences and make them feel more understandable, more contained, erm, and make us feel like we've got control over, y'know, these, over human experience we can say "oh, you've got this, and we've got these treatments for that."

Some reported mental health diagnoses are "meant to be there to understand people" (Ali) and help music therapists know what to expect in terms of "symptoms," though this was caveated by the fact people are unique and there are no firm "rules": "I guess it just helps me sort of tune in a little bit as to what might be going on" (Jo). Toni suggested discussing a client's diagnosis could be "a useful way in" to forming a therapeutic relationship, but in line with the theme of ambivalence also noted this could be focused on the client not agreeing with the diagnosis.

Some said they might use mental health diagnoses to inform how directive they would be, for example, to ensure clients don't become overwhelmed, or to offer relief from "symptoms." For example, in the case of a client given the diagnosis of "OCD":

> I might be thinking, "oh maybe it might be helpful for this person to be free in the music," because that might actually be a nice liberating experience and a different experience from kind of needing to be, erm, having the containment of kind of certain rituals all the time (Toni).

And the diagnosis of "bipolar mood disorder":

> If I have somebody that I think is quite manic then I might not quite match them. If I know they have bipolar I might not quite go as far, I might go just slightly under (Jamie).

Participants felt mental health diagnoses don't account for clients' histories, traumatic experiences, and relational histories. There was agreement that many clients will have a history of adverse experiences that are more important in understanding their distress. As Toni noted:

> Often there's a lot of abuse, so that kind of, or neglect or, and that feels more relevant than a diagnosis specifically.

Some said they were wary of moving away from diagnosis altogether, though all agreed that considering clients' experiences was more useful. Some participants referenced the "Power Threat Meaning Framework" (British Psychological Society, 2018) and trauma theories as helpful ways of understanding distress, evidencing alignment with trauma-informed music therapy approaches (e.g., Beer & Birnbaum, 2023). Some viewed case

formulation (also known as case conceptualisation) as helpful, which "accounts for the origin of the client's needs and flows directly into a treatment plan designed to meet these needs" (Devlin & Meadows, 2023, p. 446). One participant also regarded the "Five Ps" method as helpful. It provides a theoretical framework for the topics that should be considered in case formulation: the presenting problem; predisposing factors; precipitating factors; perpetuating factors; and protective/positive factors (Macneil et al., 2012).

In summary, this theme captured various facets of participants' ambivalence about mental health diagnoses. Participants spoke of ways they may use diagnoses in their thinking, but also of the problems they can pose. There was agreement that diagnosis should be considered as only one, possibly flawed, lens through which to view clients.

Theme 2: "We can so Much More Easily sit With the Messiness, the Confusion, the Not Knowing"—Where do Music Therapists Fit?

Listen to musical vignette: https://soundcloud.com/human-experiences-are-so-complex/theme-2-where-do-music-therapists-fit-1?in=human-experiences-are-so-complex/sets/human-experiences-are-so-complex-musical-vignettes/

This theme represents participants' uncertainty about their positioning within mental health systems and how they perceive their work within and in relation to those systems. Those with experience of working in NHS settings reported not feeling entirely aligned with medical and wider multidisciplinary teams. Perhaps this is connected to well-documented broader questions about the value of the professionalisation of music therapy (e.g., Barrington, 2008), differences between therapeutic approaches (e.g., Maratos, 2014; Wetherick, 2019) and tensions and contradictions concerning the role and identity of music therapists (e.g., Aigen, 2013; Ansdell, 1999, 2002; Streeter, 1999; Sutton, 2019). As Odell-Miller (2016, p. 4) noted, "we may see ourselves as composers, performers, improvisers, music psychotherapists, philosophers, magicians, healers, facilitators, assistants, agents and carers," and participants' thoughts reflected the heterogeneity of music therapy.

Max (music therapist) described music therapy as being "in such a weird space compared to other psychological interventions." Connected to this was the idea that music therapy can hold ambiguity and respond flexibly to client need in a way that is exceptional (explored further in Theme 3). Participants described an idiosyncratic "watching and listening and having a sense" (Jo) approach, and keeping an open mind about clients and being ready to respond appropriately. There was consensus that a person's way of playing music does reveal something about their inner world and relational style, and music therapists value this as a means for understanding clients. However, there was wariness about clients' music being used as part of diagnostic processes. Some participants suggested it could "feed into" (Toni) diagnostic decisions, but there was an overall sense it should be honoured as distinct and subjective.

Participants described music therapy as offering unique opportunities for clients to explore their identities: "People reveal different parts of themselves" (Toni). Connected to this was the feeling music therapists are also able to approach clients differently to the system around them: "I can just treat them as a person and it's a different experience for them" (Ali). Additionally, some felt clients are aware music therapists are exceptional and know that "you've got a different mindset, and you approach me differently" (Jamie).

Participants acknowledged that the ambiguity surrounding the identity of arts therapies in general relates to a strength of these therapies—creative therapies can hold uncertainty and enable exploration of this within the container of creativity:

> Human experiences are so complex and there's so many layers to it and I I actually think that's where the arts therapies are so well placed to work within that because we can so much more easily sit with the messiness, the confusion, the not knowing (Jesse).

Some reported feeling like the voice of reason within multidisciplinary teams, advocating for agreement about a diagnosis, or a lack of one, in the best interests of the client. Some also expressed frustration at what they see as the professionalisation of music therapy at the cost of what makes it unique and effective. As part of that, mental health diagnoses are seen as part of the mechanics of how the profession attempts to "prove" the efficacy of music therapy as a "treatment," and by extension the NICE guidelines (2014a) that shape who music therapists can work with.

Theme 3: "We Work With What They Bring"—Music Therapists are Client-Centred

Listen to musical vignette: https://soundcloud.com/human-experiences-are-so-complex/theme-3-music-therapists-are-client-centred-4?in=human-experiences-are-so-complex/sets/human-experiences-are-so-complex-musical-vignettes/

Participants universally spoke of keeping clients' needs front and centre in their thinking. Most valued the idea of asking clients "what's it useful for us to know, to to best support you?" (Jo) above considering a diagnosis, and reported prioritising what happens in the here-and-now (Yalom, 2002) in sessions—"we work with what they bring" (Jamie).

Some noted that diagnosis has the potential to be dehumanising, and to shape interaction in a way that is detrimental to the therapy, alluding to mental health diagnoses being incompatible with a client-centred approach:

> What you don't want to happen is for the diagnosis to get in the way of you just connecting with a human being and their experience and actually listening to them about what they feel is going on for them (Jesse).

There was agreement that taking a client-centred approach means thinking carefully about how to create a therapeutic atmosphere suited to each person, aiming to facilitate creativity and prioritising a sense of safety:

> It's very much on their terms and finding a place where it's comfortable for them to be held, but also comfortable enough to let them explore (Max).

All participants expressed the belief that the diagnosis clients have been given can't possibly define them. It is therefore important to centre the client as the specialist, helping them "to comment on what's happening from their point of view" (Toni). Indeed:

> It's very difficult to know what's happening for somebody. And really the only person that knows is them (Toni).

Participants were universally uncomfortable with the idea of using mental health diagnoses to generalise: "I think everyone's really different despite their grouping of any particular diagnosis" (Ali). Many noted mental health diagnoses can lose sight of an individual's whole self, which is incompatible with a client-centred approach: "it can be quite reductive to the experience of the person" (Toni). Some framed aiming to empower clients and thinking about them in the wider context of their lives as central to the client-centred approach. In part, this entails viewing clients' "symptoms" as adaptive ways to cope with challenges:

> You've got an amazing brain and an amazing body that has is trying to heal, err, cope with, predict what might be coming, because of what it's experienced (Jesse).

As part of the client-centred approach, some placed importance on advocating for clients, for example, challenging other professionals on "treatment" decisions and helping other professionals understand clients' ways of being that are only demonstrated in music therapy. One participant highlighted that "because we're music therapists, we're trained to actually listen really carefully and observe really carefully" (Max), suggesting that music therapists are especially able to consider the client's perspective.

Theme 4: Music Therapists Critique the System

Listen to musical vignette: https://soundcloud.com/human-experiences-are-so-complex/theme-4-music-therapists-critique-the-system-3?in=human-experiences-are-so-complex/sets/human-experiences-are-so-complex-musical-vignettes/

This theme captures participants' thoughts about mental health institutional and societal systems and their awareness of the impact they have on the therapy, clients, and themselves. Many felt diagnosis is the "instrument" used by these systems to justify and implement its actions. Some were directly critical of the systems around them, but others felt less able to be overt in their views, exacerbated by psychiatry and mental health diagnoses functioning as "an edifice that you can't really attack" (Ali). Sub-theme 1, *Music therapists critique mental health systems,* represents participants' views on how mental healthcare systems operate and the part mental health diagnoses play within that. Sub-theme 2, *Music therapists critique societal structures,* concerns participants' interpretations of how mental health diagnoses are viewed in wider society.

Sub-Theme 1: Music Therapists Critique Mental Health Systems

In a recent report the British Medical Association (2024, p. 2) stated that mental healthcare in England "is in crisis." This theme encapsulates some participants' agreement that mental healthcare is under-resourced and pressurised, meaning in part that providing mental health support in line with recovery principles is "quite a serious problem" (Toni), and professionals need a "battle plan" (Max) for clients' care. Max noted services are often unrealistic in their expectations:

> They want a quick fix and it's not a quick fix, like people need to have support throughout.

As captured in Theme 3, participants have a client-centred approach at the core of their work, and value dignity and holistic thinking. However, as Max noted:

> We've […] gotta be humanistic with it, and it's difficult within the pressures of NHS work.

A common idea was that music therapists work within but against the system—they must "play along" with approaches that are not aligned with their personal values (and they may not view diagnoses as meaningful). Some felt reducing distress is not the main focus of the mental health system—rather its aim is to return clients to society's idea of "functioning" as quickly as possible, echoing anti-/critical-psychiatry views that psychiatry has "a particular coercive dimension" (Bracken & Thomas, 2001, p. 725).

Many participants noted mental health systems rely on diagnosis as a means for allocating "treatment" pathways. However, it's common for clients to be given multiple different diagnoses over time or to have coexisting diagnoses, which the system isn't able to accommodate. As Jamie noted, "it becomes really difficult because people can't access multiple services," resulting in a sort of "top trumps" for mental health "treatment."

Some felt the system uses mental health diagnoses to inflict stigma on clients. Those given "personality disorder" diagnoses were seen as being the most discriminated against, with one participant reporting other professionals referring to "The PD-ers" (Jesse). In line with well-documented critiques of the use of such diagnoses (e.g., Berger, 2014; Watts,

2024), participants observed that clients in this category are often viewed by other professionals as untreatable, as difficult people, and they give up hope for them as a result.

Jamie spoke about the system's reliance on diagnoses as ultimately enabling it to pathologise people, and that being customary:

> I think we're working in a system where this is completely and utterly accepted that this is done to clients.

Mental health diagnoses were also described as a means for systems to control clients, labelling them as "other" if they don't conform to what it considers normal, again resonating with anti-/critical-psychiatry critiques (e.g., Bracken & Thomas, 2001; Cooper, 1967; Double, 2019). For example, Jamie reported on the use of the term "delusion" to describe a client's experiences:

> They repeatedly referred to her having delusions, and I kept saying "what are you tal- what, what delusions has this person got? I don't understand what you're classifying as a delusion" and it seems to me that the word delusion gets synonymous with anything that doesn't fit in with their way of thinking.

Some participants portrayed the mental health system as dehumanising—mental health diagnoses enable putting clients into boxes, reducing them to lists of "symptoms," and having medication imposed on them. Because of the disrespect shown to clients by the system, it can take time to build trusting therapeutic relationships (which isn't always feasible due to short admissions), and a therapeutic approach ultimately feels incompatible with the system.

Sub-Theme 2: Music Therapists Critique Societal Structures

This sub-theme captures the criticism of societal standards of "normal" behaviour that predicate how mental health diagnoses operate in mental healthcare. As part of this, many felt stigma was prevalent in communities who were unable to understand and accommodate difference:

> How it's viewed in this society I suppose, it's kinda like "we don- oh no, we don't know how to deal with this, give give them to some special person and they'll sort them out, so we don't have to" (Robin, trainee).

Some expressed the idea that mental distress should be seen as a reflection of society's difficulties rather than individual "illness," mirroring Laing's (1960) existential phenomenological viewpoint that "symptoms" are often a rational response to an unreasonable world. Participants criticised "othering" of people with mental health diagnoses in wider society and the view that "outliers of human experience" (Ali) should be pathologised. It was felt that in this way, diagnosis is used to consign what is viewed as undesirable behaviour to the bounds of "illness." Some felt this othering played a central part in how mental health systems are constructed:

> If we were more accepting of humans and their experiences then, erm, I think mental health would be a very different thing (Jesse).

Some participants criticised the ableism displayed by professionals and communities towards people given mental health diagnoses. A collective intolerance of myriad experiences was seen as responsible for this, in part driven by society's need for individuals to be productive and to contribute to capitalist systems. As Ali noted, the priority is often:

> More about how do we make this person work in a way that we want them to work, y'know, society wants them to be like this.

Some felt mental health diagnoses are used in a way that perpetuates societal inequity. For example, Max noted racism can be seen in "a reluctance for a diagnosis to be given to somebody who is usually a Black male compared to their white counterparts," in line with research confirming that people from racially-minoritised groups are less likely to receive support for mental health needs (e.g., McManus et al., 2016). Instead, society vilifies Black men as angry and disengaged, producing a system that gatekeeps who is seen as worthy of "treatment" and who is irredeemable. Max also echoed critiques (e.g., Moran, 2022) that the widely used *Diagnostic and Statistical Manual of Mental Disorders (DSM V)* (American Psychiatric Association, 2013) is largely only relevant for dominant social classes, and does not consider the unique experiences of people who are trans, neurodivergent, disabled, female, and otherwise minoritised.

Discussion

This study was a novel creative arts exploration of UK music therapists' and music therapy trainees' beliefs about mental health diagnoses and their implications for clinical practice. The resultant themes show that these music therapists take a holistic view of clients, considering their histories, experiences, relationships, and social contexts. Bearing mental health diagnoses in mind may be useful as one aspect of the work, but participants felt putting too much focus on them had the potential to be pathologising and dehumanising.

This study corroborates existing literature that indicates that music therapists employ a client-/person-centred approach in their client work (e.g., Annesley, 2019; Swaney, 2020), and further establishes that a client-centred approach is more important to music therapists than a system centred on mental health diagnoses. In the UK context, social justice in music therapy is discussed in relation to oppression and power (e.g., Apley, 2025; Parsons, 2022; Pickard, 2023); inclusion, equity and societal narratives (Davies, 2022, p.17); and matters relating to race and class (e.g., Mains et al., 2025; Vencatasamy, 2023) and disability (e.g., Cameron, 2014; Pickard, 2020). This is reflected in participants' critique of institutional, structural, and societal systems, supporting varied existing literature advocating approaches to music therapy that recognise social inequality (e.g., Hardy, 2023; Pavlicevic, 2010). This study specifically broadens understanding of music therapists' views about how injustice affects those given mental health diagnoses. It also indicates that music therapists conceive of clients' distress using theories such as the Power Threat Meaning Framework (British Psychological Society, 2018) and case formulation (Devlin & Meadows, 2023). These may have been adopted due to the influence of multidisciplinary teams around music therapists, and further research in this area could provide fruitful information about evolving music therapy practices. The Power Threat Meaning Framework has been identified by Pilgrim (2022) as reflecting a broadly critical realist conceptualisation of mental health. Thus, critical realism provided the broad theoretical underpinnings for this research—leading to a focus on participants' contextually situated meaning-making around the "social objects" of mental health diagnoses—and participants' views aligned in many ways with critical realists' rejection of psychiatric positivism in favour of the formulation of contextually situated accounts of what has happened to people and how they make sense of these events.

The findings suggest music therapists may work within systems that don't align with their beliefs about the nature and origins of distress. There was a distinction between those working in NHS settings and those working in charity/non-profit settings, however. NHS-based participants expressed these feelings more overtly and exhibited more uncertainty about the value of mental health diagnoses. Perhaps charity/non-profit-based participants

experienced less of this internal conflict due to the approaches taken by the organisations they work in, and the aspects of mental healthcare they are involved with (e.g., working in community services with therapeutic aims). Charity/non-profit-based participants also seemed to "skirt around" ideas about mental health diagnoses more, making suppositions about how they thought systems of diagnosis should operate. This perhaps suggests a hopeful optimism about NHS mental healthcare systems and how diagnosis operates within them. The participants' accounts in various ways also reflected the ethos of existing UK music therapy trainings, and UK music therapy practice, which are holistic and client-centred.

With regard to any differences between trainee and qualified music therapists, there were few substantive differences in how these two groups conceived of mental health diagnoses. However, qualified music therapists had greater practical experience to draw on, so were more able to elaborate and reflect on their views. It is important to caveat this by noting that there were only two trainee participants, compared to six qualified music therapists.

This study demonstrates that music therapists think music therapy offers unique opportunities—clients can explore aspects of themselves and their experiences more fully than in other "treatment" and therapeutic modalities. Connected to this, this study furthers previous findings (e.g., Gross, 2022; Procter, 2001) that music therapists have some scepticism around the idea of music therapy trying to prove itself as "medicine" for mental health diagnoses, and doing so runs the risk of undermining the distinct benefits of music therapy. However, this can result in an uncertainty about where music therapy belongs, and perhaps exacerbates the sense that music therapists' views don't align with the settings in which they work. Additionally, music therapists can experience professional insecurity compared with more established mental health professions—they may have worked hard to be accepted and valued in healthcare systems, and this sense of precariousness means they sometimes feel unable to overtly challenge systems of mental health diagnoses.

Reflected in one of our research themes—Theme 4: Music therapists critique the system—was the view mental health diagnoses can perpetuate social inequalities, including racial inequity. On reflection, however, our aims and interview questions didn't invite participants to specifically reflect on how race/ethnicity intersect with mental health diagnoses, and we recognise that Global Majority researchers may well have included such aims and questions in a study of this kind. Additionally, we note that the participants in our study were exclusively white, which is perhaps a reflection of the well-documented lack of access to training and practice in music therapy for minoritised racial and ethnic groups and the predominantly white music therapy workforce in the UK (e.g., Langford et al., 2020; Lindo, 2023; Mains, et al., 2025; Vencatasamy, 2023). We recognise that including Global Majority participants in our research would likely have resulted in more emphasis on the problems of mental health diagnoses with regard to race/ethnicity given the history of critique in this area (e.g., Shim, 2021; Williams & Etkins, 2021).

It would have been useful to collect data on participants' training and therapeutic stance, as these clearly informed their approaches and potentially their views on mental health diagnoses. It is also clear that music therapists' views are influenced by their work environment, colleagues, and other factors—it wasn't within the scope of this study to explore this further, but these areas could benefit from further research. Whilst there was variation in age and experience amongst participants, they were solely cisgender, white, and only one was disabled. Clearly, further study with a greater variety of participants could potentially garner different viewpoints, as evidenced by research more broadly on the experiences of music therapists from racially minoritised groups (e.g., Kunimura, 2022; Myerscough & Wong, 2022; Vencatasamy, 2023), and disabled (e.g., Cole & Warner, 2020; Davies, 2022), neurodivergent (e.g., Davies, 2022) and LGBTQ+ (e.g., Ben-Aharon et al., 2023; McSorley, 2020; Myerscough & Wong, 2022) music therapists.

The innovative combination of story completion, reflexive improvisation and interviews (SC-RI-I) in this study allowed participants to explore their thoughts and feelings in depth and produced rich qualitative data. Existing literature suggests using improvisation in music therapy research can facilitate greater insight, create a "bridge" or connection to our inner thoughts, and allow researchers and participants to think more instinctively and imaginatively (Hoskyns, 2017). Story completion is also argued to enable access to a wide range of responses to a topic than more conventional direct self-report (Moller et al., 2021). This study shows these methods combined seemed to have helped the participants "reach parts that other methods cannot reach" (Pope & Mays, 1995). Captured in the coding were participants' feelings that the SC and RI tasks helped them broaden their thinking, noting these "set the scene" for the interviews, and that revisiting their story and reflexive improvisation at the start of the interview allowed them time and space to appreciate their somatic experiences, the intensity of their feelings, and their intuition. This combined SC-RI-I method seems to enable deep and exploratory discussion and could serve as a useful framework for future music therapy research. As this research was conducted as a student dissertation project for a Master's level programme, the scope was restricted by limited time and resources. Future study, however, could aim to incorporate participants' improvisations further, perhaps analysing the reflexive improvisations.

In conclusion, this research conveys UK trainee and qualified music therapists' appreciation of human experiences as varied and unique. Music therapists centre clients' needs in their work and prioritise holistic thinking over considering mental health diagnoses, though they may use mental health diagnoses to inform aspects of their work. Music therapy is seen as a unique modality, which contributes to the fact that music therapists' views often don't align with the organisational and societal structures they work within and around.

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References

Aigen, K. (2013). *The study of music therapy: Current issues and concepts*. Routledge.

Aigen, K. (2015). A critique of evidence-based practice in music therapy. *Music Therapy Perspectives, 33*(1), 12–24. https://doi.org/10.1093/mtp/miv013

American Music Therapy Association (AMTA) (2021). *Workforce analysis: A descriptive, statistical profile of the 2021 AMTA membership and music therapy community*. https://www.musictherapy.org/assets/1/7/2021_Workforce_Analysis_final.pdf

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425596

Annesley, L. (2019). Two kinds of music therapy: Exploring "genre" in the context of clinical practice. *British Journal of Music Therapy, 33*(2), 74–79. https://doi.org/10.1177/1359457519878613

Annesley, L., & Haire, N. (2021). Experiences of music therapists sharing improvisation remotely during lockdown. *Journal of Music, Health, and Wellbeing*. https://musichealthandwellbeing.co.uk/musickingthroughcovid19

Ansdell, G. (1999). Challenging premises: A response to Elaine Streeter's 'Finding a balance between psychological thinking and musical awareness in music therapy theory—A psychoanalytic perspective'. *British Journal of Music Therapy, 13*(2), 72–76. https://doi.org/10.1177/135945759901300206

Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy, 2*(2). https://doi.org/10.15845/voices.v2i2.83

Apley, K. (2025). Music therapists and social justice: Interacting with institutions. *Voices: A World Forum for Music Therapy, 25*(1). https://doi.org/10.15845/voices.v25i1.3999

Barrington, A. (2008). Challenging the profession. *British Journal of Music Therapy, 22*(2), 65–72. https://doi.org/10.1177/135945750802200204

Beer, L. E., & Birnbaum, J. C. (Eds.), (2023). *Trauma-informed music therapy: Theory and practice*. Taylor & Francis. https://doi.org/10.4324/9781003200833

Ben-Aharon, N., Gibson, M., & Reidy, T. (2023). Searching for shore: Navigating queer identities as student music therapists. In C. A. Lee (Ed.), *The Oxford handbook of queer and trans music therapy* (pp. 267–286). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780192898364.013.18

Bent, C., Wetherick, D., & Carr, C. E. (2023). "Filling the void with melody": Therapists' reflections on group songwriting using GarageBand in music therapy for adults with depression. *British Journal of Music Therapy, 37*(2), 71–81. https://doi.org/10.1177/13594575231194304

Berger, B. (2014). Power, selfhood, and identity: A feminist critique of borderline personality disorder. *Advocates Forum*. https://doi.org/10.6082/uchicago.7018

Boyle, M., & Johnstone, L. (2020). *A straight talking introduction to the power threat meaning framework: An alternative to psychiatric diagnosis*. PCCS Books.

Bracken, P., & Thomas, P. (2001). Postpsychiatry: A new direction for mental health. *British Medical Journal, 322*, 724–727. https://doi.org/10.1136/bmj.322.7288.724

Bradford, A., Meyer, A., Khan, S., Giardina, T. D., & Singh, H. (2024). Diagnostic error in mental health: A review. *BMJ Quality & Safety, 33*(10), 663–672. https://doi.org/10.1136/bmjqs-2023-016996

Bradstreet, S., & Mcbrierty, R. (2012). Recovery in Scotland: Beyond service development. *International Review of Psychiatry, 24*(1), 64–69. https://doi.org/10.3109/09540261.2011.650158

Brand, M., Clarke, V., & Warner, C. (2023). "Surprisingly helpful": An exploration of trainee and registered music therapists' perspectives on the current role of personal therapy in music therapy training in the UK. *Approaches: An Interdisciplinary Journal of Music Therapy, 15*(2), 219–240. https://doi.org/10.56883/aijmt.2023.6

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.

Braun, V., & Clarke, V. (2024). A critical review of the reporting of reflexive thematic analysis in Health Promotion International. *Health Promotion International, 39*(3), daae049. https://doi.org/10.1093/heapro/daae049

Braun, V., & Clarke, V. (2025). Reporting guidelines for qualitative research: A values-based approach. *Qualitative Research in Psychology, 22*(2), 399–438. https://doi.org/10.1080/14780887.2024.2382244

British Association for Music Therapy (2020). *Written evidence submitted by British Association for Music Therapy (DEL0340)*. https://committees.parliament.uk/writtenevidence/10886/pdf/

British Medical Association (2024). *"It's broken": Doctors' experiences on the frontline of a failing mental healthcare system*. https://www.bma.org.uk/what-we-do/population-health/supporting-peoples-mental-health/failing-mental-healthcare-system

British Psychoanalytic Council and UK Council for Psychotherapy (2014). *Addressing the deterioration in public psychotherapy provision*. https://www.bpc.org.uk/download/1025/PublicPsychotherapyProvision-FINAL.pdf

British Psychological Society (2018). *Power threat meaning framework - full version*. https://www.bps.org.uk/guideline/power-threat-meaning-framework-full-version

British Psychological Society (2021). *Code of Human Research Ethics*. https://doi.org/10.53841/bpsrep.2021.inf180

Bruce, C. (2022). Performing normal: Restless reflections on music's dis/abling potential. *Music Therapy Perspectives, 40*(2), 125–131. https://doi.org/10.1093/mtp/miab015

Bruscia, K. E. (2012). *Case examples of music therapy for schizophrenia*. Barcelona.

Cameron, C. (2014). Does disability studies have anything to say to music therapy? And would music therapy listen if it did? *Voices: A Forum for Music Therapy, 14*(3). https://doi.org/10.15845/voices.v14i3.794

Carr, C., Odell-Miller, H., & Priebe, S. (2013). A systematic review of music therapy practice and outcomes with acute adult psychiatric in-patients. *PLoS ONE, 8*(8), e70252. https://doi.org/10.1371/journal.pone.0070252

Carr, C., Tsiris, G., & Reigersberg, M. S. (2017). Understanding the present, re-visioning the future: An initial mapping of music therapists in the United Kingdom. *British Journal of Music Therapy, 31*(2), 68–85. https://doi.org/10.1177/1359457517728379

Catterall, M., & Ibbotson, P. (2000). Using projective techniques in education research. *British Educational Research Journal, 26*, 245–256. https://doi.org/10.1080/01411920050000971

Chandler, C., & Maclean, E. (2024). "There has probably never been a more important time to be a music therapist": Exploring how three music therapy practitioners working in adult mental health settings in the UK experienced the first year of the COVID-19 pandemic. *Approaches: An Interdisciplinary Journal of Music Therapy, 16*(2). https://doi.org/10.56883/aijmt.2024.63

Cole, S., & Warner, C. (2020). "It's just a different dimension": Music therapists' experiences of hearing loss. *Approaches: An Interdisciplinary Journal of Music Therapy, 14*(2), 243–264. https://doi.org/10.56883/aijmt.2022.107

Collins, B. (2019). *Outcomes for mental health services: What really matters?* The King's Fund. https://assets.kingsfund.org.uk/f/256914/x/b4458ab9b5/outcomes_mental_health_services_2019.pdf

Cooper, D. G. (1967). *Psychiatry and anti-psychiatry*. Tavistock Publications.

Cummins, I. (2018). The impact of austerity on mental health service provision: A UK perspective. *International Journal of Environmental Research and Public Health, 15*(6), 1–11. https://doi.org/10.3390/ijerph15061145

Davies, H. (2022). "Autism is a way of being": An "insider perspective" on neurodiversity, music therapy and social justice. *British Journal of Music Therapy, 36*(1), 16–26. https://doi.org/10.1177/13594575221090182

Devlin, K., & Meadows, A. (2023). Considering case formulation and decision-making processes in music therapy assessment and treatment planning. *Nordic Journal of Music Therapy, 32*(5), 445–461. https://doi.org/10.1080/08098131.2023.2184417

Double, D. B. (2019) Twenty years of the Critical Psychiatry Network. *The British Journal of Psychiatry, 214*(2), 61–62. https://doi.org/10.1192/bjp.2018.181

Erondu, C., & McGraw, C. (2021). Exploring the barriers and enablers to the implementation and adoption of recovery-orientated practice by community mental health provider organizations in England. *Social Work in Mental Health, 19*(5), 457–475. https://doi.org/10.1080/15332985.2021.1949426

Fairchild, R., & Bibb, J. (2016). Representing people in music therapy research and practice: A balancing act. *Voices: A World Forum for Music Therapy, 16*(3). https://doi.org/10.15845/voices.v16i3.878

Foubert, K., Sebreghts, B., Sutto, J., & De Backer, J. (2020). Musical encounters on the borderline: Patterns of mutuality in musical improvisations with borderline personality disorder. *The Arts in Psychotherapy, 67*. https://doi.org/10.1016/j.aip.2019.101599

Freitas, C., Fernández-Company, J. F., Pita, M. F., & García-Rodríguez, M. (2022). Music therapy for adolescents with psychiatric disorders: An overview. *Clinical Child Psychology and Psychiatry, 27*(3), 895–910. https://doi.org/10.1177/13591045221079161

Geretsegger, M., Mössler, K. A., Bieleninik, Ł., Chen, X. J., Heldal, T. O., & Gold, C. (2017). Music therapy for people with schizophrenia and schizophrenia-like disorders. Cochrane Database of Systematic Reviews, CD004025. https://doi.org/10.1002/14651858.CD004025.pub4

Gross, R. (2022). Postmodern music therapy: A proposed paradigm shift away from the medical model of disability and toward an intersectional understanding. *Voices: A World Forum for Music Therapy, 23*(1). https://doi.org/10.15845/voices.v23i1.3629

Hannibal, N., Pedersen, I. N., Bertelsen, L. R., Nielsen, R. E., & Gold, C. (2023). Process-outcome relations in music therapy versus music listening for people with schizophrenia viewed through a mediational model: The role of the therapeutic alliance. *Frontiers in Psychiatry, 14*, 1120003. https://doi.org/10.3389/fpsyt.2023.1120003

Hardy, S. (2023). Unapologetically me: Anti-oppressive community-based music therapy for transgender youth. In C. A. Lee (Ed.), *The Oxford handbook of queer and trans music therapy* (pp. 580–608). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780192898364.013.36

Haugwitz, B. (2021). Music therapy in the early detection and indicated prevention in persons at risk of bipolar disorders: State of knowledge and potential. *British Journal of Music Therapy, 35*(1), 16–26. https://doi.org/10.1177/1359457521997386

Hayfield, N., & Huxley, C. (2015). Insider and outsider perspectives: Reflections on researcher identities in research with lesbian and bisexual women. *Qualitative Research in Psychology, 12*(2), 91–106. https://doi.org/10.1080/14780887.2014.918224

Hoskyns, S. (2017). The place of improvisation in case study research in music therapy. *New Zealand Journal of Music Therapy, 15*, 9–36. https://www.musictherapy.org.nz/wp-content/uploads/2018/10/NZJMT2017No15-FINAL.pdf

Keith, D. (2007). Understanding musical improvisations: A comparison of methods in meaning-making. *Qualitative Inquiries in Music Therapy, 3*, 62–102. https://barcelonapublishers.com/resources/QIMTV3/QIMT20073%283%29Keith.pdf

Kern, P., & Tague, D. (2017). Music therapy practice status and trends worldwide: An international survey study. *Journal of Music Therapy, 54*(3), 255–286. https://doi.org/10.1093/jmt/thx011

Kinderman, P., Read, J., Moncrieff, J. & Bentall, R. P. (2013). Drop the language of disorder. *Evidence Based Mental Health, 16*. https://doi.org/10.1136/eb-2012-100987

Klyve, G. P., & Rolvsjord, R. (2022). Moments of fun: Narratives of children's experiences of music therapy in mental health care. *Nordic Journal of Music Therapy, 32*(2), 100–120. https://doi.org/10.1080/08098131.2022.2055114

Klyve, G. P., Rolvsjord, R., & Elgen, I. B. (2023). Polyphonic perspectives: A focus group study of interprofessional staff's perceptions of music therapy at an inpatient unit for children in mental health care. *International Journal of Qualitative Studies on Health and Well-being, 18*(1), 2197750. https://doi.org/10.1080/17482631.2023.2197750

Kunimura, A. (2022). The intersections of race, burnout, and self-care in social justice and music therapy. *Music Therapy Perspectives, 40*(2), 182–191. https://doi.org/10.1093/mtp/miac002

Laing, D. (1960). *The divided self: An existential study in sanity and madness*. Tavistock.

Langford, A., Rizkallah, M., & Maddocks, C. (2020). BAMT diversity report. *British Association for Music Therapy*. https://www.bamt.org/resources/diversity-report

Levarre-Waters, R. (2021). *Modern pastors of mental health recovery: An ethnographic study of the recovery approach in Wales*. Unpublished PhD thesis, Cardiff University. https://orca.cardiff.ac.uk/id/eprint/143330/

Lindo, D. (2023). Examining the accessibility of MA Music Therapy training in the United Kingdom for ethnic minority communities. *British Journal of Music Therapy, 37*(1), 5–16. https://doi.org/10.1177/13594575231154491

Macneil, C. A., Hasty, M. K., Conus, P., & Berk, M. (2012). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. *BMC Medicine, 10*, 111. https://doi.org/10.1186/1741-7015-10-111

Mains, T., Clarke, V., & Annesley, L. (2025). "Music therapy is the very definition of white privilege": Music therapists' perspectives on race and class in UK music therapy. *Approaches: An Interdisciplinary Journal of Music Therapy, 17*(2), 2025. https://doi.org/10.56883/aijmt.2024.20

Maratos, A. (2014). MTUK: Collaboration for the future: Keynote Speech, BAMT Conference, February 2014. *British Journal of Music Therapy, 28*(2), 6–15. https://doi.org/10.1177/135945751402800204

McCaffrey, T. (2017). Evaluating music therapy in adult mental health services: Tuning into service user perspectives. *Nordic Journal of Music Therapy, 27*(1), 28–43. https://doi.org/10.1080/08098131.2017.1372510

McCaffrey, T., Carr, C., Solli, H. P., & Hense, C. (2018). Music therapy and recovery in mental health: Seeking a way forward. *Voices: A World Forum for Music Therapy, 18*(1). https://doi.org/10.15845/voices.v18i1.918

McCaffrey, T., & Edwards, J. (2016). "Music therapy helped me get back doing": Perspectives of music therapy participants in mental health services. *The Journal of Music Therapy, 53*(2), 121–148. https://doi.org/10.1093/jmt/thw002

McManus, S., Bebbington, P., Jenkins, R., & Brugha, T. (Eds.), (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*. NHS Digital. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

McSorley, K. (2020). Sexism and cisgenderism in music therapy spaces: An exploration of gender microaggressions experienced by music therapists. *The Arts in Psychotherapy, 71* (101707). https://doi.org/10.1016/j.aip.2020.101707

MIND (2025). *The big mental health report.* https://www.mind.org.uk/media/zianu2rn/mind_the-big-mental-health-report_digital4.pdf

Moller, N. P., Clarke, V., Braun, V., Tischner, I., & Vossler, A. (2021). Qualitative story completion for counseling psychology research: A creative method to interrogate dominant discourses. *Journal of Counseling Psychology, 68*(3), 286–298. https://doi.org/10.1037/cou0000538

Moran, M. (2022). Impact of culture, race, social determinants reflected throughout new DSM-5-TR. *Psychiatric News, 57*(3). https://doi.org/10.1176/appi.pn.2022.03.3.20

Myerscough, F., & Wong, D. (2022). (Un)learning from experience: An exposition of minoritized voices on music therapy training. *Music Therapy Perspectives, 40*(2), 132–142. https://doi.org/10.1093/mtp/miac024

NHS (2021). *Where to get urgent help for mental health, nhs.uk*. https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

NHS England (no date). *NHS England » NHS Talking Therapies for anxiety and depression.* https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/

NHS England (2025). *Adult psychiatric morbidity survey: Survey of mental health and wellbeing, England, NHS England Digital*. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey

NICE (no date). *Mental health guidelines | Hub | NICE, NICE website: The National Institute for Health and Care Excellence*. https://www.nice.org.uk/guidance/indevelopment/gid-hub10005

NICE (2014a). *Psychological therapy | Information for the public | Psychosis and schizophrenia in adults: Prevention and management | Guidance | NICE*. https://www.nice.org.uk/guidance/cg178/ifp/chapter/psychological-therapy

NICE (2014b). *Psychosis and schizophrenia in adults: Prevention and management - Recommendations*. https://www.nice.org.uk/guidance/cg178/chapter/Recommendations

NICE (2019). *Quality statement 5: Activities to promote wellbeing | Dementia | Quality standards | NICE*. https://www.nice.org.uk/guidance/qs184/chapter/quality-statement-5-activities-to-promote-wellbeing

NICE (2024). *Depression in adults: [G] Psychotic depression*. https://www.nice.org.uk/guidance/ng222/evidence/g-psychotic-depression-pdf-11131004420

Odell-Miller, H. (2007). *The practice of music therapy for adults with mental health problems: The relationship between diagnosis and clinical method*. Unpublished PhD thesis, University of Aalborg. https://vbn.aau.dk/en/publications/the-practice-of-music-therapy-for-adults-with-mental-health-probl

Odell-Miller, H. (2016). The role, function and identity of music therapists in the 21st century, including new research and thinking from a UK perspective. *British Journal of Music Therapy, 30*(1), 5–12. https://doi.org/10.1177/1359457516639549

Parsons, J. (2022). Whose "power of music"? Questioning and problematizing aspects of language and power in music therapy practice within mainstream primary schools in the UK. *Voices: A World Forum for Music Therapy, 22*(3). https://doi.org/10.15845/voices.v22i3.3406

Pavlicevic, M. (2010). Reflection: Crime, community, and everyday practice: Music therapy as social activism. In E. Cochavit, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 223–242). Routledge. https://doi.org/10.4324/9781315084084-24

Pérez-Aguado, Ó., Lacamara, S., Ruiz, J. C., Dasí, C., Soldevila-Matias, P., & Fuentes-Durá, I. (2024). Effects of group music therapy on symptoms and functional recovery in outpatients with chronic psychoses: A randomized controlled trial. *Nordic Journal of Music Therapy, 33*(2), 122–141. https://doi.org/10.1080/08098131.2023.2257296

Perkins, R. (1999). Madness, distress and the language of inclusion. *Openmind, 98*, 6. https://www.open.edu/openlearn/mod/resource/view.php?id=26480

Perkins, R., Ascenso, S., Atkins, L., Fancourt, D., & Williamon, A. (2016). Making music for mental health: How group drumming mediates recovery. *Psychology of Well-being, 6*(11), 1–17. https://doi.org/10.1186/s13612-016-0048-0

Pickard, B. (2020). A critical reflection on the Health and Care Professions Council Standards of Proficiency for music therapists: A critical disability studies perspective. *British Journal of Music Therapy, 34*(2), 82–94. https://doi.org/10.1177/1359457520971812

Pickard, B. (2023). Moving towards anti-oppressive practice in music therapy. *Nordic Journal of Music Therapy, 32*(4), 287–289. https://doi.org/10.1080/08098131.2023.2209402

Pilgrim, D. (2014). Some implications of critical realism for mental health research. *Social Theory & Health, 12*(1), 1–21. https://doi.org/10.1057/sth.2013.17

Pilgrim, D. (2017). Critical realism and mental health research. In B. Cohen (Ed.), *Routledge International Handbook of critical mental health* (pp. 64–71). Routledge. https://doi.org/10.4324/9781315399584

Pilgrim, P. (2022) A critical realist reflection on the Power Threat Meaning Framework. *Journal of Constructivist Psychology, 35*(1), 83–95. https://doi.org/10.1080/10720537.2020.1773359

Pope, C., & Mays, N. (1995). Qualitative research: Reaching the parts other methods cannot reach: An introduction to qualitative methods in health and health services research. *British Medical Journal, 311*, 42–45. https://doi.org/10.1136/bmj.311.6996.42

Procter, S. (2001). Empowering and enabling: Improvisational music therapy in non-medical mental health provision. *Voices: A World Forum for Music Therapy, 1*(2). https://doi.org/10.15845/voices.v1i2.58

Recovery in the Bin (2014). *RITB – Key principles*. https://recoveryinthebin.org/ritbkeyprinciples/

Rolvsjord, R. (2010). *Resource-oriented music therapy in mental health care*. Barcelona.

Rose, D. (2014). The mainstreaming of recovery. *Journal of Mental Health, 23*(5), 217–218. https://doi.org/10.3109/09638237.2014.928406

Shim, R. S. (2021). Dismantling structural racism in psychiatry: A path to mental health equity. *The American Journal of Psychiatry, 178*(7), 592–598. https://doi.org/10.1176/appi.ajp.2021.21060558

Shim, R., Koplan, C., Langheim, F. J. P., Manseau, M. W., Powers, R. A., & Compton, M. T. (2014). The social determinants of mental health: An overview and call to action. *Psychiatric Annals, 44*(1), 22–26. https://doi.org/10.3928/00485713-20140108-04

Smith, B., & McGannon, K. R. (2017). Developing rigour in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology, 11*(1), 101–121. https://doi.org/10.1080/1750984X.2017.1317357

Solli, H. P., & Rolvsjord, R. (2015). "The opposite of treatment": A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy, 24*(1), 67–92. https://doi.org/10.1080/08098131.2014.890639

Solli, H. P., Rolvsjord, R., & Borg, M. (2013). Toward understanding music therapy as a recovery-oriented practice within mental health care: A meta-synthesis of service users' experiences. *Journal of Music Therapy, 50*(4), 244–273. https://doi.org/10.1093/jmt/50.4.244

Streeter, E. (1999). Finding a balance between psychological thinking and musical awareness in music therapy theory—A psychoanalytic perspective. *British Journal of Music Therapy, 13*(1), 5–20. https://doi.org/10.1177/135945759901300103

Sutton, J. (2019). Improvisation: Our controversial discussions. *Nordic Journal of Music Therapy, 29*(2), 97–111. https://doi.org/10.1080/08098131.2019.1636849

Swaney, M. (2020). Four relational experiences in music therapy with adults with severe and profound intellectual disability. *Music Therapy Perspectives, 38*(1), 69–79. https://doi.org/10.1093/mtp/miz015

Swords, C., & Houston, S. (2020). Exploring the concept of recovery in Irish mental health services: A case study of perspectives within an inter-professional team. *Irish Journal of Applied Social Studies, 20*(1). https://arrow.tudublin.ie/ijass/vol20/iss1/4

Tsiris, G. (2017). Music therapy and spirituality: An international survey of music therapists' perceptions. *Nordic Journal of Music Therapy, 26*(4), 293–319. https://doi.org/10.1080/08098131.2016.1239647

Tuastad, L., Johansen, B., Østerholt, A. L., Nielsen, I., & McIvor, D. S. H. (2023). Being a person who plays in a band rather than being a person with a mental illness playing in a band: A qualitative study of stigma in the context of music therapy in mental health aftercare. *Nordic Journal of Music Therapy, 32*(2), 121–139. https://doi.org/10.1080/08098131.2022.2075437

United Nations & World Health Organisation (2023). *Mental health, human rights and legislation: Guidance and practice*. https://www.who.int/publications/i/item/9789240080737

Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education, 51*(1), 40–50. https://doi.org/10.1111/medu.13124

Vencatasamy, D. (2023). The importance of being diverse: Exploring the journey from Brexit to Belonging. *British Journal of Music Therapy, 37*(1), 28–35. https://doi.org/10.1177/13594575231153558

Watts, J. (2016). *Recovery: Compromise or liberation*? https://www.madinamerica.com/2016/02/recovery-compromise-or-liberation/

Watts, J. (2024). The epistemic injustice of borderline personality disorder. *British Journal of Psychiatry International, 21*(4), 78–82. https://doi.org/10.1192/bji.2024.16

Wetherick, D. (2019). Are UK music therapists talking past each other? A critical discourse analysis of three book reviews. *British Journal of Music Therapy, 33*(2), 67–73. https://doi.org/10.1177/1359457519874443

Williams, D. R., & Etkins, O. S. (2021). Racism and mental health. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 20*(2), 194–195. https://doi.org/10.1002/wps.20845

World Health Organization. (2022). ICD-11: *International classification of diseases* (11th revision). https://icd.who.int/

Yalom, I. D. (2002). *The gift of therapy: Reflections on being a therapist*. Piatkus Books.