

Nurturing our reflexivity

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In music therapy, we take self-care seriously so that we can offer effective services to others and sustain ourselves and our practice over the long term (Trondalen, 2015). To care for ourselves well, we may attend personal therapy, receive supervision, attempt to nurture our physical health, engage in continued education, draw on our musical resources, and connect within supportive relationships. As Reynolds (2011, 2012) argued, sustaining our practice with aliveness, connectedness, and spirited presence without becoming burnt out necessitates remaining fully and relationally engaged within community.

In the realm of research, there is a growing emphasis on reflexivity. Although the use of this term varies, we generally employ it to describe how we examine and work with our active (or potentially active) role in creating and shaping knowledge in our studies. While this process tends to be highlighted predominantly in qualitative research, the case has been made that all research demands reflexivity from researchers (Jamieson et al., 2023; Walker et al., 2013). Depending on our ontological and epistemological stance, examining our role as researchers could entail engaging in critical self-awareness and being transparent about our motivation, involvement, and positioning. It could involve using our subjectivity as a resource, or reflecting carefully on how we empathically attune to our participants within relational encounters. It may also take the form of bracketing our preconceived ideas or attempting to minimise bias.

Reflexivity is not simply reflected in the short paragraph we may write under this heading in an article. It is also not simply the words in a reflexive journal or evidence that supervision occurred. Reflexivity permeates our entire manuscript, from examining our motivations, critiquing the literature, presenting descriptions of ourselves, our research teams, our participants, and the relationships between us, and carefully articulating our methodological and meaning-making decisions. We are “in” and “of” our studies as political beings, with unique qualities and experiences that need to be acknowledged. For example, we have bodies that work in particular ways, look a certain way, and struggle in unique ways. We research as people with emotions, families, cultures, and economic situations. We research as humans who are troubled by particular problems in the world. Reflexivity calls us to be in contact with the whole of who we are as we look inward, outward, and as others look at us. We work on any particular study as part of our broader life story as researchers, music therapists, and human beings.

Sometimes reflexivity is an act of resistance, such as when we listen to its invitations to take our time with the process (even if our academic contexts are driving rapid research outputs), reflect more deeply, take a break, ask difficult questions of each other, and respond in ways that are more socially just, or more creative. To nurture ourselves as reflexive beings in the world takes sustained intentionality. It requires the courage to examine and reexamine our worldviews and values, be vulnerable when appropriate, and spend time outside our comfort zones.

The demands of reflexivity are substantial, and so this leads me to wonder why we do not discuss the self-care practices of researchers very often. My experience suggests that we do not engage in self-care as music therapists with the goal of facilitating one effective session. We do it for our practice as a whole and to sustain ourselves over time. To grow as reflexive researchers, we could purposefully engage in self-care practices that sustain us in this broader way, too, not just to figure out how best to be reflexive in each individual project. Some of the same self-care approaches related to practice may also apply to research, such as: strengthening our community connections, therapy, mentorship, nurturing our physical health, continued education, and drawing on our musical resources. As researchers, we can take self-care strategies as seriously as we do when investing in our clinical development.

Introducing the manuscripts published in this issue

This issue includes four papers covering a range of research approaches, contexts and music therapy practice. Daniel Tague and Anne Lipe present an integrative review of the theories and intervention rationales underpinning studies about the effects of music interventions on cognitive functioning among older adults with mild cognitive impairment (p. 4). Their paper explores whether theoretical foundations are stated explicitly as a rationale for music intervention selection, whether these foundations connect the music intervention and the measured outcome, and if they are used to explain how the intervention influenced this outcome. Alona Schneidman, Cochavit Elefant, Ronel Keren, Stav Ben-Shachar and David Roe examine the benefits of long-term group music therapy offered at a community centre for people living with mental health conditions in Israel (p. 29). They found longitudinal improvement trends in social skills development, group cohesion, and emotional expression in the group as a whole. Turning to a French context, Jenny Diouf Lewis and Soo Ji Kim offer demographic and employment data regarding music therapists working in medical settings within this country, as well as how they perceive their role and status (p. 48). In the final paper, Jelena Golubovic, Felicity Baker, Melanie Simpson, and Bjørn Erik Neerland present a protocol for a randomised feasibility trial that will be conducted in Norway using live and recorded music interventions with older patients experiencing delirium symptoms (p. 62). The authors seek to inform recruitment, as well as intervention and assessment feasibility and acceptability, thereby contributing to strengthened interdisciplinary collaboration in the care for older adults with delirium. As a reader, I appreciated experiencing the movement between perspectives offered by these four articles: looking from “below” at the theoretical frameworks that underpin research choices, looking “back” at the longitudinal outcomes of a music therapy process, looking “forward” via the careful planning of a protocol for a randomised control trial, and looking “around” at music therapy work within a country through a survey. May you find the process of gazing at our rich field through these diverse perspectives equally enriching.

References

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