


# What research questions are we asking in English-language music therapy journals? A descriptive analysis

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## ABSTRACT

**Introduction:** Music therapy (MT) research is well-established. Gaining an overview of the body of knowledge is valuable, including examining how we formulate research questions. In MT, the questions that are asked shape what is investigated, how studies are designed, and the types of knowledge that are prioritised. A descriptive analysis was conducted on English-language research articles published between 2017 and 2024 across 12 MT-specific journals to explore: (a) What research questions are asked? and (b) How can the insights from this study offer points for discussion that could shape how inquiry in the field proceeds?

**Results:** A total of 698 articles across 12 MT-specific journals were reviewed, and 1180 research questions were extracted and analysed. The research questions focused on eight areas: MT practice, MT as a profession, MT education, other related role-players, research processes, concepts, musicking, and looking outwards. The majority of questions addressed service users, particularly adults, with autistic individuals most frequently studied, followed by those with dementia. Established MT approaches received more attention than newer ones. Most questions were descriptive and open, with questions that critically interrogated their own assumptions being very rare. Only 3% of questions were developed collaboratively with participants. Researchers ask more questions about how MT processes are characterised and experienced than about change mechanisms.


**Discussion:** The findings reveal patterns and gaps in how MT researchers are currently shaping inquiry, particularly through how they craft their questions. By mapping current trends, this article aims to encourage critical reflection and promote purposeful, innovative approaches to advancing MT research.

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Research in music therapy is closely linked to the field's evolution (Wheeler, 2016a). Bruscia (2005) identified three broad categories of music therapy research. Discipline research encompasses studies that explore various aspects of music therapy practice (including assessment, treatment, and evaluation). These themes lie at the core of music therapy because it is an applied field. Profession research includes studies on music

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therapists and their efforts to establish and promote music therapy as a recognised healthcare service. Foundational research pertains to studies that intersect with but do not exclusively address the discipline or profession of music therapy (including topics from psychology, music, medicine, and education). These are important given music therapy's interdisciplinary nature. Research in music therapy is well-established and diverse (Matney, 2018). It may be helpful now to pause and obtain an overview of how this research is proceeding to afford critical assessment and increasingly purposeful choices about how to develop knowledge in the field. One could do this through many lenses. The focus of this paper is to explore the questions that are asked in music therapy research.

Formulating well-grounded questions is essential to all research endeavours. In the words of Gaukroger (2012, p. 66),

What we are being guided towards are the best answers to the questions that we pose. The quality of the answers will depend on the quality of the questions, what they assume as given, what they take to be the appropriate evidence, and what they take to be the relevant form of explanation . . . If you deploy good procedures in answering a misconceived, confused, or misleading question, it is highly likely that the answer will not get you anywhere.

While well-constructed questions do not guarantee successful research, poorly framed questions can sabotage the research process. The quality of initial research questions can influence whether a study gains approval from a dissertation committee, gets published, or secures funding (Agee, 2009). Crafting a well-focused research question or hypothesis guides the data collection and analysis processes and establishes a framework for interpreting the results. The question also typically dictates the appropriate research design (Meadows, 2003). Research questions are deeply intertwined with theory (Agee, 2009). Richards (2005) outlines three essential questions to consider when developing research inquiries: "What are you asking? How are you asking it? What data will you need to provide a good answer?" (p. 5). McFerran and Silverman (2018) encouraged researchers to develop their research questions by identifying intriguing personal experiences, being aware of personal beliefs, aligning methods with identified knowledge preferences, and considering logistics by working with contextual influences.

Dillon (1984) classified questions into those that are descriptive (to find out what makes up a phenomenon and why it has those qualities); comparative (generating knowledge about the relations among phenomena – how do they relate? Are they equivalent? Different?); explanatory (generating knowledge about the contingent relations between phenomena and their attributes, including correlation, conditionality, causality); and normative (producing knowledge about how something should be done, for example, in order to improve something). A hypothesis is a proposition that can be tested. While a research question indicates what the researcher is trying to discover, the hypothesis has a built-in question to which the research predicts an answer (White, 2009).

All questions hold some taken-for-granted meaning. Alvesson and Sandberg (2013) explained that research questions that foster knowledge contributions capable of challenging consensus are typically marked by authentic openness. This generates a sense of unsettledness and indeterminacy, which are crucial for producing original knowledge. A genuinely open question not only interrogates the subject but also calls into question existing knowledge about it. This study sought to ask questions about music therapy research questions.

The research questions that guided this study were as follows: In relation to English-language music therapy research in the last eight years in journals that specifically publish music therapy research:

1. What research questions have been asked?
  - 1.1 What are the research questions about?
  - 1.2 What are the types of questions?
  - 1.3 What questions are asked in light of the research methodology used in these studies?
  - 1.4 What questions are published in which journals?
2. How can the insights from this study offer fruitful points for discussion that could shape the course of inquiry in our field?

## Method

I conducted a descriptive analysis (Loeb et al., 2017) to explore these questions. I situated this study in a constructionist paradigm as per Crotty's (1998) conceptualisation, explained further by Matney (2019). This can be the foundation of a study that employs qualitative or quantitative methods and can ground systematic reviews (Matney, 2019). My objective was to identify and share insights about the topic under investigation, acknowledging that these are inevitably filtered through my perceptions and represented through my constructions.

## Reflexivity

Reflexivity entails critically and genuinely considering how our frameworks, assumptions, beliefs, values, and perspectives influence our research (Freeman, 2018). All research "requires us to account for our humanness" (Denzin & Lincoln, 1998, p. 8) and subjective, interpretive processes are present regardless of whether qualitative or quantitative methods are used (Finlay, 1998; Jamieson et al. 2023; Lakew, 2017; Sulkunen, 2008). Every research study is positioned, provisional and incomplete. It has been argued that valuing subjectivity could paradoxically bring us closer to objectivity compared to approaches that centre objectivity because subjectivity affords a more complete but still realistically inconclusive account of reality's complexity (Parker, 1999).

My motivation for this study was two-fold. Firstly, as a research supervisor, I have always found the process of students' creation of research questions to be complex and fascinating. Secondly, when reading research studies and attending conferences, I constantly find myself wondering about the questions that music therapists are asking within the field, for example, whether there are more questions about how participants experience established practices or how new ways of working can be developed. In relation to the process of conducting this study, my wording of the research questions and the decisions I made at multiple points in the journey shaped the study's outcomes. Therefore, I have sought to be transparent about my choices and the limitations thereof, as presented in the sections below, to enhance the trustworthiness of the findings (as encouraged by Rallis & Rossman 2009).

## Included journals

The journals I included were: *Arts in Psychotherapy* (AIP), *Australian Journal of Music Therapy* (AJMT), *Approaches: An Interdisciplinary Journal of Music Therapy*, *British Journal of Music Therapy* (BJMT), *Canadian Journal of Music Therapy* (CJMT),

*Journal of Music Therapy* (JMT), *Music and Medicine* (M&M), *Music Therapy Perspectives* (MTP), *New Zealand Journal of Music Therapy* (NZJMT), *Nordic Journal of Music Therapy* (NJMT), *Qualitative Inquiries in Music Therapy* (QIMT), and *Voices: A World Forum for Music Therapy*.

Music therapy research is published in a wide range of journals, many of which are non-music therapy specific (Wheeler, 2016a). Ideally, this project would have included every music therapy paper published in any journal to gain a comprehensive sense of music research in general. However, this was not feasible for the scope of this study. A Google Scholar search for the term “music therapy” from 2017–2024 at the time that I am writing this article generates “about 55,800” results. While other related journals also publish a fair number of music therapy studies (e.g. *Psychology of Music*, *Musicae Scientiae*, and the *International Journal of Community Music*), I elected to limit the study to 12 journals with the hope that sufficient articles would be sourced from them to offer useful enough findings within the confines of a feasible study. I included only articles published in English-language journals because of my limited language comprehension. I acknowledge this as an important limitation and encourage colleagues who speak and publish in other languages to extend this project to include non-English publications.

### **Inclusion and exclusion criteria**

My initial inclusion criteria for selecting articles in these journals were as follows. The paper (a) needed to be a research article, (b) concerning MT, (c) published in the last eight years, and (d) it needed to include a research question, or, if there was no question, a stated aim that directly implied a clear research question, or a hypothesis. When making the decision about whether to include studies that used hypotheses, I thought that excluding them would leave a hole in the overview I was seeking to present about the inquiries that are conducted in music therapy and, therefore, decided to include them.

I initially planned to include articles from the past five years as I believed that this could offer research students and researchers embarking on new projects a helpful sense of recent trends in the field. However, due to the potential impact of COVID-19 on research topics and processes, I elected to go back eight years to balance the potential impact of that specific time on research projects and that patterns before this could also be captured.

As I screened articles from the 12 selected journals (only excluding book reviews, commentaries and obituaries), I realised that I needed to make more refined criteria regarding the articles I would include (particularly what counted as a paper about music therapy and what counted as a research paper for my purposes in this analysis). The refined additional criteria were:

- An article about a music intervention or aspect of music (not MT specifically) if it discussed direct implications for MT or included a discussion of how it informs MT, or if a music therapist facilitated the project
- A historical study with archival data
- A narrative review if there was a systematic process of data gathering

- Protocols that described a study that is going to be conducted with clearly articulated research questions
- Evaluation of services (even as a report), if it included questions, data collection and analysis.

I excluded: perspectives on practice; reports without data collection and analysis; essays/theoretical articles; a literature review or narrative review if it functioned as an essay with no evidence of systematic data gathering; meta-theoretical reflections; conceptual models; position papers; historical overviews that were not systematic or did not explain the archival data collection process; a protocol for an intervention only (not a research study); a paper that drew on a case study from a previous study in order to develop a theoretical argument; case study reflection with no ethical approval as a research study; case studies without an aim or research questions, or specific data analysis; a paper articulating the development of an assessment tool through discussing literature with no process of gathering data on the tool; papers discussing commonalities between other studies (not a systematic review); papers focused on describing a research method; research on the therapeutic contribution of music within other types of therapy where the link to MT was not made explicitly in the paper; integrated arts therapies papers (that did not discuss MT specifically); articles on music intervention (not MT) that were not directly linked to MT or where implications for MT were not addressed.

As I read through every article that met the inclusion criteria, I extracted the following information, placing it within an Excel spreadsheet: Reference; research questions (or, if none were present, aims with clearly implied questions or hypotheses); whether the question was developed by the researcher(s) or developed collaboratively with the participants; types of questions; research design/methodology; participants (context, role, presenting feature, age); type of approach/intervention/technique; and whether the approach/intervention/technique was more established or newer (developed within 10 years of the date of publication). I did not specify upfront what the “types” of questions could be, as I wanted this analysis to be grounded in the data.

In relation to hypotheses, an example of one that was included is from a study by Mandel et al. (2019) on music therapy services in hospital emergency departments (ED), which was originally worded as: “ED patients who receive MT will report significantly higher scores for how well pain was controlled compared with ED patients who did not receive MT services” (p. 153). I reworded this as the question: “Will ED patients who receive MT report significantly higher scores for how well pain was controlled compared with ED patients who did not receive MT services?” In Table A in the online supplemental data, I provide the full list of the 17 hypotheses that were included and how I interpreted them as questions. In relation to drawing on an aim or objective, an example can be found in a paper by Álvarez (2022), in which the aim read “Our feasibility study aimed to understand whether NMT techniques can be implemented with a rehabilitative approach for older adults with moderate to severe dementia. It explores this system’s efficacy in improving treatment acceptability, behaviour, mood, and cognition” (p. 77). I translated this into the following questions: “Can NMT techniques be implemented with a rehabilitative approach for older adults with moderate to severe dementia?” and “What is this

system's efficacy in improving treatment acceptability, behaviour, mood, and cognition?" I have included further examples in Table B in the online supplemental data. Where questions could not be clearly inferred from the aims or objectives, I did not include the article.

### **Analysis**

For question 1.1, I grouped the extracted research questions into categories and themes. This was guided by content analysis (Bryman, 2012). I did not code the questions first, as they were already in the format of short statements. I also calculated the frequency of questions within each category. For question 1.2 that was guiding this study, I categorised the research questions in the articles into types (details on this process are provided below). For 1.3 and 1.4, I calculated frequencies and used Excel to generate tables and graphs to explore the relationships between different aspects. The final question is addressed within the discussion section.

### **Findings**

Out of a total of 1768 articles that were screened across the 12 journals, the total number of articles identified for inclusion was 698 (NJMT: 140; JMT: 115; MTP: 113; AIP: 88; Voices: 79; Approaches: 44; M&M: 44; BJMT: 30; AJMT: 16; QIMT: 12; CJMT: 11; and NZJMT: 6). The total number of questions across the 698 articles was 1180.

### **What are the research questions about?**

I examined what the research questions were asking about in terms of broad areas of focus, who the questions highlighted (if people were included), and what music therapy approach/interventions were inquired about (if this was included). Firstly, the research questions were about eight broad areas (listed in order of the number of questions in each, from greatest to least): MT practice, musicking (and musicking projects), MT as a profession, MT education, other related role-players in health and education contexts, research processes (including reviews), understanding concepts, and looking outwards (where music therapists use their knowledge to understand issues outside of MT). Within MT practice, there were five main subthemes. Table 1 shows the main themes and subthemes with the higher-order categories that fell within each, as well as the number of questions that were asked in each one. Table C in the online supplemental data shows examples of how I categorised the questions in the articles and grouped them into themes.

The frequencies (in terms of percentages) of areas focused on over time have remained relatively consistent over the last eight years, as shown in Figure 1.

Secondly, researchers asked questions about service users (49%), music therapists (29%), music therapy students (7%), other role players in healthcare, caregiving and educational environments who are not personally receiving music therapy (10%), and non-therapy participants/role-players (e.g. healthy people who take part in a music perception study) (5%). In terms of other role-players (who were not personally receiving MT), 46 studies included research questions about healthcare practitioners, therapists and support staff; 25 included questions about family members and friends;

Table 1. Research question themes and categories

Theme	Subtheme	Higher-Order Category	Category
Practice [663; 55.9%]	Does MT work and is it feasible? [245]	Does an established approach to MT bring about a desired outcome for the service user? (133) Does a newer approach to MT bring about a desired outcome for the service user? (46) Do some MT techniques work better than others? (22) Are there negative effects or disadvantages of MT approaches/techniques? (2) Is there value in combining approaches or using them flexibly? (2) Does MT positively impact other role players and the context? (3) Is MT feasible? (34) How can MT services be improved? (3) What are service user's needs? (7) How does change happen in MT? (34) How do/should MTs work with particular client groups? (27) How can we better understand the functioning/qualities of a certain process/approach/technique? (27) How do service users engage/respond in MT? (10) How do MTs read people musically? (4) How do we make meaning in/of the therapeutic process? (9) What characterises the therapeutic relationship in MT? (16) How does the music therapist influence the process? (12) (How) do contextual features impact the MT process? (15) How can we best navigate ethical dilemmas? (4) Does harm happen in MT? (1)	
	How does MT work and what is happening in the process? [166]		

(Continued)

Table 1. (Continued).

Theme	Subtheme	Higher-Order Category	Category
How is MT experienced? [172]	How do service users experience MT? (125)	<p>How do service users experience a MT process/ approach/technique? (102)</p> <p>How do service users experience an aspect/feature within MT? (7)</p> <p>How do service users experience the role/impact of MT? (10)</p> <p>How do people experience the desire to attend/not attend MT? (6)</p> <p>How do MTs experience, describe and understand processes with their clients? (40)</p> <p>How do MTs experience work when considering culture/religion? (3)</p> <p>How do MTs experience their own relationship with music? (2)</p> <p>What are MTs' experiences of their jobs/careers? (2)</p>	
What does MT need to be here? [20]	<p>Which pre-established technique would be most helpful/appropriate? (13)</p> <p>How can/should MT take shape here? (3)</p> <p>What should the music therapist's role be in a certain context? (2)</p> <p>What services/collaborations would be most helpful/appropriate in a certain context? (2)</p>	What are MTs' experiences? (47)	
How can we best assess our processes? [60]	<p>How can we develop useful/valid/reliable assessment tools? (39)</p> <p>How feasible is an assessment tool? (4)</p> <p>What is the role of MT assessment? (1)</p>	<p>How can we evaluate MT services? (4)</p> <p>How are we assessing/analysing MT or aspects of MT? (12)</p>	

(Continued)

Table 1. (Continued).

Theme	Subtheme	Higher-Order Category	Category
MT as a profession: What characterises the music therapy profession and MT as a practice? [130; 10.9%]		What do people know about MT and how do they promote the field? (4)	What are the characteristics of MT services? (1)
		How are MT services characterised? (65)	How is music therapy practiced in a certain country? (18)
			How is MT practiced with certain groups/in certain contexts? (25)
			How is MT framed? (13)
			How do/can people access MT services? (4)
			How are historical characteristics of MT? (1)
			How can/should MT develop into the future? (3)
			How do MTs collaborate? (5)
			What characterises financial processes in MT? (4)
Other role-players: How do MTs understand and engage with other role-players? [66; 5.6%]		What are the profiles of MTs? (10)	How do MTs experience their work? (4)
		What are MTs' personal experiences/challenges and what are the characteristics/experiences of professional development? (42)	How do MTs experience aspects of their identity? (13)
			What struggles do MTs have and how do they experience these? (3)
			What is supportive for MTs and how is this experienced? (10)
			How do MTs perceive their professional competence? (1)
			How do MTs access, use and experience professional development opportunities? (8)
			What are the experiences of MTs who left the profession? (3)
			What are MTs' perceptions of other healthcare professionals? (2)
			How do different role-players collaborate and what is the impact of this? (2)
	How do other professionals use music? (4)		
	What are the views/experiences of music/MT of other healthcare professionals/arts workers? (33)		
	What are educational staff's views/experiences of music/MT? (5)		

(Continued)



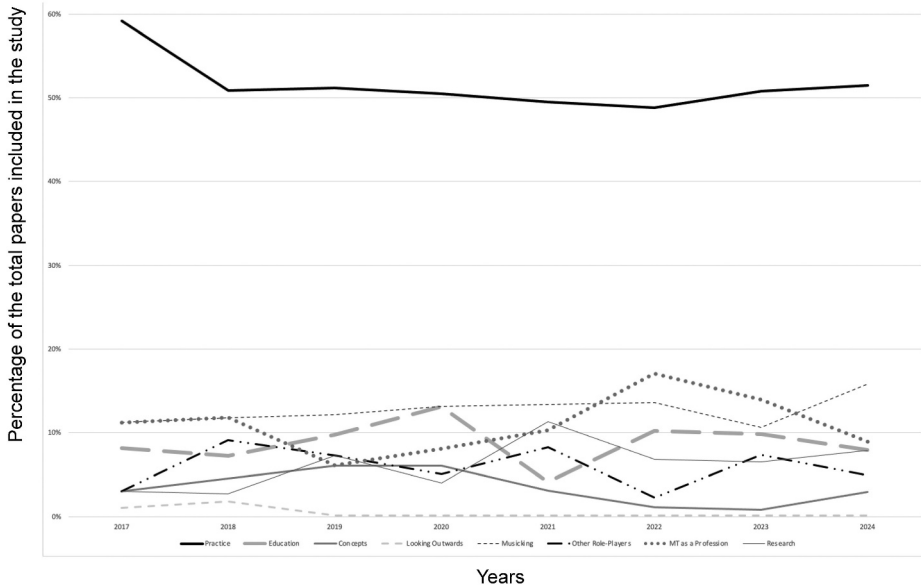
Table 1. (Continued).

Theme	Subtheme	Higher-Order Category	Category
Education and supervision: How are we educating, training & supervising music therapists? [92; 7.7%]		How do people experience a MT-informed staff development programme? (5)	
		What are the views/experiences of parents/ guardians/informal caregivers? (15)	
		Are people exposed to MT as a study option? (1)	
		What are enrolment trends? (1)	
		Who are MT students? (2)	
		What are the characteristics of training/aspects of a training programme? (11)	
		What are MT students'/interns' experiences and views of their training? (38)	
		What are MT staff members' experiences and views of training? (10)	
		What works in MT training?/How can we train MTs better? (20)	
		How do graduates experience board exams and how do these exams function? (6)	
		What professional development opportunities are available? (3)	
		How is music (or aspects of music, including silence) used/experienced/perceived? (27)	
		How do people experience a music project? (20)	
		How do people interact when musicking? (2)	
	What are the characteristics of certain musical techniques? (3)		
	What are the profiles of people attending/taking part in musicking processes/events? (2)		
	How do external/contextual factors impact musicking processes/projects? (4)		
	Does music/musicking contribute to wellbeing? (58)		
	How does music/musicking contribute to wellbeing? (11)		
	How are outcomes measured? (1)		(Continued)

Musicling: What  
 characterises MT-  
 informed musicking/  
 music projects? [142;  
 11.9%]

Table 1. (Continued).

Theme	Subtheme	Higher-Order Category	Category
Research: What characterises MT research? [58; 4.8%]		How can we improve the impact of musicmaking projects/processes? (2) What is the prevalence of music interventions? (1) Is a music/music-informed intervention feasible? (11) How is a particular research process/method functioning? What is a particular research process/method offering? (15) How can we use research to develop interventions and trainings? (3) What are we noticing in the literature? (32) What are we noticing about researchers and related role-players? (6) What are people's experiences of doing research and participating in research? (2) What are MTs' perspectives on a certain issue/concept/phenomenon? (15) How can we better understand certain clients/groups? (11) How can we better understand therapy? (5)	
Conceptual understanding: How can we better understand issues/concepts/challenges/phenomena/experiences? [31; 2.6%] Looking outwards: What are MTs' perspectives on other topics? [3; 0.2%]		Can we use a MT lens to understand/contribute to other forms of therapy? (1) How do we/can we explore issues through the arts? (1) How do MTs experience other work? (1)	



**Figure 1.** Areas focused on in research questions over time.

5 included questions about educational staff; 5 included questions about community/health arts practitioners; and 1 asked about researchers.

In terms of service users specifically, researchers asked questions about adults (47.1% of the studies), older people (16%), children (12.3%), adolescents (7.4%), youth (5.7%), infants (1.7%) and mixed ages, e.g. parents and children (9.7%). Within studies with adult participants, some (20 out of 165) explicitly focused on women. No studies with adults focused specifically on men. Within studies that included older participants, some (2 out of 56) focused specifically on men. No studies focusing on older people included only women.

Thirdly, I examined the participants' contexts and specific focus areas that were highlighted. As examples of how I grouped this information at these levels, "Neurological rehabilitation/challenges" was considered a context within which I gathered the specific focus areas of (for example) stroke, Parkinson's disease, dementia, and disorders of consciousness. Within a context of "mental health challenges", I placed specific focus areas of anhedonia, anxiety, eating disorders, and trauma (for example).

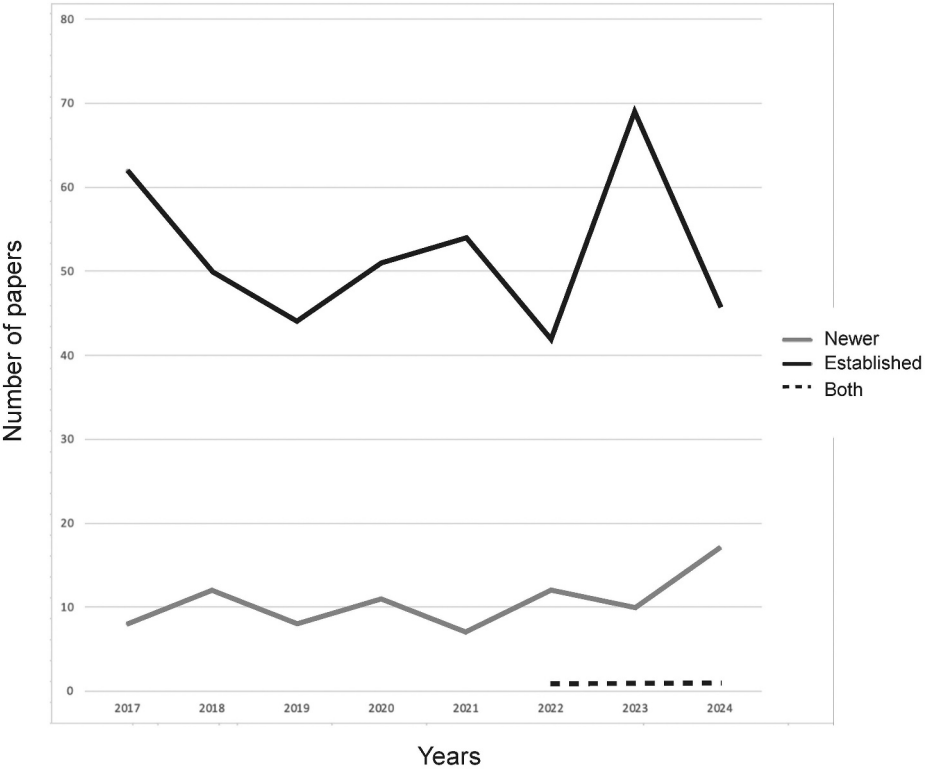
The percentage of papers with questions in certain contexts were as follows: Neurological rehabilitation/challenges (77 papers; 19.83%), family (including couples and parent-child dyads) (67 papers; 17.27%), mental health challenges (63 papers; 16.24%), physical health challenges (38 papers; 9.79%), hospitals (37 papers; 9.54%), mental health inpatient settings (27 papers; 6.96%), disability (15 papers; 3.87%), hospice (11 papers; 2.84%), schools (10 papers; 2.58%), refugees (8 papers; 2.06%), prisons and offender programmes (5 papers; 1.29%), service members (5 papers; 1.29%), poverty (4 papers; 1.03%), being unhoused (6 papers; 1.55%), child welfare (3 papers; 0.77%), marginalisation (3 papers; 0.77%), long-term care (2 papers; 0.52%), people labelled "at-risk" (2 papers; 0.52%), people in rural areas (1 paper; 0.26%), war

and threat of war (1 paper; 0.26%), both physical and mental health challenges (1 paper; 0.26%), secure residential youth care (1 paper; 0.26%), choirs as a context (as opposed to choirs as an intervention, which was categorised elsewhere) (1 paper; 0.26%).

The ten most frequent specific features of participants' identities/experiences/presenting issues were autism (44 papers), dementia (38 papers), NICU or kangaroo care (19 papers), cancer (17 papers), depressive symptoms/major depressive disorder (16 papers), trauma (14 papers), anxiety (10 papers), people receiving palliative care (8 papers), Parkinson's disease (7 papers), and stroke (7 papers). The least common (with only one paper for each one) were as following (I used the specific terminology from the papers which retains their separate labels even though some could be grouped together): acquired communication impairment, language and communication impairment, cochlear implants, hearing aids, stammering, aphasia, delirium, disorders of consciousness, functional neurological disorder, prenatally exposed to substances, neonatal abstinence syndrome, chronic pain, COVID-19, Huntington's disease, Rett syndrome, bone marrow transplant, stem cell transplant, invasive mechanical ventilation, chronic fatigue, human immunodeficiency virus, motor neuron disease, medical emergency, life-threatening impairment, primary dysmenorrhea, rare diseases, complex needs, developmental struggles, multiple disabilities, obsessive compulsive disorder, psychosomatic disorders, personality disorders (as a general category), selective mutism, structural disorders, anhedonia, loneliness, bullying, intimate partner violence, and fostering children.

Thirdly, some questions explored an approach to MT or MT techniques. I extracted this information in light of how the researchers described their approaches, interventions, or techniques. I purposefully did not specify which ones were "orientations", "approaches", "methods", "interventions" or "models" due to the complexity and debates around these classifications (McFerran et al., 2023), which was not the focus of this study. If an approach/intervention/technique was developed less than ten years before the paper was published, I classified it as "newer" (85 articles; 16.8%). Examples included Musical Contour Regulation Facilitation (MCRF) (Moore & Hanson-Abromeit, 2018), Musickit (Thurn et al., 2021), and intergenerational telehealth music therapy group intervention via Zoom (Gvili et al., 2024). If it was developed ten or more years before the publication date (as per references cited within the article regarding when it was developed), I classified it as "established" (418 articles; 82.6%). Examples included group music therapy (e.g. Ishihara, 2017), neurologic music therapy (e.g. Street et al., 2019), and lyric analysis (e.g. Schuldt & Silverman, 2020). Three articles compared established and new approaches within the same study. The complete list of established and newer approaches/interventions/techniques can be found in Table D in the online supplemental data. [Figure 1](#) below shows trends in questions about newer and more established approaches/interventions/techniques over time.

In the included articles, only three directly researched people with COVID-19 or were situated in environments directly impacted by COVID-19 (e.g. hospital wards). Notably, there appeared to be more studies exploring telehealth projects. From 2017 to (and including) 2020, there were two studies. From 2021 to 2024, there were 15.



**Figure 2.** Research questions about newer and more established approaches/interventions/techniques over time

Figure 2 shows how the number of papers that incorporated questions focusing on newer, established and combined approaches/interventions/techniques has changed over time. In terms of the mean over the period studied, in articles focusing on MT practice, 79.5% focused on established approaches/interventions/techniques (107 different types), 19.6% explored newer approaches/interventions/techniques (48 different types), and 0.82% included both. Within studies exploring musicking projects, 87.96% focused on more established approaches, and 12.94% explored newer approaches. When studying other role-players’ perspectives (in healthcare or educational contexts), 78.05% of studies concentrated on established approaches and 21.95% on newer ones.

In relation to contexts, in studies that examined MT interventions/approaches/techniques, the percentage of those that focused on newer interventions were as follows: 11.94% of 67 studies on neurological rehabilitation/challenges; 32.79% of 61 studies including families; 18.64% of 59 studies about mental health challenges; 12.50% of 24 studies with participants in mental health inpatient settings; 18.92% of 37 studies with participants experiencing physical health challenges; 13.51% of 37 studies in hospital settings; 16.67% of 12 studies with people with disabilities; 9.09% of 11 studies in hospice contexts; 50% of 6 studies in schools; 25% of 4 studies with people experiencing poverty; 16.67% of 6 studies with unhoused people; 50% of 2 studies with people labelled “at-risk”;

and no studies on newer MT interventions/approaches/processes with people with refugee status, in prison/offender programmes, with service members, in the context of child welfare, with people who are marginalised, in long-term care contexts, with participants in war contexts or ones at threat of war, with participants experiencing both physical and mental health challenges, or in secure residential youth care.

### **What types of research questions are being asked?**

As I turned my attention to examining how the question types could be understood, I explored firstly what the questions sought to accomplish – I categorised this as “the question’s purpose” – and, secondly, I noticed that some were more open and exploratory while others specified their focus more tightly, which I categorised as “the question openness.”

Firstly, in relation to the questions’ purpose, instead of starting by imposing a framework based on the literature – e.g. by Dillon (1984) – I elected to use open coding to give room for new insights to arise if these were present. Despite this, I still found the codes cohering into the categories of descriptive, explanatory, relational and normative, as shown in Table 2 (perhaps because this does make the most sense or because the framework was already primed in my mind). Of 1180 questions, 52% were descriptive, 39% explanatory, 8% normative, and 1% relational. Table 3 presents the percentages of question purposes across participant ages, areas investigated and contexts. (Figure A in the online supplemental data shows trends over time regarding question purpose.)

Secondly, as mentioned, I examined the questions in terms of their openness. I did not use this terminology as one would typically refer to “open-ended” and “closed-ended” questions. I drew on Alvesson and Sandberg’s (2013) understanding of “openness” and compared “open” questions and “framed” questions as this is what appeared most relevant during data analysis. I defined these terms in the following ways. *Tightly*

**Table 2.** Question purpose.

Main Types	Sub-types
Descriptive: What is happening? (52%)	What are people’s experiences of A? What’s happening here? What characterises A? (46%) How does it work? (6%) Is A happening? (0.08%) How can we critique this? (0.08%)
Explanatory: Does it work? (38%)	Does/can A work to accomplish B? (This included feasibility: does this project work in attracting/retaining participants?) (28%) What impact does A have? Is A helpful/applicable? (6%) What is bringing about (change in) B? (4%) How does A adapt to B? (0.17%)
Normative: What could work (better) here? (8%)	How do we best do A? How can it be improved? (4%) How can we figure out how to do this? (2%) Can A be improved to accomplish B? Can A be developed to accomplish B? (1%) How can A accomplish B? (1%) What do we need in order to do/accomplish B? (0.42%) How can something negative be prevented? (0.08%)
Relational: How does this relate to that? (2%)	How does this differ from that? (2%)

**Table 3.** Percentages of the question purpose across participant ages, areas investigated and contexts.

	Descriptive	Explanatory	Normative	Relational
<b>Age of participants</b>				
Infants only	0%	100%	0%	0%
Children only	26.8%	59%	9%	5.4%
Adolescents only	54%	35%	10.8%	0%
Youth only	37.9%	52%	10.3%	0%
Adults only	53.3%	36%	9.3%	1.4%
Older people only	35.6%	52%	12.3%	0%
Mixed	31.8%	63.6%	4.5%	0%
<b>Broad areas explored</b>				
Practice	42.5%	48%	8.85%	0.6%
Musicking	43.8%	56%	1.5%	2.2%
MT as a profession	75.8%	11.7%	11.7%	0.8%
MT education	67%	22.8%	9.8%	0%
Other role-players	79%	13.6%	3%	4.5%
Research	74%	13.8%	6.9%	5.2%
Concepts	54.8%	19%	16%	9.7%
Looking outwards	33%	66%	0%	0%
<b>Contexts (10 most frequent)</b>				
Neurological rehabilitation/challenges	25%	57%	17%	0%
Family	37%	60%	2%	1%
Mental health challenges	47%	51%	2%	0%
Physical health challenges	44%	49%	5%	2%
Hospitals	30%	63%	8%	0%
Mental health inpatient settings	45%	45%	9%	0%
Disability	50%	43%	7%	0%
Hospice	50%	50%	0%	0%
Schools	50%	38%	13%	0%
Refugees	55.6%	44.4%	0%	0%

*framed* research questions involved a question about causality, where all variables were specified (does this specific aspect impact that specific aspect?). Examples were: “Is there a difference in frequency of family caregivers’ intimacy acts, defined and recorded as verbal intimacy, affective intimacy, and physical intimacy with their dying loved one when comparing music therapy and chaplaincy?” (Kim & Dvorak, 2018, p. 218) and “Do music students think it is conceivable and useful to apply depth relaxation music therapy, including silence, for the prevention of music performance anxiety?” (Pfeifer et al., 2020, p. 149). I operationalised the notion of a *framed* question as having one specific variable, and assumptions are built into the question (one assumes/states X and then asks a question about it; Y is happening, and the question is how or why is it happening; What is causing X?; What gains are happening because of X?). Examples included: “How did US-trained music therapists who originated from East Asia experience the impact of their culture on their personal therapy?” (So, 2017, p. 61); and “Why do the participants continue to attend Nordoff-Robbins music therapy?” (Low et al., 2022, p. 344).

Open questions ask about a particular subject/phenomenon without built-in assumptions (What is happening here? Is X happening? How could we do this? What does this do?). Examples were: “What is the nature of the experience of women prisoners with non-psychotic mental health problems attending music therapy, with particular reference to self-perception?” (Odell-Miller et al., 2021, p. 15) and “What concepts related to documenting observations in music therapy sessions can be

identified in student written practicum logs?” (Abbott, 2017, p. 72). The definition I used for *very open questions* was guided by Alvesson and Sandberg (2013), who wrote that “... a genuinely open question addresses the subject matter anew and ... questions what we already know about it ... Innovative research questions open up and unsettle what we already ‘know’ about a subject” (p. 13). In this study, for a question to be classified as very open, it needed to ask a question without built-in assumptions and critique the question itself or examine the concept it was investigating. Examples were: “How do a group of adolescents and their music therapists in the child welfare services relate to the word ‘therapy,’ and how can music therapy as a profession get round problems connected to the use of it?” (Fuhr & Stensæth, 2022, p. 13) and “How can the concept of authenticity be experienced and understood by music professionals practicing within the three different professions of music therapists, music teachers and music performers?” (Bøtker & Jacobsen, 2023, p. 5).

Of all the research questions, 41% were open, 30% were framed, 28% were tightly framed, and only 1% were very open. (Figure B in the online supplemental data shows trends in this regard over time.) Table 4 below shows how framed and open questions were distributed across the different question areas.

Researchers asked very open questions in the contexts of child welfare (2), family (1), marginalisation (1), neurological rehabilitation/challenges (1), disability (1), prison and offender programmes (1), and schools (1).

Thirdly, regarding question development, 97% of research questions were developed by the researchers, and only 3% were developed collaboratively with the participants.

### **How do the research questions link to methodology?**

The following methodologies/designs were used in the studies analysed in this paper: qualitative approaches (including non-specified qualitative methodologies (144); interpretivist, narrative or grounded theory (49); ethnographies and practice-based (26); action and collaborative research (13); arts-based research (10)), analytical methods and studies with specific analytical techniques (32), protocol study (7), experimental

**Table 4.** Open and framed questions across question areas

	n	Tightly Framed %	Framed %	Open %	Very open %
Practice					
Does MT work and is it feasible?	245	86.5	13.5	0	0
How does MT work and what is happening in the process?	166	1.8	65.66	32.5	0
How is MT experienced?	173	2.9	37	60.1	0
What does MT need to be here?	20	0	65	0	35
How can we best assess our processes?	62	46.77	48.4	4.85	0
What characterises the MT profession and MT as a practice?	128	5.47	23.4	69.5	1.56
How do MTs understand and engage with other role-players?	66	4.5	16.67	78.8	0
How are we educating, training and supervising music therapists?	92	7.6	19.57	72.8	0
What characterises MT-informed musicking/music projects?	142	39.4	18.3	42.3	0
What characterises MT research?	58	12.1	18.96	69	0
How can we better understand issues/concepts/challenges/phenomena/experiences?	31	6.45	38.7	48.4	6.45
What are MT perspectives on other topics?	3	66.6	0	33.3	0

designs (63), quasi-experimental designs (20), single-subject and single-group designs (47), repeated measures (2), case studies and comparisons (40), mixed-method approaches (58), literature reviews, systematic reviews, and syntheses (58), retrospective and survey studies (91), evaluation, feasibility, and instrument development (36), philosophical, theoretical, and framework-based inquiries (2). (The complete list can be found in Table E in the online supplemental data.) This is not “the” way of organising research approaches; this is how I categorised these approaches/designs for the purposes of this study, employing the terminology used by the authors. I acknowledge that another researcher may have organised these differently.

Where questions focused on the area of practice, the most frequent methodology used in the study was non-specified qualitative methods (20%). For education, retrospective and survey studies were most frequent (34%); for studies examining concepts, the most frequent were reviews (systematic literature reviews and synthesis) (33%); for looking outwards, arts-based research, experimental designs and general qualitative methods tied as the most frequent (33%). Studies focusing on musicking projects used mixed methods most frequently (17%). When the focus was on other role players, non-specified qualitative methods were used most frequently (40%). Studies on MT as a profession and those examining research processes both used retrospective and survey studies most frequently (43% and 57%, respectively).

Descriptive questions were primarily used in studies that employed qualitative methods, arts-based research, analytic methods, case studies, reviews, and retrospective and survey studies. However, we also find explanatory, normative and relational questions in these research studies; descriptive questions do not exclusively drive these. Explanatory questions were mostly used in experimental studies, quasi-experimental studies, single subject and single group designs, repeat measures studies, and evaluation, feasibility, and instrument development studies. These studies are not only guided by explanatory questions.

Qualitative studies are primarily driven by open questions (except for action research, which had a higher frequency of framed questions). Arts-based research, reviews, and surveys were also most commonly driven by open questions. Framed questions most often underpinned analytic studies and case studies. Tightly framed questions guided experimental designs, quasi-experimental studies, single subject and single group designs, mixed methods studies and evaluation, feasibility, and instrument development. The few very open questions were found in qualitative studies, case studies and reviews. (Table F in the online supplemental data shows the number of questions related to purpose and whether they are framed or open according to each methodological approach.)

### ***What questions appear in which journals?***

Across journals, the majority (24%) of the questions about MT practice were published in NJMT. Of the questions on MT education, the majority (44%) were published in MTP. When concepts were studied, most of these questions (48%) were published in NJMT. When questions are looking outwards, the majority (67%) were published in NJMT. The two journals that publish the highest frequency of questions regarding musicking projects (both 17%) were NJMT and Voices. The majority of questions about other role-players were published in JMT (23% of them). Most questions about

MT as a profession were published in *Voices* (25% of them), and most questions about research processes were published in *JMT* (26.5% of them).

Within journals, questions on MT practice were most frequent in all the following journals: *NJMT* (65.3% of the total questions in that journal were about MT practice), *AIP* (61.3%), *M&M* (59.6%), *MTP* (47.4%), *Approaches* (46%), *BJMT* (42.9%), *JMT* (42.55%), *AJMT* (42%), and *Voices* (36.17%). In *CJMT*, questions about MT as a profession were most common (42.86%), as was the case in *QIMT* (50%). In *NZJMT*, questions about musicking projects were most common (50%).

When a specific context was emphasised in the research questions, mental health was the most common in *NJMT* (21), *AIP* (14 articles), and *BJMT* (5). Neurorehabilitation/neurological challenges were explored most commonly in *JMT* (14), *Voices* (9), *AJMT* (3), *CJMT* (3), and *NZJMT* (3). In *QIMT*, neurorehabilitation/neurological challenges and hospice tied (1 each). Family was most common in *MTP* (12) and *Approaches* (6), and physical health was the most frequent in *M&M* (13).

Within journals, when research questions focused on specific features of clients' experiences/identities, the most common ones per journal were as follows: *AIP* – major depressive disorder and depressive symptoms (7 articles); *AJMT* – autism (3 articles); *Approaches* – there was a tie between autism and people receiving palliative care (2 articles each); *BJMT* – people receiving palliative care (3 articles); *CJMT* (only three with one each: dementia, life-threatening impairment, solid organ transplant); *JMT* – autism (11 articles); *M&M* – cancer (3 articles); *MTP* – autism (6 articles); *NJMT* – autism (15 articles); *NZJMT* – dementia (2 articles); *QIMT* (only two with 1 each: dementia and bereavement); and *Voices* – dementia (6 articles). (The full list of features per journal can be found in Table G in the online supplemental data).

Nine journals had descriptive questions as their most frequent type (*AJMT*, *Approaches*, *BJMT*, *CJMT*, *JMT*, *MTP*, *NJMT*, *NZMT*, *QIMT*, *Voices*), and two had descriptive and explanatory as tied for the most frequent (*AIP* and *M&M*). In this sense, our journals in music therapy are quite consistent. Out of all the questions in each journal, tightly framed questions were asked most frequently in *M&M*, framed questions in *AIP*, *CJMT*, and *NJMT*; open questions were asked most frequently in *Approaches*, *BJMT*, *JMT*, *MPT*, *NZMT*, and *Voices*. For *AJMT* and *CJMT*, framed and open questions were equally prevalent. Journals with open questions as their most frequent were the most common. (Table H in the online supplemental data shows the purpose and openness of questions per journal. Table I in the online supplemental data shows approaches studied in terms of whether they are newer or more established per journal.)

### ***How this study related to the examined literature***

There were six descriptive analyses within the included articles. The three that analysed literature (as opposed to the others, which analysed survey data) concerned collaboration and funding of articles in the *Journal of Music Therapy* (Silverman et al., 2023), countries represented by authors' and editorial review board members' institutional affiliations in the *Journal of Music Therapy* (Silverman & Pankaew, 2024), and research productivity in the *Journal of Music Therapy* as measured by authorship and affiliation (Silverman et al., 2018).

According to the categories and themes generated in this research, this study's questions fell within the main theme of "Research: What characterises MT research?", which only made up 4.8% of the included articles and the higher-order category of "What are we noticing in the literature?", which made up 55% of this theme. Most of the studies that fell within this higher-order category explored literature related to clinical practice (e.g. outcomes). Those that explored characteristics of literature included foci on how many papers on music therapy and mental health were published within a certain time period, as well as the type of papers and who the authors were (Peterson & Silverman, 2018), the characteristics of music therapy research in preschool settings (Birch & Thompson, 2023), paediatric palliative care (Overå, 2023), how music therapy research differs from music medicine research in oncology (Wheeler et al., 2019), and analysing music therapy book reviews (Wetherick, 2019). None have attempted a broad analysis of an aspect of research in the field as a whole to the extent that this study did although, as mentioned, this paper was limited by only analysing studies in 12 journals that have or include a specific music therapy focus.

## Discussion

This study asked a very open question, in that it questioned the questions that are being asked in music therapy. The paper specifically examined questions in studies within music therapy journals over the last eight years, particularly what these questions were about and the types of questions that were asked. It also explored the methodologies used in these studies and what questions were published in which journals. This discussion section addresses the second research question: How can the insights from this study offer points for discussion that could shape how inquiry in the field proceeds?

What makes research meaningful, valuable, helpful or impactful? This is a question that needs to be asked alongside the essential principle of academic freedom (Leiter, 2018) that allows researchers and readers to determine the answer in varied ways. Authors have suggested that the purpose of research is to generate new knowledge (Matney, 2019). Academic research is often judged in relation to its novelty, and peer review remains the gold standard for evaluating this (Wang, 2024). However, if newness is offered for its own sake, without demonstrating impact in some way, then it could be seen as limited. While ways of calculating novelty scores are being developed (Amplayo et al., 2018; Jeon et al., 2023; Savov, 2021; Wang, 2024), they are still too limited and inaccessible to use as conclusive measures in a study like this one (as are AI tools such as Connected Papers, which I did attempt to use for the purpose of this paper, however only some results were convincing in terms of similarity scores). At this point, I would argue that determining the novelty of articles in our field is very much still a conversation, not a calculation. Research may be seen as meaningful if it builds on and connects to previous findings within a field while identifying gaps that need to be addressed (Alvesson et al., 2017). Citation counts could be used as a proxy for how influential a piece of research has been within the academic community (Aksnes et al., 2019), although this positions value in academic contexts and does not speak to how practitioners may or may not be employing the findings and how they link to client outcomes. Therefore, additional metrics are increasingly valued, such as practical applications, social impact and policy influence (Wilsdon et al., 2015).

I would suggest that research can also be meaningful if it engages in listening to and presenting people's voices who are typically not heard and included in the body of knowledge.

If we look at the eight areas that researchers examined, we could critically examine whether the questions contribute something new to how music therapy practice can be improved and expanded, how musicking projects can be enhanced, the profession bolstered and the experiences of MTs enhanced. We could examine how they contribute to improving music therapy education, relationships with other role-players, research, developing and understanding relevant concepts better, and using music therapy knowledge to contribute insights outside the field. I am using the term "improvement" in the most flexible sense. I am not implying that one particular methodology would be preferred or that only normative questions offer insights for improvements; so too can findings generated in response to explanatory, descriptive and relational questions.

While many studies asked participants what mattered to them, for example, highlighting the importance of listening to service users' voices and framing our findings with this in mind, it is notable that only 3% of the research questions themselves were developed collaboratively with participants. This is a glaring area that could be embraced in future studies. Epistemic injustice (Fricker, 2007) refers to systematic silencing of marginalised groups and undermining individuals in their capacity as knowers. Research functions as a microcosm through which oppressive relationships in society at large are reproduced, unless we consciously seek to do otherwise (Strier, 2007). Anti-oppressive research emerged as a critical approach to addressing the systemic subordination of specific social groups and promoting social change (Kara, 2017). Developing research questions with an anti-oppressive commitment necessitates more collaborative processes. Inclusive research can be more difficult to conduct within the confines of a postgraduate degree or research project that has feasibility constraints as the researcher has less control by definition. However, there are many forms that it can take, such as action, participatory, emancipatory, user-led research, community research, and Indigenous research (Nind, 2014).

The analysed literature sought insight into the practice of music therapy from multiple perspectives. In terms of music therapy as a profession, studies predominantly ask about music therapy services (with prominent questions being about how music therapy is practiced in particular countries, and in certain contexts or with specific groups), and about what MTs' experiences and challenges are. Studies looked for feedback from service users and from others who are connected in some way to service users and service provision (most commonly about the views/experiences of music/MT of other healthcare professionals/arts workers). Studies were interested broadly in many different approaches to the work (155 different approaches/interventions/techniques were explored in total), and in musicking projects that can be informed by MT insights and that can inform MT (most commonly about whether music/musicking contributes to well-being).

In the articles that were included in this study, a relatively high percentage of questions focused on music therapists and music therapy students. This could be because these are music therapy-specific journals, and if an author seeks to publish a paper about music therapists, then submission to these journals is logical. Regarding educating MTs, the most common questions asked about education were "What are

MT students'/interns' experiences and views of their training?" and "How can we train MTs better?", which may reflect a healthy balance.

This study aligned with Bruscia's (2005) argument that research about practice lies at the core of music therapy. However, within this theme of practice, there were very few questions about what MT needed to be in a particular context, and within those questions, most still related to which pre-established technique could be most helpful. Even as MT becomes established in more contexts, I would argue that these questions are always valuable to keep asking. Even though we explore many ways of doing music therapy, we do not frequently ask what music therapy is or should be.

There was a prominent focus on questions related to adult service users. I speculate that this might have something to do with greater ease in gaining ethical approval for studies with adults (but this would require further inquiry). Perhaps this links to the point by Alvesson et al. (2017) that crucial issues (and groups of people) can receive less attention because exploring them is difficult. Also, in studies included in this research with only infants, researchers only asked explanatory questions. This may be because researchers rely more on asking for participants' verbal input in studies guided by descriptive questions. As MT welcomes and interprets nonverbal expressions, however, this may be an area for further investigation.

The studies analysed concentrated more than twice as much on researching established MT approaches/interventions/techniques than on new forms. However, the trend has been increasing slightly. Music therapy as a profession worldwide has been through a season of establishing itself as a healthcare profession (Kern & Tague, 2017; McFerran, 2021; Moore, 2015) so, in many ways, this is understandable. It may be worth considering when the time is right to further increase the number of studies that examine new approaches and techniques.

All forms of quality research can be valuable. A hierarchy of evidence generated by different types of research has been constructed, with systematic reviews or meta-analyses of randomised control trials (RCTs) at the highest level, RCTs at the second level, studies with comparative methods that are not RCTs at the third level, and case studies and single subject designs at the fourth level, however, there are also some challenges to this formulation (Edwards, 2005). As Abrams (2010) argued, it is possible to have an inclusive view of what informs evidence-based practice. Studies employing more interpretivist approaches and qualitative methods, usually with more open questions, can be well-positioned to examine lived experience and cultural dynamics in real-world settings (Wheeler, 2016b). Music therapy studies in this analysis asked remarkably few very open questions that interrogated their built-in assumptions. Perhaps this is also because of the field's season of establishing itself and showing its value to others through aligning with the evidence hierarchy that prioritises studies with more tightly framed questions. There is a rich practice in music therapy practice of asking open, critical questions and being reflexive (see Ansdell and Stige (2018), Pavlicevic and Fouché (2014), Swamy and Webb (2022) and Thomas and Norris (2021) for just a few of the many examples of MTs doing so). Therefore, I found it striking that this gap regarding very open questions was so stark in the research questions that have been asked in the last eight years in these journals.

Through my analysis and interpretation of the included articles it appeared that, across the types of questions grouped under descriptive, explanatory, normative and relational, overall, researchers tend to ask "what?" questions (including how processes are characterised and experienced) 82.33% of the time and questions

about “how/why is this working?” 17.67% of the time. In more granular terms, we can look at the specific questions in [Table 1](#) that sought to examine how/why MT or a musicking project is working (How does change happen in MT? How does the music therapist influence the process? (How) do contextual features impact the MT process? How do external/contextual factors impact musicking processes/projects? How does music/musicking contribute to well-being? How can we improve the impact of musicking projects/processes?). Here we see that these add up to 78 of the total 1180 questions (6.6%). Examining this distinction from either perspective opens up the concern that we may know more about what works in MT and what is happening than how it works and why change happens. Studies that delve deeper into these matters would be helpful. This sentiment has been affirmed by Antichi et al. (2024) in their paper on change process research in music therapy.

### **Limitations**

This study is limited by its inclusion of only 12 journals, only English-language journals, and only reviewing research from the last eight years. Findings need to be read with this frame in mind. I sought to be as rigorous as possible. Where my subjective decision-making came into play, I attempted to be as transparent as possible about my choices.

### **Recommendations for future research**

Additional questions and topics for future research were highlighted in this study. What makes music therapy research valuable, useful, relevant, impact, or meaningful and what are the most helpful criteria to use to determine this? Who should be involved in determining this? This is a contested concept and multiple metrics may be appropriate.

Studies may be published outside of music therapy journals on the following topics, however, music therapy in rural areas, in war contexts and areas under threat of war, secure residential youth care, and people experiencing both physical and mental health challenges are under-represented in music therapy journals. Newer interventions could also be explored in these contexts, as well as with people with refugee status, in prison/offender programmes, with service members, in the context of child welfare, with people who are marginalised, and in long-term care contexts as none of the included papers did so. To balance our understanding and generate knowledge related to all music therapy service users, more studies could investigate music therapy with children as well as with specifically adult men and older women, as these are understudied groups (within these journals). In addition to the current focus on explanatory questions, descriptive, normative and relational questions could be used to guide studies with infants. More research questions could be developed in collaboration with research participants. We need more studies that examine change mechanisms in music therapy. As mentioned in the section above, it may also be valuable to keep asking in a range of contexts: What does music therapy need to be here?

## Conclusion

This paper presented a descriptive analysis of 698 articles, extracting many different aspects for consideration. The findings offer rich (and hopefully helpful) insights for researchers and students. I have offered some interpretive suggestions, but my hope is that the community of MT researchers can take these findings and use them to prompt collective conversations about gaps, impact, novelty, meaningfulness, and value in the diverse research in this field as music therapy continues to thrive.

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## Notes on contributor

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