CHAPTER 3

Introduction to the client-in-context theory

TOWARDS A THEORY OF GOAL PROCESSES

Supervisors and educators can be tempted to offer protocols and practice guidelines as a way to clarify complex professional concepts to their supervisees and learners. However, such protocols and practices are often brittle and rigid. Theory, on the other hand, provides a system of ideas or general principles that are intended to be flexible and adaptive to a multitude of situations. A theory can therefore be applied and interpreted with suitable consideration for the context. Theories can be developed in various ways. Within the research context, the method of grounded theory was developed by Barney Glaser and Anselm Strauss who believed that theory could be revealed within data collected through social (qualitative) research. Theory derived in this way was considered to be more directly relevant to the actual real-life topic under consideration, and therefore would be 'grounded' and 'substantive' (Glaser & Strauss, 1967).

Within the music therapy literature, many authors have described and provided examples of goal-writing approaches based on their wealth of practice experience, but there is limited research available. Abbott's (2020) survey research from the USA is an exception, with this study investigating the real-world goal and objective writing practices reported by music therapists. The data is categorized into

key features and components of goals and objectives, as described by the participants. Therefore, this research can inform better goal-writing practices in music therapy. However, as noted in Chapter 2, Abbott (2020) acknowledges that writing skills are only one aspect to consider, and that music therapists also need to adapt their approach to the philosophies and conventions in each setting. This sentiment is supported by statements made by several participants in my own grounded theory research project who wanted to encourage music therapy trainees and new graduates to develop flexibility, responsiveness, and reflexivity around their goal processes. Having too much focus on writing skills or guidelines without the companion of reflexivity was considered less than ideal by some participants, such as Domenico from Italy:

> If a student comes to supervision and asks, 'What should I do?', and if a teacher tells them, 'You should try this or you should try that', that has eliminated the awareness process of reflection for the student. So, teachers have to help students to continue to navigate, within a bit of frustration of not knowing, but still going further, which is a bit of a paradox. But I think that [approach] is safer than saying, 'Do this or that', or 'Try this or that', because that eliminates reflection... [What we need] in the long run is a therapist who is more capable of adapting to the specific needs and the specific goals of their clients.
>
> *Domenico from Italy*

The limited research on this topic is surprising. While the practice wisdom of authors of individual texts and articles is valuable, what is missing is exactly what was advocated for by Glaser and Strauss (1967) in their seminal work: theory that is grounded in real-life data through systematic coding and categorization. While our professional standards of practice can outline a framework of procedures around goals, these documents cannot support practitioners to

understand how to identify the goal or write it. Only theory can articulate foundational principles and posit relationships between constructs to help individuals to *understand and articulate why we do what we do in the way we do it*. The research underpinning this book therefore centres around gaining a better understanding of goal processes rather than goal writing, and advocates for an alternative to protocols that imply a one-size-fits-all approach.

THE RESEARCH CONTEXT

To address the gap in the literature, I set out to collect data that would represent a range of perspectives and standpoints (Thompson, 2020). Doing so would enable the grounded theory to have the potential for relevance beyond a particular orientation to practice, cultural context, or area of specialty. I therefore invited music therapists who had at least five years of experience in either supervising or teaching music therapy students (or both) to participate in an in-depth interview. The final sample included 45 music therapists (female n = 31, 69 %) ranging in age from 33 to 67 years old and having between 5 and 42 years of professional experience. Of these, 25 were teachers in tertiary-level training courses, five were clinical supervisors, and 15 were both educators and supervisors. Participants were living and working in eight different countries, including the United States (n=13 from four cities), England (n=5), Scotland (n=4), Norway (n=8), Denmark (n=6), Italy (n=5), Australia (n=2), South Korea (n=1), and Israel (n=1).

In terms of clinical experience, 31 participants worked predominantly with children and youth (54%), while 26 worked predominantly with adults (46%). Based on participants' descriptions of their practice, 19 broad clinical categories could be determined that represent a wide variety of practice specializations. The most prominent practice areas of specialty were mental health, disability, and autism (see Table 3.1).

Table 3.1: Practice areas of the research participants

Practice area	Number of participants
Disability (physical and/or intellectual)	17
Mental health/psychiatry	17
Autism/neurodevelopmental	6
Family	5
Dementia	4
Addiction	3
Neonatal Intensive Care Unit (NICU)	3
Paediatrics	3
Schools	3
Oncology	2
Medical	2
Brain injury	2
Trauma	2
Guided Imagery in Music (GIM)	2
Palliative care	1
Parkinson's disease	1
Older adults	1
Residential care	1
Adoption	1

I asked each participant to first describe the theoretical influences in their work. The majority described multiple frameworks, with an average of 3.48 per person. Humanistic and psychodynamic influences were the most common; however, there were 31 theoretical frameworks described by the participants (see Table 3.2).

Table 3.2: Theories informing the practice of the research participants

Theory	Number of participants
Humanistic	27
Psychodynamic	24

Developmental/relational (Stern, Developmental Individual-difference Relationship-based model (DIR Floortime®), play theory)	18
Music centred	8
Systems thinking/ecological	7
Existential	6
Psychoanalytic	5
Community music therapy	5
Resource oriented	5
Behavioural (including Dialectical behavioural therapy (DBT) or Cognitive behavioural therapy (CBT))	5
Improvisational (Wigram/Bruscia)	4
Nordoff Robbins	4
Neurological (broad or Neurological Music Therapy (NMT))	3
Attachment	3
GIM	3
Phenomenology	2
Alvin model	2
Mentalization	2
Hermeneutics	1
Priestly model	1
Integrative	1
Ethnomusicology: Trance and consciousness	1
Neuroaffective (trauma theory)	1
Field of Play (Kenny)	1
Biopsychosocial	1
Musicology	1
Sociology	1
Positive psychology	1
Joanne Loewy model	1
Critical theory	1
Integral thinking (Wilbur)	1

Next, I invited participants to describe: (1) their approach to goals/aims within their own music therapy practice, (2) what they consider to be the main factors that influence their approach to goals/aims, and (3) what they consider to be important when supporting students to understand goals/aims in music therapy. The responses to these prompt questions were then analyzed to build the resultant grounded theory.

THE 'CLIENT-IN-CONTEXT' THEORY FOR IDENTIFYING A THERAPEUTIC FOCUS IN MUSIC THERAPY

The music therapy educators and senior clinicians interviewed expressed in various ways that the process of *identifying a therapeutic focus* was a core part of their professional role. Different terms were used to describe the product of this process, such as goals, aims, direction, or focus. For this reason, I avoided labelling the central category as 'identifying a *goal*'. Instead, the label 'identifying a therapeutic focus' intends to soften and broaden the possibilities for the form a goal might take in different situations. Readers can substitute the phrase 'identifying a therapeutic focus' with the term that best applies in their context, such as goal, objective, short-term aim, long-term aim, aim, direction, focus, or purpose.

The interviewees did acknowledge the importance of developing skills in the technical aspects of goal writing, such as alignment with the client's needs, checking for relevance and feasibility, and complementing the intentions of the broader team. However, these practical concerns were overshadowed by their rich descriptions of the conditions that influence *how* the therapist goes about identifying a therapeutic focus, and the possible resulting consequences.

The central category, 'identifying a therapeutic focus', was therefore conceived because every participant, no matter the term they used, stated in some way that therapy must always have a purpose.

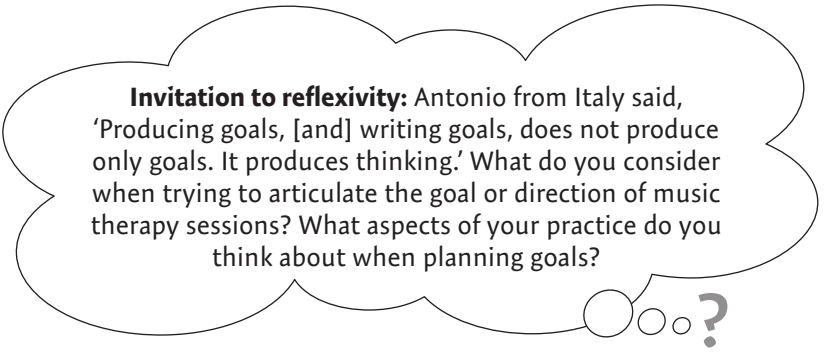
Clara, a music therapist from Denmark, describes the importance of having a direction to the quality of her work as a therapist:

> [Having a direction] gives you the confidence to actually let go and be present. Because when you're confident and you know that 'I'm on to something important here', you can also let go. If you're very uncertain of what you're doing, you're not...going to be able to be present in the moment... So goal setting is essential. Both theoretically and practically; if you don't know where you're going, or even why you're going anywhere, there is a huge risk. It's going to be unethical, or it's going to be meaningless, or...you have no means of monitoring anything if you don't have a standpoint before you take off.
>
> *Clara from Denmark* 

Other participants went so far as to say it would be impossible for a therapist to facilitate a therapy session and not have some idea of what they hope to offer, or that it would 'end up being lazy sloppy work' if a therapist doesn't try to negotiate goals of some kind with the person they are working with (Jarle from Norway). It strikes me that the central category 'identifying a therapeutic focus' further reinforces the notion that goal processes themselves are at the heart of overall therapy processes. Antonio from Italy explains the importance of goals processes in this way:

> Producing goals, [and] writing goals, does not produce only goals. It produces thinking. It produces something inside us... [It's] good to think about goals not as a solution but as a way to produce thinking.
>
> *Antonio from Italy* 

However, as with all things, balance is the key. While all the participants considered that having a focus was essential in therapy work, many also identified risks if the goal became rigidly followed or valued for its own sake. Frederik from Denmark reflected that if a therapist was only 'committed to fulfilling a goal instead of being aware of the needs of [the people they work with]', then they are equally not fulfilling their role. Complexity abounds within this process, and the resultant grounded theory provides a notional compass to help guide therapists in their own reflexivity, or with the support of a supervisor.



Moving on from the central category, the music therapists identified three distinct aspects that influence the process for identifying a therapeutic focus: namely, (1) the music therapist's attributes, (2) the client's attributes, and (3) the features of the context.[1] The therapist's professional responsibility was therefore viewed as working to meet the needs of the client-in-context (Thompson, 2020). The full theory is represented as a diagram in Figure 3.1.

1 The term 'context' refers to the institution, employer, referrer, funder, family member or individual who either pays the therapist or has governance/responsibility for the health of the client. A therapist running their own private practice would also be considered relevant to this notion of context.

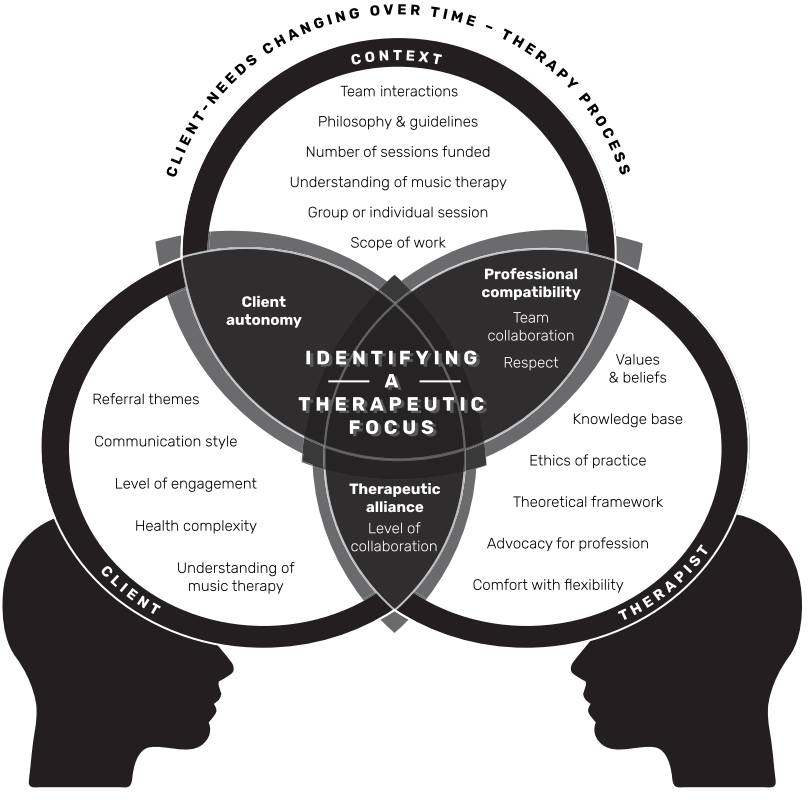


Figure 3.1: The client-in-context theory, reproduced from Thompson (2020)

The qualities that these three aspects bring to the process, and how they *interact* with each other, impacts both the way the therapeutic focus is identified and the essence of the focus itself. I have therefore attempted to visually represent the overall relational power dynamics through the Venn diagram. For example, the client and therapist are facing each other, and the context floats above them both. Each player is interconnected, and the qualities and attributes of all three influence the therapeutic focus. Perhaps this representation might suggest that power is harmoniously and equally distributed between each player. However, several participants in the research project described various forms of power tensions dynamically shifting between each of these players. Antonio, a music therapist from Italy, reflected deeply on the internal power processes for himself as a

therapist. Informed by psychoanalytic theories, he identified that there could be defences at play when the therapeutic focus is being negotiated:

> In a psychoanalytic view, [having] objectives can refer to defences and even...obsessive defences. [Goals or objectives] control what is going to happen... So [therapists] are [like] an acrobat; to not collude with the system's defences, [and] not to be [oppositional], which would be another type of defence. So we are an acrobat between these two things, and we have to pay attention to not collude, not to project, our defences on the system.
>
> *Antonio from Italy* 

Antonio seems to be saying that stating goals is inherently powerful. By declaring a focus for the work, therapists must recognize the responsibility they have in the process. Antonio's colleague, Paolo, contrasted this perspective by acknowledging that there can be incredible value in considering the multiple perspectives of a professional team. Through metaphor, Paolo explains the importance of multiple perspectives:

> Within multidisciplinary work, one approach is that, when various professions meet together, that might be a level where the goal [can benefit from the] various ingredients. For example, when a poet goes to a forest, he sees the forest and the trees with the eyes of a poet. If a carpenter goes to the forest, he sees a chair, a table. So this difference of perspective, and integrating [each of] them and respecting them, can create an all-around vision of the person in that case.
>
> *Paolo from Italy* 

Paolo's reflection on the contributions and interactions of each team member highlights that each player needs to be considered both individually and collectively.

Within each aspect of this theory, there are various qualities to discuss, as well as considering how each aspect might interact together. Chapters 4 to 7 explore the three main players in this theory, namely the therapist, the client, and the context, followed by considering the interactions between them. Quotations from participants and reflexive tasks will help to bring this theory to life. Later in Part 3, I will provide examples of the application of this theory through composite case examples drawn from the stories shared by the participants, and also suggest some practical guidelines for the technical aspects of goal writing.

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