

Discourse analysis reframes oncologic music therapy research findings

Clare O’Callaghan, PhD, RMT^{a,b,c,*}, Fiona McDermott, PhD^d

^a Peter MacCallum Cancer Centre and Caritas Christi Hospice, St Vincent’s Health, Australia

^b Department of Medicine, St Vincent’s Hospital, The University of Melbourne, Australia

^c Faculty of Music, The University of Melbourne, Australia

^d School of Social Work, Faculty of Medicine, Dentistry & Health Sciences,
The University of Melbourne, Victoria 3010, Australia

Abstract

Constructivism informed an investigation into music therapy’s relevance in a cancer hospital, that is, what did the music therapy do and did it help? Thematic findings, emergent from separate group data analyses (representing patients, visitors, staff, and a researcher’s reflections), were contrasted and compared. While some perceptions about music therapy’s relevance were shared, discrepancies were also evident. A discourse analysis provides a framework for examining how social reality is produced, acknowledging how multiple meanings can emerge through disparate dialogues informing individual life histories. A discourse analysis on this music therapy research extended the researchers’ reflexivity, provided a rationale for discrepant interpretations about music therapy’s efficacy, and enabled alternate interpretations of some of the data and findings. Consequences of endeavouring to “hear” the multiplicity of meanings on discourses that serve to maintain music therapy professionalism, inevitable when examining subjective human experiences, are considered.

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Discourse, that is, a common reservoir of public language accessed by members of a community (Pavlicevic, 1999), is vitally important to a profession’s construction and reconstruction (Gunnarsson, Linell, & Nordberg, 1997). Postmodern theorists, however, argue that discourses are “a site and object . . . where different social groups struggle for hegemony, and the production of meaning and ideology” (Best & Kellner, 1991, p. 26). This paper examines the interface wherein discourse can be conceptualised as both serving to maintain and extend music therapy professionalism, while also providing an avenue for the emergence of authoritative “voices” that, potentially, subjugate other associated knowledges.

Discourse analysis is “the study of the use of language for communication in context” (Georgakopoulos & Goutos, 1997, p. iix) and such inquiry can arguably enhance reflexive inquiry into one’s “clinical gaze,” that is, one’s professional understandings and assumptions, which may suppress other ways of knowing. To illustrate, a discourse analysis on the findings of a research project, consisting of five studies examining the relevance of music therapy in a cancer hospital, is detailed. It is also hoped that this paper inspires others to consider discourse analysis, to aid their reflexive examination of research data, findings, and assumptions that inform their therapeutic work.

* Corresponding author at: Social Work Department, Peter MacCallum Cancer Centre, Locked Bag 1, A’Beckett St, Victoria 8006, Australia. Tel.: +61 3 9656 1031; fax: +61 3 9656 1410.

E-mail addresses: clare.ocallaghan@petermac.org (C. O’Callaghan), fionamm@unimelb.edu.au (F. McDermott).

Postmodernism, discourse, and music therapy

Over the past 30 years, music therapy has become an established discipline in cancer and palliative settings (Munro & Mount, 1978; Rykov & Salmon, 2001). In these settings, music therapy can be defined as the creative and professionally informed use of music in a therapeutic relationship with people identified as needing physical, psychosocial, or spiritual help, or aspiring to experience further self-awareness, enabling increased life satisfaction. Musical “techniques” are offered in individual or group sessions, including song writing, guided music imagery, improvisation, and live familiar music. Oncologic and palliative care research, encompassing positivist, interpretive, and mixed designs, indicate that music therapy can offer a range of benefits (Dileo & Bradt, 2005; Hilliard, 2005; O'Callaghan, 2004). For example, research using pre/post test designs found that hospice patients experienced immediately improved effects in mood, comfort, pain relief, and relaxation (Gallagher, 2001; Krout, 2001). More sustained improvements were found in the music therapy “treatment” groups in randomised control trials, including: (a) significantly lower anxiety/depression and mood disturbance scores in haematology patients during 19 days' hospitalization for stem cell transplantation (Cassileth, Vickers, & Magill, 2003); and (b) significantly improved quality of life (QOL) scores in hospice patients in their final weeks of life, while the control group, who received counselling, experienced reduced QOL (Hilliard, 2003).

Discourses that inform music therapists' interpretations about their clinical practice and research include both those absorbed from music therapy dialogues and those encountered throughout their social life. In one sense, discourses can be esteemed, as they recognise multiple voices that contribute to professional music therapy identities, and a profession's existence depends on widely shared understandings about the nature of the world. However, it can also be argued that discourses inherently contain a hegemonic component, as the multiple voices are heard, persuade, and, potentially, subjugate others (Best & Kellner, 1991), culminating in grand theories that potentially “impose a construction of reality from one view point” (McGrath, 1997, p. 15).

Music therapists are increasingly open, however, to the postmodern view that multiple realities are evident and that music therapy meaning cannot be contained within one overarching theory (Edwards, 1999; Hadley, 2006). Consequently, many music therapists have embraced interpretive research methods that endeavour to uncover clients' subjective music therapy experiences and, to ensure that these findings are trustworthy, the researchers have traditionally examined personal biases about the investigated phenomenon (Erdonmez Grocke, 1999) and used others to verify the “accuracy” of their data analysis (Hogan, 1997).

A discourse analysis may attempt to examine these interpretive research findings even further, by examining how the uncovered ideas are actually produced. This is enabled through identifying some of the multiple meanings assigned to texts, which can include written material, talk, nonverbal interactions, symbols, artefacts, and media (Phillips & Hardy, 2002).

Traditionally, discourse analyses commence with a question, such as how the defence mechanism of denial is used in palliative and hospice care literature (Zimmermann, 2004), and proceed with the sampling of pertinent text for analysis. The discourse analysis in this paper was inspired by a research supervisor's (second author's) surprise at the pervasively positive research findings depicting the relevance of an oncologic music therapy program. This research was published earlier and, while it included extensive description of the data collection and analysis processes (O'Callaghan & McDermott, 2004), the discourse analysis was not detailed. Hence, this article presents the discourse analysis, and illustrates how it provided a framework for reinterpreting ways that language was used by both the respondents and researcher authors, extending our reflexivity and, arguably, enabling more extensive understanding of the research findings.

First, though, the initial research depicting oncologic music therapy's relevance (O'Callaghan, 2001; O'Callaghan & McDermott, 2004) will be briefly outlined.

Interpretations about music therapy's relevance in a cancer hospital

Method of data collection and analysis

In a study on the relevance of music therapy in oncologic inpatient wards (i.e., what did the music therapy do and did it help?), people who both experienced and overheard music therapy sessions in the single and multibed rooms were invited to anonymously write answers to short open-ended questionnaires (O'Callaghan & McDermott, 2004). Criterion

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