

“I don’t think of you as a therapist,
you know”:

exploring relationships between
adolescents and music therapists in
the child welfare services

Gisle Fuhr



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Gisle Fuhr
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Summary

This qualitative study explores relationships between adolescents and music therapists in the Norwegian Child Welfare Services (NCWS). Studies and reports on adolescents' experiences of living in out-of-home care in the NCWS highlight the importance of strong and healthy relationships between adolescents and adult caregivers. The adolescents need adults who listen to them and care about their wellbeing, but challenges related to lack of stability and the complexity of the relational needs of the adolescents can make it difficult to establish such relationships. As a consequence, the development of healthy adolescent–adult relationships is a central focus in music therapy with adolescents in out-of-home care. Yet little research has been dedicated to exploring how adolescents in out-of-home care and music therapists establish and develop relationships through music therapy.

With this study, I aim to achieve a greater understanding of how adolescents and music therapists in the NCWS experience and talk about their relationships. Six adolescents in out-of-home care and their music therapists are interviewed in dyads. The interviews are analysed with a dual-focused approach: First, a hermeneutic phenomenological thematic analysis is performed, with the aim of exploring how the adolescents and music therapists experience their relationships. Seven themes are developed through an abductive process, in which phenomenological theory is used as inspiration for interpreting the empirical material. Four of the themes centre on how the informants experience their feelings towards each other, with the other three themes centring on how the informants experience their interactions. Second, a discourse-oriented thematic analysis explores discursive patterns in the informants' descriptions, with an extended look into how the informants interpret and use the terms 'music', 'therapy' and 'relationships'.

Among the findings of the two analyses are that the adolescents identify feelings of realness, understanding, acceptance and respect for privacy in the relationships – feelings that are described as lacking in their relationships to other adults. All informants emphasize safety and trust as important feelings, but they also focus on the need for breaking away from safety through challenging themselves. Other findings show that over the course of time, the adolescents and music therapists develop their own, shared ways of talking about and understanding their relationships. However, the adolescents and music therapists also differ in how they describe aspects of their relationships, especially in discussions on concepts like 'music', 'therapy' and 'therapist'.

Combining the findings of the two explorations, I suggest that the adolescents and music therapists of the study experience and talk about their relationship as one of unique *possibilities*.

The possibilities of the relationship are intentionally kept limited in the earlier phases of the relationships, as the dyads start with focusing on a few activities that are familiar to the adolescents. In these early sessions, feelings of authenticity, normality, safety and trust are of great importance. From there, the relationship develops in two ways. On one level, an implicit understanding develops between the adolescents and music therapists, as seen in how they gradually get to know each other better. On a second level, the relationships develop through interactions marked by creativity and vulnerability, such as music listening, performing, playing and talking together. In these interactions, the informants momentarily open themselves up to each other, to the music, and in some cases, to an audience. The two levels of relational development are interrelated: by becoming more familiar with each other, the adolescents and music therapists are able to challenge each other further and new possibilities become available. By challenging themselves and each other through creative activities, the adolescents and music therapists gain new understandings of who they are and what they can do together, which in turn, lead to greater feelings of safety and trust.

Considering the findings in light of discussions in child welfare literature, I suggest that music therapists can be a part of larger networks of support for adolescents in out-of-home care, and possibly, provide forms of support that the adolescents do not experience elsewhere. Furthermore, music therapists working in the NCWS may be able to reach adolescents who are generally sceptical of therapy and the mental health services, in that they offer a service that is perceived as helpful, without necessarily being perceived as 'therapy'. However, since the study is based on the experiences of only a small number of individuals, more research is needed to gain a satisfactory understanding of relationships between adolescents and music therapists in the NCWS.

Oppsummering

Denne kvalitative studien utforsker relasjoner mellom ungdommer og musikkterapeuter i barnevernet. Studier og rapporter om ungdommers erfaringer med å leve på barnevernsinstitusjoner og i fosterhjem vektlegger verdien av sterke relasjoner mellom ungdommer og voksne omsorgsgivere. Ungdommene trenger voksne som hører på dem og bryr seg om deres velvære, men utfordringer rundt manglende stabilitet i bosituasjon og de komplekse relasjonelle behovene til ungdommene kan gjøre det vanskelig å etablere slike relasjoner. For musikkterapeuter som jobber med ungdom i barnevernet er etablering og utvikling av en trygg relasjon derfor et sentralt fokus. Likevel har det hittil vært lite forskning dedikert til å utforske hvordan ungdommer i barnevernet og musikkterapeuter etablerer og utvikler relasjoner gjennom musikkterapi.

Med denne studien har jeg som mål å oppnå en større forståelse av hvordan ungdommer og musikkterapeuter i barnevernet opplever og snakker om deres relasjon. Seks ungdommer som bor på institusjon eller i fosterhjem og deres musikkterapeuter har blitt intervjuet i dyader, og intervjuene har blitt analysert med en todelt tilnærming. Den første delen er en hermeneutisk fenomenologisk tematisk analyse som har som mål å utforske ungdommenes og musikkterapeutenes opplevelse av deres relasjon. Syv tema har blitt utviklet gjennom en abduktiv prosess, hvor fenomenologisk teori brukes som inspirasjon for tolkning av det empiriske materialet. Fire av disse temaene fokuserer på hvordan informantene opplever følelsene som oppstår i relasjonen, og de tre andre temaene fokuserer på opplevelser av deres samhandlinger. Den andre tilnærmingen er en diskursorientert tematisk analyse som utforsker diskursive mønstre i hvordan informantene prater om relasjonene, med en utdypende utforskning av hvordan informantene diskuterer og bruker begrepene 'musikk', 'terapi' og 'relasjon'.

Resultatene fra de to analysene viser blant annet at ungdommene identifiserer følelser av 'ektehet', forståelse, aksept og respekt for det private i relasjonene – følelser som mangler i andre relasjoner med voksne omsorgspersoner, ifølge dem selv. Alle informantene understreker verdien av trygghet, men de opplever også et behov for å bryte vekk fra det trygge gjennom å gjøre utfordrende aktiviteter. Andre funn viser at dyadene gradvis utvikler en egen måte å snakke om og forstå relasjonen deres. Samtidig beskriver informantene deler av relasjonen på svært forskjellige måter. Dette er spesielt tydelig i diskusjoner rundt musikk og begrepene 'terapi' og 'terapeut'.

Basert på funn fra begge analysene foreslår jeg at ungdommene og musikkterapeutene opplever og snakker om deres relasjon som noe som skaper unike relasjonelle *muligheter*. I de første fasene av relasjonen er disse mulighetene begrenset, da dyadene starter den musikkterapeutiske

prosessen med å fokusere på aktiviteter som er kjente for ungdommene. På dette stadiet står følelser som autentisitet, normalitet og trygghet i fokus. Derfra utvikler relasjonen seg på to måter. På ett nivå, så utvikler ungdommene og musikkterapeutene en implisitt forståelse av hverandre og relasjonen. På et annet nivå, så utvikler relasjonen seg gjennom samhandlinger preget av kreativitet og sårbarhet, som musikklytting, fremføring, samspill og samtale. Disse aktivitetene er øyeblikk hvor ungdommene og musikkterapeutene åpner seg for hverandre, for musikken, og i noen tilfeller, for et publikum. De to nivåene av relasjonell utvikling henger sammen: gjennom å oppnå en større forståelse av hverandre så kan dyadene utvikle seg selv og relasjonen videre – og nye muligheter for samhandling åpner seg. Gjennom å utfordre seg selv og hverandre i kreative aktiviteter oppnår ungdommene og musikkterapeutene en større forståelse av hverandre, hvilket leder til en økt følelse av trygghet i relasjonen.

Sett i lys av diskusjoner i barnevernsfeltet så foreslår jeg at musikkterapeuter kan være en del av større støttenettverk for ungdommer i barnevernet, og at de kanskje kan tilby former for trygghet og støtte som ungdommene ikke opplever i andre settinger og relasjoner. Funnene viser også at musikkterapeuter i barnevernet kan nå ungdommer som er skeptiske til terapi og psykisk helsevern, ettersom de tilbyr et opplegg som blir opplevd som hjelpsomt, men ikke nødvendigvis som 'terapi'. Videre trengs det mer forskning på ungdommers opplevelse av relasjoner i musikkterapi, da denne studien kun gir innsikt i noen få informanternes opplevelser.

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Part 1: Foundations

1 Introduction and contextualization

‘The adult-relationships I’ve got here are gold. The adults working here have saved my life.’

‘It is important that adult helpers are themselves. Many places it doesn’t feel real, like it’s a job they gotta do.’

‘I’ve given up on treatment and therapy-stuff, because it doesn’t help.’

The extracts above are from three adolescents being interviewed about living in out-of-home care in the Norwegian Child Welfare Services (NCWS) (Barneombudet, 2020). They highlight some of the issues facing adolescents under the care of the NCWS, like their need for healthy relationships with adults and their scepticism towards therapy. The NCWS aim at providing strong relationships between adolescents in out-of-home care and the adult caregivers in the service, but this is challenging work. As several reports show, children and adolescents in the NCWS feel that adults do not trust or listen to them. Additionally, many adolescents in the NCWS have complex relational needs that the adult caregivers struggle to meet (Kayed et al., 2015).

Adolescents in out-of-home care in the NCWS are occasionally offered individual and/or group sessions of music therapy. In the individual sessions, the music therapists travel to the adolescent’s home or meet the adolescent in a music room. In line with the aims of the NCWS, the music therapists work towards building strong relationships with the adolescents, through the use of music and creative activities. The title of this thesis, which includes a comment from one of the adolescents in this study (see 6.1.1), hints at the unique position that music therapists have in the NCWS, in that they work as music therapists, but at the same time, the adolescents sometimes experience them as different from other therapists and other adults.

Yet there are few studies that explore relationships between adolescents and music therapists. Little is known about whether relationships developed through music therapy meet the complex relational needs of the adolescents in the NCWS, or if there are certain aspects of the relationships that are experienced as especially meaningful by the adolescents. With this qualitative, exploratory study, I take a step towards filling this gap in the literature.

1.1 The aims and design of the study

The overarching aim of the study is *to understand how adolescents and music therapists in the child welfare services experience and talk about their relationship*. This is a broad aim that can be approached from several angles. Consequently, I have defined four research aims that narrow the scope of the study:

1. To understand how adolescents and music therapists experience their relationship as part of music therapy in the NCWS.
2. To understand how discourses and different interpretations of terms influence the informants' understanding of the music therapy relationship.
3. To understand how relationships between adolescents and music therapists develop over time and identify experiences that are of special importance to them.
4. To understand how adolescents and music therapists experience and talk about music and musical interactions as part of their relationship.

My principal material for the research is formed of six semi-structured interviews with adolescents and music therapists who have worked together over longer periods of time in the context of the NCWS. The interviews were conducted by two music therapists who had earlier experience of both interviewing and working with adolescents. Each interview was recorded digitally. The adolescents and music therapists were interviewed together in order to collect both their individual and shared perspectives on the relationships.

I utilize two analytical approaches to explore the different foci of the research aims. First, I conduct a thematic analysis inspired by hermeneutic phenomenological theory centred on the informants' experiences of their relationships. Second, I perform a discourse-oriented thematic analysis exploring the use of language in the informants' descriptions of their relationships.¹

I primarily focus the analyses on topics and themes that are raised by the informants in their interviews. Although I aim at understanding the experiences of both the adolescents and the music therapists, the adolescents' perspectives have been prioritized in both the data collection and in the analyses, as I find that their viewpoints are underrepresented in the research literature (see 2.4).

¹ I do not consider the discourse-oriented analysis a 'full' discourse analysis of the empirical material, and thus, I do not use the term 'discourse analysis' when describing the discourse-oriented exploration.

1.2 Defining key concepts

At this point, I have already introduced terms that require further defining. In the following, I provide short explanations for some of the key concepts that I refer to throughout the thesis.

1.2.1 Experience

As shown in the research aims, this study explores *experiences* of relationships in music therapy. Here, the term *experience* is used in line with van Manen's hermeneutic phenomenological theory (van Manen, 2014, 2017c), as well as the phenomenological perspectives of Merleau-Ponty (1962, 1968) and Zahavi (2019c). *Experience* is a core concept in phenomenological philosophy, making it difficult to outline a satisfactory definition of the concept in a short summary. Therefore, I limit my explanation of the term to a few phenomenological concepts, seeing experience as *temporal*, *embodied*, *contextual* and *pre-reflective*.

First, an experience of a phenomenon is *temporal*; it exists only in the moment (Merleau-Ponty, 1962; van Manen, 2017b). For this study, this means exploring experiences of relationships as constantly developing. One example of a consequence of this perspective is found in how I view the research interview – as an interaction between the adolescents and music therapists that in itself affects and changes the relationship.

Second, experiences are *embodied* (Merleau-Ponty, 1962; Zahavi, 2001). From a phenomenological perspective, we do not *have* a body; rather, we *are* our bodies. Our experiences are bodily felt, and we can never separate our experiences from the body. For instance, what we see is shaped by the limitations of our eyesight, and fatigue and hunger influence our mood and ability to think clearly. Following this perspective, experiences are regarded neither as purely physical nor mental processes, but as both, simultaneously.

Third, experiences are *intertwined* with the world (Merleau-Ponty, 1968; Moran, 2013; Reynolds, 2004). Every experience we have is shaped by the context surrounding it. For this study, this means viewing the relationships of the adolescents and music therapists as existing *in context*. For instance, the relationships are shaped by physical factors, such as the room in which the sessions take place, and cultural and societal factors, like rules and norms in the child welfare services or the discourse of popular music, to mention a few examples. Yet, while the surrounding context affects our experiences, we also shape the world around us through our actions. Thus, the world and our experience of it are intertwined; one cannot be fully understood without the other.

Fourth, experience is *pre-reflective*. If we assume that experience is embodied, constantly changing and intertwined with the surrounding context, then every reflection we have on our experiences will be different from the actual experience. What this means for research, is that any retelling of an experience should be understood as an interpretation (van Manen, 2014). Therefore, in this thesis, I am actually not studying the informants' experiences, but rather, their own *interpretations* of their experiences. This bears consequences for how I analyse the empirical material, which is explained further in Chapter 4 (see 4.1.2).

1.2.2 Discursive patterns and positioning

I mention above that we shape and are shaped by the world around us. Following this perspective, adolescents and music therapists understand their relationship through dominating *discourses* in their lives, for instance discourses surrounding music, the child welfare services or relationships.

'Discourse' is a term that can be understood in a variety of ways, depending on the theoretical tradition to which one commits (Wetherell, 2001). I use the term in line with Potter and Wetherell's *discursive psychology*, an approach to discourse analysis that emphasizes the use of language in social interactions (Phillips & Jørgensen, 2002; Potter & Wetherell, 1987).²

Inspired by discursive psychology, I explore the *discursive repertoires* that the adolescents and music therapists draw on in the interviews, as in exploring the discursive context through which the informants' experiences are constructed.³ More specifically, I explore patterns of *consistency* and *variation* in the discursive repertoires of the informants, as I am interested in how the informants use certain terms in different ways, and how their *positionings* may be consistent or vary throughout the interviews. In discursive psychology, the concept of positioning is presented as the ways we create and place ourselves in existing discursive frameworks. Positioning is understood as a relational action, in that it communicates distance and closeness, and similarities and differences between others and ourselves (Korobov, 2013; Phillips & Jørgensen, 2002; Wetherell, 1998).

1.2.3 The music therapy relationship

In this thesis, 'the music therapy relationship' is used as a term for the relationship between adolescents and music therapists. Since one of the aims of the thesis is to understand how

2 This relationally oriented perspective on discourse differs from the linguistic emphasis found in conversation analysis (e.g. Wilkinson & Kitzinger, 2017) and the socio-linguistic perspective of Foucauldian discourse analysis (e.g. Arribas-Ayllon & Walkerdine, 2017).

3 In simpler terms, discursive repertoires are the 'linguistic frameworks' that shape our ways of speaking with others.

adolescents and music therapists talk about their relationship, I avoid using terms like ‘the therapeutic relationship’, ‘therapeutic alliance’ or ‘client–therapist relationship’, as all these terms refer to pre-determined roles or understandings. The term ‘music therapy relationship’ is fitting, I find, in that it refers to a relationship in the context of music therapy, without specifying roles or defining functions of the relationship.

In order to outline what the term ‘music therapy relationship’ entails, I find it helpful to refer to an illustration inspired by Bruscia’s *Client–Music–Therapist Constellation* (Bruscia, 2014), which details the various relationships of music therapy (see Figure 1).

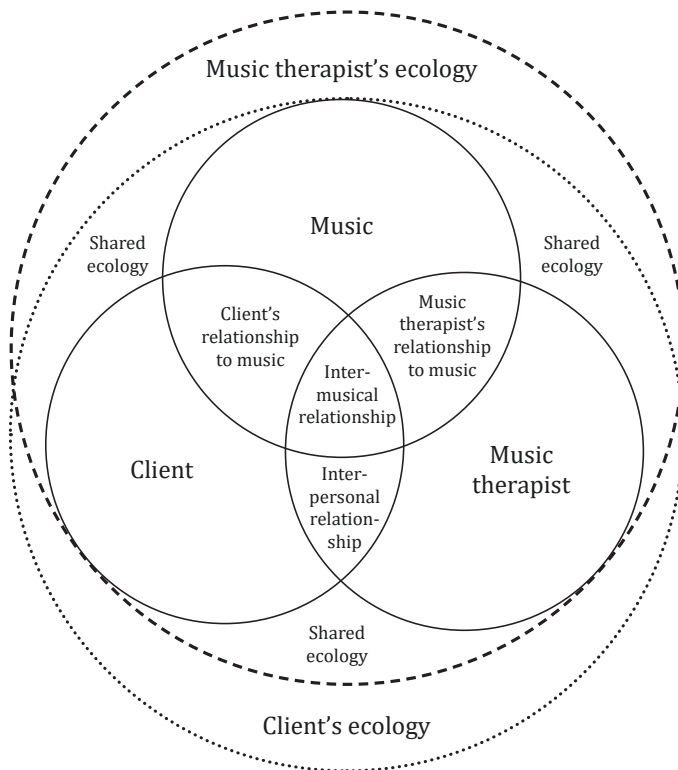


Figure 1. A simplified version of Bruscia’s *Client–Music–Therapist Constellation* (Bruscia, 2014).

Following this illustration, the relationship between the client and the music therapist (the music therapy relationship) exists in relation to each individual’s experience of themselves,

their individual relationships to music, as well as their shared and individual ecologies.⁴ Their shared experiences of each other are both intermusical and interpersonal, meaning that they share both musical experiences and experiences outside of the musical realm (Bruscia, 2014).⁵

While the main focus of this study is the relationship between the adolescents and the music therapists – that being, their intermusical and interpersonal experiences – I include descriptions of individual relationships to music and ecological factors when it is deemed relevant. For instance, an adolescent's description of how they listen to music or their experience of the physical environment of the music therapy room can provide insights into their relationship to their music therapist.

1.2.4 Adolescents and music therapists

The terms 'adolescents' and 'music therapists' are used to describe the informants throughout the thesis. When seen in light of the international discourse on music therapy, the adolescents may be described as 'clients' or 'users' of music therapy, but the music therapists who work in the NCWS tend to use the term 'adolescents' in line with the NCWS in general. When used in practice, the description may cover ages from around 10 to 23 years, but in this study, the adolescent informants are all between ages 16 to 18.

Music therapists in the NCWS do not necessarily describe themselves as 'music therapists' in practice, and as shown in later chapters, some of the informants of this study do not consider 'music therapist' a fitting description for the adult informants. However, for the sake of consistency I use the title 'music therapists' throughout the thesis when referring to the adult informants, as they are all trained music therapists.

1.3 Contextualizing the study

Both the empirical material and my interpretations of it are shaped by dominating discourses surrounding both music therapy and the NCWS. In this section, I describe some of the ongoing discussions in the two fields, in order to highlight aspects of the context in which the study is

4 Bruscia uses the term 'ecology' to refer to societies, cultures, the physical environment of the sessions, and other aspects of the world around us that shape our understanding of the music therapy relationship. In this thesis, I usually refer to these ecologies as the context in which the relationships take place.

5 Here, Bruscia leans on a wide definition of music, and describes activities as writing lyrics and talking about music as musical activities.

placed. I primarily focus on Norwegian studies and theorists, with international perspectives on music therapy being presented in the next chapter.

1.3.1 Adolescents' experiences of the Norwegian child welfare services

Most children who receive assistance from the NCWS live with their families, but in serious cases of child neglect, abuse or violence, children may be placed in out-of-home care, including foster homes and residential care (Bufdir, 2019).⁶ A study from 2015 shows that a majority of adolescents living in residential care struggles with mental health problems (Kayed et al., 2015). This, in combination with their living situation, can make their relational needs complicated. The question of how the NCWS may provide helpful and supportive care for these children and adolescents has been the topic of several reports and studies in recent years (e.g. Backe-Hansen, Løvgren, Neumann & Storø, 2017; Barneombudet, 2020; Paulsen, 2017).

The adolescents' experiences of not having their relational needs met is considered a consequence of a lack of training and competence in the adult caregivers, who are not necessarily trained to work with adolescents with complex mental health problems (Backe-Hansen et al., 2017; Helsetilsynet, 2019; Kayed et al., 2015). Normally, adolescents in the NCWS are offered therapy through the mental health services, and the caregivers at the institutions are usually trained as social workers – not therapists.⁷ This raises the question of how caregivers in the NCWS might better understand the needs of the adolescents and provide appropriate care. One answer is offered by proponents of trauma-informed care, an approach that focuses on understanding and healing relational trauma in non-clinical settings (Bath, 2015). The approach simplifies research from neuroscience and developmental psychology with the intention of making complex mental health processes understandable for caregivers. Courses in the approach have become increasingly popular in the NCWS (Bjørkeland, 2014; Bræin, Andersen & Simonsen, 2017; Lorentzen, 2020). Others argue for increasing training in relational and collaborative skills among social workers, saying that the adolescents need adults who can provide boundaries and routines while also being able to talk with the adolescents about complex topics (BarnevernsProffene, 2017; Helsetilsynet, 2019). They argue that in order for trust to grow between adolescents and adults, it is crucial that the adolescents have a stable living situation, as it takes time to develop healthy relationships (Kayed et al., 2015; Paulsen, Aune, Melting, Stormyr & Berg, 2017).

⁶ Bufdir is an abbreviation of The Norwegian Directorate for Children, Youth and Family Affairs.

⁷ There are ongoing discussions on the benefits and challenges of hiring psychotherapists to work in the NCWS (see Helmikstøl, 2021a, 2021b).

Experiences of user involvement

A common finding among studies of adolescents' experiences of the NCWS is that they feel a lack of involvement in decision-making. They believe that caregivers are not listening to their wishes and do not try to understand their needs (Barneombudet, 2020; Paulsen, 2016b; Skivenes & Strandbu, 2006). These findings are part of a larger discussion of how caregivers can facilitate collaboration between children and adults, and the rights of children to be involved in decisions regarding their life and their living situation. In this discussion, some researchers and theorists refer to the United Nations Convention of the Rights of the Child (UNCRC) and discuss how the NCWS may balance the child's right to protection *and* participation. Here, involvement is mainly discussed as a legal right (Skivenes & Strandbu, 2006; Strandbu, 2007; Vis, 2014). Other researchers discuss how adolescents experience their relationships to their caregivers, and tend to be more oriented towards how children and adolescents feel injustice in everyday situations, for instance through the use of force in child welfare settings (Backe-Hansen, 2016; Forandringsfabrikken, 2019; Helsetilsynet, 2019).

Another recurring finding in studies of user involvement is that the quality of the relationships between the adolescent and their caregivers is of great importance when facilitating involvement in decision-making (Backe-Hansen et al., 2017; Boylan & Braye, 2006; Paulsen et al., 2017). The adolescents speak about the value of having adults whom they can trust to speak their case and help them understand complex legal processes (Bell, 2002; Roesch-Marsh, Gillies & Green, 2017; Thomas & O'Kane, 1999). Furthermore, facilitating user involvement can strengthen the relationships between adolescents and adult caregivers (Paulsen, 2016b; Paulsen et al., 2017). Yet, identifying the appropriate contexts for and approaches to user involvement can be difficult. Some studies identify differences between how adult caregivers and adolescents experience participation and involvement, showing that adolescents may experience processes that are meant to increase user involvement as symbolic rather than 'real' involvement (Backe-Hansen, 2011; Jensen, 2014).

Transition to adulthood

For adolescents in out-of-home care, the transition to adulthood and independence can be difficult (Backe-Hansen, 2021; Paulsen et al., 2020). Adolescents in the NCWS can receive support until the age of 23, if they consent to this, but the services have no duty to provide support after the adolescent has turned 18. Any support provided after that age is described as *aftercare*. The range of services that are offered as part of aftercare varies based on the adolescent's needs. However, Paulsen (2016a) finds that adolescents who receive aftercare

are not necessarily given the support that they want. Instead, they are offered services that they do not believe they need.

Many adolescents struggle as a consequence of the sudden transition to ‘adulthood’ at age 18, in part because they lose contact with caregivers with whom they have established a strong bond (Paulsen, 2018). As an answer to this problem, Paulsen and Berg (2016) suggest that the NCWS should ensure that the adolescents have a network of adults who can support them in various ways in the transition to independent living.⁸ The networks should include both formal and informal forms of support,⁹ and should be established before the adolescents turn 18. For this to happen, adolescents in the NCWS need a variety of settings and contexts in which they can engage in meaningful interactions with caregivers (Paulsen, 2018; Paulsen et al., 2017; Paulsen & Berg, 2016). Similarly, Backe-Hansen (2021) writes that adolescents need places in which they can work with and develop their interests and hobbies. These places can function as a form of emotional support in themselves, in addition to being an area for building relationships that can help the adolescents on their path towards adulthood and independence.

1.3.2 Music therapy in Norway

In Norway, music therapy has been an organized discipline for around 50 years at the time of writing (Ruud, 2020a). For the first decades, music therapy was mostly used as a method for working in educational contexts with children with special needs, inspired by the Nordoff-Robbins approach with emphasis on musical improvisation. However, since the turn of the millennium, there has been a steep increase in music therapist positions in healthcare, for instance mental health care, elderly care, and at somatic hospitals (Halås, 2019). A similar development can be found in theory and research, as the last two decades have brought with them a range of perspectives on music therapy: Rolvsjord’s resource-oriented music therapy (2010), Stige’s community music therapy (Stige & Aarø, 2011), Trondalen’s relational music therapy (2016b), and Stensæth’s Bakhtin-inspired perspective (2017), to mention a few. The methods of music therapy have expanded as well, as songwriting and band methodology have become increasingly popular (Ruud, 2020b).

Through the years, Norwegian music therapists have positioned themselves as *humanistic*, in contrast to *naturalistic* (Ruud, 2008, 2010). Recently, however, several Norwegian theorists (as well as theorists from other nationalities) have questioned the humanistic perspective, and

8 They describe this as *interdependency*, that in order to be independent, people need others that they can depend on (see also Storø, 2018).

9 Formal support is bound by contracts and monetary compensation, as in the help an adolescent receives from workers in the NCWS. Informal support is not bound by the same structures, and can be provided by family, friends, teachers and others (Backe-Hansen, 2021; Storø, 2018).

in different ways argued for a *post*-humanistic understanding of music therapy. For instance, Ansdell and Stige argue for an 'extended humanism', in which the individual is considered 'within a wider, broader, more generous ecology of human relations in which music also takes a helpful and hopeful place' (Ansdell & Stige, 2018, p. 181). Ruud, who has argued for a humanistic worldview over several decades, presents a critical perspective on humanism in his recent book, in which he promotes a post-humanistic perspective on music therapy based on the theories of Deleuze and Guattari (Ruud, 2020b). While he does not reject humanistic perspectives, Ruud's recent approach emphasizes the interrelatedness (or the connections) of music therapy and other professions, and of individuals, cultures and societies. He argues against dualistic thinking and excessive labelling, promoting a transdisciplinary view of music therapy that – not unlike Ansdell and Stige – considers the larger ecological, political and societal conditions that shapes the individual's experience of their health.

Despite movement in the theoretical field, Norwegian music therapist researchers tend to describe their practice as 'humanistic', often in combination with 'resource-oriented', as well as 'community-oriented' or with similar terms referring to community music therapy (e.g. Krüger, 2011; Roaldsnes, 2017; Seberg, 2020; Tuastad, 2016). With these descriptions, the music therapist researchers communicate an emphasis on the strengths and resources of the individual clients, and that they aim at adapting the music therapy to the clients' wants and needs. In addition, they see clients as members of larger communities, and often uphold that music therapists should work towards facilitating the clients' participation in contexts outside the music therapy settings.

1.3.3 Music therapy in the Norwegian child welfare services

A wide range of qualitative studies (Krüger, 2018; Stensæth, Krüger & Fuglestad, 2016), including one doctoral thesis (Krüger, 2011), show that adolescents in the NCWS find music therapy valuable. Despite the number of studies of and theoretical approaches to music therapy in the NCWS, only a few music therapists work in the services – all of them in the private sector. In this context, it is worth noting that there are few therapists in general in the public child welfare services in Norway (Helmikstøl, 2021a), since therapy usually is offered through the mental health services. Music therapists working in the NCWS tend to follow a similar approach to Krüger (who has written extensively on his work in the NCWS, e.g. Krüger, 2011; Krüger, 2018, 2020; Krüger & Strandbu, 2015), by offering individual and group sessions to adolescents in which songwriting, music listening, playing in bands and performing are central activities.

Music therapy has not been systematically implemented in the NCWS or the mental health services, and few adolescents in out-of-home care are offered music therapy as an alternative or addition to other forms of therapy. One reason for this lack of implementation is that music therapy is a fairly new profession in both the NCWS and mental health services in Norway. Consequently, music therapists in the NCWS find themselves in dissimilar job positions, with varying responsibilities, opportunities and limitations. An advantage of this undefined position is that the music therapists are usually given a lot of freedom in developing their practice (within the limitations of the services), as their leaders and co-workers tend to trust their expertise. For instance, music therapists are usually able to have sessions in the adolescent's home, if that is what the adolescent prefers. A disadvantage is that the music therapists are dependent on leaders believing in and understanding the potential of music therapy, making their positions vulnerable to economic cuts and downsizing when that belief is not there.

Theoretical approaches to music therapy in the services

Krüger's approach to music therapy practice is inspired by community music therapy, but he also draws on discussions and discourses from the field of child welfare. For instance, he understands his practice and research in light of the UNCRC, and he often emphasizes the child's right to *participation*. In recent work (see Krüger, 2020; Krüger, Nordanger & Stige, 2017, 2018), he also draws on theory and research on developmental trauma, by focusing on how music therapy provides *safety*, *regulation* and *connections* – the three pillars of trauma-informed care, as conceptualized by Bath (2015).

In addition to Krüger, Trondalen has written about music therapy practice and research in the NCWS, but with a different practical and theoretical approach. Her studies describe music therapy with mothers and their children, with focus on developing and strengthening their interactions (Trollaldalen, 1997; Trondalen, 2016a). Her theoretical understanding is based on Honneth's *theory of recognition* (Honneth, 1996), as well as Stern and Trevarthen's developmental psychology (Stern, 2010; Trevarthen & Malloch, 2000).

A third perspective on music therapy in the NCWS is found in Stensæth's work, which discusses how musical activities can contribute to increased participation. Though there are similarities between the foci of Stensæth's and Krüger's theories in regards to the participatory aspect, Stensæth leans more towards dialogical theory and philosophy than Krüger's rights-based perspective. Furthermore, Stensæth emphasizes the potential of *music* as a medium for mutual, anti-authoritative interaction and participation. Musical, collaborative activities, she argues, can prevent loneliness, social isolation and potentially radicalization (Stensæth, 2018; Stensæth & Jenssen, 2016).

1.4 My preunderstanding

Having worked as a music therapist in the NCWS, I approach the empirical material with certain expectations shaped by my earlier experiences with both music therapy practice and theory. In this section, I describe some of the ways my preunderstanding shapes the study, including some early motivations and the reasons behind some of the choices regarding research design.

As a music therapist in the NCWS, I found that music therapy could be a fitting approach for working with relationships between adolescents and adults. I met adolescents that were sceptical of therapists, but still agreed to attend music therapy because of their interest in music. Occasionally, over time, the shared interest in music between the adolescents and me would develop into relationships that we appreciated. However, despite having worked with some adolescents for years, I was not sure how they would describe our relationship. I often thought that I played some role in the adolescents' lives, but at the same time, I felt uncertain how they would define that role. From conversations with other music therapists, I noted that they asked themselves similar questions, as they also wondered about how the adolescents would define them, their role in the adolescents' lives, and what they did together.

This interest in how adolescents understand their relationship to their music therapist was the primary inspiration for this study, but I also found it interesting to consider how the music therapist's perspective on the relationship compared to that of the adolescent. I wanted to do an interview study, in which perspectives from both adolescents and music therapists were included. I also considered different ways in which I could study both how the informants experience *and* talk about their relationships. Eventually, I chose to combine phenomenological and discourse analytical approaches, as this dual analysis would allow me to explore different, but interrelated, aspects of the informants' understanding of their relationships.

Despite my earlier experiences as a practitioner, I could merely guess at what the informants were going to talk about in the interviews. I had not had any conversations akin to an interview with the adolescents with whom I had worked, and I knew little of how such a conversation would proceed. Although I had earlier experience with working in the NCWS, I was curious to see what themes and topics would arise in the interviews. As a consequence, the research aims, as well as the questions in the interview guide, are all relatively open-ended.

1.5 Outline and structure of thesis

The thesis consists of ten chapters, split across four parts that follow the well-known IMRaD-structure.¹⁰ The first part, 'Foundations', consist of three chapters, including the current chapter in which the study is introduced. Both the second and third chapter explore literature on relationships. In the second chapter, I review research literature on client–therapist relationships in psychology and music therapy, and studies on music therapy with adolescents. The chapter ends with a discussion of patterns across findings and gaps in the literature. The third chapter discusses relationships from philosophical and theoretical perspectives, with emphasis on the phenomenological theories that I use as inspiration for my phenomenological thematic exploration of the empirical material.

The second part, 'Methods', describes how I collected and analysed the empirical material. The part is split in two chapters. Chapter 4 focuses on the theoretical perspectives that underlie the methodological choices, starting with a discussion of phenomenological approaches to research. This is followed by a discussion of discursive psychology and some perspectives on pluralistic research (as in studies in which more than one analytical approach is used). The chapter ends with a discussion of theoretical perspectives on interviewing. In Chapter 5, I describe the practical process of collecting and analysing the empirical material, including ethical considerations.

The third part, 'Results', presents the findings from both the phenomenological and discourse-oriented explorations. It starts with Chapter 6, which presents the empirical material in form of six narratives followed by an elaboration on a few topics of special interest. The summaries and elaborations are complemented with extracts from the interviews. In Chapter 7, I present the phenomenological thematic exploration, structured around seven themes targeting the informants' experiences of their relationships. The chapter is followed by the discourse-oriented exploration, in which I explore discursive patterns in each interview, with emphasis on the use of the terms 'music', 'therapy' and 'relationships'. Chapters 7 and 8 both build on the presentation of the empirical material in Chapter 6.

In the fourth and final part, 'Discussion and conclusion', I summarize and discuss the findings. It starts with Chapter 9, in which the findings are discussed in light of theory and research from phenomenology, psychology, music therapy, and child welfare. I revisit topics of discussion brought up in the introductory chapters, and discuss how the findings challenge and confirm findings from other studies and theories. With the final, tenth chapter, I build on the discussions from Chapter 9 to provide a final summary of how the knowledge gained

10 IMRaD: Introduction (Chs. 1–3), Method (Chs. 4–5), Results (Chs. 6–8), and Discussion (Chs. 9–10).

throughout the study relates to the overarching research aim. I end the thesis by presenting some suggestions for future research.

Looking at the thesis as a whole, the chapters vary in their scope (see Figure 2). From the larger, philosophical discussions of the early chapters, the scope narrows to part three of the thesis, which focuses on the empirical material with few links to theoretical discussions. From there, the scope gradually expands again, with Chapter 9 revisiting the theoretical discussions of Chapters 2 and 3, and Chapter 10 focusing on the broader, overarching debates and discourses presented in the first chapter.

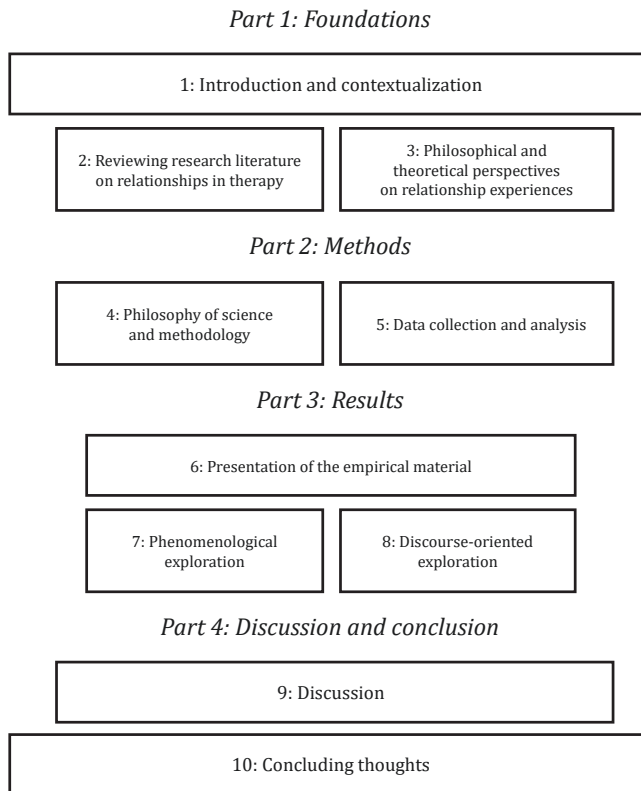


Figure 2. The structure of the thesis.

2 Reviewing the research literature on relationships in therapy

In the previous chapter, I presented a selection of Norwegian studies of music therapy and child welfare when defining the context in which this study takes place (see 1.3). In this chapter, I examine research literature on relationships further, with the aim of identifying topics that are currently underexplored and highlighting findings that are worth considering for this project.

In a review of literature on adolescents and music therapy, McFerran notes that the last two decades have seen a flux in research, with qualitative, humanistic studies dominating the field. McFerran identifies three contexts in which the studies take place: (1) community-based music therapy programmes, (2) school-based music therapy interventions and (3) music therapy treatments in mental health (McFerran, 2020). Looking through the studies of McFerran's review, I find that they usually centre on group music therapy with adolescents, with an emphasis on group dynamics and relationships among peers, especially in the community-based and educational contexts (e.g. dos Santos, 2018; Krüger, 2011; McFerran, Roberts & O'Grady, 2010; Oosthuizen, 2018; Wöflfl, 2019). Most of the studies that touch on relationships between adolescents and music therapists belong to the third context: mental health. Whereas researchers in the other two contexts mostly draw on theories from pedagogy and sociology, music therapy researchers in the mental health context lean on perspectives from psychology to define and understand their practice. Consequently, I start this review of the research literature by describing studies of client–therapist relationships in psychology, before moving on to client–therapist relationships in music therapy. I then review studies of relationships between adolescents and music therapists, as well as studies of the ways adolescents use and relate to music outside of music therapy. At the end of the chapter, I identify topics that have not received much attention in the current literature.

I have not tried to identify all the existing literature on client–therapist relationships in psychology and music therapy, as such reviews would go beyond the scope of the thesis. However, I have endeavoured to identify all the existing literature on relationships between music therapists and adolescents.¹¹ Yet, I do not aim at presenting a comprehensive review of the literature in any of the three sections. Instead, the literature below has been selected to highlight tendencies that are relevant for the discussions later in the thesis, while simultaneously showing some of the width of approaches and studies that can be found in the literature.

11 My search was limited to works in English and Norwegian.

2.1 Client–therapist relationships in psychology

In this section, I start with reviewing literature on the therapeutic alliance in psychotherapy, before moving on to studies that target adolescent–therapist relationships.

I find that the term ‘therapeutic alliance’ is more frequently used in psychology than in music therapy, in which the term ‘therapeutic relationship’ is more common (though there are exceptions, e.g. Silverman (2019)). Thus, while I use the term ‘relationship’ throughout the thesis, in this section, I follow the field of psychology by describing the relationship as an ‘alliance’.

2.1.1 The therapeutic alliance

Studies in psychology show that strong therapeutic alliances between psychotherapists and clients reduce dropout rates, and that there is a moderate, but predictable, correlation between strong alliances and positive therapeutic outcomes (Roos & Werbart, 2012; Sharf, Primavera & Diener, 2010). Additionally, the quality of the alliance is a better predictor for positive therapeutic outcomes than the type of intervention (Ardito & Rabellino, 2011). Yet there is great variance in how researchers define ‘the therapeutic alliance’, and there is no clear definition on what parts of the therapeutic relationship the alliance entails. The numerous definitions of the alliance create challenges for researchers, as different conceptualizations of the same term makes it hard to compare findings across studies (Krause, Altimir & Horvath, 2011).

Historically, the therapeutic alliance is defined as distinct aspects of the therapeutic relationship. For instance, Bordin defines the alliance as consisting of three essential elements: agreement on goals, agreement on tasks, and a personal bond of reciprocal positive feelings (Ardito & Rabellino, 2011; Bordin, 1979; Horvath & Luborsky, 1993).¹² Over the last decades, however, researchers and theorists in different fields have used the term to encapsulate a wide range of relational qualities (Ardito & Rabellino, 2011), and occasionally as a synonym for ‘the therapeutic relationship’ (e.g. Frederiksen, Ridder & Pedersen, 2020; Koole & Tschacher, 2016).

An additional challenge with studying the therapeutic alliance is that clients and therapists tend to experience the alliance differently (Bachelor, 2013; Hartmann, Joos, Orlinsky & Zeeck, 2015; Heinonen et al., 2014; Nissen-Lie, Havik, Høglend, Rønnestad & Monsen, 2015). Krause, Altimir and Horvath (2011) find that clients tend to put greater emphasis on the therapist’s expertise and experience, while therapists emphasize the client’s commitment and collaboration in their relationship. Furthermore, Krause and colleagues find that therapists objectify

¹² Bordin uses the term ‘working alliance’ rather than ‘therapeutic alliance’, but according to Ardito and Rabellino (2011), the two terms tend to be used interchangeably in research literature.

the therapeutic relationship to a larger degree than the clients do, and ‘uses’ the relationship to achieve therapeutic ends. Based on these findings, they argue that researchers and therapists should consider the different ways that the alliance (and the therapeutic relationship) are understood and communicated by clients. Safran and Muran (2006) present a similar perspective, describing the therapeutic alliance as an important, but overvalued aspect of research on therapeutic relationships. They argue that findings consistently show *modest* support for the hypothesis that a strong therapeutic alliance correlates with therapeutic change (see Ardito & Rabellino, 2011; Bei, Colli & Lingardi, 2007). Rather than trying to reconceptualize the alliance or identify new essential qualities in the therapeutic relationship, researchers should focus their efforts on understanding how relationships shape therapeutic processes, while keeping in mind the context in which the relationship unfolds, Safran and Muran argue.

2.1.2 Adolescent–therapist relationships

Literature on psychotherapy with adolescents tends to view the adolescent–therapist alliance as different from the adult–therapist alliance. Compared to adults, adolescents are more frequently referred to therapy by others, and for some adolescents, a referral can make them feel forced to attend therapy (Everall & Paulson, 2002). Adolescents are occasionally considered developmentally ‘immature’ and, as a consequence, the therapists might discuss the therapeutic goals with the parents, rather than the adolescents (Oetzel & Scherer, 2003; Shirk, Karver & Brown, 2011). Additionally, researchers argue that there is a greater stigma associated with therapy among adolescents than among adults (Prior, 2012; Tharaldsen, Stallard, Cuijpers, Bru & Bjaastad, 2016).

Despite the differences, studies of the correlation between adolescent–therapist alliance and therapeutic outcome show similar, moderate effects as the studies with adult clients, according to a meta-analysis by Shirk, Karver and Brown (2011). Findings also show that the alliance becomes an increasingly important aspect of therapy over time, as the therapists and adolescents may experience some distrust or other difficulties in the start of the relationship, especially if the adolescent has experienced trauma or maltreatment in relationships with caregivers (Eltz, Shirk & Sarlin, 1995; Everall & Paulson, 2002; Zorzella, Rependa & Muller, 2017).

Crenshaw and Cannelli suggest that therapists who work with adolescents with relational trauma in residential care should aim towards making the context of therapy feel familiar and comfortable for the adolescents. They note that a majority of adolescents in residential care are negative towards traditional therapy and that the adolescents tend to blame the therapist if they do not find the treatment valuable. As a consequence, they argue for (what they call) ‘stealth therapy’, as in relating to the adolescents in ways that feel familiar to them.

For instance, the therapist can talk to the adolescents while walking, doing chores or going to the gym. This, they argue, may help the adolescent feel safe in the relationship (Crenshaw & Cannelli, 2020).

2.2 Client–therapist relationships in music therapy

In the following section, I describe a selection of studies of relationships between client and therapist in music therapy. I prioritize studies that draw on theoretical perspectives that are comparable to the perspectives of this thesis, mainly phenomenology, discourse analysis and psychology. Using Bruscia's (2014) *Client–Music–Therapist Constellation* as an inspiration (see 1.2.3, Figure 1), I separate between two groups of studies, with the first group emphasizing the *intermusical* aspects of the relationship, and the second group emphasizing the *interpersonal* aspects, as this distinction allows for comparisons between different perspectives on researching relationships in music therapy.

2.2.1 Studies of intermusical aspects of relationships

The first group of studies emphasizes the non-verbal, musical, bodily and intersubjective aspects of interactions between clients and music therapists. Here, I provide three examples.

First is Trondalen's (2004) study of music therapy with young people suffering from anorexia nervosa. Exploring musical improvisations with clients, Trondalen identifies significant moments, as in 'sequences of regulation, which are mutually harmonized by the therapist and the client in the musical interplay' (2005, p. 417). Trondalen argues that, for the client, the significant moments support an experience of *connectedness*: a connection with the music therapist, and a connection with the here-and-now. Second, in a study of interplay between children with severe functional limitations and music therapists, Holck (2002) uses micro-analysis to identify musical and actional patterns that develop between children and music therapists over time, showing how their shared history of interactions leads to forms of meaningful communication that are unique to their relationship.¹³ Third, Mössler and colleagues find that music creates meaningful interactions between music therapists and children with autism spectrum disorder. Furthermore, their study shows that the relationship between music

13 Johns's study (2018) of emotional regulation in intersubjective child psychotherapy bears similarities to Holck's study. In her study, Johns conducts a multi-layered video microanalysis exploring musical dynamics (e.g. timbre, pitch and rhythm) in interplay between child and therapist, showing how synchronization and regulation in play improve the child's capacity for self-regulation. While Johns draws on theory and experience from the field of music therapy, the study does not explore music therapy practice.

therapist and the child is an important predictor of development of social skills, particularly skills related to language and communication (Mössler et al., 2017).

The three studies presented above share an understanding of the relationship between client and therapist as developing through moments of meaningful interaction, both through play and music. The moments are revealed through detailed listening and observation of musical interactions, implying that we can understand how others relate through careful examination of their movements and expressions. This perspective on relationships has roots in phenomenological theory and the developmental psychology of Winnicott (1965), Bruner (1990), Trevarthen and Malloch (2000) and Stern (2000, 2010), to mention a few examples.

2.2.2 Studies of interpersonal aspects of relationships

A second perspective on relationships between clients and music therapists can be found in research that emphasizes relational qualities as collaboration and equality. These studies tend to touch on such topics as power dynamics, user involvement and empowerment, without the emphasis on musical interaction found in the studies above (e.g. Foster, 2007; Scrine & McFerran, 2018; Seberg, 2020). Participatory, feminist, recovery- and resource-oriented perspectives are among the theoretical frameworks that shape the focus of the studies (see Bodry & Schwantes, 2020; Rolvsjord, 2010; Solli, 2014; Stige, 2015), with some of the main inspirations being Foucault (1981, 1994, 2001) and Butler (1990).

Rolvsjord's (2015a, 2015b) studies of the clients' contributions to the client–therapist relationship is one example, in that the researcher shows how the clients in music therapy engage in the therapeutic process. Discussing the results of a multiple case study, in which the researcher interviewed clients and music therapists while watching video recordings of the sessions, Rolvsjord states:

The participating clients were not passively awaiting a therapist's skillful interventions to create safe and collaborative conditions for the therapeutic work, but were radically reflexively taking actions to contribute to a relationship that they could make use of in their therapeutic process. (2015a, p. 178)

Rolvsjord argues that in order to move towards egalitarian relationships, music therapists need to consider the discourse of therapy. How we speak to and about our clients shape the ways we perform music therapy, so if it is the aim of the music therapist to facilitate collaborative, empowering relationships, then this involves talking and writing about the clients

in empowering ways (2010). Rolvsjord is not alone in challenging the discourse of music therapy from a critical perspective, with some researchers pointing to the need for balancing strengths and needs when describing clients (Fairchild & Bibb, 2016; Fairchild, McFerran & Thompson, 2016), and others encouraging music therapists to challenge oppressive discourses and working towards social change (Bain, Grzanka & Crowe, 2016; Bodry & Schwantes, 2020).

2.3 Relationships in music therapy with adolescents

As mentioned in the introduction of this chapter, the studies that explore relationships between adolescents and music therapists tend to focus on the field of mental health. Furthermore, the studies often centre on the interpersonal aspects of the relationship, following the theoretical perspectives described in section 2.2.2, with only a few studies focusing on the intermusical aspects of the relationship. However, several studies explore adolescents' relationship *to music*, and since one of the aims of this study is to understand how adolescents and music therapists experience and talk about music and musical interactions, I believe that these studies may provide valuable insight into the role of music in music therapy relationships. Therefore, I start this section by exploring studies of adolescents' relationship to music, before moving on to studies of relationships between adolescents and music therapists.

2.3.1 Adolescents' relationship to music

Literature on adolescents and their relationship to music describe how adolescents listen to and use music in daily life, with several studies touching on how adolescents use music to regulate and immerse themselves in emotions and to cope with challenging situations (e.g. Baltazar, 2019; Beckmann, 2014; Skånland, 2012; Zanders, 2012). This way of using music is not unique to adolescents, but adolescents spend more time listening to music than other age groups, and compared to adults, they are more likely to immerse themselves in negative emotions as anger and sadness through music (Dingle, Sharman & Larwood, 2019). McFerran and others have studied the use of music to strengthen negative emotions among adolescents, finding that young people who struggle with their mental health may use music to isolate themselves and ruminate. They argue that music therapists need to be conscious about the differences between 'healthy' and 'unhealthy' engagements with music (Gold, Saarikallio, Crooke & McFerran, 2017; McFerran, 2016; McFerran & Saarikallio, 2014; Saarikallio, Gold & McFerran, 2015). In a recent text, however, McFerran warns against dichotomous, binary conceptualizations of health, noting that her earlier suggestion of 'healthy' and 'unhealthy'

engagements is unsatisfactory in that it does not efficiently acknowledge the nuances of adolescents' use of music (McFerran, 2019).

A challenge with researching how adolescents relate to and use music is that opportunities for music listening have changed drastically over the last decades. Zanders (2012) and Skånland (2012) write about listening to music on CDs, radio and mp3-players – technology that Pluretti and Bobkowski describe as 'old' seven years later; in those years, streaming and social media have reshaped how young people engage with music (Pluretti & Bobkowski, 2019). Services such as Spotify and YouTube provide adolescents with new opportunities for music listening, such as easily creating and changing playlists, watching music videos and getting updates from their favourite artists on social media. This, in turn, creates new possibilities for sharing and communication through music, but also challenges related to isolation and potential negative influence from artists who engage in destructive behaviours (McFerran, 2019; Pluretti & Bobkowski, 2019).

2.3.2 Relationships between music therapists and adolescents

Despite more and more studies being published on music therapy with adolescents, few papers take the relationship between adolescents and music therapists as their main focus. However, many studies touch on the relationship when exploring other aspects of practice. For instance, several papers discuss the role of music in the relationship between adolescents and music therapists. McFerran, in a discussion of the link between negative emotions and music, says:

Since young people are most likely to be using music more frequently when they are distressed, they should be given opportunities to engage their emotions through music and supported to do this within the safe containment of a therapeutic relationship where necessary. (2016, p. 116)

Furthermore, in her doctoral thesis, McFerran shows how changes in group dynamics between six bereaved adolescents are reflected in musical improvisations, with her analysis showing increased levels of musical cohesion over time (McFerran, 2001). Zanders (2015), working with an adolescent in child welfare services, describes using musical experiences, including improvisation and exercises in breathing and mindfulness, to establish a safe therapeutic relationship. This, in turn, allows the adolescent and music therapist to work with the traumatic life experiences of the adolescent's past, through incorporating them into the musical experiences of the present. In another text, Zanders describes music as non-threatening: an

activity that instantly establishes trust and connection when working with foster care youth (Zanders, Midach, Waldemeier & Barros, 2018).¹⁴

Several papers describe how music therapists include technology and digital media in their work with adolescents, in order to connect music therapy to the musical realities that adolescents know from social media. Derrington (2019), for instance, suggests using video cameras and recordings in music therapy sessions, while Crooke and McFerran (2019) write about beat making technologies as part of group improvisations (see also Viega, 2018; 2019). These papers on music technology can be regarded as part of a trend in research literature on the interpersonal aspects of the relationship between adolescents and music therapists, in that they focus on how the music therapist can respond to the needs and wants of the adolescents. Just as how the texts above discuss including technology in the practice, Fletcher (2018) encourages music therapists to familiarize themselves with hip hop culture, while dos Santos (2018) and Oosthuizen (2018) write about embracing aggression and chaos as part of group music therapy with adolescents. The three studies all focus on the music therapist's abilities and knowledge, and they are all written from the perspective of researchers studying their own practice (see also Krüger (2018) and Zanders (2015)).

Bolger is among the researchers who explore the role of the music therapist from a critical perspective, emphasizing collaboration and empowerment in the relationship with adolescents. In a paper exploring tokenism in collaborative processes in music therapy, she and colleagues note that 'it is not a music therapist's job to make collaboration happen, but to embody and offer a collaborative intent from which a mutual, shared process may emerge' (Bolger, McFerran & Stige, 2018, p. 264). In order to motivate adolescents to attend and develop music projects, Bolger suggests that the music therapist 'hang out' with the adolescents, meaning to participate in informal activities outside the sessions, such as eating a meal, chatting over a cup of tea or playing football. These activities may strengthen the bond between the adolescents and the music therapists, she argues (Bolger, 2013).¹⁵ Similarly, Scrine and McFerran write about facilitating an anti-oppressive music therapy practice. In their study, adolescents are interviewed about how they understand the role of their music therapist. Among the findings is that the adolescents compare their music therapist to teachers, describing the music therapist as less authoritative – a quality of the music therapist that is described both positively and negatively by the adolescents (Scrine & McFerran, 2018).

14 McFerran and Finlay provide a different understanding of music in an article showing how musical activities can be regarded as threatening by clients of any age. The clients may feel anxious or vulnerable when playing or expressing themselves creatively, leading to a sense of threat that is potentially unique for creative arts therapies (McFerran & Finlay, 2018).

15 Note the similarities between Bolger's suggestions and Crenshaw and Cannelli's 'stealth therapy' (2020), as explained in section 2.1.2.

2.4 Identifying gaps in the literature

To summarize my review of the literature, I have not found any other studies that explore relationships between music therapists and adolescents from the perspectives of both parties. There are a few studies that explore the relationship from the perspectives of the music therapists (e.g. Zanders, 2015), and there are some interview studies that explore the adolescents' experiences of music therapy, but without specifically focusing on the relationship between the adolescents and the music therapists (e.g. McFerran, 2001). Although I find a few papers on discourse in music therapy with adolescents (e.g. Fairchild et al., 2016), I have not found any studies that explore how adolescents talk about music therapy or their music therapist through discourse-oriented theories or methods. Relationships between adolescents and music therapists are touched upon in several studies, as seen in Bolger's (2013) reference to 'hanging out' with the adolescents in order to facilitate collaboration, or the way Derrington's (2019) use of video in music therapy allows for new ways of sharing and communication between her and the adolescents.

In studies of psychotherapy, the relationship between client and therapist is viewed as an important facilitator for therapeutic change, while studies of music therapy tend to emphasize how *music* may facilitate change. This can be illustrated by looking at the ways that music therapy researchers who study adolescents emphasize how the adolescents use music in their everyday life and how practitioners may shape their practice to fit the musical realities of the adolescents (e.g. by using new technology). While this emphasis on music provides valuable insight into how interactions with and through music may affect our health, well-being and relationships, it can also be seen as a reason why there is little research exploring the importance of the client–therapist relationships in music therapy with adolescents – at least compared to the field of psychology. Furthermore, I find that few studies explore how adolescents' use of music *outside* of music therapy may shape how music is used *in* the music therapy setting. Thus, I wonder if the musical interactions between the adolescent and the music therapist are similar to or different from musical interactions *external* to the relationship. Do the adolescents listen to music in the same way when they are alone or with others as they do when they are with the music therapist, or is the act of listening together with the music therapist experienced differently? These are questions that I keep in mind when exploring how the adolescents and music therapists of this study experience and talk about music (see research aim four, 1.1).

We also see that several studies identify differences between how clients and psychotherapists experience their relationship. This highlights the importance of understanding the music therapy relationship from the perspectives of both adolescents and music therapists.

In addition, I find it worth considering how the adolescents' perceptions and expectations of therapy play into their experience of the music therapy relationship, as studies reveal that adolescents attach a greater stigma to therapy than adults do.

3 Philosophical and theoretical perspectives on relationship experiences

How we experience the Self and the Other has long been a topic of discussion, in both phenomenology and psychology.¹⁶ Among the many points of contention are the origin of empathy (Heyes, 2018; Zahavi & RoCHAT, 2015), the function of mirror neurons (Kilner & Lemon, 2013), and how we may understand the Self and its relation to the surrounding world (Gallagher, 2011). How a researcher understands these and other aspects of relational experience will influence their understanding of the music therapy relationships as a phenomenon. Thus, in this chapter, I present the theoretical perspectives that I draw on in my understanding of relationship experiences, as my theoretical positioning influences the results and discussions of this thesis. More specifically, I focus on the theories and concepts that I use in my phenomenological analysis in order to explore and interpret the empirical material. The phenomenological analysis is an abductive process, in which phenomenological theories and concepts inspire and contribute to the development of themes. This process is explained further in the next part of the thesis (4.1.3, 5.3.4), but here, it should be noted that the theories presented below are all related to the development of the results of the thesis.¹⁷

Since the concept of relationship massively pervades literature involving human beings and their lifeworld, my choices of theoretical perspectives need to be eclectic. Several of the concepts I refer to in the chapter are removed from their larger theoretical contexts, as it would be beyond the scope of this thesis to provide thorough introductions to all of the complex theories mentioned below.

The five sections of the chapter all adhere to a similar structure: first, a theory or concept from phenomenological philosophy is introduced, and second, the theory or concept is discussed briefly in light of theory and research on music therapy. I start with a discussion of Merleau-Ponty's theories, as these have already been referred to in the opening chapter. The following sections describe the theories of Sartre, Lévinas, Derrida and Ricoeur (as well as some of the theoreticians they have inspired), who all differ from or expand upon Merleau-Ponty's phenomenology of relationships. The chapter does not discuss phenomenology as a *philosophy of research*, as this topic is explored in Chapter 4.

16 I capitalize the first letter of Self and Other when discussing the concepts on a philosophical level.

17 In Appendix 6, I show how the different theories relate to specific themes in the phenomenological analysis.

3.1 Experiencing the Self and the Other

3.1.1 Merleau-Ponty on sameness and alterity

Imagine seeing a person that is happy. By watching their face and their body, you immediately understand the emotional state of the other person, without needing to reflect on what you are seeing. Following the terms and concepts provided by the phenomenologist Merleau-Ponty (introduced in 1.2.1), we may say that in this moment, you understand the other person as an *embodied foreign subject* – as someone that is different from you, but same in how they express happiness; this is not same as in identical, but same as in similar enough that you immediately recognize their emotion. Moments like this, in which we gain insight into the emotional state and intentions of others, happen constantly, for instance the non-verbal communication that takes place when you walk towards someone on the street. Even when you look in the mirror, you anticipate how others see you. Following Merleau-Ponty's theory, these examples show that you are in possession of something that allows you to recognize the experiences of others – both how they experience themselves (e.g. as happy) and how they experience you. Consequently, your experience of your own subjectivity must contain some sense of *otherness*, or alterity.

The line of thinking above may seem reasonable, but it reveals an understanding of subjectivity that is contested by other phenomenologists (Zahavi, 2001, 2015). To elaborate, Merleau-Ponty claims that our understanding of our Self is ambiguously interwoven with an understanding of the Other:

Between my consciousness and my body as I experience it, between this phenomenal body of mine and that of another as I see it from the outside, there exists an internal relation which causes the other to appear as the completion of the system. The other can be evident to me because I am not transparent for myself, and because my subjectivity draws its body in its wake. (Merleau-Ponty, 1962, p. 410)

It is because we do not have a full understanding of ourselves that we are able to grasp aspects of the experiences of others. We can look at ourselves with the eyes of a stranger, imagining how another would see us, because we are partially strangers to ourselves (Zahavi, 2001).

The notion that our experience of others is based on an internal relation (see the extract from Merleau-Ponty above) has been criticized, as it suggests that we understand others through *sameness*, rather than *otherness* (Reynolds, 2001, 2004). This is the topic of an important, but complicated discussion between phenomenologists like Merleau-Ponty, Sartre, Lévinas and

Derrida, and here, I will offer only a simplified explanation of the debate. Going back to the example of seeing someone who is happy, we may ask how one recognizes the happiness of another person without necessarily feeling happy oneself. Do we not experience the other as different from us, rather than the same? If our experiences of ourselves are interwoven with our experiences of others, how can we differ between others and ourselves, or even identify a self to begin with?

To explain Merleau-Ponty's position in this discussion, we may start by exploring his arguments against dualistic thinking. For instance, Merleau-Ponty says that mind and body can be regarded as different, distinct phenomena, but if we were to discuss our experiences of a phenomenon, we cannot consider one without the other. After all, you do not experience a phenomenon in your mind *or* in your body, but in both, simultaneously (Merleau-Ponty, 1962). Again, in our experience of the world and ourselves, mind and body are interwoven: one cannot exist without the other. Similarly, our understanding of another person can both be thought of as a recognition of similarities and differences respectively, but in order to explore the phenomenological experience of a Self recognizing an Other, we must regard the experience of similarity and difference as interwoven. Reynolds, in his analysis of Merleau-Ponty's philosophy, says:

We do not encounter [the difference of an Other] by preserving it untouched, like a specimen in a jar. Rather, difference and alterity are truly experienced only through an openness that recognizes that despite all of the undoubted differences that we encounter, there is always something shared that allows difference to be conceivable at all. This is not an effort to reintegrate difference into sameness, but an insistence on the importance of transforming the notions of self and other in any attempt to behave responsibly toward the alterity of the other. (2004, p. 138)

By claiming that we recognize each other through sameness *and* difference, Merleau-Ponty's theory allows for the feeling of *empathy*, as in the idea that we can feel what the other feels, or know what the other knows, while also holding on to the notion that our experience is never the same experience as that of the other. Furthermore, his theory allows for the notion of *intersubjectivity*: the idea that subjectivity exists in relation to the world and others. Zahavi, commenting on Merleau-Ponty's view on intersubjectivity, explains:

the three regions 'self', 'others', and 'world' belong together; they reciprocally illuminate one another, and can only be understood in their interconnection... the subject must be seen as a worldly incarnate existence, and the world must be seen as a common field of experience, if intersubjectivity is at all to be possible. (2001, p. 166)

Here, we see that the notions of Self and Other are interrelated with the world. This is a point that was also brought up in the definition of the term *experience* in this thesis (see 1.2.1), as our experience of a phenomenon (e.g. the music therapy relationship) must be understood as intertwined with 'the world', or the *common field of experience*. Thus, intersubjectivity is not only found in relationships between people, but also in how people relate to the world.

3.1.2 Intersubjectivity and implicit relational knowing in music therapy

In 2.2.1, I refer to the studies of Trondalen (2004), Holck (2002) and Mössler and colleagues (2017) when describing research that explores the intermusical aspects of client–therapist relationships in music therapy. In these studies, intersubjectivity is a key concept for understanding how musical interactions may be experienced as meaningful. However, while researchers as Trondalen and Holck often refer to phenomenology in their studies, their notion of intersubjectivity is based on theories from developmental psychology, most notably the theories of Trevarthen and Stern.

There are several similarities between how Merleau-Ponty and Stern conceptualize intersubjectivity (Simms, 1993), which can be seen in how Stern argues that our understanding of our selves is constantly influenced by others:

We live surrounded by others' intentions, feelings, and thoughts that interact with our own, so that what is ours and what belongs to others starts to break down. Our intentions are modified or born in a shifting dialogue with the felt intentions of others. Our feelings are shaped by the intentions, thoughts, and feelings of others. And our thoughts are cocreated in dialogue, even when it is only with ourselves... Two minds create intersubjectivity. But equally, intersubjectivity shapes the two minds. (2004, pp. 77–78)

While Merleau-Ponty's conceptualization of intersubjectivity can be seen as an interconnectedness between the Self, the Other and the world (Merleau-Ponty, 1962; Zahavi, 2001), Stern (and the music therapists who refer to him) focuses on intersubjectivity as interconnectedness in face-to-face encounters. More specifically, intersubjectivity is described as moments in which two people make a special kind of mental contact – a momentary experience of sharing the same mental landscape. Usually, this momentary connection lasts between one and ten seconds, Stern claims (Stern, 2004).

Trondalen, drawing on Stern's notion of intersubjectivity, provides us with an example of this time-limited mental contact in her book on relational music therapy (2016b), in which

she describes a session with Simen, a 19-year-old adolescent. After an intense improvisation, the music therapist and Simen look at each other, with Simen saying ‘wow’, and the therapist replying ‘wow’ back. Trondalen sees this as a moment of ‘intersubjectivity in real life: The feeling of *I know that you know that I know – and we both know*’ (2016b, p. 123). Here, intersubjectivity is conceptualized as a momentary experience of mental contact that is non-verbal, affective, bodily and centred in the here-and-now. Furthermore, Trondalen argues that these moments of intersubjectivity may be experienced longer in musical interactions than Stern’s one to ten seconds, based on findings from studies exploring musical improvisations through microanalysis (see Ansdell, Davidson, Magee, Meehan & Procter, 2010; Trondalen, 2004).

Related to the notion of intersubjectivity is *implicit relational knowing*, meaning the form of non-verbal, procedural knowledge that we gain from being with others. It can be seen in how we learn to talk to others and play instruments together. It is also the knowledge that Trondalen refers to in the example above – the knowledge that Simen and the music therapist share in the moment of intersubjectivity. Trondalen explains that in moments of meeting, such as the moment with Simen, the implicit knowledge of who the participants are together is changed:

The moment of meeting is the turning event that reorganizes implicit knowing by reorganizing the intersubjective field between the participants. Such a meeting is recognized by means of a sudden change from the usual (2016b, p. 45).

This *change* in the intersubjective field between the music therapist and the client can be seen as a development of the relationship, in the sense that their experience of themselves and the relationship is reorganized. Following Stern (2004), these moments are not only sought after in therapy, they are a basic human need; a primary system of motivation related to the psychological need for belongingness and intimacy.

3.2 Authenticity and freedom

3.2.1 Sartre on authenticity and subjectivity

A phenomenological perspective on relationships and interactions that differs from Merleau-Ponty’s theories can be found in the works of Sartre. Sartre is known as an advocate for existentialism, arguing that existence precedes essence, meaning that humans are not born with any predetermined essence; our consciousness is pure and self-reflective, and every meaning (or essence) is produced by this consciousness (Cohen, 2003; Sartre, 1958). An example of

Sartre's existentialist thinking is found in his novel *Nausea*, in which the main character experiences states of existential dread (or nausea) when questioning what he experiences around him. For instance, when riding a tram, he reflects on the thingness of the seat he is sitting in, revealing the absurdity of how this object, or collection of materials, together form the object that is called 'a seat' (Sartre, 1963).

Sartre applies a similar line of existentialist thinking to human interaction. He claims humans are 'condemned to be free' – born into existence with *free will*: an absolute freedom to do and act how we want, inside the laws of nature (Sartre, 1956). This freedom is overwhelming, causing us to look for ways to limit our own freedom. For instance, rather than questioning the nature of the object you are sitting on, you simply recognize it as *a seat*: an object on which you sit. Instead of waking up every day, asking yourself what you should spend your time on, you follow routines like brushing your teeth and making breakfast.

The act of ignoring and limiting our freedom is related to Sartre's notion of *authenticity* (Sayers, 1999; Webber, 2010). Our own authenticity and that of others is a much-discussed topic among phenomenologists and existentialists, with Sartre being among the more renowned thinkers, according to Yacobi (2012). For Sartre, being authentic is recognizing the choices you have and taking responsibility for your actions, whereas being inauthentic is acting in *bad faith*, meaning denying your freedom by mindlessly adapting to social norms and expectations. Sartre uses a well-known example of a waiter in a Parisian café to illustrate someone who is acting in bad faith:

Let us consider this waiter in the café. His movement is quick and forward, a little too precise, a little too rapid. He comes toward the customers with a step a little too quick... All his behaviour seems to us a game. He applies himself to linking his movements as if they were mechanisms, the one regulating the other; his gestures and even his voice seem to be mechanisms; he gives himself the quickness and pitiless rapidity of things. He is playing, he is amusing himself. But what is he playing? We need not watch long before we can explain it: he is playing at being a waiter in a café. (Sartre, 1958, p. 82)

In Sartre's example, the waiter acts the way that he does because he tries to be something that he and the people in the café expect him to be: the socially constructed version of what we expect from a waiter (see Webber, 2010). According to Sartre, if we were to ask the waiter why he acts the way that he acts, he would likely reply that he is a waiter, and therefore he acts like a waiter. This is *inauthentic*: not taking responsibility for your actions, but instead claiming that you do something because it is expected of you. By labelling yourself as something,

you make yourself an object; you limit your own freedom to act. To live authentically, the waiter should not care about trying to be a version of a waiter that is expected, but rather the version of a waiter *he* finds meaningful. In this way, the waiter acts more authentically and consequently more honestly, towards both himself and others. The choice to act a certain way or another is always there, and we are free to choose how to use this freedom (Sartre, 1958; van Manen, 2014).

Briefly summarized, following Sartre's existentialism authenticity can be defined as a 'dynamic process of endless becoming in a changing society and world, rather than a fixed state of being' (Yacobi, 2012). To experience someone as authentic can thus be thought of as seeing them as someone who is willing to change their ways: to be something else. This requires honesty, self-reflection and vulnerability, as it can often be more comfortable to follow routines and established patterns, rather than trying to change. This honesty and vulnerability is recognizable; for instance, we may experience politicians as inauthentic when they express opinions based on pre-established party lines and ideologies, while hearing politicians talk passionately about *their* views on policies can be seen as authentic and inspiring.

To compare Sartre and Merleau-Ponty, we may note the emphasis on *choice* in Sartre's philosophy. Following his perspective, we are able to choose whether or not to act authentically, to remove ourselves from and question the world in which we exist. This choice reveals a stronger separation of the Self and the world than we find in Merleau-Ponty's philosophy, in which we are intertwined with our environment, constantly driven by habits and actions on which we barely reflect. For Sartre, freedom creates meaning; for Merleau-Ponty, freedom is presupposed by meaning (Hall, 1998). To elaborate, Merleau-Ponty's understanding of our selves being interwoven with the world means that freedom can be understood as a *field of possibilities* in the world with which we interact. These possibilities are defined by factors such as spatiality, temporality, our historical situation and our relationships to others and ourselves. It is our body, our history, our relationships, which makes a field of possible actions available to us (Merleau-Ponty, 1962, 1964).

To put it simply, Sartre has a more individualistic perspective on subjectivity than Merleau-Ponty, and he argues against the idea that the Self contains a dimension of exteriority or otherness. Consequently, the two thinkers are fundamentally different in their understanding of intersubjectivity and empathy (Hall, 1998; Zahavi, 2001). Still, this emphasis on the individual and subjectivity allows Sartre's theories to touch on topics that are of less interest to Merleau-Ponty, for instance the notion of authenticity.

3.2.2 Authenticity and freedom in music therapy

In the first chapter, I refer to studies showing that adolescents in the Norwegian child welfare services find that adults do not 'really' try to listen to them, or that they do not 'really' care. In these situations, Sartre's notion of authenticity may provide us with a theoretical framework for understanding what separates the experience of 'real' care from, for instance, a waiter pretending to care about his customers, or a social worker not 'really' listening. Yet, looking at the music therapy literature, this notion of an authentic experience is not explored to the same degree as other aspects of authenticity. For instance, Viega (2016) and Yehuda (2013) discuss 'musical authenticity', relating the term to cultural expressions, and how music therapists may include and use music from other cultures in their practice in respectful ways. Other examples can be found in the texts of Bruscia (2014), Trondalen (2016b) and Zanders et al. (2018), who discuss authenticity in relationships between client and therapist in the context of debating empowerment and inequalities of power.

Similarly, experiences of freedom are explored in the music therapy literature, but only occasionally from the perspective of existentialistic thinking. Norris (2020) discusses freedom in light of systemic racial oppression, Tuastad and O'Grady (2013) describe music therapy as a 'freedom practice' for prisoners and ex-prisoners, and Solli and Rolvsjord (2015) describe how clients view music therapy as freedom from stigma, illness and treatment. Seberg (2020) refers to Sartre's conceptualization of freedom in his thesis on compulsory mental health care, but his focus is predominately on postmodern, critical perspectives on freedom, rather than existential, phenomenological theories. In short, we may say that music therapy researchers do not discuss freedom on an existential level as much as they write about the societal and political aspects of freedom.

3.3 Responsibility and vulnerability

3.3.1 Lévinas on the face of the Other

Lévinas is another phenomenologist who differs from Merleau-Ponty in his understanding of the Self and the Other, in that Lévinas emphasizes the alterity, or otherness of other people. Lévinas argues that Merleau-Ponty unjustifiably assumes that there exists a social unity between the Self and the Other, and that the foreign subjectivity of the Other cannot be understood or conceptualized, as this alterity is what makes the Other an Other: 'If one could possess, grasp, and know the Other, it would not be Other' (Lévinas, 1987, p. 90). In order to understand Lévinas's position, we may start by exploring his theory on *the face of the Other*.

When encountering the Other, we are immediately drawn to their face. Why is that? What is it about the face that draws our attention? Lévinas argues that our experience of the faces of other people cannot be reduced to a perceptual encounter, but rather, that it is *ethical*. What he means by this is that we do not simply look at the face of the other as any part of their body, but that the face of the other summons us, and demands a response (Lévinas, 1979). Van Manen, in his explanation of Lévinas' philosophy, points to the way commercials asking for financial support against poverty use the faces and eyes of children to capture the attention of the viewer. Even though we do not know the child, even though they cannot see us, we still react to their face; we direct our attention to their eyes. This feeling of care for a stranger whom we are likely to never meet is, for Lévinas, a *love* for the other that is fundamental in how we understand others and ourselves (Lévinas, 1979, 1987; van Manen, 2014). We may think of it as an experience of responsibility, in that we are forced to respond, even if the response is to look away or to ignore the child. Furthermore, we may think of the responsibility as a *vulnerability*, as we are vulnerable to the face of the Other (Hass, 2008; Lévinas, 1987). Their suffering or vulnerability makes us vulnerable, which is why we may ignore the suffering of others around us in an attempt to shield ourselves.

The philosophy of Lévinas gives us a theoretical framework for understanding why we care for others, and how our attention is drawn towards the other in moments of vulnerability. For instance, think of watching someone perform on a stage. As an audience, we are drawn towards the artist, watching how they sing or handle the instrument, knowing that every action of musical play has the potential for failure. The artist is vulnerable in their creative act, and we cannot help but be absorbed in their performance, even though we might not know the person on the stage. Lévinas, more than any other phenomenologist used for this thesis, I would argue, manages to capture the feeling of demand that is placed on us – the audience – in such situations.

3.3.2 Trondalen on Lévinas

Trondalen transfers concepts of Lévinas' theory into a relational perspective on music therapy:

in the client's face, the therapist meets with a *vulnerability* not available for negotiation, and therefore it is not possible to be indifferent and unresponsive. Attention is attention to something because it is attention to someone. The meaning of therapy is therefore rooted in the meaning of a shared experience. As long as it is something that we can open up for and share with each other, such a shared life world [*sic*] offers new competencies for life. (Trondalen, 2016b, p. 138)

Vulnerability and responsibility are topics that are frequently discussed in music therapy literature, for instance in discussions on the ethical responsibilities of the therapist or the vulnerability of the client (e.g. McFerran & Saarikallio, 2014; Stuart, 2018), but it seems to me that Trondalen is among the few writers who draw on Lévinas in these discussions.

3.4 Secrets, privacy and rejection

3.4.1 Derrida and van Manen on privacy, secrecy and rejection

Whereas Lévinas emphasizes how the Other makes a demand on us, Derrida explores how we *reject* others, by constantly prioritizing *other* others:

I cannot respond to the call, the request, the obligation, or even the love of another without sacrificing the other other, the other others... As soon as I enter into a relation with the other, with the gaze, look, request, love, command, or call of the other, I know that I can respond only by sacrificing ethics, that is to say by sacrificing whatever obliges me to also respond, in the same way, in the same instant, to all others. (Derrida, 1995, p. 69)

As shown in the excerpt above, Derrida uses the same terms as Lévinas, but highlights the interrelatedness of *care* and *sacrifice*, leading to a conceptualization of care that may be familiar to people working in healthcare settings. Practitioners who work with patients or clients are expected to balance emotional bonds in private and professional lives. A therapist should not, and cannot, care for every patient or client in the same way that they might care for a family member. The ability to distance oneself from another person's suffering may even be considered a part of the journey towards being a professional caregiver. Thus, Lévinas' ethical love and responsibility for the Other may seem too sacrificial in healthcare settings, as caregivers intentionally limit the care that they give the client, both for the sake of other clients and themselves (see van Manen, 2014).

Another aspect of Derrida's theory that emphasizes the need for separation between the Self and the Other is his notion of the *secret*. When claiming that we are able to share something, we imply that there is something *non*-shareable, Derrida argues (Derrida & Ferraris, 2001). For instance, on a societal level, the idea of a public space can only make sense if there is a private space. On a relational level, the idea of a shared experience implies that there are

other experiences that are kept hidden (van Manen, 2014). Van Manen and Levering build on these perspectives in their notion of *privacy*:

The experiences of secrecy, reserve, and intimacy may ultimately find their genesis in the fundamental condition of privacy: The possibility of privacy, of separating oneself from others, makes possible secrecy, reserve and intimacy (van Manen & Levering, 1996, p. 60).

As Derrida says about rejection, van Manen argues that privacy and secrecy are fundamental parts of any relationship, including relationships in therapy (van Manen, 2014).

3.4.2 Secrecy, rejection and privacy in music therapy

The theories of Derrida, van Manen and Levering raise interesting questions for the field of music therapy and for this thesis, in particular. For instance, which issues do music therapists avoid talking about with their clients, and why? Which topics do clients avoid talking about with their music therapists? Furthermore, what can the secrets, as in that which is *not* shared, reveal about relationships between clients and music therapists?

I find that the music therapy literature rarely consider topics as secrecy, privacy or rejection, and instead tends to emphasize *openness* and *sharing*, but there are exceptions. In a study of clients' contributions in collaborative processes in music therapy, Rolvsjord (2015b) describes how one of the informants intentionally keeps information from the music therapist. Another example is McFerran and Finlay's (2018) discussion of resistance in music therapy. In their paper, they object to traditional conceptualizations of resistance in therapy, as in the client holding back or being uncooperative as a result of defence mechanisms, and that it is the job of the therapist to change or minimize this reluctance towards therapy, through her empathic understanding, warmth and clever use of techniques. McFerran and Finlay suggest a different understanding of resistance, based partly on the phenomenological perspectives of Merleau-Ponty:

Rather than seeing resistance as unidirectional, negative and oppositional, we prefer to appreciate the process and see it as a potentially wonderful 'creative adjustment' that needs to be respected and gently managed, and possibly even enjoyed. Further, rather than embodying a notion of separation, we find resistance to be a thoroughly co-constructed relational phenomenon; one where both client and therapist experience resistances when in relationship. (McFerran & Finlay, 2018, p. 124)

Although McFerran and Finlay do not discuss secrecy, rejection or privacy specifically in their text, I find that their approach to relationships are similar to that of van Manen and Levering, in that they explore the ways in which closeness and distance are interrelated, existing simultaneously in the relationship.

3.5 Narratives and identity

3.5.1 Ricoeur on narratives

If Derrida's theories can help us understand the *non*-shareable, then Ricoeur's writings may help us explore *how* we share. Before we get there, however, we need to understand how Ricoeur describes our experience of ourselves, here meaning how we experience and define our identity.

Phenomenologists like Merleau-Ponty understand experience as temporal; we perceive, act and exist in the *present*, though the present moment is constantly escaping us. So how can we talk about a consistent Self, or an identity, if we only exist 'in the moment'? Ricoeur offers an answer by distinguishing between two interpretations of identity: identity as temporal, constantly changing, being affected by social pressure, discourse and culture, and identity as our experience of a Self that is permanent over time, consistent, continuous and stable. Ricoeur unifies the two interpretations in his theory of narratives, seeing identity as the stories we tell others and ourselves about ourselves (Ricoeur, 1992; van Manen, 2014; Zahavi, 2007). Following this perspective, narratives are not simply stories we tell others, but a way of interpreting and structuring our experience of ourselves. This point is not only relevant for understanding how we make sense of our own past and future, but also how we talk about the history of our communities, cultures and countries.¹⁸

Ricoeur's narrative theory has played an important role in the fields of hermeneutics and psychology (Alvesson & Sköldberg, 2018; Polkinghorne, 1995). One theorist who is especially relevant for this thesis is Marya Schechtman (as shown in 7.2.2), who draws on Ricoeur in her explorations of narrative identity (M. Schechtman, 2011). Schechtman separates three roles that individuals have in their own stories: the character, the author and the critic. From the point of the character, narratives are filled with accidents and coincidences, often

¹⁸ Despite his emphasis on narratives and identity, Ricoeur argues that a study of narrative cannot provide a full understanding of the experience of the Self and the Other. Not all aspects of the Self can be captured in narrative structures; to argue this would be to go against most (if not all) phenomenological theory (Zahavi, 2007).

influenced by other people's actions. The author, on the other hand, is in control of the narrative and shapes the plot, choosing which details to add, how other characters react, and so on. Lastly, the critic is an evaluator, who is critically evaluating the content of the narrative. Schechtman writes that when building narratives, we simultaneously take all three roles: we are victims of circumstance, we are agents whose actions affect the world, and we critically evaluate our own actions as part of reflecting and learning about our experiences (M. Schechtman, 2011).

One challenge with studying narratives as retellings of experiences is that narratives in themselves are not repetitions of facts, but rather, interpretations of our own experiences. Ricoeur agrees with Merleau-Ponty in that we do not fully understand others and ourselves. Thus, the stories we tell of ourselves may not be in line with how others experience us. Furthermore, Zahavi points out that our narratives simplify the complexity of the lived experiences:

it has been argued that narratives merely reflect our need for a satisfying coherence, and that they distort reality by imposing fictional configurations on a life that in and of itself has no beginning, middle and end (Zahavi, 2007, p. 3)

This raises the question of how narratives can be truthful or authentic if they are simplified interpretations of the 'real' experience. Imagine, for instance, a moment in which you have disagreed with someone on what 'really' happened in the past. Hearing how other people remember and make sense of the past can make us change the narratives we tell about ourselves. Moments like these show how our sense of continuity and identity is both confirmed and questioned by other people; we create our identity in the light of how others view us (Ricoeur, 1992).

3.5.2 Narrative and identity in songwriting

The field of music therapy is rich with studies exploring how musical interactions allow the client to work with identity and personal narratives (e.g. Hense & McFerran, 2017; Krüger, 2018; Zanders, 2012). This is especially true for studies of songwriting, which is often used as a method for exploring identity, trauma, or other negative life experiences (Bain et al., 2016; Myers-Coffman, Baker & Bradt, 2020; Viega, 2013). Yet, while several studies explore concepts of selfhood and self-experience, there are few that view narrative and identity

through a *phenomenological* perspective, as in studying the *experience* of songwriting.¹⁹ Rather, the studies tend to focus on songwriting as a method and its potential influences on the therapeutic process (see Baker, 2015, 2017; Baker, Wigram, Stott & McFerran, 2008, 2009; Fairchild & McFerran, 2018).

19 Several studies approach the empirical material through the analytical approach *interpretative phenomenological analysis* (e.g. Baker et al., 2018; Baker & Yeates, 2017) though it is unclear to me how the studies relate to phenomenology beyond the name of the approach. Ricoeur is referred to in music therapy literature, but usually in reference to his theories on hermeneutics and interpretation (e.g. Lindblad, 2016; Stensæth, 2007), including discussions of the relationship between oral and written discourse – a topic that is further explored in the next chapter (see 4.1.2).

Part 2: Methods

4 Philosophy of science and methodology

In earlier parts of the thesis, I position this study in the theoretical frameworks of hermeneutic phenomenology and discursive psychology. In this chapter, I elaborate on how these perspectives function as the basis for my methodology. I start by explaining the phenomenological theories the study draws on, before elaborating on my understanding of discursive psychology. Then, I present discussions and viewpoints in literature on *pluralistic research*: the process of using several analytical approaches in one study. Lastly, I discuss theoretical perspectives on using interviews as a method for collecting data.

4.1 Phenomenology as an approach to research

In Chapter 3, we saw examples of debates between phenomenologists discussing how we experience the world, others and ourselves. Similarly, there are discussions on how phenomenology can be used as an approach to research.²⁰ Phenomenological researchers like van Manen, Finlay, Giorgi and Zahavi agree that phenomenological philosophy cannot be applied to research without some mediation (Finlay, 2012; van Manen, 2014; Zahavi, 2019c). Giorgi explains:

While the practices of science may have a philosophical basis, the practices themselves are not identical to those of philosophy. Consequently, if one is to borrow a practice from philosophy to apply to science one cannot assume that it can be applied without modification. (Giorgi, 2010, p. 3)

In other words, applying phenomenological theory to research involves modifying one's philosophical perspective to a method suitable for approaching the phenomenon in question. As noted in the introductory chapter, the hermeneutic phenomenological theories of Merleau-Ponty function as the foundation for the phenomenology of this thesis, while van Manen and Zahavi's texts on phenomenological research have helped me modify and apply this hermeneutic philosophy to research. In the following, I describe how I utilize the three phenomenologists and their theories in my study.

20 For instance, see the discussions on phenomenological research between Smith and Giorgi (Giorgi, 2010, 2011; Smith, 2010), Smith and van Manen (Smith, 2018; van Manen, 2017a, 2018), and van Manen and Zahavi (van Manen, 2019; Zahavi, 2019b, 2019d).

4.1.1 A Merleau-Pontyan perspective on knowledge

In his *Phenomenology of Perception*, Merleau-Ponty argues that phenomenology should begin with the 'lived experience', that is, with reflection on what is *prior to reflection* (Merleau-Ponty, 1962; van Manen, 2014). To study lived experiences, we must look towards *perception*, as our experience of the world is accessed through our bodily senses. Merleau-Ponty argues that we cannot trust perception to reveal the 'truth' of the world to us, as our experience of the world is already intertwined with the world: 'all my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view' (Merleau-Ponty, 1962, p. ix). Furthermore, we cannot fully understand ourselves or the world around us, as any experience is temporal, existing only momentarily (van Manen, 2014). This implies that there is no truth, falsehood, knowledge or understanding that is certain; truth is ambiguous, as the world and we, ourselves, are ambiguous: 'I know myself only insofar as I am inherent in time and in the world, that is, I know myself only in my ambiguity' (Merleau-Ponty, 1962, p. 345).

The statements above reveal again how Merleau-Ponty argues against such dualistic conceptualizations as mind/body, subject/object, and self/world in phenomenology, as he regards the singularities of the dualisms as interrelated (see also 3.1.1). He does not dismantle the dualisms. Rather, he says that there is an *interdependence* between each aspect, which in turn, makes each aspect possible (Reynolds, 2004).²¹ There is no experience of the world without a Self to experience it; there is no experience of the Self without a world to experience the Self through.

Merleau-Ponty's views have influenced my overall understanding of the methods used in this thesis. His theories have made me question so-called well-established theoretical truths, as well as my own preunderstanding of what the music therapy relationship is. I also view our knowledge of the world as perceived through our bodily perceptions and actions, while upholding that this knowledge is ambiguous and temporal. This epistemological positioning influences the analysis and discussions of the empirical material presented later, as well as my understanding of pluralism in research (see 4.3.3).

4.1.2 The difficulty of studying verbalized lived experiences

Whereas Merleau-Ponty is regarded as one of the earlier phenomenologists who helped establish and develop the philosophical tradition, van Manen is among the current, contemporary

21 Here, I find a parallel to Ruud's arguments against dualistic thinking, in his theory inspired by Deleuze and Guattari (see 1.3.2) (Ruud, 2020b). Without going too much into discussions on theoretical traditions, it is worth noting that there are some interesting resonances between Merleau-Ponty's later phenomenological theories and the philosophies of Deleuze (Reynolds & Roffe, 2006; Wambacq, 2011).

phenomenologists who focus on applying phenomenological philosophy in different fields, for instance pedagogics and qualitative research. Van Manen draws on a multitude of phenomenologists in his understanding of phenomenology, but one of his main inspirations is Merleau-Ponty (van Manen, 2014). Some similarities between the two can be seen in the following extract:

The instant of the moment we reflect on a lived experience, the living moment is already gone, and the best we can do is retrospectively try to recover the experience and then reflect on the originary sensibility or primordially of what the experience was like in that elusive moment, and how it appeared or gave itself to our consciousness. So, the challenge of phenomenology is to recover the lived meanings of this moment without objectifying these faded meanings and without turning the lived meanings into positivistic themes, sanitized concepts, objectified descriptions, or abstract theories. Such is the method of phenomenology in its original or authentic sense as found in the writings of leading phenomenologists. (van Manen, 2017c, p. 812)

Van Manen points to challenges in studying experiences, as any reflection on an experience differs from the original experience, and any description of an experience is limited and shaped by the confinements of language. I find a similar problem arising in music therapy literature, in discussions of the relationship between *the verbal* and *the musical*:

words may never suffice for conveying what it feels like to discover oneself, especially in relation with others, as part of a therapeutic process that occurs within musical conditions. As music therapists, we feel the significance of what we do. (McFerran, 2020, p. 84)

McFerran highlights the difficulty of having to verbalize and communicate therapeutic processes that happen within music. Ansdell (1999, 2003) dubs this problem the music therapist's dilemma, as the language music therapists use to describe their practice is unavoidably different from the musical language they use in practice. Here, phenomenologists and music therapy researchers face a similar problem: the lived experiences (including musical experiences) that they aim at understanding are momentary and non-verbal, while the means of communicating the experiences are through language.

In this study, the informants are interviewed about relationship experiences that are not yet verbalized. The relationships are developed through music therapy practices and musical conditions. Since both musical and relational experiences can be difficult to verbalize, we

may question what a study of people's verbal descriptions of relationships can tell us about the lived experience of these relationships.²² My only access to the informants' experiences is through their verbal descriptions. This dilemma carries some consequences for my analysis, as I expect the informants' descriptions to be vague and ambiguous. I do not find this ambiguity limiting, as it is part of the complexity connected to the focus of research, but it might create a risk of misreading and misinterpretation of the data material. Consequently, throughout the analysis and writing of this thesis, I have set a goal of writing transparently; showing how I interpret the empirical material, while acknowledging that my interpretation is just one among other possible ways of understanding the experiences. In this process, I have again drawn on van Manen's texts to understand the activity of writing and its influence on the interpretive process, as explained below.

4.1.3 Writing and insight cultivators

According to van Manen, *writing is the method* of phenomenological research (van Manen, 1989, 2017c). Through writing, the researcher externalises internal thought, but in the process, the thought must be changed to fit the structures of language. This process of objectifying thoughts is frustrating, enriching and unavoidable, as we can hardly communicate our research without language (van Manen, 2014). More concretely, van Manen argues that a researcher's understanding of a phenomenon is conveyed and reported through writing. This makes the process of writing about the phenomenon the most important step of any phenomenological analysis. However, writing is more than communication; we may write in order to understand our own thoughts, rather than trying to write to or for someone. In the words of van Manen, 'one does not write primarily for being understood; one writes for having understood being' (2014, p. 373). These thoughts have resonated with me throughout my work with this study, as much of the analysis and discussion has happened *in writing*.²³

Another aspect of van Manen's approach to phenomenology that has shaped my analytical process is his argument that a phenomenological study should show some connection to phenomenological philosophy – an argument with which phenomenologists tend to agree (Giorgi, 2011; van Manen, 2018; Zahavi, 2019b).²⁴ An example of how a researcher can include phenomenological thinkers in their texts is by using them as *insight cultivators*, van Manen

22 To use the terms from Trondalen and Stern's theories (see 3.1.2), relational knowledge is *implicit*, but through the process of interviewing, we may only gain access to *explicit* (semantic and symbolic) knowledge.

23 See section 5.3 for a description of the analysis.

24 The only examples I have found of researchers saying that phenomenological research does not need to show a connection to phenomenological philosophy, are in the texts of proponents of interpretative phenomenological analysis (e.g. Smith, Flowers & Larkin, 2009).

suggests, meaning that the researcher consults (mostly) phenomenological literature in order to gain insight and inspiration for their analysis and reflections:

[Insight cultivators] help us to interpret our lived experiences, recall experiences that seem to exemplify these insight cultivators, and stimulate further creative insights and understandings with respect to our phenomenon under investigation (van Manen, 2014, p. 324).

I find the insight cultivators-approach fruitful for this study, as it allows for a theoretical pluralism that highlights exploration and variation in research.²⁵ Phenomenological thinkers have explored both relational and musical experiences extensively (as shown in the texts of for instance Heidegger (1962), Merleau-Ponty (1962), Sartre (1958), and Derrida (1995)), making their works a valuable source for inspiration and insight for this study.²⁶

4.1.4 The phenomenological reduction, bracketing and the epoché

The phenomenological reduction and the epoché are often presented as fundamental aspects of any phenomenological study (Giorgi, 2012; Giorgi, Giorgi & Morley, 2017; van Manen, 2014), but in the process of planning my analysis, I questioned my own reasoning behind bracketing my pre-understanding. Reading up on phenomenological approaches to research, I found that phenomenologists disagree on *how* the reduction and epoché should be performed as well. For instance, van Manen argues that phenomenological research tries to capture the unattainable pre-reflective experience *through* the epoché and the phenomenological reduction. Thus, the reduction and epoché are necessary aspects of any phenomenological study. In *Phenomenology of Practice*, he describes nine different approaches to the epoché and the reduction with the shared goal of facilitating reflection that is, as much as possible, free from ‘theoretical, polemical, suppositional, and emotional intoxications’ (van Manen, 2014, p. 222). Through this reflection, van Manen argues, we gain access to (or return to the world of) the pre-reflective experience-as-lived.

A different view of the reduction and epoché is found in the work of Zahavi, who is critical of how other phenomenologists interpret these concepts. Zahavi is a known advocate for Husserl’s transcendental phenomenology, and his theories incorporate newer translations of Husserl’s later works, in which Husserl overcomes some of the criticisms raised towards his chef d’oeuvre *Logical Investigations* (Zahavi, 2019c). For instance, Zahavi shows that

25 The concept of ‘theoretical pluralism’ is elaborated upon in section 4.3.2.

26 In Chapter 3, the reader will find a presentation of the theories and concepts that I draw on in the phenomenological analysis.

Husserl's theories on the phenomenological epoché and reduction are complex and multi-faceted, and that Husserl would likely disagree with the claim that the reduction is a crucial aspect of any phenomenological analysis, despite what other phenomenologists may suggest (Zahavi, 2019a).²⁷ In the case of Husserl's students, Zahavi explains that neither Heidegger nor Merleau-Ponty makes many references to Husserl's phenomenological reduction, and Sartre explicitly distances himself from it. As a consequence, Zahavi gives the following warning:

To insist that the epoché and reduction are essential to any practice of phenomenology is neither theoretically justified nor conducive to the aims of qualitative research. Moreover, such claims have led to an abundance of publications filled with flawed and at times utterly absurd accounts of the epoché and the reduction in their methodology sections... (Zahavi, 2019d, p. 8)

While this study primarily follows the phenomenological approach to research suggested by van Manen, following the perspectives of Zahavi, I do not commit as strongly to the ideal of the phenomenological reduction and epoché as van Manen does in his writing.²⁸ I aim to approach the empirical material with an open, curious mind, but I do not take steps towards systematically facilitating an untheoretical or unemotional understanding of the empirical material, as I find it difficult to identify what such a bracketing would offer this project or my analysis.

4.2 Discursive psychology as an approach to research

In the introduction to this thesis, I briefly discuss my use of the term 'discourse', and explain that I base my discourse-oriented analysis on the theoretical and methodological approach *discursive psychology* (see 1.2.2). In this section, I elaborate on the approach and its relation to other discourse analytical perspectives. I also discuss the various epistemological positions present in the field of discursive psychology, as the topic of epistemology is revisited in the next section on the combination of phenomenology and discursive psychology in this thesis.

²⁷ Zahavi explains that even though Husserl considers the epoché and reduction as essential in his transcendental *philosophical* project, it is unclear whether he considered them essential in phenomenological *research* (Zahavi, 2019d).

²⁸ Van Manen encourages researchers to consult other phenomenological thinkers and researchers rather than simply accepting and following his approach, meaning that including perspectives from other thinkers like Zahavi is, at least to some degree, in line with van Manen's approach to phenomenological research (van Manen, 2018).

4.2.1 Potter and Wetherell's discursive psychology

Discursive psychology, as conceptualized by Potter and Wetherell (1987), builds on poststructuralist and postmodern perspectives in speech act theory, semiology and ethnomethodology. It is both a method for discourse analysis and a social constructionist approach to psychology that challenges cognitivist theories on language.²⁹ Research drawing on discursive psychology focuses on how people use language in everyday conversations and specific social contexts to construct the world around them (Potter, 2011). Compared to other discourse analytical methods, discursive psychology is more interested in how people communicate and interact relationally than analysing discourse as broader linguistic and societal structures (Potter & Wetherell, 1987; Wiggins & Potter, 2017). The approach provides a theoretical framework for understanding how perspectives and viewpoints are negotiated between informants, and how meaning is co-created in dialogue. Following discursive psychology, an exploration of how the adolescents and music therapists discuss, negotiate, and position themselves in dialogue may reveal new information about the relationship between the informants.

In their original work on discursive psychology, Potter and Wetherell commit to social constructionism, viewing the researcher's interpretation of the data as a construction, in contrast to the objective viewpoint, in which knowledge is a reflection of reality (Potter & Wetherell, 1987; Wetherell, 2001). Committing to constructionism involves questioning objectivist scientific criteria as *validity* and *reliability*, and instead relying on contextual criteria for evaluating research. Potter and Wetherell suggest that researchers should focus on *coherence*, *fruitfulness* and *transparency*, meaning that the research is evaluated on whether it presents a coherent, structured and clear analysis, and contributes with new and valuable knowledge. Overall, they emphasize *reflexivity*, as in the researcher considering their own research as construction (or discourse), implying that the knowledge presented by the researcher is *one* interpretation among possible others (Potter & Wetherell, 1987).

The structure of the analytical process suggested by Potter and Wetherell bears similarities to the phenomenological approaches discussed earlier, with emphasis on collecting data from interviews and structuring data thematically (Potter & Wetherell, 1987; Wiggins & Potter, 2017). However, in discursive psychology, the researcher benefits from performing a more detailed transcription than in phenomenological research. Potter and Wetherell (1987) suggest

29 Different definitions of discourse analysis affect how writers define discursive psychology. For instance, Alvesson and Skjöldberg (2018) base their general understanding of discourse analysis on Potter and Wetherell's discursive psychology, while writers like Talbot (2016) and Blommaert (2005) discuss discourse analysis without referring to discursive psychology. In other texts, discursive psychology is contrasted with Foucauldian discourse analysis, as two opposing discourse analytical methods (Colahan, 2014; Hanna, 2014). This thesis, however, follows the social constructionist understanding of discourse analysis presented by Jørgensen and Phillips, in which discursive psychology is viewed as one of several discourse analytical approaches (Phillips & Jørgensen, 2002).

that discursive psychology researchers follow a modified, simpler version of the Jefferson-style transcription notation used by conversation analysts, in order to transcribe enough information for a thorough analysis, without including excessive amounts of details.³⁰

4.2.2 Strands of discursive psychology

Whereas the phenomenological approaches to research described in the previous section build on the philosophical perspectives of Husserl, Heidegger and Merleau-Ponty (among others), discursive psychology is primarily developed as a theory in the field of social psychology (Potter & Wetherell, 1987). As a consequence, the philosophical foundations of the approach are not clearly defined, outside of Potter and Wetherell's early commitment to social constructionism. Wetherell, in a chapter mapping out debates in the field of discourse research, describes discursive psychology as a hybrid tradition, in which 'the sense of a shared project ... comes from the disciplinary focus on psychological topics rather than one common intellectual position on discourse' (Wetherell, 2001, p. 382). These different intellectual positions can be seen in how Potter and Wetherell gradually go from writing their theory on discursive psychology together to moving the approach in different directions during the 1990's. Phillips and Jørgensen (2002) label Potter's strand of discursive psychology an *interactionist perspective*, which is classified by an interest in conversation analysis and highly detailed analysis of social interactions (see Potter, 1996a, 1996b). Wetherell's strand is termed a *synthetic perspective*, as Wetherell combines several other discourse analytical theories and approaches with her discursive psychology, for instance Billig's theories on rhetoric and Laclau and Mouffe's social postmodernist discourse theory (see Billig, 1987; 2009; Laclau & Mouffe, 1985). Wetherell herself, however, refers to her approach as 'critical discursive social psychology' (Wetherell, 1996, 1998; Wetherell & Potter, 1992).³¹

For this study, I find Wetherell's synthetic perspective to be fruitful, as it allows for studying patterns in interactions, while at the same time, viewing these patterns in light of broader social contexts (Locke & Budds, 2020; Wetherell, 2015). For instance, earlier in the thesis, I noted that adolescents in the child welfare services can be sceptical towards therapy and therapists, and I suggested that this might be a theme in the interviews as well. Drawing on Wetherell's approach, the analysis may explore both how the adolescents and music therapists position themselves in the interview when discussing this topic and how their positionings may be understood in light of larger, societal discourses on treatment, mental health and care in the child welfare services.

30 See 5.3.2 for a description of the transcription of the empirical material in this study, and Appendix 4 for a guide to the transcription notation, which is based on Potter and Wetherell's suggestions.

31 Phillips and Jørgensen (2002) also identify a third, poststructuralist strand in the texts of Hollway among others, who combines discursive psychology-theory with Foucauldian perspectives on power relations (Hollway, 2011).

4.2.3 The epistemology of discursive psychology

To illustrate how Wetherell's approach differs from other strands of discourse analysis, we can look to discussions among discursive psychology theorists on social constructionism and relativism. Discursive psychologists who strongly commit to constructionism label their approach as anti-cognitivist, anti-foundationalist and anti-realist (see Billig, 2009; Potter, 2012). Some discursive psychologists like Edwards, Ashmore and Potter (1995) also make the case for embracing relativism, claiming that 'all we know of reality is our constructions of it and in this most basic sense reality is discursively constituted' (Wetherell, 2001, p. 394).³² This strong stand against realist research is challenged by researchers outside the field of discourse analysis, other discourse analytical researchers, and even other discursive psychologists (e.g. Alvesson & Sköldbberg, 2018; Hammersley, 2003; Phillips & Jørgensen, 2002).

In the discussions on relativism, Wetherell does not position herself as clearly as Potter does, and from my understanding, her epistemological position is closer to Haraway's *situated knowledge*, in which knowledge is viewed as situated, constructed and dependent on positioning. Both Wetherell and Haraway uphold that certain representations of the world can be evaluated as better as or more correct than other representations (Haraway, 1988; Wetherell, 1998).³³ For instance, in *Paranoia, Ambivalence and Discursive Practices* (2003), Wetherell clearly acknowledges psychoanalytical, cognitive analyses, while upholding the *partial* contributions of discursive psychology. This recognition of cognitivist perspectives could suggest that her approach may have more in common with Haraway's perspective on situated knowledge than the relativistic, anti-cognitive perspective promoted by her discursive psychology-colleagues.

4.3 Combining phenomenology and discursive psychology

In the early phases of developing this study, I wondered how I could design a study that explored how adolescents and music therapists experience *and* talk about their relationships. I delved into the literature about different methods and theories on phenomenological and discourse analytical research, but did not find any single approach that focused equally on experience and discourse. Consequently, I decided to use two methods: one from phenomenology and one from discourse analysis. However, this raised new questions regarding the consequences of combining approaches from different fields with different traditions and philosophical

32 Relativism, as seen by Edwards, Ashmore and Potter, is a 'meta-level epistemology', a 'non-position', a 'critique' and 'scepticism'. It is not opposed to realism, but rather a critique of both realist and relativist practices alike (Edwards et al., 1995).

33 For further elaborations on how Haraway's theories relate to discourse analysis, see Phillips and Jørgensen (2002).

foundations. In this section, I review some of the theorists and methodologists who I drew on for inspiration when developing the dual-focused design of this study, before describing my approach to combining phenomenological and discourse analytical approaches.

4.3.1 Pluralism as using multiple methods

While mixed methods researchers have combined quantitative and qualitative methods for decades (Creswell & Plano Clark, 2011; Yardley & Bishop, 2017), combining two or more qualitative methods in one study is still relatively uncommon. However, researchers like Denzin and Lincoln (2005), Lewis and Kelemen (2002), and Frost and Nolas (2011) argue for exploring the possibilities and advantages of including different interpretative traditions and methods:

People's experiences are multidimensional. The worlds that we inhabit are much more multiontological than a single theory and method allow us to appreciate. Our actions, feelings, and thoughts intersect with issues of power, identity, meaning-making practices and interpretation, and practical, material challenges, all at the same time. As such, a framework of ontological and epistemological multiplicity and multidimensionality would be both appropriate and helpful in understanding such a reality. (Frost & Nolas, 2011, p. 116)

Frost and Nolas suggest a *pluralistic* methodological and theoretical framework, in which different methods and theories are used to illuminate the multi-layered complexity of phenomena.³⁴ As an illustration of their pluralistic approach, they show how an interview transcript is interpreted differently by researchers using grounded theory, interpretative phenomenological analysis, Foucauldian discourse analysis and narrative analysis (Frost et al., 2011; Frost et al., 2010). The four interpretations emphasize different aspects of the transcript, presenting understandings of the data from multiple perspectives. In their studies, the four interpretations are given equal status, and Frost and Nolas make no attempt at synthesizing or integrating the analyses into a single theory.

While there are clear benefits to studying complex phenomena through different methods, critics have questioned the epistemological understanding of researchers following the pluralistic approach. As shown in the extract above, Frost and Nolas argue that reality is

³⁴ The term *pluralistic research* is used differently in various contexts. In this thesis, the term describes the use of two or more *qualitative* methods in one study, as in the texts of Frost and Nolas (2011; Frost et al., 2010). Other theorists use the term to describe research involving multiple researchers (e.g. Alvesson & Sköldberg, 2018), or any combination of research methods – both qualitative and quantitative (e.g. Barker & Pistrang, 2005; Davis, 2009; Midgley, Nicholson & Brennan, 2017).

multi-ontological: no single theory can fully detail all aspects of our worlds. Even though the opponents of the approach may agree to this claim, they still argue that researchers should define their study in line with a single epistemological and ontological tradition. They argue that to claim that one does not follow any single paradigm, but neutrally chooses and applies different paradigms to different situations, is to build on the idea of an objective researcher, who stands free from any interpretative tradition (e.g. Alvesson & Sköldberg, 2018; Lewis & Kelemen, 2002; Lincoln, 2009).

4.3.2 Pluralism as ‘thinking with theory’

A more theoretically oriented approach to pluralistic research can be found in the writings of Alvesson and Sköldberg (2018). They suggest drawing on different theoretical perspectives when interpreting a set of data, and argue for moving away from technical, methodological analytical processes:

Good qualitative research is not a technical project; it is an intellectual one. In our view, reflection addressing a multitude of levels of domains, not the following of set procedures, characterizes the scientific in social science (2018, p. 396).

Jackson and Mazzei (2012, 2013) present a similar approach, in which the researcher ‘plugs into’ different theoretical perspectives when viewing the data. Akin to Alvesson and Sköldberg, they argue for seeing interpretation as an interplay between the empirical material and the researcher’s theoretical understanding. They also suggest that the goal of an analysis should be to present perspectives that are insightful and provoking, and that spark wonder in the reader. Here, we may see a similarity to van Manen and his *insight cultivators*. As mentioned earlier (see 4.1.3), van Manen suggests that phenomenological researchers consult the writings of earlier phenomenologists and use their texts to explore, discuss and re-evaluate the data. He illustrates this idea by writing about bodily experience from the perspectives of Sartre, Nancy, Merleau-Ponty, Rümke, Kouwer, van den Berg and Lévinas (van Manen, 2014). This approach to research could be labelled theoretically pluralistic, as it emphasizes a plurality of viewpoints inspired by theory rather than a single, unified understanding of bodily experience.

I find that van Manen, Jackson and Mazzei, and Alvesson and Sköldberg, while writing from different epistemological positions, present a similar understanding of research as a dialogue between the researcher, the researched and theory. They differ from Frost and Nolas by placing themselves in certain epistemological traditions, showing that their thinking, while pluralistic and flexible, still rises from specific epistemological and ontological positions.

4.3.3 Defining my pluralistic approach

For my study, I combine phenomenology and discourse analysis, two traditions which differ greatly in their philosophical understandings of ontology and epistemology. Early on, I considered following Frost and Nolas' pluralistic approach, but found that I agreed with the criticism raised towards the concept of multi-ontology and the objective researcher. This criticism can be seen in line with the fact that my thesis, while drawing on discourse analytical perspectives, is still phenomenological in its foundation. However, while I commit to phenomenological understandings of epistemology and ontology, this does not imply that discourse-oriented studies are considered 'bad' science. Both Zahavi and van Manen acknowledge the potential of language-oriented research, and van Manen draws on the poststructuralist theories of Foucault and Derrida in his discussions of research as writing (van Manen, 2014; Zahavi, 2007). Thus, using discursive psychology as a method to answer discourse-oriented questions is not necessarily problematic when following van Manen and Zahavi's phenomenological approaches, as long as the researcher does not mix the traditions together (see van Manen's discussions with Smith (Smith, 2018; van Manen, 2017a, 2018)).

Some discursive psychologists may be sceptical of phenomenological research. For instance, discursive psychologists like Potter and Edwards might argue that the phenomenological goal of studying pre-reflective experiences is futile, as our basic sense of reality is discursively constituted (Edwards et al., 1995). Still, as discussed in the previous subsection, Wetherell's approach seems more aligned with Haraway's stance on epistemology, seeing knowledge as situated and partial. Following this perspective, phenomenology and discourse analysis are different ways of viewing the world, and both may be helpful for revealing new knowledge about complex phenomena like relationships.

To summarize, the study is phenomenological in its philosophical foundation, with Merleau-Ponty being the main inspiration for my understanding of phenomenology. As I draw on other phenomenologists like Sartre, Lévinas and Derrida in my understanding of relationships, I also draw on Wetherell's critical discursive psychology in my understanding of discourse, as I find her theory more suitable for analysing how the informants talk about their relationships than Merleau-Ponty's phenomenology. However, in order to respect the differences between phenomenology and discursive psychology, the discourse-oriented thematic analysis is treated as its own, separate exploration of the data. While this separation between the two explorations does not necessarily solve the problem of having conflicting epistemological viewpoints being presented in a single study, I find that it is a fitting design for a study that aims at understanding both how relationships are experienced on a phenomenological level *and* talked about on a discourse-oriented level.

4.4 Interview as a method for collecting data

My understanding of interviews as a method for collecting data is greatly inspired by the extensive works of Kvale and Brinkmann on interviewing in qualitative research (e.g. Brinkmann & Kvale, 2005, 2015). Below, I compare their approach to qualitative research interviews with the ways that van Manen, Zahavi, and Potter and Wetherell discuss research interviews.

4.4.1 The phenomenological research interview

Brinkmann and Kvale's approach

Brinkmann and Kvale's approach to research interviews is founded in the hermeneutic phenomenological philosophies of Merleau-Ponty, Sartre and Derrida, but they also include post-modern perspectives in their approach (Brinkmann & Kvale, 2005, 2015). These theories can be recognized in the ways Brinkmann and Kvale describe the seven key features of interview knowledge: it is *produced* in the interview, meaning that interview knowledge is socially constructed in the interaction between interviewer and interviewee. It is *relational*, in that the interview situation takes place in and creates intersubjective relationships.³⁵ Interview knowledge is also *conversational* and *linguistic* – it is both created through and limited by our ability to use language to express our thoughts and feelings. Furthermore, it is shaped by *narratives*, as we use stories to communicate our experiences and viewpoints. Finally, interview knowledge is *pragmatic* and should be understood *in context*, meaning that situational factors shape the knowledge that is constructed (Brinkmann & Kvale, 2015).

These seven features of interview knowledge show an epistemological understanding that resonates with the theoretical positioning of this thesis. The emphasis on relationships and intersubjectivity demonstrates a link to phenomenology, while the emphasis on language bears similarities to discursive psychology. However, this is just the theoretical foundation of Brinkmann and Kvale's approach – their works also include extensive discussions on practical and ethical considerations that occur throughout the interviewing process, which are explored further in the next chapter.

Van Manen and Zahavi on interviews

The phenomenological research interview is also discussed in the works of van Manen and Zahavi. From van Manen's perspective, the goal of a phenomenological interview is to inspire

35 Here, I find that Brinkmann and Kvale use the term intersubjectivity in line with the phenomenological perspectives of Merleau-Ponty (1962), as described in 3.1.1.

the interviewee to give detailed experiential accounts of events. This involves exploring experiences to the fullest, focusing on detailed stories rather than interpretations or opinions, and asking questions about experiences as perceived through feelings, moods and bodily senses. Here, the interviewer is helping the interviewee bracket their own interpretations of their lived experience (van Manen, 1990, 2014). Zahavi, in comparison, presents a view of the phenomenological research interview that is more in line with Brinkmann and Kvale's approach. For instance, Zahavi raises the difficulty of asking interviewees who may not be versed in phenomenology to offer descriptions that fit a phenomenological analysis. According to him, it is up to the interviewer to help the interviewee towards rich descriptions (Zahavi, 2019d). As part of this process, he argues, the interviewer should actively use their knowledge on the topic being discussed to engage in dialogue with the interviewee, in order to explore the interviewee's experiences and reveal new insight. Thus, Zahavi's interviewer does not necessarily work towards bracketing their own preconceptions and theoretical assumptions (Zahavi, 2019d). Following this point, an interviewer may draw on their knowledge as a healthcare worker to facilitate a comfortable setting for dialogue. This requires an actively participating interviewer, who converses and asks follow-up questions, instead of sticking to a strict interview guide. Potter and Wetherell suggest a similar, active interviewer in their idea of a discursive psychology-inspired interview, though from their position, the interviewer should be exploring the interviewee's interpretative repertoires (Potter & Wetherell, 1987).

For this study, I considered it both rewarding and to some degree ethically necessary to have the interviewer be a person who is both experienced with music therapy and interviewing. I wanted the interviewers to draw on (rather than bracket) their practical experiences in the interviews, in line with the suggestions of Zahavi (2019d) and Brinkmann and Kvale (2015).³⁶

4.4.2 Different discourses in dyadic interviews

Most of the literature on interviews focuses on working with a single informant at the time, or groups of informants who have some shared or similar knowledge of a topic (Brinkmann & Kvale, 2015). For this study, however, I interview dyads of adolescents and music therapists, two groups who differ in their level of earlier experience with reflecting on and discussing both music therapy and relationships.

Given that the interviewers, the researcher and the music therapists all have the same education, the adolescents are the only ones involved in the study who are *not* versed in the discourse

³⁶ As shown in the results, some of the adolescents found it challenging to discuss emotions and bodily experiences, making the experientially oriented interview style suggested by van Manen less suitable for the context of this study.

of music therapy. There are advantages to including voices of those who are not necessarily familiar with the dominating discourses in the field:

We are bound to seek perspective from those points of view, which can never be known in advance, that promise something quite extraordinary, that is, knowledge potent for constructing worlds less organized by axes of domination (Haraway, 1988, p. 585).

Following Haraway's theory of situated knowledges, the perspectives of those who might be kept out of the discourse of the powerful are interesting *because* they are free from these discourses. Similarly, literature on participatory research emphasizes the value of listening to the marginalized or silenced voices, suggesting that their perspectives can challenge the dominant discourses and open for new ways of knowing (Cook, 2012; Dentith, Measor & O'Malley, 2012). However, Haraway also warns against a 'fetishizing' of the marginalized, for example by romanticizing the knowledge of the subjugated, or seeing their perspectives as more innocent than the perspectives of the dominant. She argues that the knowledge of the marginalized should not be exempt from the critical examination of the researcher (Haraway, 1988). I find Haraway's point relevant to this study, in which the adolescents share information that, in many ways, is unrestricted by the boundaries of the music therapy discourse into which the music therapists have been educated. However, this does not mean that the adolescents are free from other discourses or influences, or that their understanding of therapeutic relationships is automatically more or less 'true' than the understanding offered by the music therapists.

Having worked together for at least a year, the informants may have developed their own, shared way of speaking about their sessions. Interviewing the adolescents and music therapists together makes it possible to explore this shared way of speaking, as in exploring the patterns of their talk that are distinctive for each of the different dyads. This could potentially reveal aspects of the relationships that might not be available if the informants were interviewed separately.

We can imagine three different discourses taking place in the interviews. First, the music therapy discourse, which shapes how the music therapists and interviewers view the music therapy relationship. Second, the adolescents' discourse, which is remarkable in that it describes the music therapy relationship while being free from the music therapy discourse. Third, the shared discourse, which the adolescents and music therapists have developed together. An advantage of dyadic interviewing is that we are able to explore all three discourses and how they interrelate.

5 Data collection and analysis

Having explained the theoretical aspects of the methodology, in this chapter I focus on the practical process of collecting and analysing the empirical material. I describe some of the conflicts and questions that arose in the process, including ethical considerations.

5.1 Data collection

5.1.1 Recruiting informants and interviewers

Recruiting informants

To recruit informants, I started by contacting music therapists who were actively working in the Norwegian child welfare services (NCWS) and had done so for at least one year. At the time, only three music therapists fit the criteria, and all three agreed to participate in the study. Because of client–therapist confidentiality and the structural and organizational rules and logics of the NCWS, I could not contact adolescents directly. Instead, the three music therapists recruited adolescents to the study. I asked them to invite adolescents who had attended music therapy for at least one year, were between 13 and 20 years old, and (whom they thought) would be comfortable with being interviewed about music therapy.

The choice of having the music therapists ask the adolescents whether or not they wanted to participate can be questioned from an ethical standpoint. The adolescents might not want to disappoint their music therapist, or they might think that participation is expected of them, leading them to participate not because they want to, but because they feel obligated to. While I consider this a valid point, research on user involvement in the child welfare services shows the value of making decisions together with an adult with whom the adolescents feel safe and comfortable (Backe-Hansen et al., 2017; Paulsen, 2016b; van Bijleveld, Dedding & Bunders-Aelen, 2015). The studies also show that it is easier for adolescents in the child welfare services to be honest with someone they know well. Having the music therapists ask the adolescents to participate in the study could thus be a benefit, as the adolescents are likely to be more honest about their willingness to participate when being asked by their music therapist than if they were asked by a stranger.

Brinkmann and Kvale (2015) suggest that an interview study should aim for anything from 5 to 25 interviews, all depending on the scope and focus of the study. Knowing that I was going to do both a phenomenological and a discourse-oriented analysis of the empirical material, I wanted to avoid ending up with so much material that I would not be able to do thorough analyses of all interviews. Also, at this point, I did not know whether the adolescents wanted to do individual interviews or if they preferred to be interviewed in dyads (see 5.1.2 for more on this). Bearing these factors in mind, I aimed at recruiting six to eight adolescent informants, in addition to the three music therapists, as I found it likely that this number of informants would provide enough empirical material for the study while also keeping the amount of data to a level that allowed for detailed, in-depth analyses. In the first round of recruiting, six adolescents agreed to participate, which was at the lower end of what I wanted. I considered doing a second round of recruiting a few months later, but ultimately this was unnecessary, as – through early rounds of repeated listening to the interviews – I found the amount of empirical material to be satisfactory for achieving the aims of the study.

Since research should not be damaging or experienced as straining or burdening for the participants (NESH, 2016),³⁷ I did not encourage the music therapists to recruit adolescents who they knew had negative experiences of music therapy. Rather, I expected the music therapists to recruit adolescents with whom they felt that they had a good relationship, considering that one of the requirements for participation was that the adolescents should be comfortable with being interviewed about therapy. From practical experience, I found it likely that this requirement would exclude many adolescents, as music therapists in the NCWS tend to work with adolescents who face some kind of struggle, for instance mental health problems or complicated situations with their family and/or the child welfare services. While it could be argued that it is important to include these adolescents in interview studies to hear their experiences, this wish for knowledge must still be balanced with ethical considerations. For instance, doing interviews on the music therapy relationship with adolescents and music therapists who are struggling with establishing a connection could be a negative experience for both parties.

From conversations with the music therapist informants, I have the impression that the relationships described in the empirical material of this study are among the more successful, well-developed relationships of their practice. Thus the six dyads of this study do not illustrate the average adolescent–music therapist relationship, but they can function as examples of thriving relationships between adolescents and music therapists in the NCWS.

³⁷ In the context of the interviews of this study, I use the term *participants* when referring to the adolescents, music therapists and interviewers. When I refer only to the adolescents and music therapists, I use the term *informants*.

Similarities in gender and age

While the informants differ in their backgrounds, interests and reasons for attending or working with music therapy (as shown in the results), they have a few characteristics in common, which may have affected the study in various ways.

First, all adolescents were between 16 and 18 years old at the time of the interviews, even though the age range allowed for participating in the study was 13–20 years old. The narrow age span is likely related to the fact that I asked for adolescents who preferably had attended music therapy over several years, and the younger adolescents have not attended music therapy for as long as the older adolescents have. In addition, some adolescents lose the right to certain assistance measures in the NCWS upon turning 18 years old, the age of majority in Norway. In some cases, this means not being able to attend music therapy or other services without finding financial support from other support systems.³⁸ As a result, there are fewer adolescents above the age of 18 attending individual sessions of music therapy in the NCWS.

Second, all of the informants are female. There are male music therapists working in the NCWS, but none of them fit the criteria for being included in the study at the time of the data collection. Also, music therapists work with adolescents of both genders, and as far as I am aware, female adolescents are not overrepresented among the adolescents in the NCWS who attend music therapy. From speaking with Maeve, Mia and Madilyn (the three music therapist informants), I know that male adolescents were considered for the study but, for various reasons, they did not end up among the six adolescents who agreed to participate.

The fact that all nine informants are of the same gender may have an influence on the data, as there may be differences between how male and female adolescents or music therapists experience and talk about music therapy relationships. However, the informants do not discuss gender at any point in the interviews, meaning that any discussion of what the gender of the music therapist and/or adolescent might mean for the music therapy relationship would be hard to relate to the empirical material. This does not mean that gender does not matter to the informants (see 9.2.2). If I had included questions on gender in the interview guide, the informants could potentially provide some insight into the ways that gender affects and shapes the relationships. This can be regarded as a limitation or weakness in the study. I did not realize that the informants would all be female until late in the data collection, and thus did not see this opportunity until after I had collected most of the data.³⁹

38 See 1.3.1 for a description of aftercare in the NCWS.

39 I return to the topic of gender in later parts of the thesis. See 5.3.1 for a discussion on possible implications of me, the researcher, being male, while all the informants are female, and 9.2.2 for a discussion on cultural discourses on gender in music therapy.

Recruiting interviewers

Adolescents and music therapists in the NCWS often do a combination of individual and group sessions. For instance, they might do individual sessions on a weekday and participate in band sessions with other adolescents in the weekends. Several of the adolescent informants of this study had attended group projects in which they had met other adolescents and music therapists. Having worked in such group projects myself, I was familiar with the three music therapists and had collaborated with two of them earlier. In addition, I knew some of the adolescents, but I had not worked with any of them in individual sessions.

My earlier experience with working as a music therapist could be regarded as a strength for an interviewer (Brinkmann & Kvale, 2015), in that I could draw on my familiarity with the informants to make the setting feel comfortable to them and ask questions that I knew could lead to interesting answers. However, I considered it a problem that I was more familiar with some of the adolescents and music therapists than I was with the others. In addition, it could potentially be difficult for both me and the informants who knew me from earlier to separate between my positions as a music therapist and a researcher during the interviews. For these reasons, I found it beneficial to recruit interviewers to do the data collection for me. I discussed this with the music therapist informants, who agreed that it could be helpful that the interviewer was someone who the adolescents had not met before. I also received feedback from the music therapists on their preferences as to who I should recruit as interviewers.

By interviewing clients about therapy, the researcher runs the risk of affecting the therapeutic process negatively. This risk necessitates a sensitivity and carefulness when discussing and writing about the clients' and music therapists' experiences (NESH, 2016). In this study, the interviewers were asked to question and discuss relationships between adolescents and music therapists, with the risk of revealing information that the adolescents might not like, both in the sense of the adolescents saying something they regret sharing, or the music therapists saying something the adolescents would not want to hear or want them to share. To answer this challenge, I found it helpful to hire interviewers who were music therapists with experience working with adolescents, so that they were practised in talking about sensitive topics with adolescent clients.

Maeve, one of the music therapists being interviewed, worked in a different part of the country than Mia and Madilyn, and I wanted the interviews to be carried out in locations that were familiar to the adolescents. As a consequence, I recruited two interviewers: Isabel, who lived close to Maeve, and Ira, who lived close to Mia and Madilyn. Neither Isabel nor Ira had worked

together with any of the informants, but they were familiar with the music therapists. Both of them had earlier experience with interviewing.

5.1.2 Preparing the interviews

In preparation of the interviews, I had a meeting with Isabel and Ira (the two interviewers), in which we discussed the study and the interview guide. The interviewers gave valuable feedback on the questions, drawing on their experiences of working with adolescents and interviewing. They had received a description of my project on beforehand, and they knew about the goals and aims of the study.

Up until this point, I was not sure whether I wanted to conduct the interviews individually or in dyads, but the interviewers and I agreed that it should be up to the adolescents to decide what they felt was most comfortable to them. The adolescents were asked before the interviews, and they all wanted to be interviewed together with their music therapists.⁴⁰ As a consequence, Isabel, Ira and I decided to add a question towards the end of the interview guide, asking if the adolescents wanted to say something or answer some questions without the music therapist in the room. When asked in the interviews, none of the adolescents said that they wanted to use this opportunity.

The interview guide can be found in Appendix 3. It is split into five sections:

1. *Background and contextual information.* This first part is meant as a warm-up, emphasizing factual information, such as how long the two have known each other and what they usually do together.
2. *The start of the relationship.* The second section targets how the informants first met, why the adolescent was interested in music therapy and what their first impressions of each other were.
3. *Developing the relationship.* The third section makes out the main part of the interview, in which the informants are asked to describe important episodes, events and memories that shaped their relationship.

⁴⁰ In retrospect, I find it a great advantage to the study that all six adolescents chose to be interviewed together with their music therapists, as I think that a mix of individual and dyadic interviews could make the empirical material fragmented and difficult to explore.

4. *Music as part of the relationship.* The fourth section contains questions touching on the importance of music as part of the relationship.
5. *Summary.* The interview ends with a few summarizing questions.

The guide starts with factual questions that do not require a lot of thought, but eventually moves on to questions that involve self-reflection – questions that could potentially reveal disagreements between the adolescents and music therapists. This interview structure was inspired by Brinkmann and Kvale (2015), who notes the importance of setting the interview stage, as in making sure that the informants are allowed to take some time to become comfortable with the interviewer and the unfamiliar situation. The interviews were semi-structured, and the interviewers were encouraged to follow the flow of conversation and move away from the guide, if they found it beneficial.

In order to prepare for the interviews, the music therapists were sent the interview guide and encouraged to go through the questions with the adolescents. They were given the chance to give feedback on the questions in case there were any topics that they did not want to talk about. None of the informants asked for any changes to be made to the guide.

5.1.3 Conducting the interviews

The interviews took place in locations chosen by the music therapists and adolescents. Some were in their music therapy room; others were at the adolescent's home. The conversations lasted between 45 and 90 minutes. I met the adolescents before the interviews to talk about my study and answer any questions, but I was not in the room during the interviews. In one of the six interviews, there was no room close by where I could wait, so I sat and listened in the same room as the participants while the interview was conducted. I did not take any notes or ask any questions, and I have not included any of my observations in my analysis. My reason for not being present during the interviews was that it might be easier for the adolescents to talk to one unfamiliar adult than two, and that having a silent fourth person in the room could make the situation feel unnatural or uncomfortable for the informants. I also met each of the dyads for a short debrief after the interview, in order to thank them for their participation.⁴¹

The interviews were recorded on a digital audio recorder. I considered recording the conversations on video, but decided against it, as the cameras might have made some of the adolescents

41 As with the structure of the interview guide, the idea that I should talk with the informants about the study before the interviews and meet them for a short talk afterwards came from Brinkmann and Kvale's approach to research interviewing (2015).

uncomfortable or less motivated to participate. It is possible that adolescents and music therapists who use video and cameras as a regular part of their practice (e.g. Derrington, 2019) would be comfortable with being interviewed on camera, but it is my experience that music therapists in the NCWS rarely use video and cameras in their practice. The adolescents are more likely to be comfortable with audio recordings, as recording music is one of the central activities used in music therapy in the NCWS (as shown in later chapters).

The interviewers followed the interview guide loosely, making sure to cover the topics in the headings. While both the adolescents and music therapists were active in the conversations, the interviewers focused somewhat more on the perspectives of the adolescents, in line with my instructions. Isabel and Ira adapted their styles of interviewing to the different dyads. For instance, the interviewers would joke around more with the dyads that were joking between themselves, and they were less confrontational in interviews with the informants that seemed nervous. I trusted the interviewers to balance the desire for knowledge and insight with the need to respect the privacy of the informants – to act in line with what Brinkmann and Kvale (2015) describe as the sensitive, empathetic interviewer. At times, the interviewers talked about their own experiences with music therapy as a way to contextualize a question, but I have not included these descriptions in the study. Both of the interviewers were under obligation not to disclose information revealed to them in the interviews to anyone other than the researcher.

Between the interviews, I had follow-up conversations with the interviewers. Usually, this was done after I had listened to the recording a few times and had an impression of how the interview had gone. We discussed whether any modifications should be made to the interview guide or if any other changes were needed. The interviewers made slight changes to the ways that they phrased certain questions, but they did not find it necessary to change the interview guide. Thus, the guide stayed the same throughout the data collection.

A few days after the interviews, I checked in with the music therapists to hear how they thought the interview had gone, and to ask whether the adolescents had any negative experiences or thoughts that I should hear about. Even though some adolescents mentioned being nervous before the interviews, none of them expressed any negativity or regret afterwards, as far as I am aware.

5.2 Ethical considerations

In Norway, research projects that collect and store personal information must be accepted by *The National Committee for Research Ethics in the Social Sciences and the Humanities* (NESH) before the collection starts. The committee's assessment of the project is found in Appendix 2.⁴² In the following, I describe how the study adheres to standard ethical requirements for research, such as informed consent and confidentiality.

5.2.1 Informed consent

To collect and store sensitive information, a researcher must acquire *informed consent* from the informants. The consent is to be given freely and explicitly (NESH, 2016). This means that the informants are appropriately informed about the study, that they understand their rights and the potential consequences of participation, and that they are under no external pressure to consent.

For this study, I devised a consent form, which the informants signed. The form details the purpose of the study, what is required of informants, how the data is used, the rights of the informants and my contact information (see Appendix 1). I intentionally wrote the form in an accessible style, with the goal of making the information easy to understand for the informants. The form was approved by NESH and sent to the music therapists together with the interview guide, so that they could go through the form with the adolescents. Before the interviews started, the interviewers and I discussed the form with the informants and answered their questions. All the music therapists and the adolescents signed the form.⁴³

5.2.2 Confidentiality

When using and publishing sensitive information, it should not be possible for the reader to recognize the identity of the informants. In order to hide the informants' identity, the researcher needs to anonymize the data and keep any personal information hidden from others (NESH, 2016).

When anonymizing the data, I held in mind that there are few music therapists working in the NCWS and relatively few adolescents who have attended music therapy for at least one year. Someone who is familiar with the context might therefore recognize the stories shared

⁴² The study was accepted shortly before the committee adapted the new regulations following The General Data Protection (GDPR).

⁴³ Following Norwegian law, any adolescent aged 15 years or older can consent to researchers collecting and using their personal data (NESH, 2016). All the participants were older than 15.

in the interviews. In an attempt to prevent this from happening, I have changed names and certain aspects of the informants' stories. The changes have not affected the results or interpretations, as they are mainly small alterations of factual details. For instance, I have changed details regarding some of the informants' favourite artists, musical genres, the instruments they play, and details concerning their relatives and friends. I avoid going into details about geographical location, except saying that the interviews were conducted in different parts of Norway. The informants gave their consent to gender and age being published when they signed the consent form, and thus, I have not changed the age range or gender of the informants. The recordings of the interviews and lists of names of informants were locked away on storage units both electronically with password checks and physically in locked cupboards.

5.2.3 Consequences of participating

According to NESH, as part of being informed about the study, the informants are to be made aware of any potential consequences of participating. Any information that could affect third parties should not be used or stored, unless the third party is informed (NESH, 2016). In the conversations before the interviews, the interviewers and I explained that the interview was to be about the adolescent and the music therapist, not about other people. That being said, as a result of the flow of conversation, certain details about third parties were included in the data, for instance, names of friends or other adolescents in the child welfare services. I did not include any of this information about third parties in my transcription or analysis.

In the interviews, the informants are, at times, critical of other people, professions, systems and organizations. I have not made any attempt to censor or moderate opinions that may be perceived as controversial, but I have tried to contextualize some statements, in order to show how the statements relate to other parts of the informants' experiences.

The music therapists' primary loyalty lies with the clients (Musikernes Fellesorganisasjon (MFO), 2017).⁴⁴ This puts the music therapists in a potentially difficult situation, as they have to consider the wellbeing of the client in the interview situation, and therefore limit the amount of information they share. This problem might be more apparent when the adolescents are being interviewed together with the music therapists, but it would still exist if the two groups of informants were interviewed separately, as the information shared by the music therapist would be published and available for the public (including the adolescents) to read. When recruiting informants to the study, I made sure to tell the music therapists that I did not expect them to share any information that might harm their relationship to their clients.

⁴⁴ MFO, 2017 are ethical guidelines for music therapists, written by the trade union CREO (MFO being the former name of the organization).

This was one of the reasons why I sent them the interview guide before the interviews, so that they could get an impression of the types of questions that were to be asked, and potentially talk with the adolescents about what information they should share or keep to themselves.

The informants may feel misunderstood or misinterpreted and regret participating in the study upon seeing the published thesis. To help prevent this, they were informed that the interviews were to be analysed, which meant that the researcher could question their perspectives or use their viewpoints to support arguments that they might not agree with. It was made clear to the informants that they could ask me to redact any part of their interview from the study at any point until the publication of the thesis.

5.3 Analysis

Moving from the collection of data, this section describes how the empirical material was analysed. For elaborations on the philosophical perspectives and theories that lie behind the methods referred to here, see Chapter 4.

5.3.1 Preparing the analysis

After all six interviews had been completed, I prepared for the analysis by considering different factors that could influence my interpretations, including potential biases and differences between the informants and me. Below, I discuss some of the issues on which I reflected.

Transparency and member checking

The informants of this study are not involved in any part of the analysis, giving me the power to interpret the interviews in different directions without their approval. With this power comes the demand for transparency, in the sense that the reader should be able to understand how I interpret the empirical material, what theoretical perspectives I draw on and how my own preunderstanding plays into my analysis. The reader should easily be able to tell the difference between the empirical material and my interpretations of it. It has been a goal of mine throughout the analysis and writing of the thesis to be transparent in my interpretations and discussions of the interviews.⁴⁵ As part of this process, I have frequently written down my

⁴⁵ Transparency is of special importance in a study as this, in which I draw on an eclectic selection of theories and philosophical concepts in my analysis (Brinkmann & Kvale, 2015; Frost et al., 2010).

own thoughts and interpretations, in order to make the analytical process clear to me and, later, to be able to communicate the process to the reader.

Researchers following more participatory-oriented traditions might criticize the fact that I have not asked the informants to participate in the analysis (Simpson & Quigley, 2016). I admit that this is a limitation with the study, but I would argue that if I were to involve the informants in the analysis, the study would have needed a different design. To elaborate, I could have invited the informants into the analysis through *member checking*: a well-known method for validating interpretations in qualitative studies (Birt, Scott, Cavers, Campbell & Walter, 2016). However, van Manen, whose phenomenological methodology is central in this thesis, warns against such methods for certifying the validity of the interpretations:

The validity of a phenomenological study has to be sought in the appraisal of the originality of insights and the soundness of interpretive processes demonstrated in the study. No predetermined procedure such as ‘members’ check’ ... can fulfil such demand for validation a phenomenological study. (van Manen, 2014, p. 348)

Other researchers question whether member checking is a fitting process for ‘sharing power’ over the analysis, as the informants may not remember exactly what they said in the interview, and may not feel qualified to protest or question the researcher’s interpretation (dos Santos, 2018; McConnell-Henry, Chapman & Francis, 2011). I find these points relevant for this study, as I knew that the dual-focused analysis would be time-consuming, and that the informants might forget what they said in the interviews or what they meant by certain statements. That being said, the informants were given the right to request that I shared my interpretations and findings with them at any point, but none of them did so.

Positioning myself as an interpreter

One clear difference between the informants whose experiences I am exploring and me as a researcher is that we are of different genders. Out of everyone involved in the study, I am the only male. I have regularly reflected on the effects my gender may have on my interpretations. Do I, without being aware of it, interpret the informants’ experiences from a male-centric worldview? Are there any aspects of the informants’ experiences that I cannot grasp from my male perspective? These are questions that are difficult to answer, but I found it helpful to reflect on gender throughout the analytical process in order to try to be aware and conscious of gender biases. This also involved thinking about when gender is *not* important, in the sense that I should not make assumptions based on stereotypical understandings of gender roles or exaggerate the importance of gender, for instance by assuming that an adolescent

experiences a phenomenon a certain way *because* she is female (Alvesson & Sköldbberg, 2018; Rolvsjord & Hadley, 2016).

One issue that I have been especially conscious of in the analytical process is my use of phenomenologist thinkers. The five main thinkers who I draw on in my analysis – Merleau-Ponty, Sartre, Lévinas, Derrida and Ricoeur (see Chapter 3) – are all male. I have repeatedly considered if there are certain aspects of the informants' experiences that I am not able to identify by drawing on five male thinkers.⁴⁶ For instance, I have read up on gendered perspectives on Merleau-Ponty's notion of embodiment – a concept that is both celebrated and challenged by feminist writers (Canode, 2002; de Beauvoir, 2010; Olkowski & Weiss, 2006) – and kept these perspectives in mind throughout the analytical process.

Throughout my work with the study, I have also received feedback on my analysis from a range of female thinkers, researchers and music therapists, who have helped me see potential weaknesses in my interpretations and connections that I might have missed. I find that their responses have helped me stay conscious of my own biases in relation to gender and other topics.

Earlier experience as a music therapist

Another issue relating to biases and preunderstandings is my earlier experience with working as a music therapist in the NCWS. This earlier experience means that I am more familiar with the positions and discourses of the music therapists than I am with the experiences of the adolescent informants, as I have no earlier experience with living in out-of-home care.

While I have not systematically 'bracketed' my earlier work experience (see 4.1.4), I have tried to stay conscious of the ways that I treat the music therapists and adolescents as informants in regards to my familiarity with the two groups. Because of my earlier work in the NCWS, it is in many ways easier for me to relate to the music therapists' experiences and understand the larger context surrounding their viewpoints. Consequently, throughout the analytical process, I made a conscious attempt to approach both the adolescents and music therapists with a combination of a deliberate naiveté and a critical stance.⁴⁷ In the moments when I find it helpful to draw on my work experience in order to contextualize certain statements,

46 It is only in the phenomenological literature that males make out the majority of the theorists and researchers on whom I draw. In the music therapy literature, child welfare literature and the literature on discursive psychology, my main inspirations are all female writers: Trondalen, Rolvsjord, McFerran, Paulsen, Backe-Hansen, Wetherell and Haraway.

47 The notion of 'deliberate naiveté' is taken from Brinkmann and Kvale (2015), who uses the term to describe an open and curious approach to the research phenomena.

I make it clear to the reader that I am referring to my own understanding of music therapy practice in the NCWS.

5.3.2 Transcription

The first step in analysing the data was transcribing it from recordings to text. The transcription was done in NVivo 12, a qualitative data analysis computer software, and it was done in Norwegian, the language in which the interviews were conducted. The only parts of the transcriptions that are translated to English are the extracts.

Any transcription of a recording is in itself an interpretation, as the researcher chooses what elements of the data are to be included, and which parts are to be filtered out as unnecessary information (Brinkmann & Kvale, 2015). I chose to follow Potter and Wetherell's simplified variation of the Jefferson system in my transcription – a system that is often used in conversation analysis (Potter & Wetherell, 1987; Wiggins & Potter, 2017). Following their notation system, I distinguished between different lengths of periods of silence, I added symbols for overlapping talk, and I made notes of tones of voice, laughter, and other non-verbal aspects of communication.⁴⁸ The detailed notation allowed me to recall not only what was said, but also how it was spoken, which was helpful in all steps of the analysis.

5.3.3 Initial coding and writing summaries

Having transcribed the interviews, I listened to the recordings and read the transcriptions while noting down thoughts and questions related to both the phenomenological and the discourse-oriented analysis. During this process, I kept the four research aims in mind:

1. To understand how adolescents and music therapists experience their relationship as part of music therapy in the NCWS.
2. To understand how discourses and different interpretations of terms influence the informants' understanding of the music therapy relationship.
3. To understand how relationships between adolescents and music therapists develop over time and identify experiences that are of special importance to them.
4. To understand how adolescents and music therapists experience and talk about music and musical interaction as part of their relationship.

48 For a full presentation of the system used for notation, see Appendix 4.

The initial coding was done in two rounds: First, I wrote down my thoughts on paper, prioritizing creativity and impulsive thinking rather than structure. Second, I went through the notes and organized them in NVivo. This process helped me become familiar with the data material and get an impression of topics that were covered in the conversations (see Braun & Clarke, 2006; Brinkmann & Kvale, 2015).

As part of this initial coding, I gathered details on topics and discussions in the interviews that could contribute towards achieving the research aims. This information was then rewritten into summaries in the form of narratives – one for each of the interviews (see part one of any individual case in Chapter 6). In these summaries, I focus on presenting the empirical material, as a way to give the reader a broad idea of the relationship before I explore parts and fragments of the informants' experiences.

Following each of the summaries, I wrote elaborations on a few select topics that were discussed in the interview (see part two of any individual case in Chapter 6). These elaborations on topics of interest are meant as short presentations of material that did not fit into the summary, for instance, an extended look at a specific issue, or a short discussion about patterns in the informants' descriptions. Together, the summaries provide a general idea of the topics covered in the interview, with the elaborations giving insight into a selection of topics that are of special interest to this study.

5.3.4 The phenomenological exploration

During the initial coding, I noticed that the informants usually describe their relationships in two ways: they talk about how they feel towards each other and what they do together. I used this finding as a basis for the phenomenological thematic analysis, as I saw that by developing themes that centred on the feelings and interactions of the relationships, I would be able to include most of the codes from the initial coding. Yet, I wanted to understand not only which feelings and interactions arise in the music therapy relationship, but also how the informants experience these feelings and interactions. For instance, if the informants talked about the feeling of safety, I would explore how this feeling is contextualized in the interview, asking myself how the informants experience the feeling of safety in the context of the music therapy relationship. During this step of the analysis, I was surprised by the variation that I found between the dyads, as the informants differed greatly in their experiences of their feelings and interactions. In later part of the analysis, I would appreciate this multiplicity of meanings and perspectives, but initially, the variation made it challenging to develop clearly defined themes.

To start the phenomenological exploration, I did a new round of read-throughs, paying special attention to how the informants described their feelings and interactions. In this process, I found it helpful to consult literature on relationships from different phenomenological thinkers in order to inform my interpretation of the informants' experiences (van Manen's 'insight cultivators' approach, see 4.1.3). I went back and forth between the empirical material, my codes and the phenomenological literature, and through this interplay, the themes eventually grew and became more distinct and defined. The process can be described as abductive, in the sense that I started with observations, and utilized data and theory in order to arrive at possible explanations (Brinkmann & Kvale, 2015; Timmermans & Tavory, 2012).⁴⁹

Once I saw a theme starting to develop, I tried to write out a description of it, in order to structure and clarify the theme for myself through writing (see discussions on writing in phenomenological research, 4.1.3). These early descriptions of the themes made up the first draft of what would eventually become Chapter 7 of the thesis – the phenomenological exploration. Initially, I was inspired by a wide variety of phenomenologists, and I developed themes that were somewhat sprawling and unconnected, but as the analysis developed, I narrowed down the number of both the themes and the theoretical influences. The themes were eventually sorted into two groups: main themes and sub-themes. As the focus of the study narrowed, I settled on seven main themes, with four centring on the informants' experiences of their feelings and three addressing their experiences of their interactions. On average, each main theme consisted of three sub-themes.⁵⁰

5.3.5 The discourse-oriented exploration

Having completed the phenomenological exploration, I started the discourse-oriented exploration with a high level of familiarity with the empirical material. Still, I did a third round of listening to the recordings, reading the transcriptions and taking notes, as I wanted to go through the empirical material a few times while focusing only on the ways the informants talk about their relationships.

For the first part of the discourse-oriented exploration, I went through each case individually, and identified similarities and differences in the discursive patterns of the adolescents and the music therapists. For the second part, I went through the empirical material again, noting all

49 From Timmermans and Tavory: 'abduction is the form of reasoning through which we perceive the phenomenon as related to other observations either in the sense that there is a cause and effect hidden from view, in the sense that the phenomenon is seen as similar to other phenomena already experienced and explained in other situations, or in the sense of creating new general descriptions' (2012, p. 171).

50 In Appendix 6, the reader will find a description of how three themes were developed through an interplay of the empirical material and phenomenological theory, in addition to a full list of the themes from the phenomenological exploration and the theories that inspired them.

mentions of the terms 'music' and 'therapy', as well as the different roles that the informants position themselves and each other in during the interview. I chose to focus on these three topics for several reasons. An exploration of how the informants talk about 'music' can help achieve the fourth research aim (see 5.3.3), and an extended look at the different roles and positions that the informants take in the interview can provide insight into how they understand their relationship. The choice to explore how the informants talk about 'therapy' was made after the initial coding, when I noticed interesting patterns and variations in how the informants used and discussed the term. It stood out as a term that was especially divisive among the informants. This did not come as a surprise, as my experience from music therapy practice had shown that 'therapy' is a complicated term among adolescents in the NCWS (see Chapter 1).

As with the phenomenological exploration, much of my exploration of the empirical material was done through writing. Having identified different patterns in the empirical material, I wrote sections in which I reflected on the functions and effects of said patterns (see Potter & Wetherell, 1987). These sections form Chapter 8 of the thesis. Overall, the discourse-oriented analysis was more targeted and limited than the phenomenological analysis, in that it centred on specific aspects of the empirical material and did not involve interpreting the findings in light of philosophical perspectives on relationships.

5.3.6 Comparing the findings from the two approaches

After having written the chapters on the phenomenological and discourse-oriented explorations, I compared the findings from the two chapters. Initially, I considered writing a chapter focused on discussing the findings in light of each other, but I found that it led to unnecessary repetition of the earlier chapters. Instead, the comparisons between the findings are incorporated into the discussion chapters (9 and 10), in which the findings are also considered in light of theory and research from the field of music therapy.

Part 3: Results

6 Presenting the empirical material

This chapter presents the interviews that make up the empirical material, as the first of three chapters covering the results of the study. The focus is predominately on describing the six relationships of the study, with the phenomenological and discourse-oriented analyses being presented in the Chapters 7 and 8 respectively.

Before presenting the empirical material, it is worth giving a quick summary of key points on the data collection: Six semi-structured, in-depth interviews were conducted with six dyads, consisting of three music therapists and six adolescents. The interviews were conducted by two interviewers, who did three interviews each. The interviews were recorded, and the length of the recordings range from around 45 to 90 minutes.

The participants in each of the interviews were:

	Interviewer	Music therapist	Adolescent
<i>Interview 1</i>	Isabel	Maeve	Chloe
<i>Interview 2</i>	Ira	Mia	Sarah
<i>Interview 3</i>	Isabel	Maeve	Natalie
<i>Interview 4</i>	Ira	Madilyn	Olivia
<i>Interview 5</i>	Isabel	Maeve	Amelia
<i>Interview 6</i>	Ira	Mia	Luna

In the following chapters, I write (A) behind the names of the adolescents, (MT) after the music therapists, and (I) after the interviewers, in order to help the reader remember the different roles of the informants. There are some exceptions to this, for instance in sections in which I focus on a specific dyad or interview for an extended period (e.g. 6.1), or if I have recently referred to a name with the abbreviation behind it (so as not to repeat the abbreviations too often). The reader may also remember that all the music therapists have a name that starts with the letter 'M', while the names of the interviewers start with an 'I'.

Each of the six interviews are presented in short summaries describing how the adolescents and music therapists met and how their relationships developed up to the point of the interviews. The summaries present the empirical material with no references to theory and a minimum of my own reflections, though I occasionally include some information on the experience of listening to the recordings of the interviews, in order to present the reader with some contextual

details. The summaries follow a stricter narrative structure than the original interviews, and I have left out parts of the conversations, choosing to focus on the aspects of the interviews that are most relevant for my research aims. Additionally, I have altered some details in the summaries for the sake of anonymization and confidentiality (see 5.2.2).

Every summary is followed by an extended look at a few select topics that are of special interest for the aims of this study. These are elaborations that do not fit into the summaries, with some of them focusing on a specific topic, and others presenting my thoughts regarding a question or subject. The elaborations do not lean on theory, though I occasionally include some references and theoretical reflections to show why I found a certain topic interesting.⁵¹

Throughout the chapter, I refer to extracts from the transcripts of the interviews. The transcripts follow a simplified form of Jefferson-style notation that is frequently used in discursive psychology, and the reader can find an explanation of the different symbols in Appendix 4, followed by a complete list of all extracts from the interviews in Appendix 5. As one of the aims of the study is to understand how the informants talk about their relationship, I have not made any modifications to the excerpts. For instance, I have not excluded any use of slang, censored profanity or corrected grammar. The reader will also find that words occasionally appear in double quotation marks, for instance: Chloe feels "strong" when playing the drums. The double quotation marks indicate that the specified word or phrase is taken directly from the transcript, similar to an extract.

6.1 Chloe and Maeve

6.1.1 Summary: Chloe (A), Maeve (MT) and Isabel (I)

Listening to the recording, one of my first thoughts is that Chloe and Maeve are prepared for the interview. They explain that they have talked about Isabel, the interviewer, and that they have discussed some of the questions and topics that may come up during the conversation. I get the impression that Maeve thinks that talking about their relationship can be a bit uncomfortable for Chloe. When the adolescent talks, it does not seem to me that she is afraid to share her thoughts and experiences, but she does weigh her words and take her time when answering questions.

Chloe and Maeve have known each other for several years at the time of the interview, and Maeve says that Chloe is among the adolescents she has known the longest. When asked how they first

51 For more information on the development of summaries and topics of interest, see the previous chapter (5.3.3).

met, Maeve talks about meeting Chloe at her home. However, to Maeve's surprise, Chloe recalls meeting the music therapist at an earlier point, as she remembers Maeve talking about music therapy in a meeting they both attended.

Initially, Chloe had no interest in music therapy:

*Chloe: ... because I thought like, music therapist, therapy you know, it's a bit, are you like pressing piano keys, and yeah **ironic tone of voice** what do you feel now? (A.1)*

Before meeting Maeve, Chloe had a lot of experience with both music lessons and various forms of therapy. She started playing the piano at a young age, learning from a music teacher. Her lessons did not go on for long, as her teacher "just made her feel bad", as if everything she did was wrong, she says. Still, Chloe kept playing the piano on her own, and she fondly remembers performing in a band with kids in her class at an end-of-term ceremony.

When she was a bit older, Chloe was admitted to a psychiatric institution. For a period, she was in-and-out of the hospital, and she met many different therapists and doctors. She explains that during this time, she started thinking of therapists as a specific type of people, whose job it is to "dig around" – to make her talk about topics that she does not want to discuss. Chloe says that because of the negative experiences with therapists, she does not think of therapy as something enjoyable or helpful.

Chloe eventually moved to a child welfare institution. At some point, she heard Maeve talking about music therapy, as described above, but it was not until she saw Maeve performing in a concert together with another adolescent that Chloe became interested in music therapy. Maeve was invited by one of the adults working at Chloe's institution to visit the adolescent and talk about the music workshops.⁵² In their first meeting, Chloe and Maeve listened to and talked about music, and decided to meet later to play together – Chloe on keyboard and Maeve on guitar.

After a few sessions with Maeve, Chloe said that she wanted to learn to play the drums. They started rehearsing, and eventually, they held their first concert together. This was a special moment for both of them, they say, and Maeve describes how Chloe played better and more intensely at that concert than she had ever done before.

Maeve: ... we both knew what we were doing, and I felt kind of, when you played, you like pushed me up, in it ... I think, it was like a very, important moment for me you know.

52 'Music workshops' is the term Maeve (MT) uses when describing music therapy to adolescents.

Isabel: Her playing pushed you up?

Maeve: Yeah. You hit harder than you had ever done before, and I just, felt like, wow. *Chloe:* **laughs** (A.2)

Maeve and Chloe kept playing music together, and after some time, Maeve invited other adolescents to join their band.

During their rehearsals, they always take a long break in which they eat lunch, talk and listen to music. In addition to playing, they write their own songs, some of which they record in a studio. Chloe notes in the interview that before she started attending music therapy, she did not think that she would be able to perform in concerts and record music, and that one of the reasons for her continued attendance is that being with Maeve allows her to do many different activities. When asked if anything has changed between them during their time together, Chloe answers that she trusts Maeve more than before, which in turn makes her more comfortable with speaking up in their sessions. Maeve's reply to the same question is that she now feels confident that Chloe would tell her if there was something wrong:

Isabel: What's changed, the most, between you?

Chloe: (...) I trust Maeve more now. So that's... (.)

Isabel: Does that mean (.) because, it sometimes makes it so that when you trust someone you feel more active, or feel more free::e, or.

Chloe: I'm a very introverted person, so I don't always talk all that much.

Isabel: Mm. Do you talk more now than when you started, you think?

Chloe: Yeah, I guess so.

(...)

Maeve: Yeah, so, so what I feel has like developed between us, like, in our collaboration is also that I, feel more confident that you would say something if you did not feel, safe, or if there was something you did not want to do [*Chloe:* Mm.

Isabel: Mm.] E::eh, that I know, I recognize in a way (.) your reaction, or that I know that you would tell me. (A.3)

Chloe describes a trip that she and Maeve took to another town to perform in a big concert, saying that it was an especially important moment in their relationship. There were many people in the audience, and Chloe and Maeve performed together with other adolescents in the child welfare services. They both remember feeling proud and moved by the other adolescents' performances:

Chloe: ... that other concert as well, there were many nice songs, and many of them had written their own songs. Then, I was like very (.) moved. [*Isabel:* Yeah.]

And I was like (.) I don't know (.) it's weird to say that I was proud, because I don't know them all that well, right, I've only met them, two, three times (.) but I was kind of proud.

Isabel: Proud on their behalf? *Chloe:* Yeah. (A.4)

Towards the end of the interview, Maeve explains that she thinks their relationship is built on a foundation of music. For her, it is their mutual musical interest that brings them together. They do not necessarily need to talk together much, because musical interactions make them feel closer.

Maeve: ... so I wonder if, it might be that in a way, music is like kind of a cornerstone (.) it was what we both started with in a way and we are building on that. So we always have music and you get to know each other better like, [*Chloe:* Yeah] with it as a cornerstone you know. So it kind of started with music and then we experienced a lot together [*Chloe:* Yes!] which in a way makes it so that we know each other better and, kind of like brings us closer you know [*Chloe:* Mhm].

But I don't know if that's how you feel? *Chloe:* = It is.

Maeve: Maybe that's a way to phrase it. *Chloe:* Yeah.

Isabel: Music as a cornerstone? Something that brings us closer?

[*Chloe:* Mhm. *Maeve:* Yeah.] *Maeve:* I think so, maybe. *Chloe:* I agree. (A.5)

6.1.2 Exploring topics of interest

Mastery and build-ups

At one point in the interview, Chloe says that she especially enjoys build-ups in music – moments in which the song slowly increases in intensity. Maeve agrees, and follows up by explaining that in build-ups, everyone pays attention to each other, leading to moments of fun and intense musical interaction.

Isabel: ... so would you say you like playing softly or loud or, do you have any, do you like to give it all you got?

Chloe: I like build-ups. Like when it goes from soft to loud. [*Isabel:* When it goes from soft and...] Yeah. That's the most fun. *Isabel:* Yeah, okay.

Maeve: I agree! I like it too. *Isabel:* Yeah, you too.

Maeve: Yeah, it's fun. *Chloe:* It is!

Isabel: Yeah. So what do you associate with build-ups, Maeve?

Maeve: E::hm. To build excitement and expectation, [*Chloe:* Yeah] I think, in the music. (A.6)

When asked to elaborate on these moments, Chloe describes how the build-ups affect the bass player in their band:

Chloe: And he does this thing with his foot. *Maeve:* Yeah **laughs**.

Isabel: His foot? *Chloe:* Yeah. *Isabel:* What thing?

Chloe: I don't know, like in the build-ups, he starts like, dancing.

Isabel: **laughs** Oh okay, so he moves his feet? [*Chloe:* Yeah **laughs**] And you notice that?

Chloe: Yeah. But it's fun though. (A.7)

Isabel continues by asking how these moments feel. Chloe answers that she does not really know how to explain it, and Isabel replies that it can be tricky to explain feelings with words. However, after a few moments of silence, Chloe says that the moments makes her feel "strong", that they give her energy, and that she gets a feeling of mastery, as if she has done something really well. Maeve says that she also gets a feeling of mastery from the build-ups, and that it is a feeling they share in the moment. As an example, she refers to the first concert they had together, in which Maeve felt like she was "pushed up" by Chloe's playing (extract A.2). Maeve explains that for her, the sense of mastery comes from these moments in which the music draws them together. Later in the interview, Maeve notes that in order to achieve these shared moments of mastery, they have to be familiar with the music, and reach a mutual understanding of where the musical interaction is going. Moments in which they play together really well come as a result of hard work, she says.

Sharing through music

At another point in the interview, Maeve talks about getting to know adolescents through the music that they bring into their sessions – the music they want to play and listen to. The music therapist explains that she gets the impression that the adolescents share music that really matters to them, and that the adolescents can find it scary to share music. Chloe does not confirm Maeve's impression:

Maeve: And it can be very scary to share, with an adult, with a total stranger what kind of music you like, right, it's really personal you know?

Chloe: **weakly** yeah.

Isabel: Do you agree, Chloe? It feels personal?

Chloe: Kind of depends on what music you listen to though. (A.8)

Later, Chloe describes how listening to music can make her feel less alone, and that she associates some songs with negative feelings, as she listened to a lot of music at times when things weren't going so well for her. When asked how it makes her feel to play these songs with Maeve, she explains that she does not bring these negative or emotional songs into music therapy. For their sessions, she usually chooses songs that are fun to play, have a positive message, or make her feel strong rather than sad.

In the summary above, Chloe describes a trip to another town, where she performs with other adolescents. She feels touched by their performances, as many of them sing songs that they have written themselves. Even though Chloe writes music as well, she says that she would not be able to sing them. When asked why, she replies that she cannot really say, but she thinks singing is much more personal and scary than playing the drums.

Talking to therapists

Isabel asks Chloe what qualities she thinks a music therapist like Maeve should have. Chloe answers that Maeve is always happy, and great at making people feel comfortable. This can be seen in line with another comment from Chloe concerning how their relationship has developed, as Chloe explains that she feels more comfortable now than she did in the beginning and that despite being an introvert, she participates more in discussions now than before, for instance when talking about music while eating lunch. Isabel, as we can see in extract below, wonders if the feeling of comfort comes from it being easy to talk to Maeve. Chloe answers that they do not necessarily need to talk, but then follow up by saying that they just talk "normally":

Isabel: So why do you enjoy eating lunch with Maeve? It's easy to talk to her?

Chloe: = Yeah. And don't really need to talk that much either, just...

Isabel: = Be together?

Chloe: Yeah a::and (.) share different, or like, listen to different kinds of music and (.) just talk to each other (.) like normally. (A.9)

Later in the interview, Chloe describes how there is a "limit" to what she is comfortable talking about:

Chloe: ... for instance if, we were to write a song and going to write like, to the core of what everything means. Then, I think, it would be more, like psychologist.

Maeve: You said dig earlier.

Chloe: = Yeah. So, yeah, it's okay to ask and like talk about it (.) but there's (.) I don't know, there's a, limit.

Isabel: Is it, important for you that you are the one who, you are the one who can choose what you want to say, about what you're experiencing? *Chloe:* Yeah, yeah.

Isabel: That there is no pressure? [*Chloe:* Mhm]. *Isabel:* Because digging sounds like... *Chloe:* **short laughter** Yeah.

Isabel: Something that might, that you might not want?

Chloe: = Yeah. But it's not like that here. (A.10)

In the extract, we see Chloe explaining that there are certain topics that she is not interested in talking about, and that it is important for her that she is in control of what she shares. We see Chloe explaining that psychologists have crossed her limit, and that they try to dig around in her life by getting to the "core of what everything means".

'Therapy' and 'therapists'

At another point in the interview, Chloe and Isabel discuss the term 'therapy':

Chloe: I don't know anyone in the child welfare services who hasn't gone to some kind of therapy. Not everyone thinks of it as a positive experience. So::o (.) I don't know, I don't consider this therapy. But in a way, maybe it is, because it is a bit, like you get out and you do something enjoyable (.) that stuff.

Isabel: Right. And therapy is about feeling better.

Chloe: **To Maeve** I don't think of you as a therapist you know, that would be weird.

Isabel: You don't think of Maeve as a music therapist?

Chloe: No.

Isabel: What would make it so that you did? What would be different?

Chloe: I mean like, if I had thought of her as a music therapist for me, then it would be in a negative way. Because then it wouldn't be natural, a bit uptight, you know.

Isabel: What do you think would be different? What do you think Maeve would do differently? If she was a music therapist therapist?

Chloe: I don't know, I mean she is. *Isabel:* = She is.

Chloe: Yeah, it is just what I associate with (.) therapists and that they dig around
Isabel: =Yeah. *Chloe:* that stuff, always talking and stuff.
Isabel: Yeah, so you associate it with (.) mostly with (.) *Chloe:* Like. *Isabel:* not
having a nice time. [*Chloe:* Yeah.] Is what you are saying. *Chloe:* It's not like, you
don't go to a psychologist to have a good time, you know. (A.11)

As we see in the extract above, Chloe explains that the sessions she has with Maeve help her and are enjoyable, but she still does not want to label their sessions as 'therapy'. Later, Chloe explains that she associates therapy with "being forced to talk about stuff" by therapists who "fake" their interest in her. In contrast, she says that she does not feel like she has been forced to do anything in her sessions with Maeve (see extract A.10).

Maeve does not say much during Isabel and Chloe's conversation on the experiences of therapists in extract A.11, but she eventually shares some thoughts on the matter. She says that it is not important for her that the adolescents think of music therapy as 'therapy', as she knows that many adolescents are sceptical of therapy as a concept. Still, she hopes that they experience some kind of personal development through her sessions. Isabel follows up by asking what the difference is between personal development and therapy. Here, Chloe replies before Maeve, saying that therapy "just does not feel natural". Maeve agrees, and suggests that therapy implies that the relationship builds on a "fake" interest in the other person.

Towards the end of the interview, Isabel asks Chloe what word she would use to describe the sessions, if they are not 'therapy'. Chloe says that she does not know, and Maeve suggests that maybe it is a good thing that the sessions do not have a name (even though Maeve used the term 'music workshops' earlier). Isabel suggests that the best way to describe what they do together is simply 'music', to which both Maeve and Chloe agree.

6.2 Sarah and Mia

6.2.1 Summary: Sarah (A), Mia (MT) and Ira (I)

Before Sarah met Mia for the first time, she dreamt about writing her own songs, the adolescent explains in the interview. She wrote poems in class, but did not play any instruments, and did not like singing when she was around other people. There were many problems in her family, and she went to psychotherapy for years with several appointments each week, but she did not feel like it helped at all.

At some point, Sarah moved to a residential childcare institution in a town where she did not know anyone. The social workers at the institution asked if she wanted to go to a meeting place for adolescents who were interested in music, as there was another adolescent who used to live at the institution who attended regularly.⁵³ Sarah accepted, thinking it could be an opportunity to meet new people and work with music.

She was nervous before the first day, but when she met Mia, she immediately felt more relaxed:

Sarah: I remember being very like shy at first. Ira: Mm.

*Sarah: And then one of the adults from my place followed me inside. E::eh, a::and, there was a lot of, looking down, staring at the ground. Then Mia came over and was like hi::i **laughs** and I was like hi, a::and then we talked a bit. And we almost finished our first song that first e::eh time I was there. (B.1)*

Although there were other adolescents there, Sarah and Mia found a place where they could work together alone. Sarah recalls Mia asking her 'so, what's your story?' leading to a conversation about life, family and music. While talking, Mia noted down words and phrases, and they wrote Sarah's first song in an hour – a song about her brother.

Later, they performed the song in a concert, which Sarah describes as an important moment for her. She almost did not arrive at time for the concert because of many unforeseen circumstances, which made her really nervous and stressed before going on stage. In addition, she was not sure how people would react to her song, as she thought that the audience would think that the lyrics about her family were inappropriate. However, the performance went well, and she got a lot of great feedback from people afterwards.

Eventually, Sarah started making friends at the meeting place, and tried playing in a band with the other adolescents. Still, she enjoyed her individual sessions with Mia the most, though it was difficult for them to find time to be alone together. After a while, they wrote their second song, which was about Sarah's battle with her self-image, and how she has gone from hating to gradually accepting herself. Sarah explains that she wanted the song to convey a message of [Fuck life, I'm good enough!].

Sarah and Mia performed the second song at a big concert, marking the anniversary of the meeting place. They recall how the performance – similarly to the first one – almost did not happen. This time, Sarah had a fight with her mother right before the concert, and she felt like

53 'The meeting place' is a community programme mainly for adolescents in the child welfare services, led by music therapists. They offer individual and group sessions.

everything around her was falling apart. She sent a message to Mia, saying that she would not be able to come, and Mia immediately replied that she had no choice; she had to come and perform the song! Sarah remembers being surprised at how strict and forceful Mia's message was, but she also thought it was really nice that someone counted on her.

Sarah: It was such a frustrating e::eh moment, and I felt like nothing was going my way. So I thought like, oh, I can't, I can't do this because there was such chaos in my head, right. E::eh because so much stuff was happening at once. Then I told Mia that no, I can't do this. You have to do the concert without me.

Ira: So when Mia said, you're going! Come on!

Sarah: She called me several times, I didn't reply. Then she messaged me like, Sarah! You're not allowed to do this, you are gonna be here, now, in an hour. Go!

Ira: Then what happened?

Sarah: I was like blown away like wohohow, and then I tried as much as I could to get ready.

Ira: But did you like, that she said it, was i::it?

Sarah: It was kinda good because (.) I don't know (.) It reminded me in a way that eh (.) these things shouldn't keep me from coming through. (B.2)

When describing the situation, Mia explains that she felt as though she knew Sarah well at that time, and that challenging the adolescent to perform felt like the right thing to do in the moment. Sarah agrees, saying that she needed someone to tell her that she should not let negativity keep her from performing her music. They both remember feeling proud of their performance, and Mia describes how people told her that they were touched by the emotional lyrics of Sarah's song.

Sarah continues with explaining that music therapy with Mia helps her more than any other form of therapy:

Ira: Can you talk a bit more about, like, in what ways you notice that (music therapy) has helped you?

Sarah: So I find that it has been easier to talk about stuff. It's easier to express how I feel, and I feel like weight has been lifted off my shoulders in every way because, there I have that person, who can help me turn things to something good, and I have someone that I can always share it with. You know. And, I think that it has helped me a lot, as a person. Makes me feel better.

Ira: How does it feel to hear this, Mia?

Mia: Oh, I::I am really touched! **laughs** ... and I have to say, I'm like insanely proud of you! (B.3)

Later in the interview, Sarah explains that her favourite moments are when the two of them have long conversations without being disturbed by others. Mia agrees, and points out that it is difficult to carve out time to be alone with Sarah when there are so many other adolescents at the meeting place. Ira asks them to elaborate, and Sarah explains that the meeting place has changed a lot since she started. Mia follows up by saying that the meeting place has become quite popular, which is a good thing, but it also makes it so that the music therapists have less time for individual sessions. However, Mia offers sessions separate from the meeting place, but individual sessions cost money. Sarah explains that she is trying to get financial assistance, asking different institutions to pay for the sessions, as the child welfare services do not want to pay for music therapy. Still, even though Sarah does not get as many individual sessions with Mia as she would like, she enjoys meeting her friends and the other adolescents at the meeting place.

6.2.2 Exploring topics of interest

Painting a positive picture of each other

During the interview, both Sarah and Mia tell rich and detailed stories from their experiences together. For instance, when they describe performing in a concert, they do not talk about the performance as much as what happened before and after the concert. However, they do not necessarily tell the stories in the same way, as Mia tends to paint a more positive picture of their experiences.

Sarah: (about performing)... it was actually very, okay and fine, and I thought that, I was happy I came.

Mia: But (.) in my opinion, you were beaming! (B.4)

At several points in the interview, Mia describes feeling a sense of pride in seeing how Sarah tackles different challenges. When Sarah describes an episode negatively, like how a performance did not go as well as she had hoped, Mia quickly emphasizes the positive aspects of that experience. Similarly, when Mia describes how she at times fails to be "professional" or talk about moments when she was frustrated at the adolescents, Sarah retells the same events in a less critical manner.

Mia: ... you know, I can be frustrated and tired at work **laughs**

Sarah: Yeah but then we take that into account too. (B.5)

Mia: I act unprofessionally, mostly, right?

Sarah: Not unprofessionally...

Mia: No, kidding! **laughs** just testing you a bit.

Sarah: You're a human being! *Mia:* Yeah... (B.6)

This shaping of experiences can also be seen in how Sarah and Mia discuss changes in Sarah's life. Mia says that Sarah's lyrics show a progression, or a "journey", that starts with a young girl moving from her home to a child welfare institution. From there, she grows into a strong adolescent who, despite having a troubled background, takes control of her own life, Mia says. The music therapist explains that she loves writing songs with the adolescents that describe their journeys, so that they can share their powerful stories with the rest of the world.

Mia: Often, I feel very (.) eager and proud when like playing songs together with adolescents (.) who tell their story you know. That I'm a bit like come on people, listen, listen to her, listen to what she has to say **laughs** you need to hear this! (B.7)

Sarah does not talk much about 'telling her story' to an audience, but she explains how writing lyrics helps her change negative experiences into something "beautiful". She says that for her, songwriting is a way to work through events that can be hard to talk about, and that it can be easier to express opinions through songs than through words.

Conversations about life

Even though Sarah and Mia talk a lot about writing music, Sarah mostly emphasizes their conversations during the sessions. In extract B.3, Sarah describes how music therapy with Mia has made it easier for her to talk about different issues. When asked about her favourite moments with Mia, she replies that she loves their long conversations.

Sarah: I love when we're in the studio, or anywhere, and just, we're doing music, and then we start talking about other stuff, and talk **laughs** just talk shit and, no. We don't, [*Mia:* Mhm!] but eh.

Ira: About, anything?

Mia: Talk about everyday life and stuff that's happening and... Yeah.

Sarah: Like everywhere, deep conversations about life. I like that. (B.8)

Sarah notes that she does not enjoy talking with everyone. She describes how she sometimes "crawls into her shell" if a person is very shy or does not seem interested in talking with her. She remembers Mia being very direct and straightforward when they first met, which immediately made Sarah feel relaxed in her presence. Both Sarah and Mia say that their relationship has developed since then, as they both feel like they joke more and are more comfortable around

each other now than in the beginning. In addition, Sarah says that she feels like she belongs at the meeting place, describing it as a "chill" place where she knows everyone.

Various roles

During the interview, Mia says she is happy that Sarah finds value in their sessions, and she describes feeling very proud and thankful for being a part of Sarah's journey. She describes their relationship as a friendship, saying that it is different from normal "therapist–client relationships".

Mia: The way I see it, this isn't a, therapist–client relationship, you know.

Sarah: E::eh, it couldn't possibly be any further from that!

Mia: We're musicians who write songs together and talk about life a::and, and my like, intention is that, that's how I try to be as a music therapist. (B.9)

At a later point, Mia says that she finds it important that "not everything is therapy-therapy-therapy" in their sessions, and that the meeting place can be a social arena where the "adolescents are allowed to be young".

Sarah explains that she does not consider Mia a therapist, even though she knows that 'music therapist' is Mia's job title. Based on her experience with therapists in the child welfare services, being a therapist is something negative, Sarah says.

Sarah: Because I hate like, when I like, I sit there and, know like. So he's a therapist, she's a therapist, she's a therapist. Because, usually with therapists, often they. Like. You don't even get to know if they have a cat! *Ira:* Right.

Sarah: They know so much about you. But you know so little about them. (B.10)

Mia does not fit this description of therapists, Sarah says, as she considers Mia more of a friend. When asked to elaborate, Sarah explains that Mia even came to her birthday party, and that they sometimes go to the cinema together. Mia follows up by joking about how it is all just "community therapy", to which Sarah replies (also jokingly) that Mia should not say that, as labelling their friendship as therapy would ruin it for her. At another point in the interview, Ira asks Sarah if she knew that Mia was a music therapist when they first met, and Sarah says that she did not. When she eventually was informed of Mia's job title, she thought that it did not matter, and it did not change how she regarded Mia, she says.

Looking at the conversation as a whole, both Sarah and Mia use a variety of terms to describe their relationship. As shown above, it is referred to both as a friendship and as a collaboration between musicians. At other points, Mia describes Sarah as an adolescent participant while positioning herself as an authority, in the meaning of someone responsible for the meeting place. In addition, Sarah labels their sessions together as therapy, placing Mia in the role of a therapist, while she at other points uphold a negative image of therapists in general.

Changes and lack of time

When asked by Ira if there are any difficulties that arise in music therapy, both Sarah and Mia answer that they do not have enough time to work together. There are more adolescents at the meeting place now than earlier, and fewer workers, making it hard to find time for individual sessions.

Sarah: I feel like it, isn't structured in the same way anymore. E::eh, that it, is not a specialized programme anymore. It's more like, everyone is welcome.

Mia: And that's because there has been changes to how the project is organized...

Sarah: And I have been there, sometimes where, Mia sits down to work with me, and then suddenly, she leaves, she's working with someone else, and I'm like, what? So, there's so many people, it's a lot, many who're asking for attention, everywhere. And (.) it's perhaps a bit too many. You notice that, I mean I notice a big difference from when I started, and now. (B.11)

While Sarah says that there are too many adolescents at the meeting place, Mia argues that it is a good thing that many people are interested in coming, but that it also means that they lose the benefits of having a smaller group of regular attendees. Still, Sarah does not blame Mia for not having enough time for her, but is instead annoyed with the child welfare services, as they do not want to pay Mia for having individual sessions with Sarah.

Sarah: So::o they will pay for a psychiatrist, but I can't get music therapy. Which is much more helpful. Sometimes I wonder if they want to help me or if they just do whatever's easiest for them. (B.12)

At the end of the interview, Mia says that Sarah has many experiences that people in the child welfare services should hear about, and that they are writing a song that can express some of Sarah's thoughts and concerns. Mia describes the message of the song to be "like in your face!", targeting the child welfare services, but Sarah quickly adds that she does not want the song to be rude or offensive. Thus, despite being critical of the child welfare services throughout the

interview, Sarah ends the conversation on a less confrontational note, saying that she wants to share her negative experiences, but in a calm, rather than angry manner.

6.3 Natalie and Maeve

6.3.1 Summary: Natalie (A), Maeve (MT) and Isabel (I)

Before the interview, Maeve told Isabel and me that Natalie was not sure if she wanted to do it, as the two of them had texted each other earlier that day, and Natalie had said that she was quite anxious. However, Natalie shows up, and while she admits to being a bit nervous, I get the impression from the recording that she quickly starts feeling comfortable when it is only her, Maeve and Isabel in the room.

The interview starts off with the three of them joking about the recorder in the room and commenting on how weird it is to listen to one's own voice on recordings. Isabel then continues by asking about the first time Natalie and Maeve met. Natalie explains that she heard about music therapy from the adults at the institution where she lives. They knew that she wanted to learn to play the guitar, so they invited Maeve to come and talk to her about the music workshops. Maeve recalls that they started with learning a few chords, but quickly moved on to rehearsing songs that Natalie wanted to learn. Maeve also made sure that Natalie got a guitar so she could practice at the place she lived, and since then, the adolescent has rehearsed regularly on her own. Natalie's consistent practising has led to them having a big repertoire of songs to pick from and play together.

At the start of the interview, Natalie explains that her main reason for attending is to learn an instrument. She also describes how music teachers – like the ones at school – seem mean and scary:

Natalie: I probably wouldn't enjoy going to, like normal, music [*Isabel:* like guitar lessons?], yeah like normal guitar lessons because here it's like...

Isabel: Someone says no, you are going to play this, and you have to practice and...

Natalie: Yeah, I think the teachers, they seem so strict, most of them. *Isabel:* Yeah **laughs**. *Natalie:* And they are like...

Isabel: There are many people who have, been in those situations.

Natalie: Yeah, like from school and when we were playing guitar and stuff at school, it was, scary. But, here there's more variation, and there's more

acceptance, in a way, if you don't want to do one thing or the other. That's better, I think. (C.1)

Natalie has also performed in a concert with Maeve. As in the episode at school described above, she found performing "a bit scary", she explains. Maeve adds that she knew that Natalie was nervous before the concert, so they decided together that Natalie could be the last to perform, and that Maeve would look towards Natalie when it was her turn. If Natalie nodded, then they would perform, but if she shook her head, then Natalie would end the concert without the two of them doing their song. Natalie says she initially did not want to play, but she changed her mind when seeing the other adolescents' performances. After playing, she was happy and thought it was fun, though she remembers making some mistakes. Maeve replies that she makes mistakes all the time when performing, and that it is part of what makes a concert enjoyable. Natalie agrees, saying that it reminds us that the people performing are human beings, not robots. However, she adds that performing was challenging, and she has not performed at any other concerts yet. She also emphasizes that it was important for her not to feel pressured to play and that she knew the song she was playing really well.

When asked if they have faced any challenges during their time together, Natalie mentions that she stopped attending at one point, because it was a bit stressful for her to get to the place where they have their sessions. However, she missed the sessions so much that she decided to return. Maeve explains that she felt bad when Natalie quit, thinking that she might have pressured her into playing or practising. When Natalie returned, Maeve tried to be more open to her suggestions and support her ideas more than before:

Maeve: So I thought that I had been very eager, and that I, probably, hadn't been good enough at listening to your wishes, that maybe I was a bit controlling. Ehm, so that, maybe it wasn't, like how you really wanted it to be.

(...)

Isabel: Does that mean that when Natalie came back again, you paid extra attention to, what she thought was good for her? Her wishes? [*Maeve:* Yeah that's probably] More than you think you'd done before?

Maeve: That's probably true, but then I also thought that, when you started again, then I think that you talked a bit about what you wanted to do. That eh, that made me really happy (.) because that's what I think is important with these music workshops, that it should be a place where you can do what you want to. And that it shouldn't be a place where you're told what to do. (C.2)

Although Natalie does not reply directly to Maeve's concerns about being too controlling, she mentions later that she does not feel pressured to do anything she does not want to do in music therapy.

Later in the interview, Natalie talks about her sessions with Maeve as a place to play music for fun, rather than a place for learning how to play the guitar. She adds that she is not particularly interested in music, and that her main reason for attending the sessions is that she enjoys being there. Isabel asks if she thinks of their sessions as therapy, to which Natalie replies that she does not really care whether it is called therapy or something else. Furthermore, she explains not having any particular goal that she is working towards – she just thinks of music therapy as something positive, which can make bad feelings disappear:

Isabel: What's it like to come here when you are having a bad day?

Natalie: Then I can like, put it away, the bad stuff, and instead do what we are doing here, and then I can like forget it in a way. And it's nice, to just, no, now I'm here, now I'll put it away, and then I just forget it at some point. (C.3)

Natalie explains that whatever negative feelings she might have before entering the music therapy room usually are gone at the end of their sessions. In addition, the sessions make her feel inspired, like she "just wants to listen to cosy songs" and that she often gets "a sense of mastery" from learning something new.

At the end of the interview, Isabel asks if talking with her and Maeve felt okay, perhaps because she knew that Natalie was nervous earlier. Natalie replies by saying that she thought it was nice, but that she had been a bit anxious, since she had not met Isabel before. Still, she thought it was important that she showed up and shared her experiences:

Natalie: ... if it's for research, then it's, probably to see, how (music therapy) is, and there are probably not that many adolescents who wants to do (the interviews), who might be like me, who are like, oh, it's scary. Becau::use I wasn't quite sure either and, and then I thought it might, be important that someone said yes, maybe, because then more people might get this because there aren't that many people who have this. It's... I'm very happy with (music therapy). So I think there should be more like this around. (C.4)

6.3.2 Exploring topics of interest

Natalie's reason for attending music therapy

Throughout the interview, Natalie comments on the context of the music therapy sessions. For instance, she describes the physical environment, as in the band rooms in which the sessions take place, as “very cosy”. She also mentions how she and Maeve exchange plants, which are then kept in the band room:

Natalie: Both of us are interested in plants.

Maeve: **laughs** we're kinda nerdy, both of us [*Isabel:* Oh, that's nice].

Natalie: So we've exchanged. *Maeve:* We've exchanged some plants [*Isabel:* How fun!]. So that one, the pink one.

Isabel: Beautiful, that's from Natalie? *Maeve:* Mhm. (C.5)

The feeling that music therapy is “cosy” and “enjoyable” is repeated throughout the interview, with both Natalie and Maeve using the words to describe their interactions. For instance, at one point, Natalie says that she does not have any reason for attending music therapy, other than that she enjoys it:

Isabel: What would you guess Maeve thinks about, what is the purpose of what she's doing with adolescents?

Natalie: (.) I::I don't really know, I haven't thought about it, in that way, before.

Isabel: No? That's why I'm asking **laughs** so that you have the opportunity, to think about it.

Natalie: I don't really have a purpose for why I'm coming here, I just, I just enjoy it. (C.6)

As mentioned in the summary above, late in the interview, Natalie also says that she is not particularly interested in music. Yet, she started attending music therapy because she wanted to learn to play the guitar, and she practices it regularly. Furthermore, she describes experiencing positive emotions when playing and listening to music with Maeve, like feeling a sense of mastery when learning new songs. In extract C.1, Natalie says she appreciates the variation of available activities, and at another point, she discusses music as something that can create a mood or atmosphere:

Natalie: There are many different types of music, and you can, music is like another way to express yourself, for many people, and music creates like a mood and such.

(...)

Maeve: I think, what's great when we're together is that you show me music, which is often really nice, and then we can just sit and listen to the music together, and, we're kind of pulled into an atmosphere. For instance, some of the songs that are kind of calm, some of those songs with like a mystical and mythical atmosphere in the music. So::o , I think it's very nice actually to just, be caught by the music in a way, when it's like, when the music is so nice. (C.7)

The songs that create this atmosphere are chosen by Natalie, who says that she often picks her favourite songs when listening with Maeve. Isabel asks if listening to these songs with Maeve is different from hearing them alone, to which Natalie explains that listening with Maeve makes her more "attentive", and that she is more "in the music". Natalie also mentions that listening to and learning about music changes how she hears songs outside her sessions with Maeve, in that she notices instruments in the music that she did not hear before. Additionally, when she sees a guitar at school or other places, she thinks it is "fun" to know that she can play it, even though she does not want to play guitar in front of others.

Natalie does not seem to be interested in the social aspects of the music sessions, as she does not show any interest in playing with other adolescents who attends the music workshops. There are no indications in the interview that Natalie wants to write her own songs or share her music with other people. She plays at one concert and describes it as a rewarding experience, but at a later point, she also says that she has no wish or intention of performing in front of others. Natalie says that she has tried to play with other adolescents, but that it did not work out:

Isabel: ... what's different from playing alone and playing with Maeve?

Natalie: Perhaps that e::eh we both can do it? That we have different ideas about what would work well and stuff. I've tried to play with some of the people I live with, and i::it, it does not work! We, I mean, we're like, kids! We just can't, we just can't! **everyone laughs**

Maeve: You should teach them!

Natalie: There's no way to teach them! (C.8)

Looking across the different descriptions above, Natalie's statements can seem conflicting. The adolescent says that she is not very interested in music, yet she talks about her favourite songs and listening to music outside of the sessions. She says that she has no goal with attending, yet she rehearses the guitar regularly and comes prepared to the sessions. However, the descriptions do not necessarily have to contradict one another. From my understanding,

Natalie's primary motivation for attending music therapy is that the sessions are enjoyable and cosy, and that part of what makes them enjoyable is the feeling of mastery she gets from learning. She might not have any ambition of becoming great at her instrument, but she still enjoys learning. Although she is not very interested in music, she thinks doing music *with Maeve* is fun and enjoyable, as experiencing music with her feels different from experiencing it alone, playing with other adolescents, or having lessons with "scary" and "strict" teachers.

Natalie's perception of Maeve

Generally, I find that Natalie speaks mostly from her own perspective, whereas Maeve talks more about their shared experiences. As a consequence, the interview shows more of Natalie's experiences of the sessions than the shared experiences of Natalie and Maeve. That being said, Natalie provides us with insight into how she experiences Maeve as a person. In extract C.1, we see a difference between Maeve and other adults in Natalie's life. Whereas teachers are described as strict, Natalie describes Maeve as "open", "accepting" and "nice". At several points in the interview, Natalie makes similar distinctions between something being scary, and contrasting this scariness with the ease she feels when being with Maeve. For instance, Natalie says it was comforting to have Maeve be in the room with her while talking to Isabel, as doing an interview can be scary. In addition, when she talks about performing at the concert, she explains that it helped that Maeve was flexible and let Natalie decide for herself whether she wanted to perform or not. This flexibility, it seems to me, is an important reason for why Natalie finds their sessions enjoyable.

Natalie: I knew that if I didn't want to (perform) then I could just say no.

Isabel: So, you didn't feel pressured or forced? [*Natalie:* No, and I think that was, yeah] No, and that helped you so that you could decide for yourself?

Natalie: Yeah, because if I had felt pressured, then I don't know if I would have done it, because then I would be even more stressed. (C.9)

6.4 Olivia and Madilyn

6.4.1 Summary: Olivia (A), Madilyn (MT) and Ira (I)

Throughout the interview, the conversation between Ira, Olivia and Madilyn is quiet and controlled, giving me the impression that both Olivia and Madilyn may be a bit shy. Madilyn tends to speak the most, but she often checks her answers with Olivia and asks her follow up-questions. When Olivia speaks, she does so clearly, and it seems to me that she carefully considers her answers. This makes for a slower, calmer conversation than the other interviews.

For several years, Olivia and Madilyn have met almost weekly for individual sessions. Olivia heard about Madilyn through a friend, and Olivia, being interested in music, wanted to try music therapy with Madilyn as well. Olivia says she was a bit nervous the first time they met, but recalls thinking afterwards that their session had gone better than she thought it would.

Madilyn does not remember the first time they met, but she recalls thinking early on that music therapy seemed helpful to Olivia. The music therapist says she remembers one session especially well, when Olivia started talking about her thoughts and feelings, and what she had been through in life. For Madilyn, it felt like Olivia understood in that moment that she could talk to Madilyn about these topics. Since then, Madilyn has thought of their sessions as a space for Olivia to talk about issues that she might not talk about elsewhere. Olivia confirms that she quickly felt as if she could talk to Madilyn, because Madilyn was so "open, kind and interested".

Even though Olivia and Madilyn sometimes just talk through their whole session, they still consider music an important part of their relationship. When asked why she returns to music therapy, Olivia answers in a way that shows she appreciates both talking to Madilyn and working musically:

Ira: What was it that made you want to return even when you, like, even though it was a bad or good day, you showed up either way?

Olivia: Because I know that, I can talk to Madilyn about stuff, and I can, use episodes, thoughts and feelings in the music. Eh, and no matter how I felt when I arrived, I've always felt better when leaving. (D.1)

Madilyn says that they start every session in the same way. Before they meet, Olivia prepares a song that she shows Madilyn at the start of their session, which gives Madilyn a sense of how Olivia is feeling that day:

Madilyn: I should also mention that, that every time we start the session, we usually listen to a song, and that's a song that Olivia has thought about in advance, and that song says a lot about, how you're doing that day or at that time. (...)

And that's how it's been, every session. So we, we start there. And I get like a pretty good idea of how Olivia is doing, from that song, and, it is a good starting point for what's gonna happen, next. (D.2)

In addition to listening to music, Olivia and Madilyn write songs together, which tend to be about feelings, thoughts, memories or situations going on in Olivia's life. Olivia says that for her, it is important that the songs are "honest" and "real", and that it feels like they tell her "story".

When they initially started writing music together, the songs they wrote were usually sad, Olivia explains. However, at one point, they decided that the songs should convey a sense of optimism, because even though Olivia had experienced a lot of sadness, she overcame the difficult situations. Madilyn explains that Olivia is strong, and while life can be hard, it is important to stay hopeful. Thus, they decided to write songs with positive messages that focus on hope, even though the lyrics still touch on complex and difficult topics:

Ira: Is it important to you to be honest, in the music? *Olivia:* Yeah.

Madilyn: Yeah... And I'm also thinking that, one thing that we've talked a lot about is, and that's something I've gotten more and more conscious of as well, is that it is extremely important to, to write songs that are hopeful. Because the first songs that we wrote, they were more, they were sad, but then we understood quickly that, but, eh, why should this be so, heavy and difficult? You're strong, we should be able to make this a positive story as well, even though life can be hard there's always hope, and we understood that, right? *Olivia:* Yeah. (D.3)

Olivia and Madilyn record their songs so that Olivia can listen to them between the sessions. Olivia describes how listening to her own songs makes her "think differently" about situations and often puts her in a better mood. Music made by others, especially soul music, can have a similar effect, she says, but there is something special about her own songs:

Madilyn: ... Because I know that you::u, you've said that you use, the songs if things are really bad, and if there's something, especially difficult, in a situation, then you can like very consciously put on, one of the songs that we have on that topic?

Olivia: Yeah. *Madilyn:* And then the song helps you, right?

Olivia: Yeah, like, it makes me think, in a different way about the situation, and it gets me in a better mood. *Madilyn:* Yes!

Ira: So you just listen to, right, your own music and the songs you've made together? *Olivia:* Yeah.

Ira: Kind of like how you listen to other music as well, or? Or are those songs extra special?

Olivia: Mm, they are extra special (...) I can listen to music on for instance Spotify that is close to what I feel in that moment, but, listening to my own songs, then I have something that, that is exactly, like what I have felt or feel like.

Ira: Right, yeah. Like, yours. *Olivia:* Yeah. (D.4)

Olivia and Madilyn have also performed their songs in concerts, and Madilyn says that she frequently hears from others that they find the honesty and "realness" of Olivia's lyrics very touching. When asked how she feels about performing, Olivia says that she enjoys it, although she often gets nervous right before they go on stage. However, when they start playing, the nervousness quickly fades away. Madilyn adds that they always have a special set-up when they perform together as Olivia likes to look at Madilyn while they are playing, but she goes on to say that she is not sure why Olivia prefers this set-up. Olivia replies that she does not want to sing alone, so they always sing together, and by facing Madilyn, she can see when Madilyn starts and stops singing.

Just as the songs they write are more positive now than before, Olivia sees life in general in a more positive way:

Ira: How is it different to like play together now than when you started, like, is there anything, that is, different?

Olivia: I'm more comfortable with myself, at least. And I've changed, at least the last years. Seeing things in a different way, more positive, like.

Madilyn: Yeah that (.) I notice that as well, that you::u (.) Yeah, that you're, maybe a bit more optimistic, or optimistic was maybe a bad word, that you, you're more comfortable with yourself now than when we started. *Olivia:* Yeah. (D.5)

Olivia also mentions that making music and talking with Madilyn is "one of the most positive things" she does. Still, the adolescent does not think of their sessions as therapy, but rather as "music with Madilyn". Madilyn notes that she feels that in her sessions, she is primarily Madilyn, and not a music therapist. They also talk about how their sessions offer something different from other forms of therapy that Olivia attends:

Madilyn: we've often talked about the psychologists Olivia has been seeing, that's just how it is, yeah, I think she has used me as a way to like [*Ira:* vent], bitch about those psychologists and those, e::eh dumb adults she has to meet, right?

Olivia and Ira laugh (D.6)

Madilyn talks about how she can see that her sessions with Olivia helps, and that it seems like the sessions are very important for Olivia. However, they can only meet every other week, as Olivia is not allowed free music therapy in aftercare. Thus, Olivia must apply for financial assistance to pay for the sessions, and she says that the process can be a bit complicated. Madilyn adds that she feels bad for having to bill Olivia:

Madilyn: Because it's actually a bit weird now, e::eh, with the billing and such, that suddenly one becomes aware of the fact that there is a::a system, and suddenly we have this role in which, which is, it's inconvenient, and it shouldn't be like that. (D.7)

Madilyn continues by saying that it is frustrating that Olivia can get free sessions with a psychologist, but not with a music therapist, even though Olivia herself says that music therapy helps her more than psychotherapy. Olivia agrees, saying that it is weird that she is not allowed to get music therapy, the therapy that helps her the most.

6.4.2 Exploring topics of interest

Using music with intention

At several points during the interview, Madilyn mentions that she is impressed by how Olivia intentionally uses music as a way to get in a better mood by selecting music that she finds appropriate for the specific moment. For instance, as shown in extract D.4, Olivia looks for music that matches what she feels like, and there is no better option than the songs she has written herself, she says. At another point in the interview, when asked why she enjoys writing music, Olivia replies that writing music gives her songs to listen to that are "something of my own". In addition, Madilyn explains how Olivia makes sure that she can recognize herself in her own songs:

Madilyn: when I'm writing songs, if there's a bit side-tracking then, I can quickly like, e::eh, move away from the topic, but Olivia is very good at sticking to the topic and is always thinking like okay, how do I feel about this, how can I say this, in the

best possible way in the song, so that I can recognize myself in it, so she has a very like conscious, attitude towards it. (D.8)

It seems to me that Olivia tries to write songs that she knows will be useful for herself later, outside music therapy. She is not only using music as a tool for emotional regulation; she is creating the tools herself.

Another example of Olivia's intentional use of music is found in Madilyn's description of how they start each session, with Olivia choosing a song that they listen to together. Madilyn explains that the song gives her an impression of how Olivia is feeling in that moment, and that they base the rest of their session on the emotional mood of that song. Without words, Olivia communicates how she is doing through the choice of music.

More personal together

While Olivia describes listening to music by herself as enjoyable, she talks more affectionately about sharing music with Madilyn. For instance, she says that she does not play any instruments and does not want to sing without Madilyn, and thus, feels that she is not able to write or perform music on her own. In addition, she talks about how working with Madilyn creates opportunities for unique listening experiences:

Olivia: when I'm with Madilyn we can, discuss the music, and we can make something of our own, but when I'm alone then it's just, I can listen to music, but, it's not the same.

Ira: No? Can you like, pinpoint, what's missing? **laughs**
If you get what I mean?

Olivia: I guess it's more personal. *Ira:* When you're together? *Olivia:* Yeah.

Madilyn: Might be good to talk and... like be mirrored, on how things are going, maybe? That there's someone there who can help with expressing things. I don't know, maybe? *Olivia:* Yeah. (D.9)

As we see in the extract, Madilyn explains that she mirrors Olivia. Here, it seems to me that Madilyn is referring the psychotherapeutic technique in which the therapist tells the client how they perceive or interpret what the client is expressing. While it is hard to say whether it is a consequence of mirroring or something else in their relationship, Olivia says that she feels like Madilyn understands her:

Ira: I'm thinking that when you say that the first song was kind of, it was sad and about difficult stuff, then there's something about starting to write together with someone who you haven't really got to know yet. Did you feel safe with Madilyn when you started, do you remember, how you felt together with her, when you started?

Olivia: Yeah, so, it didn't take long before I started trusting her.

Ira: No? Why do you think it, happened quickly?

Olivia: it's easy to talk with her and she's open, and a very good listener and she understands what I'm talking about when I talk about difficult stuff. (D.10)

In response to the extract above, Madilyn describes being impressed by Olivia's strength and resilience, given that the adolescent has experienced a lot of sadness and hardship in her life. As we see in extract D.5, both Olivia and Madilyn notice that Olivia views the world differently now than when she started music therapy, and later in the interview, they both comment that this change towards positivity is evident in the songs they make as well.

Being honest and real

There are three words that Olivia and Madilyn repeatedly use to describe the music they write together: the songs are "personal", "honest" and "real". "Personal" is already explored above as part of music listening, but it is also used in the context of performing your music for others. For instance, Madilyn describes the process of writing a song as "perhaps the most personal thing you can do", and she says that it takes a great deal of courage to perform these personal songs to an audience. At a later point, Madilyn explains a similar feeling with the words "honest" and "real":

Madilyn: I think there are many people who get, like, very touched, by eh, Olivia when you're on stage. And I have got a lot of great response from people saying that they notice those, those songs you know. And that they are so real, I think it's, got something to do with, as you said earlier, that eh, that you really care about being honest, and that it's your story, and I think people notice that when you, are on stage as well, maybe? (D.11)

As shown in extracts D.4 and D.8, Olivia is careful about how she expresses her thoughts and feelings when writing songs, as she wants to be able to recognize herself in the music. Similarly, in the extract above, Madilyn says that Olivia thinks it is important to write songs that are honest, referring to Olivia's comments on honesty earlier in the interview. Based on these extracts, it seems to me that Olivia writes songs that contain some aspects of her

personality, experiences or opinions, in a way that makes her songs different from anybody else's. The songs are *her* story; a story that she wants to share with the world.

6.5 Amelia and Maeve

6.5.1 Summary: Amelia (A), Maeve (MT) and Isabel (I)

The recording starts with the participants joking around and laughing, and it sounds as though everyone present is in a good mood. Amelia and Maeve are telling Isabel about their favourite snacks, while eating some chocolate that I brought for the interview. Then Maeve changes the topic of conversation to music by explaining that the two of them have written a song about Amelia's favourite snack. Isabel asks if they remember how it goes, and Maeve starts singing, but Amelia does not join in, saying she does not want to sing while being recorded.

Isabel asks how they first met, so Maeve and Amelia describe how they competed in mini-golf at an event for adolescents in the child welfare services. They both laugh at the memory of Maeve being bad at mini-golf, and say that they quickly felt like they knew each other well. They agreed to meet later for music, and for their first session, Maeve brought Amelia's favourite snack, which made Amelia "like her even more!".

When describing what they do together in their sessions, Amelia says that they play instruments, and that Maeve is great at playing both the keyboard and the guitar. Amelia usually sings, but she also wants to learn to play the drums. Sometimes, they write songs together, about food, animals and people in Amelia's life. Maeve continues by naming the people they write songs about, but Amelia quickly tells her not to say the name of a certain "secret" person. At the end of each semester, Amelia and Maeve have a concert, in which they perform the songs they have written for the other people living at Amelia's place. The concerts are only for people invited by Amelia, and again she explicitly states that she does not want to say the names of some of the people she invites – because it is "secret".

Amelia speaks warmly about Maeve and their relationship during the interview. For instance, she says that Maeve always manages to cheer her up, and that the day always gets better when Maeve is around. Amelia also admits to being sad sometimes when she is with Maeve.

Amelia: ... (Maeve and I) never fight. But I do get sad sometimes.

Isabel: Yeah. So you get sad sometimes?

Amelia: Yeah, **says to Maeve** you can explain.

Maeve: Sometimes you're sad, but most of the time you're happy.

Amelia: Yeah, I'm usually happy!

Isabel: But that's how people are, right? *Amelia:* Yeah.

Isabel: Sometimes we're sad, and other times we're happy, and we can be mad.

Amelia: to Maeve She could be my psychotherapist **laughs shortly** She's quite good! (E.1)

At a later point in the interview, Amelia says that she was sad earlier at the day of the interview, because of something that happened at school. In those situations, she says, listening to her favourite band makes her happy again.

Amelia: Yeah, I walked home, I, I had to forget (a girl in class) because, she wasn't kind to me at school today. *Maeve:* She wasn't?.

Amelia: No. I was hurt, or, sad.

Maeve: And then you listened to music?

Amelia: So then, I wanted to listen to music to forget her, forget this, and just think about what makes me happy. (E.2)

In addition to having troubles at school, Amelia also mentions some problems related to family. While Amelia leaves out the details in the interview, Maeve makes it clear that she knows what Amelia is talking about, and she explains that they discuss these problems in their sessions. As a follow-up question, Isabel asks Amelia if she has any thoughts on what Maeve does in her job, and what being a music therapist implies.

Isabel: ... (Maeve) is a music therapist. *Amelia:* I know.

Isabel: You know? *Amelia:* Yeah.

Isabel: But do you know what that is? What do you think it means?

Amelia: Listening to music, playing guitar, singing, writing music.

Isabel: Yes? But you know what therapy is, because you talked about it earlier?

Amelia: Yeah like a psychotherapist, right? (E.3)

Isabel then asks Amelia if she could work with another music therapist:

Isabel: Do you think that it would be just as good with some other music therapist instead of Maeve?

Amelia: No.

Isabel: Even though it was someone who was great at playing and

Amelia: = No, I want her, I want the same. I don't want anyone else, she's the best.

Isabel: But if she had to quit, or

Amelia: = Do you mean for real or, or just as an example?

Isabel: No, just as an example. *Amelia:* Oh, I thought you were serious! **laughs**

[*Isabel:* No no, just as an example!] *Maeve:* I'm not quitting.

Amelia: Oh, thank God! *Isabel:* No, she's not quitting. *Amelia:* Thank God!

(...)

Maeve: But it could happen, you could get to know someone else as well?

Amelia: Why? Why can't I have you anymore?

Maeve: No I'm not, so, we're still playing together.

Amelia: Oh, because it sounds like you don't want to be my therapist anymore.

Maeve: No, I'm still your therapist.

Amelia: Then stop joking and scaring me!

Maeve: **laughs shortly** I'm not, I'm not quitting. *Amelia:* Thank god. (E.4)

Isabel continues by explaining why she wanted to talk about other music therapists, but Amelia asks if they can change the topic, and talk about something else. They move on to talk about an upcoming concert that Amelia and Maeve are doing at the end of the semester.

During the interview, Maeve explains that their sessions always end with Amelia putting on one of the songs that make her happy, and that they sing along to the music. Then, Maeve suggests that they show Isabel one of Amelia's favourite songs before the interview ends. Amelia gladly accepts, and they watch a video while talking about the music. Amelia describes how she at times imagines herself being part of the music video, dancing along with the artists. She also sings along to the song that is playing, apparently not caring anymore that the singing is being recorded.

6.5.2 Exploring topics of interest

Feelings of sadness

Amelia talks openly about negative feelings, especially sadness. In extract E.1, we see that this sadness is not only present outside music therapy, but can also come up during the sessions with Maeve. For instance, Maeve says, there have been moments when Amelia does not want to play a particular song, because it reminds her of something negative. Still, Amelia regards music and music therapy as something positive, as a way to get in a better mood. However, it strikes me that even when Amelia talks about happiness, she often talks about sadness at the same time, as seen in Amelia's reply to Isabel asking why adolescents should attend music therapy:

Amelia: Because it is fun, fun to do, it makes you happy, because music makes you happy, instead of crying. (E.5)

Amelia describes some situations and events she has experienced that make her feel sad, and she explains that she spends time thinking about these events afterwards. She also mentions that she cries a lot, but that being with Maeve cheers her up.

The reasons that Amelia gives for feeling sad are related to people and situations that have happened earlier in her life. While it is not the aim of this thesis to explore the adolescents' relationships outside the context of music therapy, I find Amelia's stories about sadness relevant for how she describes her relationship with Maeve. For instance, without going into details, death is discussed several times in the interview. It is brought up when the informants talk about their life experiences, but also when talking about music, as they then start discussing artists who died young. Furthermore, the situations described in which Amelia feels sad often involve being singled out, left behind by others or not being able to meet someone. When comparing the different descriptions of Amelia's sadness, it seems to me that they convey a feeling of loneliness or fear of being alone or others not wanting to be with her.

This interpretation might help contextualize Amelia's reactions when Isabel asks her if she would be happy with another music therapist (extract E.4). From my perspective, Isabel wants to know whether Amelia thinks there is something special with Maeve that makes music therapy enjoyable, or whether her enjoyment is related to the activities they do. Amelia quickly interprets Isabel's question to mean that Maeve is quitting. Shortly after, Maeve brings up the topic again, this time questioning whether Amelia really would not want any other music therapist. Again, Amelia asks Maeve if she is quitting. Even though Maeve reassures Amelia several times that she is not quitting, Amelia still says that it sounds as if Maeve does not want to be her therapist anymore. These reactions from Amelia are, from my perspective, driven by a fear of Maeve not wanting to be with her – a fear created or strengthened by the painful situations described by Amelia at other times in the interview.

Happiness through music

Isabel: Some people think it's nice to cry while listening to music.

Amelia: Or be happy. Listening to music makes me happy, that's one thing that makes me happy. (E.6)

In both extract E.5 and E.6, we see Amelia describing music as something that brings her happiness, even when it is a solitary activity. Amelia provides some details into what it is about

music that changes her mood. For instance, in extract E.2, Amelia mentions that she listens to music to forget something that happened at school. Isabel follows up by asking what types of music she listens to, and Amelia says the name of her favourite band and genre of music. She describes the music as energetic, and mentions that sometimes she dances alone in her room to the music.

Amelia also describes imagining herself performing the music, being part of a group of dancers and singers. At one point in the interview, she mentions that she especially identifies with one particular member of a group, but she does not explain what it is about that artist that she finds appealing. However, when asked what it feels like to imagine herself as part of the group, she says that it is "fun", and that it puts her in a better mood.

Descriptions of Maeve and therapists

Throughout the interview, Amelia presents different perspectives on her relationship with Maeve.

Isabel: What do you like the most?

Amelia: About her? When she's great at playing the piano.

Amelia and Maeve laugh *Isabel:* Yeah.

Maeve: And it's fun to sing.

Amelia: Yeah. And she's crazy **Amelia and Maeve laugh.**

(...)

Isabel: And you write a lot of songs together?

Amelia: Yeah, because I'm always looking forward to seeing her. It makes my day better!

Isabel: But do you ever like think in advance

Amelia: = Because she encourages me. Every day. When she's here. (E.7)

Most of the descriptions that Amelia gives of Maeve are about Maeve cheering her up and them joking around. The songs that they write are usually funny, centred on topics like animals and snacks, but they have written a few songs that are more serious as well. At one point, Isabel asks if they can sing one of the more humorous songs, but Amelia does not want to. Later, Maeve mentions that they have recorded a song, but Amelia says that she does not want to listen to it, as she thinks it is "embarrassing". Similar situations appear throughout the interview, in which Amelia does not want to do or say something, because she considers it "awkward", or because it is "secret". In these situations, Amelia shows that there are some

topics that she is not interested in discussing in the interview. These topics touch on aspects of her life, as well as funny situations with Maeve that she might want to stay between them.

In extract E.3, we see that the adolescent associates the word ‘therapy’ with psychotherapists, and in extract E.1, she says that Isabel sounds like a psychotherapist when talking about feelings. Later in the interview, Amelia jokes about wanting Isabel to be her second music therapist, because she seems so nice. Following these descriptions, it seems to me that Amelia is positive towards therapists, or at least do not associate the terms ‘therapy’ and ‘therapist’ with negativity.

6.6 Luna and Mia

6.6.1 Summary: Luna (A), Mia (MT) and Ira (I)

The interview with Luna, Mia and Ira begins with them talking about songwriting, a topic that they return to repeatedly throughout the interview. Luna and Mia explain that they have written a great number of songs over the one and a half years they have worked together. Even though she mostly sings, Luna has also learned to play a few instruments, and she collaborates with Mia in choosing chords and cadences for their songs. They have also recorded some of the songs in a studio and put them on Spotify, and they have performed in several concerts, with Luna headlining one of them.

Mia says that the songs they write together always grow from an idea or mood that Luna brings into the sessions.

*Mia: ... sometimes you come in and like, oh I’m really happy, I wanna write a thank-you song, or you come in, like I’m really mad, I wanna write **laughs***

*Luna: **laughs***

Mia: Or you come in and, oh I wanna write a nice song eh, an uplifting song to one of my friends.

Luna: Mm. [Ira: Oh, how nice]

Mia: So it’s like, okay where’s Luna this week, today. (F.1)

Occasionally, Luna works on lyrics between the sessions, but mostly, they make up songs on the spot. Sometimes they start with the text; other times the melody and chords. They both contribute ideas, and they go back-and-forth, building on each other’s suggestions. At times, they make

simple recordings on their phones, in order to play them back and listen. Luna explains that she sometimes listens to the recordings when she is alone as well, as her songs match her emotions better than anything she can find on Spotify. In addition, they hold small concerts for the other people at Luna's place. They say that performing their music for others help them evaluate the songs and hear whether they need to rework something, or if the songs are ready to be recorded in a studio. The goal is to write one song each session.

Mia: I go a bit eh, crazy bananas eh, I'm like super happy every time we, we make a song, it's like I'm almost dancing **Ira and Luna laugh**

Mia: I'm like Luna we finished! Another one! **laughs** and then we high five and, yeah. *Luna:* Mm.

Mia: Yeah it's fun. It's a good feeling when we get to, finish a whole song.

Luna: Yeah. *Mia:* Sense of mastery! *Luna:* Yeah. (F.2)

Luna worked with two other music therapists before she met Mia. Despite enjoying music therapy now, she did not like it initially. Luna explains that when she started music therapy, she was "indifferent" to most things, and she usually did what the adults told her to do without protesting. So, when she was told by the adults where she lived that she had to attend music therapy, she said okay, even though she was not interested in music.

Luna: At first I wasn't really interested in music therapy.

Ira: No, you weren't? What did you think of it?

Luna: Was boring. *Ira:* Boring. **laughs** oh, yeah? *Luna:* Yeah.

Ira: What was it, what made it so, you thought it was boring?

Luna: Ehm, I don't know. I just wasn't that, interested in music and stuff.

Ira: You weren't interested in music? *Luna:* No::o.

Ira: No. But then something changed? *Luna:* Yeah. (F.3)

When asked what she found boring with music therapy, Luna says that the other music therapists used to give her tasks that they knew she would be able to do. She says that they did not want to challenge her, which made the sessions uninteresting. Then, at one point, one of the other music therapists asked if she wanted to write a song. At first, Luna was sceptical:

Luna: The first time I was gonna make a song I thought like oh my god this is ne::ever gonna work. *Mia:* **laughs**

Ira: You thought that? And then what happened?

Luna: I tried and, it turned into a song.

Ira: It worked! *Mia:* Mm.

Ira: Wow, yeah, do you remember how that made you feel?

Luna: I was like, what? (F.4)

Shortly after Luna started writing songs, Mia became her music therapist. Mia explains that it took some time before they felt like they knew each other, but now they are at a point where they feel comfortable with playing and joking around. Luna says that Mia made music therapy interesting, as the songs she writes with Mia are complex and difficult to play. The challenge of learning the songs makes music therapy more fun, Luna says.

When asked if they remember a moment that was special for their relationship, they both mention a big concert, in which Luna played for a crowd of almost 300 people. Mia remembers Luna looking like “a star” when they were performing, and Luna says that she felt like one as well. They describe being anxious and excited before playing because of the high number of people in the audience, and they both felt a rush of energy afterwards. However, Luna also mentions feeling a bit down after the performance.

Ira: How has it been, afterwards?

Luna: It's like, yeah that was fun, but what am I gonna do now?

Mia: Okay, mm.

Ira: So it's fun at that moment, and then...

Luna: It's kinda fun afterwards to tell people about it. But it's like, hmm, now I don't have anything to look forward to, you know. (F.5)

When elaborating, Luna and Mia discuss the importance of having goals and something to work towards in music therapy, and Luna explains that knowing there is a concert coming up gives her a focus and motivation for working with music. Mia adds that she has received a lot of feedback from people who used to know Luna, saying that they are impressed and touched by Luna's performances, and that she seems like a different person now. Luna agrees, saying that playing and performing music allow her to show some sides of her that they might not have seen before. She says that she wants to work with music when she is done with school, even though she was not particularly fond of music just a few years ago.

6.6.2 Exploring topics of interest

Feeling bored without challenges

Luna is the only adolescent in this study who brings up and discusses her experiences with other music therapists. These experiences were not entirely positive, and she describes being

bored with music therapy at that time. However, she changes her thoughts on music therapy during her time with Mia. When asked about her change of mind, Luna says that it must have happened gradually, as she does not remember any specific point when her impression of music therapy changed.

As part of discussing why Luna initially thought music therapy was boring, Mia asks Luna about the differences between her and the other music therapists:

Mia: Is there something that, has been different with working with me, versus working with the other music therapists?

Luna: Yea::ah. *Mia:* Something I do?

Luna: Ehm (.) yeah, the other music therapists weren't like, what do you think and how do you feel and so on.

Mia: So I ask you more about, your thoughts and feelings? *Luna:* Yeah.

Ira: Huh, how has that been?

Luna: It has been okay. Then the songs are more, like, mine.

Mia: Mm, more personal? *Luna:* Yeah.

Mia: Like your story. *Luna:* Mhm. (F.6)

Luna's work with other music therapists is not the only experience that she describes as boring; she uses the same term when talking about lessons with a music teacher and singing in a choir. The lessons, she says, was "just playing old songs", learning an instrument for the sake of learning. As for singing in a choir, she says she did not have the patience for it. When asked how music therapy is different from these activities, Luna replies that writing and performing her own songs is more "exciting" and "challenging", and that it allows her to "go a bit deeper" and write about feelings. She says that it is "fun" to see other people's reactions to her music, and that she especially enjoys getting feedback from her friends and some of the caregivers in the child welfare system whom she knows well. However, she also says that she does not like hearing her own voice on the recordings:

Ira: Do you listen to the songs on your own time, as well?

Luna: Sometimes. *Ira:* Yeah? What is it like to listen to::o those songs?

Luna: Ehm::m, it's awful to hear your own voice, but eh **laughs**

Mia: It is? **laughs** *Luna:* Yeah. But it's like oh I've made this. (F.7)

In extract F.5, Luna explains that the concerts give her something to look forward to. In other words, writing songs with Mia is not necessarily enough to make music therapy exciting, as the performances are described as the highlights. Mia mentions that she tries to arrange

events where they can perform, so that they are constantly working towards a concert. For instance, she says, they are working on arranging a concert with the theme of living under the care of the child welfare services, in which Luna will be a headliner.

Luna explains that Mia is not afraid of pushing her, asking her to learn music that can be difficult to sing and play. This feeling of being challenged stands in contrast to the feeling of indifference that Luna felt when she started with music therapy. Instead of just accepting what the adults suggest, Luna now has to make choices regarding music, write lyrics, and prepare for concerts.

Writing and performing songs about Luna's experiences

Luna explains that the first song she wrote was about taking control of her life. After that, she wrote songs about her childhood, often with lyrics that were personal and revealing, describing events in her life that have affected her strongly. Early on, the lyrics tended to be more depressive, Mia says, and Luna says that now, she thinks her first songs are “boring”. The songs they write now, in comparison, are usually about positive emotions, strength, resilience and hope, they say. As shown in extract F.1, Luna also writes songs to her friends, with lyrics containing some message that she wants to communicate to them.

Luna describes feeling a sense of ownership over the songs she writes with Mia. The songs are “personal”, describing *her* story. However, Luna also says that she would not be able to write any songs on her own, and that she is dependent on Mia's help to make music.

Ira: But so when you're making music between sessions then you're doing it alone *Luna:* Mm.

Ira: How does that feel versus when you're together? Is there a difference, in making music alone, or is it?

Luna: I can't make any songs when I, am alone, so...

Ira: No, right. *Luna:* So that's boring.

Ira: Yeah? So it's better to, do it together? *Luna:* Yeah. (F.8)

Mia speaks in similar ways, giving Luna credit for choosing topics and writing lyrics based on her life experiences, while at other times describing songwriting as a collaborative activity (e.g. extracts F.1 and F.2). Still, they both consistently refer to the lyrics of the songs as being written by Luna. At one point, Luna describes feeling embarrassed when showing her songs to others, as the listeners get to know “exactly what she thinks”. A similar comment is found in extract F.6, in which Luna describes being happy with having Mia as her music therapist,

because Mia asks questions about her thoughts and feelings. This, in turn, makes her lyrics more personal, and more *her*, Luna says.

When asked how she feels when writing songs and music, Luna answers that the sessions always leave her in a better mood than when they started. At another point in the interview, Ira asks her if she thinks of the sessions as therapy or if she has any thoughts about Mia being a therapist. Luna answers that she thinks the sessions are therapeutic, in that they remove weight from her shoulders:

Luna: E::eh, it gives me a lot of pleasure, and a lot of, like (.) bags off my shoulders, in a way. *Ira:* Mm, weight off your shoulders? *Luna:* Yeah. (F.9)

7 Phenomenological exploration

This chapter explores the six interviews presented in Chapter 6 through the lens of phenomenological theory. The exploration is based on a cross-case thematic analysis of the interviews, in which I developed seven overarching themes. As explained in Chapter 5, an early finding in my analysis was that the informants talk about their relationship in terms of how they *feel* and *interact*. I used this finding as a basis for my thematic analysis, and eventually developed four themes that centre on the feelings experienced in the relationships and three themes on the informants' experiences of their interactions. Together, the seven themes – all consisting of several subthemes – capture the various ways that the informants describe their experiences of their relationships in the interviews.⁵⁴

Throughout this chapter and the next, I frequently refer to extracts from the interviews presented in Chapter 6. The reader can find the extracts in that chapter, where they are introduced in context, or in the complete list of extracts in Appendix 5.

7.1 Feelings experienced in the relationships

Below, I discuss the feelings that the informants experience in their relationships. These fall under four overarching themes:

- Realness, understanding and acceptance
- Safety and trust
- Fun, mastery and challenge
- Distance and difference

Each overarching theme consists of several sub-themes, which explore a specific feeling (e.g. 'understanding') or one aspect of a feeling that is discussed over several sub-themes (e.g. 'safety').

⁵⁴ See 5.3.4 for further explanation of the interpretive process, and Appendix 6 for examples of the ways the themes were developed.

7.1.1 Realness, understanding and acceptance

The first overarching theme explores feelings of realness, understanding and acceptance. In the interviews, the three feelings are described separately, but they have in common that the informants use the feelings to distinguish the music therapy relationship from other relationships in their lives. In the following, I explore how the three feelings are described in the interviews with Chloe/Maeve, Sarah/Mia, Olivia/Madilyn and Natalie/Maeve.

Realness and 'fake' care

Starting with the feeling of realness, we can look to Chloe's (A) descriptions of therapy and therapists.⁵⁵ In her interview, Chloe says that therapy feels "unnatural" and that in her experience, therapists are "uptight", they fake their interest in her and "dig around". In contrast, she describes her relationship with Maeve (MT) as being founded on musical interaction and "cosy" activities such as eating together and "just talking", which for Chloe, feels more "normal".

In my interpretation, Chloe's (A) descriptions arise from feeling that the relationships she has had with other therapists were grounded in the idea that Chloe has problems that need fixing. Chloe does not claim that she does *not* need therapy, but she explains that the context of therapy feels "forced" and uncomfortable, and that the therapists feel "fake". The therapists do not really care about her, they are simply doing their job, she implies. Sarah (A) describes similar experiences in her interview, when she says that her therapists are hiding their personalities: "(Therapists) know *so much* about you. But you know so little about them" (extract B.10).

Although Maeve (MT) and Mia (MT) work as music therapists in the child welfare services, they are *not* regarded as therapists who fake their interests in the adolescents. The reason that their care is experienced as 'truer' than the care of the other therapists is unclear, as neither Chloe (A) nor Sarah (A) go into detail about how they differ between 'fake' and 'real' care. The two adolescents seem to have somewhat different opinions on the matter as well. For instance, Chloe and Maeve say that they find moments of connection in *music*, not in conversation (extract A.5). This leads me to think that their feelings of genuine care are influenced by – or perhaps a result of – their creative, musical interactions.⁵⁶ In the case of Sarah, however, the adolescent speaks warmly about the long conversations she has with her music therapist. In

55 As shown later, I find that the informants are describing a feeling of authenticity when using the term 'realness'. Yet, I use the term 'realness' in this theme, since the study explores the informants' use of language in the interviews (in the next chapter), and 'realness' – despite being a vague term – is more in line with the terms used by the informants than 'authenticity' is.

56 This finding is discussed further in later themes – see section 7.1.4 for an exploration of Chloe's need for privacy and her lack of interest in talking, and section 7.2.1 for an exploration of musical meetings in her relationship with Maeve.

contrast to Chloe, Sarah does not talk much about musical activities. It thus seems to me that for Sarah and Mia the feelings of genuine care arise in conversations, and not necessarily in their musical interactions. Despite these differences, Chloe (A) and Sarah (A) are similar in how they describe the genuine care of the music therapy relationship as different from the experience of care in earlier relationships with other therapists. In addition, Chloe and Sarah are the two adolescents in this study who most strongly say that they do not think of their music therapists as ‘therapists,’ or the context of music therapy as ‘therapy’ (see extracts A.11, B.9). Indeed, they may experience Maeve (MT) and Mia (MT) as more genuine in their care *because they are different from other therapists.*⁵⁷

A shared understanding

The second feeling of the theme, understanding, can be explored using the interview with Olivia (A) and Madilyn (MT), in which the adolescent describes her music therapist as a good listener who “understands what I’m talking about when I talk about difficult stuff” (extract D.10). This understanding is not based in shared experiences: Madilyn gives no indication that she has lived through similar experiences to Olivia. In contrast, Madilyn says she admires the strength and resolve Olivia has shown when faced with different challenges.

The feeling of understanding is also brought up in Olivia and Madilyn’s discussions of sharing music at the start of every session. Madilyn explains that Olivia always chooses a song that she wants to listen to at the start of their hour together, and through that song, Madilyn gets an impression of how Olivia is feeling in that moment. This implies that Madilyn and Olivia have a mutual or at least similar understanding of the emotional content of the music, as Madilyn feels like she understands what Olivia is trying to communicate with the song. I find that the feeling of ‘understanding’ that Madilyn is describing can be thought of as a non-verbal form of communication through music that happens between the adolescent and the music therapist.⁵⁸ Even though Madilyn describes the experience as *achieving* an understanding of Olivia, I suggest that the feeling of understanding is a moment in which Olivia and Madilyn understand both each other *and* themselves differently. To elaborate, we can look to Olivia’s description of listening to music together with Madilyn, in which the adolescent says that listening together feels more “personal” than listening alone (extract D.9).⁵⁹ I read Olivia’s

57 Here, I draw on Sartre’s notion of authenticity as a tool for interpreting the adolescents’ experiences: Sartre suggests that acting authentically implies breaking away from labels, in other words, that being authentic is acting upon one’s freedom to be different (Perna, June/July 2001; Sartre, 1958). This is discussed further in section 9.1.2.

58 See the section on Merleau-Ponty and intersubjectivity (3.1) for more on the theoretical perspectives that underlie this interpretation.

59 The term ‘personal’ is used by other adolescents in the study as well. For instance, Luna and Sarah use it when referring to writing lyrics describing their emotions, thoughts and experiences, while Amelia uses the term to describe information that she does not want to share in the interviews. In other words, the term ‘personal’ usually

use of the term 'personal' to mean that listening to music with Madilyn can be a revealing and intimate experience. Thus, both Olivia and Madilyn describe listening to music as an opportunity for sharing and revealing, which leads me to think that they both approach these listening experiences with an intention of opening themselves to the other and the music.

I wonder if the feeling of understanding that arises in their music listening is related to the feeling of understanding that Olivia talks about in extract D.10 (as described above). Perhaps the shared listening experiences lead to feelings of familiarity and comfort between the two, which, in turn, can be felt as a form of mutual recognition – an implicit knowledge of who they are when they are together. This could explain why Olivia feels that Madilyn understands her despite their different experiences, as Madilyn has learned how to listen to Olivia and respond in ways that make her feel comfortable in the moment.

Acceptance and freedom to choose

Acceptance is another feeling that comes up in the interviews, with somewhat different meanings attached to the term. For instance, Natalie (A) mentions the feeling in her interview with Maeve (MT), as shown in extract C.1, in which she relates acceptance to variation and wanting to do different types of activities in the sessions. Acceptance can here be understood as Natalie having the freedom to choose what she wants to do. A similar perspective is found in the interview with Chloe (A) and Maeve (MT), in which Chloe says that she has never felt forced to do anything against her will in music therapy, and that part of what she appreciates with her sessions with Maeve is the possibility of doing different activities like performing and recording music. We may also look to Olivia (A) and Madilyn's (MT) interview, for instance extract D.1, in which Olivia describes being able to talk to Madilyn about "stuff", implying that their discussions are different from the discussions Olivia have with other people. In extract D.3, we see an example of this, as Madilyn explains that she thinks Olivia might be using her abilities as a listener to talk negatively about other adults. Here, it seems to me that Madilyn thinks Olivia uses their sessions to vent frustrations in difficult times.

In these three interviews, the adolescents associate a sense of freedom, or lack of negative restrictions, with music therapy. Inspired by Merleau-Ponty's theories on freedom, I view the feeling as the possibility of acting (and interacting) in a variety of ways without fear of negative consequences.⁶⁰ This feeling is not necessarily negotiated between the music therapist and the adolescent, but rather, it is an understanding that develops implicitly between them over

refers to life experiences, but interestingly, in Olivia's case, the term is used to describe listening to music together with someone else.

60 See 3.2.1. for an explanation of Merleau-Ponty's notion of 'freedom'.

time. Looking at the way Natalie describes finding music lessons scary and the way Chloe describes other therapists trying to get her to talk about certain topics, I get the impression that this sense of freedom is considered greater in the music therapy relationships than in other relationships in the adolescents' lives.

7.1.2 Safety and trust

The feelings of realness, understanding and acceptance described in the interviews are inter-related with another feeling that both the adolescents and music therapists describe as important in their relationship: 'trygghet', or to feel 'trygg'. 'Trygghet' is a Norwegian word that does not have an English equivalent. The literal translation of the word would be *safety* or *security*, as in feeling safe in a situation or secure in the presence of another person. However, 'trygghet' can also be used to describe a sense of trust in another person: to be 'trygg' with someone. Lastly, we can also be 'trygg' with ourselves, but in this context, I would translate the term to mean a feeling of confidence or trust in oneself. In the interviews, the feeling of 'trygghet' is referred to in all three contexts described above. Consequently, while 'trygghet' is *one* feeling in Norwegian, I refer to it as safety *and* trust in this thesis.

This exploration of safety and trust touches on several aspects of the music therapy relationships, as the feeling of 'trygghet' is discussed in all six interviews. This makes it one of the longer subsections of the thesis. We can split it into three parts: First, a discussion of safety and trust as immediate feelings, arising in the first meeting between adolescent and music therapist. Second, an exploration of safety and trust as slowly emerging feelings in the music therapy relationship, with a sub-theme exploring the importance of routine and stability in this process. Then, a third exploration of how the informants describe a balance between feeling safe and feeling challenged in the relationship.

Safety and trust as immediate feelings

In two of the six interviews, the adolescents and music therapists talk about feelings of safety and trust in their first meeting. Amelia (A) and Maeve (MT) met while playing mini-golf and the adolescent says that after that day, she already felt like she knew Maeve. Then, Maeve brought Amelia's favourite snack to their first session together, which strengthened their bond further, Amelia says. Similarly, Sarah (A) talks about how she immediately felt like she could trust Mia (MT). This first meeting between Sarah and Mia is described in great detail in their interview, giving us an opportunity to reflect on the importance of early impressions.

Sarah (A) describes going through a range of feelings when visiting 'the meeting place' for the first time. At one point in the interview, she mentions that she "obviously" said yes when the social workers asked her if she would like to go there, because she wanted to meet new people. At a later point, she describes having no expectations before the first day, but then immediately adds that her expectations were low and that she felt a bit anxious. Entering the meeting place, she describes being shy and not meeting the gaze of other people. However, after meeting Mia (MT), she quickly starts talking with the music therapist, even though Mia is a stranger. Sarah explains the change in her mood and actions as a result of an immediate sense of safety and trust with Mia. She continues by explaining that she does not necessarily feel the same way when meeting others, and that she finds it hard to explain why these feelings only arise in some encounters.

While Sarah (A) finds it hard to explain why she almost instantaneously trusts Mia and feels safe in her presence, she gives us some insight into situations in which she immediately experienced a lack of trust when meeting others, for instance in extract B.10. Here, she describes meeting therapists who know a lot about her history of mental illness, while she knows nothing about them. In my interpretation, Sarah's frustration (in her words: "hate") does not necessarily come from a lack of information about who the therapists are, as she also mentions not knowing anything about Mia before their first meeting. Perhaps the frustration comes from a feeling of being objectified by therapists who think they know who she is before they have met her. As seen in the theories of Derrida and van Manen on secrecy and rejection (as explained in 3.4.1), being able to have secrets is necessary for a feeling of intimacy (Derrida, 1995; van Manen & Levering, 1996). Thus, it seems to me that Sarah would rather meet adults who do not know about her struggles than adults with a pre-defined understanding of who she is.

I also find it interesting to consider Sarah's (A) expectations towards therapy, as the Sarah who feels frustration when meeting therapists seems like a different person than the shy, but curious Sarah that Mia (MT) encounters at the meeting place. Sarah talks about going to therapy for years without experiencing any benefits, so we may assume that her frustration with other therapists comes from believing that they do not have anything to offer her. If so, the lack of feelings of safety and trust in the meeting with the other therapists can come from a combination of Sarah's lack of belief in therapy and a feeling of being objectified as a person-with-illness.

So what is different when Sarah (A) meets Mia (MT) for the first time? Why does she feel a trust, connection and friendliness from Mia that she does not feel when meeting the other therapists? Based on the reflections above, a reason might be that Mia does not know a lot about Sarah when they meet for the first time, which allows Sarah to appear as the person

she is in that moment and not as a pre-defined person-with-illness. In addition, at that point, Sarah does not know that Mia is a music therapist, meaning that she might not have the same biases towards Mia that she might have towards a psychotherapist. Also, in their first meeting, Mia shows a sense of curiosity by asking Sarah about *her story*, giving Sarah control over what information she wants to share with Mia, and define who she wants to be.

Safety and trust as developing feelings

In four of the six interviews, the informants describe feelings of safety and trust developing over time. When comparing these four dyads, it seems to me that they differ in how they experience the feelings of safety and trust.

In Chloe (A) and Maeve's (MT) interview, Chloe says that she feels safer and more comfortable in music therapy than she used to do, and that she trusts Maeve more now than earlier (see extract A.3). When elaborating, she says that she is quite introverted, and that she did not talk much early on. Now, however, she talks more. This stands in contrast to how she describes *not* wanting to talk to other therapists, as here, talking more is described as something positive.

Olivia (A) and Madilyn (MT) speak about Olivia feeling more confident, both in the music therapy sessions and in life in general. In extract D.7 Olivia says that it did not take long before she started trusting Madilyn. Similarly, Madilyn talks about a particular session, early in their time working together, in which Olivia started talking about her life and earlier experiences. Madilyn describes the session as a turning point, and since then, they have mainly focused on talking and writing songs about Olivia's life. Here, the feelings of safety and trust are associated with opening up and trusting the other with information that was previously kept to oneself.

In the interview with Natalie (A) and Maeve (MT), the adolescent does not talk about trusting the music therapist, but she describes feeling increased confidence and trust in her own musical skills. In addition, Natalie says that she feels like she knows Maeve better now than in the beginning, which in turn makes her feel more relaxed and comfortable in the music therapy sessions.

Luna (A) describes the development of safety and trust as a move from indifference to using her emotions in the music and making artistic choices. As part of this development, Luna and Mia (MT) have developed a shared sense of humour, and they have become comfortable with joking around and laughing together. Their songwriting has developed as well, from being centred on a few, often negative emotions, to covering a greater range of feelings and topics.

Although the four dyads apply different meanings to the feelings of safety and trust, there are some interesting similarities between their descriptions. In all four interviews, we can see a contrast between before and after the feelings developed. In some of the interviews, this development is presented as a consequence of the adolescent adapting to the situation (e.g. feeling relaxed), in others it is seen as a development between adolescent and music therapist (e.g. developing a sense of humour), and at times it is seen as a personal development (e.g. being less introverted or indifferent).

Another similarity is that the early phases of the relationships described above (when safety and trust was lacking) seem to contain more of what van Manen and Levering call *privacy*, as in the adolescents upholding an 'inwardness' in the presence of the music therapists (van Manen & Levering, 1996).⁶¹ As the relationship develops, we see that the adolescents start acting in varied ways: Chloe speaks more, Luna jokes more, Olivia shares more information and Natalie is more relaxed and comfortable. In other words, as feelings of safety and trust increases, the adolescents participate more actively in the relationship. This leads me back to Merleau-Ponty's notion of freedom (see Merleau-Ponty, 1962, 1964), as in the adolescents gradually feeling comfortable with acting in different ways, expanding the range of possibilities that are available in the music therapy relationship. The feelings of safety and trust can be considered a contributor to this sense of freedom, in that the feeling of freedom increases as the feelings of safety and trust grow.

Developing safety and trust through routines and stability

All six dyads talk about routines as a part of their sessions: Chloe (A) and Maeve (MT) *always* eat lunch together; Olivia (A) and Madilyn (MT) *always* start their sessions by listening to music; Luna (A) and Mia (MT) *always* write songs in their sessions, to mention just a few examples. Similarly, the music therapists are also presented as stable and reliable in their behaviour. For instance, Amelia (A) says that Maeve (MT) is *always* happy, and both Olivia (A) and Sarah (A) describe Mia (MT) and Madilyn (MT) as someone they can *always* talk to. Furthermore, when discussing how their relationship has developed, the informants do not talk about how the music therapists have changed; either it is the adolescent who feels safer or more confident than earlier or the feeling has developed between them, as part of their relationship.⁶²

61 See 3.4.1s for more on van Manen and Levering's *privacy*.

62 The presentation of change as something that happens predominantly to the adolescents goes against some of the ways that therapy is described in the interviews. This topic is elaborated upon in the discourse-oriented analysis (see 8.3).

I find that having a recognizable structure to the sessions and a music therapist that feels familiar and stable is part of what makes music therapy relationship feel safe for the adolescents. However, stability is not discussed much among the informants, with the exception of the interviews with Sarah (A) and Olivia (A). Both adolescents talk about changes that have disrupted the routine and stability of the music therapy sessions. In Sarah's case, the music workshops have grown in size, and there are more adolescents attending now than earlier, giving Sarah less time with Mia (MT). For Olivia, changes in her living conditions make it harder to get the financial support necessary to pay for the sessions. Both of the adolescents describe the situation they are in as difficult, and say they miss the stability and regularity of their earlier sessions.

The balance between safety and challenge

To take risks, or as the informants say, to be “pushed”, may be thought of as a contrast to the feelings of safety and trust. This feeling of being pushed is elaborated upon in the next subsection, in which the need for challenge is discussed. Here, I consider how the need for taking risks is balanced with the need for safety and trust.

At one point, early in their time working together, Natalie (A) quit music therapy, and Maeve (MT) explains in the interview that she thought she might have pushed Natalie too much (see extract C.2). Maeve regretted this, and she explains that she wants the music workshops to be a place where the adolescents can do what they want. At another point, Maeve talks about trusting the adolescents to speak up if they feel pressured to do anything in the music therapy sessions. She wants the adolescents to know that they are free to object to her suggestions, but it does not seem to me that she is confident in her ability to communicate this to the adolescents during their sessions.⁶³ Here, Maeve shows that the music therapists can doubt themselves and the strength of their relationships to the adolescents. Similarly, both Mia (MT) and Madilyn (MT) talk about the challenge of trying to follow the adolescents' wishes and understand when pushing is helpful and when it is potentially damaging for the adolescent.

The adolescents talk about how safety and trust play into challenging situations in which they need an extra ‘push’ from the music therapists. For example, Sarah (A) describes how she did not want to perform in a concert, until Mia (MT) sent her a message saying that she *had to* perform, and that she should not let negativity keep her from performing (see extract B.2). In that moment, Sarah says, she went from not believing she would be able to perform

63 Both Chloe and Natalie, two of the adolescents whom Maeve works with, talk about music therapy as a place of *not* being forced to do anything that they do not want to, implying that the adolescents feel comfortable with speaking up.

to finding the confidence she needed to get up on the stage. Olivia (A) and Madilyn (MT) talk about safety and trust when performing as well, in that Olivia needs the microphones to be set up a certain way, so that she can look at Madilyn when they are playing. In addition, Natalie (A) and Maeve (MT) discuss the feelings in the context of the adolescent's first performance. Initially Natalie did not want to perform, but Maeve suggested that she could wait to the end of the concert, and then give a signal, telling whether she wanted to perform or not. In these situations, I find that the challenging act of performing is *made possible* by the feelings of safety, trust and confidence. Mia's demands, Madilyn's adjustments and Maeve's choice-giving make it possible for the adolescents to perform.

7.1.3 Fun, mastery and challenge

The discussion of safety and trust above touches on the ways that the informants talk about being "pushed" in music therapy. Elaborating on this topic, this section discusses some of the situations in which the informants describe experiencing a feeling of *challenge*, both in the sense of doing something for the first time and in the sense of working towards goals.

Being surprised by what they can do

To start exploring the need for challenges as part of the music therapy relationship, we can look to Luna's (A) early experiences with music therapy. Luna worked with two other music therapists before she met Mia, and at that point, she felt that music therapy was mostly "boring". For instance, she says that one of the music therapists only suggested activities that both she and the music therapist knew she would be able to do, and thus, she felt that there was no challenge or development.⁶⁴ This changed when one of the music therapists suggested that they should write a song together (see extract F.4). Luna did not think they would be able to write any songs, but she still agreed to try, as, in her own words, she was indifferent to almost everything at that point. However, she ended up writing a song, and this moment changed the way she experienced both herself and music therapy.

It is hard to say what the consequences of such a moment may be, as Luna (A) does not describe any other feelings than being positively surprised in her ability to write together with the music therapist. Still, the fact that Luna was *surprised* reveals that a change has happened: the idea of what she is capable of doing has changed. In Luna's case, the expected outcome of writing her first song with her music therapist was "this is never gonna work". The reality she was met with afterwards was that she, through working with the music therapist, mastered the challenge.

64 While this thesis focuses on the relationships between the adolescents and music therapists of the study, I find that Luna's experiences with other music therapists provide insight into her relationship with Mia as well.

Thus, we can understand the experience of surprise as one of unexpected mastery, in which Luna faces the challenge with an expectation of failure but ultimately proves herself wrong.

So why does Luna (A) expect herself to fail? Why is her immediate response to the suggestion that this is something that is never going to work? Drawing on the discussions from the previous section, the feelings of safety and trust is perhaps lacking, as Luna does not seem to believe in herself, the music therapist or their collaboration. I also find it interesting that Luna's surprise, the moment from which her perception of music therapy started to change, happened with a music therapist with whom she did not feel she had an especially strong bond. This moment shows us that positive changes can happen in music therapy without there being a strong bond between the music therapist and adolescent. That being said, the change does not happen independently of the music therapy relationship: it is the music therapist who suggests the activity, showing that even though Luna did not believe that she would be able to write a song, the music therapist *did* believe in her, or at least believed in their ability to write a song together. Viewing Luna's experiences in light of phenomenology, this shows how our perception of ourselves is based on a limited and occasionally faulty view of our self, and how our sense of continuity and identity is both confirmed and questioned by other people (see Ricoeur, 1992). Furthermore, we see how the adolescents' identity, their self-narrative, can change when mastering a challenge.

The scepticism that Luna (A) experienced towards her earlier music therapists does not seem to be present in her relationship with Mia (MT). Although both Luna and Mia speak critically about their earlier songs and performances, I do not get the impression that they doubt their own abilities. In contrast, Mia repeatedly brings up how impressed she is with the Luna's abilities in songwriting and performing, and Luna speaks confidently about their newer songs.

The fun of being challenged

When looking at how Luna's relationship to Mia differs from her earlier music therapy relationships, I find that the lack of scepticism described above may be related to another feeling that both Luna and Mia bring up when discussing their collaboration: the *fun* of being challenged in music therapy. This description stands in contrast to music lessons and singing in a choir, which Luna describes as "boring" activities. Here, Luna is in line with the other adolescents of the study, as they all talk about music therapy as something that is *fun* to do.

Luna (A) explains that music therapy became more fun when she started working with Mia (MT), as the two of them write songs that are more challenging to learn and perform. They are also quite productive, as they aim at writing new songs every session. In addition, they say that

it is important to have something to work towards, for instance an upcoming performance or recording session. Knowing that they have an event to rehearse towards keeps Luna motivated and focused, she says, and it gives her something to be excited about outside of the music therapy sessions as well. The end goal that Luna talks about is being able to work with music when she is older. I interpret the *fun* that Luna and Mia are talking about to lie in a sense of direction and development: a continuous challenge, in which they aim at becoming better musicians, perform more, and write new, better songs. Even though Luna wrote songs with other music therapists as well, it seems to me that this sense of direction grew from working with Mia, specifically. We could say that for Luna music therapy was "boring" when it lacked challenge, but through working with Mia, she has not only found an activity that is "fun" to do on a regular basis, but also one that develops a new understanding of her own future.

Chloe (A) and Maeve (MT) present a somewhat different understanding of *fun*, or at least, discuss the feeling in a different context. When asked by Isabel (I) what she likes about playing the drums, Chloe answers that she enjoys build-ups, as they are "the most fun". When elaborating, both Chloe and Maeve talk about how moments of build-ups create a feeling of being coordinated, as if everyone in the band is building momentum, together. These moments do not come often: it is a process where the songs they are playing must be rehearsed over time, in order to allow the musicians to focus on each other rather than their instruments, Maeve explains. When asked to describe how these moments feel, Chloe and Maeve describe them not only as *fun*, but also as creating a feeling of "mastery" and "strength". This feeling of fun arises most strongly in these moments of *collaborative musical performance*: moments that are strived towards through practise (these moments are discussed further in 7.2.1).

There are some similarities between how Chloe/Maeve and Luna/Mia describe experiences of challenge and fun. In both cases, the feeling of fun is related to working towards significant moments of challenge and development, as in a concert or great musical performance. This provides a direction to the music therapy sessions, a goal towards which the adolescents and music therapists can continuously work. I also find it worth noting that the experiences that they work towards seemingly differ from anything else that the adolescents experience in their daily life. Every time Chloe or Luna describes another activity, for instance choir singing, lessons with a music teacher, or other forms of therapy, these activities are described negatively. Music therapy seems to be a place for experiences of fun and challenge that these adolescents rarely experience elsewhere.

Mastery and mistakes

Just as Luna (A) does not believe in her own abilities when faced with the challenge of writing her first song, Natalie (A) describes how she initially did not want to perform in her first concert. However, she eventually changed her mind, and even though she made some mistakes, she remembers feeling a sense of mastery and accomplishment after the performance. I find this moment interesting, as Natalie, more than any of the other adolescents, talks about music therapy as a place for stability, rather than challenge and development. So why did she decide to perform? It is clear from Natalie's story that her reconsideration happens during the concert, in which she sees Maeve performing with other adolescents. Similarly, Chloe (A) decided to start attending music therapy when seeing Maeve (MT) and another adolescent perform together. Even though she had initially been sceptical of music therapy, seeing the performance made her want to start attending music therapy as well. Not long after she started, Chloe and Maeve held their first concert together, and they both describe feeling a great sense of mastery afterwards. These descriptions from Chloe lead me towards the phenomenology of Lévinas, and his theory about the face of the Other (see 3.3.1). In the context of a concert, his theory helps us understand why watching a musical performance can create strong emotional reactions in us – we see the performer's vulnerability and cannot help but respond.

In the moments described above, Chloe (A) and Natalie (A) rethink a decision after having observed another adolescent perform with the music therapist. It is through watching other adolescents play together with the music therapists that the adolescents grow the confidence and interest required to participate and perform themselves. They go from wanting to remain passive, not engaging, to facing the challenge of trying something new. However, there is a difference between Chloe and Natalie's experiences, in that, despite describing a sense of mastery after having performed, Natalie mostly talks about how she made mistakes. This is the only time in the interview that Natalie brings up doing something wrong, and it shows how much the concert experience differs from her normal music therapy sessions. Whereas the sessions are described as enjoyable, positive and “a place to leave negativity behind”, the concert is a moment of evaluation and judgement. This judgement does not necessarily come from the audience, as Natalie does not mention any reaction from the people observing her. Rather, she evaluates her own performance negatively, showing how a positive, joyful feeling of shared mastery can be accompanied by self-criticism. Luna (A) brings up similar feelings in her interview: she says that she enjoys showing recordings of her music to others, but also, that she finds her own voice “awful” to listen to (see extract E.7). In both these examples, the adolescents describe feeling a combination of pride and shame in their own musical performance.

7.1.4 Distance and difference

Most of the feelings described in the interviews relate to a sense of closeness or similarity between the adolescents and music therapists. Yet, the informants also describe moments of *distance* and *difference* in which a variety of feelings arise. Here, I am referring to situations and episodes in which the contrasts between the adolescents and music therapists become clear. Below, I discuss three aspects of distance and difference that I find vital for understanding the music therapy relationships portrayed in the interviews.

Professional distance and payment

From my perspective, the main contributing factor to a feeling of distance in the music therapy relationship lies in the different roles that the music therapists and adolescents inhabit: the music therapists are trained 'therapists', while the adolescents are 'clients' who attend music therapy. As an example of how these roles shape the relationship, we can look to extract B.11, in which Sarah (A) criticizes Mia (MT) for working with many adolescents at once. Sarah enjoys having long conversations with Mia, but finds it frustrating that they are often interrupted by other people, even though she understands that Mia needs to care for the other adolescents as well. This leads me to Derrida's theory on the impossibility of *caring* without also *rejecting* (see 3.4.1), in that Mia needs to split her attention between several adolescents, as prioritizing Sarah for longer periods would ultimately lead to rejection of the other adolescents.

Mia (MT) 'rejects' Sarah (A) not only by prioritizing other adolescents, but also by taking the role of a *music therapist*, a role that comes with certain expectations and boundaries. For instance, although Mia has met Sarah outside the context of the music workshops, she is not willing to give individual sessions to Sarah without being paid. In addition, the individual sessions are restricted to a certain timeframe, meaning that even if Sarah were to pay Mia, they would be together for a limited, pre-determined amount of time.⁶⁵ Here, Mia has the power to decide when and how the two of them can meet. It seems to me that Sarah accepts this, as she does not complain about or protest the fact that Mia needs to be paid for individual sessions, but rather blames the child welfare services for not providing her with the necessary financial support to pay Mia. This implies to me that Sarah and Mia share an understanding of their relationship as being limited by monetary conditions – conditions that the music therapist is in charge of.⁶⁶ Based on these descriptions, we see a difference in how Sarah (A) wants more

65 Similar challenges are discussed in the interview with Olivia (A) and Madilyn (MT), in which they talk about how Olivia depends on financial support to pay for the sessions. This, Madilyn says, feels "a bit weird", as she has to bill the adolescent for their sessions.

66 Interestingly, in extract B.9, both Sarah and Mia agree that their relationship should *not* be described as a 'therapist-client relationship', but rather a 'friendship', or/and 'musicians playing together', which implies a more egalitarian structure to their relationship.

from her relationship with Mia (MT): more attention, more time and more conversations. Mia is the one holding back, because of the expected professional distance that is found in relationships between therapists and clients.

Musical competence and skill

There is one difference between adolescents and music therapists that is mainly discussed in positive terms: The difference in musical skills. Before elaborating on this difference, it is worth pointing out that many of the adolescents are described as talented by their music therapists, and it is pointed out in several interviews that the adolescents have practised playing instruments and songwriting for several years. Still, in all six interviews, the adolescents talk about the music therapist as someone who teaches music, who plays really well or who knows more about music than the adolescents do, implying a difference in level of skill.

As mentioned above, the difference in musical skills is appreciated by the adolescents. For instance, Amelia (A) says that one of the things she loves most about Maeve (MT) is how great she is at playing different instruments. Luna (A), Chloe (A) and Natalie (A) talk about music therapy as a place for learning, highlighting the music therapists' abilities as instructors. The same three adolescents talk about having sessions with other music teachers, but just as 'the other therapists' discussed in the interviews with Chloe and Sarah (A), the music teachers tend to be spoken about in negative ways.⁶⁷ As a consequence, it does not seem as though the musical skills of the person they are working with is a positive characteristic in itself, or that they appreciate the possibility of being able to learn an instrument. Rather, it seems to me that the adolescents appreciate the balancing act the music therapists do of both instructing the adolescents *and* making sure that they feel safe and confident in their own skills (see 7.1.2).

The difference in level of musical skills could imply that the music therapists are in charge of the musical interactions, telling the adolescents what to do and how to play. However, when asked questions on decision-making, the adolescents all say that they make decisions together with their music therapist. Thus, even though the adolescents describe the music therapists as superior musicians, they still feel as though they collaborate with their music therapists in decisions regarding music and activities.

67 Luna says that having sessions with a teacher is "boring", Natalie describes teachers as "strict" and "scary", and Chloe says that her teacher made her feel as if everything she did was wrong.

The need for privacy and secrets

A third aspect of *distance* and *difference* is privacy, a topic that I have briefly touched on earlier (see 6.1.2/7.1.1) when discussing the interview with Chloe (A) and Maeve (MT). In the themes above, we see that Chloe's experiences with other therapists are mainly negative, dominated by a feeling of being forced to talk about topics that she does not want to talk about. Chloe's need to keep something for herself is interesting considering that theories and studies of relationships in therapy tend to focus on openness and sharing rather than privacy and secrecy (e.g. Kelly & Yuan, 2009; Trondalen, 2016b). From a phenomenological perspective, however, Chloe's need for privacy can be regarded as a desire for individualization: a separation of herself from the other (Derrida, 1995; van Manen & Levering, 1996).

Chloe's (A) need for privacy in the music therapy relationship is evident in her interview with Maeve (MT) and Isabel (I). For instance, in extract A.10, Chloe says that it is okay to ask her about "it", likely referring to experiences earlier in her life. Yet, we do not know what this 'it' is, and looking at the extract as a whole, I get the impression that Maeve does not know either. This is just one example of how Chloe limits the conversation to the topics she wishes to talk about, and since neither Maeve nor Isabel asks any follow-up questions, we may assume that they understand that this is not a topic that should be pushed further.

Following van Manen and Levering's (1996) theory on privacy and secrecy (see 3.4.1), Chloe's need for keeping something to herself is natural, since everyone has a need for privacy in relationships. So why would the other therapists try to breach the "limit" and force her to share secrets? Van Manen and Levering would perhaps suggest that sharing is seen a step towards relational intimacy, and thus, any therapist that aims towards having a strong relationship with an adolescent would probably try to gain access to some of the adolescent's intimate thoughts and experiences. However, it is clear that Chloe does not want to share certain parts of her life experiences, not with the other therapists she talks about, and possibly not with Maeve either. This could make it difficult to establish a good relationship with her, as she intentionally creates and affirms a distance between herself and others. Still, although Chloe does not want to talk to Maeve about her experiences, their musical interactions are described as powerful moments of connection between the two. These moments are discussed further in the next section (7.2.1).

7.2 Experiences of interactions between adolescents and music therapists

This section addresses how the informants experience their interactions. I have developed three themes:

- Meetings in music
- Bonding through conversation
- Narratives and songwriting

With these three themes, I explore the four activities that are most frequently discussed in the interviews: playing and listening to music, conversation and songwriting.

7.2.1 Meetings in music

The fifth overarching theme centres on non-verbal musical interactions, as playing and listening to music. All the adolescents and music therapists discuss non-verbal musical activities in their interviews, and they talk about various experiences, memories and routines that are made possible by music. In the following, I highlight three aspects of these musical experiences: intersubjective connection, emotional regulation and centring in the here-and-now.

Relating through playing music

As mentioned in the exploration of privacy in the previous theme (7.1.4), Chloe (A) and Maeve (MT) talk fondly about moments of connection in music. For instance, we can look to how Maeve talks about their first concert in extract A.2. Here, Maeve describes thinking “wow” after an intense performance. This was an important moment for her, she says – a moment when they both knew what they were doing and Chloe hit the drums harder than ever before. Specifically, Maeve describes being “pushed up in it” by Chloe’s drumming. Chloe agrees, implying that she felt a similar joy and excitement in the moment.

Another example of Chloe (A) and Maeve’s (MT) moments of meeting in music can be found in their discussions of *build-ups*: moments when the music gradually increases in intensity. In these moments, they have a shared understanding of where the music is heading, and they can see the other members of the band enjoying the music, as explained by Chloe in her comment on the dancing bass player (extract A.7).

In these musical interactions described by Chloe (A) and Maeve (MT) the players do not rely on words. Rather, they depend on movement and body language to communicate intentions and commitment. It seems to me that in these moments, Chloe and Maeve feel an increase in energy: Chloe hits harder than ever at the concert, and during the build-ups, they both increase the intensity of their playing. Furthermore, when asked by Isabel how it feels to play the drums in these moments, Chloe says that she feels "strong". I understand these moments of non-verbal, energetic communication between Chloe and Maeve as episodes of *intersubjective connection*: a momentary experience of an implicit knowledge: 'I know that you know that I know – and we both know' (Trondalen, 2016b, p. 123). Following this line of thinking, musical interactions may be a way for Maeve and Chloe to connect and relate without talking. In the music, Chloe can keep her sense of privacy while sharing powerful moments of connection with Maeve.

Emotional regulation and music listening

Throughout the interviews, there are numerous moments in which the adolescents talk about listening to music and what the listening experience means to them. These moments are not necessarily described in the context of music therapy, but they provide insight into how the adolescents relate to and through music, and what musical experiences they exclude from the music therapy relationship.

Both Olivia (A) and Luna (A) talk about listening to the songs that they write in music therapy outside of their sessions, as their own songs "match" their emotions better than the songs of other artists. Chloe (A) and Amelia (A), however, prefer listening to music written by other artists. Chloe says that music listening can make her feel less alone, especially when hearing others sing about problems that are similar to hers. She also says that there are some songs or types of music that makes her feel sad, usually music that she associates with negative memories. However, she does *not* bring these songs to music therapy, as music therapy is a place for working with songs that are "fun" to play. Like Chloe, Amelia (A) describes experiences of listening to music as a way to diminish negative emotions, especially sadness. For instance, in extract E.2, Amelia describes using music to forget an episode that happened at school earlier that day. In my interpretation, Amelia chooses to direct her attention to music that she associates with positivity, responding to her own emotions by letting herself be absorbed in the emotions of the music. At the same time, listening to music might be a way of isolating herself from others when walking home from school, signalling to others that she does not want to be disturbed. It might also be thought of as a way of regulating emotions that does

not challenge social norms, in that it allows for a listening experience that is unavailable to the outside world.⁶⁸

Amelia (A) mentions that she behaves differently when listening to music alone in her room, where she dances and sings along to the tunes. She explains that she is drawn into the music, and she imagines herself as one of the dancing artists, especially when watching music videos of her favourite bands. This act of identifying oneself with another person's dancing, somehow feeling as if one is part of the other's dance oneself, can be understood as a moment of (uni-directional) connection between Amelia and the artists in the music video.⁶⁹ Amelia's interaction with the music video could also be understood as a form of *virtual play*, in the sense that she enters a world of fantasy or 'make-believe', in which she takes the role of an artist. In my interpretation, Amelia's sadness comes from an involuntary loneliness, as in her lacking opportunities for interactions. As we have seen earlier, a sense of privacy, or separation from others, is a fundamental part of any relationship (van Manen & Levering, 1996). For Amelia, however, this privacy is not chosen, but enforced upon her by others (e.g. by being kept out of groups) or caused by forces outside her control. It could be that, through listening to music and imagining herself as part of a group, music weakens this feeling of loneliness. This would be in line with Chloe's (A) experiences of feeling less alone when listening to music.

Amelia (A) does not share these moments of dancing, playing and being absorbed in the music with Maeve (MT) or anyone else. Perhaps Amelia thinks it is a bit embarrassing to dance in front of others or that these moments require a feeling of being absorbed in the music, and that having anyone else in the room would make it difficult to direct her attention solely towards the music video. Either way, like Chloe (A), Amelia intentionally keeps some musical experiences outside the context of the music therapy relationship.

Focusing on the here-and-now

In sections 7.1.2 and 7.1.3, I discuss how Natalie (A) and Maeve (MT), more than the other dyads, emphasize routine and stability in their relationship. In this section, I explore how this stability and routine facilitates the listening experiences described in Natalie and Maeve's interview.

Natalie (A) and Maeve (MT) say that listening to music together makes them more attentive to the music. In extract C.7, Maeve describes this as being "caught" by the music, while

68 See Creighton and Downes (2017) for more on the social aspects of emotional regulation.

69 Studies of the experience of watching dancers describe the experience of being absorbed in dance as *kinaesthetic empathy* (Fischman, 2016; Jola & Ehrenberg, 2012).

Natalie later says that while listening with Maeve, she is more "in" the music than when she listens alone. In my interpretation, Natalie and Maeve are describing a concentrated listening experience that, as Natalie says, is different from how they listen to music in other situations. They do not talk about a feeling of "understanding" between them, in the way that Olivia (A) and Madilyn (MT) do (see 7.1.1), but it seems to me that they share a sense of focus that makes them more open to the moods and emotional power of the music. I interpret their listening experiences to be a way of focusing on the here-and-now.⁷⁰ This interpretation is underscored by the way Natalie talks about a change that happens in her mind set when she arrives at music therapy, when she leaves behind whatever concerns she might have had before the session. When leaving music therapy, the negativity she might have experienced earlier does not return, she says. Instead, she often feels inspired after her sessions with Maeve.

From my understanding, this transition from the 'outside' world to the music therapy room, with its own moods and interactions, is facilitated by preparation and control of contextual factors. As noted earlier, it seems to me that Natalie (A) experiences the stability of the music therapy sessions as positive. She mentions thinking that little has changed during her and Maeve's (MT) time together, and that for her, music therapy is especially valuable in that it is *always* enjoyable and "cosy". For instance, Natalie describes the music therapy room as a comfortable space to be in, possibly indicating that having a stable, "cosy" physical environment facilitates the ability of leaving negativity behind. This familiarity with the situation – knowing what to expect in each session – might also make it easier for her to focus on the here-and-now in their music listening.

Maeve's (MT) actions are important for Natalie's (A) change of mood as well, as the feelings of familiarity and stability depend on Maeve being able to facilitate such feelings. I assume that Natalie here trusts Maeve to be consistent and unvarying. An example from the interview can be found in Natalie's observation that she does not feel pressured by Maeve to do anything she does not want to do. If Natalie trusts that in entering the music therapy session she is not taking the risk of being challenged in uncomfortable ways, then she might allow herself to relax and be comfortable, which again, might make it easier to focus on the here-and-now.

7.2.2 Bonding through conversation

With the sixth overarching theme, I focus on conversation as an interaction, by exploring how the dyads share secrets, laugh together and shape each other's narratives.

⁷⁰ See 3.1.2 for a short exploration of the here-and-now and intersubjectivity.

Sharing secrets

Throughout the interviews, there are several examples of moments in which the informants show that they share some knowledge that they have no intention of sharing with the interviewer. The clearest example is seen in the interview with Amelia (A) and Maeve (MT), in which the adolescent tells the music therapist not to talk about certain people and episodes, because it is “*secret*”. Another example is Olivia (A) and Madilyn (MT), who explain that they talk about Olivia’s life, but do not share information about what Olivia actually has experienced. In addition, Madilyn jokingly mentions that Olivia might be ‘using her’ to talk badly about other adults, and she implies that this information is not shared with anyone else; Olivia’s frustration is kept between them.

Earlier in this chapter, I discussed secrecy between adolescents and music therapists (7.1.4), but here, it is the adolescents and music therapists who choose to keep some shared information hidden. Returning to van Manen and Levering’s notion of privacy, I understand secrets as a tool to not only separate oneself from others, but also as a way to differentiate psychologically intimate relationships from other, more distanced relationships (van Manen & Levering, 1996).

It is worth noting the importance of context and personal knowledge when discussing secrets and privacy. Without knowing a person over time, there is little way of knowing what parts of their life they share with others, and what experiences and memories they mainly keep for themselves. So, when Madilyn (MT) describes how Olivia (A) gradually opened up and started talking more about her thoughts and feelings, this is seen in relation to how Olivia *used to be*. In addition, I wonder if the information shared between them may be known to others as well, and still be considered ‘secret’. Moments of sharing secrets are not necessarily marked by how revealing the secrets are, but by how they break away from the established context, introducing a psychological intimacy that was lacking earlier. In other words, the value of shared secrecy is less about the content of the secret, and more about the experience of intimacy that comes with knowing that you share something special (though not necessarily unique) with someone else (van Manen & Levering, 1996). For example, Olivia establishes or strengthens the feeling of psychological intimacy between her and Madilyn when talking about certain aspects of her life. Madilyn describes this sharing of secrets as a turning point – it is an acknowledgement of the safety and trust that the two of them have achieved through working together.

Laughter and humour

Another way that the informants talk about sharing experiences through verbal interaction is laughter, joking around and having fun. For instance, Amelia (A) says that Maeve (MT) always manages to cheer her up, that they laugh a lot together and that she is "crazy" (see extract E.7). Even in the interview, Maeve and Amelia joke and make fun of each other. Luna (A) and Mia (MT) talk about sharing a "dark" sense of humour, meeting the disheartening parts of life with laughter. Similarly, Sarah (A) says that being able to laugh together with Mia makes the music therapy setting feel less serious, and more "natural".

In all three cases, I get the impression that the dyads' ability to laugh and joke together is a valuable quality of their relationship that strengthens their bond. However, Sarah (A) and Mia (MT) point to situations in which the adolescent laughs *at* the music therapist, creating a sense of distance between them. In the interviews, these episodes are talked about with a light-hearted tone, with Mia joking about how Sarah teases her, which in turn can make Mia frustrated. From my perspective, mild teasing can be thought of as a way of familiarizing oneself with the other by testing their limits. Although the joke and laughter is *towards* rather than *with* the other, it is still an interaction that – if successful – can strengthen the bond between the adolescent and music therapist.

All six dyads laugh together at some point during the interviews, but only the three dyads mentioned above point to humour, laughter and/or shared joking as an important part of their relationship. This shows that while laughter may be thought of as a basic form of relational communication (Stensæth, 2017), the degree to which the adolescents and music therapists identify it as an important part of their relationship varies.

Pushing towards agency in narratives

When listening through and reading the transcripts of the interview with Sarah (A) and Mia (MT), it struck me that Sarah tends to tell stories from the perspective of *other people*. For instance, when talking about how she almost did not make it to her first concert, Sarah explains how the car they drove was running out of fuel and windshield washer fluid. She continues by talking about how this affected the driver, who had to drive to a filling station and almost missed Sarah's concert. It is not until the interviewer, Ira, asks if Sarah was afraid that she would not make it to the concert that Sarah talks about her own feelings in this situation. Sarah's emphasis on the experience of other people made me interested in exploring how the informants create and shape narratives in the interviews.

In order to explore Sarah's narratives, I find it helpful to refer to Schechtman's theory on the three roles we position ourselves in when creating narratives (see 3.5.1). Schechtman suggest that in our narratives, we are victims of circumstance ('characters'), we are agents whose actions affect the world ('author'), and we critically evaluate our own actions as part of reflecting and learning about our experiences ('critics') (M. Schechtman, 2011). All three roles can be found in Sarah's (A) stories throughout the interview: When she almost does not make it to the concert on time, she is a 'character': a victim of circumstance. When she writes lyrics, she shapes experiences in a way that helps her structure her own thoughts – she is an 'author'. When describing how a concert went 'okay', she critically examines her own performance. However, while all the three roles are present in the interview, Sarah seems to step into the role of a 'character' to such a degree that it makes me question why she does not take the position of an 'author' more often. The consequence of this is that her experiences are described as if they are being controlled by external forces, rather than her own actions. Building on the phenomenological understanding of narratives as part of our selfhood, narratives are not simply stories we tell to others, but a way of interpreting and structuring our experience of our selves (Ricoeur, 1992; Zahavi, 2007). Could it be that Sarah's lack of agency in the narratives reveals a sense of lack of agency in her life as well?

Looking at Mia's (MT) responses to Sarah's (A) stories, it seems to me that she is trying to reshape the narratives to form a more positive and autonomous picture of Sarah (e.g. extract B.4). In different ways, Mia recounts that, from her perspective, Sarah had a more active role in a situation or performed better than we hear in the adolescent's original narratives. In my interpretation, Mia co-authors Sarah's narratives by emphasising her strengths and skills – she tries to push Sarah towards a greater sense of agency. This seems to have an influence on Sarah, who often follows up Mia's suggestions with a confirming reply (in contrast to denying or rejecting Mia's suggestions).

This push towards agency can also be found in other events and experiences described in Sarah (A) and Mia's (MT) interview, for instance in the story of the second concert, in which Mia tells Sarah that she *must* show up, as she should not let external factors prevent her from performing her song. Similarly, Sarah explains how the lyrics of one of the songs she writes are about overcoming life's challenges. We can also return to my interpretation of Sarah's first meeting with Mia, discussed in 7.1.2, in which I find that Sarah appreciates the possibility of being able to define who she is and decide what she wants to tell Mia. In all these situations, we can recognize a push towards or an appreciation of a feeling of agency.

7.2.3 Narratives and songwriting

The third activity discussed in this chapter is songwriting. All six dyads talk about writing songs at some point in their interview, making it one of the main activities of the music therapy sessions, but for this section, I focus on the songwriting process as described in the interviews with Olivia/Madilyn and Luna/Mia.

Writing about life experiences

In Olivia (A) and Madilyn's (MT) discussions of songwriting, Olivia says that she wants to write lyrics that are true to her experiences, and that it is important to her that her music is "*honest*". Madilyn comments on this honesty as well, saying that Olivia's lyrics are "real" and that they describe "her story" (see extracts D.3, D.8 and D.11). This emphasis on truth and honesty in the descriptions of Olivia (A) and Madilyn's (MT) songwriting is interesting to me, as it raises the question of how songwriting, an artistic, creative activity, can be a way of presenting 'truthful' life stories. Following phenomenological theories on identity (see 3.5), the truth that Madilyn and Olivia describe is not necessarily truth as historical accuracy – they are not describing a feeling or event as precisely as possible. Rather, they describe a *narrative* truth – a feeling of being accurate within and true to Olivia's sense of reality. The 'truth' that Olivia and Madilyn strive towards in the writing process is *a* truth that fits the identity, or narrative, that Olivia wants to present to both the world and herself.

To support the interpretation that Olivia (A) and Madilyn (MT) talk about writing lyrics that are true to who Olivia wants to be, we can look to how they emphasize writing positive messages into their songs, intentionally including messages about hope, and shaping the experiences to fit a narrative of strength and resilience (see extract D.3). Comparable to how Mia (MT) retells Sarah's (A) stories in a more positive light, Olivia and Madilyn write songs that emphasize the positive aspects of Olivia's experiences.

There are several similarities between how Olivia/Madilyn and Luna/Mia describe songwriting in their interviews. As shown in extract F.1, Luna (A) and Mia (MT) also tend to write songs that are based on Luna's feelings or thoughts that she wants to share or express. They mention that their songs have become more positive during their time together, which resonates with Olivia (A) and Madilyn's (MT) experiences, as they also see a positive change in the themes of their songwriting. Both dyads comment on the adolescents being more positive in general, compared to earlier. Although there are likely to be many reasons for why the adolescents are more positive now than before, it could be that working with life-narratives

in songwriting has played a part, as both adolescents describe their work with their music therapists as being helpful to them.

Writing together for an audience

When Olivia/Madilyn and Luna/Mia discuss songwriting, they mostly focus on the adolescents' contributions. The lyrics of the songs are the adolescents' *stories*. However, we can also find descriptions of the importance of the music therapist in the songwriting process. For instance, Luna (A) mentions being dependent on Mia (MT) to be able to write songs, and Mia talks about the process of writing as a back-and-forth of ideas, and that they decide together which suggestions they should keep in the songs. Thus, although the lyrics are usually presented as the work of the adolescent, the songwriting process is described as a collaboration between the adolescents and music therapists. The music therapists contribute with musical knowledge, as seen in how both Luna and Sarah (A) talk about Mia as the authority when it comes to finding the right chords and melodic structures. In addition, the music therapists help the adolescents construct and shape their stories, in order to make them fit into the structure of a song or better communicate a message. We also see that feelings of safety and trust needs to be established in order to make the adolescent feel comfortable with sharing certain life experiences with their music therapist.⁷¹

People outside of the context of music therapy shape the songwriting as well. For instance, Luna (A) and Mia (MT) describe how they write songs with the goal of "telling Luna's story". They talk about the reactions they have had to their music, and that they want their music to "touch" the listener. In her interview with Sarah (A), Mia says that she feels proud when performing with adolescents who tell their story, and that she want people to listen to what the adolescents are "saying" with their music (see B.7). Olivia (A) and Madilyn (MT) bring up a similar point, when they talk about writing songs that are perceived as 'true' to Olivia's experiences, in that they want to present a truthful picture of Olivia to the world. In sum, it seems to me that the dyads write songs not only for themselves, but also for an audience, in the sense that they want to create an emotional response or reaction in the listener. Sarah (A) has similar experiences with performing, as she was worried that the audience might react negatively to her songs about her family, as they might think that the lyrics were inappropriate. Although she does not change the lyrics of the song, it is clear that the opinions of other listeners influence her understanding of her own songs.

71 As we have seen, for some dyads, like Olivia (A) and Madilyn (MT), this may take some time, but for others, like Sarah (A) and Mia (MT), the feeling of comfort can arise in their first meeting.

7.3 Summary of the phenomenological exploration

Before moving on to the discourse-oriented exploration, a brief summary of the themes and findings presented in this chapter is in order. To explore how the informants experience their relationship, I focused on how they experience *feelings* and *interactions*. I developed seven themes with several sub-themes. In the following, I present a short summary of each of them.

Realness, understanding and acceptance

Throughout the interviews, feelings of realness, understanding and acceptance are used by some of the informants to differentiate the music therapy relationship from other relationships in their lives. Chloe (A) and Sarah (A) both describe the music therapy relationship as feeling more 'real' than their relationships with other therapists. In addition, they find that their music therapists are more genuine in their care than other therapists are. The feeling of understanding is mostly elaborated upon in Olivia (A) and Madilyn's (MT) interview, in which they say that listening to music can be a "personal" and revealing experience. I suggest that in listening to and responding to the music they achieve a shared sense of familiarity and a comfort with each other that extends beyond the musical moment and can be experienced as mutual understanding. The feeling of acceptance is mentioned in the context of being able to do a variety of activities without feeling scared or forced to do anything that feels uncomfortable. It is described not as a feeling that arises in particular situations, but rather as an implicit agreement between the music therapists and adolescents. This leads me to think of 'acceptance' as a feeling of freedom – of being free to act in various ways without being afraid of the consequences.

Safety and trust

All six dyads of the study talk about the importance of feelings of safety and trust, but the feelings are experienced differently by the informants. In the interviews with Amelia/Maeve and Sarah/Mia, the feelings are almost immediate, arising in the first meeting between adolescent and music therapist. I believe this immediate comfort grows from a mutual feeling of curiosity, in that neither the adolescents nor the music therapists know much about the other. This mutuality allows the adolescents to appear as the persons they want to be in the relationship and makes it less likely that the adolescents meet the music therapists with a preconceived distrust of music therapy and/or music therapists. In the other four interviews, the feelings of safety and trust are described as a development. I understand this development as a gradual movement by the adolescents from a place of inwardness to a more active participation in the relationship. I suggest that the development of safety and trust is made possible through the

stability of the music therapy sessions and the careful balance struck by the music therapists between challenging the adolescents and simultaneously upholding a sense of safety and trust.

Fun, mastery and challenge

In the interviews, the feelings of fun, mastery and challenge are often described in relation to each other. The informants say that challenges make music therapy fun and create a sense of development. I find that the challenging activities allow the adolescents to experience situations and feelings that are not available outside music therapy – moments of collaboration and mastery in music and musical performance. However, challenging activities can also lead to negative feelings of shame or embarrassment in one's own performance.

When it comes to being able to face the challenging situations, we see the informants talking about the importance of feelings of safety and trust between the adolescents and music therapists. In addition, the informants describe moments in which the adolescents master a challenge together with adults with whom they do not have a strong bond, and moments when the adolescents are motivated by the performances of other adolescents.

Distance and difference

In the interviews, I find that there are episodes and situations in which feelings of *distance* and *difference* become evident. For instance, the informants express feelings of rejection in relation to how the music therapists limit their time with the adolescents, due to issues around payment and the music therapists needing to be available for other adolescents. Another difference between adolescents and music therapists is found in the power that comes with the music therapists being more musically skilled than the adolescents are. However, this is a difference that the informants tend to describe positively. Finally, I identify a relational distance in Chloe (A) choosing to keep secrets from Maeve (MT). The adolescent appreciates that the music therapist does not try to force her to talk about her past experiences.

Meetings in music

The informants talk about musical activities in quite different ways. Some of the adolescents talk about listening to music outside of music therapy, using music as a way to regulate emotions and isolate themselves, as well as to dance, have fun and remove themselves from reality. Some of these listening experiences are made possible through music therapy; for instance, Olivia (A) and Luna (A) talk about listening to songs they have written with their music therapists. Chloe (A) and Amelia (A), however, say that they listen to different kinds

of music and/or act differently when listening alone than when they are with Maeve (MT). Music is also discussed as a way of bonding, creating strong relational experiences through playing together. These moments might be rare, but for adolescents like Chloe, the moments are worth pursuing through practising and performing with her music therapist. Finally, we see that the informants describe music as a facilitator of experiences of being in the here-and-now. Here, music is part of a larger context that is experienced as stable, comfortable, safe and without negativity.

Bonding through conversation

Not unlike the way the informants bond through musical activities, their relationships grow through conversations. Two forms of conversing that I identify as especially important for the informants are sharing secrets and joking around together. The act of sharing secrets can create a sense of psychological intimacy between the adolescents and music therapists, and function as a confirmation of a sense of safety and trust between the two. By joking around together, the adolescents and music therapists test each other's limits, they become familiar with each other and they are able to experience shared moments of laughter and joy. Looking at Sarah (A) and Mia's (MT) interview, I find that the music therapist pushes the adolescent towards agency by retelling Sarah's stories from her perspective. When presenting her version of Sarah's stories, Mia emphasizes the strengths and skills of the adolescent, and it seems to me that this influences Sarah's self-image positively.

Narratives and songwriting

Songwriting is mentioned in all six interviews, but it is given special attention in the interviews with Olivia/Madilyn and Luna/Mia. The adolescents and music therapists describe working with lyrics as a way of creating and communicating the adolescents' life-narratives, or "stories". Both Olivia and Luna say that they are dependent on their music therapists to be able to write songs, which shows that even though the lyrics describe their experiences, they need the help of the music therapists to structure and shape the experiences into song lyrics. The songwriting is also shaped by people outside the context of music therapy, as the dyads keep the audience in mind when writing their lyrics.

8 Discourse-oriented exploration

This chapter explores the empirical material through a discourse-oriented perspective inspired by Potter and Wetherell's *discursive psychology* (Potter & Wetherell, 1987). First, I explore patterns in the ways that the adolescents, music therapists and (to some degree the) interviewers talk in the interview. More specifically, I identify the ways that the participants position themselves and react to each other's comments, with the aim of revealing patterns of consistency and variation in the informants' descriptions.⁷² This exploration is limited to a few topics that I find of special interest in each case, most notably topics that are of relevance to the phenomenological results from the previous chapter. In some cases, the discourse-oriented findings challenge the phenomenological findings, but they mostly expand and elaborate upon them.

Second, I do a cross-case analysis of how the informants use and interpret the three terms 'music', 'therapy' and 'relationships'. As part of this process, I highlight the ways that different discourses play into the informants' understanding of their relationships and show some of the depth and variety of the informants' descriptions. The three terms are explored in somewhat different ways:

- When exploring 'music', I aim at understanding how music is described as part of the music therapy relationship. Since the informants talk a lot about music in their interviews, I do not describe every mention of the term. Instead, I focus on broader patterns in their descriptions of music.
- When exploring 'therapy', I aim at understanding the different uses of the term, and what the informants associate with therapy as a concept. In contrast to the discussion of 'music', I explore all the times the term 'therapy' is used in the interviews.
- With the concept of 'relationships', I do not only focus on the specific term, as the informants use a variety of words and phrases to describe their relationship – I also explore the terms and concepts they use to describe themselves, each other and the roles in which they position themselves.

Compared to the phenomenological exploration, this discourse-oriented exploration focuses more on nuances in the informants' descriptions than on interpreting the material according to theoretical perspectives. Much of the exploration below is done through detailed descriptions

⁷² For further explanation of the analytical process, see (5.3.5).

of the empirical material. In the later chapters, I discuss the findings in light of larger cultural discourses and theoretical perspectives, but for this chapter, the focus is predominately on exploring the complexity of the informants' descriptions.

8.1 Discursive patterns

8.1.1 Chloe (A), Maeve (MT) and Isabel (I)

Objecting to therapy

The discussions on the term 'therapy' in the interview with Chloe, Maeve and Isabel provide insight into how the three participants position themselves. While introducing herself at the start of the interview, Isabel describes her experience as a music therapist who has worked with adolescents in the child welfare services. She talks about why it is important for *music therapists* to listen to *adolescents* when developing their practices. Here, Isabel starts the interview by positioning both herself and Maeve as music therapists and Chloe as an adolescent who attends music therapy.

As we have seen, Chloe does not want to label the sessions she has with Maeve as therapy, but she does not immediately object to Isabel's descriptions. However, she soon explains that she initially did not want to attend music therapy, leading to some longer discussions about her earlier experiences with therapy. During these discussions, Chloe not only distances herself from Isabel's use of the word, but she also positions Maeve as something else than a *music therapist*, describing therapists in general as "uptight" and "fake". I read this positioning as a way of bringing Maeve onto her side, saying that while she is negative towards therapists, this does not affect her relationship with Maeve. Perhaps the strong words Chloe uses to describe other therapists are not necessarily as much a description of the said therapists as it is a description of what Maeve *is not*. Late in her interview, Chloe reflects on her own opinions, saying that her experiences with therapy influence her thoughts on the term. She suggests that these earlier experiences may have made her somewhat judgemental towards therapists. Still, throughout the conversation, Chloe maintains that she does not want to label her sessions with Maeve as 'therapy'.

Throughout the conversations between Chloe and Isabel on the term 'therapy', Maeve stays quiet. When describing the sessions, the music therapist does not use the word 'therapy' at any point, but instead says that they "play together", or that she tries to provide the adolescents with

opportunities to “develop” and “challenge themselves”. Similarly, when Maeve describes her meeting with the manager who suggested that Chloe might benefit from sessions with Maeve, she says the manager thought Chloe and she “could do something together, could collaborate well”. The only point at which Maeve mentions the word ‘therapy’ in the interview is when being asked directly by Isabel about her thoughts on the term, to which Maeve replies that she finds it a difficult word to use, as people associate ‘therapy’ with many different meanings.

Based on the interview, it seems to me that Chloe and Maeve share the understanding that ‘therapy’ is not a word that they want to use when talking about their sessions. However, Maeve says she avoids using the term because of *other people’s* associations, meaning that *she* might not associate the term with negativity. Thus, Maeve’s descriptions of her sessions could be influenced by, or perhaps adapted to, the vocabulary of the adolescents with whom she works.

Given that Chloe and Maeve avoid using the term ‘therapy’, I also find it interesting to consider how the interview might have gone differently if Isabel had not introduced herself as a ‘therapist’ and the context as ‘therapy’.⁷³ Could it be that Chloe’s experiences with and perceptions of therapy, which have been referred to at several points in the earlier chapters, would not have been discussed to the same degree if Isabel had introduced the interview differently?

Emotional wording

As in their viewpoints on the term ‘therapy’, Chloe and Isabel differ in the way they talk about emotions and feelings. Overall, Isabel tends to use emotionally oriented terminology, asking questions about how something *feels*. Chloe, in her replies, usually avoids these emotionally oriented questions, or she answer with less of an emphasis on emotions. For instance, in extract A.1, we see Chloe making fun of the idea that music therapy should be about talking about feelings.

I find this difference in terminology especially clear in extract A.9, in which Isabel asks Chloe why she enjoys eating lunch with Maeve. Isabel suggests that it might be easy for Chloe to talk to Maeve, to which Chloe replies that they do not really need to talk, but rather, that they just “talk *normally*”. I understand Chloe here to be objecting to Isabel insinuating that they talk about difficult topics together, since Isabel asks if it is “easy” to talk to Maeve. To explain her objection, Chloe says that her conversations with Maeve are about ‘normal’ topics.

73 This is the first of the three interviews with Isabel as interviewer, and in the two other interviews (Natalie/Maeve, Amelia/Maeve) the word ‘therapy’ is not spoken until close to the end of the interviews. It could be that Isabel avoids using the term in the other interviews because of her experiences with Chloe in this first interview.

There are a handful of moments in the interview in which Chloe speaks about her feelings and emotions, and these are usually related to music and musical interactions. For instance, when asked how she feels while playing the drums, Chloe answers that she feels "strong". When looking at other adolescents performing, she feels "moved". When Maeve and Chloe play really well together, they feel "proud". When listening to music, she feels "less alone". Chloe does not avoid talking about emotions when describing music, but interestingly, she does not use similar words when describing her relationship with Maeve. Whereas music and musical situations are described through the use of strong feelings, the relationship between Chloe and Maeve is "normal", "natural", and "cosy". Similarly, Maeve uses a more emotionally oriented language when talking about musical experiences (e.g. extract A.2) than she does when she is describing her relationship with Chloe, though the difference is not as evident as in Chloe's descriptions.

Considering the similarities between Chloe and Maeve's descriptions – in regards to both the term 'therapy' and emotions – I find that Chloe and Maeve's views on music therapy seem to come from a shared understanding of what it is they do and why they do it. This shared understanding is evident in their shared discursive repertoires, as in the shared discourse that they have developed over time.

The 'normal' and 'natural' relationship

As noted above, Chloe and Maeve describe their music therapy relationship as "normal" and "natural", but they also emphasize that their relationship is unique. Maeve says that Chloe is among the adolescents with whom she has worked the longest, and Chloe talks about how, when working with Maeve, she is able to do activities that she does not do anywhere else. I understand the normality or naturalness to which they are referring *not* to be a description of their relationship as ordinary, but as a way of saying that there are elements of the activities that they do that feel familiar to Chloe.

As an example, we can again look to extract A.9, in which Chloe describes how she talks *normally* to Maeve during their lunch. We do not get any descriptions of what a 'normal' conversation is, other than it being different from having conversations with therapists who "dig around". From my understanding, what Chloe means with 'talking normally' is conversations that are similar to the ones she has outside of her sessions with Maeve. The relationship, and the whole context of music therapy, might be described as more 'normal' or 'natural' than other forms of therapy because it consists of activities that Chloe recognizes: playing in bands, learning instruments, writing songs and performing – activities that Chloe were familiar with

before she started music therapy. For Chloe, these activities might feel more ‘normal’ and ‘natural’ than having conversations about negative life experiences.

8.1.2 Sarah (A), Mia (MT) and Ira (I)

A fast-paced and passionate conversation

Sarah, Mia and Ira’s interview is shorter than Chloe (A), Maeve (MT) and Isabel’s (I), but the word count is much higher, as all three of them speak very quickly. Sarah and Mia, especially, go back and forth to the point where they occasionally talk over each other. They tell stories, remind each other of episodes, joke around and laugh a lot together during their interview. Ira holds the reins of the conversation, asking Sarah and Mia to comment on certain statements, to go back to something they said earlier, while generally making sure that the questions from the interview guide are covered. However, Mia takes control at times, by asking questions of Sarah and encouraging her to talk about certain topics. This leads to an interesting dynamic, in which Ira asks Sarah questions from an outsider-perspective, while Mia asks questions that she seems to know the answer to already, perhaps with the intention of making sure that certain experiences are discussed as part of the interview.

Sarah and Mia talk openly about their feelings, both in the context of how they felt in certain situations and how they feel when hearing the other person speak about them. For instance, during the interview, they describe getting goose bumps and being proud, and there are a few moments in which they tear up. It seems as though they are used to talking about their feelings and describing how much they care about each other. We also see that Sarah is not afraid of being critical, as shown in extract B.11, when she comments on the changes that have happened at the meeting place – changes that she is not happy with.

Varying roles

In extract B.9, Mia initially says that her relationship with Sarah is far from a client–therapist relationship. Mia continues by saying that she regards them as musicians, but then, she adds that this is how she tries to “be as a music therapist”. I understand this to mean that as a music therapist, she views both herself and the adolescents as musicians rather than as therapist and client. This creates an interesting double positioning, with Mia giving the impression that she primarily considers herself a music therapist, but in that role, she also imagines herself a musician.

Sarah does not use the term 'musicians' to describe their relationship, but she refers to them as 'friends'. She talks about them meeting each other outside of their sessions, and says that their long conversations are more akin to the talks you have with your friends than how you talk with your therapist. Mia never uses the word 'friends', but at one point, she says that she appreciates their "friendship". When Sarah describes why she thinks of Mia as a friend, Mia tends to respond from the position of a music therapist or leader of the meeting place. For instance, when Sarah says that they meet outside of their sessions, Mia jokes about how their meetings can be thought of as "community therapy", and quickly follows up with describing how she tries to create social arenas for the adolescents. When Sarah says that their long conversations are similar to the ones you have with friends, Mia replies by saying that she intentionally steers their long conversation over to music and songwriting. From this I get the impression that Mia appreciates that Sarah thinks of her as a friend, but that she also finds it important to inform us about the different intentions that lie behind the non-musical activities that they do together.⁷⁴

In addition to positioning themselves as musicians and friends, rather than therapist and client, Mia describes herself as an adult leader of the music workshops, with Sarah talking from the role of an adolescent participant. While the two do not reflect on the difference in age or status at the meeting place, they often use terms like the 'adults' and the 'adolescents' to refer to each other and the groups to which they belong. This difference in roles influence how they talk about the meeting place, as seen in extract B.11, in which Sarah talks from the perspective of a participant, emphasizing *her* experience and *her* reactions to the changes in the structure of the meeting place. Mia, on the other hand, talks about how the meeting place is organized, leaving her own experiences out of her explanations, instead describing what and why changes has been made with an emotionally neutral tone. We do not get any information about what Mia thinks of the changes, only that she sees that some of the adolescents, like Sarah, are against them.

Differences in discussions on therapy and performance

Just as Sarah and Mia describe their roles in the relationship differently, they differ in their descriptions of 'therapy' as well. Despite saying that she does not consider Mia a music *therapist*, Sarah talks about their sessions as therapy. Like Chloe (A), Sarah has a lot of experience with therapy from before she started attending the music workshops. She says that, at one point, the child welfare services had given her a list of available treatments in the mental health services, and she realized she had tried all of them and that none worked. Music therapy, in contrast,

⁷⁴ It might even be that Mia wants to avoid being described as a friend, as the literature on therapy tends to be critical of friendships between clients and therapists (Foster, 2007).

has helped her a lot, she says. Here, I find it interesting that Sarah speaks about therapy as a selection of tools; she picks one, sees if it works, and if it does not, she tries something else. She takes no personal responsibility for the therapy not working; it is the method that is to blame. Mia, on the other hand, does not use the term ‘therapy’ at any point in the interview, except to make the point that, for her, the sessions are *not* all about “therapy-therapy-therapy”. However, as noted above, Mia does refer to herself as a music therapist several times. Comparing Sarah and Mia, we can say that Sarah does not view Mia as a music therapist, but is comfortable with labelling their sessions as therapy, while Mia avoids using the term therapy, but is comfortable with referring to herself as a music therapist.

I noted earlier that Sarah highlights her conversations with Mia when she is asked what she enjoys about music therapy. While Mia agrees that their conversations are enjoyable, the music therapist emphasizes performance and songwriting in her descriptions. For instance, in extract B.7, we see Mia explaining that she loves performing with adolescents who “tell their story”. Mia turns the songs into the adolescents’ personal narratives; she does not refer to them as music collaborations between adolescent and music therapist, but rather focuses on the fact that the adolescents are performing *their* stories. Sarah, however, does not talk about sharing her story with an audience. At one point, she even says that she was afraid that the audience might find a song too ‘personal’ and inappropriate.

In this discussion of Sarah and Mia’s interview, I have mostly focused on the differences in the ways the two speak about their relationship and their interactions. However, it bears repeating that Sarah and Mia, throughout the interview, make jokes to (and at) each other and are open about their feelings towards one another. I get the impression that they have developed a relational dynamic that is uniquely theirs, and that this is one of the reasons that they enjoy spending time together. Thus, while I do not find the same ‘mutual understanding’ in their descriptions as I see in Chloe (A) and Maeve’s (MT) interview, Sarah and Mia still reveal a great sense of familiarity and comfort in each other’s presence through the ways that they talk together.

8.1.3 Natalie (A), Maeve (MT) and Isabel (I)

Adapting to nervousness

As mentioned earlier, Natalie was quite nervous before her interview, and considered not showing up. Listening to the recording, it seems to me that Isabel adapts to Natalie’s nervousness by asking questions in a supportive tone. For instance, Isabel talks about her own experiences, starting questions with statements as ‘I’ve often thought...’ or ‘I know that

I would find this...’ Responding to Natalie, Isabel tends to point out how she and others might think something similar, or how the adolescent stands out – that Natalie is “brave” or “talented”. Extract C.1 is an example, in that Isabel justifies and supports Natalie’s thoughts on music teachers being strict by responding that many people share Natalie’s experiences. Looking at the interview as a whole, Isabel’s approach to questioning is a bit different from that of her interview with Chloe (A), in which she confronted and challenged the adolescent more. Maeve takes a different role as well, contributing more to the conversation than she did in Chloe’s interview. Again, this can potentially be a response to Natalie’s nervousness, with Maeve helping the adolescent by offering up suggestions to answers and using some of the same supportive conversational techniques as Isabel.

It seems to me that Natalie warms up to the interview situation quickly. While her first replies are short, it does not take long until she replies with longer sentences. However, she rarely disagrees with Maeve or Isabel, and she does not use strong, negative words to describe a person or situation, in contrast to some of the other adolescents. For instance, Natalie does not talk negatively about other therapists or the child welfare services (in contrast to Chloe and Sarah), and when asked if she thinks of the sessions as therapy, she answers that it does not matter to her whether they are called therapy or not. As a consequence, I experience her responses as somewhat moderate and neutral, or perhaps careful, as if she does not want to upset or offend anyone.

Natalie focusing on her own experience

Throughout the interview, Isabel asks some questions regarding what one person thinks that the other might enjoy, for instance what music Natalie thinks that Maeve enjoys listening to. Natalie tends to answer these questions with slight hesitation, often saying ‘I don’t know’. She is not the only adolescent who does this, but it functions as an example of one of the patterns that I find in Natalie’s descriptions: Natalie tends to emphasize her own experience, and often avoids talking about others. One example is extract C.6, in which Isabel asks Natalie what she thinks Maeve’s purpose for doing music therapy may be. Natalie answers that she does not know, and then, answers what *her* reasons are for attending. Other examples are when Natalie talks about how *she* leaves negativity behind when she enters the music therapy room, how the sessions make *her* inspired, and how *she* gets a sense of mastery from learning instruments. When she talks about performing, she does not mention the audience – she only describes her own experience of playing.

Natalie’s emphasis on her own experience makes her stand out among the other adolescents, who all talk about other people (as in other therapists, other adolescents, family, friends, the

audience) and how they experience them. Natalie, in comparison, barely talks about others – not even Maeve. It is important to note that I do not find Natalie's way of speaking to be unusually egocentric, but rather that, as noted above, she seems cautious, as if she does not want to speak negatively about anyone else or impose an opinion or perspective on others. As a consequence of this pattern, the interview with Natalie and Maeve centres more on the adolescent's experiences, feelings and memories than on the relationship between her and Maeve.

Lack of interest in music

Late in the interview, Natalie mentions that she is not particularly interested in music. Up until that point, she has talked positively about how she enjoys learning instruments and listening to music, so I find this statement from her surprising. The comment arises as a reply to a question from Isabel regarding whether Natalie thinks it is important that other adolescents have access to music therapy as well. Natalie answers that she does, and then goes on to say that she, herself, is not particularly interested in music. The reply can be understood as Natalie stating that music therapy may be helpful for many adolescents, as she enjoys the sessions despite not caring deeply about music.

Maeve's response to Natalie's statement of not being all that interested in music is also interesting, as she explains that she does not think that the adolescents have to be *very* interested in music in order to enjoy their sessions, but that it is still important that they show *some* interest. Here, Maeve objects mildly to Natalie, and it is the only example I can find in the interview of Maeve correcting or disagreeing with her. It is also the only point in the interview in which Maeve makes a claim that separates adolescents who are suited for music therapy from those who are not.

8.1.4 Olivia (A), Madilyn (MT) and Ira (I)

Compliments and surprise

While all the adolescents and music therapists interviewed in this study speak positively about their relationships, I find that Olivia and Madilyn praise each other more than any of the other dyads (e.g. extracts D.1, D.3, and D.10). Olivia tends to frame her experience of music therapy as positive *because of* Madilyn, emphasizing the music therapist's abilities to listen, understand and care. Madilyn's praise is often presented as comparisons, for instance in extract D.8, in which Madilyn says that Olivia is better than she is at sticking to the topic when they write songs together. Later in the interview, she also describes how she finds it

weird and uncomfortable that she has to bill Olivia for their sessions, but that the adolescent has been very "adult" and "responsible" in her handling of the process.

When discussing other forms of therapy, Madilyn describes what Olivia thinks of psychologists, as shown in extract D.6. Here, Madilyn uses the term "bitch" to describe how they sometimes talk negatively about the psychologists, a term that stands in contrast to the rest of the vocabulary that Madilyn has used up until that point. Madilyn's comment is followed by immediate laughter from Olivia and Ira, perhaps implying that Madilyn's use of the term was surprising to them as well. I understand this moment as Madilyn giving us a glimpse into how Olivia and Madilyn act when they are alone together, in that they talk with a looser, less formal tone than they do in the interview. This difference between their 'normal' way of speaking versus how they talk in the interview can also be seen in how they describe conversation as part of their sessions, in that sometimes they just talk through their whole hour together. In the interview, however, they mostly respond to Ira's questions, and do not engage in much conversation between themselves.⁷⁵

Honesty and bravery

Olivia and Madilyn's discussions of honesty in songwriting reveal some differences in their understanding of performing. At one point, Madilyn says that writing an "honest" song, telling "your story", is among the most "personal" things one can do, and that it requires great "bravery" to perform and show the song to others. We do not get any examples of Olivia's lyrics in the interview, but the emphasis on honesty and bravery in Madilyn's descriptions implies that the lyrics reveal information about Olivia's life that goes beyond what one would usually tell an audience of strangers.

When asked by Ira if she finds it challenging to share her music with an audience, Olivia replies that she does not have any "problems with it". From my perspective, Olivia does not necessarily agree with Madilyn's descriptions of bravery being required for performing her songs. However, she does mention that she can be nervous right before going on stage, but the feeling fades away once they start playing.

The differences between Olivia and Madilyn's descriptions of performance bear similarities to the differences between Sarah and Mia's (MT) descriptions. Both Madilyn and Mia talk about performances as a moment of "sharing" a "story" with the audience, while Sarah and Olivia talk more about being nervous. Still, both Sarah and Olivia comment on the audience,

75 This is in contrast to Sarah (A) and Mia (MT), who talk between themselves almost independently of whatever topic Ira introduces.

implying that their opinions matter,⁷⁶ but they do not show the same interest in “sharing their story” as their music therapists do.

Developments in music therapy

Both Olivia and Madilyn talk about developments that have happened between them, with the adolescent, especially, changing over time. They talk about how Olivia at one point ‘opened up’, referring to a moment when she started talking about things that had happened in her life, which Madilyn considers an important moment in their relationship. Furthermore, Olivia thinks more positively now, she says, which affects the songwriting, as their first songs were usually quite negative and sad. In addition, Olivia says that she is more confident now than she used to be.

This way of structuring the development of their relationship creates a difference between who Olivia used to be and who she is now. Both Olivia and Madilyn talk about the therapeutic process as developments in Olivia over the years, with little being said about Madilyn. In other words, they describe the development of their relationship as a consequence of Olivia’s development. Over time, the adolescent gradually gains confidence, sees things more positively, and shares experiences from her life, which in turn affects their relationship positively.⁷⁷

Both Olivia and Madilyn refer to their sessions as ‘music therapy’ throughout the interview. However, when asked about her thoughts on the term, Olivia replies that she does not think of the sessions as therapy, but rather as “music with Madilyn”. Madilyn, similarly, says that she primarily thinks of herself as ‘Madilyn’ when working with the adolescents, and not a ‘music therapist’. Despite this, Olivia and Madilyn strike me as the dyad who most clearly positions themselves in roles that are in line with traditional understandings of ‘client’ and ‘therapist’. To elaborate: Madilyn describes their relationship with terms associated with psychotherapy, like “mirroring”, and she talks about Olivia’s “process”. Olivia, similarly, talks about Madilyn as a good listener who “understands her”, and she describes using “episodes and feelings in the music”. In these examples, I find that Madilyn is consistently positioned as someone who helps Olivia with her problems through music listening, conversation and songwriting.

76 Sarah mentions being nervous about how the audience would respond to her lyrics, saying that she thought they might not consider them “appropriate”, and Olivia says that she wants to be perceived as honest in her songwriting.

77 See also the discussion of safety and trust in 7.1.2.

8.1.5 Amelia (A), Maeve (MT) and Isabel (I)

Challenging norms in interviews

From a discourse-oriented perspective, the interview between Amelia, Maeve and Isabel differs from the others in that it has less structure, touches on a range of different topics outside the interview guide, and is somewhat more controlled by the adolescent's whims and impulses than by the interviewer's questions. For instance, Amelia, unlike any of the other adolescents in this study, asks the interviewer many questions throughout the conversation. As a consequence, Isabel talks more about her personal life and earlier work experience than she does in her interviews with Chloe/Maeve and Natalie/Maeve. In addition, the adolescent comments on some of Isabel's questions, and occasionally says that she is done talking about a topic and that she wants to be asked something else. I find that she speaks more frankly than any of the other adolescents do, for instance by pointing out when she thinks a question is strange or when she thinks the answer to a question should be obvious.

The interactions between Maeve and Amelia during the interview consist of laughter and jokes, showing a shared sense of humour, but also episodes of more serious discussions. At times, Amelia describes situations of frustration and sadness in her life. In these moments, Maeve takes a more active role than she does in the rest of the interview by supporting and contextualizing Amelia's statements. It seems to me that Isabel gives Maeve and Amelia some room to discuss the negative experiences, as Maeve, through her years of working with Amelia, is experienced with talking with the adolescent about these serious topics.

Maeve positions herself somewhat differently here than she does in the interviews with Chloe (A) and Natalie (A). For instance, both Isabel and she use the term 'music therapist' when describing her job. While Amelia does not talk about attending other forms of therapy, she describes psychotherapists positively. One example is extract E.1, in which she jokes about Isabel sounding like a psychotherapist, because she is good at asking questions. Possibly as a consequence of Amelia's positive attitude towards psychotherapists, Isabel and Maeve seem more willing to describe themselves as music therapists here than in the other interviews. However, the term 'therapy' is only used once in the interview, when Isabel asks Amelia what she thinks about the term, to which the adolescent answers that she thinks music is therapeutic. She does not say whether or not she thinks of her sessions with Maeve as therapy.

Being straightforward

In the beginning of this subsection, I noted that Amelia speaks more frankly than the other adolescents do. Here, I point to three situations in which this straightforward way of speaking is apparent, leading to situations that are distinctive for Amelia's interview.

The first example is situations in which the conversation moves towards topics that Amelia does not want to talk about, when she says that some information is "secret", "private", or rather just says that they should talk about something else. In these moments, Amelia is clear on what information she wants to keep hidden, and she takes control of the interview situation by telling Isabel that there are certain topics she wants to avoid. From my perspective, it is not unusual to hide some information from the interviewer, and it might be thought of as a positive sign, in that the adolescent shows that she understands the consequences of providing information that will be published and publicly available. However, while the other adolescents of the study also signal that they do not want to talk about certain topics in their interviews, they seem to do it in more subtle ways than Amelia does, for instance by saying that they do not know or by not answering the interviewer's questions directly.

At another point in the conversation, Isabel asks Amelia and Maeve which of them makes decisions – that is, who is in charge. This question was asked of all of the adolescents, who usually reply that both the adolescent and music therapist make decisions, but that there are some situations in which one leads the other or takes the initiative.⁷⁸ In Amelia's interview, however, the adolescent says that Maeve is the one who is in charge, as Maeve is the one who knows how to play the instruments. Immediately after this, Amelia adds that she can sometimes make some decisions as well, but that the important thing is that they never disagree. Isabel follows up by asking if she cares about who is in charge, to which Amelia replies that she does not.

Extract E.4 shows a third situation in which Amelia's straightforwardness shapes the conversation. In the extract, we see Isabel and Maeve asking Amelia about working with other music therapists, which Amelia misunderstands to be an indication that Maeve is quitting. When Maeve says that she is *not* quitting, Amelia replies by saying that it sounds as though Maeve does not want to be her music therapist. The fact that Amelia misunderstands Isabel and Maeve's intentions in the moment is not that surprising in itself, considering that misunderstandings happen regularly throughout all six interviews. What makes this misunderstanding

78 For instance, the adolescents may decide what songs they want to play, while the music therapist is in charge of making the musical arrangements and instructing the adolescents.

different is that Amelia immediately confronts Isabel and Maeve, making her interpretation of their intention evident.⁷⁹

Talking about music

Amelia discusses music in ways that are unique compared to the other adolescents. At one point, she is asked if she wants to keep doing music the rest of her life, to which she says that she probably will not be doing music when she is an adult, and that she has other interests as well – she does not care only about music. Additionally, she jokes about being part of a band with Maeve, and that in the future, they might become “artists”, then break up and “go solo”. At another point, she jokes about Maeve’s age, saying that the music therapist is too old to be in a band with her, and that if they were to perform together, Maeve would be in the background playing instruments, while she would be in the front, singing and dancing. With these comments, Amelia teases Maeve, who plays along, agreeing that she is too old to be in a band with the adolescent. However, despite being jokes, these comments reveal a positioning of Amelia and Maeve’s roles as different from ‘artists’ and ‘bands’. It seems as though Amelia does not consider herself and Maeve to be musicians, and that she thinks there are differences between the way ‘artists’ play and perform, and the way she and Maeve make music. From the way Amelia talks, it seems as though ‘artists’ are people of a level of fame or renown that Amelia and Maeve lack. Despite this, Amelia says that Maeve is talented in playing both the guitar and the keyboard. Extract E.7 is one example, in which Amelia is asked what she enjoys the most about Maeve, and she replies that Maeve is great at playing the piano. Later, when asked why she started attending music therapy, she says that it is because Maeve is great at playing the guitar. However, when Amelia talks about the songs that she writes together with Maeve, she says that she would not want to listen to them, as that would “just be embarrassing”. In other words, Amelia describes Maeve as a talented musician, but when describing their musical interactions, she is not as positive.

8.1.6 Luna (A), Mia (MT) and Ira (I)

Influences from earlier interviews

The interview with Luna is Mia’s second interview and, compared with the first (with Sarah (A)), Mia speaks more slowly and quietly. This is seemingly to match Luna’s tone of voice, which is also quiet and soft. This results in a level of energy quite different from that of Sarah’s

⁷⁹ I find there may be several reasons why Amelia reacts the way that she does, and I do not think that the moment can be fully explained by Amelia’s tendency to be straightforward. Yet, in this particular discussion, I use her reaction as an example of a discursive pattern that separates her interview from the other five.

interview, with both the adolescent and music therapist talking calmly and with control. Still, there are some similarities between the two interviews; for instance, Mia asks Luna many questions, differentiating herself from Maeve (MT) and Madilyn (MT), who mostly let the interviewer do the questioning. As in the interview with Sarah, it seems to me that Mia knows the answers to some of the questions she asks, meaning that she might be asking the questions with the intention of making sure that certain experiences are discussed in the interview. Additionally, Mia retells Luna's experiences through repeating what she says, similar to the way she retold Sarah's stories with emphasis on Sarah's agency (see 7.2.2).

The conversation with Luna and Mia is the third and last of Ira's interviews, and I find that her improvised questions (as in the ones that are not included in the interview guide) build on the experiences from her previous interviews. For instance, she refers to the experiences and opinions of Sarah (A) and Olivia (A), asking questions to see if Luna feels the same way as them (without mentioning the names of the other adolescents). This does not go against the instructions I gave the interviewers, as I wanted them to come up with questions in the moment, but it shows how the interviewers' experiences influence the interviews and the empirical material.

The boring earlier days

Throughout the interview, Luna tends to describe anything that is negative by using the word "boring". The term is used to describe her experience with attending music lessons with a teacher, singing in a choir, the sessions she had with the music therapists who were before Mia, writing music alone and listening to some of her own earlier songs. When asked to elaborate on why these experiences are/were boring, her answers vary: the sessions with the earlier music therapists were too easy, while writing songs alone is too hard. Her earlier songs are too depressing, while singing in a choir made her impatient. Here, Luna uses the term 'boring' to describe a range of different feelings. Still, all these feelings have one thing in common: they are *not* what music therapy with Mia is. Thus, we may understand the use of the term 'boring' as a way of differentiating the music therapy with Mia from other, negative experiences.

Going a step further, the term 'boring' can be related to how Luna talks about indifference. She describes her former self, the person she used to be, as someone who was indifferent to most things. This description is not directed towards a specific moment or episode, but is used as a general statement about who she was a few years ago. It seems to me that she used to view the world from a place of indifference, and thus, considered most activities boring and non-engaging. However, she uses the word to describe situations occurring in present

day as well, but in these cases the term 'boring' is used as a description for specific situations, such as listening to her earlier songs or not being able to write songs on her own, and not as a description of how she views the world. This could imply that the feelings of indifference and boredom are not necessarily gone, but that they perhaps no longer dominate Luna's worldview.

Songwriter duo

Luna and Mia are consistent in the way they speak about their roles and their relationship: they both use descriptions as "songwriter" duo, "artists" and "performers". In addition, Mia tends to describe Luna as a "talented" songwriter, highlighting her abilities to write lyrics. At one point, she says that Luna is "*even*" at the point where she chooses some of the harmonies and chords of their songs, implying that, in her experience, it is rare for the adolescent to do this. Furthermore, Mia recounts that Luna was a "headliner" at a concert, that they have recorded music in a "professional" studio, that Luna looks like a "star" when performing and that the adolescent has "a score of fans". From my perspective, all of these descriptions point towards Mia seeing Luna as a talented artist or, at least, that she wants Luna to consider herself so. Either way, it seems to me that Luna appreciates the idea of being a songwriter or artist, as at one point she mentions that she wants to work with music at a later point in life. Mia expresses surprise upon hearing this, implying that she did not know that Luna had thought about this line of work.

As I noted in the discussion of narratives and songwriting in Chapter 7 (7.2.3), Luna and Mia talk about songwriting in different ways, as they sometimes emphasize Luna's contributions, and at other times, describe their songs as a result of their collaboration. Looking at the way the songwriting process is described through a discourse-oriented perspective, I find that Luna and Mia are positioning themselves and their relationship differently in the conversation. When talking about Luna's skills as a songwriter, Mia is describing a process in which Luna, with her experiences and lyrical talent, is the driving force. At other times, they talk about their teamwork as a crucial aspect of the songwriting. These different versions of the songwriting process can serve different functions in the interview: by emphasizing Luna's skills, Mia finds an opportunity to describe Luna in a positive way, and by emphasizing the teamwork, they describe the relationship positively. Thus, in the different descriptions of the songwriting process the informants create opportunities for highlighting different aspects of their experiences of their relationship.

Similarities in descriptions of performance

I find it interesting to look at how Mia describes the audience's reactions to Luna's performances. At one point, Mia talks about how people who know Luna see her as a different person when she is on stage, and they say that she has developed a lot. Thus, it is not only Luna who differentiates between who she *was* and who she *is*, but also Mia, who creates a similar divide between past and present in her stories about the audience.

The discussions about performing show other similarities in Luna's and Mia's ways of speaking about music therapy. When asked what they think the other enjoys the most about their sessions, they both answer performing. Additionally, both of them talk about performances as something else than 'just' writing and rehearsing songs. Here, we may draw a comparison to Sarah (A) and Mia's interview, in which they describe longing for sessions in which they can be alone, whereas Luna and Mia long for the moments in which they can break away from the monotony of the sessions. Furthermore, both Luna and Mia talk about the importance of the audience's reactions, with Mia saying that they understand their own music better through performing it for others, and Luna saying that she shows the music to others in order to see how they respond to it. This emphasis on the reactions of people outside of music therapy is unique to their interview, as the other adolescents tend to focus on their own actions when describing performances, rather than the reactions of others.

I find that Luna and Mia are comparable to Chloe (A) and Maeve (MT) in the way they talk about their music therapy sessions with similar foci, using terms that they both seem to agree on, and showing a shared understanding of what it is they do and why they do it. This shared understanding seems to be based on the idea of Luna working towards becoming an artist who writes her own songs, while simultaneously understanding that the context of their collaboration is *music therapy*. This therapeutic development is evidenced in the way Luna becomes a different person when she is on stage and is gradually becoming someone who is no longer indifferent to others, herself and her own future.

8.2 Conceptualizing 'music'

In the following section, I explore how the participants in the interviews describe and conceptualize 'music'. Rather than presenting a complete summary of all of the descriptions of music in the interviews, I hope to identify some of the broader patterns in the ways the informants

use the term. By exploring these various conceptualizations, we may gain a better understanding of how adolescents and music therapists understand music as part of their relationship.

8.2.1 Music as shared

Sharing between adolescent and music therapist

In the interviews, music is primarily discussed as an activity that is shared between the adolescents and music therapists. I do not find this surprising; I believe it is to be expected, considering that the informants are dyads who have played, listened to and written music together over extended periods. The descriptions of musical sharing between adolescents and music therapists can be sorted into two categories: Listening to music and creating music. Listening to music is described in the interviews with Chloe/Maeve, Natalie/Maeve, Amelia/Maeve and Olivia/Madilyn. In the two interviews with Mia (Sarah/Mia and Luna/Mia), there are no descriptions of the adolescents and music therapist listening to music together. Descriptions of collaborative music creation, however, can be found in all six interviews.

The listening experiences are depicted in two ways: having music on in the background while doing other activities (e.g. Chloe and Maeve listening to music while eating lunch), or attentive listening, in which the adolescent and music therapist focus on the music and experience a shared "understanding" or "mood". There are no mentions of the music therapists choosing the songs, so it seems to me that it is always the adolescents who select the music they listen to. By listening to the adolescents' music, music therapists Maeve and Madilyn say they get to know the adolescents, while the adolescents talk about how listening with their music therapist facilitates a more "personal" listening experience, and that they feel more focused than when they listen to music alone.

The descriptions of how the adolescents and music therapists play and write music together depict moments of sharing emotions like fun, admiration and sense of mastery. There are few descriptions of playing or writing music outside of the music therapy sessions, and most of the descriptions of the musical interactions emphasize the ways that the music therapists and the adolescents collaborate. For instance, the music therapists describe the songwriting as "coming from" the adolescents or being based on the adolescents' ideas. The adolescents talk about how they cannot or do not want to do the activities alone or with anyone else than the music therapist.

Sharing with an audience

Music is shared not only between adolescents and music therapists, but also with others, outside of the music therapy relationship. The others are friends, family and caregivers, who listen to the music of the adolescents and music therapists, either on recordings or by watching a performance. Thus, I here refer to the others as an *audience*.

There are two different conceptualizations of the audience: they are described as a ‘mass of people’ or as specific people to whom the adolescents want to present their music. The first use of the audience is found in discussions on the number of people who have listened to a song on Spotify or attended a concert. In the other use of *the audience*, the informants refer to specific people in the adolescents’ lives. It varies which of the two conceptualizations of the audience the adolescents emphasize. For instance, Sarah (A) describes being happy with the high number of people who have heard her songs, while Luna (A) says that she mostly cares about sharing her music with people whom she knows and cares for.

The adolescents describe experiencing a range of different emotions when performing in front of others, like nervousness, anxiety, being scared, and feeling a strong sense of mastery afterwards. Luna (A) describes performing with a choir as “boring”, and says that performing is much more fun when she can play her own songs. Sarah (A) expresses a similar opinion, saying that singing her own songs is scarier and more exciting than playing songs created by others. Chloe (A), who prefers to play the drums, says that singing seems more “personal” than being behind a drum set (and that is why she does not want to sing). The music therapists do occasionally describe feeling nervous or scared before performing, but they tend to emphasize feelings of mastery after the performance, or the positive feedback that they get from the audience. They describe feeling proud when performing with the adolescents, a feeling that Chloe (A) also describes when she watches other adolescents perform.

8.2.2 Music as belongings

In some cases, the songs written by the adolescents and the music therapists are described as ‘the adolescents’ songs’. At other points, the informants talk about ‘the adolescents’ music’ when describing songs that other artists have written, but which the adolescents have brought into music therapy. In these descriptions, music is presented as something that *belongs* to the adolescents, in contrast to being something that is shared.

When talking about the songs that adolescents put on in music therapy, the music therapists describe how the music reveals something about the adolescents. One example is Maeve

(MT) talking about how she often asks the adolescents to put on some of *their* music when they first meet, so that she can get an impression of who they are. Chloe (A), in the same interview, comments that the songs she shares in music therapy are not necessarily the songs that she feels the most emotional attachment to, but rather, that the songs she brings tend to be positive, lacking in negative emotions. This example shows a tendency that I find in the other interviews as well: when describing music written by other artists, the music therapists, and occasionally the interviewers, talk about 'the adolescents' music' as a representation of the adolescents' moods, emotions and personality, while the adolescents talk about bringing music that they think fits the music therapy sessions.

When it comes to music written by the adolescents and music therapists, the tendency described above is less clear. For instance, Luna (A) and Olivia (A) both describe the songs they write themselves as reflections of their emotions and thoughts. In the interviews with Luna, Olivia and Sarah (A), the adolescents talk from a place of ownership over the songs that they have written together with their music therapists, in that they describe the songs as *theirs*. The music therapists Madilyn (MT) and Mia (MT) show similar patterns in their descriptions, by defining the songs they have written with the adolescents as *Luna/Olivia/Sarah's songs*. In the interviews with Chloe (A), Amelia (A) and Natalie (A), however, the songs written in music therapy are at no point described as belonging to the adolescents, as in the adolescents saying 'my songs'. Instead, the self-written songs are consistently described as '*our songs*', as in belonging to both the adolescent and music therapist. It is worth noting that all three adolescents who describe the songs as '*ours*' have Maeve as their music therapist.

8.2.3 Music as stories

The third conceptualization of music that I wish to emphasize is music as *stories*. These stories are depicted as belonging to the adolescents (they are *their* stories), and the adolescents use music to share them. Thus, this conceptualization ties into the two that I have discussed above, as we again see music being presented as *belonging to the adolescents* and *shared with an audience*. I find discussions on music as stories only in the interviews with Sarah/Mia, Luna/Mia and Olivia/Madilyn, the same three interviews in which the self-written songs are described as 'the adolescents' songs'.

In the three interviews referred to above, the stories that are told in and through music depict the adolescents' experiences. From my understanding, the stories are usually about painful memories or topics that cause strong feelings in the adolescents. Sarah (A), for instance, says that songwriting is a way of working with "shocking" experiences in her life, while Luna (A) and Mia (MT) say they write songs based on the adolescent's moods and feelings. Madilyn

(MT) describes how the earliest songs she wrote with Olivia (A) were quite sad, and that they decided to include messages of hope in the lyrics, to show that the adolescent “is strong”. These examples show that even though the lyrics can be about challenging and negative moments in the adolescents’ life, the stories (or songs) can still convey a message of positivity.

Both the adolescents and music therapists talk about performing and recording music as a way of sharing the adolescents’ stories. Mia (MT), for instance, wants the audience to listen to the stories that the adolescents tell, and Luna (A) writes songs with messages to her friends. Sarah (A) is more hesitant, saying that she is afraid that the lyrics about her family might be considered inappropriate by the audience and that there are some members of her family who do not get to hear her songs. For her, it would be easier (but also less exciting) to perform songs that she had not written herself, she says.

As a short summary, we may say that music is described as a medium for expressing stories that depict experiences from the adolescents’ lives. These stories touch on topics that the informants describe as potentially inappropriate and personal, but they also contain important messages that both the adolescents and music therapists want to share with the audience.

8.2.4 Music as skills

In all six interviews, music is occasionally talked about as a set of skills, something you can learn and become good at doing. One example is Natalie (A), who says that she started attending music therapy because she wanted to learn to play the guitar. As she gradually improved, she started to hear music differently and she recognized different instruments in the songs. She also says that learning new songs makes her happy and that it gives her a “sense of mastery”. In the same interview, Maeve (MT) explains that Natalie is a quick learner, giving her credit for how quickly they have expanded their musical repertoire. Similar descriptions are found in the other interviews as well, with the adolescents and music therapists commenting on each other’s musical skills. In all six interviews, the music therapist is depicted as the one with the most musical experience and as the more skilful musician of the two.

Natalie (A) raises another side of talking about music as a set of skills when commenting on how she made mistakes while performing in a concert. Similarly, Sarah (A) talks about singing “badly” during a performance and Olivia (A) and Madilyn (A) explain that they once forgot lyrics to a song while on stage. Both Amelia (A) and Luna (A) talk about being embarrassed when hearing recordings of their own songs. Here, we see music being described as something you can fail at or do badly. In the interviews, the music therapists and interviewers respond to the adolescents’ experiences of failure by normalizing, for instance by saying

that it is normal to make mistakes when performing. Still, this potential for mistakes makes both the adolescents and music therapists associate musical performances with feelings of nervousness and anxiety.

While many of the adolescents talk about wanting to learn how to play and write music, music teachers are never described in positive terms. Chloe (A) says that her teacher "just made her feel bad", Natalie (A) thinks music teachers seem "strict" and "scary", and Luna (A) describes music lessons as "boring". Thus, even though these adolescents all say they wish to learn how to play and write music, they talk negatively about earlier experiences with music lessons.

8.2.5 Music as reason for meeting

The final conceptualization is music as the *raison d'être* of music therapy, as in music being described as the reason for meeting, and as the reason for the existence of the music therapy relationship. Olivia (A) says that she does not think of her sessions with Madilyn (MT) as music therapy, but rather, as 'music with Madilyn'. However, at another point in the interview, Olivia and Madilyn say that they sometimes spend their whole session talking together, if that is what Olivia wants to do. Furthermore, at one point, Madilyn says that 'music' is the reason that they meet, and that 'therapy' may be thought of as a potential result of them meeting and "being good" together. Another example is extract A.5, in which Maeve (MT) suggests to Chloe (A) that music is the "cornerstone" of their relationship. She says that they started with music, and from there, they have "experienced a lot together".

In these descriptions, music is used as a term for something more than musical interactions. Even though Madilyn (MT) and Olivia (A) occasionally talk through their whole session, they still label their sessions as 'music'. Here, music is everything that the adolescents and music therapists do together. In the case of Chloe (A) and Maeve (MT), music is described as their mutual purpose, the reason for why they keep meeting and interact. Other experiences are depicted as consequences of 'music', as seen in the way Madilyn (MT) describe 'therapy' as a potential consequence of interactions in 'music'.⁸⁰

80 This differentiation between 'music' and 'therapy' will be explored further in the next section (8.3).

8.3 Conceptualizing ‘therapy’

The term ‘therapy’, and the informants’ various understandings of it, has already been a topic of discussion in several themes throughout the thesis. Here, I explore a few patterns in the informants’ descriptions.⁸¹

8.3.1 Therapy as a term to be avoided

In discussions of the term ‘therapy’, we see that both the music therapists and some of the adolescents avoid using the term when talking about music therapy. Maeve (MT) does not use it in any of her three interviews, except in the interview with Chloe (A), when she is asked directly by Isabel if she thinks of the sessions as ‘therapy’. Maeve then replies that she thinks ‘therapy’ is a “difficult” word, and towards the end of the interview, Maeve suggests calling the sessions ‘music’ instead of ‘music therapy’. Mia (MT) uses the word ‘therapy’ more actively than Maeve does, though she also says that it is important for her that “not everything should be therapy-therapy-therapy”. Like Maeve, Mia describes the sessions as ‘music workshops’ or ‘the meeting place’, but she also says that the sessions are targeted towards adolescents who struggle with mental health. In her interview with Olivia (A), Madilyn (MT) says that she finds ‘therapy’ a “loaded” word, and that some adolescents might be “alarmed” by it. As mentioned in the previous section, Madilyn says that, from her perspective, the sessions are ‘music with Madilyn’, and ‘therapy’ comes as a consequence of meetings in music.

The adolescents vary in their views on the term ‘therapy’. As we have seen at several points in this thesis, Chloe (A) does not think the term fits her sessions with Maeve (MT). She associates ‘therapy’ with feeling unnatural, “uptight” and “fake”. Sarah (A) and Olivia (A) both use the term ‘therapy’ when describing the sessions; however, they challenge their own descriptions by also saying that they do *not* think of the sessions as ‘therapy’ and/or the music therapist as a ‘therapist’. Sarah also describes ‘therapy’ as a range of methods that she has tried (none of which have worked). In comparison, Luna (A), and Natalie (A) take a neutral stance in their descriptions of the term, saying that it does not matter to them whether or not the sessions are described as ‘therapy’. Amelia (A) does not comment on her understanding of the term.

Before the interviews, I discussed the term ‘therapy’ with the interviewers, Isabel and Ira, as I wanted them to ask the informants about their opinions on the term. It seems to me that they

81 In the interviews, terms ‘therapy’ and ‘therapist’ were sometimes used interchangeably. For instance, when being asked about their thoughts on the term ‘therapy’, the adolescents say that they do not regard their music therapist as a ‘therapist’. Thus, I considered including my exploration of the use of the term ‘therapist’ with ‘therapy’, but eventually, I decided to move the section on ‘therapist’ to the exploration of different roles and positions in music therapy (see 8.4.1–8.4.2).

both avoid using the term in the interviews, and instead follows the informants' descriptions of the sessions. There is one exception: Isabel's interview with Chloe (A) and Maeve (MT), in which Isabel starts by describing the sessions as 'therapy', to which the adolescent quickly objects (see 8.1.1).

Comparing the adolescents, music therapists and interviewers, it is the adolescents who seem most comfortable with describing the sessions as 'therapy'. Chloe (A) is the only adolescent who consistently speaks negatively about 'therapy' as a concept, while Sarah (A) and Olivia (A) are more varied in their use of the term. The three other adolescents do not describe having any strong feelings towards the term.

8.3.2 Therapy as development

While discussing the term 'therapy' with Chloe (A) and Isabel (I), Maeve (MT) says that the goal of her sessions is to facilitate a shared development between her and the adolescents. She says that they "grow together", and that their collaboration develops through musical exploration (including activities like performing and songwriting). Chloe (A) agrees to Maeve's descriptions. Like Maeve, Mia (MT) and Madilyn (MT) talk about how they can see that the adolescents have changed positively over the years, and that their relationship has developed during their time together. In addition, Mia describes the changes that happen to the adolescents over time as their "journey". These descriptions are examples of a pattern that I find in the interviews: Even though the adolescents and music therapists might be critical, ambivalent or neutral in their views on the term 'therapy', they agree that there have been some positive developments in music therapy. While music therapy might not be considered 'therapy', I would argue that the informants speak about it as therapeutic, in the sense that they talk about music therapy as affecting their lives in positive ways.

When the adolescents talk about development, they usually refer to changes in their actions or worldviews. Olivia (A) feels more confident now than earlier, Sarah (A) feels more relaxed, and Chloe (A) speaks up more, to mention a few examples. These descriptions often involve a portrayal of how the adolescents used to be – shy, introverted or depressed, for example – but now, they have changed. Sarah, Chloe and Luna (A) describe changes in their impressions of music therapy as well, saying that they were initially negative, but that at some point they changed their mind. For Sarah, this change of mind happened almost immediately upon meeting Mia (MT), but for Luna, it took years before she gradually started enjoying music therapy.

The music therapists talk about changes in the adolescents as well, but they also bring up their relationship when discussing how their sessions have developed. We see one example of this tendency above, in Maeve's description of the 'shared' development of the relationship. The adolescents do not discuss changes in the relationship all that much, as they tend to emphasize their own experience, for instance by saying that *they* feel more comfortable in music therapy. When asked directly by the interviewers about changes in the music therapist, the adolescents usually answer that the music therapists have *not* changed. This will be further explored in the next subsection, on descriptions of 'therapy' as *consistency*, rather than *development*.

8.3.3 Therapy as consistency and stability

Earlier in the thesis, I mention that Natalie (A) appreciates that music therapy is a place of stability and routine (see 7.1.3). In the same interview, Maeve (MT) talks about the 'therapy' of music therapy as existing in providing place where there is no pressure and the adolescents feel safe. This description is quite different from the shared development that Maeve talks about in her interview with Chloe (A). Rather than talking about therapy as a development, Maeve's comments in the interview with Natalie show that therapy can also be described as a form of consistency.

Another feature of music therapy that is described as consistent is the music therapists, whom the adolescents tend to describe as reliably "happy", "kind" and "good listeners", to mention a few examples. This consistency is described as one of the reasons why adolescents like Amelia and Olivia find music therapy helpful (or therapeutic) – it is a place where they can meet the music therapist, who they say *always* makes them feel better.

The descriptions above show us that 'therapy' is not only spoken about in terms of development and change, but that the term is also associated with consistency. As suggested in the phenomenological exploration, the stability and reliability of the music therapy relationship may be part of what makes the development of the relationship possible. This suggests that stability and development are interrelated concepts, both in how the music therapy relationship develops (see 7.1.2), and in the ways that the informants talk about 'therapy' as a concept.

8.4 Conceptualizing 'relationships'

Compared to 'music' and 'therapy', the term 'relationship' rarely arises in the interviews, as the informants tend to use descriptions like 'how we know each other' and 'our collaboration',

rather than 'our relationship'. Thus, in order to explore how the informants conceptualize their relationships, I focus on the roles that they take on and assign each other in the interviews. I think of these roles as positions that the adolescents and music therapists draw on to describe their interactions – positions that reveal different dynamics in their relationships.

In this analysis, I have intentionally categorized and separated the roles described in the interviews. In the empirical material, however, these roles are interrelated and constantly overlapping. I therefore do not find that the informants intentionally step in and out of specific roles, but rather that they draw from multiple roles simultaneously, occasionally emphasizing perspectives that are more in line with some roles than they are with others.

8.4.1 Adolescent / music therapist

The most prominent description of the roles of the informants that I find in the empirical material is 'adolescents' and 'music therapists'. These are also the descriptions that I use throughout the thesis, even though we have seen several examples of both adolescents and music therapists challenging the 'therapist' label. Still, I find that the terms 'adolescents' and 'music therapists' are fitting descriptions of the roles that the informants tend to take in the interviews, as explained in the following.

It appears to me that the description 'adolescent' is accepted by all the informants, as they use it consistently throughout the interviews. The only exception is Mia (MT) in the interview with Sarah (A), in which she occasionally describes the adolescents as 'participants' (she does not repeat this description in her interview with Luna (A)). Terms like 'client', 'user', 'child' or 'young adult' are not used in any of the interviews, except when describing what the adolescent is *not* (e.g. extract B.9). The description 'music therapist', as noted above, is challenged by some of the adolescents and music therapists. Despite this, I find that the informants tend to position Maeve, Mia and Madilyn (the three music therapists) as those responsible for the music therapy sessions – that is, they are hired to provide a service to adolescents in the child welfare services. This is especially clear in the discussions of payment and restrictions on the length of the music therapy sessions, as found in the interviews with Sarah/Mia and Olivia/Madilyn (and to some degree in Amelia/Maeve). In these interviews, the adolescents talk about wanting more time with their music therapists, but they are denied this wish for financial reasons. So, even though both Sarah (A) and Olivia (A) say that they do not consider Mia and Madilyn 'therapists', they still talk about their music therapists as paid professionals in the child welfare system.

I find that the informants take on the roles of ‘adolescents’ and ‘music therapists’ in discussions on decision-making in the music therapy relationship as well. For instance, Maeve (MT) says in two of her three interviews that it is important that the adolescents know that they can object to her suggestions, and that they should not feel forced to do anything in her sessions. Mia (MT) expresses a similar thought, when saying that she does not want to tell the adolescents how to behave, and that she tries to respect their thoughts and viewpoints. Maeve and Mia’s statements reveal to me a power dynamic in the relationship, in that they have the power to define the activities of music therapy, but their suggestions are based on the wishes of the adolescents. Also, the adolescents are described as acting in diverse ways, bringing different moods and emotions into music therapy, while the music therapists’ actions are described as reliable and stable.

I find another difference between adolescents and music therapists when it comes to descriptions of musical taste. At no point in the interviews do we get to know the favourite musical genres or songs of the music therapists, whereas the adolescents frequently share information about their favourite music. This could be because the interviewers focus on the adolescents’ experiences (in accordance with my instructions), but it shows a tendency that is underscored by adolescents like Olivia and Natalie, who both comment that their music therapists are ‘open to all kinds of music’. Whereas the adolescents describe having particular tastes, the music therapists are described as enjoying ‘everything’.

From my perspective, the descriptions above show dynamics similar to traditional ‘music therapist–client’-relationships (see Bruscia (2014)), in that the music therapists are described as being in control of the situation, while basing the activities of the sessions on the wishes of the adolescents. In this context, it is also interesting to see that even though the adolescents and music therapists occasionally distance themselves from the ‘therapist’ label, there are also several instances of the informants describing the music therapist as a ‘therapist’. In Isabel’s (I) interview with Maeve (MT) and Chloe (A), Isabel talks about herself and Maeve as *music therapists* who need to know what *adolescents* think about music therapy, and Maeve does not object to the use of her job title, even after Chloe says that she does not consider Maeve a ‘*music therapist*’. In the interview with Amelia (A), the adolescent jokingly suggests that Isabel could be her music therapist (and at another point, her psychotherapist) because she seems so nice, and in Luna’s (A) interview, the adolescent talks about having sessions with other music therapists than Mia (MT). Also, in her interview with Sarah (A), Mia repeatedly describes herself as a music therapist, despite saying that she does not consider her relationship with Sarah to be a ‘therapist–client relationship’ (extract B.9). In all these examples, the informants use the description ‘music therapist’ without any negative connotations.

8.4.2 Adolescent / not therapist

In the interviews with Olivia (A), Sarah (A) and Chloe (A), the informants occasionally describe their music therapists as different from what they define as 'therapists'. All three adolescents have experiences with other forms of therapy, and they describe other therapists negatively in their interviews. The adolescents do not immediately suggest another title for the music therapists, but Madilyn (MT) comments that, from her perspective, she is simply 'Madilyn' in their sessions.

Madilyn also distances herself from other therapists when describing how Olivia talks to her about being frustrated with the "psychologists and dumb adults" in her life. Maeve (MT), in her interview with Chloe (A), makes a similar statement, by describing therapy as feeling "fake". As seen in extract B.9, Mia (MT) views her relationship with Sarah as different from traditional therapeutic relationships. These moments show that the music therapists are willing to challenge notions like 'therapy' and 'therapists'. However, these descriptions from the music therapists are brought up late in the interviews with the three adolescents who talk about having negative experiences with therapists. After hearing the adolescents talk negatively about 'therapy' and 'therapists', Maeve, Mia and Madilyn (MT) might have wanted to express opinions that were in line with the adolescents' perspectives. If so, this is an example of the informants adjusting their descriptions to fit with the discursive repertoires of the other.

8.4.3 Adolescent / adult

The informants occasionally use the term 'adult' to describe the music therapists or other workers in the child welfare services. One example is extract A.8, in which Maeve (MT) says that it can be scary to share music with an adult, referring to the first time she meets the adolescents, when she asks them to put on some of 'their' music. Later in the interview, she says "adults like me" are used to being in control, and it can be difficult to know whether or not the adolescents agree with her suggestions and decisions if they do not speak up. Both Mia (MT) and Sarah (A) describe the music therapist and her co-workers at the meeting place as 'adults', though other descriptions are used as well. They also describe certain behaviours as being age-specific, as in the adults thinking or behaving a certain way *because* they are adults.

In all the examples above, I find that the term 'adult' is used to refer to people who have authority in the adolescents' life. The 'adults' are the ones who are in control, they can be 'scary', and the adolescents may have to meet them even though they find them 'dumb'. I thus consider the term 'adults' to be a general description of different people involved in the adolescents' life who do not necessarily share a job title, but hold a position of power. The music therapists'

use of the term may be seen as a way of referring to their position as one of the authorities in the adolescents' life, without using the description 'therapists'.

8.4.4 Adolescent / music teacher

There are no moments in the interviews in which the informants describe the adolescents as 'students' or the music therapists as 'teachers', but they frequently talk about learning and teaching music. Natalie (A), Sarah (A) and Chloe (A) say they started attending music therapy because they wanted to learn to play instruments and write music, and through their sessions, they have learned to do both these and other activities that they did not think they were interested in doing when they started (e.g. Luna (A) and songwriting, extract F4). Thus, they not only engage in the activities that they initially wanted to, but are also provided with the opportunity to experience and engage in other activities that they find interesting and fun.

The descriptions of the music therapist as someone who is experienced with music and the adolescent as someone who wants to learn music reveal a contrast between the two groups. The music therapists possess the knowledge and the power to teach, and the adolescents are placed in the position of the inexperienced learners. The adolescents do not protest this position: at several points in the interviews, they express their appreciation of the music therapist's musical talent. For instance, Natalie (A) comments that playing music with someone who is experienced makes *her* feel better at playing.

In contrast to how the adolescents appreciate the music therapists' abilities to teach, many of the adolescents describe negative experiences with earlier lessons with music teachers, as discussed in the section above devoted to the exploration of music as skills (8.2.4). This may be a reason why they do not describe their music therapists as 'teachers', as they might associate the group with negative emotions. The term 'teacher' could in this sense be in a similar position as the term 'therapist', as neither of the descriptions are preferred when talking about the music therapists, even though the discussions reveal interactions and power dynamics in the music therapy relationship that are similar to client–therapist and student–teacher relationships.

8.4.5 Musicians and friends

All of the roles described above emphasize differences rather than similarities, placing the adolescents and music therapists in contrasting, hierarchical positions. However, the informants also describe their relationship in terms that are more egalitarian. For instance, Sarah (A) uses the term 'friend' to describe Mia (MT). Although the music therapist does not use

the same description for Sarah, she does describe their relationship as a "friendship" at one point in the interview, and at another point, says that they are "musicians who write songs together" (extract B.9).

With the exception of the examples above, the terms 'musicians' and 'friends' are rarely used in the interviews, but there are numerous descriptions of interactions in which the informants emphasize the equal contribution of the adolescent and the music therapist. Chloe (A) and Natalie (A) say that they enjoy making music with Maeve (MT) because both they and the music therapist come up with suggestions to how the music should sound, or how to play a particular section. Mia (MT) and Madilyn (MT) similarly describe the ways that Luna (A) and Olivia (A) contribute to the songwriting process, portraying their work as a collaboration that is made possible by ideas and suggestions from both themselves and the adolescents. In these descriptions, I find that the adolescents and music therapists talk about a relationship of equality that stands in contrast to the descriptions discussed in the earlier subsections.

8.5 Summary of the discourse-oriented exploration

To conclude this chapter, I summarize the topics that have been discussed in this discourse-oriented exploration of the empirical material. First, I explored discursive patterns in the interviews by looking at how the participants talk, position themselves and react to each other's comments. Second, I explored how the adolescents and music therapists use and describe the terms 'music', 'therapy' and 'relationships'. Below, I summarize each case individually, before summarizing the descriptions of the three terms.

Discursive patterns in the six interviews

Although Chloe (A) and Maeve (MT) present some differing perspectives on their relationship, they still draw heavily on each other's terminology and viewpoints. Neither Chloe nor Maeve describes their sessions as 'therapy', though for different reasons. Both use a more emotionally oriented vocabulary when talking about music than when talking about each other, and they use words like 'normal' and 'natural' to contrast their sessions from other forms of therapy. The similarities in their descriptions can be considered a similarity in understanding, in that they have developed a mutual way of talking about their sessions and their relationship.

Sarah (A) and Mia (MT) position themselves in multiple roles: client-therapist, adolescent-adult, participant-leader, friends and musicians, while maintaining a sense of humour and

openness about their feelings and experiences. The two of them speak quite differently about their relationship and the context of their sessions. Not only do they use different terms in their descriptions, they also emphasize different activities and describe their interactions differently. Additionally, Mia tends to talk about the meeting place in a more emotionally neutral tone than Sarah does, with less emphasis on personal experience.

Natalie (A) speaks in a more moderate and careful way compared to the other adolescents. She rarely disagrees with Isabel (I) or Maeve (MT) and she avoids talking about other people, instead focusing on her own experiences. This affects the interview, making the conversation centre more on the adolescent's feelings, opinions and memories. One reason for Natalie's moderate tone may be that she was quite nervous at the start of the interview. I find that both Maeve and Isabel respond to the nervousness by being supportive rather than challenging the adolescent in their questions and comments. The only example I find of Maeve opposing Natalie, is when they discuss whether or not adolescents need to be interested in music to attend music therapy.

Olivia (A) and Madilyn (MT) are the dyad who complements each other the most, and they speak warmly about their relationship and the ways it has developed. Both of them describe this development as a consequence of changes in Olivia. Furthermore, they both position Olivia as someone who is facing challenges, with Madilyn being a helper who tries to aid Olivia in her therapeutic process. One of the ways that Madilyn helps Olivia is through collaborating with her on writing songs about her life experiences. When describing performances, Madilyn emphasizes that Olivia shows great honesty and bravery in writing and sharing her music with others, but Olivia's descriptions are more oriented towards her own feelings of nervousness in the situation.

Amelia (A), Maeve (MT) and Isabel (I) act and speak somewhat differently than the participants in other interviews. Amelia questions the interviewer and occasionally takes control of the interview situation. Maeve, perhaps as a response to Amelia's actions, places herself in the role of a 'music therapist' more than she does in the interviews with Natalie (A) and Chloe (A) (as seen in how she uses the description more frequently). Isabel talks more about herself than she does in the other interviews and, as a consequence, the roles of interviewer and interviewee are tested in their conversation. The participants break some of the norms that shape the conversations in the other five interviews. Furthermore, compared to the other adolescents, Amelia also shows a different understanding of the term 'artist' and the concept of playing in a 'band', as she associates these roles with being famous.

The interview with Luna (A) is both Mia's (MT) and Ira's (I) final interview, and we can see some influences from the earlier interviews in their conversation. Both Luna and Mia say Luna has changed over time. Earlier, she was indifferent to most things, finding most activities – including music therapy – “boring”. Now, Luna is described as a talented songwriter: a “star”. Although Luna's writing skills are emphasized, their songwriting is also described as a collaborative process, and Luna explains that she depends on Mia to write music. Throughout the interview, the two of them talk about their sessions and relationship in similar ways, implying a shared understanding of what they do together.

Descriptions of 'music'

'Music' is spoken about in different ways, though mainly as an activity that is shared between the adolescents and music therapists. This activity is described as something one can be good and/or bad at, and many of the adolescents say they started attending music therapy because they wanted *to learn* music. Music is also described as something that belongs to the adolescents. The adolescents may choose to share this 'belonging' with their music therapist or an audience. When talking about performing their own songs, the informants describe music as stories, which again, belong to the adolescents. In this context, the adolescents' stories are usually about important moments in their life, or about their friends and family. Music is also used as term for everything the adolescents and music therapists do in the sessions, and the reason they meet.

The informants use and understand the term 'music' differently depending on the topic of conversation. We can find some additional differences by looking at how the music therapists use the term compared to the adolescents. For instance, the music therapists describe the music that the adolescents share as a representation of the adolescents' feelings and moods. The adolescents, however, talk about selecting music that they find fitting for the sessions with their music therapist. Another example is the difference in emotions that the informants describe as arising in music and musical situations. Whereas the music therapists emphasize positive emotions like pride, safety, hope and mastery, the adolescents' descriptions include more negatively experienced emotions like anxiety, failure and sadness. That being said, the adolescents mostly relate positive emotions to music (here referring to music in any context).

There are also some differences between the dyads in how they declare ownership of the songs written in music therapy. The three dyads in which Maeve is the music therapist tend to describe the songs they write as 'our songs', implying a shared ownership between adolescents and music therapists, while the other three dyads describe the songs as 'the adolescents' songs'.

Additionally, the dyads in which Mia is the music therapist do not talk about music listening, an activity that is discussed extensively in the other four interviews.

Descriptions of 'therapy'

'Therapy' is a term that the music therapists of the study admit to avoiding. They describe it as a "difficult" and "loaded" term, and for this reason, they usually do not describe their sessions as 'therapy' when talking with the adolescents. Three of the six adolescents explain that they do not consider the sessions 'therapy', but two of them still use the term regularly throughout the interviews. The other three adolescents do not object to or mind that the sessions are being described as 'therapy'. Consequently, I find that the adolescents, as a group, show more variation in their use of the term than the music therapists do.

Even though the term 'therapy' is avoided, music therapy is described as helpful for the adolescents' wellbeing. The adolescents and music therapists describe positive developments happening over time, in the sense that the adolescents and the relationships change. The music therapists, however, are usually described as consistent and unchanging. Still, there are examples that go against this depiction; for instance, Maeve (MT) describes the development in therapy as happening to *both* her and Chloe (A), but she does not repeat this description in her interview with Natalie (A), when she describes the 'therapy' of music therapy in terms related to consistency, rather than change.

Descriptions of 'relationships'

The informants understand their relationship as similar to, but not fully in line with, a variety of roles. One description that is never challenged by any of the informants is 'adolescents'. The term 'music therapist', however, is brought up and questioned by the adolescents who also talk about having negative experiences with other therapists. Other adolescents use the description 'therapist' about their music therapists without mentioning any negative associations to the term. When referring to a group or describing a non-specific caregiver in the adolescent's life, the informants tend to use the term 'adults', for instance when describing the music therapists *and* their colleagues. Considering how often music is talked about as a skill that the adolescents want to learn, we may also think of the adolescents and music therapists as student and teacher, though they do not use those terms. They do, however, occasionally talk about being 'musicians' and 'friends', implying a more egalitarian collaboration between the adolescents and music therapists.

The music therapists take on conflicting roles, both in the sense of what terms they use to describe themselves and how responsibility and power are understood as part of these roles. Maeve, Mia and Madilyn are all working as music therapists, but they still present themselves as different from 'therapists.' Furthermore, they refer to egalitarian concepts when describing their relationship with the adolescents, pointing out that the adolescents have the power to decide the activities of the sessions, or that they are equals in the musical interactions. However, they also talk from the position of 'adults', as leaders of the music workshops and as experienced musicians, revealing more hierarchical understandings of their relationships to the adolescents.

The adolescents are usually referred to as 'adolescents', both by themselves and their music therapists. The term 'adolescents' is used in a wide range of situations, making it a nuanced and varied description. In addition, the adolescents are described as musicians, who perform and write music together with the music therapists. The adolescents say that they enjoy being able to collaborate with their music therapists, and that they never feel forced to do anything they do not want to do, but they also talk about difficulties regarding time limitations and payment for the music therapy sessions. Compared to the music therapists, the adolescents do not talk much about power and decision-making in the music therapy relationship, but some of them describe having experienced imbalances of power in relationships with other therapists and teachers.

Part 4: Discussion and conclusion

9 Discussion

In this chapter, I connect the findings from the thematic analyses presented in part three of the thesis and discuss them in light of theory and research. As a starting point for the discussion, I use the four research aims of the study (see 1.1). I begin with a discussion of the informants' experiences of their relationships as part of the Norwegian Child Welfare Services (NCWS) (aim 1), and continue with a discussion of how discourses and interpretations of certain terms influence the informants' understanding of their relationships (aim 2). Lastly, I discuss how the relationships develop over time and identify experiences that are of special importance to the informants (aim 3). Included in these discussions are reflections on how the informants experience and talk about music and musical interactions (aim 4).

The discussions below vary in their focus. Some are oriented towards identifying patterns across the phenomenological and discourse-oriented explorations and are therefore focused on the empirical material. Others are more oriented towards theory and research. In this way, the chapter builds and draws on findings and discussions from all the earlier chapters of the thesis. Together, the various discussions make out the foundation of Chapter 10, in which I present a more condensed perspective on music therapy relationships in the NCWS.

9.1 The informants' experiences of their relationships

The six dyads of the study describe engaging in similar activities in their sessions – playing instruments, listening, writing songs, performing and talking about music – but they differ in how they describe their experiences of these activities. Similarly, all six dyads talk about feelings of safety and trust, but the analysis reveals that they do not necessarily share an understanding of what safety and trust entails. For some of the dyads, safety and trust arose in their first meeting; for others, the feelings developed over time. For some, safety and trust are associated with comfort; for others, the feelings relate to a need for challenge. Thus, I find that the six dyads experience the music therapy relationships in different ways, although the topics that they touch upon in the interviews are similar.

We can identify a similarity in how the adolescents present the music therapy relationships as unique when compared to other relationships outside music therapy. This is seen in the adolescents' descriptions of their experiences of their music therapists as different from their

experiences of other therapists and teachers. The adolescents always describe the music therapists favourably: whereas other adults are described as "scary" and "uptight", the music therapists are "kind" and "happy" (to mention a few examples). The adolescents do not talk about any teachers who do a good job or psychologists whom they trust. This does not necessarily mean that the adolescents have no positive relationships with teachers or other therapists. Rather, seen from a discourse-oriented perspective, it could be that the adolescents are using extreme comparisons in order to define and outline how strongly they feel about the music therapy relationship. We should keep in mind that the informants were interviewed together, and that it could be in the interest of both the adolescents and music therapists to speak positively about their relationship, so as to avoid conflict and hurt between them. Still, the consistent positioning of the music therapist as *different* from other adults implies that the music therapy relationship is experienced as especially unique. In the following subsections, I explore how we might understand the uniqueness of the music therapy relationship.

9.1.1 Music as a unique relational activity

One aspect that makes the music therapy relationship unique is the musical activities. The adolescents say that part of their enjoyment of music therapy comes from activities like recording and performing music – activities that they did not think they would be able to do before attending music therapy. In addition, they assert that they experience musical activities with their music therapist as different from musical activities *without* their music therapist. An example is found in Luna's (A) interview, in which she describes working with two other music therapists as "boring". In contrast, she says Mia (MT) makes the musical activities fun and challenging for her. It thus seems to me that music therapy offers unique possibilities for musical actions, but the adolescents' reasons for enjoying these activities are tied to their relationship with their music therapists. In other words, the musical activities are experienced positively in part because they are done together with Maeve (MT), Mia and Madilyn (MT). This tendency is especially clear in the interviews with Amelia (A) and Natalie (A), where the adolescents imply that they do *not* attend music therapy because of their interest in music. Still, they talk positively about the opportunities for interactions that music provides, like sharing songs and having fun together with Maeve.

I also find that different activities lead to different relational experiences. In the following, I focus on three of the musical activities that are most frequently discussed in the interviews: music listening, music making and songwriting. Together, the three activities show some of the breadth of musical experiences that are made possible by the music therapy relationships of this study.

Music listening as a process of attunement

Even though this study does not focus explicitly on how the adolescents use music outside of their sessions with their music therapists, the findings still support patterns found in other studies of the topic, as shown in Chapter 2. For instance, several of the adolescents describe listening to music to regulate their emotions, especially in challenging situations.⁸² However, the findings of this study also show that the adolescents experience listening to music with their music therapists as different from listening to music alone, with Olivia (A) describing the shared listening experience as more “personal”, and Natalie (A) saying she is more “attentive” when she listens with Maeve (MT). The music therapists say that the shared listening experience can facilitate a feeling of “understanding” between the adolescent and music therapist (see 7.1.1), and both Maeve (MT) and Madilyn (MT) say that sharing music can be a “scary” experience for the adolescents, especially in the earlier phases of the relationship.

In the phenomenological exploration, I argue that the feeling of understanding that happens between Olivia (A) and Madilyn (MT) is a moment of mutual response to the music. Developing this interpretation further, I find that the feeling can be considered a moment of non-verbal, emotional *attunement* between Olivia and Madilyn, meaning that the adolescent and music therapist use music to regulate their shared emotional state (Trondalen, 2016b, 2019). Drawing on Trondalen, we may describe this process as a ‘fusion of horizons’:

Two different inner worlds meet within the intersubjective frame of mutual regulation and interaction through music. The intersubjective experiences exceed each person’s subjective state of mind. There is a fusion of horizons. (Trondalen, 2016b, p. 15).

Although it is Madilyn who talks about the feeling of understanding, I interpret the feeling to be mutual, in the sense that Madilyn and Olivia gain an understanding of each other in the musical moment. Through music, they establish a shared understanding of how they feel together. Considering that this is a moment of mutual sharing, occurring in a face-to-face encounter, it makes sense to me that Olivia describes the experience as “personal”. Through listening to music, Olivia and Madilyn engage in an openness that involves them being both vulnerable and responsible for each other (Trondalen, 2016b).

82 Olivia (A) and Luna (A) listen to songs they have made in music therapy, as these songs reflect their feelings and emotions better than any other music, and Amelia (A) describes listening to her favourite band after being upset. In Amelia’s interview, listening to music is also associated with sadness, as certain songs remind the adolescent of difficult experiences. Still, the adolescent emphasizes that music primarily makes her happy.

Natalie (A) and Maeve's (MT) descriptions of music as a "mood" and "atmosphere" which they are "pulled into" brings similar associations to mind (see extract C.7). The two do not talk about a feeling of understanding developing between them, but they explain that listening to music together changes their mood. From my understanding, these moments also involve an openness to the music that demands a certain level of attention and focus. This could explain why Natalie finds that listening to music with Maeve makes her more "attentive" to the music.

In the discourse-oriented exploration of the term 'music', I separate between the attentive form of listening described above, in which the adolescents and music therapists concentrate on the music, and a less attentive form of listening that occurs when music is put on in the background while the dyads are engaged in other activities (e.g. eating lunch) (see 8.2.1). Although both situations involve music listening, the dyads do not describe any emotional attunement or sharing when music is played in the background. It is possible that the attentive listening described above depends on an intention or expectation towards the musical moment. It is not enough to put on music; the adolescents and music therapists actively choose to open themselves to the music and to each other – to *attune*. Following this line of thinking, the attunement that happens in attentive music listening can resemble the way the adolescents and music therapists share secrets in conversation, in the sense that both interactions involve an intentional revealing of oneself to the other.

Strong experiences of music through playing together

Even though all six dyads make music together, it is only Chloe (A) and Maeve (MT) who talk about special, relational moments happening while *playing* together. To elaborate: the other dyads talk about feeling a sense of mastery when performing or finishing a song, and moments of connection in conversation or music listening. Nevertheless, Chloe and Maeve is the only dyad who speaks about non-verbal communication taking place when they play instruments together. For instance, they talk about build-ups in music as moments in which the players share an intention and understanding of where the music is going (see 7.2.1). Using the terms from Trondalen's citation above, the moments can be understood as a form of mutual regulation, in which the players momentarily attune to the gradual increase of musical intensity.

In order to understand how these moments of connection shape the players, I look to Gabrielsson's (2010, 2011) studies of *Strong Experiences of Music*. Gabrielsson examines the types of musical experiences people find especially strong or intense, as well as the underlying components of these experiences. He explains that strong musical experiences can generate a sense of community among performers and that the musicians who share such experiences

find that their defence mechanisms disappear, making them less reserved. They feel as if others are thinking like themselves, in the sense that they are not alone in their understanding of the music. The shared experience creates a sense of togetherness – a feeling that lasts beyond the musical moment itself.

Compared to the other dyads, Chloe and Maeve most clearly prioritize playing together in their sessions. Chloe is among the adolescents that Maeve has known the longest, and they have rehearsed together for several years. It seems that they have reached a musical skill level that is beyond that of the other dyads, while also being the dyad that shares the longest musical history. Their familiarity with their musical instruments and with each other as co-players explains why they have more shared active musical material and musical experiences to talk about.

The argument that Chloe and Maeve find meaning in musical activity *because of* their experience and familiarity with each other and music challenges a core tenet of Norwegian music therapy: that the client and music therapists are able to relate to each other through music independent of the client's musical skill level.⁸³ Earlier, I referred to Trondalen's example of a moment of intersubjective sharing happening between an adolescent and a music therapist in a musical improvisation. In her example, the adolescent is unfamiliar with the piano, playing it for the first time (see 3.2.1) (Trondalen, 2016a). This is just one example of how musical improvisation shared by adolescents and music therapists can create strong, musical moments of connection regardless of familiarity with the instruments (see also Wölfl, 2016). The dyads of this study, however, do not mention musical improvisation as an activity in their sessions.⁸⁴ They usually play songs written by themselves and others – songs that follow certain musical structures. We see that Chloe and Maeve talk about the importance of rehearsing, playing the songs repeatedly in order to achieve a level of familiarity (with both the instruments and the song) that makes it possible to focus on the relational interplay happening in the music. Thus, for the form of musical meaning that Chloe and Maeve describe, a certain level of musical skill and familiarity is necessary.

Recontextualizing experiences through songwriting

While both music listening and playing can be understood as activities that facilitate a mutual, emotional regulation between the adolescents and music therapists, songwriting is described as a different form of interaction. Olivia (A) and Luna (A) talk about songwriting as an activity in

83 As noted in the introduction, the Norwegian music therapy tradition has its roots in the Nordoff-Robbins approach, which is founded on the idea that everyone, regardless of skills or abilities, is able to respond to and relate through music (Næss, 2008; Stensæth, 2017).

84 See 9.2.3 for an exploration of why the music therapists may hesitate to use musical improvisation in their sessions.

which they can use their feelings, tell stories and express opinions through writing. They both describe listening to the songs they make in music therapy when they are alone, and that they use their own music to regulate their emotions. Their songs, as well as their views on life and the world, have gradually become more positive during their time with their music therapists.

In light of these descriptions, I understand Olivia and Luna's songwriting as a reshaping of their experiences through narrative. This interpretation is in line with van Manen's phenomenological perspectives on writing, in which the process of writing is conceptualized as both a *decontextualizing* and a *recontextualizing* of an experience (van Manen, 2014). When describing an experience in written words, we remove it from its context – we decontextualize it. At the same time, we introduce a new, *textual reality*: a context in which the experience now exists as writing (recontextualizing). By writing a song about an experience, the informants both remove the experience from its context and introduce a new context: the song. I find that the act of writing songs about an experience can be a way of rethinking the experience and see it in a different light.

We see that the adolescents' experiences are brought up in honest, intimate conversations with the music therapists – the only exception being Luna (A), who occasionally writes some lyrics on her own – and that the adolescents depend on the music therapists to recontextualize the experiences into songs. This understanding of the songwriting process resonates with the phenomenological approach to narratives found in Ricoeur's work (see 3.5.1) and narrative psychology, as the literature emphasizes the co-creation of narratives: it is through interacting with others that we create and discover the stories of our lives, as well as the stories we share between relationships, communities and cultures (Ricoeur, 1992; Schiff, 2012).

9.1.2 Authenticity in the music therapy relationships

In the phenomenological exploration, I describe Chloe's (A) and Sarah's (A) experiences with different forms of therapy, and their perceptions of their music therapists as being more genuine in their care than other therapists are (see 7.1.1). At another point in the chapter, I describe the way Olivia (A) and Madilyn (MT) talk about "honesty" in their songwriting: the adolescent wants to write songs that describe her life experiences in true, honest ways (see 7.2.3). In this subsection, I discuss these descriptions of feelings and experiences in light of theory on *authenticity*.

Adults who 'really' care

In the development of the sub-theme 'Realness and fake care', I was led to Sartre by his analogy of the French waiter (see 3.2.1), in which Sartre describes how while sitting at a café, he observes a waiter, noting his stiff movements and his eagerness to please the customer. Sartre does not believe that the waiter cares about the customers; instead, Sartre experiences the waiter as someone who is simply doing his job, fulfilling the function that is expected of someone in his position (Sartre, 1958). I find that this analogy bears some likenesses to Chloe's and Sarah's experiences. Both the adolescents and Sartre describe people who are working and doing what is expected of them, but exactly because they are doing their job, they are experienced as *fake*, or in Sartre's terms, *inauthentic*. Sartre's authenticity relates to his notions of freedom, subjectivity, and other aspects of his existentialist thinking, so the concept goes far beyond the analogy of the waiter. Still, I find it useful to refer to how Sartre connects authenticity to the difference between feeling that someone really, authentically cares, and the feeling that they care because it is their job to do so.⁸⁵

Studies of adolescents' experiences of adults in the NCWS show findings that are comparable to what Chloe and Sarah say about 'uncaring' therapists. In a recent report on living conditions among children and adolescents in the NCWS, adolescents describe the feeling that some adult caregivers simply do their job, whereas others 'really' care (Barneombudet, 2020). In other reports, the adolescents talk about needing to be met with 'real' and 'warm smiles', and adults who listen with their eyes and ears (Forandringsfabrikken, 2019). In a study on perceptions of love in the NCWS, one of the adolescents differentiates between the adults who wholeheartedly care, and those who care 'half-heartedly' (Thrana, 2014). A study from the perspective of caregivers in the NCWS show similar findings, with the workers emphasizing the need to be transparent and authentic, and the importance of allowing oneself to be fond of the adolescents (Steinkopf, Nordanger, Halvorsen, Stige & Milde, 2020). Together, these reports and studies imply that feelings of authenticity – of real care – might be of special importance for adolescent–adult relationships in the NCWS.

It is interesting that the adolescents quoted in the studies and reports above associate the feelings of authenticity and safety and trust with the facial characteristics of the adult, like their 'kind eyes' and 'warm smiles'. Similarly, the adults whom they do not trust have strict, serious and scary faces – faces that tell the adolescents that they are a problem that needs to be fixed (Forandringsfabrikken, 2019, 2020a, 2020b). This tendency to focus on the face of the adult can be viewed in light of Lévinas's notion of the face of the Other (see 3.3.1). In search

85 See 3.2.2 for a comparison between how Sartre conceptualizes authenticity and the use of the term in the music therapy literature.

of authenticity, the adolescents search for openness (or the lack thereof) in the face of the adult. To see the adolescents truly, to respond to their gaze, the adults must allow themselves to be vulnerable. If the adolescents do not see this vulnerability in the face of the adult, they may feel rejected, as if the adult do not accept the responsibility that they command.

Why are the music therapists of this study described as more genuine than other therapists?

In the results chapters, I mention that it is unclear to me why the music therapists are regarded as more genuine in their care than other therapists, as neither Chloe (A) nor Sarah (A) elaborates on what separates 'real' care from 'fake' care (see 7.1.1). I also note that the two adolescents do not consider Maeve (MT) and Mia (MT) to be music *therapists*. As shown in the discourse analysis, there are no clear alternative titles given to the two adults. Chloe and Maeve even agree that it is good that music therapy is *not* labelled with a specific title (e.g. 'therapy'). Again, we can consider these findings in light of Sartrean perspectives on authenticity, in which authenticity is related to being willing to change one's ways and to embrace the freedom of choice that is always available to us (Sartre, 1956; Sayers, 1999; van Manen, 2014). Following these perspectives, I wonder if labelling Maeve and Mia as 'therapists' could be considered a *limitation of freedom*. Findings from the discourse-oriented exploration show that therapy is presented as a phenomenon with consistent, defined features (see 8.3). In Chloe's and Sarah's interviews, these consistent features of therapy are predominantly negative (e.g. therapy feeling 'fake' or not working). By labelling the sessions as 'therapy' and Maeve and Mia as 'therapists', some of the freedom of the relationship may be lost, as the music therapy relationships are defined in line with fixed concepts. The informants might prefer to keep the sessions unlabelled and free to be something other than 'therapy', as this is part of what makes the relationship feel authentic.

I rarely question the truth of what the informants say – unless it contradicts something they say elsewhere in the interview – as their experience of a phenomenon can be true to them, even though it contradicts other people's experiences. Yet, I find it worth noting that we cannot know whether or not the other therapists genuinely care about the adolescents; we only know that Chloe and Sarah do not believe in their care. Crenshaw and Canelli (2020) show that adolescents in out-of-home care may perceive lack of effort from the therapist (e.g. the therapist not checking in if the adolescent does not show up to the session) as a lack of care, although this may not be in line with the therapist's experiences or intentions. Furthermore, authenticity and sincerity are complex feelings that are not easily communicated – even though you believe in your actions and behaviours, others might still perceive you as inauthentic

(Vannini & Franzese, 2008). Therefore, we should not conclude that the therapists with whom Chloe and Sarah have worked do not actually care about them.

In the child welfare literature, being ‘real’ or ‘authentic’ is associated with showing and communicating one’s feelings and emotions. Here, the emphasis is usually on positive feelings such as love and care (Barneombudet, 2020; Forandringsfabrikken, 2019; Steinkopf et al., 2020; Thrana, 2014). Adults who act angry or lash out are *not* described positively, even though it could be argued that the adults are being authentic in the sense that they are acting in line with what they are feeling in the moment. From this, I find that the authenticity that is sought after in the child welfare literature mostly arises in positive moments. It is communicated through smiles, rather than anger. This leads us back to how Chloe (A) and Sarah (A) define ‘therapy’, as the adolescents talk about therapy as being a place for working with problems, whereas working with the music therapists is fun and enjoyable. In Chloe’s words: ‘you don’t go to a psychologist to have a good time, you know’ (extract A.11). Perhaps the focus on activities that are fun and creative make the music therapy relationship feel more authentic to the adolescents. If so, the music therapists and the other therapists may care for the adolescents equally, but the adolescents may find that the care feels more real when it is communicated through fun and enjoyable interactions.

To portray oneself authentically

So far, I have referred to authenticity mainly as experiencing others as genuine. However, I find that authenticity is also a useful concept for understanding the songwriting experiences described in the interviews with Olivia/Madilyn and Luna/Mia. When discussing songwriting as an interaction between adolescents and music therapists, I see that Olivia (A) and Madilyn’s (MT) songwriting can be thought of as a way of presenting narratives that are in line with Olivia’s beliefs (see 7.2.3). In other words, Olivia and Madilyn aim at writing lyrics that are authentic and true to how Olivia wants to be perceived. Luna (A) and Mia (MT) describe similar experiences with songwriting, but they emphasize the performance of the songs. In their interview, they say that performing self-written songs lets Luna show sides of herself that people who know her may be unfamiliar with. Luna says that she used to be a different person, and Mia notes that, through performing, Luna demonstrates the progress she has made – the new person she has become.

The idea that songwriting can be used to communicate an authentic self is in line with Krüger’s research, which shows that adolescents in the NCWS use performance and songwriting to object to labels and identities forced upon them (Krüger, 2011, 2018, 2020). Several examples of labelling can be found in child welfare literature, in which adolescents talk about experiencing

prejudice and being stigmatized by others as a consequence of them being under the care of the NCWS (Barneombudet, 2020; Fjeld et al., 2020). Harter, writing about authenticity and adolescence from the perspective of positive psychology, describes how labelling can be experienced as a false self:

the false self is experienced as *socially implanted* against one's will, and as such it feels foreign. As a result, there may be psychological tension between the display of a false self and a person's sense of his or her true self (2002, p. 383).

Harter continues with explaining how experiences of conflict between what we experience as false and true selves are especially prominent in adolescence, and that adolescents who report high levels of *true-self behaviour* (Harter's term) report high self-esteem and high hope for the future as well. In order to foster true-self behaviour and experiences of authenticity, Harter writes, adults should allow adolescents to define and author their own life narratives. I suggest that writing songs together with a music therapist, as described by the informants of this study, offers a way for adolescents to co-create life narratives – narratives that can promote the adolescent's true, authentic self.

9.1.3 From involvement to agency

In the discussions on musical interactions above, I touch on how the dyads collaborate in the activities of music therapy. Here, I will discuss the ways the findings of this study resonate with literature on involvement in decision-making and collaborations between clients and music therapists.

Rethinking user involvement

In the contextualization of this study, I describe some of the discussions on *user involvement* in the child welfare literature. The central idea in these discussions is that children and adolescents in the NCWS should be involved in the decision-making regarding their services. Given the importance of user involvement in the NCWS, in terms of both developing services and relationships (see 1.3.1), I expected the informants of my study to raise issues related to involvement in decision-making in the interviews. However, the findings from the discourse-oriented exploration shows that the music therapist informants emphasize the collaborative aspects of the relationships more than the adolescents do. While the adolescents refer to negative experiences with power imbalances in other relationships, they do not talk much about having the opportunity to influence practice or participating in the planning or evaluation of the music therapy sessions. The term 'user involvement' is only mentioned once in

the interviews, when Mia (MT) asks Luna (A) if she knows what the term means, to which the adolescent answers ‘no’.

The paucity of discussions of involvement in decision-making in the interviews can be interpreted several ways. It might be that the concept of ‘user involvement’ feels strange and unfamiliar to the adolescents, and therefore is not brought up in the conversations. This would be in line with statements from other adolescents in the NCWS, who ask that ‘user involvement’ (in Norwegian: *medvirkning*) should be replaced with the term ‘collaboration’ (in Norwegian: *samarbeid*) in laws and juridical documents, as ‘collaboration’ is an easier term to understand for children and adolescents (BarnevernsProffene, 2019, 2020). It might also be that music therapy is not an arena in which the adolescents consider their involvement to be as important as it is in other aspects of their lives, or that the form of collaboration that happens in music therapy is experienced as somewhat different from the involvement that the adolescents are discussing in other texts. As an example, we can look to Backe-Hansen (2016) and Paulsen (2016b), who write about user involvement in relationships between adolescents and adult caregivers. They write that adolescents may be more open to discussing their experiences and wishes with an adult they trust, and that the adult can help the adolescent understand the complex juridical aspects of the NCWS, including why and how decisions are being made, as well as what rights the adolescents have to influence and participate in these decisions. Although it is possible to imagine that the music therapist can take such a role in an adolescents’ life (see Krüger, 2020), I find no examples in the empirical material that suggests that the six adolescents of this study view their music therapist as a person who helps them with problems or challenges related to living under the care of the NCWS. Rather, we have seen that adolescents like Natalie (A) and Chloe (A) talk about music therapy as a place for positivity and fun – a place where the outside world fades away. Although Olivia (A) and Madilyn (MT) talk a lot in their sessions, the conversations are described as a form of venting of frustrations, and not a discussion of rights and decisions being made. Thus, it could be that the form of collaboration that happens between the adolescents and music therapists have different qualities than the form of collaboration that is discussed in relationships between the adolescents and (for example) caregivers working at an institution.

Collaboration and agency

Exploring the ways the informants describe their collaboration, I find that they talk about working together well and sharing different responsibilities. They point to some imbalances in power, but these are usually painted in a positive light. Looking at the music therapy literature, I find some interesting similarities between the relationships described in this study and the music therapy relationships described in Rolvsjord’s studies of music therapy

in adult mental health care (Rolvsjord, 2010, 2015a, 2015b). In one of her studies of clients’ contributions within the music therapy relationship, Rolvsjord finds that the clients suggest activities, bring musical material to the sessions, share thoughts and experiences, and joke with and tease their therapists. They regulate the emotional intensity of the sessions through choosing music that they think fits the situation, and they occasionally keep secrets from their therapists (Rolvsjord, 2015b). In another study with a similar focus, Rolvsjord finds that both the clients and their music therapists make decisions regarding the therapeutic process, and they describe their relationship as a ‘friendship’ (Rolvsjord, 2015a). In Rolvsjord’s words, the clients’ contributions in the music therapy relationship can be understood as *performances of agency*. Here, agency is understood as a complex feeling that unfolds in the interactions between the clients and music therapists. In addition, Rolvsjord shows that the clients facilitate their own agency in the music therapy relationship – they do not depend on the music therapist to promote agency for them (Rolvsjord, 2015b). The actions of the clients help establish and maintain reciprocity in the relationship.⁸⁶

Rolvsjord’s perspective resonates with parts of the findings of this study. The informants in my study imply an egalitarian understanding of their relationship, describing it as a friendship, or as “musicians playing together” (see 8.4.5). However, the informants frequently embrace hierarchical understandings of their relationship as well, by taking positions as adolescents/adults and adolescents/teachers. Generally, I find that the adolescents of my study show an understanding of the relationship as more hierarchical than the informants in Rolvsjord’s studies do. A possible reason for this is that the dyads of my study are adolescents *and* adults, rather than only adults. I suspect that the idea that adults oversee or are in charge of adolescents, with all the power and responsibilities this ensues, is so ingrained in how we understand adolescents–adult relationships that it is bound to have an effect on music therapy relationships in the child welfare services.⁸⁷

Despite the potential differences in power balances between adolescent–adult and adult–adult relationships, Rolvsjord’s conceptualization of agency is useful for understanding the collaborative aspects of the music therapy relationships of this study. I referred to agency earlier when describing how the music therapists emphasize the adolescents’ choices and actions in their descriptions (see 7.2.2). However, following Rolvsjord’s approach, I find that agency can be seen in a range of interactions between adolescents and music therapists. Like the informants in Rolvsjord’s study, the adolescents joke, bring musical material to the sessions, and share experiences with their music therapists. They also hold information back, and thus, define the

86 This mutuality between client and therapist is a core theme in Rolvsjord’s approach to resource-oriented music therapy as well (Rolvsjord, 2010).

87 As shown in 2.1.2, studies in psychotherapy have identified differences between therapeutic relationships with adult clients and therapeutic relationships with adolescent clients.

level of openness in the relationship. This power to shape the music therapy relationship is not given to the adolescents by the music therapists; rather, it grows out of their collaboration.

9.2 Discourses and interpretations of terms

The second research aim centres on how discourses and different interpretations of terms influence how the informants understand their relationships. In the discourse-oriented exploration of the empirical material, I identify different patterns in the informants' discussions, and examine how the informants use three key terms in the interviews: 'music', 'therapy' and 'relationships'. Below, I discuss the findings in light of theory and research.

9.2.1 Variations and patterns in discourse

A shared discourse

In the discourse-oriented exploration, I find that Chloe/Maeve and Luna/Mia talk about their relationships in similar ways. The adolescents and music therapists usually agree with each other's descriptions and appear to have a shared understanding of what they do together and why they do it.⁸⁸ This similarity can be described as *a shared discourse*: a unique way of talking about the music therapy relationship. Although this shared discourse is seen in the ways that they talk together, I understand it as an *implicit* understanding that has developed between the adolescents and music therapists. Over time, they have gained an understanding of each other's experiences and viewpoints, and they know what to expect of each other in their interactions. It is an implicit relational knowledge that is illustrated by – but also goes beyond – the way they talk about their relationship.

I find this implicit, shared understanding in the other four dyads as well, but not as clearly as in the interviews with Chloe/Maeve and Luna/Mia. This might have to do with Chloe/Maeve and Luna/Mia being the two dyads that are the most specific in what they do together in music therapy. In both dyads, the adolescents are clear on what they expect from the sessions and how the music therapists can help them achieve their goals. It could be that this clearly

88 Examples: Both Chloe (A) and Maeve (MT) find it difficult to define their work with a specific label, but they eventually agree on calling it 'music' (in contrast to music therapy). Additionally, both of them refer to feelings and emotions when speaking about music, but they rarely talk about their feelings towards each other. Luna (A) and Mia (MT) both emphasize performing, writing music, getting feedback from an audience and challenging themselves when describing their work together.

defined intention has made it easier to develop a shared discourse between the adolescents and music therapists.

The discourse-oriented findings show that the music therapists who participate in more than one interview change the way that they talk about the music therapy relationships in the different dyads.⁸⁹ This suggests that the music therapists position themselves differently in different dyads, and that they adapt their speech to the discourses and patterns that they share with the individual adolescent. Simultaneously, the adolescents notice some of the descriptions that the music therapists use and include them in their ways of speaking about the music therapy relationship. One example is that the adolescents who work with Mia (MT) and Madilyn (MT) speak about the songs they write in music therapy as "my songs", whereas the three adolescents who work with Maeve consistently say "our songs". I also find that the adolescents who say "my songs" talk about their "stories" being told through songwriting. These differences in descriptions illustrate larger discrepancies in how the informants talk about songwriting, as three of the dyads emphasize the collaborative aspects of the activity, while the other three focus on songwriting as a way to share the adolescents' life experiences with an audience. This difference in discourse could be a consequence of the music therapists speaking about songwriting differently in their sessions, and the adolescents adapting to their descriptions.

These findings show that not only does discourse *influence* how the informants understand their relationship, but discourses are also *created* and *developed* as part of the relationship. Both adolescents and music therapists contribute to the creation and development of these shared discourses; they adapt to each other's terminologies and patterns of speech. The shared discourses develop through both verbal and non-verbal processes, as the informants notice each other's use of terms, as well as the terms that they do *not* use.

Differences between how adolescents and music therapists describe music

While I find that the dyads have developed a shared discourse, the discourse-oriented exploration reveals a range of differences between how the adolescents and music therapists talk about their relationships as well. Here, I focus on the informants' conversations about music, as I find that the variations in discourse are especially clear in these discussions.⁹⁰

One difference between the music therapists and the adolescents is that the music therapists discuss music as a representation of the adolescents' inner life, suggesting that we can gain

⁸⁹ For instance, in the interview with Chloe (A), Maeve never describes herself as a 'music therapist', but in the interview with Amelia (A), she uses the title to describe herself several times.

⁹⁰ The discourses surrounding 'therapy' and 'therapists' reveal clear differences between the adolescents' and music therapists' understandings as well, but these are discussed in 9.2.3.

insight into another person through listening to the music they put on.⁹¹ The adolescents, however, describe bringing songs to music therapy that fits the setting, in the sense that they are “fun” or “cosy”, and that they choose songs they think the music therapist will enjoy as well. I find this difference interesting, as it shows the adolescents being conscious about the music therapist and the mood of the sessions in their selection of music. The music therapists, in comparison, focus more on the adolescent as an individual, presenting the choice of music as primarily driven by the adolescents’ needs and wishes. Additionally, the music therapists speak of the music presented in music therapy as being close to what the adolescents listen to outside of music therapy. The adolescents, however, describe listening to music in music therapy as a different experience from listening alone or with other people (as shown in 9.1.1.1).

Another difference between how the adolescents and music therapists talk about music, is that the adolescents associate musical activities with a greater variety of feelings and emotions. Even though both groups mostly talk about positive feelings when describing musical activities, the adolescents also bring up anxiety, sadness and fear of failure, whereas the music therapists primarily describe feeling pride and mastery when playing, writing and performing. All this can be linked to how the informants relate music to skills: they talk about being skilled at playing instruments and writing songs, and the music therapists are usually presented as the expert or teacher (see 8.2.4 and 8.4.4). We can also interpret the difference in light of Mia’s (MT) shaping of Sarah’s (A) narratives, as shown in the sub-theme ‘Pushing towards agency in narratives’ (see 7.2.2). Just as Mia emphasizes the positive aspects of Sarah’s actions, the music therapists might talk more positively about music than the adolescents do because they want to shape the adolescents’ impressions of the musical activities towards feelings of pride and mastery.

The examples above are only a selection of differences in discourses on music; other findings have been presented in Chapter 8. They serve to illustrate how the three music therapists seem to agree on certain understandings of music and musical activities, whereas the adolescents are alike in using more varied descriptions of the same phenomena. These differences in discourse on music may be a consequence of Maeve, Mia and Madilyn being trained as music therapists – a training that leads to understandings of music and musical activities that are somewhat different from the understandings of the adolescents. In the methods chapters, I describe this as a *music therapy discourse*: a way of speaking about music therapy that is influenced by their education and familiarity with music therapy practice and literature (see 4.4.2).

91 A few examples: When talking about listening to music, both Maeve (MT) and Madilyn (MT) describe how sharing songs can be “scary” and “personal”. Madilyn also mentions that she “understands” Olivia (A) through listening to the music that the adolescent puts on at the start of every session, and Maeve says that listening to music is a good way to get to know adolescents.

The finding that the music therapists have a different understanding of music from the adolescents resonates with McFerran's writings. In a text summarizing the research literature on music therapy with adolescents, McFerran says that researchers know little about what adolescents think, and that we should not assume that we understand their experiences. As an example, she describes how adolescents she has worked with have considered her 'mad' to interpret their shared musical experiences in certain ways, saying that when they are playing, they are 'just mucking around' (McFerran, 2020, p. 85). Whereas music therapists might find great meaning in a shared musical experience, the adolescent might consider the same experience as 'simply' fun. That is not to say that music therapists overinterpret the meaning of shared musical experiences, but rather, as McFerran states, that music therapists (and researchers) and adolescents differ in their understanding and experiences of what is happening in the musical interplay.

A research-interview discourse

In the methods chapters, I explain some of the challenges of studying relationships through interviews, including theoretical discussions on the impossibility of exploring lived experiences through verbal conversation (see 4.1.2), and practical difficulties involved in making the situation feel comfortable for the adolescents (see 5.1). These discussions build on the idea that the research interview is an interaction that in itself changes the relationships that the study aims to explore (Potter & Hepburn, 2005). When the adolescents and music therapists answer questions about their relationship, felt experiences are verbalized, and opinions that may have been unspoken earlier are expressed for the other to hear. In addition, the informants hold this conversation with a stranger, while knowing that the information they share is to be listened to, analysed and eventually published. All of these factors contribute to making the interview situation a moment of vulnerability, as the wrong question, answer or comment may have an unintended negative effect on the music therapy relationship.⁹² The discourse-oriented exploration reveals some of the ways in which the informants adapt to this situational vulnerability.⁹³

The conversational patterns that arise as a consequence of the formality of the research interview can be thought of as its own discourse – a research-interview discourse. Examples can be found in the adolescents' reactions to the situation, with Natalie (A) admitting that she was quite nervous before the interview. In the discourse-oriented exploration, I find that both the interviewer and the music therapist adapt to this nervousness in their questions and replies.

92 We see an example of this in the interview with Amelia (A) and Maeve (MT), when the adolescent misunderstands a question from the interviewer (see 6.5, 8.1.5).

93 See 8.1.3 and 8.1.5.

Other dyads are less affected by the formality of the situation, and they talk with a flow and engagement that appears to me to approximate the way they talk when they are alone. Amelia (A) and Maeve (MT) is an example, as I find that their interview is less limited by the formalities of the situation than the other interviews. Their informal attitude gives room for laughter, confrontation and moments of sadness between Amelia and Maeve. In comparison, Olivia (A) and Madilyn (MT) seem shyer and more careful in how they phrase their experiences. Towards the end of their interview, however, Madilyn speaks less formally, when describing how the two of them “bitch” about other adults, which I interpret as a glimpse into the more relaxed tone that the pair may have in their sessions.

The vulnerability that arises in the research interview can also lead to a reluctance to discuss certain topics. One potential example is the impact of traumatic experiences and/or mental illness on the music therapy relationship – a topic that is not discussed in the interviews, despite being a frequently discussed topic in the child welfare literature (see section 1.3). The informants touch on negative life experiences in the interviews, but usually in the context of the adolescent overcoming the challenges of her past or writing songs about how life used to be. Adolescents can be reluctant to discuss painful memories with strangers, and it takes time to develop the willingness to engage in these conversations (Crenshaw & Cannelli, 2020; Tong, Simpson, Alvarez-Jimenez & Bendall, 2017, 2018). The interview situation, in which a stranger is asking questions and the dialogue is being recorded, is perhaps not a space in which the informants are comfortable with sharing these conversations.⁹⁴ However, I also find that the novelty and uniqueness of the interview situation create situations in which new conversations between the dyads are made possible. We can see this in the way the informants occasionally surprise each other, for instance when Luna (A) says to Mia (MT) that she wants to work with music when she has completed her schooling. In addition, the informants talk kindly about each other and their interactions, and there are several moments in which the informants say that they are happy or relieved to hear that the other appreciates or thinks positively about something related to their relationship.

In a semi-structured interview, the interviewer’s approach to questioning has great influence on the empirical material (Brinkmann & Kvale, 2015; Potter & Hepburn, 2005). What questions they ask and how they ask them have consequences in the answers they get. Since I use two interviewers in this study, I was prepared to compare the way the two interviewers shape the empirical material. However, I find that Isabel (I) and Ira (I) are similar in that they both

94 Another possible reason these topics are not discussed in the interviews is that music therapy may not be considered a place for working with trauma or mental illness. As seen earlier, not all of the adolescents consider music therapy as ‘therapy’, and some of them say that they want music therapy to be a place for fun and enjoyment, rather than negativity. Adolescents like Chloe (A) may find music therapy valuable because they do not have to talk about trauma or mental illness.

adapt to the different dyads, and that they usually ask similar questions, including questions that were not included in the interview guide.⁹⁵ This adapting can be seen in the way the interviewers ask questions differently based on the moods and behaviours of the dyads, and how their interviews build on each other. Experiences from one interview changes how they approach the next interview (e.g. Isabel and her mentioning of the term 'therapy' in her first interview, see 8.1.1).

All of the examples above highlight the interactive nature of the research interview. The formality and unfamiliarity of the situation can make the informants nervous and reluctant about discussing certain topics, but the interviewer's questioning can also create opportunities for sharing positive experiences and feelings that, up until that point, were unspoken. Thus, I find that the discourse of the research interview is recognized in both its limitations and liberations – the informants speak both more *and* less freely in the interview than they may have done in a more natural setting.

9.2.2 Influences from cultural discourses

Cultural discourses relating to music, therapy, the NCWS, and other topics related to this study influence both the empirical material and my analysis of it. We have already seen examples of this in the discussions above, as the informants' experiences are both in line with and challenge some of the discussions on authenticity and user involvement in the literature. However, when considering how discourses influence the informants' understandings of their relationships, it is interesting to consider not only what they talk about, but also, what topics are *not* discussed in the interviews. Here, I consider two examples of topics that are not brought up by the informants, gender and empowerment, and how the absence of discussions of these topics can be related to larger cultural discourses.

Discourse on gender and identity

Earlier in the thesis, I point out that the informants do not talk about gender in any of the interviews. As a consequence, it is hard to say how the fact that all of the informants (and both interviewers) are female may have shaped the empirical material. This does not mean that gender is irrelevant for understanding the informants' experiences of their relationships. Both phenomenological theories and postmodern feminist perspectives suggest that our experience of our gender and the gender of others shape our experience of the world, often in ways of which we are not aware (see de Beauvoir, 2010; Haraway, 1988). The last decades

⁹⁵ This is probably a consequence of the three of us having a preparatory meeting in which we discussed the study and the interview guide, and made sure that all three agreed upon the focus of the study and the interviews.

have seen a steady increase in music therapy literature drawing on feminist theories and applying a gendered perspective to practice and research (Bodry & Schwantes, 2020; Hadley & Hahna, 2016; Rolvsjord & Hadley, 2016). For instance, Halstead and Rolvsjord (2015) discuss how gender narratives and stereotypical gender representations shape our understanding of musical instruments, and Magee and Wimberly (2013) examine gender associations in music technology. Both studies illustrate how the experience of playing and working with music in and outside of music therapy is shaped by discourses on gender. In line with these perspectives, I argue that gender shapes our experience of the world, in the sense that it affects not only how we view ourselves, but also how we view others. Gender therefore has some influence on the informants' experiences of their relationships, but it is an aspect of the experiences that can be ambiguous, implicit and undefined – it is not necessarily in the forefront of the informants' mind when they are asked to describe their relationships.

Another point to consider is that discourses on gender vary across countries, communities and cultures. The same is true of other aspects of identity that may shape the informants' experience of their relationship, like ethnic background, sexual orientation or disability. The Norwegian music therapist Rolvsjord has written extensively on gender and music therapy (Halstead & Rolvsjord, 2015; Rolvsjord, 2004, 2006, 2017; Rolvsjord & Hadley, 2016), showing that gender can play an important part in Norwegian music therapy practice. Studies from other parts of the world show that adolescents use music therapy to work with gender identity and sexuality – a work that is often seen in relation to societal discrimination, stigmatization and marginalization (e.g. Bain et al., 2016; Scrine, 2019; Scrine & McFerran, 2018). While I find it difficult to identify different ways that topics like gender and sexuality play into the empirical material of this study, studies on relationships between adolescents and music therapists from other countries and cultures could reveal findings that would put the findings of this study in a new light. In addition, a study in which all the informants are male could provide us with insights that could be interesting to compare with the findings of this study.

Lost in translation

The interviews were conducted in Norwegian, and terms and concepts that are well known in English may be unfamiliar to most Norwegian adolescents. One example is the term 'empowerment', which has no Norwegian equivalent. Even the suggested translations of the terms are far removed from the everyday discourses on mental health. Thus, although 'empowerment' may be a known term among workers in mental health care, including music therapists, it is not a term or concept with which I would expect the adolescents to be familiar. Similarly, there are words and concepts that are used in Norwegian that are difficult to translate into English (see the discussion on the Norwegian term 'trygghet' in 7.1.2). This is one of the challenges

of writing a thesis in English when the empirical material is in Norwegian, as each language comes with its own set of discourses and terms that shape how the informants talk about their relationship. If there was a term similar to 'empowerment' in Norwegian, it might have been an important theme in the interviews, and consequently, an important theme of this study.

These differences between the Norwegian and English languages illustrate one of the challenges with conducting research interviews – that interview knowledge is *linguistic*; it is created through and limited by language (Brinkmann & Kvale, 2015). It could also be argued that these differences are a limitation with the study, in the sense that I remove the readers and myself from the experiences of the informants by translating the empirical material to a different language. Yet, I see a potential for more research on music therapy with non-English speaking adolescents, as such studies can give us insight into differences between national and international discourses on music therapy.⁹⁶

9.2.3 Discourses connected to 'therapy' and 'therapists'

The discourse-oriented findings reveal a variety of ways in which the informants understand the terms 'therapy' and 'therapists'. In the following, I discuss the informants' descriptions in light of literature on the need for normality among adolescents in child welfare services. This is followed by a discussion of how we may understand the informants' objections towards the title 'music therapist'.

The stigma attached to therapy and the need for normality

All three music therapists of this study talk about 'therapy' being a difficult or complicated term to use in practice, and they all object to being called 'therapists' at some point in their interviews. They say that one of the reasons that they are cautious with using the term 'therapy' when describing their sessions is that the term could alienate adolescents who are sceptical about therapy. This is in line with studies of adolescents' perceptions of therapy, with some adolescents having negative reactions to the concept of therapy because they do not believe that it helps them (Oetzel & Scherer, 2003). Other adolescents do not want to attend therapy because it could lead to them being considered abnormal and different from the 'average' adolescent (Prior, 2012; Z. Schechtman, Vogel, Strass & Heath, 2018).

The concept of normality is discussed in the child welfare literature on multiple levels. There are discussions of normality on a structural level, with the child welfare services trying to provide adolescents in out-of-home care the same opportunities for development as other, 'normal'

96 See recommendations for further research, 10.2.3.

adolescents (though there are discussions of what ‘normal’ development is supposed to be) (Backe-Hansen et al., 2017; Haug, 2018; Langsrud, Fauske & Lichtwarck, 2019; Pokempner, Mordecai, Rosado & Subrahmanyam, 2015). Other discussions focus on the experience of normality, as seen in how adolescents who live in out-of-home care describe wanting to *feel normal*. Here, normality is understood in relation to identity, as an ideal that adolescents want to achieve in their everyday lives (Anglin, 2003; Barneombudet, 2020; Martin & Jackson, 2002). In an article discussing the terms ‘youth’ and ‘risk’, Follesø shows that adolescents in the NCWS object to being described as ‘at risk’. The researcher argues that the term separates between ‘they’ who are at risk, and ‘we’ who are not, and thus, creates a distinction in which ‘we’ are the majority and ‘they’ are the minority. Although the adolescents may agree that they are currently in a challenging situation, they do not want to be associated with people who they consider to be in a worse situation than themselves (Follesø, 2015).

In the discourse-oriented exploration, I suggest that the use of the term ‘normal’ in the interviews refers to a sense of recognition and/or familiarity, in that the activities of music therapy are described as feeling more ‘normal’ than, for instance, talking about problems with a therapist. In this context, I note that all six dyads engage in activities that are similar to the musical activities adolescents engage in with their friends or alone: they learn instruments and play together, they write, record and perform songs, and they listen to music and talk. While these activities are incorporated in standard methods in music therapy, international literature also shows music therapists using activities such as improvisation (Crooke & McFerran, 2019; dos Santos, 2018; McFerran, 2001, 2010a), drumming in groups (Oosthuizen, 2018; Wöfl, 2016), role play (Geipel, 2019), and breathing exercises (Zanders, 2015) when working with adolescents. In fact, in a survey on music therapy practice with adolescents, 90% of the music therapists reported using improvisation as a method in their work. Instrumental teaching and performance were among the methods that were least frequently selected in the survey (McFerran, Fedrigo & Wöfl, 2021).⁹⁷ When considered in light of these findings, the music therapists of this study use an unconventional set of activities in their practice.⁹⁸

I wonder if Maeve, Mia and Madilyn intentionally focus on musical activities that are familiar to the adolescents in their everyday life, and that this can be a way of making music therapy naturally approachable and less intimidating. After all, the findings show that adolescents in the NCWS can be sceptical of music therapy, with Chloe initially thinking of the sessions as “pressing piano keys” and talking about feelings (see extract A.1). By focusing on familiar, fun activities, and not describing the sessions as therapy, the music therapists may be able to

97 There were 247 respondents from 25 different countries, including Norway.

98 From my understanding of the empirical material, it is usually the music therapists who introduce new activities, although these activities may be inspired by the adolescents’ wishes and needs.

reach adolescents who prefer 'normal' activities to therapy. Similar findings are brought up in the texts of Storø, who argues that participation in activities in which their problems are *not* the focus can increase a sense of normality for adolescents in the NCWS (Storø, 2005, 2016).

Sarah (A) and Mia (MT) talk about doing activities outside of the music therapy sessions. For instance, they occasionally go to the cinema together. They both make a point of these interactions being different from therapy (even though Mia, at one point in the interview, jokingly describes these meetings as "community therapy"). From my understanding, both Sarah and Mia enjoy doing activities that are not traditionally therapeutically oriented, but still strengthen their relationship. Studies of therapy with adolescents show that participating in activities that are not threatening or normally associated with therapy can be a helpful way of creating and building relationships, especially when the adolescent is reluctant towards therapy (Crenshaw & Cannelli, 2020). A similar perspective is brought up by Bolger (2013), who argues for 'hanging out' with adolescents, as in getting to know the adolescents in informal settings before inviting them to participate in music projects. Together with McFerran and Stige, Bolger presents an understanding of relational development as happening in non-therapeutic contexts, which goes against traditional perspectives on therapeutic relationships in music therapy, in which client-therapist interaction outside of music therapy is discouraged (Bolger et al., 2018). Sarah and Mia are therefore not alone in seeing potential for relational development in meeting outside of the music therapy sessions, though it is worth noting that none of the other dyads talks about doing activities outside the sessions.

Speaking against professionalism

Maeve, Mia and Madilyn are all trained music therapists, but in the interviews, various terms are used to describe their roles. All three music therapists distance themselves from the therapist label at some point, most clearly in the interviews with the adolescents who say that they do not consider their music therapists as 'therapists'.⁹⁹ Instead of using the therapist label, they often refer to themselves with their name or as 'musicians'. Throughout the interviews, the adolescents describe the three music therapists as "crazy" and "happy", and as less "uptight" than other therapists and less "scary" than teachers. In Sarah (A) and Mia's interview, the music therapist mentions that she can act unprofessionally, joke around a lot, and be tired and frustrated when working with the adolescents. To this, Sarah replies that Mia is human (see extracts B.5 and B.6).

⁹⁹ Here, the fact that the informants are interviewed in dyads may play a role, as the music therapists may be adapting their descriptions to the views of the adolescents (all three music therapists object to the 'therapist' label *after* the adolescents object to the same term). If so, there are reasons to assume that the differences between the adolescents' and music therapists' descriptions would be greater if the two groups were interviewed separately.

In the situations referred to above, both the adolescents and music therapists describe Maeve, Mia and Madilyn in ways that emphasize their personality rather than their expertise and professionalism. However, at other points, the adolescents say that the music therapists are good listeners, that they make them feel comfortable in the here-and-now, and that they manage to establish a sense of safety and trust in the sessions. These are all qualities that are often associated with therapists (see Bruscia, 2014; Rolvsjord, 2015a; Yalom, 2002). Yet, for the adolescents, these skills are not associated with therapists, but rather, with Maeve, Mia and Madilyn as individuals.

As mentioned earlier, researchers and lawmakers in the NCWS see the need for more specialized training of caregivers in order to meet the complex needs of children and adolescents in out-of-home care (Backe-Hansen et al., 2017; Bufdir, 2016; Kayed et al., 2015). The adolescents, however, emphasize the relational skills of the caregivers, rather than their professional techniques and training (BarnevernsProffene, 2017). In one report, adolescents say that the workers who lean on their education in their work become more 'social workers' than 'humans'. The 'social workers' focus on doing everything the right way, instead of being themselves, the adolescents say (Barneombudet, 2020, p. 41). Thus, we may understand the descriptions of Maeve, Mia and Madilyn as skilled individuals (and not therapists) as part of a discourse among adolescents in the NCWS – a discourse in which the personality of an adult is more important than their training.

From a phenomenological perspective, I find it interesting to consider how the adolescents experience the music therapists' professionalism. As shown above, the music therapists show skills and abilities that are often associated with therapists, but they also show a humanity and personality that makes them seem less like a worker and more like a person in the adolescents' eyes. It seems to me that the music therapists draw on their training and expertise in their work, but without being perceived as if they are trying to do everything the right way (as seen in the discussion above on social workers). Both van Manen (2008) and Trondalen (2016b) write about workers who intuitively know how to act in the moment. Van Manen describes this as a pathic knowledge, referring to teachers who, through earlier experience, have internalized and embodied techniques and methods to the point where they do not *apply* theoretical knowledge as much as they *act* it (van Manen, 2008). In Trondalen's theory, the same form of practical knowledge is described as an *intuition* that music therapists develop through experience. This intuition allows the music therapists to make decisions regarding techniques and methods while at the same time being present and aware in the here-and-now (Trondalen, 2016b). Inspired by these views, I wonder if Maeve, Mia and Madilyn have embodied the techniques and skills that are normally associated with therapists to the point where the adolescents simply think of it as their behaviour. This suggests that they are not

experienced as therapists who work with a set of techniques, but rather, as adults who personify a set of skills that also happen to be sought after in therapists.

9.3 Relational development and experiences of special importance

The third aim of this study is to understand how relationships between adolescents and music therapists develop over time, and to identify experiences that are of special importance to them. I find it important to repeat that the six dyads of this study have worked together for at least one year. This is in itself a positive aspect of the relationships, as many adolescents in the NCWS experience frequent relocations that can make it difficult for them to develop long-lasting relationships to adults. Stability is often brought up as one of the fundamental requirements for the development of healthy adolescent–adult relationships, as the adolescents need time to get to know and be comfortable around adults (Backe-Hansen et al., 2017; Barneombudet, 2020; Kayed et al., 2015). I find that this is true for the relationships of this study as well, in that stability, continuity and reliability make the development of the relationship possible. Thus, stability can be thought of as a prerequisite for the aspects of relational development discussed below.

9.3.1 Experiences of special importance

While many of the informants describe experiencing a gradual development of their relationship, they also talk about moments that stand out to them as especially important. A few examples are the moments when Luna (A) wrote her first song, when Olivia (A) started talking to Madilyn (MT) about her life, and when Natalie (A) returned to her sessions with Maeve (MT) after quitting music therapy. In addition, all six dyads talk about performing as especially exciting. In the following, I identify three shared themes in the informants' descriptions of performing that together point to why all the dyads value these experiences: performing is a moment of vulnerability, a chance to communicate with an audience, and an experience of mastery that is shared between the adolescents and music therapists.¹⁰⁰

Several of the informants talk about a sense of vulnerability being involved in the concerts. The informants describe being anxious before performing, and Natalie (A) talks about making mistakes while playing. The informants also discuss the need for debriefing after the performances, as seen in how Luna describes being left with negative emotions after the 'high' of

100 For more on the informants' descriptions of concerts, see 7.1.2, 7.1.3 and 7.2.1.

performing (see extract F.5). Looking at the experience of performing from a phenomenological perspective, we can refer to aspects of the philosophies of Lévinas. In Chapter 3, I describe how the audience responds to the vulnerability of the artist by silencing themselves, focusing on the performer and applauding when the performance is over. To use a term from Lévinas's texts, the audience is *held hostage* by the performer (Lévinas, in van Manen, 2014, p. 116). From this perspective, it makes sense that the informants are nervous about or frightened of performing, as it is a moment in which they hold the attention of almost every person in the room.¹⁰¹ We can see why the adolescents appreciate the opportunity to share the stage with their music therapist; it gives the performing adolescent someone else to direct their attention to, instead of the voiceless audience. Yet the audience's reactions are never described as negative in the interviews. In contrast, the music therapists say people are impressed and moved by the adolescents' performances.

The second theme I identify in the descriptions of performances is that the concerts provide opportunities for presenting self-written songs to an audience *and* presenting oneself as an artist. For instance, in Mia's interviews, the music therapist describes Sarah (A) and Luna (A) as "stars" who "shine" on stage. She describes how the adolescents get to share their stories through concerts, with Luna, especially, showing sides of herself that others may not have seen before. I find that this is the aspect of performance the music therapy literature tends to focus on when exploring concerts with adolescents: the opportunities for communicating with the audience, telling stories and letting one's voice be heard (e.g. Krüger, 2018; MacDonald & Viega, 2012; Mitchell, 2021). Here, the music therapists are portrayed as facilitators who provide the adolescents with the opportunity to perform.

A different understanding of the roles of the adolescent and music therapist is found in the third theme, in which the informants describe the performance as a shared experience of mastery. In these descriptions, the music therapist is not only a facilitator, but also a musical partner to the adolescent. One example is Chloe (A) and Maeve's (MT) first performance, when they both felt that they played better than ever before. Another is Sarah (A) and Mia's (MT) performance at the anniversary concert for the meeting place – the concert that Sarah initially did not want to play at, because of everything else happening in her life. However, Mia insisted that she showed up, and they both remember feeling proud afterwards. Here, the concert is a moment that the adolescent and music therapist work towards together. They practise and prepare together, they feel nervous, and after the performance, they feel

101 Similar findings are discussed in Fairchild, Thompson, and McFerran's (2017) study on the experiences of three preadolescent girls performing in a group music therapy setting. They find that the children experienced intense, mixed emotions throughout the performance, including anxiety, excitement, pride and relief. Based on these findings, the researchers recommend that music therapists provide a space for the children to debrief after performances, in part to reflect on the intense emotions they undergo.

proud of their accomplishments. Even the adolescents who talk about making mistakes say that they felt a sense of mastery in the moment. Thus, the experience of performing becomes about more than the performance in itself; it is a shared experience of working towards and through a challenging situation. In the studies that I have explored for this thesis, few of them describe performance as a shared experience between the adolescents and music therapists in this way.¹⁰²

Together, the three themes show the complexity and variation of the informants’ descriptions of performing in concerts. We can draw lines to the earlier discussions on playing, in that the adolescents and music therapists experience a strong, musical connection during the performance. In addition, there are parallels to the discussions on songwriting, in that the adolescents are provided with opportunities to present a true self. Yet, the nervousness and anxiety that surrounds performing shows that it is an activity in which the vulnerability of the adolescents and the relationship is brought to the forefront. It is the most stressful activity that the dyads do together, but it is also the activity that is most clearly associated with a sense of mastery. It is a form of interaction that allows both the adolescents and music therapists to take a risk, together. This is, I argue, why the performances are considered of special importance to the dyads: performances create moments in which the strength of the relationship is both tested and verified.

9.3.2 Developing relationships over time

In this subsection, I discuss how the six relationships of the study develop over time. I start with a summary of how the informants describe the development of their relationships, followed by a discussion of the development of shared humour and the importance of laughter. Then, I discuss Merleau-Ponty’s notions of *freedom* and *fields of possibilities* – two theoretical concepts that I draw on for my understanding of the development of the relationships.

Descriptions of developments

In the interviews, the informants are asked about how they think their relationship has changed during their time together. One of the common answers from the adolescents is that they have felt safer over time, and that they trust the music therapist more now than they did in the beginning. On the theme of safety and trust, I explore how these feelings develop, showing that the adolescents move from an ‘inwardness’ to an ‘outwardness’, by which I mean

102 Mitchell (2021) shows that performing together at concerts can be a strengthening experience for adolescents and *other* adult caregivers (e.g. staff), but the researcher does not write about how the performance influences the adolescents’ relationships to their music therapist.

that the adolescents describe an increased participation in the relationship, in that they act in different and more varied ways as the relationship develops.¹⁰³

In the adolescents' descriptions of the development of the relationships, I find that they focus mostly on how *they* have changed. For instance, they talk about who they *used to* be, and say that they are not that person anymore. The music therapists are mostly presented as stable and unchanging. In the music therapists' descriptions, the development of the relationship usually involves both music therapist and adolescent. For instance, Mia (MT) talks about the *journey* that she has experienced together with Sarah (A), and Maeve (MT) describes how both Chloe (A) and she grow through their work together. These findings could imply that the adolescents experience a development in their person or identity, but that they understand this change as a consequence of their own personal growth, whereas the music therapists view the development as a consequence of collaboration and relational work.

The informants touch on negative developments in their relationship, but these are related to forces outside the control of the adolescents and music therapists. One example, as seen in both Sarah's (A) and Olivia's (A) descriptions, is that the NCWS is not providing the necessary financial support for music therapy, which in turn puts the informants in a difficult situation. In sum, I find that the dyads talk about the development of their relationship as almost entirely positive, and that the positive aspects are usually related to changes in the adolescents or their collaboration. The few negative developments, in contrast, are *not* related to the actions of the adolescents or the music therapists. However, as mentioned earlier, it may be in the interests of both the adolescents and music therapists to present their relationship in a positive way during the interviews. We should not exclude the possibility that the dyads have experienced negative emotions or difficult moments in their relationships, solely because this was not brought up in the interviews.

Laughing together

One aspect of the relationships that the adolescents and music therapists have developed over time is a shared sense of humour (a quality I explore in the sub-theme 'Laughter and humour' (see 7.2.2)). All six dyads joke and laugh together in their interviews, with Sarah/Mia, Luna/Mia, and Amelia/Maeve saying that humour is an important part of their relationship. Exploring theory and research on the significance of laughter and humour in music therapy with adolescents, I find that laughter and feelings of fun are often mentioned, but usually as a valuable step towards working with serious issues, like grief and emotional neglect (e.g.

103 The examples I use are that Chloe (A) speaks more, Luna (A) jokes more, Olivia (A) shares more information with Madilyn (MT) and Natalie (A) is more relaxed and comfortable in her sessions with Maeve (MT).

Krüger, 2020; McFerran, 2010b).¹⁰⁴ This tendency is noted by Hermundstad, who argues that humour and fun are often considered positive aspects of music therapy, but that researchers and practitioners tend to emphasize moments of seriousness, or prioritize discussing complex, negative emotions (Hermundstad, 2008). He writes that fun and laughter can be instrumental in creating a sense of safety and comfort in the music therapy relationship, but also, that laughter can be a positive, relational and vitalizing experience in and of itself.

From a phenomenological perspective, laughing together with another person can be thought of as a way of familiarizing ourselves with the world, through pointing out the absurd in others, the world, and ourselves (Kramer, 2012). It can be a moment of mutual recognition. We can also think of laughter as a way of breaking away from roles and expectations by making fun of oneself (see Stensæth, 2017) – there are several examples of the informants making fun of each other in the interviews. Following the discussions earlier in the chapter, this removal from the expected through laughter can potentially contribute towards a sense of authenticity and normality in the relationship. However, moments of laughter can also be thought of as valuable moments of interacting – moments that strengthen the bond between the adolescents and music therapists (Hermundstad, 2008).

Relational freedom and fields of possibilities

In the phenomenological exploration, I briefly refer to Merleau-Ponty's notions of *freedom* and *fields of possibilities* when exploring the feeling of acceptance in the relationships, as the adolescents talk about being able to act in different ways without the fear of negative consequences. Here, I elaborate on these notions, as I find that they can be helpful in understanding how the six relationships of the study develop and grow.

As I understand Merleau-Ponty, his notion of freedom does not focus as much on autonomy and choice as limitations and contextuality (see 3.2.1). Freedom is bound and defined by our bodies, our history and our relationships.¹⁰⁵ Therefore, when we enter into or develop a relationship with an Other, we create new restraints and possibilities for ourselves:

There is a paradox in accepting love from a person without wanting to have any influence on her freedom. If one loves, one finds one's freedom precisely in the act

104 While McFerran (2010b) is used as an example here, the same researcher emphasizes the importance of positive moments in a later text, saying that we should not underestimate the value of enjoyable, supportive experiences (McFerran, 2020).

105 This is a different conceptualization of freedom than the freedom presented in Sartre's theories (see 3.2.1), as well as the notions of freedom described in more community-oriented perspectives on music therapy (Krüger, 2020; Seberg, 2020; Stige & Aarø, 2011).

of loving, and not in a vain autonomy. To consent to love or be loved is to consent also to influence someone else, to decide to a certain extent on behalf of the other (Merleau-Ponty, 1964, p. 154).

Inspired by Merleau-Ponty, I suggest that to care for another person is to enter into a reciprocal space, in which one opens oneself to being changed while also changing the other.¹⁰⁶ This is a form of freedom, in that the space created by the relationship opens up for new possibilities, new interactions and new experiences. The reciprocal space created by the relationship is what I understand as a *field of possibilities*.

In light of this conceptualization of relationships, I find a similarity between the six dyads in that the possibilities for interactions grow during their time together in music therapy, both in the sense that they engage in different activities and that they act differently with each other. As feelings of safety and trust develop, so does the freedom that exists in the relationship, as the adolescents and music therapists gradually feel comfortable with acting in different ways.

The two levels of relational development

As discussed above, the dyads gradually develop new ways of interacting. We have seen several examples of this, with some of the more significant findings being that the dyads develop a shared discourse, a shared sense of humour, and a sense of safety and trust in each other. These developments, I argue, happen implicitly – the informants do not talk about intentionally working towards a shared discourse or a shared sense of humour. Rather, these qualities of the relationship grow through their interactions. In addition to the implicit development, I also identify ways that the relationships are developed with *intention*. For instance, the music therapists challenge the adolescents to write songs, and the adolescents choose to share secrets with their music therapists. When performing in concerts, both the adolescents and music therapists willingly put themselves and their relationship in a vulnerable situation. In these moments, the adolescents and music therapists intentionally introduce new ways of interacting, new experiences and new challenges into the relationship.

In order to understand the moments in which the informants intentionally challenge themselves and each other, I draw on Killingmo's thoughts on *opening* and *closing* dynamics in therapy. Killingmo (1999) suggests that the therapeutic ideal is not to reach an *open* dialogue between

106 Whereas Merleau-Ponty refers to the feeling of love in the extract, I prefer to use the term 'care for'. For music therapists, the difference between 'to love' and 'to care for' a client might seem minor. In the child welfare literature, however, the term 'love' is debated, with some arguing that the term should be reserved for relationships between family members and friends, and not be used in descriptions of relationships between users and caregivers (see Backe-Hansen et al., 2017; Neumann, 2012; Thrana, 2014; Økland & Sørsdal, 2020).

client and therapist, but rather, to stay conscious of the dynamic of opening and closing forces in interactions. Viewing the findings of this study in light of this perspective, I suggest that the interactions between adolescents and music therapists can be thought of as processes of opening and closing. To illustrate, we can go back to the discussions on music as a unique activity from earlier in the chapter. Here, music listening and playing facilitate moments of emotional regulation or attunement between the adolescents and music therapists. This is a momentary experience, a zone into which the adolescents and music therapists enter for the duration of the song they are listening to or playing. In this moment, they might experience a sense of intersubjective "understanding" (e.g. Olivia and Madilyn listening to music) or an emotional and bodily attunement (e.g. "build-ups" in Chloe and Maeve's playing). Through songwriting, the adolescents can rethink and reshape their lived experiences. Similarly, when performing, the adolescents and music therapists experience moments of intense emotions, and they describe the need for debriefing and evaluating the experience afterwards. In these situations, the adolescents and music therapists intentionally enter a zone of creativity and/or vulnerability (opening) that they eventually leave (closing). Yet, when they leave the zone, something has changed. On some level, the interaction has developed their relationship. This change can be surprising. For instance, Luna (A) is surprised by her ability to write a song with her music therapist, and Maeve (MT) is amazed when she and Chloe (A) play better than ever during their first concert. In both of these moments, there is a sense of novelty, in that something happens for the first time, and it leaves the adolescents and music therapists with a new understanding of what they are able to do together. From a phenomenological perspective, being surprised by one's own actions, positively or negatively, involves a breaking away from the expected, and a rethinking of one's own routine. It is an experience of being urged towards a reality that goes against what was imagined (Gerlain, 2019). Here, I also refer to Winnicott (1971), who argues that moments of significance in therapy are moments in which the child surprises herself or himself. While these moments of surprise are experienced individually, they are facilitated by collaboration and playing with another person (Trondalen, 2016b).

To summarize, I understand the development of the relationships as happening on two levels. On one level, the informants develop an implicit, shared knowledge, as seen in the shared discourses, the shared senses of humour, and the gradual increase in feelings of safety and trust. The implicit understanding that develops within the dyads can be seen as a gradual increase in relational knowledge, as the adolescents and music therapists learn more about who the other is (and who they are together) through their interactions. On the second level, the relationships develop through a process of entering and eventually leaving temporary zones of creativity and vulnerability. The two levels of development are interrelated: by entering a zone of creativity (e.g. performing) the adolescents and music therapists gain new, implicit, shared knowledge (e.g. a new understanding of each other's capabilities). By developing an implicit,

shared knowledge (e.g. a sense of safety and trust), the adolescents and music therapists can experience new forms of creative interaction (e.g. an intimate conversation).

Going back to Bruscia's *Client–Music–Therapist Constellation* (see Figure 1, Bruscia, 2014), I find that the two levels of relational development described above take place in both the intermusical and the interpersonal aspects of the relationships. The shared knowledge that develops between the dyads is interpersonal in the sense that the adolescents and music therapists become more familiar with each other's feelings and thoughts, and it is intermusical in the sense that they learn to work and collaborate with each other in and through music. The zones of creativity and vulnerability that the dyads enter and leave happen in both musical and non-musical activities. This shows the interrelated nature of the intermusical and interpersonal aspects of the music therapy relationship.

10 Concluding thoughts

In this final chapter of the thesis, I summarize the findings and discussions of the earlier chapters, with the goal of presenting a condensed account of how the results achieve the overarching aim of the study: *to understand how adolescents and music therapists in the child welfare services experience and talk about their relationship*. In addition, I reflect on the practical and theoretical implications of the findings, and I discuss the limitations of the study and point to topics that are worth further exploration in future studies.

10.1 Summarizing the findings

In earlier chapters, we see that the adolescents and music therapists of this study identify different ways in which their relationship has developed and strengthened during their time together. They separate between their relationships (and themselves) as they *used to be* and the way they *are* at the time of the interview. In order to summarize how the dyads experience and talk about their relationship, I therefore find it helpful to start with their descriptions of their first sessions, in which the relationship is established. From there, I continue with describing how the dyads experience and talk about the development of their relationship. In these discussions, I draw on Merleau-Ponty's notions of *freedom* and *fields of possibility*, as described in earlier sections of the thesis (see 3.1.1, 9.3.2).

10.1.1 Establishing the music therapy relationships

According to Merleau-Ponty, 'to consent to love or be loved is to consent also to influence someone else' (1964, p. 154). Here, I will emphasize the importance of consent. A loving relationship cannot be forced upon someone, and while we may seek love in the people with whom we surround ourselves, it can still be hard to accept the care of another person. The adolescents of this study provide several examples of situations in which they are sceptical towards adult caregivers, which resonate with research literature showing that adolescents in out-of-home care find it especially difficult to trust and bond with adults (Thompson, Greeson & Brunsink, 2015). Still, the six adolescents accepted the music therapists, and allowed the music therapy relationship to be established. Based on the informants' descriptions, I identify four feelings that were important in the initial formation of the relationship: feelings of safety and trust, authentic care and normality. From my understanding, these feelings are salient

in the relationship from the first moment that the adolescents and music therapists meet. I suggest that a safe and trusting relationship is something that is sensed almost immediately, for example that the adolescents recognize a vulnerability in the faces of adults that, in turn, makes them feel seen and recognized.¹⁰⁷ This vulnerability in the face of the adult is not weakness or defencelessness, but rather, an openness to being personable and authentic.

In addition to the immediate reaction to the appearance and behaviour of the music therapist, I find that the adolescents' expectations play an important role in the establishing of the relationship. In the empirical material, the adolescents describe meeting adults in settings that are threatening, or in situations in which the adolescents feel objectified as a person-with-illness. If the adolescents know that the adult is a *therapist*, they may feel that the care of the adult is not genuine – that they care because it is their job to do so. Likewise, if the setting is described as *therapy*, the adolescents easily become reluctant to participate, as they associate the concept of therapy with feeling fake and unnatural. In answer to the adolescents' scepticism towards therapy and therapists, the music therapists of the study are careful about using terms associated with therapy when describing their practice, as they are aware that some terms may alienate adolescents. The study reveals that the music therapists are flexible in their descriptions of their practice, which allows the adolescents and music therapists to create their own ways of talking about what they do together.

It seems to me that in the initial phases of their relationship, in which the feelings of safety and trust may be lacking, the music therapists' practical, implicit knowledge (or *intuition*) is of special importance. The music therapists' familiarity and experience with musical activities and with working with adolescents might make it easier for them to focus on the here-and-now, which in turn, might make the adolescents less inclined to see them as workers who care because it is their job or as therapists who use music to achieve health-related goals. Rather, the *expertise* of the music therapists is seen as their *way of being*; their skills are attributed to their personalities rather than their training. The musical activities of the sessions can also help the music therapists display their personalities and identify mutual interests with the adolescents. Since feelings of authenticity and genuineness are often associated with positive emotions (see 9.1.2), the fun, creative and familiar musical activities might make it easier for the music therapist to communicate a feeling of authentic care, compared to adults who meet the adolescents in a more problem-oriented setting.¹⁰⁸

107 This understanding is based on how the adolescents emphasize the facial characteristics of 'warm' adults (e.g. Forandringsfabrikken, 2019; 2020a, 2020b).

108 See discussions on how Chloe and Sarah experience the music therapist as more genuine (or authentic) than other therapists (7.1.1, 9.1.2).

Drawing on Merleau-Ponty's notions of *freedom* and *field of possibility* (see 3.1.1), I find that the freedom of the relationships is intentionally kept limited in the earlier sessions. Both the adolescents and music therapists are restricted in the ways they act, and they show only certain aspects of themselves to each other. At this point, feelings of normality and safety are more important than experimentation and challenge. This is necessary for establishing and solidifying a sense of safety and trust – a core of stability and reliability from which the relationship can develop and strengthen.

10.1.2 Strengthening the music therapy relationships

As the adolescents and music therapists become more familiar with each other, they start acting and interacting in more varied ways. In the process surrounding this relational development I identify two interacting levels. On one level, an implicit, shared knowledge gradually develops between the adolescents and music therapists, and on another level, the adolescents and music therapists intentionally challenge themselves and their relationship through creative interactions.

Implicit, shared knowledge

The implicit, shared knowledge that develops within the dyads can be seen in the way they gradually develop a unified way of talking about their relationship (what I call *a shared discourse*). They use similar terms when describing their sessions and have a non-verbal understanding of which topics they want to avoid in their conversations. For instance, some of the dyads emphasize the importance of honesty and being able to talk to each other openly. In other dyads, the adolescents find it positive that the music therapists do *not* try to talk to them about problems, as it allows them to uphold a comfortable sense of privacy in the relationship.

I understand this balance between sharing and respecting each other's privacy to be implicit and tacit; a balance that is developing slowly and naturally as the adolescents and music therapists become more familiar with each other. Similarly, the dyads talk about a shared sense of humour developing as part of their relationships. Knowing what makes the other laugh, what topics they are interested in talking about (and which to avoid), and what their musical preferences are can all be seen as qualities in the relationship that builds safety and trust, as they make the other person better known and more dependable.

The process of getting to know and becoming familiar with each other involves not only achieving an understanding of who the other is, but also, identifying and understanding who the adolescents and music therapists are when they are together. The adolescents and music

therapists develop a field that is uniquely theirs, in which they act in unique ways, compared to when they are with others. Thus, as the implicit understanding develops between them, they also gain new understandings of themselves.¹⁰⁹ This is seen in how the informants talk about developing new perspectives on themselves, their abilities and the world around them, as their relationship develops.

Moments of creativity and vulnerability

The second level of relational development is seen in the activities of music therapy. Through such activities as music making and listening, conversation, songwriting and performance, the adolescents and music therapists challenge themselves and their relationships in moments of creativity and vulnerability. These moments change the relationship, occasionally in surprising ways.

When listening to music together, the dyads describe achieving an *understanding* of each other and *being caught in the mood* of the music. I suggest that these experiences are moments of attuning to each other – of achieving a shared emotional state through the music. Similarly, the informants describe moments of connection in musical making – moments in which they focus on each other and share a musical intention.

When writing songs, the informants often start with talking about life experiences and mapping out themes that the adolescent might be interested in writing about. Some of the adolescents use songwriting as a way to confront challenging experiences from earlier times in their life. I describe this process as a decontextualizing and recontextualizing of the experiences, in that the experiences and viewpoints are transformed into musical material. Through songwriting, an experience becomes a *story* and a *song*.

The informants describe performances as special moments in their relationships – moments associated with strong feelings of vulnerability and shared mastery. For the adolescents, the concerts become a chance for them to show an audience different sides of themselves. Some of them describe the concerts as moments that allow them to show an *authentic* identity, in that they feel like they are showing the audience their true, honest self. Although performing is the most stressful activity the dyads do together, it is also an activity that significantly strengthens their relationships.

109 Following Merleau-Ponty, we are strangers to ourselves, and it is through interacting with others that we understand who we are (see 3.1.1).

The dyads describe experiences of intimate moments happening in non-musical interactions as well. They talk about their conversations as a way of sharing stories and secrets that they rarely tell others. They also tell jokes and laugh together, which I understand as moments of experimentation, in which they test each other's boundaries and understandings. The conversations, similar to the activities described above, can be considered as moments in which the dyads place themselves and the relationship in a zone of creativity and vulnerability. In these interactions, both the adolescents and music therapists take initiative to drive the relationship forwards.

Towards new possibilities

Each of the six dyads of this study develops their relationship in their own ways. They differ in how they describe the activities and goals of music therapy, as well as what they do together. Yet I identify a pattern in that the dyads all move from focusing on a few familiar and safe activities, to expanding gradually into activities that both the adolescents and music therapists consider more challenging. These challenging activities often involve new people and new places, for instance recording music together with a producer or performing on a stage – activities that the adolescents say that they did not think they would be able to do when they started music therapy. Although we see that there are complex feelings and emotions associated with these activities, I find that the dyads appreciate the shared experience of mastering the challenge together. Simultaneously, they emphasize the importance of feelings of safety and trust, as they make the challenging activities possible. To illustrate this point, we can look to the research interview. This is a moment in which the dyads share their experiences, feelings and thoughts with an interviewer, a researcher and, ultimately, the readers of the thesis. It is a challenge that the dyads undertake together, which puts their relationship in a vulnerable position, but has the potential to strengthen their bond as well. Perhaps as the relationships develop further, other possibilities for presenting their relationship to the world will become available.

To summarize, I find that the dyads experience and talk about the music therapy relationship as one of safety and trust, but also of surprise and discovery. It is a relationship of *possibilities*: possibilities for sharing, for self-discovery, for creative expression, and for friendship and enjoyment. These possibilities are both created and limited by the relationship, as the adolescents and music therapists depend on each other to turn them into reality. The experience of having possibilities available can be thought of as a form of freedom, in that the adolescents and music therapists are free to experiment with each other, and act in various ways without fearing negative consequences.

10.2 Implications and limitations of the study

In this final section of the thesis, I consider the limitations of the study, as well as potential implications of the findings and discussions presented in the earlier chapters. I focus on three topics: the role that individual sessions of music therapy can play as part of out-of-home care in the NCWS, how the thesis supports and challenges theoretical perspectives in music therapy literature, and recommendations for future research.

10.2.1 Implications for development of practice

Relational needs and support

In the introduction of the thesis, I explained that my initial interest in the subject arose from the belief that the music therapy relationship could respond to some of the complex relational needs of adolescents in out-of-home care in the NCWS. The findings show that the adolescents emphasize some qualities in the music therapy relationship that are often discussed in the child welfare research literature, including feelings of safety and trust, authenticity and normality (Backe-Hansen et al., 2017; Barneombudet, 2020). These feelings are of special importance in the earlier phases of the relationship. However, as the relationship develops, the motivation for participating becomes less about answering predefined needs and more about the possibilities for new experiences and interactions that are available in music therapy. For some, talking with the music therapist provides a form of guidance and emotional support, whereas others find positivity and joy in having a place in which they can work creatively with an adult. Some of the informants use songwriting to create songs that help them outside of music therapy; others enjoy the feeling of mastery from learning an instrument.

In understanding the music therapy sessions as a place for various forms of support, I draw on discussions in the child welfare literature on the transition to adulthood that adolescents in out-of-home care go through when turning 18 (see 1.3.1). As shown earlier, researchers such as Paulsen (2017), Backe-Hansen (2021) and Storø (2018) emphasize the need for larger networks of support for adolescents who are leaving the child welfare services.¹¹⁰ Based on the ways the adolescents of this study talk about their relationship to their music therapist,

110 Paulsen, Backe-Hansen and Storø separate between formal and informal forms of support. Technically, the music therapists are part of the *formal* support networks in the NCWS, as paid professionals who offer a particular service, but the discourse-oriented exploration shows that the informants also talk about the music therapists' roles in ways that are comparable to adults in *informal* relationships (e.g. friends, teachers). Thus, I find that the separation between formal and informal support is unclear when it comes to the music therapy relationship.

I argue that music therapy relationships can be part of such networks by providing forms of support that the adolescents may not find elsewhere.¹¹¹

The need for music therapists in the child welfare services

Unfortunately, challenges with financial support make it difficult for the music therapists of the study to be part of the adolescents' support networks as part of aftercare. Olivia (A) is not able to have weekly sessions with her music therapist, as she has turned 18, and has lost the necessary financial support from the NCWS to participate in music therapy. Similarly, Sarah (A) explains that the NCWS does not want to pay for individual sessions with Mia (MT). Both adolescents are offered other forms of therapy for free through the municipal health services, but they both say that they find that music therapy works better for them.

Olivia's situation illustrates larger systemic challenges with the transition to aftercare that are described in the child welfare literature, as adolescents who receive aftercare are not necessarily offered the support that they want and need (Paulsen, 2016a; Paulsen et al., 2020). Consequently, long-lasting relationships with adult caregivers may end abruptly when the adolescents turn 18. Although Olivia is the only adolescent in this study who raises this issue, the other adolescents may face similar challenges when they turn 18. Thus, it could be considered a goal for the development of music therapy practice that adolescents in the NCWS are offered music therapy in the same way that they are offered other forms of therapy, both in aftercare and as part of the general services. This would involve further implementation of music therapy in the municipal mental health services. However, as the findings of this study show, music therapy is experienced positively in part because of the possibilities that lie in it being a different, unique and creative form of therapy. When music therapy is *not* introduced as therapy, but rather as music workshops (though still facilitated by music therapists), it allows for a feeling of normality that adolescents who are reluctant towards therapy appreciate.

The findings of this study show that some adolescents in out-of-home care find value in that their music therapists are *not* part of the mental health services. This is an important point to consider in relation to ongoing discussions in the literature on whether therapists should be working in the NCWS or whether therapy should predominately be offered through the mental health services (Helmikstøl, 2021a, 2021b).¹¹² Based on the findings of this study, I argue that music therapists working in the NCWS may be able to reach adolescents who

111 See discussions on the uniqueness of the relationship in section 9.1.

112 Interest organizations for psychologists point to the need for more mental health competence in the NCWS, and argue that there is need for psychotherapists who work directly in the NCWS – not only in the mental health services. Organizations for social workers, however, argue that therapists are an important support group for the NCWS, but that therapists should not necessarily be working in the services (Helmikstøl, 2021b).

are generally sceptical of therapy and the mental health services. However, music therapists should also work towards further implementation in the mental health services, so as to be available for adolescents who have transitioned out of the NCWS. Music therapists may provide different services in the different systems, and thus be able to help and reach more adolescents in out-of-home care.

10.2.2 Implications for music therapy theory

Possibilities in music therapy theory

Throughout the earlier discussions, we have seen how aspects of the findings of this study resonate with different theoretical approaches to music therapy. I have especially drawn on Trondalen's conceptualization of musical intersubjectivity and Rolvsjord's notion of agency, with both theorists providing insights that resonates with the relational experiences of the informants of this study (Rolvsjord, 2015a, 2015b; Trondalen, 2019). The finding that music therapy offers new opportunities and possibilities for the client is also familiar in the music therapy literature. For instance, we can look to Ruud's definition of music therapy as the use of music to give people new *possibilities for action*. Here, Ruud highlights our ability to interact with the world and others, and the new opportunities for (inter)action that music can provide (Ruud, 2008, 2020b). In his recent book, in which he discusses music therapy in light of the post-humanistic perspectives of Deleuze and Guattari, Ruud comments on the individualistic tendencies that underlie the humanistic perspectives from which his original definition grew. Ruud explains that now (in 2020), he would perhaps have written 'agency and experience', rather than 'action', in his definition of music therapy. When explaining the addition of 'experience', he says:

It might be wiser to acknowledge that we all also need to be accepted on our own terms, within our own limits of ability and competency, and not always be expected to self-realize or develop, as is often the goal of many musical therapies. Increased agency may not always be the answer; instead, we may offer an experience of meaningful moments, coexistence, joy, and hope—resonance. (2020b, pp. 104–105)

I find an interesting parallel to this study in Ruud's emphasis on possibilities for *agency* and *experience*.¹¹³ The six relationships of this study all provide the adolescents and music therapists with opportunities for unique creative interactions. These interactions are presented

113 Ruud draws on both post-humanistic thinking and sociology in his notion of agency. He emphasizes how agency is interdependent with circumstances, which, using the terms of this thesis, I understand as agency always existing *in context*. Ruud does not dedicate special attention to how relationships with others play into this context, as his focus is more on structural and material aspects of agency (Ruud, 2020b).

as collaborations on some musical product, in which both adolescents and music therapists contribute with their skills, which we (following Rolvsjord (2015b)) can understand as performances of *agency*. In addition, the informants describe both musical and non-musical experiences that may not lead towards a musical product or collaborative process, but are still meaningful, like listening to and talking about music, eating lunch together or going to the cinema.

In addition to Ruud's recent book, the findings and discussions of this study resonate with newer post-humanistic perspectives in the field of music therapy. As shown in the introductory chapter, there is a move from the individualistic perspectives of humanistic music therapy toward approaches that embrace the interrelated, complex, and layered realities in which music therapy takes place (see 1.3). In this study, I find that the informants understand their relationships as multifaceted phenomena that exist in relation to other relationships and discourses in the adolescents' and music therapists' lives. This supports Ansdell and Stige's (2018) argument for understanding music therapy as part of larger matrixes of relationships, discourses and communities. In line with this perspective, I recommend that future research and theory explores to a greater degree the interplay between the ways clients and therapists experience music therapy. I have already pointed out that there is need for more studies of adolescents' perspectives on music therapy, but I find that the empirical material of this study presents interesting findings regarding how the adolescents and music therapists construct their practice together. As already seen, the adolescents and music therapists influence each other and their understanding of the music therapy process (e.g. the shared discourse that develops between them). Although I maintain the claim that adolescents' perspectives are underrepresented in the music therapy literature, I also consider the interplay between the perspectives of the adolescents and music therapists to be an interesting topic for further study.

Relational participation

In the early contextualization of this study, I described how theoretical perspectives on music therapy with adolescents in the NCWS often focus on the notion of *participation*, with both Krüger (2020) and Stensæth (2018) arguing that music therapy can nurture participation and prevent isolation (see 1.3.3). In this study, we see that new opportunities for participation become available through the establishment of safe, trusting relationships. This can be thought of as *relational* participation; a form of participation that is both made possible and limited by the relationships. Stensæth touches on similar perspectives, when writing that social participation starts with *the close other*:

A close other is one who listens openly and relates seriously and with sympathy, attachment and compassion to all possible communicative signals from another individual. This is the first and basic step in the process towards social participation. Normally, this is not something we think of, but for children and adolescents in the child welfare with trauma history, this part is a vital source for their participation. (Stensæth, 2018, p. 141)

It is worth noting the emphasis on trauma history in the extract above, as this is one of the points in which I find that the study can expand on the perspectives presented by Krüger and Stensæth. When discussing individual sessions between adolescents in the child welfare services and music therapists, both researchers emphasize the relational needs that arise as a consequence of traumatic experiences in the adolescents' past. The six dyads of this study, however, focus on the possibilities that arise in their collaborations in their interviews. Although they discuss relational needs (e.g. safety, authenticity, normalization), these are not attributed to the adolescents' history of trauma, but rather, are seen in relation to scepticism towards therapy and adult caregivers in the NCWS. In earlier discussions, I note that there may be several reasons why the informants of this study do not discuss trauma in the interviews. Yet I find that the emphasis on trauma in the research literature is a fitting example of a difference between the way music therapists (and music therapy researchers) and adolescents discuss music therapy. This difference in discourse is not necessarily a problem, as music therapists have their own discourses and their own understandings of practice – discourses that do not have to be identical to the discourses of their clients.¹¹⁴ However, as Rolvsjord (2010) points out, if the goal of the music therapy practice is to foster participation and work towards collaborative relationships between clients and music therapists, then the literature on the practices should reflect the same participatory ideals. This does not mean that we should ignore the influence that trauma may have on the adolescents' experiences of their relationships, but rather, that we should make sure that the way music therapists write about trauma is in line with the way that the adolescents themselves experience their trauma.

The findings of this study show that the development of the relationship is driven by both the adolescents and the music therapists – the adolescents actively participate in creating new possibilities for interactions. Although the music therapists may facilitate and help the adolescents towards certain developments and experiences, the adolescents create their own meaning in the experiences as well – they identify the forms of support that they need. These

114 From my perspective, it is unavoidable that a music therapist, who has gone through an education with certain discourses about music and therapy, will talk and therefore also think differently about her practice than an adolescent will. We see several examples of what I describe as 'the music therapy discourse' in this study.

findings can be helpful for further development of the notion of participation, as it highlights the adolescents' involvement in the development of the music therapy practice.

10.2.3 Limitations of the study and recommendations for further research

How we experience and talk about relationships is bound to change as new discourses and discussions are created and brought into our world and reality. I therefore find that researchers and theorists will never be able to fully encapsulate or capture the nature of relationships in therapy, as this is a phenomenon that is intertwined with the ever-changing world. This means that relationships in music therapy is a topic that deserves to be frequently revisited, and interpreted and understood through a variety of perspectives. This thesis can be therefore be seen as a contribution towards developing new understandings of the relationships between adolescents and music therapists in the NCWS.

Bearing in mind the small number of informants, the study can present insight only into the experiences of a few individuals. In addition, as noted earlier in the methods chapters, the six relationships of this study are likely to be among the more thriving relationships of the music therapists' practice. Furthermore, the six adolescents are all female and between 16 and 18 years old. These factors shape the empirical material and the implications that we can draw from the findings. We do not hear about adolescents who might have had a predominantly negative experience with music therapy, nor do we hear from male or younger adolescents, who might have different perspectives on the music therapy relationships than the six adolescents of this study. The narrow age range strikes me as especially important, as adolescents who are about to be or have turned 18 are transitioning out of the child welfare services – a process that comes with its own set of challenges, as discussed above. These challenges may not figure as strongly for younger adolescents.

As part of the phenomenological exploration, I draw on a selection of phenomenological theories in the development of the themes (see Chapter 3). Similarly, the choice to use Wetherell's critical discursive social psychology as the theoretical basis for the discourse-oriented analysis has influenced how I understand and discuss discourse as a phenomenon. These theoretical positionings have helped and inspired me to rethink and develop my own understandings of the empirical material. However, the positionings restrict the interpretations and discussions as well, in the sense that other, potentially interesting theoretical perspectives have not been prioritized.¹¹⁵

115 Similarly, the analysis has mainly focused on topics that the informants bring up in the interviews, in order to highlight the ways the dyads talk about their relationship. A consequence of this prioritization is that topics that are frequently discussed in the research literature do not necessarily arise in the analysis and discussions of this thesis.

It is also a limitation of the study that the informants of the study are not involved in the analysis of the empirical material. I have given my reasons for not including the informants in the analysis through member checking (see 5.3.1), but I do believe that other forms of collaboration with the informants could have opened a path for new, interesting understandings of the six music therapy relationships.

Another limitation is that the dual focus of the analysis has limited the amount of time and space I could spend on each exploration. The combination of phenomenological and discourse-oriented perspectives has on the other hand provided new perspectives to the study. Considering the complexity of the phenomena of music, health and relationships, I find that music therapy researchers may benefit from greater use of theoretical and methodological pluralism. By drawing on a variety of perspectives in a single study, we can create new insights into the multi-layered nature of music therapy.

The study highlights the non-verbal forms of communication between clients and therapists in music therapy. Here, I am referring not only to musical communication, but also to the implicit understanding that develops between the adolescents and music therapists, and to the ways that the adolescents perceive the music therapist in their first meeting. This implicit, immediate perception of each other in the first meeting plays a central role in establishing the music therapy relationship. Despite finding that these initial meetings are of great importance, my ability to explore these meetings was limited, as the relationships of this study had lasted for a while, and the informants varied in how well they remembered their first meeting. A fruitful direction for further research would be further exploration of these earlier phases of the relationships.

This study focuses on the child welfare services, and it would be interesting to explore relationships between adolescents and music therapists in other contexts, with the aim of identifying variations and similarities between the different settings. Do adolescents in school or mental health settings also challenge the idea that music therapy is 'therapy'? Do they also emphasize the authenticity and normality of the music therapy relationship? The location of the study, Norway, a country with particular discourses that influence the way adolescents and music therapists experience and talk about life, relationships, music, therapy and adolescence is also pertinent. A similar study in another country might reveal different findings, which could increase our understanding of the influence of cultural discourses on the ways that adolescents and music therapists talk about their relationships.

This study suggests that adolescents in the child welfare services do not experience therapy or relationships with adults in the same way as adults do. Scepticism, stigma and a desire for

authenticity and normality all play into how adolescents relate to their therapists. Further research is needed into how adolescents in out-of-home care experience therapy, and how music therapy can play a role in a larger network of support for the adolescents. By achieving a greater understanding of adolescents' experiences of the different therapies they are offered as part of living in out-of-home care, music therapists – and the child welfare services in general – may achieve a greater understanding of how different forms of therapy can be developed to fit better the needs and wishes of the adolescents.

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Appendices

- 1 Consent form (in Norwegian)
- 2 Letter of approval from NSD
- 3 Interview guide
- 4 Guide to transcription notation
- 5 Extracts from the interviews
- 6 Themes and phenomenological theories

Appendix 1: Consent form (in Norwegian)

Vil du delta i forskningsprosjektet

”Relasjonelle perspektiver på musikkterapi med ungdom i barnevernet”?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke relasjonen mellom musikkterapeuter og ungdom under barnevernets omsorg. I dette skrevet får du informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Prosjektet er en doktorgradsstudie, hvor hovedmålet er å forstå hvordan musikkterapeuter og ungdommer samarbeider i musikkterapi. Gjennom intervjuer ønsker jeg å samle inn erfaringer fra personer som har førstehåndserfaring med musikkterapi innenfor barnevernet, for å kunne undersøke hvordan relasjoner oppstår og utvikles i musikkterapi. Dette vurderes som viktig da vi har liten forskning på dette feltet, og dermed har mye å lære av personer med denne typen erfaringer.

Hvem er ansvarlig for forskningsprosjektet?

Gisle Fuhr, doktorgradsstipendiat ved Norges Musikkhøgskole, er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?

Studien vil ta utgangspunkt i erfaringene til ungdommer og musikkterapeuter som har samarbeidet over lengre tid (minimum ett år), og du anses derfor som en aktuell informant. Det er omtrent tre musikkterapeuter og seks ungdommer som blir spurt om å delta.

Hva innebærer det for deg å delta?

Hvis du velger å delta, så innebærer det å være med på et gruppeintervju hvor musikkterapeuten og ungdommen blir intervjuet sammen. I tillegg kan det være aktuelt med kortere intervjuer med ungdommen eller musikkterapeuten hver for seg. Gruppeintervjuet vil ta omtrent 45 minutter, og vil handle om hvordan ungdommen og musikkterapeuten har blitt kjent, og hvordan de samarbeider i musikkterapien. Det vil bli tatt lydopptak av intervjuene.

Intervjuene vil bli gjennomført av Tora Söderström Gaden (Universitetet i Bergen) og Unni

Johns (Universitetet i Oslo), som begge er underlagt taushetsplikt. De vil kun gjennomføre intervjuene, og vil ikke være involvert i videre behandling av datamaterialet.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Det er kun prosjektansvarlig som vil ha tilgang til lydopptakene og personlige opplysninger som blir sagt under intervjuene. Opplysningene vil lagres på en ekstern harddisk med passordbeskyttelse, i tillegg til at navnet og kontaktopplysningene dine vil bli erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data.

De eneste personopplysningene som kan være aktuelle å oppgi i publikasjon er kjønn og omtrentlig alder. Det skal likevel ikke være mulig å gjenkjenne deltakerne i publikasjonen.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Prosjektet skal etter planen avsluttes 31.08.21. Personopplysningene vil bli av-identifisert i et tidlig stadium av prosjektet. Det vil si at navn og alle identifiserende opplysninger vil bli erstattet med en kode. Kodelisten vil være oppbevares innlåst ved behandlingsansvarlig institusjon. Ved prosjektslutt vil kodelisten slettes. Lydopptaket slettes så snart intervjuene er transkribert.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

innsyn i hvilke personopplysninger som er registrert om deg,

å få rettet personopplysninger om deg,

få slettet personopplysninger om deg,

få utlevert en kopi av dine personopplysninger (dataportabilitet), og

å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Norges Musikkhøgskole har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

Gisle Fuhr ved Norges Musikkhøgskole. Tlf: 91733075.

@: gislefuhr@gmail.com

Norges Musikkhøgskoles personvernombud: personvernombud@nmh.no

NSD – Norsk senter for forskningsdata AS, på epost (personvernombudet@nsd.no) eller telefon: 55 58 21 17.

Med vennlig hilsen

Gisle Fuhr, prosjektansvarlig

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «Et relasjonelt perspektiv på musikkterapi med ungdom i barnevernet», og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta i intervju
- barnet kan delta i intervju

Jeg samtykker til at personopplysninger behandles frem til prosjektet er avsluttet, ca. 31.08.21.

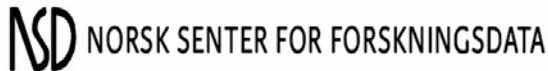
Jeg samtykker til at barnets terapeut kan kommentere relasjonen til barnet under intervjuene
/ Jeg samtykker til at min terapeut kan kommentere vår relasjon under intervjuet.

(Signert av prosjektdeltaker/juridisk ansvarlig for deltaker/forelder til deltaker, dato)

Appendix 2: Letter of approval from NSD

Meldeskjema for behandling av personopplysninger

about:blank



NSD sin vurdering

Prosjekttittel

Et relasjonelt perspektiv på musikkterapi med ungdom i barnevernet

Referansenummer

628234

Registrert

09.10.2018 av Gisle Fuhr - gisle.fuhr@nmh.no

Behandlingsansvarlig institusjon

Norges musikkhøgskole / CREMAH - Senter for forskning i musikk og helse

Prosjektansvarlig

Gisle Fuhr, gislefuhr@gmail.com, tlf: [REDACTED]

Type prosjekt

Forskerprosjekt

Prosjektperiode

01.09.2018 - 31.08.2021

Status

17.12.2018 - Vurdert

Vurdering (1)

17.12.2018 - Vurdert

Det er vår vurdering at behandlingen vil være i samsvar med personvernlovgivningen, så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet 17.12.2018 med vedlegg, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

MELD ENDRINGER

Dersom behandlingen av personopplysninger endrer seg, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. På våre nettsider informerer vi om hvilke endringer som må meldes. Vent på svar før endringen gjennomføres.

TYPE OPPLYSNINGER OG VARIGHET

Prosjektet vil behandle særlige kategorier av personopplysninger om helseforhold og alminnelige personopplysninger frem til 31.08.2021.

LOVLIG GRUNNLAG

Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake.

Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 a), jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

PERSONVERNPRINSIPPER

NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen:

- om lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål
- dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
- lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lenger enn nødvendig for å oppfylle formålet

DE REGISTRERTES RETTIGHETER

Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20).

NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER

NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).

For å forsikre dere om at kravene oppfylles, må prosjektansvarlig følge interne retningslinjer/rådføre seg med behandlingsansvarlig institusjon.

OPPFØLGING AV PROSJEKTET

NSD vil følge opp underveis (hvert annet år) og ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet/pågår i tråd med den behandlingen som er dokumentert.

Lykke til med prosjektet!

Kontaktperson hos NSD: Kajsa Amundsen
Tlf. Personvertjenester: 55 58 21 17 (tast 1)

Appendix 3: Interview guide

The interview guide is first presented in Norwegian, then English.

INTERVJUGUIDE (NORWEGIAN)

Intro:

Gisle hilser, takker for at informantene er med, introduserer seg selv.

Forklarer utgangspunkt for studien (inkludert at vi vet lite om ungdommers erfaringer rundt slike musikktilbud.

Forklarer samtykkeskjema, anonymisering, at informantene har rett til å trekke seg, og at de kan gjøre dette gjennom å si ifra til musikkterapeuten eller meg. Få underskrift. Går så ut av rommet.

Introduser dere selv og intervju spørsmålene. Fortell gjerne hva dere vet om ungdommen

EKSEMPLER PÅ SPØRSMÅL TIL STUDIE:

Kort beskrivelse av bakgrunn og ramme for musikktilbudet:

Kan dere fortelle litt om hva dere gjør sammen i musikktilbudet?

Husker du når du begynte og hvorfor du var interessert? Kjente du f.eks. til andre som hadde deltatt på et tilsvarende musikktilbud?

Hva liker du/dere å gjøre sammen?

Starten av relasjonen:

Hvordan var det å starte med musikktilbudet? Husker du noe du gjorde i starten som du synes var fint?

Hvordan trodde du det kom til å være? Ble det slik du forventet?

Hva slags person trodde du at du skulle møte? Var det noe musikkterapeuten gjorde som var viktig for deg? Hva er det som er viktig for deg med personer du skal møte?

Utvikling av relasjonen:

Husker dere noen hendelser eller episoder som har vært viktige for dere? (F.eks. en låt man har laget, en konsert man har spilt på e.l.). Hva var det som gjorde denne hendelsen viktig for deg?

Har noe forandret seg siden starten? Hva har forandret seg?

Hva er det som har vært viktig for deg med musikktilbudet? Hva gjør at du kommer tilbake?

Husker du noe som har vært vanskelig eller vondt med musikktilbudet?

Musikkens betydning:

Når du tenker på musikken, hva tenker du har vært annerledes uten musikken? Er det forskjell på å gjøre musikk sammen i musikktilbudet, og når du hører på/spiller musikk hjemme?

Skjer det en forandring med deg, musikkterapeuten eller mellom dere når dere spiller sammen?

Hvis aktuelt: Hva tenker du om musikk som terapi, og at musikkterapeuten er en terapeut?

Oppsummerende:

Hva liker du/dere best med det dere gjør sammen? Hva tenker du at den andre liker at dere gjør sammen?

Til ungdommen: Er det noe du har lyst til å si alene?

INTERVIEW GUIDE

Introduction:

The researcher says hello, introduces himself and thanks the informants for participating. Explains the reasons for the study (including the lack of knowledge on adolescents' experiences of music therapy).

Explains consent form, anonymization, that the informants have the right to be removed from the project, that they can do this by telling the music therapist or the researcher. Collects signatures. Then, leaves the room.

Introduce yourself and the interview questions. Perhaps explain what you know about the adolescent.

EXAMPLES OF QUESTIONS FOR THE STUDY:

Background and contextual information:

Can you talk about what you do together?

Do you remember when you started and why you were interested? Did you for instance know about anyone else who had participated?

What do you like to do together?

The start of the relationship:

What was it like in the beginning? Do you remember anything nice that happened in the beginning?

What did you think it was going to be like? Was it as you expected?

What type of person did you think that you were going to meet? Was there anything the music therapist did that was important to you? What do you think is an important quality in people that you are going to meet?

Developing the relationship:

Do you remember any events or occurrences that have been especially important? (E.g., a song they have made or a concert they played). What was it that made this happening important?

Has anything changed since the beginning? What has changed?

What is important to you with the sessions? What makes you come back?

Do you remember anything that has been hard or difficult with the sessions?

Music as part of the relationship:

What do you think would be different if you did not do music together? Are there any differences between doing music with the music therapist and doing music alone, at home?

Does anything change with you or between you when you play together?

If relevant: What do you think about music as therapy, and the fact that the music therapist is a therapist?

Summary:

What do you enjoy the most about your work together? What do you think that the other person enjoys the most?

To the adolescent: Is there anything you want to say alone?

Is there anything you would like to say before we end the interview?

Appendix 4: Guide to transcription notation

,	Comma marks short pause, either mid-sentence or between sentences
.	Period indicates a medium pause, or end of sentence
(.)	Period in brackets marks a longer pause
...	Ellipsis indicates hesitation, or a short pause before another utterance.
(...)	Ellipsis in brackets marks the omission of one or more words.
example	Bold text indicates a sound, gesture, or tone of voice, e.g. laughter, clapping, sarcasm.
=	Equal sign mark immediate answer, with no discernible gap
{example}	Curly brackets indicate deliberately omitted information, e.g. names
[example]	Square brackets mark overlapping utterances
(example)	Round brackets indicate inaudible sounds
Exa::ample	Two colons indicate an extension of vowel sound
<u>Example</u>	Underlining indicates emphasis
EXAMPLE	Capital letters indicate strong emphasis

Appendix 5: Extracts from the interviews

Chloe (A), Maeve (MT) and Isabel (I):

Chloe: ... because I thought like, music therapist, therapy you know, it's a bit, are you like pressing piano keys, and yeah **ironic tone of voice** what do you feel now? (A.1)

Maeve: ... we both knew what we were doing, and I felt kind of, when you played, you like pushed me up, in it ... I think, it was like a very, important moment for me you know.

Isabel: Her playing pushed you up?

Maeve: Yeah. You hit harder than you had ever done before, and I just, felt like, wow.

Chloe: **laughs** (A.2)

Isabel: What's changed, the most, between you?

Chloe: (...) I trust Maeve more now. So that's... (.)

Isabel: Does that mean (.) because, it sometimes makes it so that when you trust someone you feel more active, or feel more free::e, or.

Chloe: I'm a very introverted person, so I don't always talk all that much.

Isabel: Mm. Do you talk more now than when you started, you think?

Chloe: Yeah, I guess so.

(...)

Maeve: Yeah, so, so what I feel has like developed between us, like, in our collaboration is also that I, feel more confident that you would say something if you did not feel, safe, or if there was something you did not want to do [*Chloe:* Mm. *Isabel:* Mm.] E::eh, that I know, I recognize in a way (.) your reaction, or that I know that you would tell me. (A.3)

Chloe: ... that other concert as well, there were many nice songs, and many of them had written their own songs. Then, I was like very (.) moved. [*Isabel:* Yeah.] And I was like (.) I don't know (.) it's weird to say that I was proud, because I don't know them all that well, right, I've only met them, two, three times (.) but I was kind of proud.

Isabel: Proud on their behalf? *Chloe:* Yeah. (A.4)

Maeve: ... so I wonder if, it might be that in a way, music is like kind of a cornerstone (.) it was what we both started with in a way and we are building on that. So we always have music and you get to know each other better like, [*Chloe:* Yeah] with it as a cornerstone you know. So it kind of started with music and then we experienced a lot together [*Chloe:* Yes!] which in a way makes it so that we know each other better and, kind of like brings us closer you know [*Chloe:* Mhm].

But I don't know if that's how you feel? *Chloe*: = It is.

Maeve: Maybe that's a way to phrase it. *Chloe*: Yeah.

Isabel: Music as a cornerstone? Something that brings us closer?

[*Chloe*: Mhm. *Maeve*: Yeah.] *Maeve*: I think so, maybe. *Chloe*: I agree. (A.5)

Isabel: ... so would you say you like playing softly or loud or, do you have any, do you like to give it all you got?

Chloe: I like build-ups. Like when it goes from soft to loud. [*Isabel*: When it goes from soft and...] Yeah. That's the most fun. *Isabel*: Yeah, okay.

Maeve: I agree! I like it too. *Isabel*: Yeah, you too.

Maeve: Yeah, it's fun. *Chloe*: It is!

Isabel: Yeah. So what do you associate with build-ups, Maeve?

Maeve: E::hm. To build excitement and expectation, [*Chloe*: Yeah] I think, in the music. (A.6)

Chloe: And he does this thing with his foot. *Maeve*: Yeah **laughs**.

Isabel: His foot? *Chloe*: Yeah. *Isabel*: What thing?

Chloe: I don't know, like in the build-ups, he starts like, dancing.

Isabel: **laughs** Oh okay, so he moves his feet? [*Chloe*: Yeah **laughs**] And you notice that?

Chloe: Yeah. But it's fun though. (A.7)

Maeve: And it can be very scary to share, with an adult, with a total stranger what kind of music you like, right, it's really personal you know?

Chloe: **weakly** yeah.

Isabel: Do you agree, Chloe? It feels personal?

Chloe: Kind of depends on what music you listen to though. (A.8)

Isabel: So why do you enjoy eating lunch with Maeve? It's easy to talk to her?

Chloe: = Yeah. And don't really need to talk that much either, just...

Isabel: = Be together?

Chloe: Yeah a::and (.) share different, or like, listen to different kinds of music and (.) just talk to each other (.) like normally. (A.9)

Chloe: ... for instance if, we were to write a song and going to write like, to the core of what everything means. Then, I think, it would be more, like psychologist.

Maeve: You said dig earlier.

Chloe: = Yeah. So, yeah, it's okay to ask and like talk about it (.) but there's (.) I don't know, there's a, limit.

Isabel: Is it, important for you that you are the one who, you are the one who can choose what you want to say, about what you're experiencing? *Chloe:* Yeah, yeah.

Isabel: That there is no pressure? [*Chloe:* Mhm]. *Isabel:* Because digging sounds like...

Chloe: **short laughter** Yeah.

Isabel: Something that might, that you might not want?

Chloe: = Yeah. But it's not like that here. (A.10)

Chloe: I don't know anyone in the child welfare services who hasn't gone to some kind of therapy. Not everyone thinks of it as a positive experience. So::o (.) I don't know, I don't consider this therapy. But in a way, maybe it is, because it is a bit, like you get out and you do something enjoyable (.) that stuff.

Isabel: Right. And therapy is about feeling better.

Chloe: **To Maeve** I don't think of you as a therapist you know, that would be weird.

Isabel: You don't think of Maeve as a music therapist?

Chloe: No.

Isabel: What would make it so that you did? What would be different?

Chloe: I mean like, if I had thought of her as a music therapist for me, then it would be in a negative way. Because then it wouldn't be natural, a bit uptight, you know.

Isabel: What do you think would be different? What do you think Maeve would do differently? If she was a music therapist therapist?

Chloe: I don't know, I mean she is. *Isabel:* = She is.

Chloe: Yeah, it is just what I associate with (.) therapists and that they dig around *Isabel:* =Yeah. *Chloe:* that stuff, always talking and stuff.

Isabel: Yeah, so you associate it with (.) mostly with (.) *Chloe:* Like. *Isabel:* not having a nice time. [*Chloe:* Yeah.] Is what you are saying. *Chloe:* It's not like, you don't go to a psychologist to have a good time, you know. (A.11)

Sarah (A), Mia (MT) and Ira (I):

Sarah: I remember being very like shy at first. *Ira:* Mm.

Sarah: And then one of the adults from my place followed me inside. E::eh, a::and, there was a lot of, looking down, staring at the ground. Then Mia came over and was like hi::i **laughs** and I was like hi, a::and then we talked a bit. And we almost finished our first song that first e::eh time I was there. (B.1)

Sarah: It was such a frustrating e::eh moment, and I felt like nothing was going my way. So I thought like, oh, I can't, I can't do this because there was such chaos in my head, right. E::eh because so much stuff was happening at once. Then I told Mia that no, I can't do this.

You have to do the concert without me.

Ira: So when Mia said, you're going! Come on!

Sarah: She called me several times, I didn't reply. Then she messaged me like, Sarah! You're not allowed to do this, you are gonna be here, now, in an hour. Go!

Ira: Then what happened?

Sarah: I was like blown away like wohohow, and then I tried as much as I could to get ready.

Ira: But did you like, that she said it, was i::it?

Sarah: It was kinda good because (.) I don't know (.) It reminded me in a way that eh (.) these things shouldn't keep me from coming through. (B.2)

Ira: Can you talk a bit more about, like, in what ways you notice that (music therapy) has helped you?

Sarah: So I find that it has been easier to talk about stuff. It's easier to express how I feel, and I feel like weight has been lifted off my shoulders in every way because, there I have that person, who can help me turn things to something good, and I have someone that I can always share it with. You know. And, I think that it has helped me a lot, as a person. Makes me feel better.

Ira: How does it feel to hear this, Mia?

Mia: Oh, I::I am really touched! **laughs** ... and I have to say, I'm like insanely proud of you! (B.3)

Sarah: (about performing)... it was actually very, okay and fine, and I thought that, I was happy I came.

Mia: But (.) in my opinion, you were beaming! (B.4)

Mia: ... you know, I can be frustrated and tired at work **laughs**

Sarah: Yeah but then we take that into account too. (B.5)

Mia: I act unprofessionally, mostly, right?

Sarah: Not unprofessionally...

Mia: No, kidding! **laughs** just testing you a bit.

Sarah: You're a human being! *Mia:* Yeah... (B.6)

Mia: Often, I feel very (.) eager and proud when like playing songs together with adolescents (.) who tell their story you know. That I'm a bit like come on people, listen, listen to her, listen to what she has to say **laughs** you need to hear this! (B.7)

Sarah: I love when we're in the studio, or anywhere, and just, we're doing music, and then we start talking about other stuff, and talk **laughs** just talk shit and, no. We don't, [*Mia:* Mhm!] but eh.

Ira: About, anything?

Mia: Talk about everyday life and stuff that's happening and... Yeah.

Sarah: Like everywhere, deep conversations about life. I like that. (B.8)

Mia: The way I see it, this isn't a, therapist-client relationship, you know.

Sarah: E::eh, it couldn't possibly be any further from that!

Mia: We're musicians who write songs together and talk about life a::and, and my like, intention is that, that's how I try to be as a music therapist. (B.9)

Sarah: Because I hate like, when I like, I sit there and, know like. So he's a therapist, she's a therapist, she's a therapist. Because, usually with therapists, often they. Like. You don't even get to know if they have a cat! *Ira:* Right.

Sarah: They know so much about you. But you know so little about them. (B.10)

Sarah: I feel like it, isn't structured in the same way anymore. E::eh, that it, is not a specialized programme anymore. It's more like, everyone is welcome.

Mia: And that's because there has been changes to how the project is organized... *Sarah:* And I have been there, sometimes where, Mia sits down to work with me, and then suddenly, she leaves, she's working with someone else, and I'm like, what? So, there's so many people, it's a lot, many who're asking for attention, everywhere. And (.) it's perhaps a bit too many. You notice that, I mean I notice a big difference from when I started, and now. (B.11)

Sarah: So::o they will pay for a psychiatrist, but I can't get music therapy. Which is much more helpful. Sometimes I wonder if they want to help me or if they just do whatever's easiest for them. (B.12)

Natalie (A), Maeve (MT) and Isabel (I):

Natalie: I probably wouldn't enjoy going to, like normal, music [*Isabel:* like guitar lessons?], yeah like normal guitar lessons because here it's like...

Isabel: Someone says no, you are going to play this, and you have to practice and...

Natalie: Yeah, I think the teachers, they seem so strict, most of them. *Isabel:* Yeah **laughs**

Natalie: And they are like...

Isabel: There are many people who have, been in those situations.

Natalie: Yeah, like from school and when we were playing guitar and stuff at school, it was, scary. But, here there's more variation, and there's more acceptance, in a way, if you don't want to do one thing or the other. That's better, I think. (C.1)

Maeve: So I thought that I had been very eager, and that I, probably, hadn't been good enough at listening to your wishes, that maybe I was a bit controlling. Ehm, so that, maybe it wasn't, like how you really wanted it to be.

(...)

Isabel: Does that mean that when Natalie came back again, you paid extra attention to, what she thought was good for her? Her wishes? [*Maeve:* Yeah that's probably] More than you think you'd done before?

Maeve: That's probably true, but then I also thought that, when you started again, then I think that you talked a bit about what you wanted to do. That eh, that made me really happy (.) because that's what I think is important with these music workshops, that it should be a place where you can do what you want to. And that it shouldn't be a place where you're told what to do. (C.2)

Isabel: What's it like to come here when you are having a bad day?

Natalie: Then I can like, put it away, the bad stuff, and instead do what we are doing here, and then I can like forget it in a way. And it's nice, to just, no, now I'm here, now I'll put it away, and then I just forget it at some point. (C.3)

Natalie: ... if it's for research, then it's, probably to see, how (music therapy) is, and there are probably not that many adolescents who wants to do (the interviews), who might be like me, who are like, oh, it's scary. Beca::use I wasn't quite sure either and, and then I thought it might, be important that someone said yes, maybe, because then more people might get this because there aren't that many people who have this. It's... I'm very happy with (music therapy). So I think there should be more like this around. (C.4)

Natalie: Both of us are interested in plants.

Maeve: **laughs** we're kinda nerdy, both of us [*Isabel:* Oh, that's nice].

Natalie: So we've exchanged. *Maeve:* We've exchanged some plants [*Isabel:* How fun!]. So that one, the pink one.

Isabel: Beautiful, that's from Natalie? *Maeve:* Mhm. (C.5)

Isabel: What would you guess Maeve thinks about, what is the purpose of what she's doing with adolescents?

Natalie: (.) I::I don't really know, I haven't thought about it, in that way, before.

Isabel: No? That's why I'm asking **laughs** so that you have the opportunity, to think about it.

Natalie: I don't really have a purpose for why I'm coming here, I just, I just enjoy it. (C.6)

Natalie: There are many different types of music, and you can, music is like another way to express yourself, for many people, and music creates like a mood and such.

(...)

Maeve: I think, what's great when we're together is that you show me music, which is often really nice, and then we can just sit and listen to the music together, and, we're kind of pulled into an atmosphere. For instance, some of the songs that are kind of calm, some of those songs with like a mystical and mythical atmosphere in the music. So::o , I think it's very nice actually to just, be caught by the music in a way, when it's like, when the music is so nice. (C.7)

Isabel: ... what's different from playing alone and playing with Maeve?

Natalie: Perhaps that e::eh we both can do it? That we have different ideas about what would work well and stuff. I've tried to play with some of the people I live with, and i::it, it does not work! We, I mean, we're like, kids! We just can't, we just can't! **everyone laughs**

Maeve: You should teach them!

Natalie: There's no way to teach them! (C.8)

Natalie: I knew that if I didn't want to (perform) then I could just say no.

Isabel: So, you didn't feel pressured or forced? [*Natalie:* No, and I think that was, yeah] No, and that helped you so that you could decide for yourself?

Natalie: Yeah, because if I had felt pressured, then I don't know if I would have done it, because then I would be even more stressed. (C.9)

Olivia (A), Madilyn (MT) and Ira (I):

Ira: What was it that made you want to return even when you, like, even though it was a bad or good day, you showed up either way?

Olivia: Because I know that, I can talk to Madilyn about stuff, and I can, use episodes, thoughts and feelings in the music. Eh, and no matter how I felt when I arrived, I've always felt better when leaving. (D.1)

Madilyn: I should also mention that, that every time we start the session, we usually listen to a song, and that's a song that Olivia has thought about in advance, and that song says a lot about, how you're doing that day or at that time.

(...)

And that's how it's been, every session. So we, we start there. And I get like a pretty good idea of how Olivia is doing, from that song, and, it is a good starting point for what's gonna happen, next. (D.2)

Ira: Is it important to you to be honest, in the music? *Olivia:* Yeah.

Madilyn: Yeah... And I'm also thinking that, one thing that we've talked a lot about is, and that's something I've gotten more and more conscious of as well, is that it is extremely important to, to write songs that are hopeful. Because the first songs that we wrote, they were more, they were sad, but then we understood quickly that, but, eh, why should this be so, heavy and difficult? You're strong, we should be able to make this a positive story as well, even though life can be hard there's always hope, and we understood that, right?

Olivia: Yeah. (D.3)

Madilyn: ... Because I know that you::u, you've said that you use, the songs if things are really bad, and if there's something, especially difficult, in a situation, then you can like very consciously put on, one of the songs that we have on that topic?

Olivia: Yeah. *Madilyn:* And then the song helps you, right?

Olivia: Yeah, like, it makes me think, in a different way about the situation, and it gets me in a better mood. *Madilyn:* Yes!

Ira: So you just listen to, right, your own music and the songs you've made together?

Olivia: Yeah.

Ira: Kind of like how you listen to other music as well, or? Or are those songs extra special?

Olivia: Mm, they are extra special (...) I can listen to music on for instance Spotify that is close to what I feel in that moment, but, listening to my own songs, then I have something that, that is exactly, like what I have felt or feel like.

Ira: Right, yeah. Like, yours. *Olivia:* Yeah. (D.4)

Ira: How is it different to like play together now than when you started, like, is there anything, that is, different?

Olivia: I'm more comfortable with myself, at least. And I've changed, at least the last years. Seeing things in a different way, more positive, like.

Madilyn: Yeah that (.) I notice that as well, that you::u (.) Yeah, that you're, maybe a bit more optimistic, or optimistic was maybe a bad word, that you, you're more comfortable with yourself now than when we started. *Olivia:* Yeah. (D.5)

Madilyn: we've often talked about the psychologists Olivia has been seeing, that's just how it is, yeah, I think she has used me as a way to like [Ira: vent], bitch about those

psychologists and those, e::eh dumb adults she has to meet, right?

Olivia and Ira laugh (D.6)

Madilyn: Because it's actually a bit weird now, e::eh, with the billing and such, that suddenly one becomes aware of the fact that there is a::a system, and suddenly we have this role in which, which is, it's inconvenient, and it shouldn't be like that. (D.7)

Madilyn: when I'm writing songs, if there's a bit side-tracking then, I can quickly like, e::eh, move away from the topic, but Olivia is very good at sticking to the topic and is always thinking like okay, how do I feel about this, how can I say this, in the best possible way in the song, so that I can recognize myself in it, so she has a very like conscious, attitude towards it. (D.8)

Olivia: when I'm with Madilyn we can, discuss the music, and we can make something of our own, but when I'm alone then it's just, I can listen to music, but, it's not the same.

Ira: No? Can you like, pinpoint, what's missing? **laughs**

If you get what I mean?

Olivia: I guess it's more personal. *Ira:* When you're together? *Olivia:* Yeah.

Madilyn: Might be good to talk and... like be mirrored, on how things are going, maybe? That there's someone there who can help with expressing things. I don't know, maybe?

Olivia: Yeah. (D.9)

Ira: I'm thinking that when you say that the first song was kind of, it was sad and about difficult stuff, then there's something about starting to write together with someone who you haven't really got to know yet. Did you feel safe with Madilyn when you started, do you remember, how you felt together with her, when you started?

Olivia: Yeah, so, it didn't take long before I started trusting her.

Ira: No? Why do you think it, happened quickly?

Olivia: it's easy to talk with her and she's open, and a very good listener and she understands what I'm talking about when I talk about difficult stuff. (D.10)

Madilyn: I think there are many people who get, like, very touched, by eh, Olivia when you're on stage. And I have got a lot of great response from people saying that they notice those, those songs you know. And that they are so real, I think it's, got something to do with, as you said earlier, that eh, that you really care about being honest, and that it's your story, and I think people notice that when you, are on stage as well, maybe? (D.11)

Amelia (A), Maeve (MT) and Isabel (I):

Amelia: ... (Maeve and I) never fight. But I do get sad sometimes.

Isabel: Yeah. So you get sad sometimes?

Amelia: Yeah, **says to Maeve** you can explain.

Maeve: Sometimes you're sad, but most of the time you're happy.

Amelia: Yeah, I'm usually happy!

Isabel: But that's how people are, right? *Amelia:* Yeah.

Isabel: Sometimes we're sad, and other times we're happy, and we can be mad.

Amelia: **to Maeve** She could be my psychotherapist **laughs shortly** She's quite good! (E.1)

Amelia: Yeah, I walked home, I, I had to forget (a girl in class) because, she wasn't kind to me at school today. *Maeve:* She wasn't?.

Amelia: No. I was hurt, or, sad.

Maeve: And then you listened to music?

Amelia: So then, I wanted to listen to music to forget her, forget this, and just think about what makes me happy. (E.2)

Isabel: ... (Maeve) is a music therapist. *Amelia:* I know.

Isabel: You know? *Amelia:* Yeah.

Isabel: But do you know what that is? What do you think it means?

Amelia: Listening to music, playing guitar, singing, writing music.

Isabel: Yes? But you know what therapy is, because you talked about it earlier?

Amelia: Yeah like a psychotherapist, right? (E.3)

Isabel: Do you think that it would be just as good with some other music therapist instead of Maeve?

Amelia: No.

Isabel: Even though it was someone who was great at playing and

Amelia: = No, I want her, I want the same. I don't want anyone else, she's the best.

Isabel: But if she had to quit, or

Amelia: = Do you mean for real or, or just as an example?

Isabel: No, just as an example. *Amelia:* Oh, I thought you were serious! **laughs**

[*Isabel:* No no, just as an example!] *Maeve:* I'm not quitting.

Amelia: Oh, thank God! *Isabel:* No, she's not quitting. *Amelia:* Thank God!

(...)

Maeve: But it could happen, you could get to know someone else as well?

Amelia: Why? Why can't I have you anymore?

Maeve: No I'm not, so, we're still playing together.

Amelia: Oh, because it sounds like you don't want to be my therapist anymore.

Maeve: No, I'm still your therapist.

Amelia: Then stop joking and scaring me!

Maeve: **laughs shortly** I'm not, I'm not quitting. *Amelia:* Thank god. (E.4)

Amelia: Because it is fun, fun to do, it makes you happy, because music makes you happy, instead of crying. (E.5)

Isabel: Some people think it's nice to cry while listening to music.

Amelia: Or be happy. Listening to music makes me happy, that's one thing that makes me happy. (E.6)

Isabel: What do you like the most?

Amelia: About her? When she's great at playing the piano.

Amelia and Maeve laugh *Isabel:* Yeah.

Maeve: And it's fun to sing.

Amelia: Yeah. And she's crazy **Amelia and Maeve laugh**.

(...)

Isabel: And you write a lot of songs together?

Amelia: Yeah, because I'm always looking forward to seeing her. It makes my day better!

Isabel: But do you ever like think in advance

Amelia: = Because she encourages me. Every day. When she's here. (E.7)

Luna (A), Mia (MT) and Ira (I):

Mia: ... sometimes you come in and like, oh I'm really happy, I wanna write a thank-you song, or you come in, like I'm really mad, I wanna write **laughs**

Luna: **laughs**

Mia: Or you come in and, oh I wanna write a nice song eh, an uplifting song to one of my friends.

Luna: Mm. [*Ira:* Oh, how nice]

Mia: So it's like, okay where's Luna this week, today. (E.1)

Mia: I go a bit eh, crazy bananas eh, I'm like super happy every time we, we make a song, it's like I'm almost dancing **Ira and Luna laugh**

Mia: I'm like Luna we finished! Another one! **laughs** and then we high five and, yeah.

Luna: Mm.

Mia: Yeah it's fun. It's a good feeling when we get to, finish a whole song.

Luna: Yeah. *Mia:* Sense of mastery! *Luna:* Yeah. (F.2)

Luna: At first I wasn't really interested in music therapy.

Ira: No, you weren't? What did you think of it?

Luna: Was boring. *Ira:* Boring. **laughs** oh, yeah? *Luna:* Yeah.

Ira: What was it, what made it so, you thought it was boring?

Luna: Ehm, I don't know. I just wasn't that, interested in music and stuff.

Ira: You weren't interested in music? *Luna:* No::o.

Ira: No. But then something changed? *Luna:* Yeah. (F.3)

Luna: The first time I was gonna make a song I thought like oh my god this is ne::ever gonna work. *Mia:* **laughs**

Ira: You thought that? And then what happened?

Luna: I tried and, it turned into a song.

Ira: It worked! *Mia:* Mm.

Ira: Wow, yeah, do you remember how that made you feel?

Luna: I was like, what? (F.4)

Ira: How has it been, afterwards?

Luna: It's like, yeah that was fun, but what am I gonna do now?

Mia: Okay, mm.

Ira: So it's fun at that moment, and then...

Luna: It's kinda fun afterwards to tell people about it. But it's like, hmm, now I don't have anything to look forward to, you know. (F.5)

Mia: Is there something that, has been different with working with me, versus working with the other music therapists?

Luna: Yea::ah. *Mia:* Something I do?

Luna: Ehm (.) yeah, the other music therapists weren't like, what do you think and how do you feel and so on.

Mia: So I ask you more about, your thoughts and feelings? *Luna:* Yeah.

Ira: Huh, how has that been?

Luna: It has been okay. Then the songs are more, like, mine.

Mia: Mm, more personal? *Luna:* Yeah.

Mia: Like your story. *Luna:* Mhm. (F.6)

Ira: Do you listen to the songs on your own time, as well?

Luna: Sometimes. *Ira:* Yeah? What is it like to listen to::o those songs?

Luna: Ehm::m, it's awful to hear your own voice, but eh **laughs**

Mia: It is? **laughs** *Luna:* Yeah. But it's like oh I've made this. (F.7)

Ira: But so when you're making music between sessions then you're doing it alone *Luna:*
Mm.

Ira: How does that feel versus when you're together? Is there a difference, in making music alone, or is it?

Luna: I can't make any songs when I, am alone, so...

Ira: No, right. *Luna:* So that's boring.

Ira: Yeah? So it's better to, do it together? *Luna:* Yeah. (F.8)

Luna: E::eh, it gives me a lot of pleasure, and a lot of, like (.) bags off my shoulders, in a way. *Ira:* Mm, weight off your shoulders? *Luna:* Yeah. (F.9)

Appendix 6: Themes and phenomenological theories

In the following, I give three examples of the interplay between the empirical material and the phenomenological theories in the phenomenological thematic analysis, followed by a list the theories and concepts that inspired the different themes.

Examples of the insight cultivators-approach:

Here, I explain how I developed the three sub-themes of the first theme: Realness, understanding and acceptance. The three sub-themes illustrate some of different ways in which the phenomenological theories influenced my interpretation.

Starting with the feeling of realness, I noticed that, in their interviews, the informants talk about being “honest”, “real” and “natural”, as a contrast to being “fake” and “uptight”. These descriptions interested me, as they all highlighted the experience of *being true*. The adolescents describe how the music therapists feel truer than other therapists do, and say that, through songwriting, the adolescents could show true sides of themselves. I knew from reading van Manen’s descriptions of different phenomenological thinkers (in van Manen, 2014) that *authenticity* is a central concept in Sartre’s theories (Merleau-Ponty did not write much about the concept). I thus read further on Sartre’s notion of authenticity, and in doing so, I came upon his analogy of the waiter, which made me think about how perceptions of care are related to job titles and expectancies. Revisiting the empirical material after having read about Sartre’s authenticity, I saw that the adolescents who talk about “real” and “fake” care are the same ones who do not consider their music therapists as ‘therapists’. Here, Sartre’s theories of authenticity inspired me to develop the theme further, and draw lines between different patterns in the empirical material.

When hearing the informants talk about a feeling of understanding happening between them during music listening, I quickly thought about the concept of intersubjectivity. Knowing that Merleau-Ponty’s phenomenology functions as a fitting theoretical framework for understanding intersubjectivity, I read about his notions of sameness and alterity. Here, the phenomenological theories expanded my understanding of the informants’ experiences.

In developing the theme of the feeling of acceptance, I also drew on Merleau-Ponty’s theories. Knowing that I would use both Merleau-Ponty and Sartre in my analysis, I had read about the

differences between the two thinkers, including their different conceptualizations of *freedom*. The informants' descriptions of acceptance as a feeling of engaging in different activities and acting in various ways without being afraid of the negative consequences made me think of Merleau-Ponty's notion of freedom in relationships. From reading his theories, I revised my understanding of the feeling of acceptance to be one of feeling an implicit, tacit freedom in the presence of the other. Here, I was inspired by Merleau-Ponty to rethink and reconceptualize the feeling that the informants initially discussed.

A list of all the themes and the theories that were used as inspiration:

Theme #1: Realness, understanding and acceptance

Sub-theme #1: Realness and 'fake' care

Theory: Sartre on authenticity and freedom

Sub-theme #2: A shared understanding

Theory: Merleau-Ponty on sameness and alterity, intersubjectivity

Sub-theme #3: Acceptance and freedom to choose

Theory: Merleau-Ponty on freedom

Theme #2: Safety and trust

Sub-theme #4: Safety and trust as immediate feelings

Theory: Lévinas on the immediacy of care; Derrida on rejection

Sub-theme #5: Safety and trust as developing feelings

Theory: van Manen and Levering on privacy; Merleau-Ponty on freedom

Sub-theme #6: Developing safety and trust through routines and stability

Theory: Merleau-Ponty on sameness and alterity; Stern and Trondalen on implicit knowing

Sub-theme #7: The balance between safety and challenge

Theory: Merleau-Ponty on freedom

Theme #3: Fun, mastery and challenge

Sub-theme #8: Being surprised by what they can do

Theory: Lévinas on the immediacy of care; Derrida on rejection

Sub-theme #9: The fun of being challenged

Theory: Ricoeur on narratives; Merleau-Ponty on sameness and alterity

Sub-theme #10: Mastery and mistakes

Theory: Lévinas on the face of the Other

Theme #4: Distance and difference

Sub-theme #11: Professional distance and payment

Theory: Derrida on rejection

Sub-theme #12: Musical competence and skill

Theory: Merleau-Ponty on sameness and alterity; Stern and Trondalen on implicit knowing

Sub-theme #13: The need for privacy and secrets

Theory: Derrida on rejection; van Manen and Levering on privacy

Theme #5: Meetings in music

Sub-theme #14: Relating through playing music

Theory: Merleau-Ponty on sameness and alterity; Stern and Trondalen on implicit knowing

Sub-theme #15: Emotional regulation and music listening

Theory: van Manen and Levering on privacy; Merleau-Ponty on sameness and alterity

Sub-theme #16: Focusing on the here-and-now

Theory: Merleau-Ponty on sameness and alterity; Stern and Trondalen on implicit knowing

Theme #6: Bonding through conversation

Sub-theme #17: Sharing secrets

Theory: Derrida on rejection; van Manen and Levering on privacy

Sub-theme #18: Laughter and humour

Theory: Merleau-Ponty on sameness and alterity

Sub-theme #19: Pushing towards agency in narratives

Theory: Ricoeur on narrative; Schechtman on different roles in narratives

Theme #7: Narratives and songwriting

Sub-theme #20: Writing about life experiences

Theory: Ricoeur on narrative and truth; Sartre on authenticity

Sub-theme #21: Writing together for an audience

Theory: Ricoeur on narrative

In his dissertation, Gisle Fuhr explores how adolescents and music therapists in the Norwegian Child Welfare Services experience and talk about their relationship.

Six adolescents in out-of-home care and their music therapists are interviewed in dyads. The interviews are analysed with a dual-focused approach: first, a hermeneutic phenomenological thematic analysis examines the informants' experiences of their relationship, and second, a discourse-oriented thematic analysis explores discursive patterns in the informants' descriptions.

Among the findings of the two analyses are that the adolescents identify feelings of realness, understanding, acceptance, and respect for privacy in the relationships – feelings that are described as lacking in other relationships in the adolescents' lives. Other findings show that over the course of time, the adolescents and music therapists develop their own, shared ways of talking about and understanding their shared practice. However, they also differ in how they describe aspects of their relationship, especially in discussions on concepts like 'music', 'therapy', and 'therapist'.

Combining the findings of the two explorations, Fuhr finds that the adolescents and music therapists of the study experience and talk about their relationship as one of unique possibilities. He suggests that music therapists can be a part of larger networks of support for adolescents in out-of-home care, and possibly, provide forms of support that the adolescents do not experience elsewhere.

Gisle Fuhr (d.o.b. 1991) has studied music performance and psychology and is a trained music therapist. His main work has been with refugees and adolescents in the child welfare services.