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Humanistic music therapy in the child welfare: Reflections on the label ‘humanistic music therapy’ and its correlation with the visions of the leaders of a new child welfare institution for adolescents

Ingeborg Nebelung^{1*}, Karette Stensæth¹

1 Norwegian Academy of Music, Oslo, Norway

*ingeborg.nebelung@nmh.no

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Abstract

Music therapy has for a long time been associated with humanistic values, both among music therapists but more and more also among people outside the field. Do we all have a common understanding of what humanistic music therapy is? The point of departure in this paper is the development of a new Norwegian residential care unit for adolescents in child welfare services. Those responsible for this unit have included a music therapist, because they want to base the enterprise and its activities upon the values they associate with music therapy. This paper asks: What is “humanistic music therapy” and how might its perspectives correlate with the visions and ideas of the leaders of a child welfare institution? A literature review will assess the critical understanding of the concept of humanistic music therapy, in order to understand its unbiased and foundational values. Semi-structured interviews with the unit’s initiators will describe their visions and hopes for the development of the care unit with regard to humanistic music therapy. By correlating the findings from the literature review and the interviews, the paper describes aspects that might contribute to a common ground of understanding for the music therapist and the workers in the unit, which in turn might contribute to personal growth and health promotion among the adolescents and their community.

Keywords: *child welfare, adolescents, humanistic music therapy, developing a new care unit*

Introduction

The link between notions of *music therapy* and *humanism* has been strong for a very long time. In the centre of the combinations of the two notions is the idea of the unique and sovereign individual and the acting, personal, creative, and musical human being. Today, many practitioners, students, and researchers of music therapy all over the world position their views within a humanistic perspective (see [overviews by Abrams, 2015; Ruud, 1998, 2010](#)). In Norway, the home of the present authors, a humanistic

perspective on music therapy has dominated since the beginning of the national music therapy program 40 years ago, mainly thanks to music therapy pioneer Even Ruud and his theoretical perspectives, especially in his book called *Music therapy. A perspective from the humanities* (Ruud, 2010).

One of the authors of this paper, Ingeborg Nebelung, has recently been hired as a music therapist of a new child welfare unit in Norway. She is also working on a PhD project that aims to look at what music therapy as a discipline and methodical approach can provide this particular unit in the planning, start-up, and early years. The project seeks to explore how the adolescents' participation in music therapy may affect them and the institution as a whole.¹ In this paper, this author has acted as the interviewer, and we will refer to her as "the music therapist" in the interviews. Both authors, who have long experiences working as music therapists with children and adolescents with special needs, have explored and discussed the data and written the paper in collaboration.

When the leaders of the unit in question requested music therapy, we felt that they expected it to influence the community and the environment in certain ways. In the initial talks of the unit development the music therapist asked the leaders: "What was it that made you go for the idea of including a music therapist on the staff?" One of the leaders responded: "That was my immediate response. When a friend talked to me on the phone and told me about you (the music therapist) and what you do, it was an immediate 'YES!' Because, you know, I think it is well acknowledged that music does something good to human beings." They also said that they had a strong belief in music being a useful and adequate tool in the work with the adolescents, one that would give them recognition and strengthen their abilities to collaborate. They thought that the music therapy would have a positive effect on the institution as a whole. It was these initial talks that made us want to explore if the leaders perhaps associated music therapy with values that are described as humanistic in the field of music therapy. We think that having a common understanding of what music therapy is and could offer might be essential in a collaborative development of this particular unit. As a case, we think that the paper should have general relevance for music therapy projects in the child welfare.

The structure of the paper

We will first present a background of the topics in the paper. Then follows a presentation of the methodology, before we present the review of the literature and our analyses of the interviews. In the discussion, we will merge the findings from the literature search and the interviews. Before the conclusion, we will summarize the main findings.

Background

In this section, we will first introduce the core term humanism. Because Ruud's extensive theoretical elaboration on humanistic music therapy has influenced our school of thought and pre-understanding, we will give a short description of his ideas after that. Then follows a short presentation of adolescents in the child welfare and music therapy work with them.

Humanism

The word "humanism" is ultimately derived from the Latin concept of *humanitas*, which at once evokes human nature, civilisation and kindness. In general, humanism could be viewed as a philosophical and ethical stance that emphasises the value and agency of human beings, individually and collectively.² Philosophically, humanism is a world view in which the individual is seen as sovereign—above nature, the state, and sometimes even God. The individual is also seen as nondeterministic, meaning that they have free will and are able to grow and mature on their own terms. Their intuitive

sense of right and wrong—itself an inborn and natural moral insight—and freedom to act imply a duty to do so responsibly (Aadland, 1997).

The meaning of humanism, however, has fluctuated since the Renaissance, particularly in relation to the successive intellectual movements that have been identified with it.³ Jean-Jacques Rousseau (1712–1778) used the metaphor of a flower to depict the child as a unique and independent human being, one who needs water to grow, learn and become who they are. Abraham Maslow (1908–1970) believed that every person has a strong desire to realize their full potential and reach a certain level of self-actualisation. His powerful hierarchy of needs was predicated on prioritising the fulfilment of innate human needs.⁴ Carl Rogers (1902–1987), who first developed a client-centred therapy (Abrams, 2015), presented a theory whereby the *relationship* between the client and the therapist is the medium of change. It says that the therapist, by demonstrating an empathic and non-judgmental attitude, can show respect for the client and a positive and supportive engagement to the therapy.

In this short presentation of humanism, many music therapists will recognise aspects that are salient to music therapy: the *human being* (client) is at the centre of the therapy. In music therapy, the *individual* (the client) might be seen as the metaphor of a “flower” and the music the “water” with which the therapist can help the client to optimise the client’s health. The *relationship* is central. Bruscia (2014), in his much-used definition of music therapy, reminds us that the therapist uses “various facets of music experience and the relationships formed through them as the impetus for change” (p. 36).

Ruud’s humanistic music therapy

Norwegian music therapy pioneer Even Ruud has long been a leading spokesman for the humanistic perspective in music therapy. His theories (Ruud, 1998, 2008, 2010) continue to have a great influence, particularly in Norway.

Ruud (2010) outlined five basic principles of a humanistic outlook (pp. 15–20) and the ways in which they are reflected in humanistic music therapy:

1. **Care for the individual and respect for human dignity** : The United Nation’s human rights state that all humans are created equal.⁵ In music therapy this will manifest in the therapist’s recognition and ethical view of the client’s musical identity.
2. **Empathy** : The music therapist is focused on being present here and now, offering unconditional positive attention and acceptance. The *empathic relationship* becomes the focal point.
3. **Critical aspects** : Humanism also occurs in the critical tradition, with its focus on the physical, psychological, cultural, material, and social barriers that can prohibit participation and expression on all levels; *inside* the person, *between* persons, and on a systemic level.
4. **Self-determination**: The individuals makes their own decisions, has access to knowledge on possibilities and consequences, can overcome obstacles and reach their fullest potential. The individuals have innate possibilities to make decisions regarding their own life and health.
5. **Symbols, metaphors, and meanings**: We create, experience, and relate to myths, languages, symbols, signs, and musical meaning. Our experience is situational and contextual, and will be affected by our musical and personal background, our identity, and our situatedness in history.

Ruud’s five principles can also be seen as a historical development of the humanistic perspectives on music therapy. Already in 1978, Ruud presented a critique of humanistic music therapy in his book *Music therapy and its relationship to current treatment theories*, warning against having a one-sidedly focus on self-actualization (i.e. Maslow)

as the highest goal, thus, promoting a self-centred individualism. The development of a community based music therapy might be seen in line with this critique.

Adolescents in child welfare

A child welfare unit provides daily care for children and adolescents who, for some period of time, need a place to stay which is not their home (Grinde, Jakhelln, & Sandberg, 2015). Institutions for adolescents provide care for people between the ages of 12 and 18 years. Out of a population of almost six million people, nearly 50,000 children and adolescents received services from the child welfare system in Norway in 2010, and about 2000 of them lived in child welfare institutions.⁶

Some of these adolescents might struggle with drug abuse, and some might have behavioural issues. Adolescents in child welfare often experience a lack of engagement and trust from the staff. They feel that these adults do not see them or understand their needs. They also say that they want to be around playful adults, but they need their support to experience mastery of what they do (Krüger, 2012).

Music therapy with adolescents in the child welfare

There is a growing interest in the child welfare to include music therapy, and the unit to which this paper refers is one example of that. Slowly, the amount of research on music therapy in the child welfare is growing, also. The anthology *In transit – between to and fro* (Stensæth, Krüger, & Fuglestad, 2016) is a large collection of articles on the topic that is worth mentioning. The book includes texts on qualitative music therapy projects in Norwegian child welfare. In these articles, the music is used to regulate and alleviate feelings, which helps the young people experience stability in their life. The book also shows how adolescents might experience success, joy, hope, and recognition through music therapy. Sometimes the music created positive emotions that gave the adolescents distraction from their traumas. The book's articles also describe many types of musical tools can be used to promote health among young people in the child welfare, for example song writing, song sharing, (systematic) music listening, musical interplay, band playing, improvisation, and performance. Common for all of the music therapy projects in the book *In transit – between to and fro* is that music was not given one single meaning; its value is linked to how it is used. The aim is to create ways for the adolescents to express themselves. Music, for them, turns this way into a tool with which they can build constructive social relationships with other people and engage in health promoting participation with the society.

The project called *Come closer* is unique in that it is larger than the other projects and offers CD productions as and music theatre performances. This project, which is described broadly in Krüger's (2012) PhD research, is also an example of how the music might give the adolescents a personal voice, a voice that can become audible for the public through concerts and recordings. *Come closer* provided the adolescents help to create their own individual autobiographical narratives.

Research on music therapy in child welfare shows that taking part in music activities provides unique opportunities for the adolescents to be with adults and peers, which is something they miss the most (Krüger, Strandbu, & Stige, 2014). They say that music therapy gives them "space" and a chance to "breathe" (Krüger & Stige, 2014; Strandbu, Krüger & Lorentzen, 2016). Sometimes the music therapy helps them create positive associations and a better self-image (ibid.). McFerran (2010), who actually described humanistic music therapy work with young people, highlights the importance of identity: performing and identifying with particular self-images informs the ongoing process of identity construction. Humanistic music therapists are therefore focused on being present and offering unconditional positive regard. Working with adolescents, this looks a bit different from working with other populations: instead of listening and agreeing, it involves energy and creativity, and meeting the adolescent where they are.

Methodology

In this paper, we seek to understand a phenomenon (humanistic music therapy) in depth from the perspective of the local populations (music therapy theorists and the leaders of a child welfare unit who want to include music therapy in their institution). To do so, we have found it suiting to use qualitative research methods. Our approach is explorative rather than confirmatory. Typically for exploratory research, we have included secondary research (reviewing available literature) and in-depth interviews (of the leaders of the child welfare unit). The approach is also exploratory in the sense that we try to conduct the research in a transparent, honest, and strongly self-reflexive way while also following the dialectical principle of achieving something positive by means of negation (Reiter, 2017). In the interviews, for example, we try to understand the leaders' cultures and societies. In the literature, we question our own understanding of music therapy in the perspective of the humanities. In our comparison of the two data, we follow the process of fusing the interpretative horizons of us, the researchers and the findings, researched.

Our approach is also hermeneutical in that it stresses interpretation and insight, where our preunderstanding and intuition based in our long experiences as music therapists is given an important role. Alvesson and Skölberg (2000) call this path as a "privileged royal road to the 'true' knowledge of the world" (p. 52). What we are talking of here is in science philosophy a type of *alethic*⁷ hermeneutics where the focus is on truth as an act of disclosure in which polarity between us, the researchers, and the data, between understanding and explanation, dissolves "in the radical light of a more original unity" (p. 52). The communication in this paper then relies upon our reflective synthesis of all of this (Alvesson & Skölberg, 2000; Bruscia, 2005). We reflect upon our findings to frame our thoughts of it. At the same time, we try to break away from our old frame of references trying to explore upon what our findings are not capable of saying. The latter involves a more critical stance from us as researchers. For researchers to reflect upon their reflections this way is what Alvesson and Skölberg (2000, p. 246) refer to as reflexivity:

The point of reflection is rather to break away from consistency and a narrow focus on a particular aspect, to question weaknesses inherent in the mode of thought one embraces (and is easily imprisoned within), to break up and change a particular language game rather than expanding it.

The literature review

In order to find further descriptions of humanistic music therapy, we carried out a literature search via six databases: Google Scholar, JSTOR, RILM, NJMT, and the Norwegian University databases Oria and Brage. Our search was pragmatic rather than thorough or strict, because we mainly wanted to uncover useful descriptions of humanistic music therapy. We used the phrase "humanistic music therapy" and/or the truncated "humanis*."

We have included peer-reviewed full-text articles in our data, as well as master's and PhD theses, both in the Scandinavian languages and English. All of them have been published after 1995. The year limit was set for several reasons. First of all, the data after this year was rich enough as well as manageable for us for this article. Although, we were aware that humanistic music therapy was practiced before 1995, both in the 1970s and the 1980s, we found out that humanistic music therapy was more articulated as a theme from the mid 1990s. Going through the references of the collected literature, we found that Ruud's books (1998, 2010) were often cited, as was Abram's (2015) book chapter titled "Humanistic music therapy". We therefore included the mentioned works by these two authors in our literature search.

Using the search function in the electronic documents available, we were able to find the paragraphs that had the term "humanistic music therapy" (or a variation) in it. From there we found the words that were used to describe and explain the term. For example: one of the references in our literature search, Dunlap (2017, pp. 31-32),

explained humanistic music therapy as “uniquely human constructs related to well-being, meaning and value”. This, she said, includes (and here Dunlap quotes Abrams (2015, p. 149) “being, selfhood, hope, self-esteem, love, creativity, individuality, and authenticity”.

After that Dunlap (2017, p.32) said, “Self-actualization through expression of musical potential is the primary goal of Humanistic Music Therapy, which is encouraged through a healing, therapeutic relationship and environment.” Dunlap this way described humanistic music therapy with words like “well-being,” “meaning,” “value,” “being,” “selfhood,” etc. We then filled these words into a form to get the picture of the diversity of descriptions of humanistic music therapy. Further on in the analysis, we saw that some of the collected words had similar meanings and that they therefore could be categorized under other headings. For instance, words like “well-being,” “meaning,” “selfhood,” “hope,” “self-esteem,” “individuality,” and “self-actualization” from the same excerpt would fall into the category named “goals and aims in the therapy.”

In the same way, we placed descriptive terms like “holistic,” “bio-psycho-social,” “multi-dimensional,” and “socio-cultural-historical” in the category that we called “holistic perspectives of the individual.”

The interview

Interviews with two of the leaders (and initiators) of the child welfare institution were carried out to identify their visions and hopes for the development of the care unit, especially with regard to music therapy. One is the leader of the organisation. She is also a special education teacher. She has extensive experience working with adolescents, both in school settings and from child welfare units. The other one is the leader of human resources. He has extensive experience working in units for adolescents as well as from working in a high security post for young adults in psychiatric care in a hospital. Both of them gave us permission to publish the results from the interviews.

In the interviews, we followed the model of the semi-structured interview. This model provided us some structure based on an interview guide, but it also allowed us to work flexibly and provide room for the respondent’s spontaneous descriptions and narratives as well (Kvale, 2008). The interviews, recorded on tape, were conducted in the home of one of the leaders. We found the atmosphere during the interviews to be warm. Also, the conversation went smoothly. Both leaders were eager to talk and they both were enthusiastic about the topics. They seemed to agree a lot. Sometimes they even completed each other’s sentences. For this reason, we chose not to distinguish between the two leaders’ statements in the interview; rather we treated them together, as one voice.

The analysis of the interviews was inspired by Malterud’s (2012) *systematic text condensation*. This is a descriptive and exploratory method for the thematic analysis of qualitative interview data. The procedure consists of four steps: (1) total impression—from chaos to themes; (2) identifying and sorting meaning units—from themes to codes; (3) condensation—from code to meaning; (4) synthesising—from condensation to descriptions and concepts (p. 795). In step 1, we listened to the recording and read through the transcription of it several times to conduct the necessary overview. Then, in step 2, we identified meaning units and highlighted those that responded directly to the paper’s research question. In steps 3 and 4, we condensed the units into meaningful descriptions while trying to retain their original meanings. After that, the citations were translated from Norwegian to English. In the end, the condensed citations were boxed.

Results

Results from the literature review

We found a substantial number of texts (329) in which the authors claim to have a humanistic perspective on music therapy. However, out of 149 hits that fit with the inclusion criteria, the term was defined and/or elaborated upon in only 68 of them. We will refer to these 68 in the following.⁸

We have placed the words collected from these descriptions where humanistic music therapy has been defined into four categories:⁹

- a. the relationship between therapist and client;
- b. the holistic perspectives on the individual;
- c. the therapist's skills and virtues;
- d. the client and his goals and aims in therapy.

(a) The relationship between therapist and client

The relationship between the client and the therapist is something the literature often as the most important aspect of a humanistic perspective (Clements-Cortés, 2009; Crump, 2010; Lowery, 2016; Noone, 2008; Short, 2013; Witt, 2002). *Relationship* is also used in combination with words like “communication” (Abrams, 2015; Cole, 2003; Drøsdal, 2013; Forinash, 2005; Mortvedt, 2016; Mössler & Fuchs, 2015) and “mutuality” (Pasiali, 2012; Rolvsjord, 2016; Trondalen, 2008). The relationship between the client and the therapist also sometimes supported by a view of the human being as a social being, suggesting that fellowship with others is likewise crucial. Client and therapist participation in the relationship was seen by many authors to be essential to the creation of a feeling of togetherness and intersubjectivity (Clements-Cortés, 2009; Fuhr, 2016; Lowery, 2016; Mössler, 2011; Mössler & Fuchs, 2015). Indirectly, when describing the client and therapist relationship, the literature seemed to specify humanity as something which is gained only through other human beings, as though an individual (a client, mostly, but also a therapist) becomes human *through* the relationship with another (Fuhr, 2016; Madsen, 2017; Ruud, 2010). This condition was also sometimes viewed from a philosophical perspective, so that the ‘I’ in music therapy was realised by ‘Other’ (Stensæth, 2017; Trondalen 2016).

(b) The holistic perspectives on the individual

Several authors, when describing humanistic music therapy, evoked a view of the human being as *biopsychosocial* (Abrams, 2015; Bunt & Stige 2014; Clements-Cortés, 2009; Dunlap, 2017). Some authors described this view as *holistic* or *multi-dimensional*, suggesting in this way that every aspect of the person's needs is taken into consideration, whether biological, psychological or social (Clements-Cortés, 2009; Henderson, 2012; Lowery, 2016; Noone, 2008). These authors consider the individual to be more than a body responding physically to impressions and stimulus. Human reactions, they insisted, are not based upon such straightforward cause-and-effect mechanisms (e.g., Abrams, 2015); instead, mind, body and social needs are seen as *connected*. Ruud (1998, 2008, 2010), in his elaboration, advocated for a biopsychosocial and multidimensional view of the human being.

Equality is used in this music therapy literature to characterise the human being as an individual (Drøsdal, 2013; Medcalf & McFerran, 2016; Rolvsjord, 2016; Trondalen, 2008). Equality and responsibility are juxtaposed in the music therapy literature and the interviews (e.g., the UN declaration of human rights).

Personal choice (Chen et al., 2014; How, 2014; Mössler, 2011) and *free will* (Crump, 2010) are also frequent descriptors. The individual is seen as *responsible*, *autonomous*, and *intentional* (Broersen, 2004; Chen et al., 2014; Mössler, 2011; Zaru, 2002) in their search for meaning in life. The individual is also referred to as a socio-cultural-historical being (Artus 2017; Dunlap, 2017; Lowery, 2016; Roaldsnes, 2017), meaning that in

addition to being a social creature, the individual is the product of a cultural and historical context (Abrams, 2015; Drøsdal, 2013; Ierardi & Jenkins, 2012; Ruud, 2008).

(c) The therapist's skills and virtues

The aforementioned Carl Rogers's client-centred (or person-centred) approach is mirrored in music therapy by the therapist's approach to the client. The literature suggests that the humanistically informed music therapist approaches the client in a certain way. They

- see the client (person) as unique (Abrams, 2015; Artus, 2017; Clements-Cortés, 2009; Crump, 2010; Dunlap, 2017);
- meet the client with virtues like empathy, warmth and trust (Mössler, 2011; Pasiali, 2012; Ruud, 2008; Short, 2013; Witt, 2002);
- show acceptance of the client's expressions (Broersen, 2004; Bunt & Stige, 2014; Short, 2013; Witt, 2002; Zaru, 2002);
- offer respect and unconditional positive regard (Artus, 2017; Baker, 2014; Jochims, 2004; Mössler, 2011; Short, 2013);
- offer genuineness (Ghiozzi, 2004); and
- show love (Langenberg, 1997).

The last one, love, requires recognition and acknowledgment from the therapist towards the client (Chen et al., 2014).

(d) The client and client's goals

In humanistic music therapy, the client is considered to have inherent *potential, resources, and competencies* (Allgood, 2002; Rolvsjord, 2016; Solli, 2015; Stensæth, 2017; Stensæth & Eide, 2016; Trondalen, 2016). One of the main goals in therapy is to uncover and create awareness of these resources, thereby cultivating *self-efficacy, growth, change, empowerment and development* within the client (Amir, 2001; Bodner & Polansky 2016). The therapist helps the client achieve these things by using a *strengths-based and resource-oriented approach* (Abrams, 2015; Allgood, 2002; Henderson, 2012; How, 2014; Johansson, 2017; Lowery, 2016; Noone, 2008) that build upon the client's salutogenic capabilities. The client can also develop *agency, vitality, and spirituality*, as well as *personal meaning and emotional well-being* (Artus, 2017; Forinash, 2005; Leite, 2002; Noone, 2008). These aspects of humanistic music therapy might provide the client with new possibilities for action (Ruud, 1998, 2010). In turn, this broader action repertoire might develop their *social capital* and their sense of *coherence* (Eide, 2014; Roaldsnes 2017). *Personal fulfilment and self-actualisation* (e.g., Maslow's (1962) hierarchy of needs) are often suggested to be the principal therapeutic goals (Abrams, 2015; Crump, 2010; Forinash, 2005; Henderson, 2012; Ierardi & Jenkins, 2012; Lowery, 2016; Serlin, 2007).

Results from the interview

Two topics stood out as the main categories to be derived from the interview: (a) *relationships* and (b) *music's value*. As to subcategories, relationships were described with words like "integrity," "acknowledgment," and "self-awareness," and the music's value, in words like "an emotional amplifier of positive emotions," "a catalyst in getting rid of negative emotions," and "a companion in hard times."

(a) Relationships

The leaders said that the relationship was the key to success in their work. They reflected upon many aspects of relationships, and especially their own roles in their relationships with the adolescents. We have divided their reflections on the category of relationships into the subcategories indicated just above.

Integrity. The interviews showed that the leaders believed strongly in the need to protect and care for the adolescents' integrity.

We believe that every person, including an adolescent who is fragile and/or vulnerable, has inherent answers to what is right and important. As leaders, we do not have any answers. Instead, we are tools they can use in their search for their own answers [condensed citation].

When working with the adolescents, the leaders found it important not to push their own understanding of what was right and wrong. They emphasised the need for adults who work with adolescents to be open and to listen carefully to what the adolescents are trying to say. This is the premise for their role as helpers: "They [the adolescents] must find out by themselves how they can experience the good life, as well as a worthy life."

Acknowledgement. The leaders emphasised the need to recognise the adolescents as they are.

Every human being is so complex. Our goal is to be able to acknowledge every adolescent and accept him as he is, there and then. We must always look at every adolescent as a whole in order to understand and explain why he reacts as he does [condensed citation].

The leaders saw all adolescent behaviour as a natural outcome of their previous experiences. By saying "I understand that this makes sense to you right now" to the adolescent who is not behaving desirably, the adult can work with the adolescent within the relationship they are developing to find other ways of behaving that make more sense in future situations.

Self-awareness. The interview revealed that the leaders were very much aware of their roles as models for the adolescents and that they needed to be self-aware and to know themselves well in order to do a good job. They reflected a lot about the boundaries and limits in the relationships:

To be a good tool for an adolescent—or any other human being—we must first recognise our own weaknesses and strengths. We must also realise that the other human being is in a completely different 'place' than us and that he has a very good reason for it [condensed citation].

When asked directly what they would associate with a *humanistic* perspective, the leaders had the following response: "Understanding other people's qualities as different from ours is a premise for having a humanistic perspective; this needs to be empathic and non-judgmental [condensed citation]."

When they were asked this question, the leaders started to reflect upon the term by switching to their praxis. They talked about the development of a humanistic mindset in their job with the adolescents. This required certain skills and self-awareness, they said. First of all, they needed to "look in the mirror," which is a phrase they used several times. "We must be very confident and know who we are and what we are stepping into. We must see ourselves in the mirror—all the time—to be able to be there for them (the adolescents) [condensed citation]."

(b) The music's value

When we asked them about music therapy and why they thought it could be a good match for the institution's values, they talked about music's value for people and for the adolescents in particular: "We think it's a recognised truth that music does something to people. You can use music in so many ways", they said. They talked about music's value with the following characteristics (and subcategories):

- an amplifier of positive emotions,
- a catalyst in getting rid of negative emotions, and
- a companion in hard times.

An amplifier of positive emotions. The leaders of the unit considered music to align well with constructive feelings: “Music can enhance good feelings and create memories. It’s not just the music itself; it’s also through the process of writing texts. So we think of music therapy as a way to use music as an emotional enhancer [condensed citation].”

The leaders described many uses of music as valuable for the adolescents. They talked about active and creative music making, and songwriting in particular, but they also pointed to music *listening*.

A catalyst in getting rid of negative emotions.

“We can all pour our hearts out through music. So many adolescents do that, especially through songwriting [condensed citation].” The leaders were rather specific about the point with the lyrics. They added:

They make a song lyric about anger towards society or anger towards their parents. This way they can get that feeling out. This way they can process their feelings just by singing them or rapping them. Or they can process them by experiencing the mood in the music.

The leaders concluded that therapy with music as a tool has advantages that psychotherapy does not: “It [the music] does not get personal and hurtful in the way it might be to sit looking someone in the eye [and] talk about problems.”

A companion in hard times. The leaders also thought that music might take the role of a companion or friend for the adolescent who is suffering: “Music is an amazing tool. When nobody else is there for the adolescent, they might experience: ‘At least I have my music’. Music is so important to them [condensed citation].” The leaders added:

We think that many adolescents have never actually experienced that others have listened to them. Nobody at home has the time or the interest to listen. The few friends they have are interested in doing funny things and not talking about feelings. But then they use the music! They use it a lot without thinking about what they are using it for. But that’s what they do.

Discussion

In the discussion, we will correlate the findings from the literature review with the interviews with the unit’s leaders, followed by the paper’s research question, which is: What is humanistic music therapy and how might this perspective correlate with the visions and ideas of the leaders of a child welfare institution?

Coincidental aspects in the results

We found two aspects to be the most coincidental in the literature review and the interview:

- a *holistic perspective* on the human being and b) the importance of *relationships*.

These aspects are in a sense symbiotic: a holistic perspective sees the human being in context, which means interrelated with others, in the world, in time, and in a certain place. Our treatment of the two aspects will reflect their familiarity, although we view the holistic perspective as a more overriding theme than relationships.

A holistic perspective on the human being

In the literature review and the interview, we found complementary views on the human being. First of all, both sets of results describe the importance of a holistic stance. In our elaboration, the term *holistic* will serve as a common denominator for several different terms used in the literature and by the leaders. The individual is seen as more than merely a body responding physically to impressions and stimuli. Rather, the individual is seen in context with others and the world.

The literature, when describing humanistic music therapy, referred to a view of the human being as biopsychosocial, holistic, or multi-dimensional; in this way suggesting

that mental, physical and social needs are connected. The leaders of the unit similarly stated, “A human being is so much more than body, age, life situation and outer framework. A human being is so complex.” The leaders underlined the need to approach the adolescent and their modes of expression in certain ways. For example, if they exhibit problematic behaviour, the adult must tell them that they understand that their expressions are informed by previous experiences, history, and the culture in which they have been brought up. They leaders put it this way:

I have to look at the whole person in order to help and search for explanations for why he reacts as he does. It makes sense for you [the adolescent] to stand there, based on your previous experiences and what you’ve told me about yourself. I understand that it makes sense to you to shout and scream. That’s the only thing that worked at home for you. I understand that because of your previous experiences, this expression makes sense for you right now.

Relationships

“Relationships” is the biggest topic in the literature review and the interview. Building relationships is indicated in both as the most important key to success in any work or other situation with adolescents in child welfare. As a topic, relationships encompass subcategories such as “integrity” and “acknowledgment,” but also “communication,” “mutuality,” “togetherness,” and “intersubjectivity.” The adolescent is portrayed as a *social* being who needs and deserves meaningful fellowship experiences with the adults around them. The adolescent is further described as *unique*, and one who needs to be met with *empathy* and *trust* from the adult/therapist.

Sometimes the descriptions of relationships included *ontological* perspectives. In the literature, as well as in the interview, we found that the adolescent and/or the adult (music therapist and/or child welfare worker) were described as human beings living and acting in the world together with one another. In these cases, the descriptions of the relationships merged readily with the holistic perspective on the human being (see above).

The value of relationships is described more explicitly when they were connected to a clinical setting (such as a music therapy session or an adult–adolescent conversation in child welfare), especially in the interview with the leaders of the unit. The leaders also pointed to the initial phase of the relationship as being crucial. They stressed that the adult must always recognise the adolescent’s presence in the here-and-now. This, to them, was the premise for everything else; the adult might approach that first step by attuning to and empathising with the adolescent’s actions, words, mood, and so on. This way, the adolescent might feel enough trust in the adult to take the next step, which is when the adult might challenge the adolescent by asking the following:

Do you want to experience something new and different? Do you want to try out something different from the things that have always worked for you—and do you want to try things that have not worked for you before?

The process of (the adult) attuning to and then challenging the other (the adolescent) is also described as important in the music therapy literature. In music therapy (and especially in Nordoff-Robbins–oriented music therapy) this phase is often done musically (that is, by meeting the client musically) (Nordoff & Robbins, 1977). The literature uses more theoretical terms to describe it, such as *intersubjectivity* (much used by many authors) and *synchronisation*.¹⁰

Underlying relationships, which were emphasized in the literature and by the leaders in the interview, the idea is that the individual *depends on* the other. Therefore, humanism and a humanistic perspective seems to require a relationship with another, one who is not just there but one who is actively taking part in one way or another. Both sets of results also demonstrate that the adult and the adolescent, in order to develop a *healthy* relationship, must engage in a process through which they recognise the other’s presence and also are able to attune to the other. It is stressed that the

adult/therapist has a special responsibility in the relationship; their empathy, recognition, communication, and ability to show trust is crucial.

A humanistic perspective, as described by the music therapy literature, postulates that the individual makes their own decisions, overcomes obstacles, creates their own goals, and uses their free will to reach their fullest potential. In short, it prescribes self-determination and self-actualisation (e.g., Ruud and Maslow). Personal choice, free will, responsibility, autonomy, and intentionality are described as important virtues when one is privileging integrity and acknowledging the individual.

The leaders of the unit stressed the importance of indicating one's acceptance of the adolescent's modes of expression whatever these are: "We must care for and protect the adolescent's integrity! Each individual has his own inherent answers." They said, "the adolescent knows from deep within what is right and important for him."

The need for the adult/therapist to be a separate individual from the adolescent

The leaders described their role and responsibilities in supporting the adolescent in finding their own answers or ways of living: "As adults we are just tools for the adolescents' search for answers." (This recalls the humanist Rousseau's flower metaphor, which we found relevant to music therapy as well). The leaders suggested that *integrity* is a skill that the adolescent needs to learn.

The leaders also emphasised the importance of adults' awareness of the boundaries of their relationships with the adolescents. They stressed the danger involved with being the (too) helpful adult. One must not "become the relationship," they said. Then the adult and the adolescent can no longer be individuals with separate integrities. The adolescent might conclude from this that they do not need other relationships. If this happens, the adult has failed in being a tool for the adolescents. "How close should the adult be?" they questioned and the responded: "Be personal, but never private. It is a question of striking the proper balance here."

Critique

Having gone through the results, we realized that we have not found much information about challenges. First, the literature spoke very little about technology. The authors refer mainly to the human and to human relationships. Today's adolescents (both within and outside child welfare) are a part of the digital generation, experts of technology, and large music consumers. In the literature, as well as in the interviews, we have mostly read or listened to descriptions of music as merely a romantic means in humanistic music therapy. The adolescents' broad use of music seems to be missing. We think that their excessive availability of music questions whether the adolescents always use the music as health promoting participation? We therefore ask if there exists sufficient knowledge concerning the negative social roles of the use of music. Probably there is a need to take into account that because music is a strong medium, it is used to engage people in unhealthy participation too (Stensæth & Jenssen, 2016). This is something we need to know of, particularly for vulnerable young people who might use music to engage with emotions that do not sufficiently account for their current state of well-being (i.e. McFerran, 2016). We know that music can sometimes strengthen psychological distress (McFerran, 2010). People with addiction problems, because they tend to associate certain music to drugs and the excitement coming from it, use for example music as a way to legitimize their abuse (Kristiansen, 2016). Also, because the music industry changes so fast, we must ask if the adult generation of today has enough knowledge concerning the technologies of music or pop and hip-hop culture, for example.

Recently, Ansdell and Stige (2018) raised a critique towards humanistic music therapy. Their key features of the critique concern its problematic construction of both individualism, internalism, and exclusivism – and what these ideas do for our idea of ourselves, and our action in the world. They call for an extended humanism, where

they “re-place (not de-place) the human person within a wider, broader, more generous ecology of human relations in which music also takes a helpful and hopeful place” (p. 7). By this, they suggested extending the framing and modifying the content of humanistic music therapy and take ecological aspects into consideration more. We agree with Ansdell and Stige (2018) in suggesting that all therapy might be seen as a natural outcome of core humanist principles. Stensæth (2017) called for a post humanism perspective on music therapy, one that includes objects and things. Social practices, she says, include not only humans but also nonhumans to be meaningful. Addressing another person in music therapy involves addressing through musical actions while being involved in a personal sense, and sometimes this happens with the help of nonhumans, for example objects with which humans have strong relationships (i.e. musical instruments, smart phones, cuddly toys) (see also Stensæth & Eide, 2016). The important aspect is that the actions involved (and their intention, purpose, knowledge, voice) are still those of humans.

Most important, to create a common ground of understanding between the music therapist and the workers and users in the development of a particular unit, such as the one that we have dealt with in this paper, we think it is crucial to talk about differences and similarities with regards to competencies as well as personal strengths and weaknesses. We also think that it would be meaningful to do so *before* the music therapy starts. This way the visions and expectations of music therapy might be concrete and clear and not something the music therapists have a theoretical idea of alone as she starts the therapy. Organizing staff supervision groups might be a good idea to engage in the collaboration, and the music therapist should be the leading supervisor, especially of the music therapy sessions.

Interestingly, we realize that the leaders (more than most of the literature) pick up on Ruud’s (2010, p. 15–20) principles of a humanistic outlook (read about them before in this article). They expressed the need for adults to practice human dignity and to be aware of critical aspects (of adult’s roles, in particular), self-determination, and use of (music as) symbols. The leaders discussed enthusiastically about music’s role and expect a lot from the music and what it can do for the adolescents. Naturally, they cannot not describe music therapy competencies with regards to methods, techniques and supervision. Nor do they describe any critical aspects connected to adolescents’ use of music, for example the use of music to strengthen their experiences of being lonely or of getting high on drugs. The music therapist must explain why and how music therapy can be practiced and has a responsibility to explain healthy and unhealthy uses of music. However, it would be beneficial for the practice and interaction with the community if the therapist welcomed concrete advices and adopted aspects of other professionals’ understanding and ideas of humanistic perspectives in her music therapy.

Summing up

In our elaboration of the two main findings (a *holistic perspective* on the human being and the importance of *relationships*), we see that there is a common view on the human being that holds the findings together: The holistic perspective sees the human being in context; they interrelate with others in the world and always in time and in a certain place.

Elaborating further on this, we find that the descriptions of humanistic music therapy refer to two modes. One mode connects to philosophical and ontological questions, to *being*; to what being means (both within the music therapy setting and outside it). At the same time, still within the philosophical and ontological viewpoint, ethical questions connected to the therapist’s *co-being* are addressed: Why and how should the therapist think about their presence when they are together with the client?

The other mode, which is not described so much in the literature, includes perspectives on the *doing* (action) as well as the *co-doing* (interaction, communication). The leaders, who also talk of being and co-being while emphasising *relationship* between

the adolescent and the adult, often refer to this second mode. They describe very much a hands-on-perspective and refer to the practical work with the adolescents.

The results show that both types of data complement each other with regards to visions, theories, and the adult stance. Both seem to be in compliance with the view of the client/ adolescent as a unique and sovereign individual, an acting, personal, creative and musical human being (i.e. humanism; see our descriptions of before). Yet, when the literature refers to *theoretical* solutions of an individual's challenges, the leaders describe *practical* solutions.

The results do not show the many challenges and the potential negative outcomes on the use of music in humanistic music therapy.

Conclusion

Our research question in this paper was: What is 'humanistic music therapy' and how might its perspectives correlate with the visions and ideas of the leaders of a child welfare institution?

On the basis of the results described in this paper, we find that the correlating view on a humanistic music therapy in the literature and among the leaders of a child welfare institution, is based on *relationship(s)* (in particular the intersubjective and mutual *relationship* between the client and the therapist) and a (so-called) *holistic* (biological, psychological, social, cultural and historical) perspective. Pervading all of this, lies the idea of the *individual (client) as a human being* (his needs, desires, behaviour, feeling, etc.); the client is centre of "everything," so humanistic music therapy is in this sense client-centred. The value of music to empower the individual clients' being and their co-being with others is essential. This value needs however to be coupled with meaningful (musical) doing (action) as well as (musical) co-doing (interaction, communication).

We think that when reflected upon and talked about, a common understanding of a humanistic perspective might inspire and influence interdisciplinary collaboration in the child welfare in ways that are favourable for the adolescent and their lifeworld. This paper suggests that music creates a basis for such collaboration. It shows the underlying possibilities for both staff of child welfare units and music therapists for developing good practice in collaboration in the music room. Music (playing and listening to music as well as songwriting) might in fact create a vital starting point for meaningful being, co-being, *as well as*, doings and co-doings in the community. The paper has underlined this several times; it takes at least two individuals and requires a relationship between them. This relationship is however not without resistance. The present authors have learned from the leaders' descriptions of how the adolescents cry for boundaries, opposition, and guidance. This calls for a humanist music therapist's stance that involves energy and creativity while being open enough to learn from whatever happens.

Notes

1. This is an action research project, which aims to look at what music therapy as a discipline and methodical approach can provide in planning, startup, and early years of a new institution for adolescents. One part of the project focuses on the adolescents and seeks to explore how their participation in music workshop may affect their views on the others youths, affect relations with the adults who participates, and relations with the institution as a whole. The other side of the project has an organizational focus, where one by letting the employees participate together with youngsters in the music workshop and being supervised by the music therapist, will explore what a music-therapeutic approach can offer in direct work with youth, as well as their relation to the institution.
2. Retrieved from <https://en.wikipedia.org/wiki/Humanism>. See also Kjörup, 2014.
3. The following discussion is necessarily brief, given the larger framework of this paper.

4. Maslow positioned his work as a vital complement to that of Freud: 'It is as if Freud supplied us the sick half of psychology and we must now fill it out with the healthy half'. Retrieved September 5, 2018 from: <https://courses.lumenlearning.com/boundless-psychology/chapter/humanistic-perspectives-on-personality/>
5. Ruud refers to The United Nation's human rights. For more on these rights, read: http://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf
6. Retrieved from https://www.ung.no/barnevern/3591_Barneverninstitusjoner.html.
7. From Greek *aletheia*; uncoveredness. Alethic hermeneutic therefore calls for the revelation of something hidden.
8. We cannot explain why so few authors did not define the term. One reason could be that authors found the term to be self-explanatory or/and so well established that further explanation was unnecessary.
9. We used the term *categories*, even if the words we collected overlap.
10. We might define intersubjectivity as something existing (a feeling, for example) which is experienced as shared between conscious minds (retrieved 20.5.2018 from <https://en.oxforddictionaries.com/definition/intersubjective>).

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