

INVITED SUBMISSION - SPECIAL ISSUE | PEER REVIEWED

A Reflexive Music Therapy Clinical Introspection in Working with Foster Care Youth

Michael L. Zanders^{1*}, Melanie Midach², Lindy Waldemeier¹, Brittney Barros³

¹ Texas Woman's University, United States

² Music that Reclaims, United States,

³ Eastern Michigan University, United States

*MZanders@twu.edu

Received: 1 June 2018 Accepted: 1 September 2018 Published: 1 November 2018

Editors: Susan Hadley, Rebecca Fairchild Reviewer: Kirsi Tuomi

Abstract

It is a challenge to write about the experiences of individuals in music therapy, while also honoring their experiences as co-participants of the process. There is also a challenge and struggle to research and write about child welfare populations as the therapist is many times the “voice” of the youth. As there is an imbalance in therapy at times, there is an imbalance in the youth’s experiences, not only in music therapy but in their everyday lives. This article is a clinical introspection to the research, theory, and practice in working with youth who have experienced foster care and/or adoption. Although not specifically a research study, elements to this introspection will include foundations of both heuristic inquiry and reflexive phenomenology.

This special issue on child welfare promotes the idea of understanding the resources that youth need, providing a space for music therapists and youth to have a voice, and collaboration between those who have involvement in the child welfare system. It would then seem essential to promote the critical thought of music therapy students who have encountered the child welfare system as it relates to foster care and adoption. As part of this heuristic approach the four authors will provide their perspectives on their experience and the literature through the following questions: How are the youth perceived in the literature? How do the music experiences relate to their own experiences? What are the roles of the music therapist and the youth? Are the youth reflexively and appropriately discussed within the literature? What seems to be the nature of the music therapy relationship? How would music therapy have related to your life, or not? Through reflexivity, implications for the field of music therapy are drawn to further promote critical reflection and integrative collaboration.

Keywords: *Foster care, music therapy, clinical introspection*

Introduction

Introspection was first developed as a research technique by Wilhelm Wundt (McLeod, 2008). The idea was for the psychological researcher to observe their inner thoughts, feelings, and emotions as it related to a phenomenon. It would seem that music ther-

apists would be introspective in their own work— meaning, practicing self-awareness and reflection on the therapeutic processes. As part of the purpose of this paper, we wanted to take a clinical introspective of the published literature on music therapy with foster care youth. What initially transpired seemed more related to a heuristic approach.

A heuristic approach is an adaptation of phenomenological inquiry, but explicitly acknowledges the involvement of the researcher, to the extent that the lived experience of the researcher becomes the main focus of the research. The focus of the approach is the transformative effect of the inquiry on the researcher's own experience (Douglass & Moustakas, 1985). Also, like clinical introspection, a heuristic approach “requires a subjective process of reflecting, exploring, sifting, and elucidating the nature of [a] phenomenon” (p. 42). Since the beginning of this article process, the reflections have involved self-search, self-dialogue, and hopefully self-discovery. The process continued as a group search, dialogue and discovery “to receive it, accept it, support, and dwell inside it” (Moustakas, 2001, p. 263). Although this paper is not a research study, qualitative research methodology such as heuristicism and clinical introspection is embedded in the paper.

It is a challenge to write about the experiences of individuals in music therapy, while also honoring their experiences as co-participants of the process. There is also a challenge and struggle to research and write about child welfare populations as the therapist is many times the “voice” of the youth. In this context, the term youth is used to represent young children through adolescence. As there is an imbalance in therapy at times, there is an imbalance in the youth's experiences, not only in music therapy but in their everyday lives. However, the focus and intent of the therapeutic process with foster care youth is about “being in relationship” (Abrams, 2012) and not about doing. At the time, around 2004, when the first author started practicing and researching with foster care youth, there were very few clinical writings in music therapy and no research studies that specifically focused on the musical characteristics of foster care youth. It would seem that although the youth's experiences would be different than youth not in foster care, the connection to their own music experiences would be similar. In fact, with one youth who was abruptly moved from a foster home, “he compared the loss of his iPod as being similar to the loss he felt when he had been separated from his biological parents” (Zanders, 2012, p. 72).

This special issue on child welfare promotes the idea of understanding the resources that youth need, providing a space for professionals and youth to have a voice and collaboration between those who have involvement in the child welfare system. It would then seem essential to promote the critical thought of professionals and music therapy students who have personally encountered the child welfare system as it relates to foster care and adoption. As part of this approach, three other authors, two pre-professionals (one undergraduate and one graduate) and a professional, have provided their perspectives, their voices, on the experiences within the child welfare system and also the music therapy literature on foster care youth. Two articles- one theory and one research; and one chapter-practice based- were chosen (Zanders, 2012; Zanders, 2013; Zanders 2015). Additional music therapy literature related to foster care, as applicable, was used as a foundation to the dialogues and introspection, i.e Kruger and Stige (2014).

In analyzing the literature and describing their own experiences to the first author, further discussion revolved around: How are the youth perceived in the literature? How do the music experiences relate to their own experiences? What are the roles of the music therapist and the youth? Are the youth reflexively and appropriately discussed within the literature? What seems to be the nature of the music therapy relationship? How would music therapy have related to your life, or not? Initially, through navigating the literature and experiences of foster care through their lenses, although not receiving music therapy as youth, their voices were representative of the themes presented in the literature. However, what emerged was a critical reflection on power

and privilege and how both the youth and the music therapists represent and strive for both authenticity and genuineness.

Privilege and Power: Reflexivity in Practice

In Midach's first placement, the foster couple immediately began reporting that she was a blue baby, which is a baby with a blue complexion from lack of oxygen, due to a congenital defect of the heart or major blood vessels. Neither her case worker nor medical staff ever saw evidence of the condition. However, she does remember frequent visits to the doctor and being restrained while they drew blood for constant monitoring. Eventually her case worker determined the foster parents were attempting to turn her in to a "special needs" infant so she could remain in their home. Unfortunately, their strategy was partially successful in that they did usurp her chances for an adoptive placement. This idea of foster parents "forcing" a medical or psychological diagnosis is not uncommon. Zanders has compared this to an emotional type of Munchausen by Proxy syndrome. Foster parents receive more money and attention with foster youth who have medical and psychiatric concerns. There is no research to 'prove' this syndrome, although there is sufficient information in noting the systematic marginalization of pathology that occurs within foster care (Zanders, 2013, 2015). Particularly, as each of the authors are from and experienced foster care in the United States, the focus on the medical model within mental health lacks a salutogenic approach in viewing health on a continuum which situates the youth in their own personal, ecological, and emotional context.

For Waldmeier, growing up in predominately white Portland, Oregon, on the beautiful West Coast, as an adopted child from Bogotá, Columbia was very complex for her at times in terms of understanding or struggling with identity. In the city that she lived in (suburb of Portland) which is a predominately upper middle-class demographic, she was the only South American child (besides one other Peruvian family) in the community. Growing up, she was frequently asked "what are you?" Her adoptive mother, a sweet white Swedish Scandinavian woman who grew up in North Hollywood, California, studied Latin American economics/ history and Spanish in college, traveled abroad for her master's education, and then lived in Bogotá Colombia in the early 1970s. After Lindy's birth, she lived in Bogotá for a few months before returning to California when she was about eight months old. Waldmeier believes that for the nine and half months that she was in her biological mother's womb and experiencing much of her first year of life in South America, the music, the culture and the language was embedded in her. Due to being only a few hours old, she has no recollection of being in "the system." She was born, rushed to the adoption agency, and within a few hours of life, adopted. She supposes a part of her adoption story is a testament to how the more privileged and affluent citizens have easier access to obtaining what they want and in a timely fashion.

Fairchild and Bibb (2016) provided a "call to action" for music therapists to reflect on how people are discussed in published practice and research in our work. The authors remarked, "we have noticed a tendency in academic writing to privilege descriptions of the challenges and negative aspects of people's lives, as a way of demonstrating the important role music therapy can play in improving them" (para. 1). A critique was opined that music therapists working in child welfare, including Zanders, miss the acknowledgement of the resources or resilience of youth and focus on the "dire" need. We do not disagree, and as part of the introspection and reflexivity¹

that is important for practice, we have discussed language related to social justice concerns.

There is still an ordered structure inherent in the publishing world in using wording and language that the field as whole can understand and agreeably, may be oppressive. Thus, terms like diagnoses or problems are still unfortunately used to be representative of clinical concepts. Further critique of the overall literature does note the "potential risks of appropriating participants' voices to meet academic standards" (Fairchild, Mc-

Ferran, & Thompson, 2017, p. 18). Gross (2018) cited Oliver and Barnes' *The new politics of disablement* in discussing a social model of disability. [Individuals with mental illness] "were subject to control and exclusion by this newly emerging group of professionals who readily seized the opportunity to increase their power and influence by classifying people in relation to the labour market and by facilitating their segregation" (p. 83). Fairchild and Mraz remarked that youth "are often described in the literature through the lens of risk, focusing on the perceived 'problems' and 'challenges' associated with their experiences" (p. 2). Zanders (2013) stated, "Foster care youth are at times viewed as an at-risk population. The term at-risk, however, has no consistent definition and can be viewed as stigmatizing certain groups" (p. 206). Fortunately, there is a force in academic writing that recognizes axiology, epistemology, and ontology (Fairchild, McFerran, & Thompson, 2017, p. 19) in representing the inherent privilege and power structures.

Bruscia (2014) stated, "Power is ubiquitous and necessary; without it, we could achieve nothing. Yet, power can be perceived and applied in both positive and negative ways—to enhance or abuse or to liberate or oppress" (p. 291). As noted above, critiques of the literature on child welfare seem to take a post-modernistic stance on the abuse of power and the inherent structures of systematic oppression and privilege. Notwithstanding, whatever conditions or constraints, an existential perspective would note that "every individual has the free will and power...to respond in different ways" (Bruscia, p. 276). Existentialists view genuineness and authenticity as essential to the therapeutic relationship. Authenticity is the primary characteristic of existentialism, even more relevant than freedom. Viega (2016) remarked "authenticity is grounded in one's journey toward self-knowledge, commitment to self-improvement, and recognizing the plight of people who are oppressed and marginalized" (p. 143). Within the givens of existence then, empowerment would be the liberating axis on the continuum with oppression. The individual is ultimately not the communal and can exercise free will and power within their own unique conditions and ecological contexts. Sprague and Hayes (2000) stated, "Empowerment becomes a potential characteristic of a social relationship, one that facilitates the development of someone's self. The most empowering relationships are mutual, recognizing and building on the diverse contributions and needs of participants in ways that seek to minimize inequalities over time" (p. 671). Being reflexive allows then for the youth to describe and transform their experiences authentically. Similarly, if oppression and power are related to hierarchies, then the constructs and language used to describe the individuals worked with take on different perceptions.

In regards to the potential hierarchies and perceptions in the language used in the literature, each of the authors viewed the youth as "troubled" but not as a result of their own doing. For example, Bruscia (2014) promoted a co-construction of music therapy. He noted that in being "socioculturally or linguistically constructed our conceptualization of music therapy can be based on our direct personal experiences" (p. 275). Furthermore, the music therapists' experience and the youths' unique experiences imply that "the comparison and integration of different constructs is not only possible but ongoing- it is the method we use every day to create individual and collective knowledge" (p. 275). The directness of the question of "how the youth are perceived?" builds a narrative of their value and starts to show them how their biography is a symbol for their triumph over significant odds. Odds, when put in perspective, many adults could not overcome. As two of the authors are therapists in training, their experiences resonated with the experiences of youth in the music therapy literature. However difficult, each author had an emotional response.

Yet, not all hierarchies are oppressive. "Even when the therapist's help is hierarchical to some degree, it does not mean that as a helper, the therapist is necessarily at the top of the hierarchy, and that the client as the person being helped is necessarily at the bottom" (Bruscia, 2014, p. 97). As a field, working with child welfare populations, we have to understand our own paradoxical connection to hierarchical structures. Of course, it is important that the professionals writing about individuals are sensitive to

sociocultural contexts, but isn't there an important, albeit vertical or horizontal hierarchy, in the training and education that we as professionals receive? When music therapists focus on the idea of help or how we talk about those we work with, perceptions and language that includes both positive and negative connotations, may create false equalities that inevitably demand reflexivity.

If, we as music therapists are going to be reflexive, then the nature of our descriptions of how we describe the individuals we work with, also needs reflexivity. For example, terms and models, such as resilience, recovery, and resource oriented, are essentially representative of a humanistic orientation. Zanders (2013) even remarked, "Music therapy is invaluable to this population due to its unthreatening and creative nature. According to humanistic principles of therapy, there is an innate goodness and potential for growth for foster care youth" (p. 210). However, if self-inquiry is a key component to being reflexive then the music therapists working within child welfare need to self-inquire on the inherent philosophies and theories related to practice in music therapy. The need to use language that is related to social psychology positivism, such as strengths-based, is a well-intended perspective. However, even a Rogerian perspective of positive regard and seeing people as inherently good or healthy, may lack genuineness and authenticity in regards to real clinical concerns. Zanders (2015) suggested, "suffering and pain are part of living, and integrating these experiences brings about more meaningful, cogent ways of being in the world...integrating the past into the present and making meaning of past experiences" provides a fulfilling and resilient present, and hope for the future (p. 106). Viega (2016) noted in talking about Hip Hop and music therapy, that music therapists take an empowerment perspective which includes, "increasing self-efficacy, developing group consciousness, reducing self-blame, and assuming personal responsibility" (p. 143).

In taking a reflexive stance in the literature, it would be also paradoxical that a description, discussion, etc., of any foster care youth is marginalized if their voice is not heard. In this vein, the challenge in working with foster care youth is not about language or strengths but the inauthenticity of not fully representing them. It is in the discourse that power and privilege can be exposed or illuminated; dismissed or understood. Of course, the intent is not to pathologize or 'label' and to avoid the injustices that "render people passive and dependent" (Brusica, 2014, p. 302). For example, Bruscia stated in discussing the word 'client' as part of deconstructing his original definition of music therapy, "By not calling a person a 'client,' am I not denying the existence of the very health needs or goals that a person presents? Isn't denial of a health need itself a way of unconsciously stigmatizing disparities between those who do and do not have such needs?" (p. 302).

The Sociocultural Oppression of Placement

Zanders' (2012) initial study on the personal and musical biographies of foster care youth provides a foundation of how the "story" or narrative is integral to the music therapy process. The youth's stories have to start somewhere and typically it starts from a point of struggle and emotional distress. It was no different for the authors of this article.

Midach was born during the 1960s Cuban missile crisis. Since her biological mother lived in Florida, she imagined her anxiety permeated the amniotic fluid she developed in and conditioned her for the complex trauma soon to follow. She was what was referred to at the time, as a blue-ribbon baby, in that she had prenatal care, her biological mother did not smoke, drink or do drugs, and she was blonde and blue eyed. But, rather than go directly to an adoptive placement upon leaving the hospital, she was placed with a foster family certified by the State of Florida.

Waldmeier was born in Bogotá, Colombia, and was named by her biological (teenage) mother. Soon after she passed her newborn check-up, she was rushed to the adoption agency where she met and was adopted at three hours old and subsequently received a new name. The legal/judicial process for adopting a newborn in Bogotá,

Colombia circa 1977 was not as difficult as she may have imagined—especially for her adoptive parents. They had the means to hire a lawyer who helped expedite the legal process within six months of their initial application. In addition, her adopted father's family 'knew someone' on the board of directors, which was another reason why they received fast and preferential treatment.

Barron was in foster care two times. The first time was between the ages of 11 and 13. She lived in three different foster homes in her first entry into foster care. One foster home treated her badly, and she then immediately moved to another placement. Another foster home was temporary; only for a few days. She lived in her third placement for almost a year. Her early experience in foster care represents other youths' experiences. Zanders' research (2012) found that "All participants reported at least one time when they did not know that they were going to be moved. They usually had no say in where they were going, they were not given the opportunity to meet the new family beforehand, and they were rarely given a reason for the move" (pg. 94).

After Midach was removed from her first foster home, she stayed in a series of additional foster homes. The one she recalled most vividly was extremely neglectful. The foster parents would lock the foster kids in the yard all day with no food or water in the Florida heat. This is around the time she started passing out during stressful situations. When all the kids were removed from this neglectful home, she was placed in several more foster homes. Occasionally, she would go out for pre-placement potential adoptive family weekends. She did not think many of these potential adoptive couples were thoroughly vetted as sexual abuse was prevalent during these years.

For Barros, her biological mother eventually gained custody of her and her siblings after completing a Parent-Agency Agreement in her first entry into care. The second time she was in foster care was between the ages of 14 and 16. She went into care because she was homeless for 7 months and her mother was abusing drugs. She lived in a foster home with her 8th grade school counselor. Her social worker removed her from this home, because it was becoming an unstable living situation. She eventually moved in with her grandmother for about two weeks and then was placed in a group home called Girlstown for about a year. The group home was absolutely traumatizing for her. They barely fed the youth properly, and she was bullied to the point where she wanted to commit suicide.

When it was time for Midach to begin 1st grade, she was placed in her first group home. Ironically, the "best" part about it was all the kids were foster youth so there was no fear of biological youth on foster youth hazing and abuse. School was interesting, but she was withdrawn and tended to day dream the hours away. She rarely engaged and avoided other children entirely. When second grade started, she was back in a foster home and then was sent out to another potential family, which included more school changes. At this point she was so far behind in school, she did not recall understanding anything they were teaching. The sudden, and many times unexplained moves, increase youths' "feelings of anxiety and confusion" (Zanders, 2012, p. 94).

The placement changes are extremely concerning when compared to the number of school changes foster care youth face. Zanders (2012) found, that the different foster placements ranged from 2 to 13. For each placement change, there is inevitably a school change. Advocates for Children of New York (2018) established that, "Foster children experience an average of one to two home placement changes per year while in and out of home care" (para. 1). (include paragraph number) "A study of foster care alumni in Oregon and Washington State found that 65% of youth had experienced seven or more school changes from elementary through high school" (Advocates for Children, para. 1). This has drastic effects for foster care youth, in that over 50% do not graduate from high school (National Youth Foster Institute, 2018). "With each new move [foster care youth] are required to establish new relationships, only to see those relationships met again with rejection, abandonment, and abuse" (Zanders, 2015, p. 98).

Systematic Repression of Relationship: Innate Connection to Biological Family

For Barros, being in and out of foster care, the most traumatizing aspect of the child welfare system was sibling separation. She and her siblings were hardly, if not ever, placed together while being in foster care. Every night she had nightmares of never seeing them again. It still breaks her heart that they are no longer together, especially having to experience foster care twice. They are her soulmates and she hated the system for ripping her away from the people she loves the most. She and her siblings have not been together collectively as a whole for over four years.

There have been many moments in Waldmeier's life where the biological Waldmeier has been at odds with the socialized Waldmeier. She has felt like an outsider many times throughout her life, especially within her own Scandinavian family. There was something in her that desired more; more connection, more excitement, more expression, and she rarely found that within her own (adopted) family. She grew up not fully understanding her issues with identity, and yet, knowing that she did not like her step father as he was abusive, and resenting her adopted father for leaving her mother when she was little. Inevitably, the one question that occurs across the range of foster care youth and may never be answered: why did my biological parents give me up? In other words, there have been people in Waldmeier's life who made purposeful choices to not have her in their life or treat her as if they did not want to be in her life.

For Midach, even an innate connection to a foster family was repressed. After another placement failed, she went back to the foster home she started the year with. The foster couple was older, and despite the fact they disliked each other significantly, they were both kind to her. She started to play with neighborhood kids, developed a best friend, began to excel in school and finally learned how to read. She relished being outdoors and trolling the fruit trees in the back yard for bananas, coconuts, mangos, avocados, and limes. She became very attached to this foster home, but they were afraid they were too old to raise any more children. They convinced their son and daughter-in-law, living in another state, to consider adopting her. She went to that different state to try and integrate into another family and another school. For the most part it was a positive experience. However, it was new placement, school, and surroundings. Unfortunately, the foster mother was struggling with mental illness and after the summer was over, they put her on a plane in the middle of the night and she returned to Florida, alone. The elderly foster parents met her at the airport, but after a few days they informed her that she would not be able to stay and was to go to yet another group home. This news was heart breaking for her, as she had spent nearly 2 years in their extended family. She cried for a week and after arriving at yet another group home, the day dreaming, her way of escaping or disassociating, returned.

Zanders (2012) discovered that a connection to biological family still resonates with those who have encountered foster care. Each participant in the study had either made a comment about establishing relationships with biological family, whether adopted or not. For example:

"I want to get out and be with [my] sister," "I want to find my mother," and "I plan to live with my mom after my first year of college." Participants who had been placed in foster care at an older age made similar statements: "Can't wait to get out of system and be with my family," "I will go and see my brother, I know where he is," and "I will live on my own, but want to connect with [my] mother." (p. 95).

Authentic and Genuine Relationship to Music

Throughout music therapy sessions, as the youth's musical narrative transforms, so does their life. When engaging with foster care youth the music provides support to tell their stories and creatively express emotions (Fairchild & Mraz, 2017; Kruger & Stige, 2014). "Creativity in the music allows for the [youth] to imagine, think, or experience new ways of being" (Zanders, 2015, p. 687). It is not surprising that each author

found that in the literature how seamlessly music connects and provides a resource in the youths' lives. However, each author also found it remarkable that foster care youth shared a considerable amount of information about their lives within music therapy research and practice. Music is inherently non-threatening and instantly establishes trust and a connection. Zanders (2012) research participants expressed similar sentiments about music in their lives and theorized about music's relationship to attachment concerns: "it doesn't tell you who you are. It gives you a symbol of the type of person you are" (p. 82); "Music helps you get through the day; if you are down or if you are happy. Music gives you a train of thought, it helps you think better" (p. 83); "I am music the way I listen to it" (p. 86); "A lot of people are influenced by music in so many ways. [Music] teaches me how to change, or [it] can teach [me] how to go the wrong way. It tells both sides of the story" (p. 86); "there is a song for every 'emotion that I go through'" (p. 90). This relationship to music is lifelong and continually evolves.

In Waldmeier's second master's program, she was learning about the different stages of development, including the relationship between the mother and baby in utero, as the baby hears and absorbs language, music, and environment. In one class, Waldmeier had an assignment to find music to represent the utero and the moment of the birth experience. When she first tried to conceptualize what exactly that meant, it was difficult, because she did not know what 'that' would sound like or what it sounded like for her. She started to reflect on what she experienced being inside the womb of her biological mother, and as abstract and seemingly difficult as it was, something very transcendent happened to her. Waldmeier found music that was mystical, atonal, and electronic. As she closed her eyes and listened to the music, the grounding beat, she visualized herself and biological mother: mainly her voice. She felt a palpable, synergistic connection to her mother by going into a meditative state of mind, reaching into her subconscious through this piece of music, and for the first time in her whole life she felt her, she remembered her mother. She had suppressed the anxiety and the existential concerns of "who am I" and/or "why did this happen to me." While the music may have not answered those questions, it allowed her to feel grounded and was the entity that continually supported and stayed with her throughout her life. Music became the source of her income, her academic degrees, and it was always so much more. Music had always been her salvation and refuge throughout the hard times of her life, and during some pretty amazing moments and positive experiences.

The literature does seem to be authentic and genuine in that foster care youth use music as a psychological resource throughout their lives, which would seem to be no different for all people. Zanders (2012) noted foster care youth used simple listening to music:

"As a way to calm themselves... [foster care youth] choose music to relax or "chill," either by themselves or with others; as a way to escape from the stressors and difficulties they faced regularly and sometimes to escape from the people who caused them distress; [as a way] to meet a metaphorical and literal need for them to have their own solitary space; as a distraction, which helped to divert their attention away from their mental turmoil or worries; as a way to forget the past. It helped them to forget, neglect, or banish difficult or upsetting thoughts. It may have even helped them avoid dealing with past memories or upsetting thoughts; as a catalyst for socialization and identity formation. Listening to music with friends provided these adolescents with an opportunity to discuss and debate life issues, thereby comparing their own perspectives to those of others. This, in turn, helped them to find themselves and shape their own musical and personal identities." (p. 97-98)

For Midach, as long as she had music, she could regulate emotions and function. The psychological resource of music became even more relevant when she was placed in another state and then adopted. After five years her adoptive mother developed severe depression and attempted to kill her. Midach spent her last year of high school with another foster family. After she graduated, the adoptive mother committed suicide and Midach used music to once again regulate and soothe. Her only regret is that she never augmented all that active listening with an instrument. She believes that if she had picked up a violin, guitar, keyboard, etc. she would have been able to create something

outside of herself to contain all of life's disappointment rather than disassociating and watching her life from a distant place.

The "Power" of the Music Therapy Relationship

In our collaboration, Midach mentioned that music therapy would have captured her struggle, and language of music would have let her view her history through a lens that would have celebrated her desire for connection and helped redirect her flourishing dissociative patterns. She proposed that a skilled music therapist would have seen the musical dialogue was searching for the universal human desires for love and connection and would have found ways through music to help her integrate those desires. Or, as she liked to say, a music therapist would have helped her "be a part, rather than apart." Melanie imagined that music therapy would have shown her how to place herself inside the music as an integrated being. Albeit, at the beginning of the journey rather than the end. And perhaps more importantly, it would have curated a physical artifact that honored her history and provided an actual living template for approaching life's future struggles; something she could physically touch that validated her struggle. She still laments, that other than the way she "shows herself," her persona, does not leave her with an artifact or talisman she can physically touch to honor the struggle she overcame. As an adult, she spent many years trying to reclaim all the resources and aspects of that she abandoned to find a safe space. Perhaps creating music would not prevent the disassociation, but at minimum, she would have had a witness, a musical artifact to her youth sorrowed in foster care.

Waldmeier's self-esteem and trust issues emerged from the physical and emotional abuse she experienced as a child and adolescent. However, because she was involved with music formally, she allowed for and was intuitively open to the healing powers of music. Had a music therapist been a part of the healing process for her, it could have saved her from years of self-doubt, self-sabotage, and a depth of emotional pain that lingered well into adulthood.

Conclusion

Allow me (Zanders) to go back to first person and state that I am honored and privileged to have been a part of the lives of the youth I worked with, spent time with, and will continually cherish the time together. Similarly, I am honored to be a part of a clinical reflection and introspection with these authors that encourages me to promote and fight for the need to provide therapeutic affordances, opportunities, and relationships with foster care and adoptive youth (Abrams, 2012). From a Jungian perspective, my warrior archetype or perhaps my own "Hero's Journey" (Viega, 2016) has led me to feel the anger when children and youth can be treated in such harsh ways. Perhaps Midach noted it best in our conversations when she said that being a child in foster care for the first 10 years of her life led to several developmental irregularities. As an adult, she spent years searching for the source of these anomalies or as her favorite poet, John O'Donohue mused, trying to "draw alongside the mystery as it was emerging and somehow bring it into presence and into birth." Midach believes the mystery and beauty of music therapy is that it **does** draw alongside the grief and trauma these foster children have witnessed, **while** simultaneously awakening in them the imagination to weave a new a musical "cloak to mind their lives;" "To Bless the Space Between Us" (O'Donohue, 2008). This musical cloak, is the bedrock of the universally human psychic annuities we all crave... comfort and companionship. We, each of us, can think of no greater gift to help foster care and adoptive youth to mend and mind their lives.

Notes

1. The authors used Bruscia's (2014) definition of reflexivity as "the therapist's efforts for continually bring into awareness, evaluate, and when necessary, modify one's own work with a client- before, during, and after each session, as well as at various stages of the therapy process" (p. 54).

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