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Therapy – the Problematic Word in Music Therapy with Adolescents in the Child Welfare Services

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Received 22 July 2022; Accepted 23 September 2022; Published 1 November 2022

Editors: Maren Metell, Hiroko Miyake, Andrew Dell'Antonio, Alyssa Hillary Zisk

Reviewers: Rebecca Fairchild, Setsu Inoue

Abstract

The word 'therapy' is known to be a challenging one in music therapy. This discourse-oriented study asks: how do a group of adolescents and their music therapists in the child welfare services relate to the word 'therapy,' and how can music therapy as a profession get round problems connected to the use of it? The data consists of case study material from collaborative interviews of six Norwegian adolescents in out-of-home care and their music therapists in the first author's ongoing PhD study. Systematic text condensation is used to collect relevant meaning-bearing citations for further discussion and in-depth reflection. The findings show that the word 'therapy' creates profoundly negative associations among the informants. In fact, it creates so many difficulties that we actually question if 'music therapy' is a fitting label at all. However, because it seems unlikely and even unwise to develop new labels of the well-established 'music therapy,' we suggest starting the process of redefining it within the field of child welfare services by engaging in an active and systematic dialogue among all involved.

Keywords: adolescents; child welfare; music therapy; music therapists; language

Introduction

Music therapists working in the child welfare services experience that adolescents express scepticism towards the notion of therapy. They want 'normality' and offering them 'therapy' becomes another way of stigmatizing them, the adolescents say (Fuhr, 2022). Their music therapists, perhaps as a consequence, hesitate with calling themselves 'therapists' and what they do 'therapy.' This, in turn, creates unclear professional identities

for the music therapists. Because they know that the adolescents can be reluctant to voluntarily participate in services labelled as ‘therapy,’ the music therapists use terms like ‘music workshops’ and ‘band’ rather than ‘music therapy’ (see Stensæth, Krüger & Fuglestad, 2016). This creates a discourse of balances, in which the sessions are described as therapy in some settings, while the same term is avoided when talking with adolescents. Yet, their title is ‘music therapist,’ and for reasons related to the development of the profession and maintaining proper working conditions, it can be important that the practitioners inform their colleagues and leaders that their service is a form of therapy.

Interview studies on adolescents’ experiences of living in out-of-home care in the Norwegian child welfare services show that, even though the adolescents want to bond with adults, they can find it difficult to trust adult caregivers. They feel that the adults do not ‘really’ care about them, that they care because it is their job to do so (Barneombudet, 2020a; Paulsen et al., 2017). Such experiences arise from the particularity of their living situation as they are asked to bond with uninvited caregivers. They feel surrounded by adults who take care of them, while still being strangers. At the same time, they have few long-lasting relationships with adults who have been with them over time.

Along with this reluctance towards bonding with adult helpers, the adolescents express scepticism towards ‘therapy’ as a concept. The context of therapy, of meeting a therapist in an office, is often experienced by adolescents as feeling forced or non-natural. In a report by Barneombudet (a public organization advocating children’s rights) adolescents explain that the therapist’s office is not a place in which they feel comfortable with opening up about their life (Barneombudet, 2020b). Also, Schechtman and colleagues (2018) find that adolescents experience a *self-stigma*: a fear of diminishing one’s sense of self-worth by seeking help from others, while Crenshaw and Cranelli (2020) note that adolescents in residential care can be more accepting to various forms of treatment if it is not openly called ‘therapy,’ and if they are able to meet the therapist in more everyday settings.

All of this can be understood in relation to a general longing for normality in the adolescents’ lives. Normality is seen as an important ideal for adolescents—they do not want to be victimized or thought to be different (Pokempner et al., 2015). Therefore, the Norwegian child welfare services states that it is a goal that adolescents living in out-of-home care are able to experience a ‘normal’ childhood (Backe-Hansen et al., 2017; Haug, 2018; Langsrud et al., 2019). Storø (2016) finds that adolescents in out-of-home care view the ‘normal’ life as free from problems, and that they often relate the idea of normality to having a stable and secure family life. Backe-Hansen and colleagues (2017) note the importance of routines in promoting normality, in that having a predictable schedule consisting of both school and spare time activities can contribute to the adolescents’ feeling of normality.

The wish for normality ties into the ways in which the adolescents perceive their helpers as well, as they talk about the importance of not being viewed as a ‘case’—a problem that needs to be fixed. This point is also true in therapeutic settings, as adolescents do not like to be objectified or talked to in ‘professional terms.’ The words that are used by professionals when discussing the adolescents and their situation play an important role as well. In a paper by Follesø (2015), where she discusses the use of the term ‘at risk’ in the Norwegian child welfare services, Follesø describes how adolescents object to being labelled as ‘at risk,’ and reflects on how this specific term distinguishes between the majority of the ‘normal’ and the minority of those who are different.

This language problem is well known in many research fields, including music therapy. Exploring literature on homelessness and family violence, Fairchild et al. (2016) question the use of the label ‘at risk,’ showing how such descriptions emphasize the assumed individual deficits of the child (see also Fairchild & Bibb, 2016; te Riele, 2006). Bowman and Lim (2021) point to a range of ageist, often-used terms in studies on older people, and Rolvsjord (2010) argues against a symptom-oriented discourse in mental health care. What

these studies have in common is that they point to disadvantages with discourses surrounding therapy that emphasize the weaknesses of the ‘client.’

Mapping the Landscape of Music Therapy in the Norwegian Child Welfare Services

The adolescents who attend music therapy in the context of the Norwegian child welfare services are usually under out-of-home care, meaning that they live in residential care or foster homes, and not with their birthparents. The term ‘adolescent’ is used broadly in both practice and literature, covering youths from ages 10 to 23. Music therapists working in the services offer both individual and group sessions, and they usually visit the adolescent at their place of living, if that is what the adolescent wishes. The adolescents can be referred to music therapy in different ways. For instance, if they show an interest in music, an adult at the institution might ask them if they want to participate in music therapy or ‘music workshops.’ The music therapists might also keep track of new adolescents that are arriving at the institutions and visit them. There are no requirements for participating, though the music therapist might prioritize adolescents who are not doing many other activities or are struggling with other forms of therapy. If the adolescents agree to participate, they and the music therapists decide together what the activities in their sessions should be. Among the usual activities there is learning to play instruments, listening to music, playing in bands, songwriting and performing.

The adolescents are usually offered therapy from the municipal mental health services, with the adult caregivers in the child welfare services mostly being social workers (and not therapists). Therefore, broadly speaking, the adolescents meet social workers in the welfare services, and therapists in the mental health services. At the time of writing, only a few music therapists work in the Norwegian child welfare services. Their position is vaguely defined, as they are not a part of the mental health services. Yet, they are still therapists. This creates an unclear position with both advantages and disadvantages for the music therapists in their approach towards the adolescents. A disadvantage is that music therapy is not implemented and established within the same systems as other forms of therapy, making it a service that is limited to a few major cities and vulnerable to economical cuts and downsizing. An advantage is that the music therapists are able to meet the adolescents outside of traditional therapeutic settings. This creates for example potentials for community-oriented practices where the adolescents are encouraged to take part in musical activities such as concerts and public performances.

Despite the challenges connected with stable national music therapy practices, research and literature on music therapy in the child welfare services is a continuously developing field in Norway (see Krüger, 2011, 2018; Krüger et al., 2018; Krüger & Stige, 2014; Nebelung & Stensæth, 2018; Stensæth et al., 2016). Stensæth (2018) and Wilhelmsen and Fuhr (2018), to mention a few examples, emphasize the importance of open and trusting relationships between the adolescents and the music therapists in participatory-oriented settings. Their perspectives, in line with the community-oriented approach of Krüger (2011, 2020), are resource-oriented—both in the sense that they focus on the adolescents’ strengths and feelings of mastery, and that they emphasize the ways in which music can be a resource for building relationships with other people and communities. Their studies show that the adolescents appreciate this type of joyful bonding with others and their surroundings.

While the above-cited literature occasionally touches upon the challenges connected to the problems of using the word ‘therapy,’ the texts do not explore the differences in how adolescents and music therapists describe and understand the concept. We might ask if they have a common understanding of it. In a paper reviewing the literature on music therapy with adolescents, McFerran (2020) recommends that both (music therapy)

practitioners and researchers avoid assuming that they know what adolescents experience, and that a common understanding should continuously be sought after. Other studies highlight the potential differences between how adolescents and music therapists understand certain aspects of the practice—aspects like chaos (Oosthuizen, 2018; Oosthuizen & McFerran, 2021), collaborative processes (Bolger, 2013; Bolger, et al., 2018), and acts of aggression (dos Santos, 2018, 2020). By exploring the meaning behind the adolescents' actions and behaviours, the researchers in these studies show how new understandings of the music therapy practices might emerge. In our paper, we go further as we have asked the adolescents and their music therapists to reflect upon the challenging 'therapy' word directly.

Method

The empirical material in this paper stems from the first author's doctoral study on music therapy in the Norwegian child welfare services.¹ One of the research goals in the study is to explore the similarities and differences between how adolescents and music therapists describe their relationship. Six adolescents and three music therapists who had worked together for at least one year were interviewed in pairs. Two other music therapists (not the authors of this paper) performed the interviews. The dyads were asked questions about their perception of each other and their work together in addition to their thoughts on the term 'therapy.' It is this data we have extracted and used as the source of our study in the present paper.

As music therapists and researchers, we engage with the empirical material with preunderstandings shaped by practical and theoretical experience. Fuhr has worked with adolescents in child welfare and has himself experienced challenges regarding the use of the term 'therapy' in practice. These challenges were part of the inspiration and background for his doctoral study. Stensæth has worked as a music therapist in a special education school for over 20 years. Many of the children and adolescents there are resourceful young people, and the music therapy in the school aims to, in different ways, support and empower their skills and strengths. It is also a way to deal with life challenges through aesthetic means, when that is needed (Stensæth et al., 2012). As a researcher, Stensæth has published articles and edited a book on music therapy with adolescents in child welfare. As music therapist insiders, we have encouraged each other as co-authors throughout the article work to be conscious of a tendency to sympathize with the perspectives of the music therapists more than those of the adolescents. As researchers in the field of music therapy we have also been conscious of the danger of wanting to adjust our findings to our different schools of thought.

The writing of the article is a crucial step in a research process (van Manen, 2014). Also, the discourse-orientation of this article requires that language is an object of study in itself (Potter & Wetherell, 1987). As authors we have therefore constantly tried to remind ourselves that a research article of this kind is not a report on the findings but our reconstruction and systematization of the informants' experiences, as we hear them. Our representations will not describe each informant's experience in an accurate way, just as our understanding is probably not shared by all. Rather the article summarizes, as we have anticipated before, one of many potential descriptions of what could be in play when exploring the present focus of attention. As such we hope that we contribute with interesting aspects to ongoing dialogues on power and language in music therapy.

The data sample is rich, and we have used text condensation to extract relevant material. Text condensation is a method used by authors to create artificial citations in an attempt to summarize important messages stated by the interviewees. We have used Malterud's *systematic text condensation* to find the citations of interest for our paper. This method,

which consists of four steps, offers a pragmatic process of “intersubjectivity, reflexivity, and feasibility, while maintaining a responsible level of methodological rigour,” to borrow Malterud’s own words (2012, p. 1). Here, reflexivity refers for example to considering the assumptions that surround the development of knowledge that shape our findings.

In the first step, we went over all of the empirical material to get an overall impression of it. Then, in step two, we identified meaning-bearing units. In step three, we abstracted the content of the individual meaning units, and in step four, we summarized the significance of it all into condensed citations (CC). Then, we collected the relevant citations for further discussion and reflection (i.e., Malterud, 2012).

Below, we illustrate the process of condensation by presenting two extracts from two different interviews:²

Interview 1

Interviewer: Can you talk a bit more about, like, in what ways you notice that this [music therapy] has helped you?

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

Interview 2

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

Adolescent: Because I know that, I can talk to [the name of the music therapist] about stuff, and I can, use episodes, thoughts and feelings in the music. Eh, and no matter how I felt when I arrived, I’ve always felt better when leaving.

We then condensed the two extracts into the following citation:

CC 9:

Interviewer: Can you talk a bit more about, like, in what ways you notice that this, whatever we call it, has helped you?

Adolescent: I find that it has been easier to talk about stuff. It’s easier to express how I feel, and I feel like weight has been lifted off my shoulders in every way because, there I have that person, who can help me turn things to something good, and I have someone that I can always share it with. You know. And, I think that it has helped me a lot, as a person. Makes me feel better. Because I know that, I can talk to [the name of the music therapist] about stuff, and I can, use episodes, thoughts and feelings in the music. Eh, and no matter how I felt when I arrived, I’ve always felt better when leaving.

As shown, we combined the experiences of two adolescents into one citation. We also modified the interviewer’s question slightly, by adding ‘whatever we call it’. This is done to illustrate the ways in which the interviewers, in the empirical material, avoid using the term ‘music therapy’, as they are aware that the adolescents and music therapists may use other words to describe their sessions. We keep the square brackets around [the name of the music therapist] to illustrate that the adolescent does not use the term ‘music therapist’ in this extract.

The condensed citations summarise our constructions of the data that responds to this paper’s research question. Some of the extracts represent multiple citations; other extracts represent fewer. We also sometimes refer to few singular citations, which are not included in the condensed citations. These are referred to by the use of double quotation marks.

We are aware that the condensation of the citations is our – the authors’ – constructions of the data, a step that involves power dimensions. As authors we have maintained an exclusive privilege to not only condensate what the interviewees say, but also, to report what they have meant. This does not necessarily mean that every informant would agree in our representation of what they said in the interview. Neither does it mean that our text condensations are truer or more representative than what other authors might have found if they carried through the same process with the same data. Anyan (2013, p. 1) reminds us, “power asymmetry seems to be an exasperating circumstance in the interview methodology” and therefore an equal relationship in the prospects of the qualitative research interview seem unrealistic. To control for the power imbalances and to practice reflexivity, which is an ideal in qualitative research, he suggests that we as authors systematically study the interview process to uncover the manoeuvrings of power. In our case, which was during the analysis and the condensation steps, we tried to look again and again at the interview situation from several perspectives to reflect on the dynamisms within the circumstances of the interview. This was done to unveil our own awareness of how knowledge was being created, and how our own thoughts and ideas imbedded the process.

Findings

We find that the data surrounding the term ‘therapy’ is intertwined with discussions of the word (and title) ‘therapist,’ as well as the ways in which music and musical activities can be ‘therapeutic.’ For instance, if the interviewer asks the adolescent about their experiences with ‘therapy,’ the adolescent could reply by expressing a negative impression of the ‘therapists.’ We therefore find it meaningful to structure the condensed extracts into three themes: conceptualizing ‘therapy,’ conceptualizing ‘therapist,’ and conceptualizing the ‘therapeutic.’

Conceptualizing ‘Therapy’

When talking about their first meetings with the adolescents, the music therapists say that it varied whether or not they described the service as ‘therapy.’ The music therapists emphasize that they generally do not want to deceive or trick the adolescent by labelling their service as something else. Yet, they know that some of the adolescents can be sceptical towards therapy, as shown in the following citation:

CC 1:

Adolescent: ... because when I heard about it, I thought like, music therapy you know, it’s a bit, are you like pressing piano keys, and yeah *ironic tone of voice* what do you feel now?

The majority of the adolescents talk about having earlier experiences with therapy through the municipal health services. These experiences, they say, have shaped how they think of therapy as a concept. They also say that their sessions with their music therapists do not necessarily fit with their understanding of what therapy is (or is supposed to be):

CC 2:

Adolescent: I don’t know anyone in the child welfare services who hasn’t gone to some kind of therapy. Not everyone thinks of it as a positive experience. You don’t go to a psychologist to have a good time, you know. So, I don’t know, I don’t consider this [music therapy] as therapy.

When elaborating upon the differences between ‘therapy’ and ‘music therapy,’ the

adolescents describe a feeling of being forced to talk about one's problems or to focus on negativity in the former. Music therapy, in comparison, is experienced as more 'normal' and fun:

CC 3:

Interviewer: Is it, important for you that you are the one who, you are the one who can choose what you want to say, about your experiences?

Adolescent: Yeah, yeah.

Interviewer: Because being forced to talk about something, it sounds like something that you might not want?

Adolescent: Yeah. But it's not like that here. This, [music therapy], it's fun, and it is more normal, like playing and listening to music.

In one of the interviews, the adolescent and music therapist discuss what word they could use to describe what they do together, as they both agree that 'therapy' is an ill-fitting term. The music therapist suggests that perhaps 'music' is more suitable, as music is the 'cornerstone' of their work and their relationship:

CC 4:

Music therapist: ... it might be that in a way, music is like kind of a cornerstone, it was what we both started with in a way and we are building on that. So, we always have music and you get to know each other better like, with it as a cornerstone you know.

Adolescent: Yeah.

Music therapist: So, it kind of started with music and then we experienced a lot together, which in a way makes it so that we know each other better and, kind of like brings us closer you know.

Adolescent: Yes!

Music therapist: Maybe that's a way to describe this. Music? Since it's the cornerstone, it's what brings us closer?

Adolescent: Yeah.

Conceptualizing 'Therapist'

In the previous section, we saw that the adolescents express scepticism towards therapy as a concept. Similarly, the adolescents speak negatively about therapists as a group, explaining that, to them, their music therapists are not 'therapists':

CC 5:

Adolescent: (Addressing the music therapist) I don't think of you as a therapist you know, that would be weird.

Interviewer: You don't think of the [name of the music therapist] as a music therapist?

Adolescent: No.

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

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

Interviewer: What do you think would be different? If she was a music therapist?

Adolescent: I don't know, I mean she is.

Interviewer: She is.

Adolescent: Yeah, it is just what I associate with, therapists. Because, usually with therapists, often they. Like. They know so much about you. But you know so little about them. You don't even get to know if they have a cat!

Although all of the adult informants are trained music therapists, they too object to the idea that they are ‘therapists’ when working with the adolescents. They also distance themselves from other types of therapists:

CC 6:

Interviewer: How about you, do you think of yourself as a therapist here, in the sessions?

Music therapist: ... For me, this is not music therapy with a music therapist, I mean, to me, this is music with [addressing herself in third person], right? And I know that many adolescents, like, we’ve often talked about the psychologists [name of the adolescent] has been seeing. I think she has used me as a way to like vent about those psychologists and those, eh dumb adults she has to meet, right?

the adolescent and the interviewer laughs

One of the reasons that the music therapists are not thought of as therapists by the adolescents, is that therapists are associated with being overly professional, to the extent that they seem ‘uptight’ (see CC5). The music therapists, in contrast, are described as more ‘human’ than other therapists are. In addition, the adolescents describe the music therapists’ strengths and qualities by referring to the music therapists’ personalities, rather than their profession or training.

CC 7:

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

Adolescent: Right, it couldn’t possibly be any further from that!

Music therapist: We’re musicians who write songs together and talk about life and, and my like, intention is that, that’s how I try to be as a music therapist.

Adolescent: Yeah. You don’t act like this is a job.

Music therapist: So, I act unprofessionally, is that what you are saying? *laughter*

Adolescent: Not unprofessionally. You’re a human being!

Despite questioning professionalism and using terms that hint towards a more egalitarian understanding of the adolescent–therapist relationship, we also find situations in which the adolescents and music therapists describe a hierarchy between them. For instance, the music therapists sometimes talk from the position of a leader or adult whose job it is to take care of the adolescents. In addition, the informants describe situations in which the hierarchical structure of the child welfare services impose certain roles upon them, as seen in discussions on billing:

CC 8:

Music therapist: Because it’s actually a bit weird now, eh, with the billing and such, that suddenly one becomes aware of the fact that there is a system, and suddenly we have this role in which, which is, it’s inconvenient, and it shouldn’t be like that.

Conceptualizing the ‘Therapeutic’

Despite objecting towards the use of the word ‘therapy,’ the adolescents still describe the music therapy sessions to be helpful, in the sense that they find that the sessions strengthen and comfort them:

CC 9:

Interviewer: Can you talk a bit more about, like, in what ways you notice that this, whatever we call it, has helped you?

Adolescent: I find that it has been easier to talk about stuff. It's easier to express how I feel, and I feel like weight has been lifted off my shoulders in every way because, there I have that person, who can help me turn things to something good, and I have someone that I can always share it with. You know. And, I think that it has helped me a lot, as a person. Makes me feel better. Because I know that, I can talk to the music therapist about stuff, and I can, use episodes, thoughts and feelings in the music. Eh, and no matter how I felt when I arrived, I've always felt better when leaving.

The adolescents describe music as a helpful tool for emotional regulation outside of music therapy, while also highlighting the important value of listening to or playing music *together with* the music therapist:

CC 10:

Adolescent: When I'm with [name of the music therapist] we can, discuss the music, and we can make something of our own, but when I'm alone then it's just, I can listen to music, but, it's not the same.

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

Adolescent: I guess it's more personal.

Interviewer: When you're together?

Adolescent: Yeah.

Music therapist: Might be good to talk and... like be mirrored, on how things are going, maybe? That there's someone there who can help with expressing things, maybe?.

Adolescent: Yeah.

The extract above shows how the adolescents and music therapists occasionally refer to (what we consider) a more traditional understanding of the therapeutic relationship, here described as an asymmetric relationship in which the adolescent is the client and the music therapist is a helper.

Discussion

In this discussion, we will first explore and summarize how the adolescents and music therapists of the study relate to the word 'therapy,' before discussing how the music therapy profession can come around problems connected to the use of the term.

'Therapy' – the Problematic Use of the Word

The findings confirm what we know from the existing literature: adolescents in out-of-home care are sceptical of 'therapy,' 'therapists' and any services that are perceived as different from the norm. Their music therapists therefore often avoid describing themselves as therapists or their services as therapy. The condensed citations include many interesting, nuanced in-depth descriptions that reveal how complex the problems with the therapy-word are: All of the informants present and share many positive perceptions of music (see CC4/CC10) and in the same breath they talk of 'music therapy' as something joyful and fun. The adolescents also express a warm trust in their 'music therapists,' and the music therapists talk positively about the adolescents, maintaining that what they do together is meaningful collaborative work. We could say that music therapy, or whatever they happen to call it, is something all of them treasure. They share positive thoughts

about *what* they do and *how* they do things (see CC4/CC7/CC10). Even the time (*when*) and place (*where*) in which music therapy takes place is described in positive manners. It is when the informants are asked to elaborate upon if and *why* the word ‘therapy’ could be used that they hesitate. In some way or another, the *whys* seem to take them out of and away from the music and the fun and instead bring in old stigma and victimisation. The problems connected to the use of the therapy-word in this sense becomes ambiguous: therapy is a word that both parties are reluctant to use, but at the same time, they use the terms ‘music therapy’ and ‘music therapist’ without the same type of hesitation. We will discuss the complexity connected to these aspects in the following sections.

Interestingly, but perhaps not surprisingly, the point at which the adolescents show the most scepticism towards the concept of therapy is in the initial stages of the music therapy. We see this is in the ways the adolescents describe negative preconceptions towards therapy (see CC1). They also describe feeling frustrated when they have to meet a new therapist—yet another adult whom they know nothing about (see CC2/CC5). This shows the importance of the first meeting between the adolescent and the music therapist, as the music therapist might have only one chance at explaining what music therapy is about to a sceptical adolescent. We see however that the adolescents’ attitude changes along with them getting to know and to like the musical activities—the adolescents’ acceptance and understanding of the notion of music therapy develop in time as they become more familiar with the activities. Still, and paradoxically enough, the adolescents continue to argue that ‘therapy’ is not fitting for *their* idea of music therapy. Similarly, their perception of the music therapist changes, but their idea of what a ‘therapist’ is does not change. They do not consider their music therapist to be one. So, alongside their reaction to the positive development in their perception of the notions of music therapy, they also seem to develop a clearer perception of what music therapy is *not*. According to the adolescents, music therapy as therapy cannot be compared to psychotherapy or other types of therapy that deal with their problems or involves what the adolescents refer to as ‘just talking.’ At the same time, they describe music therapy to be helpful, even therapeutic (see CC9/CC10)—it works as a container of change and self-support (CC9). Their perception of music therapy simply does not fit into their picture of therapy; for them music therapy contrasts that of traditional therapy by being enjoyable and fun. Here is an ambiguity: both adolescents and music therapists hesitate to name what they do together as therapy while still claiming that music therapy has therapeutic value. The tendency is that while the adolescents’ idea of ‘music therapy’ and the ‘music therapist’ changes and becomes more positive during experiences over time, their idea of ‘therapy’ and ‘therapists’ remains negative.

We also find a change in the way the dyads talk about music therapy, moving from being normal to becoming more unique. At first, they talk of music therapy as valuable because of its ‘normal’ activities. We note that normal activities for the adolescent refers to musical activities as those recognized from outside of music therapy, that is to say activities they do with friends (talk about music), alone (listen to music), or that they see others do in various media (perform and record music). The degree to which these activities take place in *normal* places, plays a role as well: the music therapists see the adolescents in their homes or outside it, in the community, back-stage with other adolescents in group music projects, or in concert halls. This creates a contrast to other therapists whom the adolescents meet in the municipal health services in a particular room. Then, after getting to know each other better, the dyads start to talk about their relationship as valuable—because of its *uniqueness*. The adolescents describe for example their music therapist as a special individual in their life—often in the meaning of a friend but also sometimes an adult (CC4/CC5). Eventually, these aspects of normality and uniqueness in music therapy seem to erase some of the negative connotations associated with traditional therapy.

The music therapist informants use a range of different terms to refer to themselves. They use their own names; they refer to themselves as leaders and musicians. They also

refer to themselves as ‘adults’ and as a part of the paid workforce of the child welfare services. We wonder if the music therapists might find the therapist-label to be too limited; too singular to encapsulate the plurality of the roles they identify with? Then again, although they object to the therapist-title, the music therapists use their job title at several points in the interviews. Here too is another ambiguity: they present themselves as both music therapists and as different from music therapists. Surprisingly, perhaps, when compared to what the adolescents say, we find it is difficult to explain how, when and why the music therapists use which words about themselves. Perhaps each music therapist is being continuously sensitive within each situation of when it is ok and not ok to call themselves therapists? If so, we assume that this creates a challenging mind-set for them.

Recall the child welfare literature in which adolescents speak negatively about adults who act in what they describe (negatively) as a ‘professional’ manner. Here, the care of the professional adult is considered by the adolescents to be *inauthentic*: the adults care because it is their job to do so and their approaches are experienced as technical and methodological rather than genuine (Barneombudet, 2020a; BarnevernsProffene, 2017). The adults who ‘really’ care show their care through empathy, their warm smiles and kind faces, not in their technical skills, according to the adolescents’ reports (Forandringsfabrikken, 2019, 2020a, 2020b). The adolescents in this study talk about the care of the music therapists as arising from their personality, rather than their expertise as trained professionals. So, perhaps the biggest challenge among the music therapists is this: music therapists need to use various descriptions to find a balance in the ambiguity of being both 1) a responsible therapist who makes sure the adolescents are safe and happy and 2) being an individual the adolescents say they need: a friend-like adult who really cares and is personal and authentic while also being *co-musicians* and in charge of musical activities. But these redefinitions can come at a price. The music therapists need to be attentive to the pit falls of adopting new roles in an uncritical way. As ‘friends,’ for example, they get a new type of power. We can imagine that it can be difficult for some adolescents to disagree with the music therapist as a friend. This could give the music therapist a dominating voice. Additionally, friends tend to share intimate details of each other’s lives, and we do see a danger of an expectance to disclose details that can be unnatural and even unethical to share between an adolescent and a professional therapist.

We argue nevertheless that the ambiguity of the role ‘music therapist’ as shown above can tell us something about the power dynamics of the relationship between the adolescents and music therapists. The interviews, in that they allow the adolescents and music therapists to collaborate in the process of re-defining their roles, show that it is possible to facilitate for conversations that can start a deconstruction of the traditional roles of therapist and client. We find that negotiating societal roles like this aligns with the forms of conversations that feminist theorists like Simone de Beauvoir (2010) and bell hooks (1981) are encouraging—conversations that recognize that both personal and societal change is a collaborative project. Drawing on Rolvsjord’s (2010) resource-oriented model, such negotiations can be viewed as a sign of mutuality and authenticity in the therapeutic relationship. For the music therapists, however, active and critical reflection is needed in order to avoid accepting identities that do not easily harmonize with the professional mandate.

Music Therapy or not Music Therapy

The second part of the research question in this paper relates to how music therapy as a profession can come around the challenges described above in the future. First, we need to ask: does music therapy as a profession and a discipline recognize that music therapy offers adolescents in the child welfare system a type of support that is unique as well as apt? This paper’s findings suggest that music therapy is a form of combined musical and

personal support that the adolescents long for and is one that they do not get elsewhere. Knowing the strong connections between adolescents, music and friends/close others, we think this is a very normal desire for any youth today. The next question then is: are the skills of a music therapist—including that of being able to act authentically—required to fulfil such needs of the adolescents? And if the answer to these questions is yes: should we call all of this music therapy? Or should we ask: *when* would it be right to call it music therapy and *when* would it not? Or: do we not want to do anything and instead accept that music therapy in this field is turning into a type of anti-therapy with therapeutic potential? What type of double and impossible duality is this? And, ethically, is it not a challenge to have to be careful of mentioning one's professional title while still acting as professional as one can? Are we developing a lurking philosophy here?

The problems surrounding the term 'therapy' may be particularly articulated in the specific setting of adolescents in out-of-home care, as they express a special need for normality. Yet, studies on music therapy in adult mental health care have shown similar results, as the clients challenge the idea that music therapy is a form of therapy. Both Seberg (2020) and Solli and Rolvsjord (2015) find that music therapy, rather than being considered a form of treatment, is viewed as a 'break' or a 'breathing room' among other therapies. Thus, we think that the challenges brought up above are not only problematic for the dyads involved in the present study. The picture is bigger, and the challenges are bigger, for music therapy and the development of therapeutic services within child welfare, both in Norway and in other countries. If we cannot find a suitable language and have a common opinion of the role of music therapy in the field in question, we continue to worsen the uncertainties, paradoxes and confusions. This, in turn, could potentially mislead future adolescents and music therapists and we might also lose sight of great potentials of what music therapy can offer. We suppose music therapy is not well served by that.

Eventually, as long as the term 'therapy' remains to be predominantly negative for adolescents in the child welfare system, as our findings show it is, it will remain difficult for them and their music therapists to use it in practice. A result could be that 1) young people in vulnerable situations will choose not to attend music therapy and are lost to activities they could benefit from, and 2) music therapists' professional identities are challenged, and possibly hurt. On this background, we question if the term 'music therapy' is fitting at all? Yet, to erase it and find a new label seems too drastic, as music therapy is a well-established label both in Norway and in international discourses.

The words we use matter. This paper shows the power of a word (therapy) and how heavy the weight of its negative connotations can be. Yet, it also shows that words are elusive and that their use is closely attached to times and situations. Interestingly, this study shows that when the word 'music' is put in front of the word 'therapy,' the therapy word seems to be 'liberated' from the traditional understanding of it among the adolescents. Then, *music therapy* stands out as something that actually can be positive, promising, and less negative compared to other therapies, although the term can also be met with some initial scepticism (see CC1). Still, we heard during the interviews that some of the adolescents, occasionally, with ease and without questioning its problematic content, referred to the notions *music therapy* and *music therapist*. In the safe arena, between the adolescents and the music therapists it seemed sometimes natural to use these words.

Further, if we return to the discussions on the terms 'therapy' and 'therapist,' we find that the adolescents and music therapists in our study mostly agree with each other, and portray somewhat similar understandings of the concepts; their ways of talking about music therapy are intertwined. This is surprising after having learned from the research literature that there are many differences in the understandings between adolescents and music therapists. We wonder if the similarities arise as a consequence of the adolescents and music therapists, through working together over longer periods of time, having picked

up terms and viewpoints from each other and consequently started to share discourses? If so, this is promising; it shows that dialogues on language and discourse can be fruitful in the sense that it fills old words with new and unified meaning. Again, feminist theory emphasizes the importance of redefining terms as part of a process of de- and reconstructing traditional hierarchies of power. This finding also shows how fleeting the phenomenon of language is, and spoken language in particular—it is continuously shaped and reshaped in active use. Therefore, instead of finding differences between adolescents' and music therapists' discourses, we see instead the need to look for the *shared* discourse between them. We then need to ask: is there one way of talking about music therapy that—based on negotiations over time—could result in a language that does not offend or push away neither the adolescent nor the music therapist?

We need to emphasize that a *shared discourse* is not the same as a *shared understanding*. Using the same language does not automatically mean that the adolescents and the music therapists have the same understanding of what they talk about. Words are powerful and their meanings are inextricably linked to the ones uttering them. Mikhail Bakhtin, whose dialogism is often referred to as the origin behind dialogic discourse analysis (Skaftun, 2019), claims that the words we use are always used by others before, and thus they carry with them meaning ascribed to them by others. Bakhtin (1986) says language as such (i.e., as it used to form utterances) is populated by alien voices. Words, and their uses, are therefore complex matters. The adolescents and the music therapists, we assume, will often carry with them different language histories and cultures. And if the music therapists use the words of the adolescents, to identify as a friend for example, there is a risk that the message is lurked. Mistrust may arise, especially if the content of and intention behind the words are different. We will not go further into this complexity here. A shared discourse in our context is most of all thought of as fruitful to develop the needed shared focus and an intersubjective point of departure to engage in a dialogue that feels essential for both parties.

We find that the collaborative interview showed a possible solution to how we can come around some of the challenges connected to the use of the problematic therapy-word: by bringing the involved parties together to talk about and reflect upon the words they use, the process of building and developing a much-needed shared discourse can be kicked off. This might allow for comparisons and discussions between the informants, which in turn can make it possible for the participants to react directly to each other's descriptions. Active dialoguing between many parties is therefore needed, not avoidance and escapisms. Words and labels need to be dealt with and faced actively. This might even be helpful in terms of therapeutic outcome. Also, systematic participatory research and meaningful theory building would be useful in order to develop a broad and unified language. To develop and maintain a unified understanding of music therapy as therapy among adolescents in the child welfare services globally, one that goes across cultures and the field itself, such measures are not just needed in our Norwegian context. This calls for dialogues between therapy disciplines. Maybe the music therapy community with their therapists and adolescents are ready to take the first initiative in so doing?

Conclusion

This paper asked: How do a group of adolescents and their music therapists in the child welfare services relate to the word 'therapy,' and how can music therapy as a profession get around problems connected to the use of it? Our reflections can only represent our voices and not the whole of this complex matter. The findings confirm our assumptions about the problems connected to the use of the word 'therapy.' They in fact reveal that there exists a lot of doubts and contradictions connected to the practice and profession of

music therapy in the child welfare system in Norway. An active collaborative re-definition is needed. Through working together, the adolescents and music therapists develop their own ways of speaking about and understanding the value of music therapy. Their language and understandings must however not remain isolated. Rather, they need to be shared with and opposed by others, including those outside music therapy. The difficulties with the word 'therapy' also deserves to be a topic for participatory research. If we are able to fill the label with a content that both the adolescents and their music therapists find suitable in the future, this could avoid further use of stigmatizing connotations. Instead, we can accommodate our perceptions of music therapy as something that promotes normality to some degree. This paper implies that a redefining is not only possible; it is already beginning to happen in practice. As this paper suggests (again): it needs to be a collaborative project. The voices of the adolescents are especially important and create a basis for further development. As professional music therapists and researchers, we cannot negotiate our words and theories alone if we want to develop a language that is understood by all, not just the involved individuals, but also other professions and society at large.

About the Authors

Gisle Fuhr has studied music performance and psychology and is a trained music therapist. His main work has been with refugees and adolescents, including his PhD project, which centred on the relationship between adolescents and music therapists in the child welfare services.

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¹ This research has been reviewed by a human research ethics committee and draws on data that has already been published.

² The extracts are translated from Norwegian to English by the first author, with the intention of making a minimum of modifications between the extracts and the original transcriptions of the interviews.