



UiT The Arctic University of Norway

Department of Psychology

Beyond the Melody

Exploring the Therapeutic Label and Music's Intrinsic Value

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Foreword

I express my deepest gratitude to my supervisor, Geir F. Lorem, for your guidance throughout this journey. Thank you for agreeing to supervise me on a topic that was somewhat outside your usual scope, allowing me to explore what I was most curious about. Your wisdom, support, and shared curiosity about the project have been invaluable.

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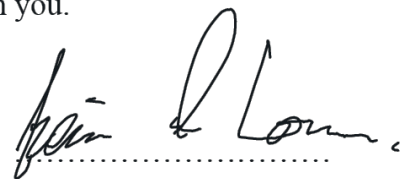
My heartfelt thanks to my closest peers over the past three years, Marie Seberg Primdahl, Samy Babiker, and Steffen Rygg Aasen. Your friendship has enriched my academic life and, even more so, my personal life.

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Ingebjørg Mai Olaussen



Geir F. Lorem



Beyond the Melody:

Exploring the Therapeutic Label and Music's Intrinsic Value

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Abstract

Music therapy has demonstrated significant efficacy in enhancing mental health and well-being. However, labelling music as inherently “therapeutic” may shift its perception from an intrinsic art form to an instrumental tool focused primarily on therapeutic outcomes. This thesis critically examines how this framing influences the perceived intrinsic value of music and shapes musical experiences in both therapeutic and non-therapeutic contexts. Using a phenomenological approach and thematic analysis of semi-structured interviews with ten participants, five from music therapy and five from non-therapeutic activities, the study reveals distinct differences in how music is valued. Participants in therapeutic contexts experienced music mainly as a tool for emotional regulation, personal growth, and resilience, valuing it as a safe, non-judgmental environment for self-expression and coping. In contrast, the non-therapeutic group primarily experienced music through a performative lens, valuing its aesthetic qualities, community bonding, and the shared joy of creating something meaningful together. However, music’s instrumental value as a therapeutic tool does not undermine its artistic, aesthetic, and cultural dimensions. Instead, the intrinsic qualities are the source of music’s function and instrumental value. Drawing on both philosophical and humanistic perspectives, this thesis argues for a balanced approach to music therapy that respects both the therapeutic benefits and the intrinsic artistic value of music.

Keywords: music therapy, intrinsic value, therapeutic framing, qualitative research

Sammendrag

Musikkterapi har vist seg å være svært effektiv for å fremme mental helse og velvære. Men det å framstille musikk som iboende «terapeutisk» kan imidlertid endre hvordan vi oppfatter den, fra en kunstform med egenverdi, til et verktøy med hovedfokus på terapeutiske formål. Denne masteroppgaven undersøker hvordan et terapeutisk rammeverk påvirker musikkens egenverdi og hvordan musikalske opplevelser formes i både terapeutiske og ikke-terapeutiske settinger. Ved å bruke en fenomenologisk tilnærming og tematisk analyse av semistrukturerte intervjuer med ti deltakere, fem fra musikkterapi og fem fra ikke-terapeutiske aktiviteter, viser studien tydelige forskjeller i hvordan musikk verdsettes. Deltakere i terapeutiske settinger opplevde musikk hovedsakelig som et verktøy med instrumentell verdi for emosjonell regulering, personlig vekst og resiliens, og de satt pris på musikken som et trygt, ikke-dømmende rom for selvuttrykk og mestring. På den annen side opplevde deltakerne i ikke-terapeutiske settinger musikk mest gjennom et performativt perspektiv, der de verdsatte dens estetiske kvaliteter, fellesskapsfølelsen, og gleden ved å skape noe meningsfylt sammen. Selv om musikkens instrumentelle verdi som et terapeutisk verktøy eksisterer, undergraver den ikke musikkens kunstneriske, estetiske og kulturelle dimensjoner. Tvert imot, det er de iboende kvalitetene som utgjør grunnlaget for musikkens funksjon og instrumentelle verdi. Med utgangspunkt i både filosofiske og humanistiske perspektiver, argumenterer denne avhandlingen for en balansert tilnærming til musikkterapi som anerkjenner både de terapeutiske fordelene og den iboende kunstneriske verdien i musikk.

Nøkkelord: musikkterapi, iboende verdi, terapeutisk rammeverk, kvalitativ forskning

Beyond the Melody: Exploring the Therapeutic Label and Music's Intrinsic Value

Across every culture and era, music has done more than entertain. It evokes emotions, comforts us, inspires us, connects us, shapes identities, and unites people. These unique qualities of music are used in music therapy, a growing field aimed at promoting health with the help of music (Bruscia, 2014; Jacobsen et al., 2019; Ruud, 1990; Wigram et al., 2002). Music therapy has been shown to significantly reduce symptoms of depression (Erkkilä et al., 2011; Tang et al., 2020), anxiety (de Witte et al., 2020; Lu et al., 2021), emotional flatness, social withdrawal, and lack of motivation (Geretsegger et al., 2017; Gold et al., 2009), while improving overall mental health, social functioning, and quality of life (Geretsegger et al., 2017; Gold et al., 2009). Thus, empirical evidence supports the effectiveness of music therapy, demonstrating its beneficial outcomes for participants.

There is a broad consensus that music is a type of activity with intrinsic value, meaning that the activity is meaningful in itself (e.g., Varkøy, 2015). However, one could define *therapy* as “treatment intended to relieve or heal a disorder” (Oxford Advanced Learner’s Dictionary). This inherently implies utility and possibly *instrumental* value. This leads to a possible risk that focusing solely on music's utility might diminish its broader communal and intrinsic value, reducing it to merely an instrumental one. Thus, the question arises: how do patients' and therapists' relationships with music change when music is framed as a therapeutic tool? To the best of our knowledge, such an examination has not yet been undertaken.

This thesis critically explores how framing music as a therapeutic tool might alter how music is experienced and valued. Rather than merely evaluating the efficacy of music therapy, this thesis questions the socio-cultural assumptions underlying its practices. Notable, this thesis will not debate whether music possesses intrinsic value. Instead, it operates on the foundational belief that music inherently does. The thesis compares explicitly the experiences

BEYOND THE MELODY

of two groups: one group involved in music therapy (MT) and the other group participating in a non-therapeutic musical setting (N-MT), specifically a student choir. These participants participate in semi-structured interviews, where they are asked identical questions about their relation to music. By examining and comparing the experiences and perspectives of these two groups, this study aims to explore the following research questions. Firstly, the thesis will examine briefly what distinguishes music therapy from a student choir, focusing on music's therapeutic characteristics and how participants in both groups perceive these:

- 1) What specific elements or processes in music contribute to its therapeutic potential?

Next, the thesis will go into what the author sees as two key challenges to the field of music therapy. The first is the potential for an overemphasis on *individual* therapeutic outcomes, overshadowing music's social, cultural or communal significance.

- 2) Does labelling music as "therapy" diminish its social, cultural, or communal significance?

The next is the potential *instrumentalism* in treating music as a therapeutic tool:

- 3) How does framing music as a therapeutic tool influence its perceived intrinsic value and change how it is experienced?

This thesis begins by introducing the field of music therapy, focusing mainly on behavioural and humanistic approaches, which are foundational in the field. I will also introduce community music therapy, a newer approach that can be seen as a response to some of the limitations of other methods. Next, I present a broader societal critique on the «psychologization of society», addressing the growing tendency to frame diverse aspects of human experience through the lens of psychological terms and an individualised lens. I will explore how this critique may apply to music therapy, particularly the risks of focusing too heavily on individualised therapeutic outcomes, thereby overlooking its broader cultural, social, and communal significance. I will then turn to the perspectives of philosophers on the

BEYOND THE MELODY

concept of intrinsic value, exploring how music can be understood in ways that are beyond its utility and only for its intrinsic value. I will explore how this framework may apply to music therapy.

Music Therapy

Music therapy has gained widespread acceptance in both clinical and non-clinical settings and has demonstrated documented effectiveness for various populations, including individuals with mental health issues (Bunt & Stige, 2014; GAMUT, 2019; Jacobsen et al., 2019). In line with these findings, a report from the World Health Organization (WHO) concludes that music therapy has a strong potential for illness prevention, health promotion, and treatment of mental health disorders (Fancourt & Finn, 2019).

Music therapy is a professional discipline that has evolved over the past 60 years, drawing on fields such as psychology, musicology, and special education (Jacobsen et al., 2019). It is used in various contexts, including psychiatry, elderly care, addiction recovery, and hospitals (Jacobsen et al., 2019). Music therapists apply methods such as music listening, singing, improvisation, and songwriting to support clients in achieving therapeutic goals (Jacobsen et al., 2019). There are various approaches in music therapy, each with unique perspectives on how music should be utilised (Jacobsen et al., 2019), with some potentially placing more emphasis on instrumental outcomes than others. There has yet to be a definitive consensus regarding the number of distinct approaches to music therapy. Still, the 9th World Congress of Music Therapy in Washington in 1999 had ‘five internationally known models of music therapy’ as a concurrent theme (Jacobsen et al., 2019). *Guided Imagery and Music* (GIM), developed by Helen Lindquist Bonny, involves therapists choosing classical music sequences intended to stimulate imagination and inner imagery (Bonny, 1975). *Analytical Music Therapy*, developed by Mary Priestley, integrates psychoanalytic principles with active musical improvisation to explore unconscious processes (Priestley, 1975). *Benenzon music*

BEYOND THE MELODY

therapy (developed by Rolando Benenzon) is a form of non-verbal, psychoanalytic music therapy (Benenzon, 1971). *Nordoff-Robbins Music Therapy* (developed by Paul Nordoff and Clive Robbins) is a humanistic-oriented method focusing on creative improvisation (Nordoff & Robbins, 1977). *Behavioural Music Therapy* (developed by, amongst others, Clifford Madsen) (Jacobsen et al., 2019).

Behavioural Music Therapy

Behavioural Music Therapy is particularly prone to reducing music's intrinsic value by treating it primarily as a functional tool for behaviour modification. The model is defined as: "the use of music as contingent reinforcement or stimulus to increase or modify adaptive behaviours and extinguish maladaptive behaviours" (Bruscia, 1998; Jacobsen et al., 2019). The therapist uses music as a positive or negative reinforcement, often emphasising immediate and observable changes, such as encouraging movement, relaxation, or specific types of social interactions (Jacobsen et al., 2019). From a critical perspective, this approach instrumentalises music by directly framing music as a functional tool used conditionally to reinforce or alter wished behaviours. This may lead to a focus on the short-term outcomes at the cost of more profound, more transformative experiences with music.

Professor Even Ruud critiques behavioural music therapy's tendency to reduce music to a quantifiable, objective tool, thus stripping away its subjective and experiential richness (Ruud, 1980). Ruud argues that the demands for scientific rigour and evidence in therapy can reduce music's complex and subjective experience to mere functionality and, therefore, proposes a humanistic perspective (Ruud, 1980).

Humanistic Music Therapy

In *Music Therapy and its Relationship to Current Treatment Theories* (1980), Even Ruud outlines humanistic psychology as an approach to music therapy practice, aiming to counterbalance therapies and treatments that reduce the human being to an object (Ruud,

BEYOND THE MELODY

1980). Humanistic music therapy is not a methodological approach to music therapy practice but rather a value system or ideology that carries specific implications for music therapy research and practical approaches (Ruud, 2008). He emphasises that humans must be viewed holistically, encompassing biological, psychological, and social dimensions, and from a relational view (Ruud, 2008). He emphasises the person and their subjective autonomy more compared to other treatment methods, which can objectify individuals in therapy. Even Ruud defines music therapy as “the use of music to give people new possibilities for action” (Ruud, 1990). The therapeutic aim is to respect the client's autonomy and explore music in a shared space that promotes creativity, emotional expression, and meaningful social connection (Ruud, 2008).

While therapy, in general, has traditionally been associated with combating illness and solving problems, the foundation of *resource-oriented* music therapy emphasises the importance of supporting individuals' strengths and stimulating their existing resources (Rolvjord, 2008). A resource in this context can be defined as something a person possesses (e.g., personal qualities and skills) or something that a person has access to through their culture, social network, and/or the organisation of society (Rolvjord, 2008). Rolvsjord bases her development of resource-oriented music therapy on theories from various fields, including empowerment philosophy, which sees the individual as an expert in their own life, with an emphasis on collaboration to promote agency and autonomy (Rolvjord, 2008; Rolvsjord et al., 2005). While these outcomes are undoubtedly positive, they may still inherently frame music in a functional manner: to empower.

Community Music Therapy as a Counterbalance

Emerging as a response to the individualistic focus often found in clinical settings, community music therapy emphasises the relationships between music, health, culture, community, and society (Stige, 2008). Rather than focusing narrowly on symptom

BEYOND THE MELODY

relief and pathology, as is commonly found in medical models (Borg et al., 2013), community music therapy aims to strengthen social community and cultural context (Stige & Aarø, 2011, p. 3), thus seeming to preserve music's cultural and communal value. They argue that both “community” and “music therapy” are complex concepts, and making it challenging to define community music therapy (Stige & Aarø, 2011, p. 15). Thus, Stige and Aarø created the acronym PREPARE to sample core qualities in community music therapy, which are *Participatory, Resource-oriented, Ecological, Performative, Activist, Reflective* and *Ethics-driven* (Stige & Aarø, 2011, p. 18).

Music Therapists’ Perspective

A study by Petersson and Nyström (2011) explores how music therapy students who are also musicians distinguish between using music as an art form and as a therapeutic tool. They find that artistic performance often relies more on intuition, while music therapy is more reflective and structured, where the aim is at patient outcomes (Petersson & Nyström, 2011). Throughout the reflections of the music therapy students, music is portrayed as a means to «influence» or «stimulate» specific aspects of an individual's well-being, such as self-esteem, physical conditions, or emotional state (Petersson & Nyström, 2011). Unlike the individualised focus of music therapy, artistic performance inherently involves an audience, aiming to foster a shared experience and cultural connection. In artistic contexts, music is a “cultural product” that aims to “touch and maybe also to challenge the audience” (Petersson & Nyström, 2011). These reflections underscore the music therapists’ intentional individualistic aims in music therapy, contrasting with the communal experience of artistic performance.

It may seem that music therapy, while benefiting the individual, places too much emphasis on the individual, looking inward for their strengths and resilience. Music as an art form is not just about individual expression but about creating moments of connection

between performers and listeners, generating shared meaning and a sense of belonging (van der Hoeven & Hitters, 2019). Therefore, when music is individualised, an important aspect may be lost. We can capture these issues through a broader lens: Ole Jacob Madsen's perspectives in critical psychology, where he offers an insightful perspective criticising the tendencies for individualism and pathologising within psychology.

“The Psychologization of Society”

Madsen argues that the current cultural climate has led to the «psychologization of society,» where he critiques the individual psychological solutions that are sought for fundamental social problems (Madsen, 2017). This critique could be applied to resource-oriented music therapy, which, although empowering, may risk overemphasising individual agency by encouraging clients to look inward for resilience and strength while possibly neglecting music's inherently social and communal dimensions. As Madsen suggests, the turn towards individualised psychological explanations has led to “a society where collective problems are seen through the lens of personal inadequacy» (Madsen, 2017). This perspective is valuable for questioning whether music therapy's resource-oriented approaches might inadvertently contribute to this more significant trend, thereby reducing music's cultural and community values into narrowly defined therapeutic outcomes.

Madsen criticises “the widespread notion that most of society's problems should be viewed and treated psychologically” (Madsen, 2017, p. 11) and that not everything that can enhance the quality of life should necessarily be instrumentalised for psychological benefit (Madsen, 2018). This perspective might shed light on how music, when appropriated for therapeutic purposes, might be framed predominantly as a remedy for deficits, thereby neglecting its non-functional value. The appropriation of music as a therapeutic tool might align with what Madsen calls the «medicalisation of the ordinary» (Madsen, 2018, p. 43). The

imperative thus overshadows the cultural, aesthetic, and communal aspects of musical engagement to render it functional.

Intrinsic Versus Instrumental Value

According to Martin Heidegger, the work of art is its own end; it has no end or purpose beyond itself (Heidegger, 2017, p. 3). This perspective frames art, including music, as possessing an intrinsic value beyond any utilitarian purpose. One could understand the intrinsic value in the light of Aristoteles' concept of *eudaimonia*, "the condition of the human flourishing of living well" (Aristotle, 2014, p. 203). In contrast to "happiness", it does not consist of a state of mind or a feeling of pleasure or contentment in the moment (Aristotle, 2014, p. 203). For Aristotle, *eudaimonia* is the highest human good (Aristotle, 2014, p. 203). Moreover, Aristotle distinct between two types of human activity: *poiesis*, or activities that are means to ends outside themselves, and *praxis*, which are pursued for their own sake (Aristotle, 2014, p. 204). Only *praxis* is linked to higher thinking and reflection, which are actions related to further *eudaimonia* (Aristotle, 2014, p. 204).

Norwegian philosopher and music pedagogy professor Øivind Varkøy draws on Aristotle's philosophy when criticising Norwegian music education. He argues that music education tends to reduce music to *praxis* instead of *poiesis*, which should be treated as (Varkøy, 2007). Thus, music is treated as merely a tool for achieving non-musical objectives, such as enhancing cognitive skills, improving social behaviour, or serving as a tool for cultural or political purposes (Røyseng & Varkøy, 2014; Varkøy, 2007). Varkøy has pointed out that music as an object cannot be said to have a value, but musical experience, created in the meeting between the musical object and the subjective individual, is a human activity and a *praxis* which has value in itself (Varkøy, 2015). Varkøy advocates for a balanced approach to music education that recognises both the intrinsic and extrinsic value of music (Varkøy, 2007).

Present Thesis

To summarise, various theoretical frameworks and approaches in music therapy vary in the extent to which they emphasise music's instrumental value. While existing literature demonstrates positive therapeutic effects, limited exploration has been done into how these therapeutic experiences shape participants' broader relationships with music. Building on this, the present thesis aims to explore how the participants in music therapy experience music therapy and how these experiences shape their relationship with music. This exploration is essential to better understand how music therapy might influence not only therapeutic outcomes but also the participants' personal connection to music.

Method

Design

This qualitative study has a critical design with a phenomenological approach using semi-structured interviews. A qualitative method is most suitable for exploring individuals' feelings and experiences, and through personal interviews, we gathered rich and individualised information from each participant (Kvale & Brinkmann, 2015). A phenomenological approach was selected to describe the participants' experiences with music effectively. A phenomenological approach points to “an interest in understanding social phenomena from the actors' perspectives and describing the world as it is experienced by the participants, based on the understanding that the real reality is what people perceive” (Kvale & Brinkmann, 2015). This approach values participants as experts in their own experiences, emphasising openness to their descriptions and explanations (Kvale & Brinkmann, 2015). Given this context, this study aims to assess first-person experiences with music in a therapeutic and a non-therapeutic context, exploring participants' thoughts on what makes music valuable. The critical design approach describes participants' experiences and questions the foundational principles behind music therapy, challenging the traditional notions of the

BEYOND THE MELODY

field. To explore something critically involves “directing attention to the assumptions that are hidden within our usual ways of acting and thinking”, taking a meta-perspective on the perspective we apply to reality, that is, how we approach the thing(s) (Madsen, 2012).

Participants and Recruitment

This study employed a purposive sampling strategy to ensure the selection of participants who could provide rich, relevant, and contrasting insights into the research questions: how framing music as a therapeutic tool influences the perception of the social, cultural, or communal significance, the intrinsic value, and how music is experienced. The sampling included two distinct groups to ensure contrasting experiences:

Music Therapy Group (MT)

Participants actively engaged in music therapy sessions. This group was selected to explore how music is experienced and valued within a therapeutic framework, focusing on its instrumental and therapeutic roles. Participants were recruited from the music therapy activities at «Aktivitetsbasert Helsehjelp» in Tromsø. This facility serves individuals aged 18 and older who experience mental health and/or substance issues. Currently, about 30 users engage in various music therapy activities, including choir, band, music listening groups, and individual therapy (such as learning an instrument, songwriting, notation learning, singing lessons, and music conversations).

The facility’s music therapist distributed flyers with study details and the master’s student’s contact information (see Appendix). Interested participants contacted the master's student directly via email or text message. Confidentiality was maintained, and the music therapist was not informed about which users ultimately decided to participate in the study. No participants explicitly declined after initial contact, although scheduling challenges occurred for some. Participants were required to be capable of giving informed consent, and

BEYOND THE MELODY

each participant signed an informed consent form before the interview. None of the participants withdrew during the study.

Five participants agreed to be interviewed, consisting of three women and two men aged 30-75. Two participants were actively involved in the music therapy choir “Kor i Nord” where one of these had also previously participated in individual therapy sessions. Two participants were involved in the band, with both also having on-and-off individual music therapy sessions. The final participant was focused on individual music therapy, frequently performing at open-stage events and other opportunities, although they were not interested in joining the choir or band. Participants had diverse durations of involvement, ranging from about six months to about three years of music therapy.

The interviews took place in a private room at the “Aktivitetsbasert Helsehjelp” facility to ensure privacy and comfort for the participants. Interviews were scheduled with participants individually and lasted for 40-60 minutes.

Non-Therapeutic Music Group (N-MT)

Participants involved in musical activities outside a therapeutic context, such as choirs or informal music groups. This group was included to provide a comparison, emphasising music's social, cultural, and intrinsic values without therapeutic framing. The non-therapeutic (N-MT) group consisted of participants from a university student choir in Tromsø. This choir was selected due to its informal engagement with music, focusing on community-building and social aspects rather than a professional or therapeutic focus. The choir's primary mission is to create a welcoming environment for students to enjoy singing, regardless of their musical backgrounds. They meet weekly for 2–3-hour rehearsals, participate in social gatherings, and organise choir weekend trips 2-4 times per year. They also perform in front of various audiences on occasion.

BEYOND THE MELODY

Participants were recruited through the master's student's personal network to ensure diversity in gender and musical background. To ensure participants had sufficient experience with the choir, a criterion was set that they must have been members for at least one year. Invitations were sent via private text messages, providing a brief explanation of the study and an open invitation to participate. No incentives were offered, and all participants signed an informed consent form before the interview. The consent form explained their right to withdraw at any time and assured confidentiality. Although the master's student had a prior personal connection with some participants, effort was made to maintain neutrality during the interviews, minimising any potential bias.

Five participants agreed to be interviewed, including three women and two men aged 21 to 28. All were either current or former students at UiT – The Arctic University of Norway. Among the participants, one also sang in a professional choir, two had some experience playing musical instruments during their school years, while two had little to no background in performing music. All participants enjoyed listening to music in their free time. Their time in the choir varied, ranging from one year to two and a half years.

The interviews took place in a private, soundproof room either at the choir practice location or the university. They were scheduled individually for convenience. Each interview lasted 20-40 minutes.

Data Collection

Data was collected using a semi-structured interview guide developed by the master's student in collaboration with the project supervisor. The purpose of the semi-structured interviews was to explore participants' personal experiences and perceptions of music, allowing for an in-depth comparison between therapeutic and non-therapeutic contexts to understand how framing music as a therapeutic tool influences its perceived value. It aligns well with the phenomenological approach as it allows for flexibility in exploring participants'

BEYOND THE MELODY

experiences while providing enough structure to ensure that key themes are addressed consistently across interviews (Kvale and Brinkmann, 2015). These themes included participants' personal connections to music, the emotional and social impact of musical activities, and their reflections on the therapeutic potential of music. The same interview guide was used for both groups, ensuring consistency and meaningful comparisons between the two groups.

The interviews began with general questions about participants' involvement in either music therapy or other musical activities, such as choirs or bands, before progressing to more specific topics, such as their emotional and social experiences with music. Participants were asked to reflect on their use of music in daily life, its role in evoking memories and emotions, and its impact on their mood. Additionally, questions explored participants' thoughts on music's ability to foster social connections and its potential therapeutic effects, including its role in personal growth, coping with challenges, and enhancing well-being. See the appendix for the complete interview guide.

The Course of The Interviews

The interviews followed a structured process, beginning with an overview of the consent form. Participants were informed that the interview would be audio-recorded for transcription purposes, and their responses would remain fully anonymous. They were then told about the study's objective, the master's student's personal goals, and the broader aim of exploring the value of music in therapeutic and non-therapeutic settings. They were made aware that the interviewer was a master's student interested in music therapy who was seeking an open exploration of their personal experiences.

The interview guide was followed, and it let the conversation flow naturally. Despite initial concerns about sensitive topics, particularly with the MT group, participants willingly shared personal details, including reflections on their mental health, even though this was not

BEYOND THE MELODY

explicitly prompted in the guide. Data collected through the interviews is rich and comprehensive, as participants provided thoughtful, coherent, and nuanced descriptions of their experiences with music. Their reflections on music's emotional, social, and therapeutic aspects were authentic and insightful. As the interviews were audio recorded, no field notes were taken during or after the interviews. Participants did not review their transcripts (transcript checking), nor were they involved in validating the findings (member checking), which may introduce some limitations in terms of reliability.

In the interview situation, it was important for the interviewer to adopt an open, curious, and open-minded role. It was about not looking for one's desired answers but being open to new and unexpected topics. Kvale and Brinkmann (2015) describe this approach as 'conscious naivety' (p. 48), essential in phenomenological semi-structured research interviews. Unlike fully structured closed questionnaires, which rely on predetermined categories and interpretation schemes, the semi-structured approach allows for a more flexible exploration of participants' experiences (Kvale & Brinkmann, 2015).

Data Analysis

All interviews were audio-recorded and transcribed with assistance from UiT's AI transcription service, Klartekst (klartekst.uit.no). Klartekst generated an initial draft, which the master student carefully reviewed and edited to ensure accuracy by cross-checking with the original audio recordings.

The data were analysed using a thematic analysis approach, following the guidelines of Brinkmann and Kvale (2015), to identify, analyse, and report consistent themes and patterns within the data (Braun & Clarke, 2006). This extensive data set offered a rich variety of perspectives and experiences. While many facets of participants' responses could have been explored, we focused our content analysis on material directly relevant to the research question, prioritising themes and patterns most aligned with the study's aims.

BEYOND THE MELODY

Although the master's student conducted the initial coding and thematic identification independently, regular discussions with the project supervisor throughout the process allowed for a collaborative refinement of the findings. These discussions helped to ensure that themes and interpretations were thoroughly examined and agreed upon, enriching the analytic depth and enhancing the validity of the results. This joint effort allowed us to move beyond what the participants explicitly stated and identify implicit and explicit ideas within their explanations (Greg et al., 2012). Doing so required more involvement and interpretation but gave a deeper assessment of participants' experiences with music, its therapeutic potential, and the broader implications of framing music as a therapeutic tool. The analysis aimed to uncover shared and contrasting themes across the two groups - those with experience in music therapy (MT group) and those participating in musical activities outside of therapeutic settings (N-MT group).

The analysis consisted of first and second-cycle coding. It went as follows: First, all interviews were thoroughly transcribed following the guidelines of Brinkmann and Kvale (2015), followed by proofreading each transcript. An initial summary of each interview was written to capture the overall impression. The next step involved coding the data, which began by identifying and segmenting the transcripts into meaning-bearing units – distinct pieces of text that conveyed one unique aspect (Kvale & Brinkmann, 2015). Each meaning unit was then condensed into a summary to capture its core content, a process carried out using Microsoft Word. These condensed units were subsequently imported into NVivo 15 for further analysis.

In NVivo, a recontextualisation process took place where each meaning-bearing unit was assigned a code. The code is a short descriptor summarising the theme or idea expressed in that unit (Kvale & Brinkmann, 2015). This coding was “data-driven”, meaning the codes were not predetermined but emerged organically from the data (Braun & Clarke, 2006).

BEYOND THE MELODY

Separate NVivo projects were created for the MT and N-MT groups, resulting in two distinct coding trees, allowing a direct comparison of the themes from each group. After coding each interview, the individual codes were refined and grouped into broader categories, with labels that captured their essence. These categories were then consolidated into the three final themes, which represented the most prevalent and significant patterns across participants' experiences.

The final step of the analysis involved writing the report. Key quotations that illustrated the main themes were selected and translated from Norwegian to English, ensuring the participants' voices were authentically represented. The identified themes and categories were then elaborated upon, and their broader implications were discussed (Brinkmann & Kvale, 2015).

Ethics

The project was approved by the Norwegian Agency for Shared Services in Education and Research (SIKT; ref. no. 670954) and was in line with the principles in the World Medical Association Declaration of Helsinki, which are also enshrined in Norwegian research ethics guidelines and legislation. All research involving human participants is based on freely informed consent. Before the interview, the participants signed a declaration of consent, which included the purpose of the study and what their involvement would imply. Participants were informed that they could withdraw from the study at any point, ensuring their consent was voluntary and informed.

The participants in the MT group represented a vulnerable population, as they were recruited from a mental health and substance use facility. Given this, the interviewer was attentive to participants' comfort and sensitive to any verbal and non-verbal signs of discomfort. If a participant appeared uneasy, the interview would be paused or ended. The interviewer was sensitive to whether the participant understood the purpose of the interview.

BEYOND THE MELODY

Participation required that the person was competent to consent, and if that were not achieved, the participant would have been excluded.

The data material was classified as sensitive information. Audio recordings, signed consent forms, and transcribed material were stored securely with anonymous file names on a password-protected private computer to prevent unauthorised access. All transcriptions were anonymised by removing identifiable information, such as names, locations, and other personal details. No compensation was given to participants.

Results

Although both groups recognised the significance of music, their experiences and interpretations differed markedly. The results highlight key similarities and differences in how music is perceived and experienced in therapeutic and non-therapeutic contexts. Three major themes emerged from the thematic analysis of all participants' transcripts; participants described their experiences with music, their views of the intrinsic value of music, and their views on the social aspects of music. Direct quotations from participants have been translated from Norwegian to English and are provided to support the content. Main themes and sub-themes for both groups are presented in Figure 1.

Figure 1

Code Tree of the Three Main Themes with Sub-Themes for Music Therapy Group (MT) and Non-Therapeutic Music Group (N-MT)

Experiences With Music	Value of Music		Social Aspects		
MT <ul style="list-style-type: none"> • Emotional regulation • Therapeutic exposure • Personal growth 	MT <ul style="list-style-type: none"> • A safe and non-judgmental environment • Resilience • Coping through hard times • Building self-esteem • Music's role in life 	MT <ul style="list-style-type: none"> • Music as a tool for emotional sharing • Bonding through playing or singing together • Sense of belonging • Relation to the music therapist 	N-MT <ul style="list-style-type: none"> • Navigating performative demands • Mood enhancement after choir practice • Emotional regulation 	N-MT <ul style="list-style-type: none"> • Succeeding together • The aesthetic • Music's role in life 	N-MT <ul style="list-style-type: none"> • Sense of belonging • Bonding through performative support • Music bringing people together

Experiences With Music

Experiences with music marked how music was used and experienced *in the moment*. Findings differed significantly between MT and N-MT, highlighting the impact of contextual factors on musical engagement. For MT, music was primarily experienced as a therapeutic tool, with a focus on emotional regulation, therapeutic exposure, and personal growth, which aligns with its intentional use in therapy. In contrast, N-MT describes the music primarily from a performative and social perspective, emphasising performative demands, joy, and mood enhancement. Both groups highlighted music's ability to regulate emotions, though MT reported more deliberate therapeutic use, whereas N-MT focused more on mood enhancement and social experiences in emotional regulation.

Experiences With Music: MT

The prevailing view for the MT group was an experience of music primarily acting as a therapeutic tool, supporting their emotional and psychological needs. The three sub-themes were (1) emotional regulation, (2) therapeutic exposure, and (3) personal growth.

Emotional Regulation. The participants in music therapy used music to influence, manage, or stabilise their emotional states, whether by enhancing positive feelings, coping with difficult emotions, or achieving a desired mood.

“I really get into the mood of the song. So, if I'm in a mood and listen to a song, I become more in that mood that the song is in.” (Participant 3)

All participants talked about using music in some way for mood enhancement.

“In everyday life, I become much happier, and gain energy (...) I become ... almost hyper. I don't even need to have a beer...!” (Participant 2)

BEYOND THE MELODY

“You just feel very okay and happy when you sit and work on a piece of music, and you just feel that everything is just right. It's not always when I make melodies that I feel that everything turns out exactly as I want it to be. But the times when I feel like it's going the right way, well... it's very satisfying.” (Participant 5)

“I use it as a pain reliever. So that comforts me a little. So, when I'm sad, I put on a sad song. And then I actually feel better.” (Participant 3)

Some mentioned that they used it for motivation and gaining energy.

“Using music when I work, using music to motivate me, just to ... be able to wash a floor ... Then I have to put on music, and then you're just getting started! (...) And after band practice, I have a lot of energy. When I come out of there, I feel really 'pumped.' It's like... yeah, I'm filled up with something. Yeah, filled up with... well, energy. And that energy actually lasts! It's almost as if someone injected something... It's almost like a little workout.” (Participant 3)

A few participants reported that they used music for relaxation.

“Yeah... I think I also become calmer at the same time. It's like, there's something the brain enjoys when it hears it... Maybe it's endorphins...” (Participant 2)

“Because, when things go really fast in my head, I need to calm down. And I can do that by singing!” (Participant 1)

BEYOND THE MELODY

One participant noted that music can help you connect more deeply with your emotions, fostering greater understanding of them.

“So, you may have a feeling, and you also have a lot of thoughts. But when you put on the music, you could perhaps get a little deeper into the feeling, and it is important in therapy that you dare to feel those feelings, and what the music brings out naturally.”

(Participant 3)

But one participant had trouble with coming up with examples when music could evoke any emotions.

“I don't know if I have any songs that evoke certain emotions. I can't think of anything.” (Participant 1)

Therapeutic Exposure. Therapeutic exposure was a central theme for all participants, who viewed it as an essential aspect of music's therapeutic function. Participants widely expressed that confronting their fears through musical exposure had been beneficial, leading to positive therapeutic outcomes.

“And that's also important, I think, in music therapy, as *the music therapist* mentioned... I think that's why she wanted us to perform, with things like anxiety and such. That you have to... expose yourself a bit, you know. And do things you might not really dare to do. So, we just performed here in the living room on Open Day. We had at least 10 people listening.” (Participant 2)

BEYOND THE MELODY

“And it's also very good therapy for me, getting out and exposing yourself. I have had problems with that ... Big problems with ... exposing myself. I have been the kind of person who has actually been a bit more withdrawn. And then, in recent years, I've sort of started to come a bit ... Can you say, more out of the shell. And of course, playing together with X has been very effective training.” (Participant 5)

One participant talks about that she and another from the music therapy group used to perform together. She thought it was demanding at that time, but now they have not performed in a while, she released that she misses it.

“Sometimes I've told him, ‘Today, you were a real bandit towards me.’ There have been times when he's been like, ‘Well, it's not my fault that you don't know the songs!’ And then he says, ‘You'll be grateful for this later; you need to toughen up.’ And it's been a good way to have to improvise things on the spot. And you know what... we haven't sung since November. My finances got so tight that we had to put it on hold for a bit. And what do you think? I think I ask him before every rehearsal, ‘Shouldn't we start singing again soon?’ You know? So deep down, I've actually just had to like it. I was just putting on a bit of an act, I realized afterward. I had to take a sort of psychological assessment of myself. *laughs*” (Participant 4)

In contrast, one participant described a performance experience that left him extremely nervous, mainly because he had to sing, a role he took on mostly for the band's sake. After the performance, he did not want to do that again.

BEYOND THE MELODY

“Especially when we performed here. I was really nervous, as was the singer, and I also had to sing because she said I have such a nice voice, so ‘you have to sing too,’ and I just did it, mostly for the band. We got good feedback, and we didn’t make many mistakes in the performance. But I thought, ‘I’m not doing that again,’ at least not for a long time!” (Participant 2)

One participant appeared unfazed by exposure. When asked about the upcoming Christmas concert, she confidently expressed that she felt no anxiety about performing.

“I’m not anxious at all about it; I’m mostly looking forward to it. But I am a bit curious, like, about how many people will come, you know, since we’ll get to invite our friends, like with family and all that.” (Participant 1)

Personal Growth. It was a prevailing view that the participants wanted to feel a feeling of mastery in the music therapy, especially in skill development. Some had an explicit view that this is therapeutically good for you.

“So, I think, like, therapy, it’s kind of all about... or, well, it depends on the goal of the therapy. But for me, it’s about... I want to feel a sense of mastery. It is supposed to have a positive impact on my mood.” (Participant 1)

“That’s what he said on the FACT team... To do something you have mastery over. I’ve done so many things in life that I... also work with. I tried being a waiter too... That was a hell of a job. But I thought I’d try something I already have mastery in. And then I mentioned that I play guitar, so... we tried that.” (Participant 2)

BEYOND THE MELODY

All participants mention mastery in some way in skill development. Either when playing instruments, composing music, playing new genres in the band, playing a hard piece on the instrument, or hearing their powerful voice on the speaker.

“I feel like... yeah. I know much more now than I did... let’s say 5–10 years ago.

Thanks largely to the fact that we play a lot here.” (Participant 2)

“You just feel very okay and happy when you sit and work on a piece of music, and you just feel that everything is just right. It's not always when I make melodies that I feel that everything turns out exactly as I want it to be. But the times when I feel like it's going the right way, well... it's very satisfying.” (Participant 5)

“Last time... everyone got to choose one song that we’ll all work on over the next few weeks. And it’s really fun to try when you can master the genre. I think it’s a bit challenging to sing country, but it’s fun to try when you can master it.” (Participant 3)

“If there’s something I want, or a goal I’ve set for myself, then I’m going to reach it, right?! In that ensemble, there was actually someone who said to me, ‘So, now we’re going to play “Tea for Two,” and there are so many syncopations in that one that you shouldn’t even try it.’ And I just said, ‘I need those notes, I need those notes!’ It was so exciting. What was so insurmountable about it? I had to find out. I nearly worked myself to death with it; it was incredibly difficult. But I was determined to get it. And I was the first one to play it. Then he came to me and said... ‘You know what, I think I misjudged you. I never thought you could do it.’” (Participant 4)

BEYOND THE MELODY

“And I felt it, when I was allowed to... the first time I came into the music room here and blasted the sound, and I could hear my voice more, and my voice was very strong – it gave me a very... very strong sense of mastery.” (Participant 3)

For one participant, the musical feedback from the music therapist had been very important to him.

“And it’s nice to get positive feedback from the therapists. So yeah ... She was so surprised... She said that even people with a formal musical education still have trouble identifying which chords and notes go together. Like C-F-G, D-A-E, things like that. But... I learned that on my own, from spending hours in my youth listening to CDs and... yeah. And that’s how I developed a good ear. So... I thought everyone could do that when I came here.” (Participant 2)

Some participants emphasize the mastery they feel in mental exercises and learning new things.

“Hmm ... mental exercise. Yeah, you constantly have to think about... how the band is playing... listening to the drums... If he falls a bit off, then I have to get back on track...” (Participant 2)

“When I learn something new and manage to do it, it gives me a bit of a sense of mastery. When I listen to music on my own, I listen to certain songs. I often go on Spotify because then the lyrics come up, and I can sing along. So, I choose the songs I

BEYOND THE MELODY

like. But in the choir, it's the others in the choir or the conductor who chooses the songs—different songs. So, you end up learning songs you'd never think of learning yourself. You get a bit of new input, things you'd never have learned on your own.”

(Participant 1)

Experience with Music: N-MT

For the N-MT group, participants tended to view their experience with music through a performative lens, focusing on the excitement and nervousness that comes with performing, as well as the positive impact choir practice has on their everyday lives. Although they also acknowledged the emotional regulatory effects of music, this was less prominent than for the MT group. The four sub-themes identified were (1) navigating performative demands, (2) positive impact on daily life, (3) performative insecurities, and (4) emotional regulation.

Navigating Performative Demands. A prominent theme among choir participants was how they navigated the performative demands within the choir setting. Many participants initially emphasized the choir's inclusivity and low-pressure environment, describing it as welcoming to individuals of all musical backgrounds and confidence levels.

“It's very open to everyone, low-pressure. Very social, lots of fun... It's mostly social.

But it's really... it's a lot of fun, absolutely. And I think we've gotten good!”

(Participant 8)

“It was okay to mess up a bit, and you could laugh about it, and it was kind of low-pressure.” (Participant 6)

Participant 7 shared her initial impressions of the choir's accessibility before joining.

BEYOND THE MELODY

“I thought that it’s open to everyone, in a way. And since there wasn’t any audition or anything like that, it felt much safer knowing that you didn’t have to sing alone. And I feel that if you’re really passionate about singing, and that’s the only reason you joined, then there’s room for that too. But if you’re not so confident in your singing, there’s still room for that as well.” (Participant 7)

On the contrast, participant 7 states later in the interview that she thinks it is boring when people sing quietly. This may imply that there may be some performative demands, after all.

“I do think it’s a bit boring if people are in the choir and sing so quietly that you can’t hear it. It’s kind of like, ‘ahh, can’t you just sing?’” (Participant 7)

Another participant noted a laughing attitude toward the group's wide range of musicality, implying a subtle acknowledgement of unspoken musical standards. This humour may suggest that, while the choir aims to be inclusive, there are still expectations that not everyone comfortably meets.

“There’s a very wide range among the people we have with us in terms of musical experience, talent, and... *laughs* ear for music.” (Participant 9)

Despite the stated inclusivity, four participants recounted feeling quite insecure during their initial rehearsals, revealing a tension between the choir’s open ethos and the intimidating

BEYOND THE MELODY

skill levels of some members. Participants 6, 7, and 8 reflected on the initial challenge of fitting in.

«Oh, it was very overwhelming. Uh... quite scary, actually. I thought it was really uncomfortable to stand there singing, hearing my own voice, and not knowing how I sounded. But then it all fell into place, and I grew to really love the choir. At first, though, I didn't feel that way. I thought, 'This is the dumbest thing I've done. I don't want to do this again.' But then, yeah, I kind of got swept up in it.” (Participant 6)

“I was terrified! *laughs* Like, for the first, probably, three rehearsals I just felt like... 'ohhhh...' Because I saw those who had been in the choir for a long time, you know, they had so much confidence and, in a way, it felt like they could just sing without relying on the others, you know? And they seemed really secure, and I thought that here you really have to be extroverted, you have to make a big impression.”
(Participant 7)

“It was really fun. It was outside my comfort zone. A bit odd. 'Crispy crackers, warm apple pie'... and all those warm-up exercises... Standing there and singing for others was just, like, totally normal? It was unfamiliar.” (Participant 8)

The performative demands also introduced a sense of risk associated with exposing oneself in a group setting. Some participants noted the discomfort of potentially being left exposed, particularly when singing a part alone or in a small group.

BEYOND THE MELODY

“It’s kind of like you risk showing up for a performance, so to speak, and suddenly finding yourself alone in your voice group, or almost alone. That’s not exactly ideal, in a way.” (Participant 7)

However, not all participants viewed exposure as a significant cost, as Participant 9 downplayed the perceived cost of exposing:

“Yes, there’s a cost to exposing yourself. It’s scary, especially for those who don’t have prior experience with music. And that... But ultimately, I don’t think it’s really a cost.” (Participant 9)

Mood Enhancement After Choir Practice. A common perspective among the choir participants was that attending choir practices had a positive impact on their daily lives, offering a refreshing break and an emotional uplift. Participants described feeling happier and more energized after rehearsals, with Participant 8 highlighting that it added «a little extra spark» to their everyday life.

“It’s a lot of fun. It brings a lot of joy. It kind of adds a little extra spark to everyday life, if you know what I mean. It’s a bit more... How should I put it... You get a little break from all the serious stuff and... yeah. Not just school and work, but you also get a bit of different input. And it’s very social, too.” (Participant 8)

“And as I said... singing also, I feel... it releases a lot of positive hormones. And I’ve felt that myself, that you can have a really crappy day, and then you go to choir practice, and the day automatically feels a bit better after the rehearsal.” (Participant 7)

However, for one participant, this sense of well-being extended beyond feeling happier and getting a break, suggesting a performative dimension as well. Participant 7 described the added sense of productivity felt after a Monday rehearsal, hinting at an underlying value in accomplishment.

“And I actually think it’s really nice that it’s on Mondays, because then you feel like you’ve been very productive when Monday is over. You’ve been to school and choir practice and... yeah.” (Participant 7)

Emotional Regulation in Daily Life. The third sub-theme in the choir participants' experiences with music was the role of music in emotional regulation. A prevailing view was that they used music to enhance their mood in their daily lives.

“I remember I used to listen a lot to Bruno Mars and Daft Punk and... ‘Get Lucky’ *sings* ‘I’m up all night to get lucky’. There are just some songs that are just sooo happy. No matter what, you just can’t help but feel happy. Or, at least, if you’re a little bit happy to start with.” (Participant 10)

“If I’m having a bad day, I can start to... if I hum a little tune, it gets a bit better.”
(Participant 8)

“There’s really nothing as easy or effective as getting hyped up with a favorite hype song. (...) It’s typical if there’s something special that I’m going to. If it’s something that maybe requires you to be a bit ‘pumped up,’ in a way.” (Participant 9)

However, one participant expressed that her goal was sometimes to use music to intentionally deepen her emotions and feel worse.

“So yeah, many emotions tied to music. Both to feel even more strongly what I’m feeling here and now, but also sometimes maybe to feel a bit better, or even a bit worse. If I’m feeling really high and I know I’m going to meet a friend who’s really sad, I might listen to some sad songs to try to empathize in advance and prepare myself. *laughs*”. (Participant 6)

Many participants mentioned using music to validate their emotions, feel seen and understood, or release feelings, whether they were fully aware of them or not.

“And you can feel better in other ways; it’s not just about feeling happy, but also about being seen and understood. (...) The song, in a way, tells you what you’re feeling, even if you haven’t realized it or consciously thought about it. So then you feel better, because it’s like you’ve talked about it and expressed it. Not with your own words, but with someone else’s.” (Participant 10)

“I mean, sometimes, instead of just lying down and crying, so to speak, I can listen to those songs and somehow... it feels like my anger becomes a bit... (...). Like, if you go for a walk, you walk a bit faster, listening to one of those songs, and you’re just like... ‘Yes! This is exactly what I’m thinking! This is exactly what I’m thinking!’ And you just... feel like you’re singing it to those people. Like you’re letting out everything you’re feeling. Because some songs just hit so perfectly.” (Participant 7)

“No... It’s kind of an outlet. It’s like an arena for... how should I put it... allowing yourself to feel. And if you don’t have someone to talk to, you can... let it out in other ways, for example through music. (...) Singing and getting into the song, and trying to... well, this sounds very cliché, but yeah, trying to... express what’s on your heart.”
(Participant 8)

“I feel like many times you have that experience of hearing a song and then feeling like... ‘Oh, wow, has someone else felt as awful as I do right now?’ Then you feel seen and understood in a way, more than you might with many other forms of media, I’d say.” (Participant 6)

One participant cautioned against listening to sad music when feeling down, noting that it could potentially deepen sadness.

“You probably shouldn’t put on really depressing music if you’re already very sad. (...) Because then you just end up pulling yourself further down into the swamp. I don’t usually get that low, really.” (Participant 8)

Experiences With Music: MT and N-MT

For the MT group, although they had different perspectives and varying forms of experience, we see that most of their experiences held instrumental value. For the N-MT group, their experiences were primarily focused on the performative aspect.

Value of Music

Participants' reflections on why music matters to them on an existential level, beyond situational uses, varied between groups. For the MT group, music held a deeply personal, emotionally anchored value. It was an essential part of their identity, resilience, and emotional health. Music served as a tool for coping, building self-esteem, and providing a safe space for imperfect expression. In contrast, for the N-MT group, music was about creating something aesthetically pleasing and culturally meaningful, focusing on achievement, collective artistry, and the shared joy of performance. While the MT group emphasised music's profound impact on their lives and well-being, the N-MT group described their engagement in more quantitative terms, focusing on how often they listened, played, or performed.

Value of Music: MT

For the MT group, music's intrinsic value was closely tied to its ability to provide a sense of emotional safety, personal resilience, coping support, and personal growth. Music therapy cultivated a deeply significant environment, offering a space where participants could explore music's personal meaning without fear of judgment or pressure.

A Safe and Non-Judgmental Environment. Participants in the MT group commonly shared the perspective that music fostered a unique, safe, and judgment-free environment where they felt free to express themselves without the fear of inadequacy. Although this could be interpreted as a situational experience, the sub-theme delves into what music symbolises as a space of acceptance and freedom from judgment. Many participants expressed insecurities about their musical abilities, including struggling with reading notes, lacking a musical background, or feeling less skilled than others. Despite these self-doubts, they found encouragement and a space where imperfections were embraced. This acceptance allowed them to engage in music without anxiety about their perceptions shortcomings.

BEYOND THE MELODY

“I mean, I don’t have particularly good rhythm or anything (...). I just... I’ve kind of... not been criticized exactly, but it’s something others have mentioned. So, I know it. I don’t really have those abilities, those skills. I just don’t have it in me. But I sing anyway.” (Participant 1)

“I’m not particularly good at doing things I’m bad at. I don’t like doing things I’m bad at. And I don’t like being at that complete, total beginner level. And I think... I can’t read music, and if I were to start an instrument, it would take a really long time.” (Participant 3)

Participant 5 emphasised the value of focusing on the “heart and soul” of music, rather than striving for technical perfection.

“Of course, you want everything to be perfect when you play. But X and I, we have this understanding... and that’s the nice thing about us, that if you make a small mistake, it’s not the end of the world. It’s not the most important thing, that every note is flawless... Of course, we want to do it the best we can. But if we make a little mistake, that’s not what matters most. What’s most important is that we put our soul and heart into the music.” (Participant 5)

“In life, I carry with me many of these leaps into experiences that I can’t let go of. I just have to accept that I’m not as perfect or skilled as everyone else.” (Participant 4)

For Participant 1, singing alone often felt inadequate, but in the choir, it became a shared experience that reduced her sense of vulnerability.

BEYOND THE MELODY

“I like to sing. But I’m not good at singing (...). When I sing alone, it just sounds like noise. But when I sing in a choir, I’m with others who sing nicely *laughs*.”

(Participant 1)

Participant 4 mentions that she has been in other choirs before. The interviewer asks if she notices any differences between the choirs. She explains that in this choir, she feels more laid-back and she dares to express the more unpolished parts of herself.

“In a way, there’s a bit of a difference in the people. But... it’s actually made me feel more comfortable being relaxed in this choir. I don’t know why. Maybe it’s a bit rude of me to feel that way. I don’t know. But I’m being honest, I really am. I feel that... And I’ve noticed that if I can be a bit more ‘laid-back’ and relaxed, I see that they become more relaxed too. So, I act a bit differently in this choir than I have in other choirs. There hasn’t been room for me to behave this way before. (...) I dare to be more natural and... I dare to bring out... yeah, I dare to bring out the more unpolished parts of myself.” (Participant 4)

Resilience. Some participants shared that occasionally they were missing practices, and that this was acceptable. This may imply that their commitment to the choir or band or one-on-one sessions was driven by personal growth rather than external obligation. There was no pressure to attend every week – engagement came from within. This supportive environment allowed them to keep pursuing music, even when daily life presented challenges.

“Yes, so, like yesterday, we had choir practice, and I overslept. And it’s like... I woke up two hours after I should have left for the bus, you know. So, I missed that practice,

BEYOND THE MELODY

which is a bit of a bummer, but... yeah, it's fine, I'll just practice at home."

(Participant 1)

"That's what I told my mom, that... I was actually about to quit here this summer. I was a bit down, and... yeah, but then I threw myself back into it, and now I feel like I'm developing more and more as a guitarist." (Participant 2)

"And then... when I was in touch with *music therapist*, during those singing lessons, she mentioned that she was going to start a choir, and of course, I wanted to join. But there were several things that... made it impossible for me to participate in the choir. So, I only went to one rehearsal." (Participant 1)

Coping Through Hard Times. Many participants described music as a source of comfort and an important coping tool during difficult periods of their lives. Whether facing loneliness, mental health challenges, or dealing with complex emotions, music provided a way to process and manage their feelings.

"Yes ... the music helped me especially in secondary school when I was lonely and exposed to a bit of verbal bullying." (Participant 2)

"Now I'm going to tell you something. I have a disease. It's called Bipolar. And when I'm bad, singing helps!" (Participant 1)

"Yeah, you use it like a painkiller. So, it comforts me a bit. When I'm sad, I put on a sad song. And then I actually feel better." (Participant 3)

“Well, I guess I haven’t always been that good at talking, but I remember when I was young and broke up with my boyfriends, I started writing, and I just wrote and wrote. I ended up filling two notebooks with it. And slowly, after that, I was happy again. And I think I’m doing something similar with music now. I... I simply use it as a form of therapy. But I just love music. I’m incredibly passionate about it.” (Participant 4)

However, one participant said that music had probably helped him in life, though he could not think of anything.

“It probably has. There’s nothing I can think of right off the top of my head. But I definitely have to say yes to that, no doubt. It has definitely helped me.” (Participant 5)

Building Self-Esteem. Some participants mentioned that engaging with music had been crucial for building their self-esteem. Singing, composing, and performing allowed them to experience a sense of confidence that they lacked in other areas of their lives.

“So... in many areas, I’m very unsure of myself, I doubt myself, ‘Is this right or...?’... Um. But when I sing, I... I feel very secure. And that feeling is very strong.” (Participant 3)

“I had a father who was... I had a terrible relationship with him. He was very much... he only used me as labor help, really. And he had zero respect for me. He was part of breaking me down, both mentally and... you name it. And when your self-confidence

BEYOND THE MELODY

has been destroyed, it's a huge task to build yourself back up. But I feel that I have... that I've managed to build myself up quite a lot. And music has definitely been very good therapy. Like I mentioned, when you compose music... you release so much through music. Yes. Both when you compose music and when you're out playing for people." (Participant 5)

"I've grown to love it even more. Music. And I've been surprised by myself because I actually knew so much more than I thought. Yeah, because idiots from middle school would say things like, 'That's just wrong, the way you're playing,' and all that, and it made me so angry." (Participant 2)

Music's Role in Life. For nearly all participants, music had played an irreplaceable role in their lives. They spoke of music as an essential part of their identity, often expressing that they could not imagine their lives without it. Music was not just a hobby, but a fundamental part of who they were.

"It's played a very big role, as I mentioned. I don't know what my life would have been like if I hadn't had music. I believe we're all given different abilities, we humans. And my thing was music – expressing different things through melodies. Others have been given other abilities. (...) I can't really imagine what my life would have been like if I hadn't had music. It's been incredibly important to me, and, as you said, very good therapy." (Participant 5)

"Yes, it's played the role where, today, I know I can't live without music."
(Participant 4)

“No, and... I don’t know, I’ve always had a very strong connection to music. So... it’s something that – whether I’m going through tough times or good times – always ‘pushes’ me. And it’s... something that brings a lot of comfort, also outside of music therapy. The music therapy is just a small part of the fact that I’m always in a larger musical landscape. I’ve always been that way... very involved in music.” (Participant 3)

Value of Music: N-MT

For the N-MT group, participants perceived the intrinsic value of music differently. Their reflections focused more on achievement, the aesthetic experience, and the collective creation of music, emphasising the social and performative elements of music-making. The four sub-themes were: (1) Succeeding Together, (2) The Aesthetic, and (3) Music’s Role in Life.

Succeeding Together. Many participants expressed that one of the greatest values of music was the shared achievement of creating something together. They described the sense of accomplishment in the choir that came from working towards a common goal.

“It’s kind of that joy of creation, maybe, from making something together. And then, as I said, the experience of listening to the music. That you’re experiencing something together. I think it’s a bit like, for example, outdoor activities. Like completing a challenging hike together – except this is more accessible and shorter. That sense of community... it’s like... ‘Yes, we’re doing this together now.’ In this moment, no one else is either listening to this song or creating this music while we sing together. Maybe it’s a bit like one of those team-building exercises, like building

BEYOND THE MELODY

a pyramid. You're doing something physical together that you master. And then you're like, 'Wow, we're a pyramid.' Or 'we're a pyramid of notes.' *laughter*

(Participant 9)

"After you've sung a song and see that it works, it's a shared project that everyone is working toward, with a common goal. When it all comes together... I feel like everyone probably experiences a sense of mastery, like... 'Oh wow, I was part of creating this product that turned out to be something good.' It's kind of cool, in a way, to be a part of that..." (Participant 7)

"I have a shared place, a common goal. I think it's really nice that we have something together." (Participant 8)

The Aesthetic. The aesthetic beauty of music and the experience of creating something artistic in a group were also highlighted. Participants spoke about the power of creating art purely with their voices, the beauty of harmony, and the magical moments when everything worked out.

"And over time, it's also been an overwhelmingly good feeling to stand there and sing together and hear it become magically beautiful." (Participant 6)

"And like, when you hear the final result, and it actually sounds good." (Participant 7)

"It's so incredibly cool what you can achieve as a choir. That there's no instrument, just voices, you know. And it can be such simple things, like the guys just going..."

BEYOND THE MELODY

‘Dow dow dow,’ and it all comes together and sounds amazing. It’s... yeah. Really cool.” (Participant 6)

“There’s something about that fleeting moment when you’re singing together, and it sounds good, that I think is magical.” (Participant 9)

However, one participant also admitted that sometimes they sang badly.

“You’re doing something together that’s kind of... you’re creating art, right there and then, I feel—at least when it turns out well. Sometimes it sucks too, *laughs*.”
(Participant 9)

Music’s Role in Life. When asked about the role of music in their lives, participants in the N-MT group often focused on the amount of music they engaged with – how often they listened to it, played instruments, or performed.

“It’s played quite a big role. I listen to music all the time. And then... at the end of the year, I got a Spotify Wrapped that showed how much I listen compared to others. I’m in the top three percent worldwide for Spotify listening.” (Participant 8)

“I would say it’s had quite a... big role. Not that I’ve ever been involved in music actively, in a way. But I also found something in my album the other day where it said something like... ‘You love to sing and to...’ Yeah, I remember when I was one year old and could sing ‘Baa Baa Little Lamb,’ you know. So, I’ve always loved singing.”
(Participant 7)

“Music is important to me. I really enjoy listening to music. And I come from a somewhat musical family. We have a piano at home. We’ve always had a guitar.»”(Participant 9)

“Music has been very important to me. I’ve actually been singing for quite a long time, since I was about five or six years old.” (Participant 10)

“I grew up with a lot of music around me. A lot of family members are involved in music and such. And I’ve tried being a musician myself by taking piano lessons. But honestly, I enjoy talking much more *laughs*. Yes. So, for me, it’s more been... I’ve been a listener of music. And, of course, a good audience is needed too. But yes, music has played an incredibly important role in my life.” (Participant 6)

Value of Music: MT and N-MT

The N-MT group valued music for its aesthetic, cultural significance, and collective joy of performance, focusing on achievement and artistry. In contrast, For the MT group, the therapeutic effects of music were most significant, as in a tool for coping, building self-esteem, and providing a safe space for imperfect expression. These therapeutic effects overshadowed its performative, aesthetic, and cultural elements.

Social Aspects

Both groups valued the social connections fostered by music. However, the MT group focused more on using music to foster deep interpersonal connections and emotional sharing, while the N-MT group focused on the choir's performative nature, which brought participants

BEYOND THE MELODY

closer together. The N-MT group's social connection stemmed from working towards shared goals, performing, and creating something as a unified group.

Social Aspects: MT

The MT group's focus was on using music for emotional sharing as a way to form and deepen interpersonal connections. The four sub-themes were: (1) Music as a Tool for Emotional Sharing, (2) Bonding Through Playing or Singing Together, (3) Sense of Belonging, and (4) Relation to the Music Therapist

Music as a Tool for Emotional Sharing. For the MT group, music served as a powerful tool for sharing emotions and creating an environment where participants felt comfortable expressing themselves. Many participants mentioned group sessions where they listened to music together and openly discussed their feelings. The shared experience of talking about the emotions evoked by specific songs fostered a sense of intimacy and mutual understanding.

“We’d maybe sit five or six people together, and each person would choose a song that gave them a certain feeling. Then, we could either just choose the song without saying anything or share an experience related to it, and I found it very rewarding to sort of analyse, ‘What was it about that song that resonated with me?’ and ‘What is it in my feelings that I’m seeking in this song?’” (Participant 3)

“You’re in a group... with both staff and patients, and you can say which song you’d like to listen to, then you listen to it, and afterward, you talk about the song, like, how it makes you feel and, you know, ‘What do these songs do for you?’” (1)

BEYOND THE MELODY

For Participant 3, sharing was particularly meaningful during difficult times because music allowed them to explore and express emotions they might have struggled to articulate otherwise.

“If you’re feeling bad, having a rough day, or going through a tough period, you can feel a kind of relief... and it’s really nice to experience that not just alone, but also in a group setting, because then you get to share the feelings that the music brings out. It becomes a way to talk about something that might be there under the surface, but maybe you haven’t had any other place to express it, or maybe you hadn’t thought about it before... Especially in those moments when you’re sitting in a group and choosing a song, you see that... yeah, like... that ‘opening’ to talk about it. And that’s a beautiful thing.” (Participant 3)

Bonding Through Playing or Singing Together. Many MT participants emphasised the unique bond formed by playing music with others. Playing or singing together helped foster deep connections, often described as “chemistry” or being “in sync”. Participants felt that music created a shared experience that transcended words.

“I mean, when we play together... there’s something strange about chemistry. You know what I’m talking about, right? It’s like there are some people where... everything just flows smoothly, and other people where... you just feel like everything goes wrong. But with me and X, we have very good chemistry, and we’re very in sync and... what I love most when we play is that we put everything into it. We put our heart into it. We put our soul into the music. And that’s what matters most.”

(Participant 5)

“Yes... how should I put it. You form bonds, in a way. And now that we’ve gotten pretty good, and in sync, and everyone knows each other, I think that... how should I say it... not spiritually, but we’re kind of connected. Like, we really know each other in that space.” (Participant 2)

“Yes, it brings people closer together when you play. It connects you very quickly. Because you’re listening, you have to listen to the others. So, it’s this project you’re doing together. You listen, then you sit in silence, and then listen a bit more... And you... look at each other, you kind of have to talk and check in, like, ‘we’re really getting this right.’ So, playing together probably brings people even closer than just listening to a song. I think! But that’s... just what I believe.” (Participant 3)

However, for some, the value of the musical setting was simply about socialising and meeting new people.

“And I’ve discovered that I’m actually a very social person, who likes to talk to people and be around others and chat. I get plenty of opportunities to do that here.”

(Participant 5)

“And you meet new people and such, because we’re getting new people in the choir all the time. So, the social aspect is nice. The social part is something that’s important too.” (Participant 1)

BEYOND THE MELODY

Sense of Belonging. Two of the participants describe a sense of belonging. Here, participant 1 talks about sense of belonging to the choir, and participant 3 discusses belonging in the band.

“Yes, because when you’re in the choir, you get a sense of belonging. And that’s something positive for mental health! I’m a part of it. So, it feels good.” (Participant 1)

“And I have a very strong sense of belonging. Especially with the three people who are regulars. It’s like... it’s us, and then there’s them.” (Participant 3)

In contrast, Participant 4 noted that while the people in the choir were nice and the environment was comfortable, she seemed surprised to discover that the “low pressure” aspect extended beyond the singing, as it appeared to be a description of the group as a whole. This possibly implies that she did not fully connect with this broader concept about the group.

“So, I showed up, and... nice people, easy and comfortable to be there. And, after being here a few times, I realised that... ‘Oh, “low pressure.” It seems to refer to the people, not the singing!”

Relation to the Music Therapist. All MT participants spoke highly of their relationships with the music therapists. Some appreciated the flexibility and autonomy their music therapists provided, while others valued their musical expertise.

“So, when we had that one-on-one singing practice, it was like... we started with some light yoga to warm up the body and the voice and such, and then we sang some songs.

BEYOND THE MELODY

So yeah, it was kind of... it was mine and *music therapist X*'s time together.”

(Participant 1)

“Yes, it’s been really nice! *Music therapist X*... we started out... when I came here... because I’ve talked so much with psychologists and therapists. So, when I came here, if we were going to talk, there would be very little time left for the music, and I’m often tired. I don’t feel like talking, I just want to play. So, she actually put aside the talking part.” (Participant 3)

“And then you get to learn new things. Yes, like on guitar or piano or so. And you get help from those who are trained, and good at reading music and have a good ear...”

(Participant 2)

“And I have to give credit to these people... First there was someone named *music therapist X, and now there’s *music therapist Y*, and then there’s *music therapist Z*. So, yeah. They were so surprised... She said that even people with formal music education still have trouble identifying which chords and notes go together. Like C-F-G, D-A-E, things like that.” (Participant 2)

Social Aspects: N-MT

For the N-MT group, it was the performative nature of the choir that brought participants closer together. Their social connection stemmed from working towards shared goals, performing, and creating something as a unified group. The three sub-themes were: (1) Sense of Belonging, (2) Bonding Through Performative Support, and (3) Music Bringing People Together.

BEYOND THE MELODY

Sense of Belonging. In the N-MT group, participants expressed a strong sense of belonging to the choir. They valued being part of a community and spoke warmly about the friendships formed within the group. Choir practice was more than just singing—it was about having a consistent social network and creating a positive community environment.

“It’s a different kind of community than what you usually have, in some way. You’re doing something together that’s kind of... you’re creating art, right there and then, I feel.” (Participant 9)

“But also, being part of a choir, I think, can really give you the feeling of being part of a community. You have... you have something to go to, you know. So even if you’re just sitting at home, you still have the choir as your group, in a way. Even if you’re not best friends with everyone, it’s still the same people meeting up again, and you get to know each other better over time. Even if you don’t hang out much outside of practice, it really helps to have that social network there.” (Participant 7)

“I think it’s done an incredible amount for the environment in our study program. And I believe that being part of a choir would have a positive impact on any environment. Whether it’s a study program, a workplace, or anything else, I think it brings a strong sense of community and creates a positive atmosphere.” (Participant 6)

However, there were also indications of implicit expectations. For instance, one participant expressed that missing practices disrupted the sense of belonging, suggesting a subtle expectation for regular attendance.

BEYOND THE MELODY

“And I also prefer it when everyone shows up to all the practices. Then you really feel the sense of togetherness, like we’re a group, and it’s nice to see everyone each week. When people miss three or four practices, it’s a bit disappointing, I think. So that might be a downside.” (Participant 7)

Bonding Through Performative Support. For the N-MT group, the performative nature of the choir brought participants closer together. Supporting each other through the challenges of performing fostered a unique sense of communion. Participants felt motivated to learn songs, not just for their own sake, but to help their fellow choir members, highlighting their social connection's collective, goal-oriented nature.

“And then, when we started singing in performances and such, I also realised that I might have a responsibility to learn these songs so that I can support those who struggle a bit or find it difficult. And that was a big motivation for me... to learn more lyrics and songs and... yeah. I also think it makes you a bit more empathetic, that you bond in that way, helping each other out. ‘Oh, you sang that part wrong, no worries! I know the lyrics. Lean on me a bit.’ Things like that, yeah.” (Participant 6)

“And I also thought it was scary to sing in front of people. But it helped that there were several of us who were quite new, and some who were a bit more stable. So, you could just kind of follow along with them and listen to what they were singing. I couldn’t read sheet music or anything.” (Participant 7)

“I played piano when I was younger, in elementary school. From second to eighth grade. And... I felt that it didn’t really have much of a social aspect. You went to a

BEYOND THE MELODY

lesson once a week, and it was just you and the teacher, who was... quite a bit older. There wasn't any... team feeling. In choir, I feel like you get that team spirit. So that... that's a nice thing." (Participant 8)

Music Bringing People Together. When the N-MT group were asked what they thought about music's ability to bring people together, they focused on how music brought people together on a larger scale, whether at concerts, parties, or other collective events. They saw music as a way to create a shared experience transcending individual differences.

"When you've been to some concerts with a lot of people, you can just see how... even if people disagree on many fronts, they can be united in that moment, through the music. So... yeah, it's really beautiful." (Participant 8)

"But it's also about experiencing a concert together... It's a very accessible way to let people experience something powerful that touches all emotions. And when you experience something together, feeling the same thing and feeling that you're feeling it together, you create a bond, I think, at least. And... I think I've experienced that many times at concerts." (Participant 9)

"It just creates such a good vibe, and you feel a closer connection to all these choir songs that both we and the other choirs sing. So, like, when you're at a party with just a few people from the choir, and one of those choir songs comes on, you immediately start singing the baritone part for something like 'All of the Lights.' And we all sit together, looking at each other, super excited, while everyone else is like, 'Okay, this

BEYOND THE MELODY

song is... fine.' I feel like it means so much more to us. Yeah. Fun. So yeah, I really feel that music is a great way to bring people together." (Participant 7)

"It's truly amazing that a 'hit' is a phenomenon. It really shows how similar we humans are, actually. That so many people can replay a specific song over and over. A song that's been replayed and replayed. That in a short time, it can get, like... a billion streams, for example." (Participant 10)

One participant highlighted how music communicates deeper meanings and emotions, fostering an understanding that transcends words.

"I feel that with music, you can convey something that might be difficult to express otherwise. Not just because of the lyrics or the words, but also because of the instruments, the melody, the rhythm, and... all these other elements that you maybe can't put into words in the usual way, but can feel very deeply when listening to music. So, I think it's a kind of language we can use to communicate with each other, where we understand something deeper about each other than we might otherwise."
(Participant 6)

Social Aspects: MT and N-MT

While both groups highlighted the role of music in fostering bonds, their framing of these connections reflected their different approaches to music, such as therapeutic versus performative.

Discussion

These findings suggest that distinct therapeutic and non-therapeutic contexts shape individuals' musical experiences and perceptions of music's value. For the music therapy group (MT), music was primarily experienced as a tool for emotional regulation, personal growth, and resilience, valued as a safe, non-judgmental environment for self-expression and coping. The intrinsic value of music was deeply personal and closely tied to emotional health, self-acceptance, and resilience. In contrast, the non-therapeutic student choir group (N-MT) primarily experienced music through a performative and collective lens, valuing it for its aesthetic qualities, community bonding, and the shared joy of creating something meaningful together.

Music's Instrumental Value

Participants in the music therapy group perceived music as having instrumental value. While they spoke about a personal meaning in their musical engagement, this meaning was often situated in music's ability to "solve" emotional or psychological issues. Addressing the first research question regarding the specific elements that make music therapeutic, participants described using music for emotional regulation, mood enhancement, fostering resilience, achieving personal growth, and as a tool for coping with challenging emotions. They consistently spoke about music according to its functional outcomes, revealing a clear orientation towards music's instrumental value. Participant 3, for instance, describes using music as "a pain reliever", implying an alone and direct purpose in managing negative emotions, suggesting an instrumental approach in which music's worth is measured by its ability to address a psychological need. Similarly, in the discussion of therapeutic exposure, two participants admitted they did not particularly enjoy performing. Yet, they still performed occasionally and spoke about the supposed therapeutic benefits of exposure they had heard about. This may imply that performing mainly was done for a specific therapeutic reason,

BEYOND THE MELODY

such as confronting fears and fostering a sense of mastery, rather than for the pleasure or experience of performing music itself.

However, sometimes, the results suggested that MT perceived music in a less direct instrumental role. In group sessions, whether in a choir or band, the music therapy participants discussed how music played a part in their interpersonal interactions. One participant shared that listening sessions were particularly enjoyable because “then you get to share the feelings that the music brings out”. These contrasting approaches go in line with Stige and Aarø’s descriptions of conceptualising music “as a means” or “as a medium”, as outlined in their book “Invitation to Communal Music Therapy” (2011). When treating music as a medium, the focus shifts to its experimental role in fostering human relationships and enhancing communication (Stige & Aarø, 2011, 119). They describe it as involving two-way interactions, where music, client, and therapist mutually influence one another, creating a reciprocal experience. The music then serves as a bridge for interpersonal interaction and connection, rather than therapists merely analysing clients’ reactions to music (Aigen, 2007; Stige & Aarø, 2011, p. 119). Figures 2 and 3 illustrate the distinction between music as a *means* and *medium* (as illustrated in Stige & Aarø, 2011, p. 118).

Figure 2

Music as a Means

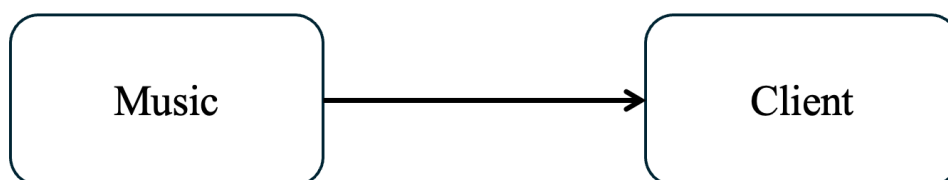
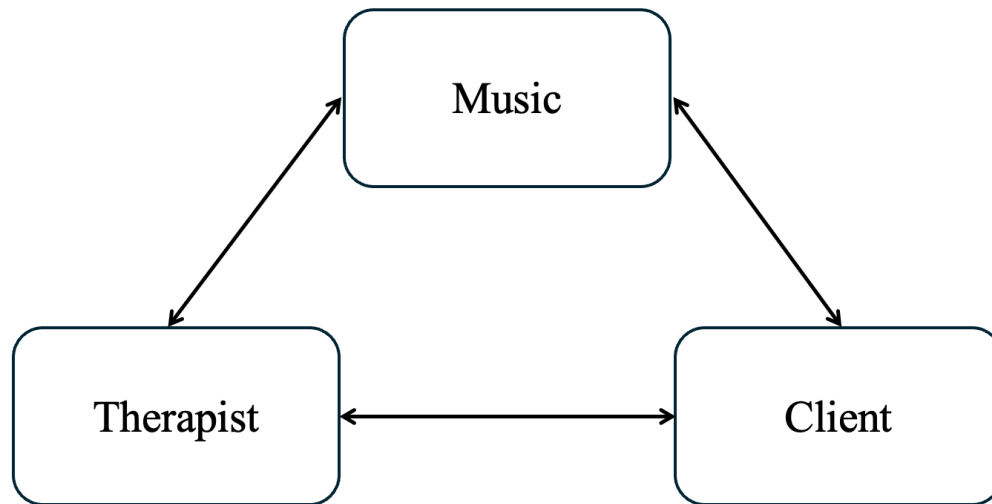


Figure 3

Music as a Medium



Music’s Social, Cultural, or Communal Significance

One could argue that treating music as a medium still emphasises individual change and development, implicitly or explicitly, with less focus on community and context. This individualistic emphasis becomes apparent when contrasting music therapy (MT) with non-music therapy (N-MT). The N-MT group experienced music in a more performative and communal way, focusing on the joy of collective achievement and artistic creation rather than therapeutic outcomes. The participants expressed the joy of performing together, the aesthetic pleasure of creating something beautiful as a group, and the deep sense of unity that developed within the choir. These aspects appeared to contribute to well-being, even if not said explicitly. These findings answer our second research question by suggesting that labelling music as “therapy” may indeed reduce the emphasis on its communal and cultural dimensions, as observed by the stronger communal bonding experiences in the N-MT group compared to the MT group.

However, the participants in the music therapy group spoke positively about the bonding and unique connection that developed from playing music with others. Playing or

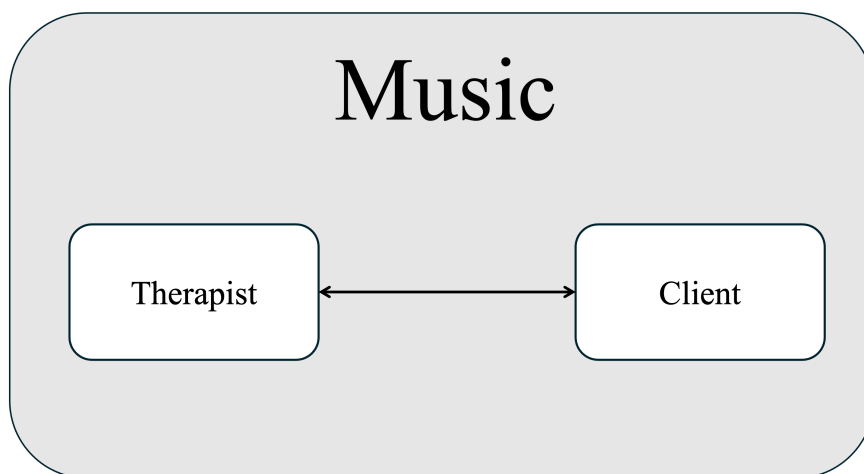
BEYOND THE MELODY

singing together fostered deep connections, described as “chemistry” or being “in sync” with one another. This indicates how music fosters an environment that nurtures meaningful relationships. Participants also expressed a positive sense of belonging to the choir or band. This shared sense of belonging highlights how music fosters a supportive environment where participants are not merely individuals receiving therapy but members of a musical community.

This aligns with what Stige and Aarø argue regarding their conceptualisation of music as a *milieu*. This perspective extends beyond viewing music merely as a means to an end or a medium for experience, broadening the focus to encompass the importance of context, community, and ecological settings in music therapy (Stige & Aarø, 2011, p. 119). As one participant stated, “It brings people closer together when you play music. It connects you very quickly.”, music is an essential part of the environment that shapes relationships and communal experiences (Stige & Aarø, 2011, p. 119). See Figure 4 for an illustration of music as a milieu (own illustration).

Figure 4

Music as a Milieu



Music's Intrinsic Value as the Foundation for Its Instrumental Value

While the music therapy group often discussed the instrumental value of music, participants also frequently described experiences with music that were deeply rooted in its inherent intrinsic qualities. For example, some participants talked about how playing or creating music provided moments of satisfaction in the moment. As Participant 5 said: “You just feel very okay and happy when you sit and work on a piece of music, and you just feel that everything is just right. (...), it's very satisfying”. Others described having a longstanding, strong connection to music, regardless of the therapeutic context. “I've always had a very strong connection to music. (...) The music therapy is just a small part of the fact that I'm always in a larger musical landscape. I've always been that way... very involved in music”.

These findings suggest that the distinction between instrumental and intrinsic value is less rigid than it may appear and that these values are often interconnected in participants' experiences. While it is easy to view music therapy as a context primarily focused on the instrumental use of music, my results indicate that participants in a music therapeutic context also value music for its deep intrinsic qualities as an essential element of their identity and a source of personal meaning. These findings directly assess our third research question, as music's ability to function as a therapeutic tool arises precisely because it is inherently meaningful and valued in itself. In other words, the therapeutic function of music, its instrumental value, does not undermine its intrinsic qualities; rather, these qualities may be the very source of its effectiveness. Thus, drawing on Aristotle's distinction between *poiesis* and *praxis*, one could argue that participants experience music both as a tool for achieving external aims (*poiesis*) and as an activity with value in and of itself (*praxis*).

These findings have important implications for music therapists, as it is necessary for them to prioritise preserving the inherent joy of music for their participants. Therapists should ensure that the therapeutic context and focus on explicit therapeutic goals do not overshadow

BEYOND THE MELODY

the intrinsic pleasure and communal experience of making music. This approach will help participants appreciate music not only as a means to an end but also as a fulfilling activity in its own right.

For further research, an intriguing area of exploration would be examining how the therapeutic framing influences the music therapists' own relationship with music.

Understanding how therapists balance the instrumental and intrinsic values of music in their practice and their personal lives could provide deeper insights into optimising both therapeutic outcomes and the therapist's holistic engagement with music.

Inherent Instrumentalism in the Therapeutic Label

Despite the apparent coexistence of music's instrumental and intrinsic values in music therapy, there remains a fundamental challenge tied to the terminology itself. The term "therapy" naturally implies a practical or instrumental purpose, which can be hard to overcome. This leads to a constant tension between using music for therapeutic benefits and valuing its artistic, aesthetic, and communal significance. Even humanistic approaches like communal music therapy, which emphasise holistic and relational perspectives, struggle to fully escape this instrumentalism. The therapeutic framing inherently shifts the focus toward the role of music in achieving specific outcomes.

Stige and Aarø propose that the word "therapy" might be understood in broader terms, including meanings such as "care" and "service" (Stige & Aarø, 2011, p. 14). They draw a connection to popular language use, where music is often described as "therapeutic" as many people find music helpful in various ways in their everyday activities (Stige & Aarø, 2011, p. 14). Whether singing in a choir or listening to a favourite album, one can find music beneficial for managing stress, connecting emotionally, or simply enhancing their quality of life. In this sense, music can be understood as therapeutic because it contributes to overall well-being and resilience in ways that extend beyond a clinical context.

BEYOND THE MELODY

However, Ole Jacob Madsen (2017) raises concerns about the increasing pervasiveness of psychological language in everyday life, a phenomenon he refers to as the “psychologization of society” (Madsen, 2017). According to Madsen, when psychological concepts like “therapy” and “well-being” become rooted in our common vocabulary, there is a risk of reducing rich, multifaceted human experiences into simplified, individualistic, and often pathologized narratives (Madsen, 2017). When everyday cultural practices, such as singing in a choir, playing an instrument, or listening to music, are increasingly framed as “therapeutic” in everyday language, we tend to focus too much on its individual psychological benefits. Madsen, therefore, argues that some things should be enjoyed just for what they are, without needing to be justified through therapeutic means (Madsen, 2017).

Limitations

This study has some limitations to consider. First, the sample of ten participants, divided equally between MT and N-MT groups, provides in-depth insights but may not reflect broader experiences across different demographics or settings, especially considering the diverse range of music therapy practices. Future research could benefit from expanding the sample size. Additionally, the findings are specific to the selected groups (MT and N-MT) and may not generalise to other populations, such as professional musicians or those involved in other therapies. Participants' cultural, socio-economic, and clinical contexts may also limit broader applicability. Future research should test these findings in varied contexts to enhance generalisability.

Participants in the N-MT group were selected from student choirs known to the master's student. Therefore, the existing relationship between the master's student and some N-MT participants may have influenced their responses, despite efforts to remain neutral during the interviews. To minimise this potential bias in future studies, it would be beneficial to use anonymous recruitment methods or involve third-party recruiters. Additionally, the

BEYOND THE MELODY

specific contexts of the participants, such as their involvement in a student choir compared to a therapeutic group, may have shaped their perspectives and experiences with music. These contexts may not accurately reflect broader music therapy environments or non-therapeutic music settings. Future research should explore a wider variety of both therapeutic and non-therapeutic environments to better capture the diversity of musical experiences.

While qualitative approaches provide valuable insights into participants' experiences, they are also prone to interpretive bias due to the inherent subjectivity of the masters' student's interpretation. Future research could improve by incorporating additional strategies to minimize bias, such as using multiple coders, triangulation, or peer debriefing. Furthermore, the study captures perspectives at a single point in time, which limits the understanding of how relationships with music may evolve. Longitudinal research could offer a deeper insight into how these relationships change over time. Additionally, semi-structured interviews may result in incomplete expressions of experiences, influenced by the dynamics of the interview and potential social desirability bias.

Future studies could incorporate alternative methods, such as observations or diaries, to provide a more comprehensive understanding of participants' experiences of music. Additionally, concentrating on specific aspects of music's value, such as its therapeutic and intrinsic benefits, may neglect other important dimensions of music's impact, like its role in educational or professional settings. Future research should explore these broader dimensions to gain a comprehensive understanding of music's influence.

Conclusion

This thesis contributes to a deeper understanding of how contextual framing shapes the perception and experience of music, offering valuable insights into both the practice of music therapy and the broader discourse on the role of music in human life. The results showed that music's intrinsic value is multifaceted. In therapeutic contexts, music tends to be

BEYOND THE MELODY

experienced more instrumentally, while in non-therapeutic settings, it is often perceived more performatively, emphasising aesthetic qualities and community bonding. However, the instrumental value in the therapeutic efficacy of music is deeply tied to music's capacity to be enjoyed and valued for itself, suggesting that intrinsic qualities are foundational to its therapeutic benefits.

These findings underscore the need for music therapists to remain mindful of the potential trade-offs between leveraging music's therapeutic efficacy and preserving its intrinsic artistic and cultural value. Practitioners could benefit from integrating humanistic frameworks such as community music therapy focusing on collective music-making to help balance individual therapeutic goals with the shared joy of musical engagement and thus honouring the holistic role of music. By drawing on concepts such as Aristotle's distinction between *poiesis* and *praxis*, this thesis challenges reductionist views of music, advocating for a nuanced understanding that celebrates its multifaceted contributions to well-being and culture. Future research could explore how these dynamics play out across different populations, cultural contexts, or musical genres, offering a richer understanding of how music's value is negotiated in diverse settings. By recognizing both the therapeutic power of music and its intrinsic value, we can fully appreciate its role in enriching human flourishing and fostering deep connections.

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Appendix

Interview Guide (Original Norwegian)

“Dette intervjuet kommer til å omhandle dine tanker om hvordan musikk kan henge sammen med helsa di. Jeg har jo kontaktet deg da du er en del av X. Jeg kommer derfor til å stille litt spørsmål angående dine erfaringer og opplevelser du har hatt ved din deltakelse i X. Men også dine andre musikalske erfaringer utenfor dette.”

Innledende spørsmål:

- Kan du fortelle om musikkterapi / koret?
 - Hva fikk deg til å starte?
 - Hvordan har du opplevd å være med?
 - Er det noe du ville anbefalt andre?
 - Er det noen negative sider ved å delta på dette?

Minner:

- Hvilken rolle har musikk hatt i livet ditt?
- Har du en sang som betyr noe spesielt for deg?
 - Hva er det med denne sangen? Hvorfor er den viktig for deg? Hvilke minner er det den vekker?

Følelser:

- Mange knytter jo følelser til musikk. Hva tenker du om det?
 - Hva slags type følelser kan musikk vekke?
 - Kan musikk påvirke humøret/sinnsstemningen din i hverdagen? Bruker du musikk til å påvirke humøret i hverdagen?

BEYOND THE MELODY

Sosialt fellesskap:

- Hva tenker om du musikkens evne til å knytte folk sammen?
 - Andre medlemmer i *koret* / *bandet*?

Terapeutisk (tanker om den terapeutiske virkningen av musikk):

- Nå har vi jo snakket litt om hva *musikk* betyr. (Også er det jo noe som heter «musikkterapi»). Hva tenker du kan være terapeutisk med musikk?
 - Har musikk noen gang hjulpet deg med å håndtere utfordringer eller vanskelige perioder i livet ditt? (fortell)

Avslutning:

- Nå nærmer vi oss slutten av intervjuet. Hvordan du kommer til å ta med deg musikken videre i livet?
 - Har X gjort at du har fått et annet forhold til musikk?
 - Før vi avslutter, - er det noe mer som du synes jeg burde ha spurt om?

Consent Form, Music Therapy Group

Vil du delta i forskningsprosjektet «Musikkterapi og psykisk helse»?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke deres opplevelse av musikkterapi. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Dette prosjektet har sitt hovedfokus på menneskers erfaringer og opplevelser av musikkterapi. Gjennom studien ønsker jeg å finne svar på blant annet hvordan rolle musikkterapi har i livet ditt, og hva du tenker om hvordan helsa di henger sammen med musikk.

Hvem er ansvarlig for forskningsprosjektet?

UiT er ansvarlig for personopplysningene som behandles i prosjektet. Forskningsprosjektet er masterstudie i psykologi ved Universitetet i Tromsø. Min veileder er Geir F. Lorem

Hvorfor får du spørsmål om å delta?

Du blir spurt om å delta da du benytter/har benyttet musikkterapi ved Losen Aktiv.

Hva innebærer det for deg å delta?

Å delta i denne studien innebærer å bli intervjuet, der spørsmålene vil omhandle dine erfaringer og tanker rundt temaet musikkterapi. Det vil bli gjort lydopptak av intervjuet. Alle personopplysninger vil bli behandlet konfidensielt. Datamaterialet vil bli anonymisert, og kun forsker vil ha tilgang til direkte personopplysninger.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Alle opplysninger om deg vil bli anonymisert, f.eks. ved at ditt navn blir erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data. Lydopptaket fra intervjuet vil bli låst inn og slettes når prosjektet avsluttes, våren 2025.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra UiT – Norges Arktiske Universitet har Sikt – Kunnskapssektorens tjenesteleverandør vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:

- meg, Ingebjørg Mai Olaussen, via mobilnr.: 47254948 eller e-post: ingebjorg.olausen@gmail.com
- min veileder ved UiT, Geir F. Lorem, via e-post: geir.lorem@uit.no
- Sikt – Kunnskapssektorens tjenesteleverandør
- Personvernombudet ved UiT, Sølvi Brendeford Anderssen, via e-post: personvernombud@uit.no

Hvis du har spørsmål knyttet til vurderingen som er gjort av personverntjenestene fra Sikt, kan du ta kontakt via:

- Epost: personverntjenester@sikt.no eller telefon: 73 98 40 40.

Med vennlig hilsen

Prosjektansvarlig
Geir F. Lorem

Masterstudent
Ingebjørg Mai Olaussen

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «*Musikkterapi og psykisk helse*» og har fått anledning til å stille spørsmål. Jeg samtykker til å delta.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet.

(Signert av prosjektdeltaker, dato)

Consent Form, Non-Therapeutic Music Group

Vil du delta i forskningsprosjektet «Musikkterapi og psykisk helse»?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke deres opplevelse av musikk. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Dette prosjektet har sitt hovedfokus på menneskers erfaringer og opplevelser av musikk. Gjennom studien ønsker jeg å finne svar på blant annet hvordan musikk har i livet ditt, og hva du tenker om hvordan helsa di henger sammen med musikk.

Hvem er ansvarlig for forskningsprosjektet?

UiT er ansvarlig for personopplysningene som behandles i prosjektet. Forskningsprosjektet er masterstudie i psykologi ved Universitetet i Tromsø. Min veileder er Geir F. Lorem

Hvorfor får du spørsmål om å delta?

Du blir spurt om å delta da du har tilknytning til et kor / band / en annen musikalsk aktivitet.

Hva innebærer det for deg å delta?

Å delta i denne studien innebærer å bli intervjuet, der spørsmålene vil omhandle dine erfaringer og tanker rundt temaet musikk. Det vil bli gjort lydopptak av intervjuet. Alle personopplysninger vil bli behandlet konfidensielt. Datamaterialet vil bli anonymisert, og kun forsker vil ha tilgang til direkte personopplysninger.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Alle opplysninger om deg vil bli anonymisert, f.eks. ved at ditt navn blir erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data. Lydopptaket fra intervjuet vil bli låst inn og slettes når prosjektet avsluttes, våren 2025.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra UiT – Norges Arktiske Universitet har Sikt – Kunnskapssektorens tjenesteleverandør vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

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- min veileder ved UiT, Geir F. Lorem, via e-post: geir.lorem@uit.no
- Sikt – Kunnskapssektorens tjenesteleverandør
- Personvernombudet ved UiT, Sølvi Brendeford Anderssen, via e-post: personvernombud@uit.no

Hvis du har spørsmål knyttet til vurderingen som er gjort av personverntjenestene fra Sikt, kan du ta kontakt via:

- Epost: personverntjenester@sikt.no eller telefon: 73 98 40 40.

Med vennlig hilsen

Prosjektansvarlig
Geir F. Lorem

Masterstudent
Ingebjørg Mai Olaussen

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «*Musikkterapi og psykisk helse*» og har fått anledning til å stille spørsmål. Jeg samtykker til å delta.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet.

(Signert av prosjektdeltaker, dato)

Flyers For Recruiting Participants at “Aktivitetsbasert Helsehjelp”



UiT Norges arktiske universitet

VIL DU DELTA I ET INTERVJU OM MUSIKKTERAPI?

HVA INNEBÆRER DET FOR DEG?

Et intervju på ca. 40-50 min, der vi spør om dine erfaringer med musikkterapi. Svarene vil bli anonymisert og brukt til et masterprosjekt i psykologi ved Universitetet i Tromsø.

HVEM KAN DELTA?

Alle personer som benytter/ har benyttet seg av et musikkterapitilbud.

KONTAKT:

E-post: iol052@uit.no

For deltakelse og andre spørsmål.

Approval From Sikt



Vurdering av behandling av personopplysninger

Referansenummer
670954

Vurderingstype
Standard

Dato
02.08.2024

Tittel

Musikk som terapi - en kvalitativ studie av introduksjon av musikkterapi ved Losen Aktiv

Behandlingsansvarlig institusjon

Universitetet i Tromsø – Norges arktiske universitet / Det helsevitenskapelige fakultet / Institutt for psykologi

Prosjektansvarlig

Geir F. Lorem

Student

Ingebjørg M. Olaussen

Prosjektperiode

20.03.2023 - 01.07.2025

Kategorier personopplysninger

Alminnelige

Særlige

Lovlig grunnlag

Samtykke (Personvernforordningen art. 6 nr. 1 bokstav a)

Uttrykkelig samtykke (Personvernforordningen art. 9 nr. 2 bokstav a)

Behandlingen av personopplysningene er lovlig så fremt den gjennomføres som oppgitt i meldeskjemaet. Det lovlige grunnlaget gjelder til 01.07.2025.

[Meldeskjema](#)

Kommentar

Personverntjenester har vurdert endringen registrert i meldeskjemaet.

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg. Behandlingen kan fortsette.

OPPFØLGING AV PROSJEKTET

Vi vil følge opp underveis (hvert annet år) og ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet/pågår i tråd med den behandlingen som er dokumentert.

Lykke til videre med prosjektet!

