Chapter 9
Music *as* Participation! Exploring Music's Potential to Avoid Isolation and Promote Health

Karette Stensæth

Introduction

Together, social isolation and loneliness are about to become the biggest public health threat of our age (Cacioppo and Hawkley 2003; House et al. 1998), especially for populations where socially isolating preconditions are a risk (Berg 2009). There is a great need to explore new ways to fight social isolation and to find meaningful ways for people to be with others while engaging in participation, both on an individual level and on a community level. Music, especially through the development of the discipline of music therapy, offers novel ways of approaching some of the challenges connected to social isolation.

This essay suggests the field of public health to look into the value of the music therapy knowledge and to consider novel measures for health-promoting participation for all. The essay is structured as follows: The first part (1) includes reflections upon our understanding of social isolation, loneliness and participation. This part is presented as an introductory background for the first question: What are the potential connections between isolation and musical participation? The next part (2) is called "music *as* participation" and reflects upon research projects in the Norwegian child welfare that involve the use of music interventions, such as music and drama, songwriting and performances, as a way to promote participation among children and youth. Most of these projects involve a professional music therapist or other music and health workers. This second part responds to the question: Can music activities become a resource for avoiding isolation and promoting participation instead?

K. Stensæth (✉)
Center for Research in Music and Health, the Norwegian Academy of Music, Oslo, Norway
e-mail: Karette.A.Stensaeth@nmh.no

L. O. Bonde, T. Theorell (eds.), *Music and Public Health*,
https://doi.org/10.1007/978-3-319-76240-1_9

Part 1: Social Isolation, Loneliness and Participation

Traditionally, the field of public health is about promoting and protecting the health of people and the communities where they live, learn, work and play. The aim is to prevent people from getting sick, suffering or injured and to promote wellness and our quality of life, by encouraging healthy behaviours. Public health is also about spreading the word about ways to stay healthy and giving science-based solutions to problems.[1]

Social isolation, loneliness and participation are vital concerns in the public health area. These topics have resulted in a large amount of studies. A quick search on Google Scholar on "social isolation, loneliness, participation and public health research" gives more than 630,000 hits. Many interventions have been tried to break the cycle of isolation, and most of them conclude the need to recognize and adapt to not only the community but also individual needs. The research includes studies from many disciplines, especially social psychology. In a special section of the March 2015 issue of the journal *Perspectives on Psychological Science*, psychologists took stock of some of the potential causes and risks of loneliness, as well as possible treatments. *Huffington Post* (HP) refers to this research that estimates that one in five Americans suffers from persistent loneliness. Sbarra (2015), who is one of the researchers that HP refers to, says that the tendency is the same elsewhere[2]:

> Many people thought of loneliness as a transient state – something most everyone experiences but that is relatively short-lived. As we learned that some people are chronically lonely, we began to see that the topic has considerable public health importance. (Loc. cit.)

Isolation

Loneliness and social isolation are not the same phenomena. Social isolation is characterized by an absence of social interactions, social support structures and engagement with wider community activities or structures (Holt-Lundstad et al. 2015). Loneliness refers to an individual's personal, subjective sense of lacking connection and contact with social interactions to the extent that they are wanted or needed (ibid.). There is also a third aspect called social inaction, which describes a state where individuals choose or are unable to take part in in social action and of various reasons are disconnected from concepts of "we-ness" and civic society.[3]

Social isolation and loneliness are however often connected and are therefore talked about as the same type of public health problem. Lonely people are often

[1] Retrieved 21 April, 2017: https://www.apha.org/what-is-public-health.

[2] Retrieved 20 April, 2017: http://www.huffingtonpost.com/2015/03/21/science-loneliness_n_6864066.html.

[3] Retrieved 23 April, 2017: https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/.

socially isolated and vice versa. Psychologists (Holt-Lundstad et al. 2015) discovered in a meta-analysis that loneliness and social isolation better predicted premature death among populations aged less than 65 years, despite older people being more likely to be lonely and having a higher mortality risk overall. Their review of studies indicated that loneliness increased mortality risk by 26%. "The effect of this is comparable to obesity, something that public health takes very seriously", said lead author Julianne Holt-Lundstad, "we need to start taking our social relationships more seriously" (ibid., no paging). The BBC, in their program *The Age of Loneliness*, builds on this research and says social isolation is becoming "epidemic" among young adults, and even more common among the elderly, with some reporting that the numbers of those feeling lonely and isolated have doubled since 1980.[4]

Independent factors causing social isolation and loneliness have been associated with lower reported life satisfaction, alcoholism, suicide and physical illness (House et al. 1998). More recent research has suggested the correlation with morbidity and mortality is stronger for social isolation than loneliness (House 2001).

All in all, modern life seems to make us all lonelier, a trend that is about to become the next biggest public health issue on par with obesity and substance abuse. The report from Public Health England from 2015, for example, says that social isolation and loneliness together are one of the biggest threats to public health of today, twice as deadly as obesity and as potent a cause of early death as smoking 15 cigarettes a day. Psychological, behavioural and biological challenges caused by social isolation and loneliness are one of the biggest threats to public health in the western society. Yet, compared to health behaviours such as smoking and obesity, much less is known about how and why social isolation affects health (Cacioppo and Hawkley 2003; House et al. 1998; Uchino et al. 1996).

Cornwell and Waite (2009) consolidated multiple measures of social isolation. They found that several authors have previously identified central components of isolation. Some distinguish between social loneliness, as the lack of integration and companionship, and emotional loneliness, as the lack of an attachment figure. Other authors similarly contrast isolation (as the opposite of integration) with loneliness (as the opposite of embeddedness).

Following these distinctions, and building from the disciplinary approaches of sociology and psychology, Cornwell and Waite (2009) suggest two forms of social isolation: social disconnectedness and perceived isolation. In their study (ibid.), they found results that indicate that social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health. They suggest that the association between disconnectedness and mental health may however operate through the strong relationship between perceived isolation and mental health. They therefore conclude that health researchers need to consider social disconnectedness and perceived isolation simultaneously. However, it cannot be assumed that social isolation is a universal problem. Although highly correlated, social isolation does not necessarily go hand in hand with loneliness. Solitude may sometimes be desired by many individuals (Henderson 2015).

[4] The BBC program is still available at: http://www.bbc.co.uk/programmes/b06vkhr5.

In a study, Cacioppo and Hawkley (2003) analysed data about three main types of treatment for loneliness: group therapy, individual treatments (working with a therapist to improve befriending skills or to minimize negative beliefs that might contribute to loneliness) and community interventions (events focused on reaching out to lonely people). Examining a body of existing literature on the subject, the researchers concluded that the most promising line of treatment for loneliness is individual therapy that addresses the thought patterns and beliefs, such as low self-esteem or shame, that prevent a person from connecting with others. Despite not mentioning music therapy in their study, these results point to important aspects that music therapists can take into consideration when working with people dealing with loneliness.

Participation

The opposite of isolation is sometimes described as participation. In the everyday usage of the word, participation labels our interest in taking part in something. It might derive from the Latin *participare*, to share, impart and partake of, but it might also derive from the Latin *partem carpere* – that is, specifically to take something from someone (Myetmyology.com 2008 in Stensæth et al. 2014). The latter derivation connotes a certain dimension of power, which might explain the political applications of participation, as a motivating force for democracy, for example. As a noun, participation points to the act of sharing in the activities of a group and/or the condition of having something in common with others (as fellows, partners, etc.) (ibid.).

Normally, participation assigns several aspects: people's preferences and interests; what they do, where, and with whom; and how much enjoyment and satisfaction they find. For participation to be meaningful, it is crucial that people have a sense of choice or control over their activity. They also need a supportive environment to facilitate their attention, a focus on the task rather than the long-term consequences, a sense of challenge from the activity and a sense of mastery over it. Therapists may refer to this as *the just right challenge*.

Participation creates a complex area in public health and has become a central construct in health care, rehabilitation and various forms of therapy (including music therapy). In these areas, participation is often referred to as a means of describing involvement in various life areas (Berg 2009; Imrie and Hall 2001; Law 2002).

The notion of participation pervades many fields and research. The ideal behind universal design is to include broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to all people, with and without disabilities (Imrie and Hall 2001). In research, the ideal of participatory research, which is about engaging workers and other stakeholders in systems development to enabling them to serve as co-designers, is much used (see Stensæth et al. 2014).

In order to promote more participation of citizens with disabilities in society, the WHO (2001) changed their view on health from considering it a "consequence of disease" to

considering it a "component of health" (p. 4). This integrated understanding of health fuelled a social model of participation, one that included environmental factors from the individual's most immediate environment to the larger communal environment, encompassing social and institutional structures (ibid; see also Stensæth et al. 2014). The latter model on participation, which draws a social health model, is, as we shall see in the following, adequate for the perspective in this essay.

Also, typical of our times is that technology has made it possible for us to be more connected than ever before. With its change from analogue (device-determined) to digital (program-determined) technology, our ways of living have changed touching all areas of participation in our everyday life. Technological aids and our digital devices have become immediate means for connecting with other people. Frequently, technology is presented as the (economic) solution to the challenge of loneliness and social isolation. A meta-analysis conducted by Choi et al. (2012) found that computer and Internet training interventions were significantly effective in decreasing loneliness among the older populations but that there were concerns about sustainability and ease of use.

The social media do not replace our need for human contact and participation in meaningful activities with others and might actually exacerbate the problem making us feeling lonelier and more isolated (cf. Turkle 2011). Despite loneliness being often associated with older people, new research shows that 6 in 10 teenagers are sometimes lonely and 1 in 20 never spend time with friends outside of school (Lau 2016). Lau's report (ibid.) found that increased online interaction does not damage teenagers' social skills. The findings showed a small relationship in the opposite direction: teenagers with better ability to form friendships outside school reported more online usage thus suggesting that online usage could support the development of their social skills. Lau argues however that "social intelligence", defined as the ability to apply our understanding of people's emotions to decide the appropriate form of interaction with others, will become increasingly important to future generations. While important as a means of practicing social skills, online interaction is not understood as a substitute for real-life interaction. Not only is online interaction associated with more loneliness in later life, this form of communication alone is not adequate in preparing young people for the challenges of the workplace and other everyday life forms (ibid.).

Summing Up Part 1

To sum up this part, we see that for many lonely people, reducing social isolation and helping them link up with others often reduce loneliness. The digital revolution does not change the fact that we are feeling lonelier. Increasing opportunities to make friends on a structural level do not always result in reducing a person's loneliness. While feelings of loneliness and social isolation lead to mental health problems such as depression, anxiety and a whole assortment of ill-health effects, simple face-to-face human interaction is one of the best and easiest ways to increase human

happiness and trusting human relationships (Turkle 2011). Similarly, people who feel they have supportive and reliable communities are less likely to feel lonely (Cornwell and Waite 2009; Turkle 2011). Therefore, participation, to become socially valuable for the individuals and their communities, require active part taking. Literally speaking, people need to feel that they can *take* part, both on their own and together with others.

Part 2: Music *as* Participation

To promote participation through music and musical activities is one of many novel approaches on the use of creative and aesthetical means to fight isolation (MacDonald 2012; Bonde 2009).[5] In the large picture, however, there is still little research on the connections between music and participation with the attempt to reduce isolation. The interest in the positive effects and values on the connections between music and participation has however increased enormously over the last two decades (cf. Bonde and Trondalen 2012; MacDonald 2012, 2013). It is the promising value/results from this research that this essay describes in this part.

Recent research in sociology and psychology of music has challenged the traditional idea of music as an autonomous art form. Researchers have identified functions of music that exert a regulatory influence upon both mind and body that contribute to well-being and improved health and life quality (Bonde 2001; DeNora 2000; Ruud 2016). Other research has demonstrated that musical practices represent a social resource – a means of bonding and connecting (Bonde 2011; Malloch and Trevarthen 2009). At the same time, research on everyday musical practices and music making in amateur activities has shown how music is valued as a social resource and a means of social bonding and connecting, as well as a means of negotiating identity (Ansdell 2015; Ruud 1997; Stensæth and Næss 2013; Stige and Aarø 2012; Trondalen 2016b).

There is a growing cultural tendency to study music activities and music making as a communication arena with health prospects for everyone, both young and old (for various overviews, see Ansdell and Pavlicevic 2009; Bonde 2009, 2013; Bonde and Trondalen 2012; MacDonald 2012, 2013; Ruud 2016). This research shows that a healthy participation, both on an individual level and on a community level, can be studied in the light of a musical and aesthetic practice (Aldridge 2004). MacDonald (2013) suggests a model to show how various musical fields relate to one another in the perspective of music, health and well-being. He lists up four different musical arenas as the major ones: music education, everyday use of music, community music and music therapy (the latter with another smaller area of music medicine attached to it). All of these areas, although they possess different levels of

[5] In this part, the essay refers to *isolation* as a notion that contains all those aspects described above with regard to loneliness and social isolation.

expertise, share an interest in their understanding of musical participation as a public health means.

On a community level, there is a growing tendency to view music as a source for successful interventions for participation. Many symphony orchestras implement the so-called social projects into their outreach programs, where musicians perform concerts outside the large concert halls to approach the public where they are (on the street, in the tube stations, etc.) and/or invite people to play with them who never would have had the chance to do so otherwise. Professional musicians – sometimes together with music therapists – also perform music in hospitals and nursing homes.

On the individual level, music is revealed as an instrument in the repertoire of "self-technologies", which aims at regulating our bodies, emotions and cognitive orientations (DeNora 2000; Ansdell 2015). Research describes also how people use technology as a way to cope in their everyday lives (Beckmann 2014; Batt-Rawden et al. 2005; Skånland 2013). Some studies show that the music-listening practices among youngsters, who are often the greatest music consumers, become health promoting when it helps them cope and regulate their feelings (Beckmann 2014; Skarpeid 2009; Stene 2009; Skånland 2013). The youngsters even identify themselves through their music and talk of it as if their music were a friend who is always there for them. They experience music as a resource with which they can express feelings, explore identity, socialize with peers and/or regulate their emotions as well as their distance to adults (Baltazar and Saarikallio 2016; Hense and McFerran 2017; McFerran 2010, 2016; Laiho 2004; Saarikallio 2016; Saarikallio et al. 2017).

Music Therapy and Participation

Music therapy has over the last 50 (or more) years developed several meaningful practices and activities for populations who are at risk of becoming isolated. As a discipline and an expert field, music therapy has also developed useful research and valuable theory, especially in the last 15–20 years. More and more, we see that music therapy theory serves as a backdrop for a common understanding on music as a source of health-promoting participation in other fields. Today we hear people talk like music therapists about how music might strengthen our self-esteem and feeling of mastery, health *and* participation (cf. Ruud 2016; Bonde 2009).

In music therapy the benefits emerging from participating in music activities are assessed by their degree of health value. Ruud (2010, 2014) argues that in music therapy, health, more than a biomedical state, is highlighted as a personal experience that is understood as a component of health. In this perspective, health, rather than a fixed state, is regarded as a fluid state that can be influenced, for example, through meaningful musical participation and the experiences deriving from it (ibid; Stensæth and Næss 2013). This could include many forms of music activities, such as music listening, singing in a choir or playing in a band and many more (cf. Ruud 2010, 2014; Bonde 2009). Ruud (2010, 2014) calls for such an experiential focus on health where music becomes a way to mobilize oneself together with others towards

a better quality of life. Health in this picture is equivalent with a feeling of well-being and the capacity and capability for participation and action (or, in the case of poor health, as a state of suffering or a lack of ability to act, which easily leads to social isolation) (ibid; Stensæth and Jenssen 2016).

Music, and especially active music making, often proves that there is a strong conceptual connection between the state of well-being and the ability to act and to take part (Nordenfelt 1991). Active music making, in this sense, almost *becomes* participation. Small's (1998) notion of "musicking" is particularly evocative in this music therapy perspective precisely because it emphasizes music as action and as a doing that could enable participation. For Small, the act of musicking establishes, in the place where it is happening, a set of relationships, and it is in those relationships that the meaning of the act lies. Musicking becomes this way an active means of relating to – and participating in – the rest of the world, together with others.

Ansdell and Pavlicevic (2009) suggest the notion "collaborative musicing" to cover group music activities that explain the connection between our inherent musicality (nature) and our social musical practices (culture): "Collaborative musicing builds community through making music together" (ibid, p. 369).[6] In their model, social experience and musical experience activate the functions of (1) human communication (in the understanding of sharing and being together) and (2) human collaboration. By fusing models for musical development and social development, described as the process moving from the "I" through the "We" and then to the "Us", they show how musicking is linked to social development. According to Ansdell and Pavlicevic (2009), musical development builds on the universal human capacity, an inborn communicative musicality (cf. Malloch and Trevarthen 2009). This universal human capacity, together with certain cultural contexts, is basic for the individual's ability to use the capacity (musicianship). The musicianship in turn leads to active participation in music activities (musicking). They explain that our musicality is more intimate on the I-level and broadest with more people (and communities) on the Us-level. An individual's – or a population's – musicality might however be damaged. To "repair" it is difficult; it depends on the type of damage and the cultural possibilities to engage the individual in the community. Sometimes musicking in large groups is useful for the repairing. Sometimes, musicking to repair the more basic experiences of "I and You" is needed (ibid.).

The relationship between music and young people has always been strong, sometimes expressed by themselves as a question of "life and death" (Beckmann 2014). Krüger and Stige (2015) think it is time to claim that music is a right and that the need for systematic music therapy work in the child welfare could be based on a human rights perspective (cf. Curtis and Vaillancourt 2012). Norway has ratified the child welfare convention, which implies a commitment to follow the value-related foundations the convention is built upon. Christiansen et al. (2015) think that the convention clarifies the young people's right to participation, but that there is a lack of adequate practices to ensure children and young people's right to par-

[6] Ansdell and Pavlicevic write musicking without the k, which is what the music educator David Elliot did in his early writings too.

ticipate and collaborate (cf. Blaustein and Kinniburgh 2015; Curtis and Vaillancourt 2012). The young people's experience of being isolated has many explanations, and some of them need to be mentioned before returning to the role of the music as participation.

Children and Adolescents Within the Child Welfare System

Nearly 50,000 children and adolescents received services from the child welfare system in Norway in 2010. About 2000 of these individuals were living in child welfare institutions. This number represents an increase of 7.1% from 2009 to 2011.[7] In 2015, the number of 53,439 children and youth from 0 to 22 years received help. Fourty percent of these were placed in foster care.[8] The health care offers services on more than twice as many occasions as there are recipients. At the end of 2015, healthcare services were given on 81,206 occasions to help 36,811 children and adolescents. This shows that children and families often have complex needs simultaneously and that they receive different types of services from the child welfare.

The dream of children and adolescents within the child welfare system are to live a so-called normal life: to wake up every morning with their family, eat breakfast, go to school, be with friends, attend leisure activities, etc. (Storø 2016). However, this is often not a simple task for them.They have not lived a stable life in a family with trusting significant others, and many of them suffer from development trauma. As a term, development trauma describes the severe traumatization caused by persistent violations in the earliest childhood, often in situations where the violations are inflicted by someone the children feel close to, like father, mother, step parents and grandparents. These violations might be of a physical or a mental character (or both). Prof. van der Kolk (2017) and other professionals at the Trauma Center describe childhood trauma as the single most important public health challenge.[9] At the core of traumatic stress is a breakdown in the capacity to regulate internal states. Unfortunately, all too often, medications are used to deal with and master their uncomfortable physical sensations. On this background, we understand that children and adolescents in the child welfare system are vulnerable and that they easily develop a feeling of social disconnectedness and perceived isolation (cf. Cacioppo and Hawkley 2003; Lau 2016). Not feeling that they belong anywhere easily creates problems with identity (cf. Ruud 1997), low self-esteem and/or shame. It also explains why children and adolescents in the child welfare system often end up quitting school, why few of them get normal jobs and too many have troubles with drugs and addiction.

[7] Barnevernpanelet, 2011, retrieved 23 April, 2017, see: www.regjeringen.no/globalassets/upload/BLD/Barnevern/2011/barnevernpanelets_rapport.pdf).

[8] Retrieved 23 April, 2017, see: www.bufdir.no/Statistikk_og_analyse/Barnevern/.

[9] Retrieved May 9, 2017 at http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf.

Their challenges have however the potential to be largely resolved by appropriate prevention and intervention (Blaustein and Kinniburgh 2015). Safety, predictability and "fun" is essential; most of all, they need activities that give them a sense of pleasure and mastery and help them find new ways of coping (ibid.). Activities that give them a "break" from problematic inner states are desirable, and non-medical treatment is very much in demand.

Music Therapy and Participation in the Child Welfare

Music therapy is meant to provide a meaningful and complementary treatment in mental health. The Norwegian Directorate of Health (Helsedirektoratet 2013) underlines the need for the treatment to be performed by therapists with approved education, and it should be included in mental health treatment within the community. From what we know so far, and according to the latest music therapy research and the Directorate, there are reasons to believe that music activities and music therapy provides adequate participation practices for children and adolescents within the child welfare. Expressing oneself through music not only affords a form the young people find familiar and motivating; it also creates resources for agency, performing and sharing, while providing "non-threatening" meetings with professionals (Stensæth et al. 2016).

There seems to be a lack of adequate practices, in which the young people are motivated to engage and can ensure their right to participate and collaborate. Music therapy seems therefore in many ways to be a meaningful approach for them – one that provides motivating ways for them to actively *take* part – and thus seems to be a good alternative to traditional therapy (i.e. talking), especially if the youngsters have little trust in words. Music therapy projects in the child welfare show how the use of music therapy might give adolescents new possibilities for participation and experiences of community, as well as space for the development of their own personal resources (Krüger and Strandbu 2015; Stensæth et al. 2016). However, one way of participating (i.e. music) should not exclude another; rather they could complement each other (Strandbu 2011).

An objective behind community music therapy (Stige and Aarø 2012), which sees music therapy in a larger context, is exactly to establish music-related communities for inclusion, for example for unaccompanied refugee minors (Hunt 2005; Enge 2015; Roaldsnes 2016). Another purpose is to foster young people's participation and autonomy in transitions between living in residential care and moving to their own places (Krüger et al. 2014).

The fresh anthology, *In transit – between to and fro* (Stensæth et al. 2016), is a collection of projects in the child welfare that show how music is used *as* participation.[10] The book's title is taken from a line in the song called *Transit,* which was written by a girl called "Ida", who participated in the music theatre project

[10] The title is translated from Norwegian by the present author.

called *Come closer* (Kom nærmere) in Bergen, Norway.[11] "In transit" is in many ways a suitable metaphor of the feeling described by Ida and many other children in the child welfare system: the feeling of living somewhere in the transitions, in between to and fro, either geographically, psychologically or emotionally. Understandably, not feeling that you belong anywhere and to continuously live your life on hold, never knowing where to go and when to move on, who to connect to or what comes next, is a stressful life. Symbolically Ida sings, "That is why I always keep my jacket on."

The book *In transit – between to and fro* refers to several qualitatively oriented Norwegian music therapy projects in child welfare that provide us with in-depth descriptions of the benefits of the participants' musical participation:

- In some of the projects, music is used to regulate and alleviate feelings, which in turn help the young population to experience stability in their life (Helle-Valle 2016; Trondalen 2016a, b).
- Other projects show that when facilitated professionally and with care, participation in the music activities give the children and youth experiences of success, joy, hope and recognition (Fuglestad 2016; Helle-Valle 2016; Kristiansen 2016; Mandal and Bergset 2016; Roaldsnes 2016; Strandbu et al. 2016; Storø 2016; Trondalen 2016b; Tuastad 2016).
- Roaldsnes (2016) in her interviews of unaccompanied refugee minors in the child welfare in Norway found that the music groups with them were important exactly because they created valuable positive emotions that gave them much needed distraction from their traumas.

Many different methods are used in the various music approaches in the music therapy projects presented above: songwriting, song sharing, (systematic) music listening, musical interplay, band playing, improvisation, performance, etc. The aim is to create ways for the young people to express themselves, so that the music becomes a resource that helps them create their own individual autobiographical narratives (Krüger et al. 2016; Stensæth et al. 2016, see also Krüger and Stige 2015).

Common for the projects is a focus on music as a means for health-promoting participation (Stensæth and Jenssen 2016). The projects challenge the problem-oriented focus on the child welfare with a resource-oriented focus, which emphasizes music as an empowering and collaborative means (Ruud 2010). This type of resource-oriented focus is typical for the humanistic perspective on music therapy with a view on the individual as a unique biological, psychological and social being (ibid.). This view, which has become traditional in Norwegian music therapy, and is a perspective that suggests that music activities create vital tools to developing mastery and self-confidence, is needed among children and adolescents within the child welfare (cf. Blaustein and Kinniburgh 2015).

[11] Read more about *Come closer* on their website: https://www.aleris.no/Her-finnes-vi/Region-Vest/Region-vest/Teaterlag/ . Ida wrote her song together with music therapist, Viggo Krüger and theatre instructor Morten Lorentzen in *Come closer* and it is part of the music intervention. The song, *Transit*, can be heard on YouTube and Spotify.

The projects are stories – as is Ida's story – showing that *taking* part through music emerges as an existential value and a social potential where the individuals can flourish through musical expression. They also show that music is helpful in building communicative musicianship where the young population can express and share their feelings in the here and now *and* experience recognition from others. *Through* music, they can speak up and we can listen to their voices, literally speaking. Also, because music offers alternative (sometimes non-verbal) forms of communication, the music therapists have a means with which they can execute professional expertise to offer adequate help for the ones who have been exposed to traumatic events and/or have difficulties with verbal expression.

The Use of Music for Young People to Move Closer to Oneself, to Others and Society

In *Come closer,* the project in which Ida participated, both youngsters and leaders participated in songwriting, drama, band playing, improvisation, concerts and music theatre performance or help out with sound, technology or other tasks. The participants can also talk with the competent leaders about their experiences and needs. On the Come closer website, the youngsters describe that they use music to show (the rest of the world) what experiences they have from living within the child welfare. The musical participation affords a channel for them to speak up.

Come closer is an example of important aspects of the role of the music: it gives the children and adolescents a personal voice and a voice that becomes audible for the public through their concerts and their CDs. Music is not given one single meaning; its value is linked to how it is used and is related to contextual factors such as culture, knowledge or communication (ibid; Krüger and Stige 2015). Music (literally) affords a way of children and adolescents to take part on their own premises (cf. Backe-Hansen 2016). Music activities in fact become a tool for them to build constructive social relationships with other children and youth.

The music therapist and his co-workers in *Come closer* describe that the idea is to give young people within the health-care system an opportunity to participate in meaningful cultural activities that also provide experiences of mastery, community and belonging (Strandbu et al. 2016).

Children and adolescents who have participated in other music therapy programs within the child welfare report that the music therapy gives them "space" and a chance "to breathe" (Krüger 2016; Krüger and Stige 2015; Strandbu et al. 2016). They also tell that it helps them create positive associations and a better self-image (ibid.). Importantly, they describe that taking part in music activities provides unique opportunities for them to be with adults and peers, which is something they miss the most (Krüger and Stige 2015).

Backe-Hansen (2016) points out that recently child research in the social sciences has moved from being research *on* children to being research *with* children. Today

we no longer see children as an object of knowledge acquisition but as acting subjects who have their own voice. They in fact now have a right to speak up and to take part on their own terms, and we (the grown-ups around them) are committed to listen to them before making decisions (i.e. Barnevernloven § 4–1).[12] Backe-Hansen (2016) argues that participation in music activities, such as the ones in *Come closer*, could offer adequate education for young people in democracy and citizenship. Participation, preferably in groups, is something that this population needs to practise, she says, and importantly, this practice should be offered in a form that holds the trust and respect in a protective relationship with significant others. Because adolescents and adults can find shared interest in music, they can also work with issues like power relations and lack of communication, which can often occur in the context of the social work and with the population in question (ibid.).

The present author thinks that to build healthy communities like this could be a small start that in the long run could be of vital ecological importance for the society and our public health. The opposite, and especially the extreme opposite, is dangerous and scary. Khan, a British reporter, in her documentary film of young Jihad fighters, says that their radicalization is primarily explained by the pain the young people feel by meeting racism, exclusion, marginalization, loneliness and social isolation.[13] *Healthy* participation is therefore basic, and music, when facilitated systematically and professionally by a music therapist, should perhaps be considered a structuring resource for a complex set of participatory practices (Krüger and Stige 2015; Strandbu et. al. 2016).

Dialogical Aspects in Musical Participation

In the music therapy projects referred to in this essay, dialogue is highlighted as a key element in musical participation (Stensæth and Jenssen 2016). Dialogue involves subjectivity and starts with the face-to-face position. It is about the basic recognition of the other even if the other means something else, which is highly important for the development of the basic "social intelligence", which Lau (2016) called for. However, because Ida's transit situation makes it difficult for her to trust other people (cf. Backe-Hansen 2016), she needs professionals who are (both personally and professionally) able to position themselves as *close* others for her. A close other is one who listens openly and relates seriously and with sympathy, attachment and compassion to all possible communicative signals from another individual. This is the first and basic step in the process towards social participation. Normally, this is not something we think of, but for children and adolescents in the child welfare with trauma history, this part is a vital source for their participation.

[12] Retrieved 6 May 2017 from https://www.google.no/search?q=Barnevernloven+%C2%A7+4-1&ie=utf-8&oe=utf-8&client=firefox-b-ab&gfe_rd=cr&ei=MyoPWfv1EOPk8Ae0kouAAQ.

[13] See the film at: https://tv.nrk.no/program/K;TE30000614/jihad-hellige-krigere. Stensæth and Jenssen (2016) reflect upon this too.

The close other is basic for building trust and creating empowering micro-dialogues. The role of a close other assumes a certain mind-set and an ethical awareness of the value of the face-to-face positioning. It could also be seen as a type of world-view that unifies with Mikhail Bakhtin's dialogue philosophy (Bakhtin 1981), which emphasizes that we are all born with a dialogical mind that is reflected by other people's minds. To relate to another in a dialogical sense calls for an ethical and aesthetical awareness in the I-You relation. Returning to Ida and her lifeworld, this means that she needs a closer other to become a true You, who hears, sees, and loves her as the other. This view contradicts the cognitive awareness where the other becomes (solely) an object for participation or learning, therapy and research (cf. Backe-Hansen 2016).

This author thinks that music *as* participation becomes dialogic when the I becomes competent within a We-community (cf. Ansdell and Pavlicevic 2009 and their model on collaborative musicking), when there is a mutual acceptance and a willingness among the participants to come into play with the other(s). As an experienced music therapist, this author has seen how valuable music can be as a dialogic means. Perhaps music is so useful as a dialogic means because it helps people to feel; it helps people to feel when they are numbed, such as by traumas and tragedies. Recognizing the feeling could be the first step out of any problem. After that follows the urge to express and share the feelings. That is perhaps music's most important role: to offer people a voice for expression, we need to have meaningful and relevant activities at hand, so that the individuals can actively take part.

Summary and Critical Remarks

This essay has portrayed music *as* participation, as a resource or form of social capital that people can use to build social networks and provide meaning and coherence in life with a prospect of avoiding isolation.

The essay suggests that music is a powerful (yet still a somewhat hidden) means for participation that has the potential to hinder social isolation. Participation in music activities, like the music therapy projects referred to in this essay, involves healthy musicking, which incorporates the participants' desire *to do* (action) *something* (activities) *meaningful* (intentional) together (*intersubjective and interpersonal*). Health in this regard is a quality of human participation and coexistence engagement (cf. Hallstead 2013) and a health-performing practice (Stensæth and Jenssen 2016, see also Chap. 8 by Stige).

The essay refers to music therapy projects that show that it is evident that music as participation requires a certain experience of dialogical *sharing*. This sharing involves collaborative music(k)ing (cf. Ansdell and Pavlicevic 2009) and a type of togetherness that is built on a common focus in the doing. The face-to-face-position and an empathic recognition of the other as a subject are basic in these human musical participation processes; it allows perhaps the music to create a simple but a very

basic aspect to practise and build social intelligence and the ability to connect with others (cf. Lau 2016).

There are of course several challenges connected to the combination of music and participation that this essay has not touched upon. Given music's role and function in the lives of young people in today's digital society, the discussion regarding the excessive availability of music includes the question whether our society always exploits music as health-promoting participation. Along with Krüger and Stige (2015), this essay questions if we, both music therapists and other music workers, have sufficient knowledge concerning the social roles and possibilities for citizen participation that all categories of the use of music may provide? Do we have enough knowledge concerning the technologies of music or pop culture, for example? The potentials of participation in the combination of technology and music require certainly careful attention in the future, and there is a need for collaborative research projects on the benefits and dangers of the use of music as participation in public health. This research should incorporate multidisciplinary collaboration across all disciplines, including music therapy.

However, instead of generalizing, we need to contextualize the values deriving from musical participation. There is also a need to take into account that music is a strong medium that could be used as a means to engage people in unhealthy participation too (Stensæth and Jenssen 2016), particularly for vulnerable young people who might use music to engage with emotions that do not sufficiently account for their current state of well-being (McFerran 2016). We know that music can sometimes strengthen psychological distress (McFerran 2010).

People with addiction problems, because they tend to associate certain music to drugs and the excitement coming from it, use, for example, music as a way to legitimize their abuse (Kristiansen 2016). Such challenges prove that music therapy research is needed to provide a professional and systematic control on the development of both practice, theory and research in the use of music to empower participation and avoid isolation. The expertise from music therapy is especially salient working with vulnerable populations. For Ida to participate, the qualifications of her collaborators as trustworthy and empathic close others became just as important as the musical qualifications.

Music therapy, with its various active music-making practices, is unfortunately still not an integrated part of the Norwegian child welfare practice. The picture is slowly changing, however, and recently, in January 2017, the Bergen health enterprise in Norway announced that music therapy is mandatory for young people with mental health problems. This means that health clinics in Bergen with mental health-care services have decided upon a strategy trying to hire a professional music therapist. This is promising, and hopefully we will see similar strategies in other departments with other populations, not just in Bergen and Norway but all over the world (see Chap. 8 by Stige).

This essay shows that music, and music therapy in particular, when it is recourse oriented and used with care, might offer a radical perspective to the society's isolation challenges. The theories and the projects referred to in this essay prove that music could be practised as an anti-authoritative communication event, one that

represents a non-medical approach of creating and cultivating local democratic micro-cultures. We need however more research to prove *how* and *why* healthy musicking is valuable and an effective means for participation, which also has the potential to hinder social isolation – for all.

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