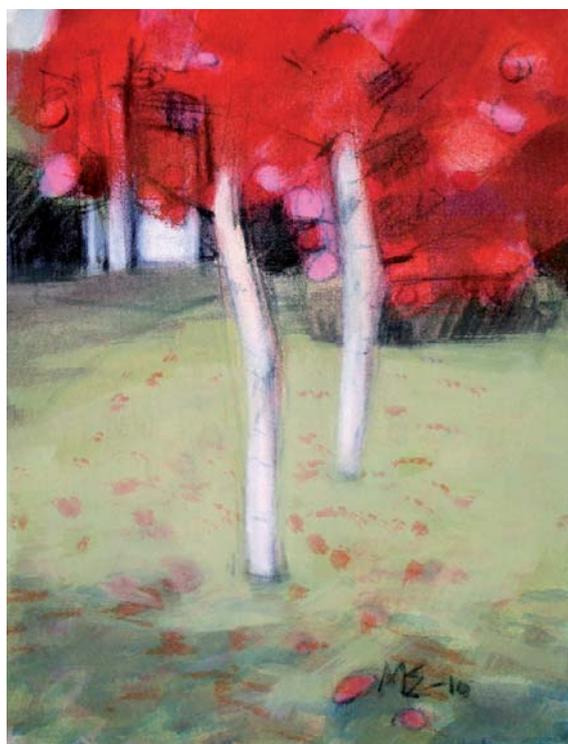


Hanna Hakomäki

Storycomposing as a Path to a Child's Inner World

A Collaborative Music Therapy
Experiment with a Child Co-Researcher



JYVÄSKYLÄ STUDIES IN HUMANITIES 204

Hanna Hakomäki

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with a Child Co-Researcher

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JYVÄSKYLÄ 2013

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ABSTRACT

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In the field of music therapy research there is the need to define more exactly methods, techniques, choices, and reasons behind clinical practice. The present work contributes to this discussion by introducing and defining the Storycomposing method, which is developed by listening to and consulting with children. This therapeutic practice has proved suitable in both short and longer processes for clients with various therapy goals, although a clear explanation of how the method functions has not yet been fully explored. Therefore this study reveals the mechanisms of the method with particular reference to one child's music psychotherapy after a traumatic loss. The decision to invite a 14 year-old ex-client to investigate his former music therapy as a co-researcher, firmly leans on the theory of child perspective and takes part in the discussion of children as knowledge producers. In that music therapy process, which started when he was 7 years old and ended when he was 9, the boy created 30 storycompositions which are now the core data for the present study. In the research meetings between the researcher and co-researcher (3 x 90 min), the unstructured discussions are initiated by those compositions which are now re-examined in various ways. The co-researcher also creates 5 new storycompositions. Finally both music and speech form the research narratives of this study. This experiment looks closely at how a child benefits from creating music when mentally processing a traumatic incident in his life. It shows how the Storycomposing method creates and maintains a field where a therapeutic couple can re-narrate the client's life story in a process of meaning reconstruction. This process deals with transforming historical truth into narrative truth, moving mental processing forwards, and mentalising experiences. Together these represent the evolution of a life story through meaning reconstruction. In addition, when this method was used to 'tell the client story', it provided detailed means to describe how this happens with this specific songwriting method. This child found emotional connections with musical features such as pitch and forms of notation. This study showed that a child makes a suitable co-researcher for investigating children's experiences. It was also obvious that these follow-up meetings strengthened his perception of recovery from a traumatic loss, and improved his sense of well-being.

Keywords: music therapy, child perspective, Storycomposing, songwriting, music psychotherapy, traumatic loss, well-being

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Hanna Hakomäki

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PART I – BACKGROUND

1 INTRODUCTION

This study is a collaborative research project between the author and a 14 year-old co-researcher. Together they are investigating the boy's former therapy process, which involved making his own music and composing stories when he was younger. The young co-researcher is considered an expert in the music therapy method known as Storycomposing, due to the two years he spent undergoing this kind of therapy between the ages of seven and nine. The music therapy was intended to help the boy as a form of meaning reconstruction after the accidental and traumatic death of his older brother.

This study also looks in greater detail at the Storycomposing method itself, by exploring its applications in music therapy, music education and well-being at work projects across various Finnish institutions between the years 2001 and 2012. The emphasis in this experiment is on child perspectives of the music therapy mechanisms required for composing stories.

The novel methodological perspective in music therapy research – studies of child perspective – is therefore properly introduced in the beginning of this thesis to place the reader in the correct context.

1.1 Children as knowledge producers

For some time researchers in childhood studies have argued that children should be given the opportunity to have their voice heard, and to participate in the decisions that directly affect their own lives (e.g., Strandell, 1992; Clark, Kjørholt, Moss, 2005; James & Prout, 2008). Even small children have proved themselves to be knowledge producers who can be consulted, listened to or even considered as co-researchers (Christensen & Prout, 2002; Christensen & James, 2008; Tisdall, Davis & Gallager, 2009).

The subject of 'new childhood studies' has its roots in sociology and in behavioural and pedagogical science (Karlsson, 2010, p. 122; Rutanen, 2007). Of particular interest in the field is the debate as to whether it is the same to con-

duct research with children as it is with adults (Punch, 2002; Christen & Prout, 2009). It is asked whether children are ‘becomings’ or ‘beings’ and can we truly consider children as ‘agents’ of their own lives (e.g., Prout, 2005; Balen et al., 2006; Rainio, 2010).

In particular, Punch (2002, pp. 326–327) sees that the main differences between children and adults (in the research context) lie in the way personal perceptions are imposed. These differences in perception may reveal themselves in terms of power issues; the use of language; the choice of research area, method and analysis; and finally in the way rapport is built up. She argues that the differences chiefly arise, not from any inherent differences, but from adult perceptions of children, and the marginalized position of children in most of adult society (*ibid.*). Christensen and Prout (2005) indicate that childhood is an active, open-ended and unfinished process, as is adulthood, and that there are so many different kinds of childhood, that they cannot be generalized (pp. 55–56; see also Christensen & James, 2008, pp. 156–172).

Christensen and Prout (2005) go on to say that overcoming the invisibility and voicelessness of children in society has highlighted the importance of understanding the multidimensional relationships that children have with other people. In their study concerning children in health and social research, Balen et al. (2006) found that even if children are considered as active beings in their own lives, they are still considered dependent ‘human becomings’ when it comes to researching and evaluating their experiences. Rainio (2010, p. 14) points out that if children are truly recognized as active beings, then they should also be empowered as such, in other words capable of ‘engaged agency’. The sociology of childhood has therefore lately concentrated on developing a methodology and language to include children’s viewpoints and their voice in social theory (*ibid.*).

According to Karlsson (2010), the terms child-centred or child-focused are used mainly to describe practical methods of working with children in various settings. However, according to Tinworth (1997, p. 24) in child-initiated settings children are actively pointing out their interests and perspectives without adult interpretation, whereas it is adults who make the assessments in child-centred or child-focused settings. Karlsson (2010) concludes that the concept of child-centred is better clarified when the following are taken into account: who is doing the defining and according to which premises; what are the children’s needs and their targets of interest, and what conclusions can be drawn that will affect the children in their everyday lives. In these research settings Karlsson therefore thinks children should be described as ‘knowledge producers’ (*ibid.*).

Karlsson (2009) defines studies that focus on the perspectives of children as a necessarily multidisciplinary and multidimensional area of research, given that children have an active role in producing this knowledge. Not only words are listened to, but children’s gestures, what they emphasize, and how they express themselves are taken into account within cultural, social, societal, and historical contexts. Children of all ages, even those unborn, are important informants by their very actions, by their ways of communicating, growing and learning, and

by the way they create cultures and communities of their own as well. For children to produce knowledge is not of intrinsic value in itself, but to recognize the perspectives of children in addition to that of adults is important. In this way it is a form of augmented knowledge (see also Eide & Winger 2008). Karlsson (2009) goes on to place studies of child perspectives within a larger context. She also reminds us that not only are they important in childhood research, but they could and should also be recognized in everyday activities with children (*ibid.*).

One of the challenges in studying the perspectives of children is to find a research method and direction which will enable children to produce knowledge in a natural setting where they feel encouraged to really express their own opinions and not the ones they think adults want to hear. For example, interviewing them is a challenging task that can be affected by children's previous experiences in similar kinds of situations. The frankness of questions, the inter-viewer's non-verbal communication, and the expectations and norms of their society all have to be taken into consideration (Karlsson, 2010; Freeman & Mathison, 2009). Children also generally use less words and reflect less before answering than adults, so adults may easily find themselves unintentionally filling in space in the interview to steer it a certain way (Karlsson, 2010; Suoninen & Partanen, 2010; Karimäki, 2008).

Some possible answers to these issues can be found, not only within studies on child perspectives (e.g., Karlsson, 2010), but also in theories concerning dialogue (Bakhtin, 1984; Womack, 2011). The possibility of multiple meanings and heterogeneous ends within dialogue must be taken into account, as should an understanding of dialogical conversation in the context of psychotherapy (Seikkula, 2003). Seikkula continues (*ibid.*) that all members of a conversation should be considered equal, regardless of their professional status, age, or particular illness.

In studies on child perspectives, children are seen as active producers of the research data. Many creative, non-verbal, and art-based participatory methods, as well as visual and written forms of experience, have been used to collect children's knowledge: drawings, photographs, techniques also used in participatory rural appraisal (PRA)¹, diaries and journals, worksheets, group workshops, role plays, puppets, interviews and Storycrafting (Clark, McQuail & Moss, 2003; Tuovila, 2003; Cocks, 2006; O'Kane, 2000; Punch, 2002; Riihelä, 1996; Freeman & Mathison, 2009). And most recently, rap-texts and music technology have also been used (Krüger, 2012; Gillies & Robinson, 2012). Children have been considered as experts on their own lives, and they have therefore been empowered as active researchers (Kellett, 2005a, 2005b; see also Children's Research Centre²). Research concerning children has undergone a paradigm shift

¹ Participatory Rural Appraisal (PRA) is a short-cut method for data collection. It is a methodology for action research and utilizes a range of techniques. It involves local people and outsiders from different sectors and disciplines. Outsiders facilitate local people in analyzing information, practicing critical self-awareness, taking responsibility and sharing their knowledge of life and conditions to plan and act. (Bhandari, 2003, p. 9).

² www.open.ac.uk/researchprojects/childrens-research-centre/

where children have been repositioned as the subjects and not the objects of the research (Christensen & James, 2008).

Research data on child perspectives can be collected in either research settings, or in everyday settings. Karlsson (2009) presents four kinds of procedure for doing this. Firstly, material can be directly produced – for example interviewing children or remembering events with them, or by following events in a child’s life, and perhaps even living it together with them. Secondly, children’s artefacts can be the source for the research: children’s stories, writings, drawings, photos, creations, and compositions can all constitute such material. Thirdly, Karlsson mentions documents concerning children’s place in society, although these are produced by adults. And finally, she mentions material which is produced continuously for children and that is linked to them in the media and on the internet.

As these new research methods provide greater opportunities for children to express themselves, it empowers them for a fuller participation in society and making decisions (Punch, 2002). And as these opportunities grow, it has also become increasingly topical to discuss the ethics involved in researching child perspectives. When children are considered as active knowledge producers these principles simply can no longer be ignored. The rights of children to take part in activities and decisions that affect them are set down in the United Nations Convention regarding the ‘Rights of the Child’. This is particularly evident in article 12:

“A child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law”. (UN, 1989)

And in article 13:

“The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice”. (UN, 1989)

In addition Article 42 requires active effort:

“...to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike” (UN, 1989).

The active participation of children, through hearing their voice either literally or figuratively, also has ethical benefits in that children’s rights are observed through a process that requires respect, equality, fairness, and democracy (Gallagher & Gallagher, 2008).

Ethical guidelines are frequently given in the form of checklists to help researchers ensure they are properly taking child perspectives into account. Ac-

According to Alderson (1995), Morrow (2005), and Freeman and Mathison (2009), the essential ethical questions in this research area are as follows:

- Who will benefit from consulting the children and indeed from the end result of this research?
- How are choices being made to determine who will and won't take part in this study? – i.e., whose voice will be heard at this point?
- Is there any harm or risk to the children in terms of social relationship, inconvenience, anxiety, or embarrassment – could it lead to an intrusion of privacy, or a sense of failure?
- Are the children really able to say what they want when they make an informed consent, and are they truly able to refuse to take part in the research – how can this choice be ensured?
- How will children's confidentiality and anonymity be dealt with, and how will the copyrights of possible resulting artefacts be respected?
- Are the research methods used when consulting children fully understandable to them, and is it possible for children to produce knowledge in such a way that it will motivate them and be interesting to them?
- How exactly will the researcher ensure that children's voices can be heard when reporting their knowledge?
- How will the children eventually get feedback from the research, and what impact will these results possibly have on the children's lives?

When doing research with disabled children, the researcher needs to adjust the methods accordingly. Getting used to a child's individual way of communicating will require more time and sensitivity on the part of the researcher, and so this must be taken into account (Cocks, 2006; Olli & Salanterä 2008). But this is time well spent, as adjusting to the specific needs of such children, can have especially significant results for disabled children when they can become active knowledge producers from their own perspective. After conducting a literature review of the subject, Olli, Vehkakoski, and Salanterä (2012) summarize the opportunities this kind of research presents. They point out that if disabled children become active knowledge producers, the research could:

- Activate meaningful solutions to issues in children's lives
- Increase their self-confidence
- Increase their feeling of being in control of their own lives
- Give them the experience being respected
- Increase their sense of belonging to a community
- Show children a different kind of relationship with their peers
- Integrate children more fully into society
- Prevent social exclusion

Alderson (2008, p. 287) argues that "doing research helps children to gain more skills, confidence and perhaps determination to overcome their disadvantages

than adult researchers working on their behalf could give them". In fact the effects achieved through children's active participation in research, as summarised by Olli et al. (2012), also happen to be the goals for numerous therapy processes undergone by children.

The researcher dealing with a child's perspective has to fully respect the child's competence with the methodological techniques used (Morrow, 2005). Apart from participatory research methods, children could also contribute as research assistants, data collectors, or co-researchers (Morrow, 2005; Alderson, 2008). As Alderson (2008, p. 287) puts it: "Children are the primary source of knowledge about their own views and experiences". I suggest that this opinion should be fully taken into account when investigating, for example, children's experiences in the processes of music therapy. Child perspectives in a research setting are not so far away from child perspectives in a music therapy setting, which treats every client as a unique individual.

1.2 Researching child perspectives using child-initiated data in the present study

To be able to truly reveal children's knowledge in research, certain choices have to be made which will influence the results. Scientific research requires methodological choices which include deciding the research strategy, and methods of data collection and analysis. And these are precisely the choices which had to be made in the present study to adequately reflect the perspective of a child, and the improved position in society that it was hoped this child would find himself in at the end of the process (Karlsson, 2009).

TABLE 1 Collecting data directly with or from children in the present study

Environment	Years	Meaning of the activity	Date(s)	Collected data	Child-initiated means
Therapeutic music education project with children (aged under 7)	1999–2002	Testing and developing the Figurenotes system. Result: The Storycomposing method	April 17, 2000	Children's artefacts: 100 storycompositions + videomaterial of the sessions	Listening to and consulting with children
Music therapy with children and their families	Since 2001	A music therapy process with a 7–9 year-old boy	November 2002– October 2004	30 storycompositions	Storycomposing
Doctoral studies of music therapy	2006–2012	Collaborative research project with a young co-researcher	February– March 2010	Research discussions + 5 storycompositions	Discussions initiated by the storycompositions

Collecting data directly with or from children benefits this study in three ways (table 1). In particular, crucial choices were made as to how the research data was gathered, and in the decision to call the child in question a co-researcher. First a new method for musical interaction with children was invented and a development process was begun to optimize it. This process involved listening to, and consulting with children under the age of 7 in a day care centre. As Clark (2005, pp. 490–491) puts it, ‘listening’ is understood here “to be an active process of communication involving hearing, interpreting, and constructing meanings and it is not limited to the spoken words”. This pedagogy of listening to enable communication and dialogue recognises all kinds of non-verbal expression, language, symbols, and codes. It involves ‘listening’ with all the senses; and the languages used can be verbal, graphic, plastic, musical, or gestural. This kind of listening values the other’s point of view and interpretation of events and should bring individuals ‘out of anonymity’ (Rinaldi, 2005, pp. 19–21). Behind the act of listening there is always some anticipation involved, whether it takes the form of an interest, a doubt, a desire, or a curiosity. And this can be based, for example, on emotions (ibid.).

For Clark (2005, pp. 490–491) the act of consultation involves “listening, but listening with a particular purpose: ways of seeking the views of children as a guide to action”. Consulting children as to the issues that affect their lives is also to value children’s experiences and perspectives (Hart, 1992). Consultation is described as happening within limits set by adults, but children are asked about their preferred alternatives and serious attempts are made to provide these preferences (ibid.). Children should be consulted because it undoubtedly delivers a more precise service that is tailored to their needs, and because children have a right to be consulted (Hart, 1992; UN, 1989). Children can be consulted in a great variety of participative processes. The consultation process itself can be a learning experience for the children as well as a step towards being participating members of society (Hart, 1992; Hill, Davis, Prout, & Tisdall, 2004). An honest consultation also enables the participants to express their true opinions without being swayed in any direction by issues of power or funding (Hill et al., 2004).

All these factors were ‘key to the success’ of the Storycomposing project that took place between 1999 and 2002, though I as a developer of the Storycomposing method was not yet aware of the full extent to which children could actually be knowledge producers.

1.2.1 Origins of the research interest

My relation to music making began with the active experiences of making music as a child and a teenager. Later, as a music educator my training, or ‘university of music’ involved a long experience of working with individuals who had intellectual and developmental disabilities. Music as experienced and expressed in so many diverse ways by these unique people, has led me to develop a wide appreciation, and a greater understanding of the essence and the meaning of music. Studies in infant development (e.g., Stern, 1985, 2004; Malloch & Tre-

varthern, 2009; Dissanayake, 2009; Eckerdal & Merker, 2009) and most recently in the neuroscience of music (e.g., Forsblom, Särkämö, Laitinen & Tervaniemi, 2010; Särkämö, 2011; Huotilainen, 2011; Huotilainen & Särkämö, 2012) have especially strengthened my perception of music as a sensitive and potentially beneficial way to become a respected individual in a relationship with others. It has also become apparent that in a great many cases it can also be the means for increasing self-esteem and improving one's own abilities in various capacities.

Children's music making and musical expression is spontaneous and natural. Musicking is a term that has been used by Christopher Small (1998) and it refers to a verbal form of the noun music. This is different from making music, it is more direct. He proposes that "to music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (composing), or by dancing" (ibid. p. 9). Musicking is a social activity, not a thing. Musicking stands for the music that exists in performances, not in scores. Musicking is everywhere that people gather to communicate by musical means (ibid.). Musicking therefore seems to be a suitable term to describe what I get up to as a music educator, and it reflects my expectations regarding the possibilities for children to make music.

My research into child perspectives has developed in parallel with a current boom in child-centred research in Finland. Researchers in this field have also shown the shift towards a greater appreciation of children's voices in different contexts. Of these researchers and their studies, I will next introduce those with which I have been in close dialogue during the research period. Later in this study, in section 3.1, I explore children's knowledge in music therapy investigations. In that section I give examples how studies in children's music therapy have touched on the child perspective.

In the summary of her doctoral dissertation, Riihelä (2003) writes about how she was investigating questions that had been asked by children in institutional settings. The questions were treated as indicators of how children take certain initiatives and come up with strategies for being more in control of their lives. To achieve an environment where children truly develop their own initiatives, the research showed that the greatest challenge lay in getting adults to be flexible enough to be able to change their working habits, to really listen, and to service the immediate needs of a knowledge-seeking child (Riihelä, 1996).

Karlsson (2000) became aware of the fact that when children in day care and school settings were taken seriously and listened to properly, the consequent changes to everyday routines that were initiated benefitted both adults and children alike. Through open dialogue children became more active participants in their own lives and adults found a new everyday tool both for planning and conducting activities together with children.

This method of open dialogue is called 'Storycrafting', a Finnish innovation that promotes equal possibilities for all participants to engage in the dialogue (Riihelä, 1991). Riihelä defines Storycrafting as an easy yet strict method for listening, for creating stories cooperatively, and for documentation (Riihelä, 2001). The Storycrafting method was developed together with children in a

school context when Riihelä was working as a school psychologist in the 1980s (Riihelä, 1989). According to Karlsson (2000), the method of Storycrafting creates a space and time in which children's own actions can be put in a collaborative context so that their own culture and contribution becomes clearly visible. Karlsson draws attention to the importance of listening regularly and seriously to the children involved, and points out that the best results come from Storycrafting when it is a continuous activity (ibid.). Riihelä and Karlsson's research, and their development of the Storycrafting method paved the way for the development of my own intervention, called 'Storycomposing'. The differences and similarities between the two methods will become more apparent when I present Storycrafting in greater detail in the section 2.1.4.

Tuovila (2003) was researching how children aged from 7 to 13 experience making and studying of music. The aims of her study were to better understand the children's experiences with a view to eventually improving teaching in music schools. Children as well as their parents, teachers and headmasters were interviewed. During the research process Tuovila developed new child-centred methods to collect the data: self evaluations, life maps, music-making drawers, and eight-day week maps that could be filled in with stickers and drawings. The conclusions of the research suggested that music schools should identify unique starting points for each child, value the musical skills they already possess, and listen to their wishes more. Positive learning experiences and good results could be achieved by giving children more power to take initiative in their music lessons, with increased group participation, and greater collaboration between child, parents and teachers. Teaching programmes should be developed in a more creative and pluralistic musical direction for it to be a truly rewarding process. Nevertheless, although Tuovila was investigating music in children's lives she didn't use any actual musical interventions herself to get the data. This fact awoke my curiosity to search for music-based research tools with children.

Pääjoki (2004) suggests in her dissertation that the arts can be seen as an open space for challenging preconceptions and prejudices as well as a place for cultural encounters. In particular, she also asks what kind of meanings multiculturalism has been given, especially in the context of art education and how this has been put into practice. Here multiculturalism is understood as not only referring to different ethnicities, but also genders, age groups, and various disabilities. The data for this research was taken from literature on art education, art education project experiments, some art work itself, and theories of art and culture. Her main framework of interpretation was the narrative method. In conclusion, she points out that the arts themselves can be seen as research methods which connect cultural and individual representations and experiences in a holistic understanding. This research strengthened my opinion that children's diverse musical expressions could represent important research data and confirmed for me the importance of appreciating the multidimensional aspect of music in general.

Rutanen (2007) investigated children's interactions in certain situations in a day care setting. The study focused on how constraints were negotiated and meanings constructed between 2 to 3 year-old children, their preschool teacher, and the researcher in settings which involved water. The aim was to increase knowledge on how very young children's interactions evolve in a historical, social, cultural, and material context. The study critically challenges and analyses everyday situations in a day care context as they are fraught with ambiguity and fuzzy boundaries concerning which actions are promoted, and which actions are made to seem possible. Rutanen gathered data from video recordings of sessions in the day care, and she also observed the events first hand, talking with the teachers or with the children who approached her. This research showed me the potential of even the youngest children to be knowledge producers and it also highlighted the need to critically investigate adults' interactions with children.

Karimäki (2008) has been investigating the way children of school age are talking about their play amongst themselves as part of her doctoral research. The focus is to understand the multidimensional culture of play among school-age children, using ethnographical means. The children were extremely interested in the consequences of the research and curious as to what its effect would be. Some of the children were also aware that the knowledge they were sharing with the researcher could be distorted by her, so they wanted to know what exactly she would do with it, what kind of book she would write and what she would say to adults who had power over the children. To tell the truth was an essential demand of the children. According to Karimäki (as cited in Karlsson, 2010, pp. 131–132), the data in this research was gathered by asking children to write about certain themes and by listening to their spontaneous talk concerning the subject. The data collection method was modified to this after noticing that some of the children were writing only one-word answers. Karimäki's research draws attention to the fact that, in this context, the researcher must always be prepared to adjust a method to fit children's perspectives.

Rainio (2010) was interested in children's agency in an early education setting. The study focused on the creation and emergence of a new pedagogical approach called 'Playworld' which promotes children's development and learning through the use of play and drama. The study dealt with an individual student's path to agency, focusing on the role of resistance and questioning as a means for providing important spaces for agency. It also takes a critical perspective, and analyzes how adults could better enable children's agency in the playworld. Rainio found a remarkable amount of variety in the way children expressed their agency in her data: resisting, counteracting, testing boundaries, contributing to the construction of a common object, taking action and initiatives, overcoming one's initial reaction, becoming conscious of oneself and the world and then oneself within the world, reflecting on the activity critically, exploring the cultural categories and stereotypes, creating space around oneself, questioning and teasing, redrawing boundaries, taking responsibility, asking

help from others, giving help to others, and learning to control oneself in order to take action. The study developed a methodological framework called “video-based narrative interaction analysis” for studying student agency. The results illustrated how fictive roles and the narrative plot helped children to create a necessary incompleteness and open-endedness to the activity that simultaneously stimulated initiatives in the children. This unconventional activity of enabling and assuming agency offered a unique but as yet undeveloped opportunity to develop educational spaces that may help both teachers and children deal with the often contradictory requirements of schooling. Children and teachers were able to momentarily put aside their traditional positions in the classroom. Rainio’s research is an inspiring example of how ‘things’ can be done differently and with fruitful consequences.

With this background in Finnish and international studies concerning the various aspects of children’s perspectives; my own professional experience as a piano teacher and music therapist; and my personal experience as a mother and grandmother, *my perception of children is to see them as active and competent participants in their own lives. I see them as individuals able to enter into an equal dialogue with adults and each other using not only words, but in particular many creative and art-based means, which they can apply at their own level, according to their unique competences, and for their very own reasons.*

1.2.2 Searching for data

To find the necessary data for the experimental part of this study was not the easiest of tasks. I wanted to continue investigating the mechanisms of Storycomposing in music therapy from the child’s perspective after my master’s thesis, which had introduced the Storycomposing method in a music therapy context. Although general interest towards Storycomposing offered the possibility of enthusiastic partners and interesting target groups, when it came to actively engaging in the project, they could not, for various institutional, financial, methodological, or practical reasons do so. Also three music therapy projects were interrupted or didn’t begin at all for various reasons, and in total seven projects were actually stopped. It was the eighth project that eventually got the furthest. In this I managed to collect data at the second level of Storycomposing, a course in which six music therapists (music therapy students), one child psychiatrist, and one reporter took part. The course lasted 12 months and produced a rich variety of data. The core of this data consisted of one self-composed storycomposition per participant. These compositions were then rendered in a number of ways: both individually and as a group, in performances by the composer and by the others, and via other media too, such as photos and writing. Participants also made interesting written appraisals of their experiences when using the method in their clinical practice. Unfortunately my own ‘voice’ as developer of the method, and as a Storycomposing trainer, interfered with analysis. I should have changed the focus from a child perspective for example to supervision and the data would have undoubtedly offered useful material. Nevertheless, I still wanted to focus in more detail on child per-

spectives and so I continued to look for useful data. Luckily at this point the University of Jyväskylä was offering a methodology course called 'Children and young people as researchers' in the autumn term of 2009. The experimental data of this study was therefore what I worked on as a field project for that course in the spring term of 2010.

1.3 The aims of this study

The research aim of the first part of this study is to explore the Storycomposing method and to define it in music therapy terms, whilst simultaneously recognising that there are other ways in which it might be used.

Secondly, the source for the actual research project comes from two years of therapy that a boy underwent between the age of 7 and 9. The main materials that were taken from that therapy and used for this research project are 30 storycompositions made by the child. The characteristic feature in the Storycomposing method is that a child's musical expression is accepted as such, and the therapist does not teach, guide, evaluate, or influence the composing process in any way. Nor does the therapist complete the piece either. In fact, maintaining neutrality towards the artefact created is one of the central tenets in the Storycomposing process.

The last part of this study consists of inviting the same boy to come back later, as a 14 year-old, to become a co-researcher in the project. The intention is to give the child the chance to make choices, definitions, and interpretations of his own former therapy process and about the method used in it. He is also encouraged to create a research question of his own, and the co-researcher and researcher have to choose together how exactly they are going to report this research project. In this music therapy study a young person's participation as a co-researcher is justified due to his experience, and therefore expertise with the Storycomposing music therapy method.

It is assumed that he would be able to recollect the music therapy he underwent five years earlier when he was using the Storycomposing method to help overcome a traumatic loss he had suffered. Inevitably the co-researcher is interpreting the therapy from the perspective of another developmental phase, but I think that what might have been lost from when he was 7–9 years old, in terms of authenticity, is more than compensated for by his increased ability to communicate, in terms of words, at the age of 14.

The goals of the earlier therapy process were to help the boy get over the accidental death of his elder brother as a child, by giving him a chance to reconstruct meanings in his life with the help of music therapy. In this study I have been investigating just how the Storycomposing method might do this. The main research question is therefore: *"How does Storycomposing function as a*

child's music psychotherapy method?", while the co-researcher's question is: *"How much, and in what way, have I changed during and after the therapy process?"*³

The co-researcher's viewpoint therefore widened the scope of the research data and led to the following sub-questions: *"How is Storycomposing facilitating the co-researcher in this project?"* and secondly, *"Is Storycomposing an appropriate research tool for children?"*

In this way the study continues to follow the topic of child perspectives in the research and development of the Storycomposing method, whilst at the same time using that very method as a research tool for the main question. The Storycomposing method itself will be described in more detail in chapter 2.

A key aim of this study is to give a voice to children's knowledge specifically within music therapy research. The theoretical thinking behind this builds on narrative and constructivism, the research done on child perspectives, and on music therapy itself.

This study also wants to draw attention to children of different ages and in different environments. Focusing on listening to what a child says about his well-being and recovery in a music therapy setting gives cause to draw parallels with the Tellis project⁴. That project aims to develop the potential that children's stories hold for everyone responsible for their well-being. The potential of working with children as co-researchers aids the storytelling practice in two ways: firstly, storytelling becomes a more meaningful way for children to understand themselves, and those stories also offer a researcher insight into what children really consider important for their well-being. This twofold potential of storytelling is also clear in Storycomposing too. In Tellis, storytelling is understood to be a multimodal activity, where means of expression other than speech are equally valid. The collective research questions of Tellis are:

1. To deepen our theoretical and methodological understanding of the concept of narrativity in children's social contexts.
 - to clarify the conceptual framework of narrativity by concentrating on children's narratives
 - to examine ethical issues as part of narrativity especially in doing research with children
 - to examine what, how, where and to whom children describe their well-being
 - to explore various narrative environments

³ Co-researcher's original research question: *"Sen hetken, sen ajan ja tän ajan välinen ero, muutos, minkälainen muutos niinku ja kuinka mittava?"*

⁴ Tellis -project (1134911) is a consortium project of the Universities of Helsinki and Oulu and financed by the Academy of Finland (Academy of Finland, 2012). The Tellis -project is expected to produce new knowledge on children's experienced well-being and to develop cultural conventions of storytelling in children's everyday life environments (University of Helsinki, 2013). In the Tellis -project analysing the narration process is considered as important as analysing the contents of the stories. Important standpoint in general is that not only oral and written stories but also plays, arts, and crafts are considered in the conception of the storytelling in this project.

- to explore cultural conventions of narrating in these different environments
 - to seek ethically sensitive ways of strengthening children's participation
 - to enrich narrating and develop methods that help us use children's storied experiences
 - to broaden the use of narrative methods to new professional contexts and audiences (e.g., politicians, architects, policy-makers)
2. To produce new empirical knowledge of children's experienced well-being in diverse growing environments.
 3. To develop practical tools that promote children's narrating, and adults listening to children's voices and receiving their stories about well-being.⁵

In the music therapy context, Saukko (2008) sees a disabled child's well-being from various perspectives: in terms of increasing infant-mother well-being, the disabled child's own well-being; the well-being of parents, community and families, daily life routines, quality of life, and mental well-being. Music therapy in general aims at supporting the physical, mental, social, and emotional well-being of clients. According to Saukko (2008, p. 18) an individual's well-being is one of the main reasons for rehabilitation from society's point of view. Other reasons are to restore functional daily life skills, and social skills.

In the present study a child's general development and well-being are seen to be more dependent on processes that take the form of a spiral, rather than a linear, step-by-step form (Mangs & Martell, 1995) and there is nevertheless continuity in development (Tyson & Tyson, 1990).

An informed consent of the present study is asked of the 14 year-old co-researcher, with his parents assent. He participates enthusiastically, and hopes that this research would help other children who might have had similar life experiences as him. The boy's willingness to participate was confirmed by meeting him first in a place which was not related to the research project and no recording was made. The research was described to him there, and he met the researcher, who is the therapist he had had 5 years previously. He was also given the chance to ask any questions about the research project he might have, and it was made very clear that he need not take part in any of the research if he so chose. Lastly, the copyrights of all storycompositions created in both the earlier therapy sessions and this research project are owned by the co-researcher.

This study takes the form of participatory action research regarding a single-case (see section 3.2), and it also wants to answer some of the questions raised in previous child perspective literature as well as clinical songwriting literature. Alison Clark (2005, p. 502) points out, in her review of research involving young children, that there is a need for more studies that draw on children's expertise concerning their own early childhood provision. She calls for a need to explore more inclusive methodologies for children with special needs and she also suggests retrospective accounts from older children about their

⁵ University of Helsinki, 2013

early years experiences (*ibid.*). This is one reason why I decided to use the retrospective account of a 14 year-old in the present study.

Baker and Wigram (2005, p. 18) call for music therapists to describe and define more exactly the choices made, and reasons behind their work in clinical practice. This is to find evidence of the effectiveness, validity and reliability of those songwriting methods which are formalized in empirical practice. Storycomposing is one such formalized method. They go on to offer guidelines for describing as precisely as possible the methods and techniques of distinct songwriting methods (Baker & Wigram, 2005, pp. 13–20). Songwriting as a therapeutic intervention has received increasing attention in the field of music therapy over the past decade. However, many of the publications focus on clinical outcomes rather than methods of practice themselves. As a new method for songwriting of a kind, Storycomposing will thus be defined along these lines in chapter 2.

This study also answers requests in the field of narrative and psychotherapy to develop innovative research strategies to help specific categories of clients (Angus & McLeod, 2004, p. 373). In this case the present study specifically addresses the question of children's narrative expression in therapy.

This doctoral research continues on from my master's thesis which I completed in 2005. The Storycomposing method has already shown its potential as a music therapy method, as it has been used in practice, for the past 13 years, but I still want to know more about the way it functions. In sum, the aim of this research is to clarify how children's music psychotherapy actually works, and in this case especially in the meaning reconstruction process, taking into account a child's experience-based knowledge of the Storycomposing method. The intention is to benefit from the competent perspective of a child to understand better how this method is significant in children's music therapy, songwriting, and music psychotherapy research.

This study also notices that music is used far less than other creative methods to collect data on children, such as drawing, photographing, and writing; and suggests that music be used more widely. This research also calls for more music therapists to adopt child perspectives in a research context, and for music professionals to adopt similar perspectives in musical activities. In addition it is hoped that this thesis reaches children's psychotherapists as well as child psychiatrists and widens the current understanding of just how important music can be for children in a therapy context and life in general.

2 STORYCOMPOSING

The Storycomposing method is defined in the International Dictionary of Music Therapy (Kirkland, 2013) as:

A model of musical interaction which demands neither special musical talent nor prior studies of music and is suitable for people of all ages. Storycomposing is most likely characterised as a combination of songwriting method and improvisation practices and suitable for people of all ages. The method is based on musical inventions and interaction. What distinguishes Storycomposing from other songwriting methods and improvising is the manner where improvised musical creations are notated as such and are playable afterwards by choosing the suitable notation system. This makes the method suitable also for persons with learning difficulties or intellectual retardation and for those who don't have any former musical background.

Storycomposing is a direct translation of the Finnish word *Tarinasäveltäminen* (*tarina* = a story, *säveltäminen* = composing music). In the Cambridge Advanced Learner's Dictionary Online, "to compose" means to produce art (i.e., music, poetry, or formal writing); and "to be composed of" means to be made up of different parts (i.e., formed from various things, or to be the parts that something is made of). To be composed also means to be calm (i.e., to make yourself calm, or at least look or feel calm after being tense, angry or upset). This mixture of meanings for the verb "composing" give a good hint of how Storycomposing could open up all kinds of possibilities. The terms *Tarinasäveltäminen* and Storycomposing have become registered trademarks for this method.

The following section will describe Storycomposing in detail. The description is based on my own personal experience of early years music education, music education in schools, instrument pedagogy, special musical environments, and music therapy. It also refers to literature in the above fields, and uses data from my master's thesis about Storycomposing.

2.1 Defining Storycomposing

Storycomposing® is a model for musical interaction which provides the opportunity to express feelings and experiences that have significance for an individual. Storycomposing is suitable for people of all ages, and can be done independently from the age of three upwards. It is also appropriate for people with learning disabilities and special needs. The concept of Storycomposing was developed while working with children under school-age in a day care centre from 1999 to 2002. This music education project included therapeutic elements, and a new notation system, which was also being tested in it, called Figure-notes© (copyright 1996; see appendix 1). Children in the day care were offered a chance to participate in this project, whether or not they had special needs. Special needs in this case meant difficulties with speech, language, and having emotional challenges (Kyllönen, 2001). The project was supported by funding, and was run by the Resonaari Special Music Education Centre. I was chosen to run the project due to my background as a piano teacher and music therapist (Resonaari, 2011).

2.1.1 The environment in which Storycomposing evolved⁶

In Finland the National Curriculum on Early Childhood Education and Care (ECEC) is responsible for providing the guidelines for the early years services available to children aged 1 to 6 and their families (ECEC, 2005). In this way the ECEC curriculum acts as a tool on the national level to ensure children's well-being and the best possible conditions for them to grow, learn and develop. Finnish day care uses a multidisciplinary staff to provide both education and care, and this can also include music education.

The Finnish early years system provides various alternatives for families. For example, families can choose between municipal day care centres (kindergartens/nursery schools), family day care (when one family looks after children from several families), or staying at home with their children (when the child's carers receive a small allowance to be able to stay at home and look after them). Primary school does not start until the age of 7, and children permanently living in Finland have the right to participate in voluntary pre-primary education during the last year preceding compulsory schooling. Nearly all 6-year-olds do so, and this last year of pre-primary education is free.

In Finland, basic education in the arts — music, art, dance, and crafts — for school-age children, is extracurricular, goal-oriented and progresses steadily from one level to other. It is supposed to develop children's skills in self-expression and give them the basis for abilities they will need for a vocational, polytechnic, or university education later on in their chosen art form. Participation is voluntary and the education providers may charge moderate fees. Music playschools also exist alongside for children of day care age.

⁶ This section is partly quoted from Hakomäki, 2009

In music education it is possible to make reasonable adjustments to the curriculum and alter teaching methods for pupils with special needs. Extracurricular education still has goals in music but it is usually just each pupil progressing from their own personal level to their next personal level. Therefore experiencing music in its many forms can be one of the main goals in itself. In Finland the music education system is also uniquely wide (Koppinen, 2005), ranging from these music playschools right up to music institutes and conservatories, so the chance for a wide variety of experiences is greater. The aim is to support the child's holistic development in music play-schools, to build up a good relationship with music and create possibilities for possible future studies in it. This can start for babies as young as 3 months old as there are also music playschools for babies, and go on largely uninterrupted until children reach school-age (which, as previously mentioned, is 7 years old). In Finnish music playschools children learn basic musical skills and the sessions also support children's cognitive, emotional, social and motoric development. Sessions usually take place once a week and are largely above and beyond the requirements of basic child care. Many Finnish music playschools receive significant financial aid from central and local government. On top of this there are also private music playschools and those maintained by different affiliations and organisations. Music playschool education is however not free, and children's parents and carers do have to pay something towards the cost. (Ibid.)

The music education project in which Storycomposing evolved took place in a Finnish municipal day care centre, where the attitude to early years music education is typically supportive. But the therapeutic music education project in which Storycomposing evolved was not a research project as such. The project consisted of a series of music lessons offered to all the children in one municipal day nursery for three years (1999–2002). So Storycomposing was a happy accident that actually began at a precise moment:

In the spring I got an idea to give every child a piano lesson of their own, one by one. That day I had taken with me traditional piano pieces written out with Figurenotes and so I started the lessons. Quite soon I found out that children were not very interested in playing those pieces and nor were these kinds of piano lesson reasonable either. Then 3 year-old Tessa came to her lesson and she guided me. She came into that room and immediately said: "I would really like to play those stars at the piano". She meant those notes which are marked with crosses in Figurenotes - they are notes in great octave. She played those notes and I asked her if they sounded like stars. Tessa said: "No, they sound like a wolf". And then she played and sung a wolf song:" A wolf was howling so, hoow, watching the moon that glows, hoow." ⁷ I wrote the piece down with Figurenotes so that Tessa could play it again and I understood that something remarkable had happened. After that I gave other children the same opportunity as well, and they created many more songs of their own. That day was the 17th of April, 2000. ⁸

After that momentous day, the remaining music lessons were recorded on video to be examined in more detail later. And since that time approximately a hundred storycompositions made by children were collected in that day care

⁷ Originally: "Susi ulvoi näin, auu, katsoi kuuta päin, auu" (Hakomäki, 2007, p. 79).

⁸ Hakomäki, 2009, p. 150

centre. These videos and compositions have become the 'proto-material' for developing the Storycomposing method in general, which has then been put into practice with different target groups. These have been both in an educational context: with very young children, piano pupils, children and adults with special needs or learning disabilities; and in a music therapy context: with children, adolescents and their families.

The following two fictional case vignettes are here to clarify how the method functions in practice.

Storycomposing in action: Case Vignette no. 1

A child, who is about to storycompose, is sitting in front of a piano. The music therapist sits next to the child has paper and seven coloured pencils ready. They are the same colours as those used in the Figurenotes system. The music therapist has just introduced the method to the child as follows:

"Now you have the chance to tell your story using music. You can express whatever is in your mind at the moment. I will listen to it very carefully and write it down precisely enough so that if you ever want to play it again you can. You could use words and music, or just music. I will use the notation system which is the best for you and in this case it is Figurenotes. After the storycomposition is done you can play it again and we can share the meanings in it. Very often it is important to find a title for it. After the storycomposition is transcribed it could be worthwhile performing the storycomposition to your significant others and to share the meanings, feelings and memories that the composition evokes".⁹

The child first tries a few notes here and there, and then eventually plays a short melody. The therapist listens very carefully and writes down the notes as they are being played. Since the child is very curious to see how the piece looks on paper, there are natural pauses for the therapist to complete verses.

Every now and then the therapist asks if the child would like to try playing the piece again from the beginning. This way the adult helps the child to keep in mind the overall form of the storycomposition. But the therapist does not make any comments that might assist or guide, as this could affect the outcome of the composition.

Throughout the composing process, the child talks about the thoughts that come to mind. So the therapist asks whether these ideas should be written down as part of the piece. The child decides that writing them down would be good, and goes on to express the ideas even more exactly so the words can be written down precisely. As this process of playing and composing goes on, the child also begins to sing a few words together with the music. The therapist writes these down exactly as they are conveyed.

All of a sudden the child makes it clear that the storycomposition is now over and done with. The therapist therefore asks the child to play the whole storycomposition one last time, to listen to it and to think about it very carefully. They decide between them who will read or sing the words in it.

After that, the therapist asks what the title of the piece is. As the child can't quite decide at this point, the therapist offers to play it, so that the child can concentrate more

⁹ Hakomäki, 2012

easily on just listening to the piece. After thus hearing the storycomposition performed by the therapist, the child comes up with a title quite easily.

As the composing part of the process is now finished, the therapist and the child discuss whether the child would be happy to play this piece later to the parents in a family meeting. The therapist will, at this point, also transcribe the storycomposition onto the computer, using the Figurenote symbols readily available on the internet.

Storycomposing in action: Case Vignette no. 2

The therapist and the child have decided that they want to storycompose. The child is full of excitement and wants to start immediately. The child plays a couple of quick rhythms on some nearby drums, and then runs to the piano. The therapist asks if the drumming was part of the composition and the child confirms this. On paper the therapist then draws a picture of the drums that were played.

At this point the child starts to play the piano very expressively. It quickly becomes impossible to write down all the notes that are played. When the music stops the therapist therefore asks the child: "How do you want the music to be transcribed so that you can play it again from the score precisely enough?" In response, the child plays a few notes on the piano and explains: "That's the way it starts".

The therapist writes this down in Figurenote symbols. The child then proceeds to play a succession of notes very quickly, and wants this transcribed too. It involves putting many different kinds of lines and symbols on the paper, and a wide range of colours.

The last verse of the composition that the child plays uses notes that go even higher in pitch than those offered by the Figurenotes system. The therapist therefore asks the child to create a symbol of their own for these extra high notes. After thinking for a while, the child mentions a symbol that has particular significance, and tells the therapist the story surrounding it. The therapist draws the symbol described, listens to the story surrounding it, has a conversation about this with the child, and also checks whether this personalized symbol should be used in exactly the same way for every performance, or if the playing can vary slightly in them. As it is, the child decides that the music can vary every time, so the therapist doesn't need to make any additional notes to help remember exactly how the storycomposition was played this time. It therefore means that this part of the composition will be more improvised than other parts when it is performed.

The child is very proud of the storycomposition. The therapist will scan the child's drawing and symbol, so they can be added later to the words and score of the Figurenotes transcription on computer. The child and the therapist then decide that they will ask the parents to play this storycomposition in the family meeting. The thought that these versions of the storycomposition might be quite different, has both the child and therapist quite excited in anticipation of the meeting.

The first therapeutic elements in Storycomposing were identified while working with children in that municipal day nursery where Storycomposing emerged:

Shy and quiet children became brave and were more easily encouraged to participate.
Children with concentration difficulties were now able to concentrate much better.
Children found they could cooperate very well together, even the youngest ones.

Adults also found new aptitudes and areas of interest in the children, and all children learnt to express themselves creatively.¹⁰

Developing the Storycomposing method has required the combination of my practical experience with relevant theoretical knowledge from both musical and childhood studies besides a new vocabulary (table 2).

TABLE 2 The Vocabulary of Storycomposing

Meaning	Term
The method:	Storycomposing
To act:	To storycompose
The actor:	A storycomposer
The co-actor:	A co-storycomposer
The result:	A storycomposition

The development of Storycomposing was carried out by listening to and consulting with children. These perspectives are widely discussed in childhood studies (as mentioned earlier in sections 1.1 and 1.2). Listening is not only a means of connection to others, enabling communication and dialogue, but also a quality of mind which requires more than just a time and place (Rinaldi, 2005). Clark (2005, p. 491) maintains that listening is an active and dynamic process which involves children and adults discussing meanings, and this act should be supported by choosing appropriate listening conditions. Documentation can make listening and being listened to more visible. Rinaldi (2005, p. 23) points out that documentation makes it possible to read, revisit and assess listening acts together, and so build on knowledge. According to Rinaldi (2005, p. 25) documentation is an interpretation in itself and a form of an intrapersonal as well as interpersonal narrative which offers more opportunity for reflection.

Storycomposing came about when looking for a form of therapeutic practice which would support children's well-being in everyday life and maintain a motivational learning environment with the help of music. The ideal method would allow all children to participate equally, regardless of any learning or developmental disability. This principal idea had been borne out in my professional experience as a piano teacher and music therapist, when I worked with many people with these kinds of disabilities in both therapy and music education settings. While Storycomposing was being developed with children in a day care setting, the method proved itself as means for children to express and share their mental processes.

Even though this was not specifically a research project, it nevertheless followed many principles that are adhered to in child perspective research. Many new ways of producing educational material were discovered, and they were initiated by the children. Because they had been involved in decision making there was increased motivation, happiness, pride, and consideration of others. With the continuing success of Storycomposing in a day care setting, I then

¹⁰ Hakomäki, 2009, p. 151

tried using it with another kind of client and their families. These clients were children or adolescents who displayed psychiatric symptoms.

2.1.2 The method: Storycomposing

Storycomposing follows four steps (Hakomäki, 2009, p. 152), as illustrated in figure 1 below. Bruscia (1998a, p. 115) defines a method as “a particular type of music experience that the client engages in for therapeutic purposes”, so in this respect Storycomposing can be defined as a method.

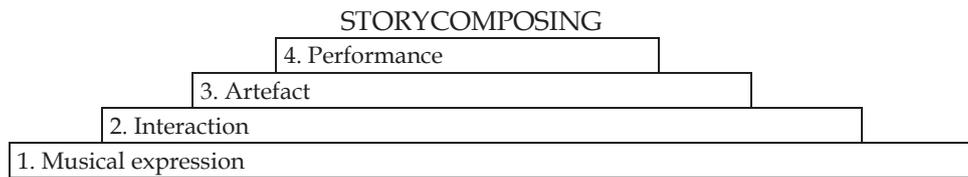


FIGURE 1 The four steps of Storycomposing®

1. Musical expression

Storycomposing provides an opportunity to express one’s ideas, thoughts, matters and experiences in a musical way. To do it you don’t need any prior studies in music, or any musical experience. Often a piece may appear without supervision or teaching. (Hakomäki, 2009)

Many different kinds of instrument and all kinds of keyboards are suitable for Storycomposing, and those which use the Figurenotes notation system are particularly practical. The instruments are chosen to be suitable for the target group; whether it be keyboards, stringed instruments, percussion, or human voice, for example. Storycomposing can also be adopted for use with other audio sources as well (i.e., water taps, or kitchen utensils or bathroom items). Any aid equipment that therapy clients need in addition to this can also be used in the sessions.

2. Interaction

There is always interaction in Storycomposing: there is the storycomposer, who is inventing and creating the piece, and there is the co-composer who is listening to it and writing the piece down. A storycomposition can be for example a song, a composition, a play, or a musical story. (Hakomäki, 2009)

The important premise in Storycomposing is that it is not the teaching or supervising of any subject as such. It is listening to someone else’s thoughts, memories, or opinions, without evaluation, so carefully that it is possible to write them down in a musical way. The composers are accepted through their storycompositions and recognised as their owner. The principles provide a secure framework for interaction, but within that, musical expression is accepted in all its variety. The storycomposer should feel satisfied with the result, in terms of both the interaction and the artefact. Quite often many different kinds

of learning occur in the sessions because of the different interactions that different groups or individuals provide.

3. *Artefact*

A storycomposition is always written down so that there is an artefact. In Storycomposing a form of notation is used which is ‘precise enough’ and allows the storycomposer to play the piece again. This notation usually takes the form of either Figurenotes, conventional notation, drawings, or photos. The artefacts of a storycomposition are also important in a cultural way, as educational material and material for music therapy. (Hakomäki, 2009)

When a storycomposition is written down it is possible to play and hear the piece as many times as is needed for the purposes of the activity in question. And sometimes it is meaningful to hear the piece played by someone else.

4. *Performance*

Storycomposing always includes a performance. It is a concert-like event where a storycomposition is played to significant others in the setting, wherever that might be (i.e., day care, music school, home, hospital, or in therapy). The audience consists of usually either family members, friends, peers, a teacher, or a therapist (Hakomäki, 2009). A Storycomposing concert in clinical music therapy practice is always a V.I.P. event where the special audience is invited. Although, in other environments the concert setting may be more versatile. Quite often a storycomposition is completed in one session. The performance of the piece can take place in the same session or later in the other sessions.

These four steps have to be included in the protocol (figure 2) for the activity to be called Storycomposing. The method also includes theoretical principles and specifications and gives examples of the characteristic use of procedural sequences and techniques as Bruscia (1998a, pp. 114–115) recommends for a method.



FIGURE 2 The protocol of the Storycomposing method¹¹

2.1.3 Studies and training in Storycomposing

A book on the Storycomposing method was published in Finland in 2007, called “Tarinäsäveltämisen taito” [The Art of Storycomposing]. The book gives detailed instructions on how to get started with Storycomposing, how to write

¹¹ Drawings: Jouni Vainonen

music down in the sessions, and how to follow the principles so that the composer maintains ownership of the composition (Hakomäki, 2007). It also goes into the background of the method, and some of the pedagogical and therapeutic implications. An extended and updated edition of this in English is in preparation.

Storycomposing training courses in Finland (table 3) are run by some associations (Mannerheim League for Children's Welfare and Children are Telling) and the courses are part of the optional studies in some Universities of Applied Sciences. The method of Storycomposing is also part of music therapy training courses in Finland. Clinical and practical experiences of Storycomposing as well as the applications of the method are described in section 2.2. The method has also been applied by professionals other than music therapists including day care professionals and special needs teachers who have a basic knowledge of music. Here the therapeutic elements of the music support these other professionals in their work. Storycomposing training is protected by trademark law.

TABLE 3 Courses in Storycomposing (2013)

<u>Definition of the Level</u>	<u>Basic Level Course</u>	<u>2nd Level Course</u>	<u>Method Supervisor</u>	<u>Trainer of the method</u>
Credits	3 ECTS	10 ECTS	25 ECTS	60 ECTS
Lasting	2-3 months	12 months	2 years	2-3 years
Contents	Basic knowledge of the Storycomposing method and technique and its applications; Self-experiencing group work; Storycomposing practice with own target group	Advanced studies of Storycomposing; Analysing storycompositions; Investigating and developing own professional skills and techniques; Storycomposing practice with own target group	Basic principles of supervising in general; Own supervision with the trainer individually or in a group; Assisting and independent supervising of Storycomposing; Active practice of Storycomposing	Developing own trainer skills; Producing material for training; Assisting and independent training of Storycomposing; Active practice of Storycomposing
Completion mode	Written assignment	Written assignment	Individually chosen large performance of the subject	Individually chosen large performance of the subject

Summaries of the studies completed in 2002–2012 that have included a Storycomposing project shows quite clearly the different kinds of field in which the method can be used (tables 4–6).

TABLE 4 Master's degrees featuring a Storycomposing project

Study	Research Interest	Degree	Institute
Sjöblom, P. (2003). Autistiska barn musicerar. Erfarenheter från ett figurnotsmusikläger för autistiska barn.	Is Figurenotes a suitable notation system for children with Autism? Including a single case project with the Storycomposing method.	Master of Music (Music Education)	Sibelius Academy
Hakomäki, H. (2005b). Tarinasäveltäminen – uusi musiikkiterapian malli ja käytännöt. 5	To describe the background of Storycomposing as well as to introduce the method and its educational possibilities and three clinical applications for music therapy.	Master of Philosophy (Music Therapy)	University of Jyväskylä
Vuorentausta, J. (2006). Yksi tarina – neljä kuvaa ja sävellystä. Tarinasäveltämisen sovellusprojekti pianonsoiton opetuksessa.	Practical need to develop methods of piano pedagogy and to increase variety of teaching methods.	Master of Music (Music Education)	Sibelius Academy
Hyvönen, I. (2010). An action research on the use of figurenotes in primary school music education.	How can Figurenotes be used in primary school music teaching and what are the pupils' experiences of it? Featuring a Storycomposing project.	Master of Education	University of Oulu

TABLE 5 Bachelor's degrees in music therapy featuring a Storycomposing project

Study	Research Interest	Degree	Institute
Mäkelä, L. (2007). "Hyviä sanoja tuolta mun aivoista". Toimintatutkimus tarinasäveltämisestä musiikkiterapian interventiona koulun pienryhmässä.	Is Storycomposing a suitable music therapy method in a special school context? What aims are appropriate, how should storycompositions be analyzed and what are the pupils' experiences of the method?	Bachelor's Degree in Social Services (Music Therapy)	Pirkanmaa Polytechnic – University of Applied Sciences
Mäntynen, A. (2008). OVI AUKI! Tarinasäveltäminen turvapaikanhakijalapsen siltana kahden kulttuurin välillä.	To examine the possibilities of music therapy in general, and especially the Storycomposing method, to increase communication and the expression of feelings with a child refugee. Does storycomposing help him feel better heard and help him to settle in a new country?	Bachelor's Degree in Music Therapy	University of Jyväskylä Open University
Savela, T. (2010). OMAA MUSIIKKIA, OMIA TARINOITA – tapaustutkimus puhevammaisen nuoren tarinasäveltämisprosessista.	To examine the possibilities of self-expression with the help of the methods: Augmentative and Alternative Communication, and Storycomposing.	Bachelor's Degree in Music Therapy	University of Jyväskylä Open University

TABLE 6 Other Bachelor's degrees featuring a Storycomposing project

Study	Research Interest	Degree	Institute
Kyllönen, T. (2001). Kuvionuottiprojekti osana päiväkodin musiikkikasvatusta.	Is Storycomposing a suitable method for early years music education in a day-care context?	Music Play-school Teacher	The Helsinki Conservatory of Music
Huhtala, V. (2002). Tarinasäveltäminen.	What experiences children and their families had of Storycomposing in a rehabilitation course? How could a bachelor of social services use the method as a professional tool?	Bachelor's Degree in Social Services	Turku University of Applied Sciences
Nykänen, S.-T. (2005). Tarinasta tanssien musiikkiin.	An experiment to strengthen a sense of teacherhood through broadening one's teaching methods	Bachelor's Degree in Early Years Music Education	Jyväskylä University of Applied Sciences
Saarikko, A. & Savela, T. (2005). Tarinasäveltämisprojekti jousisoittajille.	Is Storycomposing an appropriate method for string instrument pedagogy and how this teaching method changes the role of a teacher?	Bachelor's Degree in Music Pedagogy (Cello and Violin)	Lahti University of Applied Sciences
Salminen, E. (2008). Työhyvinvointia taiteella. Taiteen ja luovuuden vaikutus työhyvinvointiin ja työssä jaksamiseen.	How can art and creativity be combined to create occupational well-being and satisfaction in the workplace?	Bachelor's Degree in Social Services	Laurea University of Applied Sciences
Jauhiainen, A., Räihä, M. & Väisänen, S. (2009). Lupa löytää uutta - projektin vaikuttavuus Katriinan sairaalan työntekijöiden työhyvinvointiin.	To examine the effectiveness of the combination of art-therapy sessions and supervision.	Bachelor's Degree in Social Services	Laurea University of Applied Sciences
Nummi, V. & Sinkko, E. (2012). Ukosta, kummituksesta ja vähän kissoistakin - Tarinasäveltäen lapsen maailma tutuksi päiväkodin aikuisille.	Is Storycomposing a suitable music education method for one particular day care centre?	Bachelor's Degree in Social Services	Laurea University of Applied Sciences

Storycomposing was the only music therapy method used in Salminen (2008) and Jauhiainen et al. (2009); other art therapy methods being ceramics, visual arts, and drama (see also table 10). The researcher of the present study was conducting those music therapy sessions. All the above studies were completed in Finland in the Finnish language, except Sjöblom (2003) in Swedish, and Hyvönen (2010) in English (see also appendices 2–4).

2.1.4 Figurenotes, Storycrafting and Storycomposing

To better understand the ramifications of Storycomposing and where its novelty lies, it is perhaps useful to look more closely at its precursors: Storycrafting, and Figurenotes.

The purpose of the education project in which Storycomposing first evolved was actually to develop and test the previously mentioned Figurenotes system in a day care environment (Hakomäki 2009, p. 149). Figurenotes is a musical notation method originally devised by Finnish music therapist Kaarlo Uusitalo for use in music therapy and teaching of mentally disabled people. Figurenotes gives the same musical information as conventional notation, such as notes, octaves, note values, rests, sharps, flats, but the notation system is based on colours and shapes instead of letters and symbols. The notes in every octave each have a different colour, while each octave has its own shape. C is always red, D is brown, E is grey, F is blue, G is black, A is yellow and B is green. The length of the figure indicates the length of the note and sharps and flats are indicated by arrows. Accompaniment chords are coloured according to the root note (Kaikkonen, 2008; Hakomäki, 2009). To fully understand the Figurenotes system and the idea of Storycomposing it is essential at this point to see appendix 1 in colour.

This new musical notation method enables people with learning difficulties and disabilities to make music much more easily (MacAulay, 2010). The method is more tangible than standard notation and suits complete beginners too. Vikman (2001) found that Figurenotes allowed for greater individual meanings which meant her piano teaching could also be tailored more to the individual. She was able to develop a multidimensional model of piano teaching that led to better self-esteem, motivation through positive learning experiences, more opportunities for group-playing and new perspectives on the relationship between teacher and pupil. Figurenotes also helped pupils learn standard notation. And pupils with learning difficulties could also take part in goal-directed piano teaching where they could express themselves musically.

Figurenotes also generates practical based projects with new kinds of target groups. It is a significant approach for people with different disabilities and enables them to develop their musical skills creatively and from one level to the next. In Finland many music schools use the Figurenotes system which makes it possible for everyone to take part in music lessons, compose, have fun with music, set up music groups and create new musical cultures. The Figurenotes system is also used in other countries as well.

When first inventing Storycomposing, I was not yet aware of the method that already existed called Storycrafting. Later on however I was able to compare the practical knowledge from both methods to draw certain similarities and distinctions, and this let me develop Storycomposing further.

Storycrafting is a method set up to promote equal opportunities for participants in a dialogue (Riihelä, 1991; see also section 1.2.1). Storycrafting is explained to the participants as follows:

Tell a story that you want. I will write it down just as you will tell it. When the story is ready I will read it aloud. And then if you want you can correct or make any changes.¹²

Storycrafting and Storycomposing share the idea that everybody has thoughts, information, feelings and memories which are quite possibly unique and valuable (Riihelä, 1996, 2003; Karlsson, 2000, 2004; Hakomäki, 2005a, 2009). The instructions for Storycrafting are quite similar to the instructions for Storycomposing. In Storycomposing however, a variety of forms of notation are used, rather than just the paper and pen used in Storycrafting. Figurenotes, graphic notation, pictures, and photos, as well as writing are all valid forms of notation in Storycomposing. It depends on what form is most interesting for the storycomposer, and which he or she feels would be the easiest form to be able to play the piece back from again. In practice the co-composer (an adult, teacher, music therapist or another child) adapts the instruction (see Case Vignette no.1 page 35) depending on the composer (for example, they might be a child, couple, group, family, or elderly people). When Storycomposing is not a group activity, the interaction between the composer and co-composer becomes of key importance. When it is a group activity, the communication between group members becomes very important.

In many ways the two methods resemble each other: the children's active participation without teaching or evaluation, listening to children seriously, following children's initiatives, shared dialogue, and children having copyright over their work (Riihelä, 1996; Karlsson, 2000; Hakomäki, 2005b). But what distinguishes these methods is most obviously the art form or medium of communication that is used.

Music allows people to tell stories and communicate without words. This makes storytelling possible for those who can't express themselves with speech for some reason. Music touches feelings and helps to express emotions. It also brings back memories. Music also uses the same elements as a primary caregiver and a new-born baby might in their first communications: pitch, dynamics, tone colours and duration (Stern, 2004). Music also provides a way to speak indirectly about subjects that are too difficult to talk about or if the exact words are still missing. With music it is also possible to listen to others and share, not just the message, but also very importantly the moment it contains.

Storycrafting and Figurenotes have therefore provided two very important anchors for Storycomposing; one providing the kind of open dialogue that the method requires, and the other a practical musical notation system so that music can be replayed.

2.1.5 Storycomposing on the interface of music therapy and music education

As Storycomposing has its origins in early years music education, and has since been used in various other music education settings, it seems appropriate to discuss the benefits of the method in this context. Although Storycomposing in

¹² Riihelä, 2007

this setting is primarily a means for learning basic music skills and how to play an instrument, it also supports children's holistic development. For children, composing and playing their own pieces improves not only their cognitive ability, but also their emotional expression and communication skills. On top of this, Storycomposing also promotes equity in learning as it is also a suitable teaching method for pupils with special needs.

Playing an instrument provides a motivation for controlling your whole body or at least some parts of it. Children can choose the most suitable way to use their own talents. When acting in a meaningful and tolerant way, children can also test the limits of their abilities and develop them further. When listening to children carefully, Storycomposing also gives the teacher a unique opportunity to discover how a pupil learns and thinks. The pupils with special needs, and also the pupils with special talents, develop creative answers to their tasks. Storycomposing improves cognitive skills by developing eye-to-hand coordination and teaching a pupil to follow a written text when an understandable notation system supports this.

By composing stories, children can create visible and audible shapes and forms to their feelings and thoughts. Concrete and multi-sensory works can make one's experiences more clear. When the work is shared with others, it gives an opportunity to interact with other people in a world of possibilities created by music. Storycomposing includes playing and singing, which are also physical actions. Children, including those with special needs, can have experiences that influence their whole body and thus also their physical memory while storycomposing.

When Storycomposing takes place in a group, it is a way to interact with other people and improve collaboration skills. Through creative musical expression, storycomposers can be fully in charge of their own experiences, and when they play their storycompositions with others, they understand their relationship with other people better and share this experience with the others in a musical environment of their own making. The method provides an opportunity for learning and naming thoughts and feelings, and for strengthening understandings of what you have heard, seen, or experienced. One can also practice more externally focused social skills when storycomposing together: how to discuss matters, how to wait one's turn, how to be flexible, and how to be responsible. It is the responsibility of the teacher to support, guide, and act as a supervisor for the pupils.

Learning results improve when the teaching method actually takes into account the pupil's experiences. First of all, pupils feel accepted as they are, build up a good relation to music and build a basis to study music further. Within music education it is possible to make reasonable adjustments to the curriculum and teaching methods for pupils with special needs. In Finnish music playschools, children learn basic musical skills and the lessons should also support children's cognitive, emotional, motor, and social development. Storycomposing and its various applications meet all these criteria.

Storycompositions vary greatly, as do the ways in which they are achieved. Hargreaves (1986, pp. 146–150) describes the process of composition and improvisation as seeming like either an everyday activity, or work of inspiration; as either rational or irrational; conscious or unconscious (*ibid.*). As such, there is indeed no strict procedure for describing how a storycomposition finds its form, and this makes it especially suitable for children. Barrett (2003) sees children’s song-making as a form of musical narrative which allows them to make emotional sense of their lives. The stories represent ‘transitional’ events which may symbolise feelings and articulate their understanding of the world about them (Barrett, 2003, p. 201). These same ideas have all arisen during practical work with Storycomposing in various environments as well, and mean that the method is effective in both music education and music therapy.

2.2 Clinical and practical experience of Storycomposing

Storycomposing has its roots in practical work. And a lot of the knowledge gathered thus far on the method can be found in the completed bachelor’s and master’s thesis.

From the outset there have been researchers interested in the method, and so it became apparent that this should be documented: starting in a music education setting, and continuing into music therapy (Table 7).

TABLE 7 First uses of Storycomposing

Completer of the study	Target Group	Protocol	Setting	Environment
Kyllönen, 2001	Children (aged 3–6) with or without disabilities	Group Storycomposing	Music education	Day-care centre
Huhtala, 2002	Children who have a sibling with Asperger’s Syndrome	Individual and group Storycomposing with peers or parents	Music therapy	Adaptation training courses

Over the period of a year, Kyllönen (2001) followed the development process of Storycomposing by conducting interviews with me on a weekly basis. She also videoed some Storycomposing sessions, and talked to staff and parents at the day care centre. Her interest lay in finding out what the activity meant to the children and how Figurenotes could work in such an environment. In the same way Huhtala (2002) followed the development of Storycomposing when I was using it for the first time in a therapeutic context: for families who had a child with Asperger’s syndrome. This was a so-called ‘adaptation training course’, tailored to the needs of people with certain diagnoses. This time the therapy process was carried out with the siblings so they got the chance to get their ‘voice’ heard in a family. Storycomposing was organized in individual settings

and in group settings with peers and families. The results were encouraging and the development process continued to create the Storycomposing model for music therapy.

Music education has in recent years been interested in looking for new teaching methods to motivate and enable pupils with different musical backgrounds to participate more easily, to rethink the relationship between pupils and teacher and, importantly in terms of the present study, to develop special music education (e.g., Kurkela, 1993; Lehtonen, 2004; Kaikkonen & Uusitalo, 2005). Storycomposing projects have been one part of this (table 8).

TABLE 8 Storycomposing in music education settings

Completer of the study	Target Group	Protocol	Environment
Sjöblom, 2003	Children with autism (aged 10–13)	Individual Storycomposing	Summer camp for special needs groups
Nykänen, 2005	Children (aged 3–6)	Group Storycomposing applied with dance elements	Music playschool
Saarikko & Savela, 2005	Children learning to play cello and violin (aged 9–12)	Group Storycomposing with educational elements	Music institute
Vuorentausta, 2006	Children learning to play the piano (aged 9–12)	Individual Storycomposing	Music institute
Hyvönen, 2010	Pupils (aged 8–12)	Group Storycomposing	Primary school

So even in an educational context the uses for Storycomposing were already starting to become apparent. For example, Sjöblom (2003) was testing the suitability of the visual notation system in Figurenotes for music education with autistic children. As Figurenotes is often used in Storycomposing, the largely positive results of this study were reassuring. Nykänen (2005) also applied elements of Storycomposing in music playschool activities she was studying, to develop teaching methods in early years music education. Meanwhile Hyvönen (2010) tested the possibilities of Figurenotes in primary school music teaching and included a Storycomposing project in that task. Storycomposing has also been tested as a method for instrument pedagogy with violin and cello (Saarikko & Savela, 2005), and with piano (Vuorentausta, 2006). Although primarily in an educational context, all the above applications have helped provide the background for developing Storycomposing as a relevant music therapy tool in a psychiatric context.

But the actual music therapy model of Storycomposing was eventually formulated at an outpatient's clinic for families with children who had had traumatic experiences caused by serious illness, sudden death, or severe crisis. Children here also had emotional or behavioural challenges caused by demanding life experiences and various disabilities or syndromes. Storycomposing

made it possible to combine a child's music therapy with family therapy. The sessions adhered to the four steps of Storycomposing: musical expression, interaction, artefact, and performance (see section 2.1.2). The results, which were written down and therefore could be played or listened to again, then allowed the children to share their feelings, thoughts, and experiences with family members. Even difficult matters could be expressed with the help of music and stories in Storycomposing performances. This activity led to the production of a rich collection of material for both the children's and parents' therapy processes. It also provided the practical basis for the three clinical applications of Storycomposing which are introduced in my masters thesis (Hakomäki, 2005b): short-term music therapy, longer term music therapy and supportive music lessons (see figures 3 and 4). Storycomposing has been applied to both the individual and group therapy approaches in published reports (table 9).

TABLE 9 Storycomposing in music therapy settings

Completer of the study	Target Group	Protocol	Environment
Hakomäki, 2005b	Children and their families with extra challenges in their lives	Combining children's music therapy to family therapy	Outpatient Rehabilitation Centre for Families
Mäkelä, 2007	Children aged 8–11 with learning difficulties (Klinefelter syndrome, Sotos syndrome, brain tumour, low stimulus environment)	Individual and group Storycomposing	Special school
Mäntynen, 2008	A child refugee	Individual Storycomposing	Reception Centre for Refugees
Savela, 2010	A 16 year-old person with a severe speech disorder	Individual Storycomposing	Special school

Mäkelä (2007) was testing the suitability of the method and looking at its possibilities with a small group in a special school over a period of 12 sessions. According to her, the most significant feature was to be able to adjust the method for every child and that it could be used both individually and in group sessions. She also found it meaningful that she could personally co-compose with a child. Interestingly Mäkelä was initially sceptical of the method's flexibility, but by the end she appreciated its possibilities, considering it suitable for communicative, pedagogical, or psychodynamic music therapy.

Mäntynen (2008) used the Storycomposing method with a 12 year-old refugee who had arrived alone in the country. Playing music with the help of the Figurenotes system and creating storycompositions from his own mind made it possible for him to benefit from both the educational and therapeutic sides of music therapy. With no mutual spoken language, he was quite seriously homesick and missing his significant others. But in just 12 sessions, he had bridged the gap from one country to another, making songs using the National anthem

of his birth country and a certain song from his new home country, as well as his very own original storycompositions.

Savela (2010) used the Storycomposing method with a 16 year-old who had a severe speech disorder in a therapy process of 30 sessions. Savela widened the application of the method by writing down the pieces with a system called AAC (augmentative and alternative communication). This new approach allowed the client to express himself more easily and significantly activated his linguistic expression in music therapy.

Storycomposing has also been one of the methods used in a two year project investigating well-being at work (Salminen & Jauhiainen, 2008; Väisänen & Räihä, 2009) and, according to the latter, it was found to have benefits. The project combined days of art-therapy (ceramics, music, visual arts, drama) with days of supervision to support employees during a period of change at work. It also empowered them by tempting creativity. Employees in a hospital were divided into groups which attended every art-therapy day (four in total) and every supervision group (five in total), where they followed the same consistent goals set by the work community as a whole (table 10).

TABLE 10 Storycomposing in other settings

Completer of the study	Target Group	Protocol	Setting	Environment
Salminen, 2008	Healthcare professionals	Group Storycomposing	Supervision	Hospital
Jauhiainen, Väisänen & Räihä, 2009	Healthcare professionals	Group Storycomposing	Supervision	Hospital
Nummi & Sinkko, 2012	Children (aged 5–6)	Individual Storycomposing	Child well-being	Day care centre

In a more recently completed thesis that was piloting the method, Nummi and Sinkko (2012) looked at how Storycomposing would fare in a music education context with 5-6 year-old children at a day care in Helsinki (table 10). Besides helping them to learn aspects of piano playing, it was also found to be useful for learning to read and write. The researchers were able to empower children in many ways: the method improved self-esteem, self-expression, and concentration. It also proved to be an interactive and encouraging activity with acceptable goals. One challenge however was that the day care staff saw it as quite taxing on their skills and resources (ibid.) Nummi and Sinkko collected feedback of their project from staff using SWOT analysis – which specifies the strengths, weaknesses, opportunities, and threats of the project as they saw them – thus making otherwise subjective reports more quantifiable and, in that respect, objective.

Storycomposing has also been used in rehabilitation. One such environment in particular where Storycomposing has been put into practice, is the Family Rehabilitation and Development Centre in Yläne, Finland. This is also known as Huvitus (The Foundation for the Rehabilitation of Children and

Young People Mannerheim League for Children's Welfare)¹³. The first therapy project was carried out there as reported in Huhtala (2002), and since 2001 Storycomposing has become one of the principal methods used here for group family rehabilitation, individual rehabilitation and in courses to assist families living with different diagnoses, also known as "adaptation training courses" (Törrönen & Pärnä, 2010). In Huvitus a variety of professionals, other than music therapists or music educators, have attended the training in Storycomposing and now use the method as a functional rehabilitation tool. All the pilot training courses in Storycomposing were carried out in Huvitus, and the first trained supervisor in Storycomposing works there as well.

Those who have taken part in Storycomposing training courses over the years, have later made use of the method with a wide range of target groups. It has been used to strengthen bonds between children and parents, and as an alternative means of communication for children with selective mutism, ADHD or other disorders. Children with many other disabilities and their families have been rehabbed with the help of the method and, as mentioned previously, it has been a means of self-expression and creativity with children in day care, in special schools, in special music education and adult education. Elderly people suffering from dementia have also used it to express and share their thoughts and memories in a meaningful way with their near ones. Innovative use of the method has also been made, for example, in a library for the staff, and in the Kiasma Museum of Contemporary Art, for families.

In total, over two hundred projects have now used the Storycomposing method in various forms. This already rich practical history has meant certain aspects of the method have evolved. The techniques of writing down the storycompositions, for example, have been adapted to include not only Figurenotes, but conventional notation, drawings with Figurenotes, drawings with conventional notation, Blissymbols with drawings and Figurenotes, Picture Communication Symbols (PCS) with or without Figurenotes, and photos, to name but a few. The fact that Storycomposing is used in such a wide variety of contexts attests to the flexibility of the method.

Because Storycomposing has made it possible for children, in therapy with various problems and disabilities, to express and share even very difficult matters with their families; and because it has enabled family members to face challenges together, the Finnish Medical Society Duodecim conferred the Culture Award of 2008 on me for developing the method. The Award is granted to a person or group of people, who have made a significant contribution to improving the understanding in society of the connection between health, sickness and culture (Syrjäläinen, 2008).

¹³ <http://www.lastenkuntoutus.net/in-english/huvitus-rehabilitation-and-devel/>

2.3 Research findings on Storycomposing

Research on Storycomposing covers the method in a range of contexts: in music therapy, music education, in a supervisory setting, and as a means for furthering children's well-being. The breadth of these research environments in itself attests to the flexibility of the method.

In music therapy the research that has been published covers Storycomposing in two settings: in children's individual music therapy and in therapy processes where the child's individual process is combined with group therapy of peers or a family. In both settings the principal elements of Storycomposing create the framework for the activity, but within this framework there is room to adjust the method accordingly for every client and therapist. This adjustability was acknowledged and appreciated in research findings (Huhtala, 2002; Hakomäki, 2005b; Mäkelä, 2007; Mäntynen, 2008; Savela, 2010). The four principal elements, or steps in the Storycomposing protocol (see figures 1 and 2) were found earlier by examining which elements of the activity were consistently present in the method whenever it was used, regardless of the target group, number, or age of the participants in the activity. This protocol was defined for the first time in 2003 (Hakomäki, 2005b, p. 41).

In terms of psychotherapy, the method increases self-confidence, helps clients to compose their thoughts, and encourages patience. As mentioned above, it is also fully adjustable to the personalities of client and therapist alike. There are three clinical applications: 1. Short term music therapy, 2. Longer term music therapy and 3. Supportive music lessons (see figures 3 and 4). Within the framework of Storycomposing, the period of being with each client individually acquaints a therapist to the client and vice versa, while working in pairs supports the good feeling that results from the presence of peers. Performances and group sessions enhance social skills, and children have been especially excited about the storycompositions that they have composed together with their parents. Storycomposing can improve feelings of well-being, and thereby the quality of life and it facilitates psychotherapeutic progress with recreational goals by developing creativity, meaning promoting creative thinking and problem solving skills, and by improving interaction and dialogue. These findings are presented in detail in appendix 2.

Four educational studies (Nykänen, 2005; Saarikko & Savela, 2005; Vuorentausta, 2006; Hyvönen, 2011) discussed the following issues for Storycomposing: the role of a teacher, practical ways to develop teaching methods, and teacherhood, when using the method. According to those studies, a Storycomposing project increased the participating adult's belief in children's capacities and created an environment where it was easy to become acquainted with each other. A child became an active and interested participant in the activity. The role of the teacher became less teacher-centred, and more equal and close to the children. Interaction became more intensive and fruitful, and the method also provided a means for analysing teaching strategies.

In educational settings, learning goals can be achieved with Storycomposing that satisfy both pupil and teacher. Storycomposing makes it possible for small children to learn basic elements of music in a motivating environment. The method respects children's individuality, enhances their self-esteem and social skills, speeds up the rate at which learning goals are achieved, and is a positive experience. Storycomposing makes it easier for young pupils to express themselves, and empathise with music, and it requires pupils to collaborate, cooperate and share their existing knowledge. Storycomposing makes it possible to achieve learning goals in primary school music education, early years music education, and in learning to play stringed instruments, and the piano. And to create one's own music which a peer group can also play and listen to is extremely motivating. (See appendix 3)

Within a day care centre, Storycomposing offers a new way of teaching music, which also supports learning to read, write, and play the piano. With this activity it is possible to empower children in many ways: it develops self-esteem, self-expression, and concentration. It is also an interactive and encouraging method, with easy to achieve goals, although the method can prove a challenge for the staff to fully master, and for the resources of a day care centre (Nummi & Sinkko, 2012; see also appendix 4).

In a supervisory context, the musical activity was made as natural and easy a way of self-expression as possible, so that everyone was encouraged to participate in music-making (Salminen & Jauhiainen, 2008; Väisänen & Rähä, 2009; see also appendix 4). As I was responsible for conducting that activity, I can add a detail not included in any of the reports, which was that some of the participants were extremely concerned about their abilities to make music at all, but as a result of successfully participating, ended up feeling overwhelmingly happy about their musical competence.

The research findings of studies on Storycomposing would appear to support many music therapy goals; they go some way to answering the needs of music education; give new perspectives on clinical supervision; and present fresh ways of supporting children's well-being.

2.4 Storycomposing in music therapy

Storycomposing is defined as a music therapy model in my masters thesis (Hakomäki, 2005b), and follows guidelines for such models laid out by Wigram, Nygaard Pedersen, & Bonde (2002). As there are numerous different kinds of music therapy models, procedures, techniques and variations, Wigram et al. (ibid.) state the premises required for a music therapy model to be internationally recognised. It needs a historical outline; definitions; a session format (including its elements, characteristic procedures and techniques); clinical applications; and documentation. In most cases preferred documentation formats and research examples are included, and the model is also usually identified in terms of clinical practice (Wigram et al., 2002, p. 114). The models presented as

examples by Wigram et al. (2002, pp. 113–136) are Guided Imagery and Music, the Bonny Method, Analytically Oriented Therapy, the Priestley model, Creative Music Therapy, the Nordoff-Robbins model, Free Improvisation Therapy, the Alvin Model and finally Behavioural Music Therapy. Trondalen & Bonde (2012) would also like to add Community Music Therapy to this list as it has been an internationally acknowledged model of music therapy for the past few decades, and it is inevitable that there will be yet more new models to come in the future. One of the most comprehensive projects to develop one such new (and multidimensional) model for music creation is Felicity Baker's research on the process of therapeutic songwriting, also known as TSW (F. Baker, personal communication, September 27, 2011).

These days I would prefer to call Storycomposing a method rather than a model and perhaps go further and ask whether it is more a therapeutic songwriting method than a clinical improvisation technique? Improvisational music therapy techniques were developed decades ago by the pioneer music therapy educators such as Juliette Alvin, Mary Priestley, Paul Nordoff and Clive Robbins (Wigram, 2004, pp. 13–14). This model of music therapy practice is also thoroughly well-documented, explained, and argued. Songwriting as a therapeutic intervention has also received a lot of attention in music therapy, especially over the past decade, however much of the publications focus on clinical outcomes rather than actual methods of practice (Baker & Wigram, 2005). Storycomposing will therefore be discussed more as a method of practice in the forthcoming sections 2.4.2 and 2.4.3.

2.4.1 Clinical applications of Storycomposing

Broadly speaking, there are two kinds of clinical application for Storycomposing in music therapy with children. The first is where a child is in individual therapy, and the other combines this sort of therapy with a group process usually involving the child's peers or a family. Both settings use the four steps of the Storycomposing protocol, which was defined for the first time in 2003 (Hakomäki, 2005b, p. 41), after examining which elements of each activity remained in the protocol regardless of the target group, number of participants, or their age.

Storycomposing is used especially with children in different kinds of rehabilitation and treatment processes. Even in just a few sessions it is possible to achieve individual goals, or goals for the family or peer group. When working like this, Storycomposing is normally part of a larger rehabilitation process. This music therapy method is therefore also suitable for long psychotherapy processes, and the principles of the method make it possible to combine the process for the children with that of their families in a unique way. In a Storycomposing concert, it is possible to express things through music which are difficult or don't have any other means of expression. The method is also suitable for children with special needs and leaves room for psychotherapeutic intervention when needed.

Storycomposing has been used in practice with children as young as 3 years old, but also adults and elderly people have benefitted from it. For elderly people suffering from dementia Storycomposing has made it possible to learn

something new, to play an instrument and compose. Through storycompositions, elderly people have been able to share memories and thoughts with their significant others in an appropriate way. The method creates a place for meeting, as well as for music, in their care community. It has also opened up a new kind of creativity for adults who have never been able to express themselves musically before, and helped processes for example in family therapy, in supervision and in well-being at work programmes.

The first music therapy intervention for Storycomposing was in a rehabilitation course with families who had children with disabilities, and the final music therapy version of Storycomposing was formulated in an outpatient's centre for families with children as mentioned earlier. Clinical applications of Storycomposing in music therapy can follow the frameworks of different therapy orientations depending on the client's needs, treatment environment, the facilities available, and the particular therapist's orientation. Storycomposing offers a field for communication through storycompositions which don't actually have to contain words, or even music in the conventional way of thinking. Instead, it uses a manner of communicative musicality that uses the same affects, or emotions, that occur in the communication between a newborn baby and primary caregiver (Stern, 1985; Malloch & Trevarthen, 2009). But Storycomposing can also be seen as an empowering force from a resource-oriented perspective (see Rolvsjord, 2006). Clients appreciate the experiential, action-oriented, and concrete nature of Storycomposing, which encourages the session to focus on the strengths and potentials of a client and on the importance of collaboration and equality. The goals of music therapy and music education may also overlap when Storycomposing is used in therapeutic music education, or in music therapy that has learning as one of the therapy goals (Hakomäki, 2005b).

A short term model of Storycomposing (figure 3) is often carried out in two or three sessions. The whole procedure of Storycomposing can take from one day to a week. The main aim is to improve interaction, and to support self-expression in cases of disability, illness or special needs. Storycomposing can ease troubles that might manifest themselves as concentration problems, or language and speech difficulties, but which are actually due to psychiatric or neurological issues. As mentioned above, this kind of rehabilitation can include individual goals or goals for group behaviour. In this kind of setting Storycomposing is normally a part of a greater rehabilitation process.

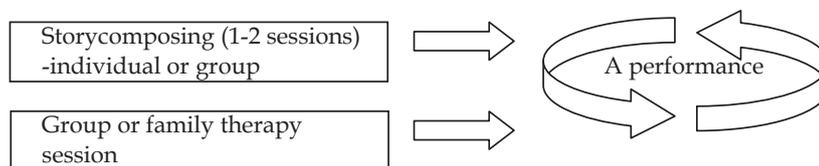


FIGURE 3 A short term model of Storycomposing

A longer term model of Storycomposing is however the more usual kind of Storycomposing that occurs in music therapy settings: an individual session of music therapy in a psychiatric context can be combined with family therapy for children, adolescents and their families. The needs for therapy are variously caused by a trauma, a grieving process, serious illness in a family, a psychiatric disorder of some kind, or some developmental or intellectual disability. Music therapy treatment in a psychiatric setting may last one to two years or even longer. The sessions take place once or twice a week, and family therapy sessions once or twice a month. The frequencies of the Storycomposing performances are adjustable (usually once a month, or every other month). The aim in this kind of setting is to have the child's voice heard in family therapy, or to get parents to actively participate in their own child's therapy. The process can be ongoing, or continue for as long as the period of therapy allows (figure 4).

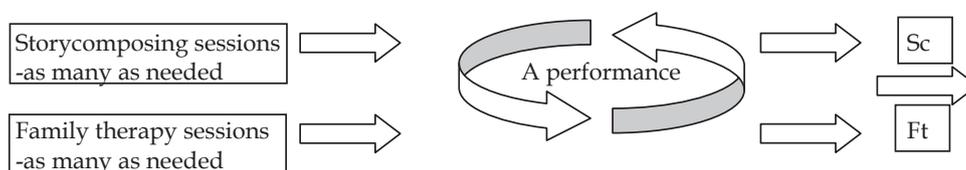


FIGURE 4 A longer term model of Storycomposing

Supportive music lessons carried out with Storycomposing can open up a path for learning, equality, self respect, and active participation in musical activities and social life in general, especially for children with intellectual and developmental disabilities or for children who are disadvantaged in other ways. Music lessons that use Storycomposing can be adjusted to the pupils' level and make learning achievable from their perspective. The lessons also benefit from the principles of music therapy which may increase functional abilities and provide mental support. Families and friends of the pupils can take part too, by participating in the performance stage of the process. In fact, the support of a child's peer group in Storycomposing may have the biggest impact on the child's sense of well-being as it does the most to encourage self-expression and strengthen self-esteem.

2.4.2 Storycomposing as a clinical improvisation technique

Bruscia (1991, p. 7) states that: "...improvising is useful in helping the therapist establish a medium of communication with the client, and enabling the client to express feelings which are difficult to express verbally". He adds that improvisational methods are especially suitable to the clients who need to develop creative and spontaneous interpersonal skills of expression (ibid.). Bruscia (1987, pp. 499–502) derives principles of clinical practice using a variety of improvisational approaches. He lists some prerequisites for the activity concerning clients' motor skills, psychological status and developmental levels. Clients should be able to produce a sound from an instrument in a controlled manner or to pro-

duce wanted vocal sounds. However, a client can still participate in an improvisation-related activity by for example listening or storytelling.

Bruscia (1987, p. 502) also mentions that for clients to be able to improve their psychological state, they need to be able to benefit from audible stimuli and their developmental level and language ability must be sufficient to understand the verbal references as well as the symbolic meanings of improvisations. Meanwhile Stern (1985, pp. 9–10) draws attention to children's capacity to have a sense of self, even at the age of few months, and crucially to this argument, an ability to communicate without words and participate in the social world from about the age of nine months. This is the age at which most children start to use intentional communication (ibid.), in other words when they realize that their behaviour is meaningful to others and that they can alter a situation or another's behaviour by communicating. If we therefore combine Stern's argument with Bruscia's requirements, it should come as no surprise that even a very young child can intentionally improvise.

Bruscia (1987, pp. 502–503) goes on to say the goals of improvisational music therapy ultimately depend on the client's needs and therapist's orientation, and are primarily of a psychotherapeutic nature, rarely educational and only sometimes recreational. In improvisational approaches music can be used 'as' therapy or 'in' therapy. Bruscia lists the conditions in which the different approaches are appropriate and points out that some models use music both 'as' and 'in' therapy (ibid.). A salient feature in understanding improvisational music therapy models is determining whether the improvisations are referential or non-referential. In this context, referential means the improvisation is useful for exploring conscious or unconscious feelings with verbal individuals, whereas non-referential means it is more useful for exploring the dynamics and processes of non-verbal self-expression and interaction (Bruscia, 1987, p. 504). Understandably, many models use both features. Bruscia also asks whether the improvisational technique in question is a receptive or active form of music therapy (ibid.), and he also points out that the main improvisational music therapy models should be applicable in a variety of settings: i.e., individually, in groups, or in classrooms.

Storycomposing is used in the context of '*Music as therapy*', for example, when teaching music to people with intellectual disabilities, as well as to those who have had a serious accident or undergone music therapy. In Storycomposing, children with learning difficulties can participate equally with the others. Music as therapy can even bridge different cultures. And lest we forget, it is commonly accepted that art and creativity increase human well-being in general.

Storycomposing is used in the context of '*Music in therapy*' when it supports constructive dialogue, motivates verbal expression, and as a tool to make thoughts and aspects of the client's life visible and audible. Storycomposing requires no previous musical experience or education and encourages interaction, communication, and self expression. As mentioned previously, the method

may also allow for a child's music therapy to form part of a family therapy process.

Wigram (2004) presents, discusses, and gives examples of types of common improvisation methods that are used in music therapy: mirroring, imitating, copying, matching, empathic improvisation, and reflecting, grounding, holding, containing, dialoguing, and accompanying (Wigram, 2004, pp. 81–111). What is common to all these techniques is that the therapist is playing actively together with the client, and sometimes even alone (e.g., reflecting).

In Storycomposing the therapist listens and writes down the client's musical expression and does not usually play together with the client.¹⁴ On the other hand, the therapist very often plays the storycompositions back to the client, once they've created them, so that the client may concentrate on listening to the music or in other words to the interpretation of that music by the therapist. This activity very often leads to a discussion and sometimes to expression by some other creative means, for example by drawing. In addition the score of the storycompositions are notated which means they can be played again later as many times as needed, and marks the conclusion or completion of a Storycomposing session. When it is played back, in a performance or otherwise, it gives the participants the chance to work through and reflect on the meanings and emotional responses to the storycompositions. It would therefore seem that therapeutic interventions actually happen in Storycomposing when discussing the composition, and by other means than actually during the musical improvisation.

I nevertheless find similarities between the basic therapeutic methods and improvisation skills defined by Wigram (2004, pp. 81–111) and the principles of Storycomposing (see section 2.1.2). The four principles of Storycomposing are equally as pragmatic as Wigram's descriptions of the main kinds of improvisational techniques. Storycomposing requires the creation of a space for musical expression that provides a suitable environment and the necessary equipment for the clients. The possibility of improvisation is introduced by asking the clients if they want to create story compositions of their own. Very often children start to play immediately, sometimes they want to just experiment with the instrument and see what sounds it makes, and occasionally they just need some encouragement to express themselves in a new way. Then the therapist can invite the child to try the instrument again, for example by picking a favourite colour (if using the Figurenotes system), or by asking them to name a concrete item or thing as a starting point. The main principle is that the therapist doesn't actually give the child a topic or a title for the story composition, but listens

¹⁴ Though, Mäkelä (2007) had successful experiments with the Storycomposing method composing more actively together with the client in a special school. In that application (2007, pp.49–50) she felt more equal with the client, was carrying the responsibility as a composer as well and overall it improved dialogue between her and the client. The activity followed both the client's and the therapist's initiatives and made it possible for the client to learn new skills as a co-composer. This goes some way to showing how every therapist can find a way to use Storycomposing to best suit their needs.

very carefully to what is on the child's mind at that very moment. These preparations for Storycomposing are comparable to promoting dialogue in improvisational techniques by modelling musical and gestural cues (Wigram, 2004, pp. 97–100). In Storycomposing, the therapist influences the activity as little as possible or (if you look at it the other way) as much as is needed. Storycomposing requires the acting of one's own free will and from one's own perspective. The first steps of actual Storycomposing are therefore very important: to establish a field where the client and the therapist can meet. It must enable interaction where the client feels accepted, appreciated as such, and listened to. A client will be aware of this by the therapist's honest interest towards him or her and by the therapist offering to write down his or her storycomposition. This creates a holding environment and a frame of containment which function in much the same way as the tonal grounding techniques described by Wigram (2004, pp. 95–97) and it creates an 'anchor' for the activity. But rather than being a musical anchor for improvisation, this can be seen more as a functional anchor for the activity as a whole without actually framing the musical expression of a client.

Continuing through the steps of Storycomposing, the next step is to notate the storycomposition as such without any verbal or musical gestures from the therapist. The therapist is not the storycomposer, but the co-composer who is copying, imitating, and mirroring the client's musical expression onto a score of music in such a way that the client will be able to play the piece again precisely enough for it to remain therapeutically beneficial. If the therapist is at all unsure about how to write something down, then he or she should ask the client. I use the terms copying, imitating, and mirroring for notating the piece in Storycomposing as I believe they have a similar function to those techniques that go by the same name in music therapy improvisation (Wigram, 2004, pp. 82–83). In Storycomposing it is best to err on the side of letting the client have more control, rather than less control of the process, as the agency of the client is of paramount importance to the method – an agency which an individual possesses from as early an age as two to six months, according to Stern (1985, p. 10).

For the third step of Storycomposing, a client's musical expression is transformed into a visible score of music. This score enables therapist and client to work with the piece in the way that is needed. In short term Storycomposing, this score might even be kept and framed to remind everyone about the meanings of that event without necessarily having to hear the music. In longer term Storycomposing, there are more chances for the score to be played as many times as necessary. It also means that family members, participants of a peer group, or even perhaps other healthcare professionals can play the piece. This is possible because the piece is usually notated in a way which doesn't require an ability to read music. Playing the storycompositions then leads us to the fourth and final step of Storycomposing.

Performing a storycomposition in different kinds of settings is similar to the basic improvisation techniques of matching and reflecting the client's 'way

of being¹⁵ (see Wigram, 2004, p. 89). In a Storycomposing performance or concert, a client's gestalt is expressed in a musical form. It is therefore interesting to see how this fits in with other interpretations of improvisation.

Teemu Kide (2012) in his PhD studies takes a closer look at the improvising process from a psychoanalytical point of view and from the perspective of piano pedagogy. His experience is that improvising is being rather than doing, and this is especially noticeable when improvising ends, because rather than just stopping, something is actually missing (Kide, 2012, p. 26). He goes on to say that it is not about the *flow*¹⁶, because improvising doesn't have a goal, but it is, in Stern's (2004) terms (indicated in italics), more like *the span of time* in which the improviser is reflecting in *the present moment* and using the alive past.

Custodero (2012, p. 377) found that improvisation in an educational setting is a combination of both *imitation* and *flow*. *Imitation* (especially the *imitation* of peers) is an adaptive strategy to get into the *flow*, and especially important at the beginning of an activity to be able to learn the task (ibid.). I find this period of learning the task in educational settings has the same kind of requirements for success as was also found in a music therapy setting by Erkkilä, Ala-Ruona, Punkanen, and Fachner (2012). In their research context, they were describing how to create the optimal basis for recovery through improvisation in IPMT (Improvisational Psychodynamic Music Therapy).

Kide (2012) goes on to discuss the importance of the Winnicottian concept of creating *a holding environment* in an improvisational setting and also stresses the importance of continuity in terms of safety, also mentioned by the likes of Stern (2004) and Winnicott (1971). Kide also stresses the importance of open harmonies to enable the improviser's own voice to be present without the burden of associations to existing music (2012). Erkkilä et al. (2012) emphasise Winnicott's term *potential space* (Winnicott, 1968) and mention the factors important for achieving this: client motivation and expectations, a therapist's emphatic competence and encouragement, optimal conditions for bringing about change for the client, a faithful and coherent clinical approach, and a good working alliance between the client and therapist (Erkkilä et al., 2012, p. 419; see also Lehtonen, 2010). Psychodynamic music therapy traditionally argues that emotions, metaphors, associations, and images are core elements of musical experiences (Priestley, 1975, 1994; Lehtonen, 1993, 2008, 2010; Bruscia, 1998b; Wigram et al., 2002; De Backer, 2004; Erkkilä et al., 2012). Punkanen (2011, p. 27) argues that "the role of musical improvisation is to activate the client's symbolic process and let him/her act creatively through music, and bring unconscious material to the pre-conscious level, which then becomes possible to process further, verbally". Punkanen (ibid.) sees creativity as a core element of the client's recovery process in improvisational music therapy.

¹⁵ It is interesting to note that the word 'being' is also one of the keywords used in the theory of child perspective studies (see the chapter 1).

¹⁶ According to Csikszentmihályi, *flow* is a state of mind where the psychic energy is completely focused to achieve goals. In the state of flow the emotions are in the service of performing and learning and the information coming to a person's mind is in balance with the mind's goals. (Csikszentmihályi, 1990)

Storycomposing can be expressed in a Winnicottian way (terms indicated in italics) as ‘playing with music in a *potential space* created by the therapist (*the object*) and the client together’. The four-step protocol of Storycomposing forms the holding environment, as does the therapeutic relationship in which varieties of musical expression are accepted as a representation of being for the individual in question (the storycomposer). The holding environment of Storycomposing encourages *the True Self*¹⁷ to be in the process, by accepting all kinds of musical expression within the safe boundaries of the setting. *The False Self*¹⁸ may appear in the activity only when storycomposers try to express themselves in the way they assume a therapist wants the music to be expressed. This happens, for example, when children are not used to stating their own opinions. And this is why it is important to stress the importance of Storycomposing as a continuous activity in certain cases. Storycomposing creates *an environment* where clients can express their own *life experiences in relation to a feeling of confidence*. Storycomposing, as a form of creative playing, can then create cultural experiences, which are direct consequence and therefore continuation of this playing (Winnicott, 1971, pp. 118–119; Riihelä, 2002; Hakomäki, 2005b).

Bruscia (1988) has summed up the major models of improvisational music therapy with regard to treatment procedures, and describes them in terms of their clinical applications, their goals, the session formats, media used, and according to their methodological procedure. He also gives details on procedural steps or cycles that occur within a typical session for each model. The nature of Storycomposing as a technique for clinical improvisation can be further thrown into relief by comparing it to some of these other models.

When making these comparisons, it is important to keep in mind the role of the therapist, and the degree of agency the client maintains – especially with a child. In Storycomposing the therapist intends to be an active yet neutral listener so as not to have an impact on the client’s improvisation. Similarly, in Integrative Improvisation Therapy the therapist waits for the client’s active expression, the basic feature being that the therapist allows the client to disclose him/herself spontaneously without affecting the content or nature of this expression (Bruscia, 1988). This resembles the first step in the Storycomposing protocol. In Creative and Analytical Music Therapy the therapist stimulates, guides and draws the client actively to the musical expression and interaction (*ibid.*). And Orff improvisation models are even more therapist driven (*ibid.*) This greater emphasis on initiative from the therapist is what distinguishes these two kinds of model from Storycomposing, even if the goals of the therapy and population might be similar. However, as Figurenotes is also used as a no-

¹⁷ According to Winnicott, the True Self becomes a living reality when the good-enough mother meets the omnipotence of the infant and repeatedly makes sense of it. The infant develops an ego-organization that is adapted to the environment and this enables to build up satisfying relationships. (Winnicott, 1960/1996.)

¹⁸ According to Winnicott, the mother who is not ‘good-enough’, e.g. is unable to sense infant’s needs, repeatedly fails to meet the infant gesture and substitutes her own gestures which is to be given sense by the compliance of the infant. The False Self reacts to environmental demands and the infant builds up a false set of relationships. (Winnicott, 1960/1996.)

tation system in Orff improvisation (at least in Finland), it is sometimes confused with Storycomposing.

Paraverbal therapy is another music therapy method that uses both verbal and nonverbal channels of communication, like Storycomposing, and employs various expressive media in non-traditional ways for children who have emotional or communication problems or who are not responsive to verbal methods of therapy (Bruscia, 1988; Heimlich, 1983, 1987). However, unlike in Storycomposing where neutrality is of utmost importance, the therapist consciously uses facial expressions, body language and tone of voice to control the therapy session (Heimlich, 1983, 1987). This often leads to interactions where the child imitates the therapist and vice versa (*ibid.*).

As mentioned above, the Storycomposing principles are to some extent compatible with basic therapeutic methods and skills of improvisation already used in music therapy. They also use improvisation as a way of representing the self. But because the storycompositions are written down, are possible to play again, and can be performed as many times as needed or wanted, perhaps it is more accurate to see the whole of Storycomposing as a therapeutic songwriting method.

Baker and Wigram (2005, p. 18) call for music therapists to describe and define more precisely how we work in our practice and why we choose the methods and interventions we do. One of the aims of this study has been to answer this. In the next section I will therefore examine Storycomposing from a technical point of view, as a songwriting method. I will attempt to do this in the form advocated by Wigram (2005, pp. 246–264) and also using the survey conducted by Baker, Wigram, Stott and McFerran (2008, 2009). I will then focus in more detail on Storycomposing and songwriting with children.

2.4.3 Storycomposing as a therapeutic songwriting method

Judging from current interest in the method, and from recent research on clinical songwriting practice, it appears that songwriting is a popular and effective tool used in music therapy especially with adolescents. Songwriting has been described as:

The process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client.¹⁹

Songwriting is suitable for all ages in music therapy settings. It has been a tool for music therapists working with various therapeutic goals in mind for special groups of clients, and as a therapeutic intervention in itself (Baker & Wigram, 2005, pp. 13–14). When writing music *for* clients, the idea is to compose age-appropriate music, to engage the specific client population and to appropriately construct the music so it serves the specific therapeutic needs of the clients (*ibid.*). In contrast, when writing *with* clients, both process and product are the

¹⁹ Baker & Wigram, 2005, p. 16

focus of therapy. Baker and Wigram (2005, pp. 14–16) have assembled abundant case examples of songwriting being used as therapy and introduce a collection of target groups, client experiences, and therapy goals. They also note the results that have been achieved using the method with adults, adolescents, and children. When looking at these case examples, it becomes quite evident that songwriting is a flexible method that is suitable for a variety of populations and different kinds, or levels of music therapy.

Baker and Wigram (2005) describe 11 different approaches to clinical songwriting in all, and Wigram (2005, pp. 246–264) goes on to then develop a working model of therapeutic songwriting by comparing and contrasting these approaches. The songwriting aspect of Storycomposing can also be viewed from a similar perspective:

- Storycomposing's protocol is based on a client-initiated and musically improvised story-making structure, which incorporates both sounds and possibly words. Step by step it consists of the four obligatory elements previously mentioned: musical expression, interaction, creation of an artefact, and a performance. The client and the therapist have specific roles: the client creates an improvised musical story while the therapist writes it down.
- Storycomposing is beneficial for clients of any age, and with a variety of needs. Although the method is in many ways defined by the 4-step protocol but inside these frames the method is flexible for the needs and the abilities of the client.
- The technique of music creation in Storycomposing is spontaneously improvised melody or sounds by the client which are notated simultaneously by the therapist with the client-appropriate manner. This is one of the most unique features of this method, compared to other songwriting techniques.
- If there are any lyrics in the storycompositions they are created in the same way as in Storycrafting (see section 2.1.4), in other words the text or single words may appear spontaneously without guidance, questions, teaching, or manipulation, while the therapist writes them down. It is perhaps due to this procedure that lyrical themes may vary a great deal.
- Based on my experiences of Storycomposing in practice, the main kinds of artefact created by this method are songs, musical stories, compositions, and musical games.
- The relevance of storycompositions in music therapy is that they are places for 'being' and spaces for interaction. They can also be a kind of therapy diary for the client and notebook for the therapist.
- From clinical experience, the health professionals that are usually involved in Storycomposing interventions are most often the family therapists of the client's parents, child psychiatrists, and other paediatric professionals.

- The final product in Storycomposing is a composition which is written down in a notation system that will allow the client to be able to play the piece back again precisely enough to an appropriate audience.

It becomes clearer how Storycomposing differs from other songwriting methods when comparing it directly to another, like for example the FAST model (Flexible Approach to Songwriting in Therapy) by Wigram (2005, pp. 262-263). In the introductory story creation stage, Storycomposing stays close to the idea of improvisation. However, Storycomposing is unique when it comes to the stage of formulating lyrics, developing the music and writing down the song. Whereas in other methods, such as FAST, the therapist's participation is more pronounced, in Storycomposing the therapist's role is just to chronicle, to write down, or to notate, and to let the client take more control. This doesn't mean that the piece must be transcribed note for note, but only in such a way that the client can recall memories, feelings, and other important elements which were essential to the meaning of the storycomposition, but it doesn't have to sound exactly the same. A storycomposition can be performed by the composer or someone else to a particular audience that needs to hear it (as part of the client's therapy process), in the same way that songs composed by other songwriting means can be played back. But the difference is that the concert-like performance of a storycomposition is always a V.I.P. event for a carefully selected audience, and not the general public. Storycompositions are not audio recorded but transcribed so that they are possible to play again as many times as wanted or needed. It is true that it is not always possible to sing storycompositions - they are not always that song-like, but they are also musical stories, musical games, and compositions which might even have quite contemporary style. What is essential however, is that there are no wrong notes in Storycomposing.

When compared overall to the general results of other songwriting techniques, reviewed in a survey of therapeutic songwriting in music therapy (Baker et al., 2008, 2009), yet more distinguishing features of Storycomposing become clear. The results of the survey indicate that in many techniques songs are composed with individual clients in single sessions as in Storycomposing. But, unlike in Storycomposing, lyrics are given a more central role and often created prior to the music. Again, the most essential difference seems to lie in the role of the therapist. In other songwriting techniques the therapist has a significant role in creating the music, and a pre-determined musical structure can be just as important as an improvised one (Baker et al., 2008, 2009), whereas in Storycomposing the therapist concentrates on not having an effect on the client's creation and aims at neutrality in that process (Hakomäki 2005b).

In those music therapy studies that have investigated or described Storycomposing so far, the results achieved show that: Storycomposing increases self-confidence, helps clients to compose their thoughts and be more patient, encourages and empowers people to express themselves verbally or otherwise, gives positive experiences, and is a tool to make a client's thoughts on life more

visible and audible. These compare with the goals of songwriting identified in the music therapy literature in general and in the Baker et al.'s songwriting survey (2009): experiencing mastery; developing self-confidence; enhancing self-esteem; improving choice and decision making; developing a sense of self; externalising thoughts, fantasies, and emotions; telling the client's story; and gaining insight or clarifying thoughts and feelings. Other results published about Storycomposing in family or peer group settings show that working in pairs increases camaraderie among peers; that concerts and group sessions enhance social skills; and that children were especially excited about the storycompositions created together with their parents. In one study, throughout the course of the group therapy, members were also met on an individual basis as and when required. This meant the therapist and client could become individually acquainted with each other and the method could be better adjusted to suit their personalities. So although Storycomposing resembles other therapeutic songwriting methods in many ways, it also presents many unique possibilities. (See also appendix 2)

However, Storycomposing has also received some criticism. The process of writing down the music interrupts the creative 'flow-experience' if the co-composer needs to ask for time to make notes. According to the definition of *flow*, it needs goals but improvising doesn't (see section 2.4.2) and in music therapy these goals are also less important in the creation process of storycompositions. In fact, depending on the therapeutic situation in which the method is used, the strictness of the goals can be adjusted in Storycomposing. Some songwriters also feel that they need an assistant in creating music – for suggestions, examples, and alternatives – if they want to create a 'grand' piece of their own. In therapeutic environments this challenge is therefore overcome by choosing the appropriate songwriting technique based on the depth of therapeutic intervention required.

At the time of writing, the model of therapeutic songwriting (TSW) was undergoing a large scale review to construct a comprehensive model based on clients' experiences, therapists' experiences, and the understanding of the importance and role of the music creation process (F. Baker, personal communication, March 23, 2011) and at the beginning of 2012, the Therapeutic Songwriting International Research Network was established. After comparing Storycomposing to the existing basic literature on clinical improvisation techniques (section 2.4.2) and therapeutic songwriting methods (in this section), I suggest that Storycomposing could be defined as one of the therapeutic songwriting methods, and it is inevitably strongly influenced by clinical improvisation as well.

Roberts (2006b) identifies four types of songwriting method from her own clinical experience: word substitution, computer-based, original, and improvised. She goes on to suggest that Oldfield & Franke (2005), Davies (2005), and Derrington (2005) have all integrated improvisation with songwriting as I have done with Storycomposing. Storycomposing uses a form of improvisation and

songwriting that falls somewhere between the definitions of Bruscia (1991) and Baker & Wigram (2005):

“...improvising is useful in helping therapists establish a medium of communication with clients, enabling them to express feelings which are difficult to express verbally”²⁰

“The process of creating notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client”²¹

Bruscia (1991, p. 7) adds that improvisational methods are especially suited to clients who need to develop creative and spontaneous interpersonal skills of expression. With this in mind, Storycomposing could be defined thus: *a method which encourages and empowers a person to express themselves with the help of music. Storycomposing creates a context in which even weak and vulnerable sides of one's personality can be safely expressed. The interaction that storycompositions entail provides a space where a person's life can be processed in the presence of an empathic other.*

2.4.4 Songwriting and Storycomposing with children

Songwriting provides means for children to express their thoughts, feelings, memories, and experiences. Songwriting can be a way to increase functional abilities as well as activate and support self-expression and communication. Children easily create their own melodies and percussive sounds with words, or through play, if they are offered a forum for doing so. Children often sing spontaneously, beginning with babbling, then experimenting with vocal sounds, developing through one-syllable humming to little melodic verses. Children's singing is usually created in the middle of everyday activities. Even newborn babies communicate musically, creating non-verbal narratives with their nearest caregiver. Later on children start to imitate the music they hear and start to repeat it. These spontaneous repetitions of the music they have heard are an important part of the enculturation process of an individual and it has started already before birth. Later when children learn to master instruments, to produce and to control sound, it takes very little to encourage them one step further to compose.²²

Margaret S. Barrett highlights the narrative meaning of young children's musical inventions as they reflect on their interests and emotional states in the songs that they've made up about the people, fictional characters, objects, and events in their everyday life (Barrett, 2003, 2006b). She suggests that:

Children's invent song-making functions as a means to self-regulation as they use song to establish the parameters of their worlds, and to interpret and understand their interactions in and with these worlds. In their invented song-making young

²⁰ Bruscia, 1991, p. 7

²¹ Baker & Wigram 2005, p. 16

²² These thoughts are adapted from: Fredrikson, 1994; Glover, 2000; Ahonen, 2004; Eckerdahl & Merker, 2009; Malloch & Trevarthen, 2009; Huotilainen, 2011; and McPherson, Davidson & Faulkner, 2012

children are prolific producers rather than merely re-producers and consumers of musical meaning. They draw on the cultural forms around them and shape these to their own purposes, purposes that are intrinsically linked to their emerging identities as socio-cultured beings.²³

Having already acknowledged the communicative function of musical elements between an infant and a care-giver, Barrett goes on to explore how young children continue to develop musical engagement independently (Barrett, 2011). As invented songs and music-making provide structures of narrative form, Barrett argues that children are given the opportunity to perform their musical identities and enact different ways of being through their musical inventions and in this way develop their identity (*ibid.*).

In music therapy, songwriting is a commonly used method for providing children with therapeutic assistance. Baker & Wigram (2005, p. 248), Roberts (2006a) and Baker et al. (2008, p. 107) conducted a survey of studies and clinical experiences in a variety of environments which offer songwriting as music therapy for children with a variety of needs. These environments include: hospitalised children; paediatric oncology patients; children in palliative care; children in a bone marrow transplant unit; abused and traumatised children; children with developmental disability or some kind of autism spectrum disorder; children within psychiatry assessment units; children in neurorehabilitation; and children coping with grief and bereavement. As in music therapy in general, through songwriting, children were found to experience greater control of situations; an increase in self-esteem; a decrease in anxiety, anger and tension; and improved abilities to cope with social interaction (Baker & Wigram, 2005). According to Baker et al. (2008), children's songwriting in oncology/palliative care especially encouraged the externalization and exploration of feelings, thoughts, and fantasies. The results of this survey show that songwriting is practised frequently with the same kind of clients as Storycomposing: i.e., with psychiatric patients, those with developmental disabilities and also those with autistic spectrum disorders (*ibid.*, p. 113) but there is hardly any literature about these particular applications of the method. Baker et al. (2008) do not really distinguish children's songwriting methods from adults' methods as Baker and Wigram (2005) do. What is common in most of these songwriting methods with children (*ibid.*) is the leading role of the therapist when creating the music. The therapist gives models (Oldfield, 2005, pp. 24–44), teaches (Davies, 2005, pp. 45–67), guides (O'Brien, 2005, pp. 180–205) and makes decisions (Krout, 2005, pp. 206–225). On the other hand, Storycomposing gives the child a leading role in creation and decision making, and is even suitable for children as young as three years old, because it is based on the principles of child-centred activities (as mentioned in sections 1.1 and 1.2).

As songwriting is generally a popular method in music therapy, some of the studies, investigations, and projects are conducted with bereaved children. Dalton and Krout (2005; 2006) developed the Grief Process Scale through music therapy songwriting. They use songwriting in various ways: to write lyrics for

²³ Barrett, 2011, p. 405

songs that have been pre-composed by the therapist, to assist children and adolescents to play instruments, and by offering rhythmic patterns, chord progressions, and musical styles to participants to choose for their songs (Dalton & Krout, 2005). Roberts (2006b) sees home-based songwriting as an inspiring medium for 'telling the client's story', particularly with bereaved children and adolescents. According to Roberts (*ibid.*) it offers them the chance to accept the loss of loved ones; to commemorate them and remain connected to them; to express thoughts, feelings, memories, and spiritual beliefs; to experience activities that increase self-esteem and empowerment; to play and sing their stories of loss and grief; and to develop coping strategies.

Oldfield and Franke (2005), Davies (2005) and Aasgaard (2005) have all used songwriting with the families of the children undergoing therapy too, in the same way that Storycomposing has been used (see sections 2.2, 2.3 and 2.4.1). Oldfield and Franke (2005, pp. 24–44) use improvised stories and songs for assessment purposes to motivate children to communicate. In this case, songwriting is being used to evaluate children's non-verbal communication skills in particular. This evaluation helps the therapist to understand more about the child and gives information about the child with regards to the treatment group and family (*ibid.*). Davies (2005, pp. 45–67) finds that a child's songwriting often helps a family to see their child in a more positive light – in terms of their talents rather than inabilities. But at the same time, listening to a child's own songs can help parents to gain a more honest appreciation of the challenges a child faces (*ibid.*). Aasgaard (2005, pp. 157–179) has formulated guidelines for songwriting in child oncology, and they contain many similarities to the principles of Storycomposing: respecting the child's initiative in choosing the theme of a song; maintaining child authorship throughout, with the therapist taking care to wait long enough and not take the dominating role; respecting the child's privacy, and valuing the artefact of the composition as "a diploma of artistic achievement" (*ibid.*). Children's parents have often found that songwriting gives their child a sense of mastering something, and it has also been good entertainment for the whole family (Aasgaard 2005, pp. 175–179). In his doctoral thesis, Aasgaard (2002) states that he wants to support the artistic involvement of whole families during difficult times and he finds that songwriting can actually be a form of family entertainment that makes a great positive impact on family relationships.

With the Storycomposing method I have also developed and used a combination of Storycomposing with family therapy and family therapists precisely so children's voices can be heard as part of the whole family therapy process. This application of the method was first presented in an article on the background, definition and possibilities of Storycomposing in a music therapy context (Hakomäki, 2004). The aim with this application has been to create a bridge between children and their parents. A child's storycomposition offers them an outlet for their emotions, thoughts and experiences, and puts them in a shareable form for the family therapy sessions. Sometimes the storycompositions arise from a distant memory, and other times from the present moment. And due to

the emotional reaction that music usually arouses in parents, they find themselves more receptive to the child's state of mind. Parents can then process more easily the child's hidden emotions, thoughts and experiences, and do this together with the child as part of the Storycomposing and family therapy sessions. Once this connection between children and their parents is made, a child's emotions, thoughts, experiences, and memories become a shared experience for the whole family.

As concerts in general, there are many details that can affect an audience's ability and willingness to receive the 'message' in the performance of a storycomposition. It depends on different reasons: what kind of music it is – how familiar or odd it is; how it is performed; who is performing; who the audience is; how committed and attuned they are to the context and how willing they are to participate; the expectations and memories of those involved; as well as their concentration, opinions and emotions (Hargreaves, MacDonald, & Miell, 2007). In particular, the relationship between performer and the audience should not be overlooked (*ibid.*). The experience is in many ways a social happening which is affected by the history and ideology of the very community that the music, performer, and audience create (Berleant, 2009). The emotional experience is also affected by personal ways of receiving music. For example, for some people music is an awakening, or it somehow reflects their own emotions; for others music is a way of perceiving the composer's experiences (Juslin, 2007; Berleant, 2009). All these points must be carefully considered when organizing a Storycomposing concert in a therapy setting.

In more recent studies, songwriting has been used in a therapeutic context with adolescents. With the help of various contributors, Hadley & Yancy (2012) have been investigating rap and hip-hop as meaningful forms of songwriting, especially as a way for young people to find their own voice in a community and to provide a sense of mutual recognition. Both therapeutically and in a more general sense, it supports healthy ways of sharing vernacular forms of expression, affirms a plurality in ways of being, and supports the kind of knowledge which is important for youth identity and survival (*ibid.*).

What clearly distinguishes all the songwriting applications mentioned in this section from Storycomposing, is the dominant role of lyrics. This is undoubtedly explained by the generally accepted definition of a song as being "a composition for voice or voices, performed by singing" (Wikipedia, 2012). This definition leaves a lot of room for Storycomposing, and shows that perhaps it is more than just writing 'songs'. Indeed, in this study I want to stress how important music, melodic lines, and sounds (even single ones) can be in Storycomposing and this is the core of the method in music therapy. Especially in terms of children's psychotherapy, the supportive theories for these ideas are firstly Stern's (1985) theory of affects which emphasizes the musical elements in human communication and the four step development of the infant self: 'the sense of an emergent self', 'sense of a core self', 'sense of a subjective self', and 'a sense of verbal self' and secondly Malloch's (1999) theory of communicative musicality, where communication between parent and infant is recognised as a

music-like dialogue. In these respects, I suggest that lyrics and exact words are not compulsory in musical communication, and therefore nor are they necessary in songwriting either. According to Erkkilä et al. (2012), De Backer (2004), and Metzner (1999), this way of working on the *proto-symbolic* level is essential with clients who have limited symbolic capacity. Such people might be, for example, psychotic or borderline clients; those diagnosed with depression or anxiety, or traumatized individuals. Based on clinical experience, and as reported in the studies on Storycomposing (see appendices 2–4), the method can be widely applied to the diverse needs of music therapy, therapeutic music education, and other supportive activities. In my particular clinical experience of music therapy in the field of children's psychotherapy I have been able to form new spaces and ways of being for children to express, with or without words, otherwise inexpressible experiences with the Storycomposing method. Also children who due to their disability are unable to express themselves with words find this method useful as a way to express, share, and become conscious of their mind's processes.

2.5 Standpoint for the experiment part of this study

When starting this research process the knowledge of Storycomposing was based mainly on clinical practice and on a wide range of experimental projects with the method as well as on the applications of Storycomposing trainees. I had practical experience of the method with various target groups: small children, piano pupils, pupils with special needs, children and adults with developmental disabilities, and in music therapy with children and adolescents and their families with a variety of backgrounds. As a developer of the method I wanted to know more specifically about the mechanisms of Storycomposing and I understood that I had to concentrate on some field of the applications to reach that knowledge.

2.5.1 Storycomposing on the levels of music therapy practice

In music therapy, I find it useful to take note of the therapeutic level at which the process occurs. The practice depends on the clinical focus, the needs of the client, and the therapist's training as well as their philosophical, methodological and practical orientation. Bruscia (1998a, pp. 157–162) takes account of these subjective considerations by dividing music therapy into six kinds of application:

1. Didactic practices focusing on helping clients gain knowledge, behaviour, and skills needed for functional, independent living and social adaptation. Some form of learning is in the foreground of all these practices.

2. Medical applications focusing on helping the client to improve, restore, or maintain physical health.
3. As part of a healing process to promote harmony within individuals and between individuals and the environment.
4. Psychotherapeutic applications focusing on helping clients to find some kind of meaning and fulfilment in life.
5. Recreational utilizations of music to assist in personal enjoyment, diversion, or engagement in the kinds of social and cultural activity which enhance well-being and the quality of life.
6. Ecological practices that promote health within and between different sociocultural communities and various environments.

More recent conceptual framework of ‘music, health, and well-being’ sees music therapy as one part of the gestalt of *music promoting well-being*. Music therapy is seen as overlapping with other fields of music such as everyday uses of music, community music, music education (MacDonald, Kreutz & Mitchell, 2012, pp. 7–8) and music in medicine (MacDonald, 2012).

MacDonald et al. (2012, pp. 4–7) see the relationship between music and health in terms of evidence-based musical practice, which is to be found just about everywhere. Music affects our emotions, and therefore involves several levels of processing. Music is also disturbing in the way it challenges people to recall emotions and memories with which they are not always comfortable. Music can also facilitate ‘flow-experience’ (see section 2.4.2). Music does not only move people emotionally, but literally in a physical sense both in everyday activities, in exercises and in rehabilitation. Music also links people socially in many ways: in one-to-one situations, large gatherings, or via technology. Music is a fundamental channel of communication providing a means by which emotions and ideas can be expressed, communicated, and shared, both locally and globally, and sometimes in place of language. Music has the capacity to change behaviours in beneficial ways as is plainly manifest in many personal, social, consumer, educational, or motivational contexts. Musical taste is also ‘a badge of identity’, especially among young people, that signals to the world key aspects of their personality. Finally, music plays an important role in negotiating our constantly evolving and social identities. (Ibid.)

Music therapy is clinically applied in a number of different ways according to the level of therapy. These levels are described in terms of “the breadth, depth, and significance of therapeutic intervention and change accomplished through music and music therapy” (Bruscia, 1998a, pp. 162–163). There are four such levels: the *auxiliary level*, which encompasses all functional uses of music for non-therapeutic but related purposes; the *augmentative level*, for any practice in which music or music therapy is used to enhance the efforts of other treatment modalities, contributing to the client’s overall treatment program; the *intensive level*, which describes any practice in which music therapy takes a central and independent role in addressing priority goals in the client’s treatment plan; and finally the *primary level*, where music therapy takes an indispensable

or singular role in meeting the main therapeutic needs of the client, and as a result, induces pervasive changes in the client's life (ibid.).

Wigram, Nygaard, and Bonde (Wigram et al., 2002, p. 115) combine the intensive and primary levels and call it primary. In a Finnish definition, the levels of music therapy practice are divided into five levels. Music therapy can:

- operate on an *activational* level,
- increase *functional* abilities,
- be *supportive* of the client's strengths,
- provide a *sense of self-confidence* and *life control*,
- offer a possibility for *analytical* therapy²⁴

The existing studies on Storycomposing can thus be categorized, according to the Finnish levels of music therapy practice, but they can also be seen within a framework of 'music, health and well-being' as MacDonald, Kreutz and Mitchell (2012) suggest.

Existing studies of Storycomposing in the field of music therapy emphasize the *functional* and *life control* levels. It is typical that in music therapy practice more than one level is reached. As in songwriting literature in general, practice with some populations is less publicly documented than others (Baker et al. 2008, 2009) with the Storycomposing method as well. Storycomposing is often used for individuals with developmental disabilities, for children and adolescents who have had traumatic experiences, and for children diagnosed with an autism spectrum disorder (ASD) or specific language impairment (SLI). These are documented only in the final reports of training courses in Storycomposing. With those populations *activational* and *supportive* levels are reached as well. Beyond the applications already mentioned in existing studies on the method, Storycomposing has also been successfully used with people suffering from dementia at the *activational*, *functional* and *supportive* levels of music therapy. (See also appendix 5)

When placing various Storycomposing settings within the framework of 'music, health and well-being', overlaps are inevitable. Music education can have elements of community music and support everyday uses of music as well. Music therapy can also consist of elements such as music education, community music and everyday uses of music. Within Storycomposing it is also possible to overlap music therapy with music education goals. Therapeutic music education with special groups is both *activational* and *functional*, and via these levels it may also improve self-confidence and clients' sense of *control* over their own lives. Storycomposing in a supervised setting achieves goals too which could easily be aims of music therapy. (See also appendix 6)

²⁴ Ala-Ruona, Saukko & Tarkki, 2009

2.5.2 Storycomposing as a method for children's music psychotherapy

In my master's thesis I touched on the possibilities of using Storycomposing as a psychotherapeutic tool with children in music therapy. My basis for this lies in Bruscia's (1998b, pp. 2–3) definitions of the different kinds of musical engagement to be found in psychodynamic music therapy: music as psychotherapy, music-centred psychotherapy, music in psychotherapy and verbal psychotherapy with music (Hakomäki, 2005b, pp. 65–70). The more I examined these definitions, the more it became apparent that Storycomposing had many points in common with them.

In Bruscian terms, Storycomposing could be defined as a form of 'experiential therapy that has the potential to become a type of transformative and insight therapy'. Storycomposing can be a transformative force in musical terms, in that the transcribed compositions can be played and listened to again as many times as needed. But the method also supports verbal insights with the amount of mental processing that it entails.

According to Bruscia (1998b, pp. 5–12) the three kinds of musical expression used in a psychotherapeutic context are: 1. improvisation, 2. song, and 3. music imaging. In this case, improvisation depends on three variables: the people participating in the session, the musical instruments or sound-making materials they are playing with if any, and whether the improvisation is referring to anything outside the structure of the music itself. In Storycomposing there's either group or individual settings, the therapist-led option does not exist. As for the second variable, instruments are almost always used in Storycomposing but there have also been successful cases using the voice, or involving domestic items found at home. And the improvisation in Storycomposing can be referential to frameworks both within and outside the music (often simultaneously).

Bruscia (*ibid.*) believes that songs, and he includes songwriting in this category of musical expression, can represent who we are and how we feel at any one point in time.

Finally Bruscia mentions music imaging as a third category of musical expression which describes when individuals respond imaginatively to music therapy. Examples of such responses include free associations, projective stories, images, feelings, bodily sensations, and memories. Music imaging is also a very important component of Storycomposing, not only at the composition stage, but also at the performance stage, when each time there is also the chance to make different musical interpretations of the piece. Also when the piece is performed by other people than the storycomposer, they will bring their responses to the contents of the storycomposition.

Although practical experience in a wide range of environments would seem to give sufficient pragmatic evidence as to why Storycomposing is such an effective psychotherapeutic tool in children's music therapy, I haven't yet been able to fully describe why this is the case. There is nothing really new in this method: musical inventions, stories, interaction, and performances are all very established means for children to express for example joy and sadness. But per-

haps it's the combination of these which, when initiated by the child, offers a place and a space to be heard, to listen, to meet, to accept and to be accepted without evaluation. It certainly seems to be enough for the method to function in a wide field of human interaction, and in both therapy and learning environments. However it would be good if more could be found out as to precisely how the method is so effective.

What has kept the development of Storycomposing moving forward, are those functional elements which have proved to work time and again in more than one context. From the perspective of research however, this means that this account is highly biased. The first part of the study should therefore perhaps be more accurately described as 'Readings from the development of the Storycomposing method', rather than research. The experimental part of this study is therefore designed to shed more light on the matter, by finding philosophically, theoretically, and methodologically stronger arguments to explain why and how Storycomposing works. The chosen focus for my further investigations of Storycomposing is the field of children's music psychotherapy.

PART II – METHODOLOGY

3 THEORETICAL AND METHODOLOGICAL CHOICES

This study combines constructivist and narrative approaches in a multi-methodological stance to address the research questions in this thesis.

3.1 Children's knowledge in music therapy research

Children's perspectives have interested me ever since I was training to be a piano teacher. I wanted to know more about children's and adolescents' development, especially with regards to what music and having piano lessons and a piano teacher meant to them. This led me then to study also as a music therapist. When I graduated at the start of the 1990s I was searching for 'my way' to practice both my professions: piano teacher and music therapist. Teaching piano and music to people with developmental and learning disabilities seemed like 'a safe place' for a music therapist/educator to be, when I wanted to find out more about what music means to individuals. In this environment, the Figure-notes system showed me a way to communicate musically in a more creative way: firstly with special needs clients, and then with children. Soon after this, I found that music combined with Storycrafting was an even more meaningful way to connect with a child's mind, and finally Storycomposing helped open the musical creativity of a child's mind to a form of music psychotherapy. In this study I have wanted to take this child perspective further, by finding answers to my research questions with the direct help of a young co-researcher.

Storycomposing brings children's knowledge into the discussion about music therapy practice and research. According to the sociologist Harriet Strandell (2010), the first phase in Finnish childhood studies has been to legitimize the study of children as social beings in their own right. Storycomposing as a method can be placed in the first phase of Finnish childhood studies, which date mostly from the 1990s, as it is an action-oriented approach where children are the prime actors in their own social environment.

The second phase in childhood studies has been characterized by a growing diversity and interdisciplinarity of approaches (e.g., sociological, educational, and from the perspective of child protection). This is where this present study fits in, as the research interests are focusing on a child's personal experiences and knowledge production which requires analysis from more than one perspective. Child perspective is therefore present both in the way Storycomposing has been created and developed over the years, and in the form of the child co-researcher here.

Because creative arts are commonly accepted to have therapeutic benefits, and childhood studies have placed children more in control of their own research, these have combined to allow also children with disabilities to participate equally in research settings. The sorts of challenges facing children in music therapy research include: developmental disability, physical or psychiatric problems, illnesses, and challenging environments for healthy growth. Using music therapy to support children and their well-being is understandably a major research topic worldwide. Nevertheless, in music therapy research the role of children as active knowledge producers is still relatively new (see section 3.1), even if guidelines regarding children's rights, which can be applied to concern research with children as well, are outlined in articles of the Convention on the Rights of the Child dating from as far back as 1989 (see section 1.1). My free interpretation of these articles, as a music therapist for children, is that we must take children themselves as more active and creative knowledge producers for research in our field.

It is essential to move forward the child perspective outlined in section 1.1. This agenda, demanding for the increased participation of children, can be traced from Hart's Ladder of Participation (1992) through Shier's Pathways to Participation (2001) to Lundy's (2007) statement that a "voice is not enough". Indeed, if increased child participation means heeding children's voices so that they have more say over the research, then the 'voice' with which they participate needs to be defined more precisely. Kellett (2010) summarises Lundy's definition of this participation in terms of:

Space: Children must be given the opportunity to express a view.

Voice: Children must be facilitated to express their views.

Audience: The view must be listened to.

Influence: The view must be acted upon as appropriate.²⁵

How does giving a child the necessary space, voice, audience, and influence impact on the knowledge thereby created for research purposes? First of all children's knowledge is no less important than that of adults, and nor are children any less competent than adults at participating in research, but the way they produce this knowledge is often different (Kellett, 2010). Children obvious-

²⁵ Lundy, 2007, p. 933

ly have first-hand and therefore expert knowledge about how children see, feel, and understand matters (Christensen & Prout, 2005/2009; Mayall, 2000). Of course, most children are not trained researchers; but then nor are many adults either. This demands efforts for finding, developing, and evaluating the appropriate methods for children to do research as Kellett (2005a, 2005b, 2010) mentions and does. One of my study's aims is to introduce and evaluate Storycomposing as one such research method for children. The adoption of participatory methods within childhood research opens up a way into children's direct experiences and gives these perspectives value and status (Clark, 2010). As in PAR (Participatory Action Research) in general, the issue is also one of power when choosing research methods: who makes the decisions, whose voice is heard, and who understands what it is all about?

Just recently, Krüger (2012) has made a significant contribution to understanding the value and possibilities of combining child and sociocultural perspectives in young people's music therapy, regarding the field of child protection and child welfare. He sets out a practical structured participatory model of community music therapy based on comprehensive theoretical discussion and interviews with the young people involved. In this model (Krüger, 2012, p. 185), musical activities already known to be appropriate and convenient for young people, such as playing in a rock band, or acting and performing, serve to sharpen their opportunities for being heard in institutions; enhance their commitment to a group, to a community and to society, and make it possible for them to articulate their own values, knowledge and identity. I see this model as a functional approach to get young people's knowledge and voice heard through the medium of music. It requires institutions to examine what sort of power these activities are given within institutional communities (in this case particularly child welfare institutions); to actually listen to what a rock band or rap text is saying; and to act correspondingly so that it has an effect on young people's everyday life there.

Next I will look at some examples of music therapy studies from a child perspective. For this purpose I have chosen completed doctoral research in children's music therapy from Finland and from Aalborg University, Denmark. I also did a search in a number of music therapy journals for the following key words and expressions: child-centred, childhood studies, studies in childhood and studies of child perspective. I also take into account the way in which data has been gathered. This concise selection of studies was made with a view to clarifying the idea of child perspective in the field of children's music therapy research.

In the Finnish PhD studies, Ahonen-Eerikäinen (1998) was mapping out and categorising music therapy methods used with severely disabled children in Finland. Ten years later, Saukko (2008) was exploring the goals of music therapy with a similar kind of target group. The primary research data of Ahonen-Eerikäinen consisted of her professional assessments of the children's music therapy and her secondary data consisted of interviews with other music therapists. Without hesitation therefore, I can safely say that this was a study

from a music therapist perspective. Saukko also derived her data in two ways. Firstly she interviewed the parents of music therapy clients. Secondly she used various kinds of documents made by the adults involved in the children's music therapy: for example, therapy assessments, medical assessments, rehabilitation programmes, and certificates of medical examinations. This combination of data gathered from interviews between parents and music therapist, and documents create a similarly adult-biased perspective to Ahonen-Eerikäinen's study, although I would define Saukko's more as a professional viewpoint augmented by a parental perspective. Also, the informed consent for Saukko's research was only requested from the parents.

The studies in children's music therapy completed at the University of Aalborg are taken from the years 2002 to 2010 and were available on the University's website²⁶. I wanted to see if children's own suggestions and initiatives had been taken into account in terms of four aspects: the research interest, the data collection methods, the production of knowledge, and how the informed consent or assent was asked for. This last aspect proved telling, as it was reported that it was the parents who gave informed consent for their children to be involved in two of the studies (Kim, 2006; Elefant, 2002); while it was organizations that were asked permission from in another (Aasgaard, 2002). I found no mention that children had been asked for their informed consent or assent.

Data collection had been made in various ways in these studies: by observing video recordings (Kerem, 2009; Kim, 2006; Holck, 2002); interviewing parents (Kim, 2006); using a checklist with both parents and therapist (Kim, 2006); using questionnaires and interviews with parents (Kerem, 2009); using questionnaires with music therapists (Gold, 2003); using a therapist's notes (Aasgaard, 2002); using song-sheets and other artefacts related to children's songs (Aasgaard, 2002); discussing with parents in interviews, including some informal discussion of two short comments by the children (Aasgaard, 2002); using the audio material of children's songs (Aasgaard, 2002); and interviewing other professionals related to children's therapy process (Aasgaard, 2002). I found no notes that a research interest had arisen from a child's own ideas or gestures, although in one case adults were interviewed as to what they thought the meaning of the song was to the child and other participants (Aasgaard, 2002). Expressions usually used in child-centred studies such as studies in childhood, studies in child perspective, childhood studies or child-centred studies were not mentioned.

However, some therapy methods and procedures are taking account of children's initiatives, suggestions and perspectives and therefore improving children's active participation. For example, children's spontaneous imitation, initiation, and turn-taking can be one of the observed units in music therapy (Kerem, 2009). In the same study parents were also asked for their opinion as to their child's engagement with, and enjoyment of the process before and after the intervention. This can be seen as respecting a child perspective even if it is via observations of their parents. In another study children were given the

²⁶ See www.mt-phd.aau.dk/phd-theses/

chance to select songs that were particularly interesting to them for the purposes of research (Aasgaard, 1002, p. 65). Another study showed that even if the research is conducted from the researcher perspective, the research interest and the results can encourage readers to recognize that developmentally disabled children can take initiatives and make choices of their own (see Elefant, 2002). Another study highlighted the importance of undirected (or non-adult directed) approaches (see Kerem, 2009). But no special mention was found in any of these studies about copyrights concerning child-created artefacts used in research.

I searched for the same key words and expressions that would reveal studies from a child perspective in the following music therapy journals: *Journal of Music Therapy: ProQuest Central New Platform* (Winter 2002 (Vol. 39, no. 4) - 2011), *Music Therapy Perspectives: ProQuest Central New Platform* (2004 (Vol. 22, no. 1) - 2011), the *Australian Journal of Music Therapy: ProQuest Central New Platform* (2005 (Vol. 16) - 2011) and *Canadian Journal of Music Therapy: ProQuest Central New Platform* (Fall 2004 (Vol. 11, no. 1) - 2010). There were no matches at all with the terms childhood studies and studies of child perspective. There were also no matches with the term child-centred, even though the terms music-centred, family-centred, student-centred, multi-centred, voice-centred, patient-centred, client-centred, and child-centred parenting were all used. There was one match with the term studies in childhood in the study by Dalton & Krout (2006), when they used a reference from Furman (1974), "A child's parent dies: Studies in childhood bereavement". But this would seem to refer more to studies in childhood bereavement than to studies in childhood in general.

It would seem therefore that music therapy research undertaken within the paradigm of a child perspective has been virtually non-existent up to 2011, even though music therapy often involves children's gestures, listening to children's experiences, viewpoints, emphases, and ways of doing things or of expressing themselves creatively. It is only recently there are signs that the paradigm is now reaching music therapy practice, and with remarkable results. Krüger's participative model enhances the meaning and power of young people's common musical activities as described earlier (Krüger, 2012). And another example is the project called 'MusicalFieldsForever'²⁷ set up by practitioners from diverse artistic backgrounds within music, industrial design and interactive design. The project aims to explore new forms of expression in interactive media by creating open, audio-tactile art installations. The group call these installations 'musical fields'. The group also cooperates with the RHYME²⁸ research project, the goal of which is to improve the health and quality of life for people with severe disabilities, through the use of "co-creative tangibles". The project shares a vision for the democratic potential of these technologies to allow anyone to become a co-creator, at his or her personal level of interaction, expertise and engagement, and this includes children with severe disabilities. Both these projects emphasize the importance of child-centred activities in

²⁷ MusicalFieldsForever.com

²⁸ rhyme.no

terms of advocating 'musicking for all' (Holone & Herstad, 2012). If music therapy research could also use these principles derived from child perspective studies, I believe children's knowledge would be more consciously put to use and heard. As mentioned earlier (section 1.1), studies in child perspective have used many creative, non-verbal, and art-based participatory methods to collect children's knowledge, but hardly any of these have been musical methods. The methods and projects introduced by Krüger, MusicalFieldsForever and RHYME, however, do use music as a child appropriate way of producing knowledge. My aim is to add Storycomposing to this list as well.

3.2 A Participatory Action Research on a Single-Case

A case study is generally bound by a time and place, in other words the 'case'. A case may be a programme, an event, an activity, a single individual, several individuals, a group, a process, or a sequence of activities. A case is understood through many forms of data, and should be situated relative to its setting and the larger context (Miller & Salkind, 2002). Case studies are a form of research methodology common to the social sciences, and are based on in-depth investigations of a single individual, group, or event. Case studies may be descriptive or explanatory. If this study was investigating a client's therapy process from an outside perspective, even the music therapist's, it would still be identified as a case study.

Many would therefore agree that the current research has all the characteristics of a case study. This is qualitatively empirical and focuses on a single music therapy process in a natural setting. It involves the intensive investigation of a single situation so as to identify and describe the phenomena which are at the heart of this study. This study benefits from multiple sources of evidence and the outcomes are more likely to present ambiguous results than absolute truths or clearly defined solutions. The data also depends quite heavily on interpretations of events and situations (e.g., Yin, 2003). But as the researcher is heavily involved in implementing the method that she is also investigating, this study would perhaps be more accurately described as a form of action research.

Action research can be defined most simply as: 'learning by doing' (O'Brien, 2001). But the same author argues that what distinguishes it from other professional practices or daily problem-solving methods are the systematic theoretical considerations that must be made. According to Winter (1989), as cited in O'Brien (2001), a set of principles should guide action research:

1) Reflective critique

An account of a situation, such as notes, transcripts or official documents, will make implicit claims to be authoritative, i.e., it implies that it is factual and true. Truth in a social setting, however, is relative to the teller. The principle of reflective critique ensures people reflect on issues and processes and make explicit the interpretations, bi-

ases, assumptions and concerns upon which judgments are made. In this way, practical accounts can give rise to theoretical considerations.

2) Dialectical critique

Reality, particularly social reality, is consensually validated, which is to say it is shared through language. Phenomena are conceptualized in dialogue, therefore a dialectical critique is required to understand the set of relationships both between the phenomenon and its context, and between the elements constituting the phenomenon. The key elements to focus attention on are those constituent elements that are unstable, or in opposition to one another. These are the ones that are most likely to create changes.

3) Collaborative Resource

Participants in an action research project are co-researchers. The principle of collaborative resource presupposes that each person's ideas are equally significant as potential resources for creating interpretive categories of analysis, negotiated among the participants. It strives to avoid the skewing of credibility stemming from the prior status of an idea-holder. It especially makes possible the insights gleaned from noting the contradictions both between many viewpoints and within a single viewpoint

4) Risk

The change process potentially threatens all previously established ways of doing things, thus creating psychic fears among the practitioners. One of the more prominent fears comes from the risk to ego stemming from open discussion of one's interpretations, ideas, and judgments. Initiators of action research will use this principle to allay others' fears and invite participation by pointing out that they, too, will be subject to the same process, and that whatever the outcome, learning will take place.

5) Plural Structure

The nature of the research embodies a multiplicity of views, commentaries and critiques, leading to multiple possible actions and interpretations. This plural structure of inquiry requires a plural text for reporting. This means that there will be many accounts made explicit, with commentaries on their contradictions, and a range of options for action presented. A report, therefore, acts as a support for ongoing discussion among collaborators, rather than a final conclusion of fact.

6) Theory, Practice, Transformation

For action researchers, theory informs practice, practice refines theory, in a continuous transformation. In any setting, people's actions are based on implicitly held assumptions, theories and hypotheses, and with every observed result, theoretical knowledge is enhanced. The two are intertwined aspects of a single change process. It is up to the researchers to make explicit the theoretical justifications for the actions, and to question the bases of those justifications. The ensuing practical applications that follow are subjected to further analysis, in a transformative cycle that continuously alternates emphasis between theory and practice.²⁹

This study is investigating a real situation — a music therapy process, in an experimental setting — with a child co-researcher, and is a pilot study for music therapy research from a child perspective. All these form the basis for a study that uses an action research methodology. It could be further defined as a piece

²⁹ Winter, 1989

of radical action research because the aim is to emancipate a child's voice, power, and agency in music therapy research.

The term 'action research' was first coined by Lewin in 1946, when he described it as a way for researchers to integrate "research and theory with practice". His idea was to develop theories appropriate for real world problem solving. Lewin (1946) emphasized *change* and the *investigation of change* as key components of the methodology of action research. If action facilitating change was emphasized, Lewin believed this would enable researchers to not only recommend appropriate actions, but also to investigate the actual effects of these actions.

Blichfeldt & Andersen (2006) summarize the similarities and differences between action research and a case study. The main similarities lie in the wide range of theories, practices, perspectives and research designs they share. What is perhaps more telling therefore, for defining each methodology is their differences. Action research is more likely to use interventionist designs aimed at facilitating *learning* among participants (ibid.). It is this focus on learning which makes this study very much action research: not only is there something to learn from the methodology about Storycomposing, but also about music therapy practice in general. Another important distinction is that action research is normally about a research event or situation which has been established by the researcher for the purpose of enhancing an existing situation, while a case study is investigating someone else's situation. In this study both researcher and co-researcher are investigating a situation in which they are both heavily involved themselves.

So in terms of the criteria introduced by Blichfeldt & Andersen (2006), this study leans more towards action research. Action research offers a greater role to the participants than a case study would, and here the co-researcher is indeed crucial in defining the issues to be addressed. Action research projects also normally begin with the issues and concerns that arise within some practical situation, and in this case that situation is to develop the Storycomposing method further in a music therapy setting. The results of this study are undoubtedly addressed to music therapy professionals and to other children's health care professionals, but they also apply to other children in a similar kind of situation, as the co-researcher points out himself (see section 3.6). According to Blichfeldt & Andersen (2006) this is typical to action researchers who have an obligation to feed data back into the community with which they collaborated when identifying and solving a practical problem.

This research also tends towards PAR (participatory action research) as it uses strategies in which participants are actively involved in the research decisions as co-researchers (Reason & Bradbury, 2001). PAR is based on reflection, data collection, and action that aim to improve health and reduce health inequalities by involving the very people whose health the research is trying to improve (Baum, MacDougall & Smith, 2006). In this study the co-researcher says that the research feels like a new short therapy process for him (see sections 3.6, 5.4.1 and 6.1). Both Action research and PAR seek to understand and

improve the world by changing it. In particular, the process of PAR aims to enable people to have more control over their lives (ibid.). Another reason to see this study as a form of PAR is that, like the methodology, it also draws on constructivism (ibid.) as do many other studies of child perspective (see also section 1.2.1).

The research meetings with the co-researcher, which included discussions and Storycomposing activities could be defined as ‘unstructured interviews’ in Krippendorff’s (2006, pp. 223–224) sense of the term. Unstructured interviews seek to avoid the loaded concepts an otherwise standard interviewer might bring to a conversation, by facilitating a more natural conversation (ibid.). And indeed, the research meetings in this study used artefacts, and storycompositions produced by the interviewee as part of the conversation. New knowledge about music as a PAR tool with children seems to be currently inadequate. For example a Special Issue of the *International Journal of Social Research Methodology* (2012) on ‘Creative Methods with Young People’ discusses music as a possible tool for children only in terms of rap texts (Gillies & Robinson, 2012). In sum, the methodology of the co-researcher’s narrative (see section 5.4) could be described as a single case study that is also radical action research and the researcher’s as participatory action research (see section 5.5).

3.3 Constructivist knowledge production

The knowledge produced by this study is constructivist in essence, which means the knowledge is formed during the research process. It embraces the idea that because knowledge is neither unchangeable nor a priori, knowledge is constructed through scientific research. The people, who have been selected to produce various truths and knowledge in their actions for this study, are the researcher and co-researcher. This study shares the same basic themes as constructivism which, according to Mahoney (2004), are active agency, order, self, social-symbolic relatedness, and lifespan development. The meaning of the verb ‘to construct’ has for centuries meant to arrange or give structure to something, as has the nominal form of the word ‘construction’ from which the word ‘constructivism’ later arose, to be applied in more metaphorical contexts. According to Mahoney (2004), the frequency of ‘constructivism’ in, for example, the titles or abstracts of psychological studies has increased in recent decades.

Constructivist learning strategies are especially used in educational studies. Such strategies see learning as an individual process based on the learner’s own subjective representations of objective reality. Learners are involved in an active process of construction which fits new information together with what they already know. According to constructivist theories the learning is therefore not only affected by the context in which it occurs, but by the beliefs and attitudes of the learners. (E.g., Dewey, 1934/2005; Piaget, 1988; Vygotsky, 1978; 1986; Bruner, 1986, 2004; Glasersfeld, 1991)

Jean Piaget developed a model of cognitive development based on four developmental phases. This theory of stages deals with the nature of knowledge and how children gradually acquire it via many channels: reading, listening, exploring, and experiencing their environment. Through this holistic understanding, children construct knowledge and learn ways that are appropriate to their age (Piaget, 1988). But Piaget's theory is challenged by the fact that there have since been many experiments dealing with very young children's abilities and communication skills which show these developmental stages might not be quite so predictable (e.g., Stern, 1985, 2004; Malloch & Trevarthen, 2009).

Lev Vygotsky's theory of development differed from Piaget's in that it stressed the central role of language in mental development. According to Vygotsky, the meaning of words is developed in social interaction with others and the environment (Vygotsky, 1986). Whereas Piaget sees knowledge as an active and individual construction in a social world, Vygotsky sees it as collaboratively and mutually constructed with others (Wink & Putney, 2002). In other words, Piaget emphasizes a child's interactions with physical objects in developing profound forms of thinking, while Vygotsky emphasizes the collaboration between individuals and the environment. These thoughts lead the present study to the theory of social constructionism which stresses the social aspects of learning.

Vygotsky's (1978) Social Development Theory goes into greater detail as to how social interaction plays a fundamental role in the process of cognitive development. One of the key principles in this theory is the concept of the Zone of Proximal Development (ZPD). This zone includes activities that a child is able to do with the help of adults. The ZPD starts from where the child is no longer able to perform a task independently, and so needs adult guidance and/or peer collaboration, and ends at the sort of activities which are beyond the child's ability at that present time. According to Vygotsky (1978), this is the zone in which learning occurs.

Another concept that Vygotsky (1978) proposes is the idea of '*inner speech*'. Inner speech is used for mental reasoning and external speech is used to converse with others. Children can guide their own behaviour by means of inner thoughts when interacting with adults, and in this way they internalize words and concepts. It also means that each interaction in which a new meaning for a word is created is very important (ibid.). These moments require a form of dialogue, in which there are different voices seeking out meanings from several perspectives. The origins of this idea of '*polyphony*', or many voices, in dialogue has been attributed to Bakhtin's (1981, 1984) understanding that language lies on the borderline between oneself and the other. The word in language is half someone's else's. The present study goes on to investigate what happens to the meanings of words in a dialogue which also uses music. In Storycomposing words and music together create the language and the emotions felt in the environment as this dialogue develops. These thoughts have formed an important part of the reasoning behind the music therapy part of this study.

The above learning theories of constructivism and social constructionism are also seen as a starting point to the knowledge produced in the experiment.

According to von Glasersfeld (1995), who is one of the main contributors to the development of radical constructivism in education, if the constructivist approach is seriously going to be adopted by an educator, many of one's assumptions and ways for thinking have to be changed. Indeed I found that in the 'proto-stages' of this study, when I began developing Storycomposing as part of the music education project in the day nursery in 1999-2002, many of my conventional pedagogical principles had to be dropped to enable creative activities that were truly child-initiated and child-centred. In the experimental part of this study the co-researcher and the therapist-researcher are both involved in learning processes when producing knowledge. The co-researcher wants to learn more about himself, and the therapist-researcher wants to learn more about how Storycomposing works as a music therapy method. The knowledge achieved and constructed with those goals in mind, answer the co-researcher's question: 'How much, and in what way, have I changed during and after the therapy process?' – and the therapist-researcher's question: 'How does Storycomposing function as a child's music psychotherapy method?' (Figure 5)

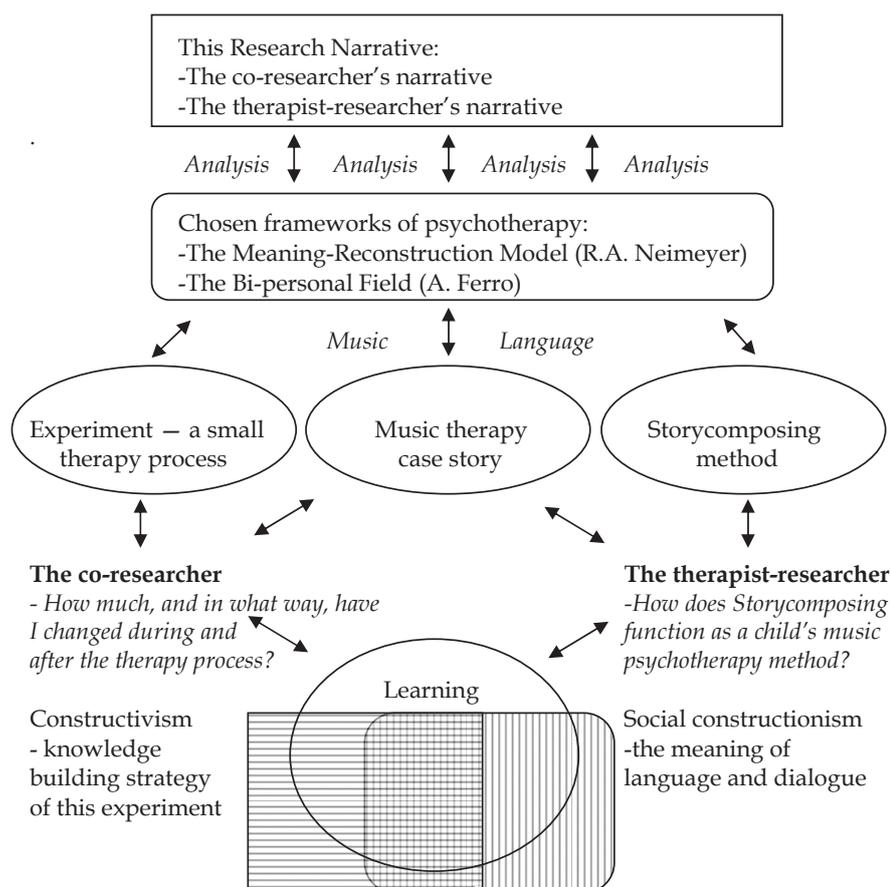


FIGURE 5 The construction of the knowledge production process of this study

According to MacLeod (2004, p. 352) counselling and psychotherapy can be viewed from a social constructionist perspective as a cultural arena that people can use to construct or reconstruct a sense of agency, personal identity, and belonging when experiencing challenges in their lives. According to Neimeyer (1993) constructivist psychotherapies emphasize the self-organizing and proactive features of human knowing that engender change, as all human thought is seen as a product of a particular place and time. He continues:

At the core of constructivist theory is a view of human beings as active agents who, individually and collectively, co-constitute the meaning of their experiential world.³⁰

Neimeyer (1995, pp. 18–24) outlines four basic metaphors for constructivist psychotherapy: therapy as personal science, therapy as a way of developing selfhood, therapy as narrative reconstruction, and therapy as conversational elaboration. From a twentieth century perspective, Neimeyer (1993) sees human knowledge as not only evolving interpersonally, but as something which is also proactive or anticipatory. He suggests that constructivist approaches best provide this social context for situating the self in clinical practice. Constructivist psychotherapies attempt to foster a broad development of the client's constructions and are essentially more creative than corrective, and more exploratory than directive (*ibid.*). According to Neimeyer (*ibid.*), in this context the therapist's interventions are reflective, elaborative, and vigorously personal.

Kelly's (1955/1991) Personal Construct Theory is a theory of personality centred on the distinctive ways in which individuals construct and reconstruct the meaning of their lives. According to Neimeyer (1993) this was the first systematic attempt to articulate a constructivist theory for clinical practice. The core of Kelly's theory is the idea of '*the person as scientist*', which emphasizes the human capacity to construct meaning, to be the author of one's actions, and to review personal systems of knowing across time.

To understand other people is to understand their personal construct system. A personal construct is defined, not as an event, but as how we construe or make sense of that event. Therefore a personal construct is the meaning we give to our surrounding reality. A person creates an image of reality and then responds to this image. Personal constructs are in this way tested against reality (Kelly, 1955/1991, 1963).

The Psychology of Personal Constructs (Kelly, 1955/1991) stresses the importance for individuals to be able to make sense of their lives by creating these constructs. Based on this theory Kelly developed the method called *the Repertory Grid Technique* as an instrument for eliciting personal constructs. Currently these assessment methods are developing rapidly, and reflect the growing popularity of constructivist and narrative approaches in psychological theory for focusing on the unique meaning-making processes of individuals and social groups (Neimeyer & Raskin, 2000).

³⁰ Neimeyer, 1993, p. 222.

Narrative reconstruction is one form of constructivist psychotherapy. Indeed, those thoughts guided this study towards the *Meaning-Reconstruction Model* (Neimeyer, 2001) – which also has its roots in constructivism (see section 3.5.1) – by research that has looked at how interpersonal account making can restore a sense of meaning and self-esteem to individuals who have experienced the death of a significant other (e.g., Harvey, 1989; Harvey, Orbuch, Weber, Merbach & Alt 1992; Harvey, Stein, Olsen, Roberts, Lutgendorf & Ho, 1995). Neimeyer emphasizes grieving as a process of individual meaning reconstruction where bereaved individuals feel urged to revise their life narratives because everything has changed (Neimeyer, 1999).

This study also acknowledges Antonino Ferro's (1992/2006) psychoanalytical concept of *The Bi-Personal Field*, in which therapist and client construct new meanings through communicating via the new stories they have created together, and in which it is important to cultivate a genuine emotional relationship (see section 3.5.2). The research narratives of this study are therefore based on constructive meaning making after traumatic loss, and a narrative reconstruction in a bi-personal field. These were the same processes that were used by the child and the therapist in the music therapy sessions five years earlier.

3.4 The art and science of narrative

People have always told stories because they serve many purposes. Not only are they a way to preserve cultural and moral values, but they are also a means of education and entertainment. Stories have been kept alive by being told again and again. The main starting point of any narrative strategy is typically within language itself, as language is the primary tool for constructing meaning, although some of the earliest stories have combined oral narrative with symbols that have been carved, scratched, or drawn on different materials such as cliffs, pottery and sand. In some ways the data for this research resembles this latter form of storytelling, as it is also committed to memory and revisited with the help of artefacts.

It is generally accepted that narratives are used in so many contexts that it would be hard to count them all. Narratives are produced by all human groups, and therefore have many different cultural backgrounds. They also come in many forms, as noted by Roland Barthes (1966/1993): language, speech, written in different literary genres, images, gestures, history, drama, comedy, mime, painting, cinema, comics, and conversation. It is worth noticing here that music is missing, as it often is in these kinds of lists, although narrative is present also in musical form in every other place in every age and in every society. As Barthes puts it; narrative is international, transhistorical, and transcultural (ibid.).

Choosing a narrative strategy to explore this data seems to be the most obvious choice. A young person is retelling a story of his life history, and at the same time he is exploring the mechanism of the method he had used to do this,

and the process of music therapy as he sees it happening, from a child perspective. Narrative research enables us to investigate the significance of human actions and phenomena that occur in the construction of narratives.

The focus of this particular music therapy study is on how the life story of a young co-researcher, and former therapy client, transforms through the process of retelling with music. The study looks at how the story is told then (in therapy) and now (as a co-researcher) with the help of music, and at how the story will be interpreted by both researchers using music and music therapy. The focus is therefore quite narrow here and concerns only the case in question. However, a postmodern narrative framework takes this narrow focus into account, as it is argued that local and personal narratives such as these can be combined with others to construct a plurality of small narratives which together form the basis of human knowledge.

Intertextuality is a term that Julia Kristeva adopted in the 1960s to describe the borrowing of words and concepts between texts. Another feature of intertextuality is that it creates a context, when one text is read in terms of another, in which case all of the assumptions and implications surrounding that text shed light on the other, and shape how it is interpreted (Bakhtin, 1984). The intertextual context of a story can be cultural or social and so the story could be, for example, a recovery story, a model story, or a masterplot story (Hänninen, 2010). However, the intertextual focus in the present study is novel in certain key respects. It wants to provide fresh insights into the music therapy process from a young person's perspective. The intertextual focus of this research is to look at what makes this a fresh narrative.

In this experiment the narrative is understood as Gérard Genette (1983/1988, 1972/1980) defines it. He sees it as one part of a triad consisting of *narrative*, *story*, and *narration*. *Story* is the totality of narrated and completed events; while *narration* is the act that produces the *narrative*. This *narrative* is therefore a product of the discourse (*narration*), and can take the form of a written text, a recording, or just a human memory (ibid.). The historical truth which led the boy and his family to ask for therapeutic help and the original music therapy process together form the *story* in this study. The research project with the co-researcher is the act, or the process of *narration* which produces the *narrative* of this experiment. In this process the historical truth transforms into a narrative truth, in addition to the artistic truth present in each storycomposition. The concept of narrative research is based on the idea that narrative is an essentially human phenomenon and that narratives are everywhere that human beings are. The popularity of narrative research is on the increase and this phenomenon has been called by a number of researchers the 'narrative turn' (e.g., Hänninen, 2004; Abbott, 2008; Hyvärinen, Hydén, Saarenheimo & Tamboukou, 2010).

Hänninen (2004) presents a Model of Narrative Circulation which is based on three concepts of narrative form. Firstly the *told narrative* is the verbal representation of a chain of human events. In narrative research these stories are most often the autobiographical ones people tell others about their own lives

(*ibid.*). Secondly the *inner narrative* refers to the story we tell ourselves when organising life experiences to make sense of them in terms of a narrative (*ibid.*). Thirdly the *lived narrative* is based on the idea that human life consists of interlocking narrative-like episodes which have their relative beginnings, middles, and ends (*ibid.*). Even though it is fascinating that the concept of narrative is able to refer to all these aspects at the same time Hänninen (2004) stresses the importance of distinguishing these three aspects to better explore their dynamic relationship. For example, studies in literature, and folklore, from an anthropological, social scientific, sociolinguistic, or microsociological perspective are usually most concerned with *told narratives*; psychological and phenomenological studies, however, are interested in the *inner narrative*; while social scientists and historians are primarily interested in *lived narratives* (*ibid.*). The narrative of the co-researcher in this study is most likely an *inner narrative*, and the reconstruction process of meaning after his traumatic loss continues in this experiment. Based on this experience I too reconstruct my *inner narrative*, but as the therapist-researcher, interpreting the previous therapy process through ‘the lens of Storycomposing’. In this respect, I am reading the text intentionally (Abbott, 2002, pp. 95–97). When aiming to hear the *inner narrative* of an individual, Hänninen (2004) stresses the importance of being aware of the setting for narration. The told autobiographical stories should be collected in settings which allow for the narrator to tell their story in the same way as they would tell it to themselves (*ibid.*). Hänninen (2004) mentions diaries, autobiographical writings, minimally structured narrative interviews, and interviews allowing for free association as the best means for this. In this particular intervention, the narration setting resembles the music therapy setting of five years earlier, in which the core story for the whole study was formulated. Hänninen has adapted the concept of *inner narrative* from Lev S. Vygotsky’s (1986) notion of *inner speech* (see also section 3.3).

Choosing narrative as a strategy for research into a music therapy process after a traumatic incident is not without certain challenges. The researcher must be aware of how time, order, coherence, and truth are perceived in this context to fully benefit from this approach. Human beings constantly reflect on what is happening around them, and this act is more prone to follow ‘the order of meaning’ than actual historical time (Crossley, 2000). In this way historical time in narrative can be held up or go backwards, because it is the events as they relate to human activity that create the order of time (Abbott, 2002). Repetition in narrative in terms of themes and motifs is another important key to interpreting narratives (Abbott, 2002, pp. 95–99) and this too has an effect on time and order in narrative discourse.

Repetition operates at both a micro and macro-level in this narrative inquiry. The micro-level describes each individual storycomposition. Each story by the co-researcher is examined on its own: how each artefact initiates it, how it begins, develops, transforms and deepens. The macro-level describes what was discussed in the various research meetings. It shows how the storycompo-

sitions relate to each other: how they continue, transform, and complete one another, and how they attach to the here and now.

'Narrative truth' must take into account the audience and environment in which the narration takes place. This truth is dependent on how the individual constructs a story in a particular time and place, in terms of values held, and past and present experiences (e.g., Abbott, 2002; Moen, 2006; Hänninen, 2004; Neimeyer, 2001; see also Crossley, 2000; and Tamboukou, 2010). If the narrative is an artistic product, for example some written material, pictures, or music, 'the narrative truth' will also contain 'artistic truth' as well and therefore aesthetic values (Spence, 1982). Understanding all this 'truth', in a therapy context, which means interpreting the narrative that client and therapist grasp together, therefore demands some creativity. However a narrative can just as easily come alive by leaving some gaps in it unfilled, as by filling those gaps in (Abbott, 2002, p. 92). Overreading³¹ a narrative by filling in the gaps is usually done to make sense of the narrative, by finding qualities, motives, moods, ideas, judgments, and events for which there is no direct evidence (Abbott, 2002, p. 89). Underreading³² a narrative by leaving something out can sometimes be justified to prioritize the first impression of a story, or it may also be done to find a satisfying closure to a narrative (Abbott, 2002, pp. 86–90). Paradoxically underreading and overreading both aid and hinder interpretations of narrative discourse.

In a therapy setting, the transformation of a traumatic story into a bearable and shareable narrative truth is a process of abstraction or symbolization (Varvin, 2002, p. 174; see also Lehtonen 2010, pp. 241–242; Erkkilä et al., 2012, pp. 416–417). Varvin (2002) points out that a comprehensive description of the traumatic experience that is too direct may cause horror and helplessness, while an overly elaborate form of expression may move the focus too far away from the trauma-experience to concentrate instead on aesthetics. Varvin nevertheless stresses art's ability to evoke parallel experiences related to trauma. In a therapeutic relationship this 'art of the mind' is a process that needs, above all, an empathic other to enable the symbolizing process. The loss of a link to an internal empathic other leads to an inability to represent or symbolize a loss, and can lead to an inability to get over the traumatic experience. Varvin argues that the presence of this empathic other is necessary to allow the individual to reconstruct the meaning by recreating the required symbol or sign (*ibid.*).

According to Peirce (1955) when we see a sign it makes us think of something beyond the visual stimulus. Signs are links that integrate thoughts within the mind (*ibid.*). Peirce defined a sign in terms of a sign vehicle, an object, and interpretant³³. The interpretant sign is the representation of an object via the sign vehicle. Varvin (2002) stresses that: "a sign stands in a symbolic relation-

³¹ The term 'overreading' comes from F. Kermode's study: *The Genesis of Secrecy: On the Interpretation of Narrative* (Kermode, 1979).

³² The term 'underreading' comes from F. Kermode's study: *The Genesis of Secrecy: On the Interpretation of Narrative* (Kermode, 1979).

³³ The concept of interpretant is part of C.S. Peirce's 'triadic' theory of the sign (Pierce, 1955).

ship to the object only insofar as there is someone who interprets it as such" (p. 180). If there is not someone who has had exactly the same experience, then there is a need for empathic creativity to evoke such a sign.

According to Varvin (2002) in relation to trauma: "the interpretant is the word or sign from the other, the testimony that the patient's utterance has evoked a signifying process in the analyst" (p. 180). Varvin (2002) writes about trauma as 'the bodily pain', 'the silent scream', and 'the bodily memory' which are here summarised as 'the somatic truth'. In music therapy the utterance in question is often music, symbolic already in itself. Berleant (2009) stresses the fact that as music is an artform which, unlike painting, sculpture, landscape, or architecture is not essentially replicated in a visual or tangible form. Instead it can be experienced, sensed, and felt in many other ways – so music can also be true in many ways (ibid.). Lehtonen (2010) and Erkkilä et al. (2012) describe the role of music in improvisational and psychodynamic music therapy, as well as the general consensus regarding its origins as one of the earliest forms of non-verbal communication. A newborn baby perceives music to be meaningful, as it is already able to recognize various dynamic forms in it (ibid.). They also highlight the potential of music to thus bypass inhibitive defence mechanisms and access means of expression and communication that are non-verbal. If all these are taken into account: the theory of sign, the symbolising process, music, and meaning making in a therapeutic relationship, this constitutes the 'narrative truth framework' that I developed for this study (Figure 6).

Historical Truth	→	Trauma Experience, Raw Experience	→	Symbolising, Meaning-Making	→	Narrative Truth
Somatic Truth			Artistic Truth			

FIGURE 6 The framework for developing the 'narrative truth' in this study.

According to Varvin (2002) (see also Lehtonen, 2008, 2010), mentalisation is a process of transforming bodily excitation into mental representations in a cultural context. The traumatic experience is transformed into a sign and given meaning in a process with an empathic other. Varvin (ibid.) points out that this dialogic process where both verbal and non-verbal signs are used to continuously internalize experiences and integrate them as part of a higher level mentalisation, has its roots in the relationship between a held infant and its mother. According to Ferro (1992/2006, p. 82) narration in a therapy context is developed creatively and jointly. Varvin (2002) indicates the importance of connecting symbolic structures in autobiographical memories with moments of artistic expression in the post-traumatic therapeutic process. In this way creativity can be combined with narration to more effectively assist recovery.

Creativity in Storycomposing emphasises the process, in other words the 'creative thinking', over the product. And when this improvisation or "exploration of musical ideas and experimentation with musical sounds" is a continuous activity, it also affects "...the development of creative thinking; in particular, it promotes musical flexibility, originality, and syntax in children's music-making"

(Koutsoupidou & Hargreaves, 2009). In Storycomposing this means that the method not only offers a specific creative platform for recovery, but also develops the general skills required for creative thinking that increase the storycomposer's capacity to benefit further from the method in a music therapy process. Wallerstein (1982) describes the process of transforming historical truth into narrative and artistic truth as a process which turns "reconstruction into construction, acts of discovery into acts of creation, and recovery of the past into creative choices for the present and future". I agree with this, and would also like to add and stress the aforementioned notion of creativity in recovery, and in particular that:

Where the narratives actually happen is in the mind.³⁴

The narrative turn in the social sciences during the 1980s and 1990s assumed that there is a relationship between narrative and coherence (Hyvärinen et al., 2010). Coherence was considered as a guarantor of the quality of narratives (ibid.). A good narrative needed a chronological story with a thematic closure to strengthen any assumptions to be made on the basis of it. Also the coherent organization of narrative diversity or complexity was, in itself, seen as an indicator of well-being (see Angus & McLeod, 2004). But actually, in psychotherapy the coherence of a narrative, whether told or written, is not necessarily the most important quality. There are other features that are seen to have greater significance. For example Singer and Blagov (2004) note the importance of integrative processes and autobiographical memory narratives in the process of creating self-coherence and an understanding of the self, while Dimaggio and Semerani (2004) emphasize the coherent integration of multiple views of the self and self-identities. And Angus and McLeod (2004) stress that, in fact, coherence is valued more in relation to others than as a feature of the story itself.

Hyvärinen et al. (2010) therefore want to question this emphasis on coherent narratives in research methodology. They point out that storytellers who are not able-bodied, have severe communicative disabilities, and are telling their stories in circumstances and settings that are severely constraining need to tell about their experiences in other forms than just words. This is a crucial factor for consideration in therapy research concerning traumatic stories that don't have an Aristotelian beginning, middle, and end but are still 'raw' experiences that have not been mentalised. A traumatised person must struggle to transform painful and difficult experiences into symbolised mental experiences (Varvin, 2002, p. 174).

Coherence in narrative as well in self-narrative and especially coherence in a transcribed musical improvisation in a music therapy context (in this case a storycomposition) are all important issues to consider at this point. Narrative inquiries in music education are already resonating vividly (Barrett & Stauffer, 2009, 2012) but what is the value of a 'musically coherent' improvisation and

³⁴ Abbott, 2008, p. 31

composition in a music therapy context? These questions will be discussed further in chapter 7.

3.5 A child reconstructing meaning of life in a bi-personal field

The chosen psychotherapy theories for this study allow for a child to be an active co-researcher. They form boundaries for meaning reconstruction and working in a shared field.

3.5.1 The framework of meaning reconstruction

The Neimeyer's Meaning-Reconstruction Model (Neimeyer, 2001) has its roots in constructivism. This model forms the framework which is used here for the understanding of bereavement and recovery from traumatic loss. Neimeyer and Raskin (2000) apply the constructivist position to grief theory in various ways. They suggest that because grief is typically personal and individual, an experience of death actually tests our self-narrative skills by examining our own constructions of death. Neimeyer and Raskin (*ibid.*) emphasise that grieving presents someone with the choice to respond actively to grief, or to deny it. This process will necessarily involve others and the social environment of the grieving person. Feelings and emotions are the meaningful force in this constructive process and are often verbally inexpressible (Neimeyer, 1999; Neimeyer & Raskin, 2000).

The constructive process in the model rests on five main assumptions: the individual narrative truth; the discourse and rhetoric of that narrative; the tacit dimension of language used; the relational self which is affected by others; and the evolution of self-narrative which is a result of all this (Neimeyer, 2001). In this study the co-researcher's narrative interpretation of his music therapy will be seen in terms of the Meaning-Reconstruction Model and narrative analysis. Lister, Pushkar and Connolly (2008) assemble the five assumptions as follows.

Firstly, narrative truth means that storytelling is assumed to be one way in which individuals can construct and make sense of their lives. In terms of a meaningful experience there is no one 'true reality', only the truths that individuals construct for themselves in their lifestories. Secondly, for a life narrative to make sense, individuals must draw upon a discourse that is recognized and understood not only by themselves, but by the culture. This constructivist attitude is based on the idea that the model of discourse and rhetoric rests on the personal construction of each individual's roots in their family, culture and environment. These individual features of a life story will guide how the loss will be accommodated into a grieving person's new identity. Embedded in this perspective is the idea that the person is an active participant in responding to the death. Thirdly, the Meaning-Reconstruction Model stresses the notion that many of our constructions of reality are verbally inexpressible and emphasizes the tacit or non-verbal dimension of language. Emotions, intuitions, and various

other forms of individual experience require other means of expression than words. The final two assumptions define the changing perception of self after bereavement and loss. The relational self refers to how one defines oneself. The self-narrative is constantly changing and does not necessarily need a resolution. After a loss one must find others who are willing to validate the emerging new identity of the individual. Neimeyer suggests that this person may even be the one who died. The process may lead to reevaluating and redefining the priorities in one's life. The final concept in this Meaning-Reconstruction Model is based in evolutionary epistemology. After loss, the bereaved person may test new ways of being, new identities, and behaviour, until a comfortable identity is eventually found. The process of finding meaning in life after a significant loss may open doors to growth in various aspects of the self. (Lister, Pushkar & Connolly, 2008)

The Meaning-Reconstruction Model has been chosen as the template for reflection in this study, because grieving and loss are seen as an individual process of meaning reconstruction, and not as a process which moves forward from one stage to another following much the same pattern as for any other griever (e.g., Neimeyer, 1999). This model is valued because it respects every individual's unique life history, including children's, and because it is based on personalities, their intimate stories of loss, and the complex process of adaptation to a changed reality "that is at the same time immensely personal, intricately relational, and inevitably cultural" (Neimeyer, 1999, p. 66).

In Storycomposing too, there is no 'right or wrong' way as such. All the notes and words tell the 'truth' of the storycomposer's experience. The performance in Storycomposing establishes the environment in which the storycomposer finds the audience for the telling of the storycomposition, and from which the dialogue based on this new form of expression can be shared. Music also provides endless shapes for the tacit dimensions of language. Sharing and meeting in the acts of Storycomposing assist in reevaluating and redefining the client's story and support the evolution of a self-narrative. In creating storycompositions, music is being used as a means of creativity to more effectively assist recovery by activating diverse areas of the brain as Erkkilä et al. (2012, p. 425) describes this process in IPMT (improvisational psychodynamic music therapy). The process also provides a versatile means for creating shared understanding through dialogue (e.g., Seikkula & Arnkill, 2009). Interactive vocalization between infant and care-giver, recently called *communicative musicality* (see Malloch & Trevarthen, 2009) together with an appreciation of music's emotional and transformative power in individuals' lives, based on the evolutionary origin and function of music (see Dissanayake, 2009) also go some way to support this theoretical choice for music therapy research, as the Meaning-Reconstruction Model also vindicates the lifelong evolution of meaning-making processes.

3.5.2 The concept of the analytic field

The Italian psychoanalyst Antonino Ferro (1992/2006) claims that the basic focus of the analytic relationship is both the conscious and unconscious interpersonal processes occurring between analysts and patients. The analytic couple constructs new meanings, which are based on the new stories they have created together through communicating in an emotional relationship, i.e. field. This process of projective identification continuously exchanges the emotional elements between the therapist and the client. Ferro (ibid.) says that these elements can be dreams, drawings and anecdotes, but continues that it matters little which form of expression is used. The essence of Ferro's concept is:

"The patient and the analyst create a relational and emotional field within which pockets of resistance are formed which only the analyst's working-through can overcome".³⁵

This model has its roots firstly in the contribution of Bion; secondly in the development of the concept of the field, and thirdly in the contribution of narratology³⁶ (Ferro, 2009b, pp. 216 – 220).

As mentioned earlier in this chapter, Storycomposing is discussed in terms of a bi-personal field in this study. This is the field which a therapist and client create together when in a psychodynamic and narrative relationship. In this music therapy experiment the emotional elements are often in the form of tones, words, and music, which together create storycompositions.

The concept of the field is understood in this context as a multispatial, multi-dimensional, holographic, and dreamlike zone that is activated in therapeutic (analytic) encounters (Ferro & Basile, 2009). In addition, each individual has their own 'psychic field'. Ferro describes the characteristics of the field as follows:

The field becomes a place and moment where the emotional turbulence activated by the analytic encounter is manifested.

The field becomes the place-and-time of the promotion of stories and narrations that are the outcome of the process of alphabetization of the proto-emotion present in the couple.

The field is the matrix which, by way of the capacity for reverie and availability for being in unison, promotes the development of the ability to contain and of the α -function^{37, 38}

³⁵ Ferro: 1992/2006, p. 157

³⁶ The term narratology was coined by Todorov in 1969

³⁷ Alpha function (α -function) is a term introduced by Bion (1962/2004). Alpha function refers to the ability to create meaning out of raw, unprocessed sensory data which Bion called 'beta elements'. The mother's 'reverie' is her alpha function, and represents the ability to modify her child's tensions and anxieties. The mother and the child form a 'thinking couple' which is the prototype of the thinking process that continues developing throughout life. (ibid.) Alpha function works upon undigested facts, impressions, and sensations that cannot be mentalised. Alpha function digests beta elements, making them available for thought (ibid.)

³⁸ Ferro, 1992/2006

Ferro (2002, 1992/2006) explains transformations of the field as an ongoing process of co-narration between analyst and patient, who become 'two authors in search of characters'. Alphabetization of the proto-emotions and facilitating their constant evolution (*ibid.*) means giving emotions a more concrete form through an evolving verbalization. In this evolution Ferro (2009b) stresses the importance of how the therapist must listen to the client and skilfully use transferences so that the client will receive the therapist's unsaturated interpretations. According to Ferro (1992/2006) the creation of the characters in a session is a development in countertransference by the patient. Ferro and Basile (2009) point out that all the material a patient brings to this field is relevant and, in this way a patient's narration can be seen as an ongoing re-narration of these elements, events and lines of force. The principles of the Storycomposing method support this position. The actions of Storycomposing – creating, listening, transcribing, playing, and performing – are seen as the narration and re-narration of the elements that the therapist and child bring to their shared therapeutic field as a form of music.

Ferro (1992/2006) stresses that the therapist should not attempt to fully express children's communicative and emotional states, but instead leave room for their own interpretations. The result is a sort of 'duet' where the therapist's unsaturated or 'weak' interpretations leave space for the client's thoughts so that together they can construct the client's narrative (Ferro, 1992/2006, p. 158). My view is that Ferro's system and the theory of child perspective come together in these statements. The opinions and viewpoints of the child are heeded, respected and taken into account appropriately. Storycomposing adds to this by making it possible to tell the client's story, not just through words, but also music.

Ferro (1992/2006, pp. 157–164) goes on to describe the creation of characters in the session as a development in countertransference by the patient. The patient keeps on signalling what is happening in the shared emotional and relational field, but their position within the vertices of it are not always known, so it is the analyst's job is to make these vertices also their own, so that the 'field may be worked through and undergo genuine transformation'. The decoding of meanings is replaced by the construction of new meanings. New stories can be thought up by the analytic couple, stories which once worked through and transformed, find their place back in the main story. Projective identification makes a continuous exchange of emotional elements possible, and gradually the preferred way to express this is in words. Projective identifications express the specific and subterranean emotional state of affairs between both members of the couple who, through dreams, drawings, and anecdotes, find a way to express and narrate what is going on in the depths of their relational exchange. Interpretation is a proposal of meaning. It is never exhaustive but is always re-configuring, it is unsaturated. In this way the couple's emotions serve as a springboard to arrive at new, more complex and clearly defined meanings which in turn transmit affects to both members of the couple. (*Ibid.*)

Ferro (1992/2006, p. 158) summarises this process where “the much emphasized dependence of the patient, is shifted in the analyst’s working-through and his/her continuous work” as follows:

1. Receiving
2. Transforming
3. Labelling the patients projective identifications
4. Modulating interpretations
5. Listening to the way in which the analyst’s observations are received
6. Paying attention to the characters that enter the session in the guise of the patient’s responses
7. Accepting responsibility for what happens in the field
8. Including the countertransference

In Ferro’s view, “the analyst depends upon the patient’s mental functioning and must supply him with elements of growth processed in such a way that the patient can receive them [...] The patient, on the other hand, depends upon the analyst’s capacity for ‘reverie’ and working through” (Ferro, 1992/2006, p. 159).

Philosopher and musician Arnold Berleant (2009, pp. 62–64) speaks about music as an environmental art. He states that all participants and contributors in a musical experience become part of the music because they are all engaging in the musical process (ibid.). A Storycomposing performance is a forum for this kind of artistic and therapeutic work. All the different kinds of performance – with the therapist, within a peer group, or with a family and their therapist – move the therapeutic work forward by affecting every participant and contributor in that performance. On an analytical level, a Storycomposing performance is not for fun or entertainment, but it is a demanding, revealing, and productive form of interaction and communication. The answer to my research question ‘How does Storycomposing function as a child’s music psychotherapy method?’ is therefore investigated according to Ferro’s conceptual system. Ferro’s thinking is expected to open up the mechanisms of the mind through the narrative process of meaning reconstruction via the Storycomposing method. Though I’m not a psychoanalyst myself, I find that this concept of the ‘analytic field’ forms a clear space for the Storycomposing method to be understood in the context of music psychotherapy practice and research.

3.6 Collaborative knowledge production with a young co-researcher – discussing ethical perspectives

In this study, knowledge is collaboratively constructed using a narrative technique with a young co-researcher who experienced the traumatic loss of his brother. The 30 storycompositions which comprise the core data derive from the music therapy process that was set up a few years later after that incident. The background of the co-researcher, and the previous therapeutic relationship between him and the therapist-researcher, raise certain ethical issues in this study. It is necessary to take into account certain ethical perspectives in narrative inquiry, particularly the challenge of working with children as co-researchers in a music therapy context.

According to Plummer (2001), seven key issues in research ethics and morality must be taken into account when investigating life stories:

1. Ownership and intellectual property rights – who really owns this life story?
2. Confidentiality – is it actually possible to guarantee?
3. Honesty and scandal – is there a temptation to be dishonest to avoid discussing what the scandal is about?
4. Deception – how is the research focus presented to those who are studied?
5. Exploitation – what do the participants gain from this research?
6. Informed consent – do participants really understand what they are agreeing to?
7. Hurt and harm – what are the possible effects of misrepresentation for individuals and communities?

Although narrative enquiry is usually ethically motivated, this in itself does not reduce the number of ethical challenges. According to Hänninen (2008), ethical principles might be easy to accept in theory, but sometimes difficult to put into practice in the unique research setting of an individual's life story. Informed consent is obviously asked for, and the research setting explained but in narrative inquiry it is difficult to anticipate the effects that the experiment will have. Telling one's life story to someone else is usually empowering, but when that story is traumatic, put in an anonymous research context, analysed and then interpreted, there can be emotional repercussions for the participants. These cannot be fully forecast. To meet such a challenge in this study, it was decided to keep the discussion open with the research participants throughout the discussion period. To put this into practice required effectively ensuring that the means of discussion were suitable for the co-researcher. Interpretation of a life narrative may also test the ownership of a story. It is also where I find that many of the principles from studies in child perspective can be successfully applied to strengthen that sense of ownership in a research context.

The ethical stance taken from child perspective studies introduced in the first chapter of this study reminds us to consider the following: who it is that benefits from the research; whose voice will be heard; and whether there is any harm for children who participate in such research. It also asks us if children really have a choice as to whether they participate or not; whether children's anonymity and copyrights are respected; whether the research methods are suitable for children; whether the participating children will get feedback from the research; and what impact if any those results will have on the child's life (Alderson, 1995; Morrow, 2005; Freeman and Mathison, 2009; see also Lagström, Pösö, Rutanen, & Vehkalahti, 2010).

The co-researcher says he feels honoured to participate in this research, and hopes that this study will help other children who have had a similar experience. He says he sees this project as "a new short therapy process" for himself, and that it feels good to remember the previous therapy in the research discussions. To ensure both methodologically and practically that the co-researcher's voice is heard as much as possible, only child-initiated storycompositions (and no other documents) from the previous therapy process were consulted, and the discussions were unstructured to give as much space as possible for the co-researcher to vocalize and initiate conversation. One purpose of the introductory pre-meeting of this experiment is to make sure that the participant is aware of what he is entering into, and for the therapist-researcher to assess to the best of her knowledge if this would be good for him. The pre-meeting also makes it very clear that at any point the participant may refuse to take part in the experiment. In addition, the copyrights of all the artefacts – i.e., the storycompositions from both the previous therapy and this experiment – are owned by the co-researcher, yet at the same time his actual identity has been kept secret. Child-appropriate research methods, open dialogue and Storycomposing (a child-initiated research tool) are all attempts to make the research environment as convenient as possible for him. The co-researcher's voice is heard in narratives, through his interpretations, and through his storycompositions and even the researcher's interpretations attempt to prioritize his voice. The use of figures also provides another way to communicate. The aim is that the knowledge created by this study, via music, music therapy, and Storycomposing, will ultimately prove useful for improving the well-being of children.

Karlsson (2012, pp. 50-52) has based the ethical principles for child perspective studies on her practical knowledge and experience in the field to date. She believes that the most crucial challenge is to avoid adult/child confrontation and to treat the children as equals. In the present study my perception of a child is in the end of section 1.2.1.

Secondly Karlsson points out the need for trust between the informant children and researcher. In this present experiment the researcher and young co-researcher have a shared background in the therapeutic relationship they established seven years previously. This means that the informant knows that the researcher is already well acquainted with his life story and can be trusted, which decreases his need for self protection, and enables the experience to start

immediately. It also makes the study more reliable regarding the narration, as the child will have the courage to say what he really thinks. As mentioned earlier, the co-researcher feels too, that this experiment is a small therapy process for him in itself.

In a therapeutic relationship between a child and adult the adult listens to and hears a child within his or her 'environment', and life experiences that are the child's own. In a therapy process with a child there is room for play, innovations, surprises, and unruliness. Indeed, a certain amount of chaos is allowed as well. The therapist reflects on what is seen, heard, felt, and understood in relation to that particular child. These therapeutic principles are very similar to the principles that guide studies in child perspective, as Karlsson (2012, pp. 50–52) describes them.

A researcher has the same responsibilities in a child-centred research project as a therapist has in a therapy process. Just as in the present experiment, an adult considers carefully what kind of cooperation with children will bring out the best of their knowledge about the research topic. After this consideration, children are empowered to form their own research questions, to identify and generate data, to choose the ways to analyse it, and finally to discuss ways to report.

According to Karlsson (*ibid.*) the researcher should be prepared to put aside a lot of time for the experiment and should consider carefully how much time children will realistically spend on it. In this research, the co-researcher is first wondering if there would be enough time for everything, but in the end he is happy that this experiment would come to an end.

Karlsson (*ibid.*) points out that children's research interests can be just as difficult to pursue as an adult's. The matters that count are the research context and the means by which the experiment is carried out. These means must respect children's age and life experience. The co-researcher was chosen for this experiment, due to his previous experience in Storycomposing and therefore his expertise in the method. An informed consent to this music therapy study was asked of the 14 year-old co-researcher, with his parents' assent (see section 1.3).

The child perspective paradigm is not common in music therapy research, even though it reveals significant knowledge that cannot otherwise be reached (see also Midgley, 2009). According to Karlsson (*ibid.*) this paradigm does not expect any special dismissive understanding of child perspective but deserves its own place in the research field. Karlsson (*ibid.*) rightly insists that this perspective should be duly respected and given its own place in the research field.

The experiment here, in terms of music therapy research, is looking at children with psychopathological symptoms. More specifically, this experiment follows the music therapy for a bereaved child after the traumatic death of his brother. Sibling relationships have common features with other interpersonal relationships but they are unique bonds as well. Edwards, Hadfield, Lucey, and Mauthner (2006) stress, from the social constructionist and psychodynamic perspectives, how siblings form an important part of identity development: who we are, what kind of relationships we form with other people, and how we

sense our place in the social world. Packman, Horley, Davies, and Kramer (2006, pp. 819–824) highlight the importance of siblings in an individual's search for personal identity and point out that this process continues even if the sibling dies. Such a viewpoint supports this study's choice of Neimeyer's framework for meaning reconstruction after traumatic loss. It highlights the importance of reevaluating and redefining the priorities of one's life in the process of assessing one's new identity after a loss (see section 3.5.1).

Gold, Voracek, and Wigram (2004) analysed the effects of music therapy for children and adolescents with psychopathology through the meta-analysis of primary studies that covered a wide range of clinical diagnoses (from developmental disorders to conduct disorders) and used a variety of designs. The participants were aged from 4 to 19 years. Music therapy was found an effective intervention for this group. Their results suggest that eclectic approaches to music therapy, where techniques from different models or theories are mixed, are particularly effective (Gold et al., 2004, p. 1059). They go on to say that it might be "important that therapists have a flexible attitude and openness to what a child brings into the music therapy situation" (ibid.). They stress the motivating aspect of music therapy for children, and the value of individualised music therapy treatment, where a therapist chooses from a variety of music therapy techniques to match the individual client's needs, rather than using a fixed treatment regime (ibid.). As a final conclusion, Gold et al. (2004) suggest that behavioural changes be evaluated even in treatments that focus mainly on subjective experiences. In another investigation they wanted to find the relations between the techniques used in the application of music therapy and its outcome by a naturalistic observational research with children between 3,5 and 19 years of age from various diagnostical groups (Gold, Voracek, & Wigram, 2007). Their main finding was that music therapy supports change in the client more when discipline-specific music therapy techniques, such as improvisation and verbal reflection about the music are used (ibid.). As supporting elements towards the therapeutic change, Gold et al. (2007) also emphasise the unique possibilities of musical interaction based on the knowledge of preverbal mother-infant communication. They also stress the importance of music therapists' proficiency in the methods used for there to be successful clinical outcomes (ibid.). My interpretation of these results is that music therapists should be encouraged to choose methods which are appropriate for the client's needs, and which they can master well. Creating, developing, and investigating the Storycomposing method is my contribution to this subject

3.7 The study design

The design of this study follows the procedure of the Therapeutic Narrative Analysis, introduced by Aldridge and Aldridge (2008, pp. 64–65). It is a methodological proposal for the interpretation of music therapy traces, in other words empirical data or material left behind which indicates something has

happened (ibid.). It is a constructivist approach that describes and interprets these events by chaining them together to better understand the therapeutic process (Aldridge & Aldridge, 2002). The procedure emphasises artistic activities and traces as knowledge which can be interpreted in qualitative music therapy research. Musical dialogue can be used as data in narrative analysis using a five step procedure. The procedure is based on American psychologist Richard Kelly's 'personal construct theory' (1955/1991) and Canadian musicologist Jean-Jacques Nattiez's (1990) views on the verbal expressions of music.

The first two phases in this experiment are more about establishing the research setting than analysing it. Both of them are divided into three parts: the standpoint, research actions, and the outcome. Phase three identifies the categories of analysis using a process of validation, while the actual analysis begins in phase four. Aspects of the analysis made in phase four are described in more detail in later sections of this chapter. Finally in phase five the research narrative is formulated.

The descriptions of the phases follow Aldridge and Aldridge's numbering, but are defined by the researcher and adjusted for the purposes of this experiment. This five step procedure is used in order to clarify this innovative and novel research setting to the readers.

3.7.1 Phase 1: A preparing stage

Identify the narrative. Gather the material together that will form the narrative. This may be a case study, or it may be a series of case studies. It is the story that you wish to tell.³⁹

This experiment was quick to start after contacting the co-researcher and his family. The boy and his family had approved the use of artefacts after the therapy process, as I had been intending to develop Storycomposing further.

Standpoint:

A music therapy process (2002–2004) for a 7–9 year-old boy coping with traumatic loss is chosen as a research topic for further investigation. The present research project started as a field project for childhood studies at the University of Jyväskylä, Finland (2009–2010). The research question is: "*How does Storycomposing function as a child's music psychotherapy method?*"

Research Actions:

The boy's family is contacted by letter. All the artefacts made by the boy during the former course of music therapy are gathered together.

Outcomes:

The boy, who is now 14 years old, is willing to take part in the research and his parents also approve of the idea. A pre-meeting with the boy is arranged for January 26th, 2010.

³⁹ Aldridge & Aldridge, 2008, p. 64

3.7.2 Phase 2: Definition

Define the ecology of ideas and settings. Explicate the theoretical ideas present in the literature or from your own standpoint. Define the setting in which the narrative occurred.⁴⁰

The methodology for child perspective studies gives a framework for definition.

The Standpoint:

The development of Storycomposing is based within the context of childhood studies made in the 20th century. Listening to children and consulting with them are terms from childhood studies which also apply to Storycomposing. The decision to invite a 14 year-old ex-client to investigate his former music therapy, firmly subscribes to the theory of children as co-researchers. Storycomposing itself, as a method in music therapy, can be seen as a songwriting method.

Research Actions:

Literature concerning childhood studies and songwriting in music therapy is gathered as background material for the research. The music therapy in question is defined in terms of the story material used in presentations about the process in Canada (2005) and in Finland (2006). Research boundaries are defined and implications made clear to the ex-client in the pre-meeting for the project on January 26th, 2010

Outcomes:

The boy makes the decision to become a co-researcher. The source for this research project was then made available and used, the pre-knowledge necessary for research had been identified, and theoretical and methodological choices began to be formulated.

Research meetings are set up and this is where research data is gathered and validated together with the co-researcher. It is agreed that the research meetings would last 90 minutes each and would take place on the following dates in 2010: February 2nd, February 16th, and March 2nd. The research meetings would be audio recorded, and a post-meeting would take place on March 23rd, 2010.

3.7.3 Phase 3: Validation

Identify the episodes and generate categories. Identify episodes that are crucial for analysis. This is inevitably a subjective process but this process can be validated by giving the material to colleagues to see if they identify the same episodes. Generate a set of constructs from that episodic material and identify categories for analysis.⁴¹

⁴⁰ Aldridge & Aldridge, 2008, p. 65

⁴¹ Aldridge & Aldridge, 2008, p. 65

Validation is identifying these crucial episodes and categories in collaboration with the co-researcher.

Validation tasks:

- plan the procedure of the research meetings
- choose research data
- discuss the analysis and reporting possibilities
- decide on the co-researcher's research question

Outcomes of validation:

- research meetings will consist of discussion accompanied by memorising, watching, playing, hearing, and composing storycompositions
- the co-researcher's research question is formulated: "*How much, and in what way, have I changed during and after the therapy process?*"
- the researcher's sub-questions are:
 1. *How is Storycomposing facilitating the co-researcher in this project?*
 2. *Is Storycomposing an appropriate research tool for children?*
- important episodes are identified: the 30 storycompositions made in the earlier therapy process are chosen as the research source
- new storycompositions are likely to be composed
- the research report will form the doctoral thesis for the therapist researcher.

Premises for choosing crucial episodes for analysis:

- discussions around those storycompositions which are played and discussed after following the co-researcher's lead
- musical changes in storycompositions in general
- changes in the stories during the research discussions

Categories for analysis:

- co-researcher's perspectives
- narrative perspectives
- musical perspectives

Both the researchers' interests have an impact on the investigation perspectives.

3.7.4 Phase 4: Analysis

Finally the experiment is conducted by memorising, watching, listening to, and creating new storycompositions. Musical perspectives are contained in the narrative and child perspectives (table 11).

Submit the episodes to analysis. The episodes are then analysed according to their content using the guiding framework of the constructs.⁴²

⁴² Aldridge & Aldridge, 2008, p. 65

TABLE 11 Perspectives for the analysis

<i>Guiding framework of the constructs:</i>				
<i>Co-researcher's perspectives:</i>		<i>Narrative perspectives:</i>		
His research question:	<i>Musical perspectives</i>	The Narrative Processes Coding System	Narrative Analysis	Content Analysis
- How much, and in what way, have I changed during and after the therapy process?	-How many black notes are there in the pieces? - Is the music in a high or in a low octave?	-The relationship focus or the key issue in discussion? -External, internal or reflexive mode in discussion?	-How the co-researcher is constructing the meaning of his life with the help of Storycomposing method after a traumatic incidence?	- How is Storycomposing facilitating the co-researcher in this project? - Is Storycomposing an appropriate research tool for children?
↓		↓	↓	↓
The Research Narrative				

As the purpose of this study is to take into account the co-researcher's point of view, the music is only analysed in the way the boy suggests. In other words, the attention to the notes is paid based on their colour in the Figurenotes system, or on whether they are high or low.

3.7.5 Phase 5: The research narrative

Explicate the research narrative. This is the completed narrative based on the understandings gleaned from the analysis of the episodes. We weave together the categories of understandings from the previous phases; this is the process of synthesis following analysis.⁴³

The research narrative for this experiment is in three parts. The first narrative concentrates on the experiment from the co-researcher's perspective and is looking for his ways to answer to his question: How much, and in what way, have I changed during and after the therapy process? The second narrative focuses on the former therapy process which is recalled with the help of 30 storycompositions. This is the researcher's narrative and concentrates on how meaning is constructed through Storycomposing in that therapy process. The third narrative attempts to combine aspects of these two narratives.

3.7.6 Summarising the study design

This study uses a methodological framework that combines child perspective studies (e.g., Punch, 2002; Karlsson, 2010) with Aldridge and Aldridge's (2008) proposal for therapeutic narrative analysis (table 12).

⁴³ Aldridge & Aldridge, 2008, p. 65

TABLE 12 Summary of the methodology

<i>The Procedural Phase:</i>		<i>Agents:</i>		
Preparation		Therapist-Researcher		
Definition		Co-Researcher and Therapist-Researcher		
Validation		Co-Researcher and Therapist-Researcher		
<i>Analysis and Results:</i>				
Co-researcher's focus		Therapist-researcher's focus		
Narrative Analysis	Music Analysis	The Narrative Processes Coding System	Content Analysis	Narrative Analysis
The co-researcher's narrative = Narrative of the experiment		The therapist-researcher's narrative = Narrative of the previous music therapy process		
↓		↓		
<i>The Research Narrative</i>				

This study design benefits from a collaborative research environment between an adult and a teenage researcher. One crucial way this was put into effect was that the choices as to how the experiment would proceed were made through dialogue between them in the research discussions.

3.8 Choices for analysis

The present study relies on methodological pluralism in analysis. Reasons for this choice are the multidimensional research interests: firstly, this is a unique approach investigating the psychotherapeutic mechanisms involved in a child's music therapy; secondly, this is a novel research setting – with a teenage co-researcher who is investigating his former experiences as a child; and thirdly, this is a study looking at the development of a music therapy method. This is a highly context-sensitive choice that takes into account the unique information this data can offer.

3.8.1 Narrative Processes Coding System

This study uses the Narrative Processes Model developed by Angus and Hardtke in 1994. Later the revised manual for the Narrative Processes Coding System (NPCS) was completed in 1996 (Angus, Levitt, & Hardtke 1999, p. 1258). According to Hardtke and Angus (2004, p. 247), this method was developed for empirical exploration of the narrative processing strategies engaged in by both clients and therapists in the facilitation of client self-change within therapy hours. The Narrative Process Coding System benefits from constructivist methods to assess the topical and thematic shifts that characterize client accounts of their experience (Angus et al., 1999). I consider NPCS suitable for this research because of the co-researcher's own interest in the changes that he experienced, and because of the storytelling nature of Storycomposing.

The Narrative Processes Model defines three basic processing modes in individual narratives. They are: an external or storytelling mode, which includes autobiographical memories; an internal or emotionally focused mode, which includes the expression and articulation of affects; and finally, a reflexive or conceptual meaning-making mode, which draws on both autobiographical memories and emotion processes in articulating new life themes and self-understanding (Hardtke & Angus, 2004, p. 250). NPCS is a two step process that enables researchers to firstly subdivide and characterize therapy session transcripts into *topic segments* according to content shifts in the verbal dialogue, and secondly to further subdivide and characterize these topic segments into the narrative process modes (i.e., external, internal, or reflexive) for coding purposes (Angus et al., 1999, p. 1259).

In this study, the topic segments – *relationship focus* and *key issue* – are defined as follows: *relationship focus* covers the co-researcher's expressions about the therapy process five to seven years ago, and his expressions about the here and now, while the *key issue* category concerns his thoughts about the present research project. This method of analysis helps organize the discussion in the research project so that it is possible to see how the co-researchers insights into his experiences are changing (figure 7). This also provides answers to the subquestion: *How is Storycomposing facilitating the co-researcher in this project?*

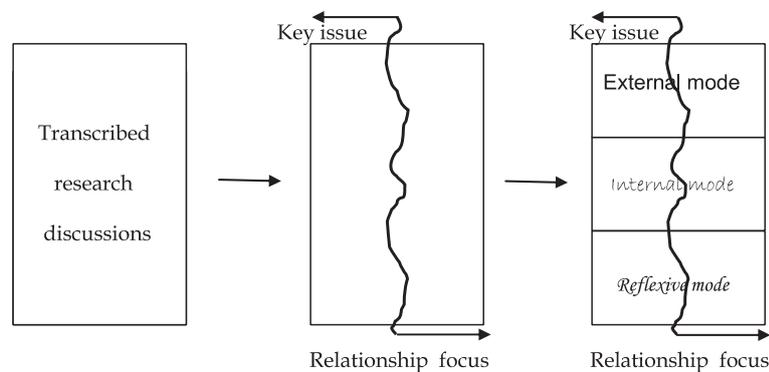


FIGURE 7 How the Narrative Processes Coding System is used in this experiment

3.8.2 Content analysis

Content analysis is a research technique for making replicable and valid inferences from texts to the contexts of their use (Krippendorff, 2004, p. 18).

According to Krippendorff (2004, pp. 21 – 29) content analysis is not only applicable to written or spoken texts but also works of art and any artefact which means something to someone, and not just to the researcher. He elaborates further by defining six characteristics of texts which must be taken into account before undertaking any content analysis of them.

First there is nothing inherent in a text, because a text needs a reader, a message requires an interpreter and data calls for an observer. Secondly any text may have multiple readings. Thirdly these readings are different depending on the reader, and one of the distinguishing features of this method is that it requires results to be validated. Fourthly, to find the meaning of texts one must look beyond them to the concepts and actions they encourage. The fifth point proposed is that every content analysis must construct a world in which the texts make sense in terms of the research question. Finally the specific inferences are drawn from a contextual body of texts that the analyst has constructed (ibid.)

This study uses the framework of definitions for content analysis introduced by Krippendorff (2004, pp. 29–40). The conceptual components taken from this are:

1. A body of text, the data that is available to begin an analytical effort.
2. A research question that will seek to answer by examining this body of text.
3. A chosen context within to make sense of the body of text.
4. An analytical construct that operationalizes what is known about the con-text.
5. Inferences that are intended to answer the research question, which constitute the basic accomplishment of the content analysis.
6. Validating evidence, which is the ultimate justification of the content analysis.

The body of text in this study consists of the transcribed research discussions (3 x 90 min) and 35 storycompositions. The content analysis is looking for answers to the subquestions of this study:

1. *How is Storycomposing facilitating the co-researcher in this project?*
2. *Is Storycomposing an appropriate research tool for children?*

The content of the text, from all three research sessions, is divided into two parts: the discussions of the experiment in general, and discussions initiated by and including storycompositions. The last category is chosen to examine more deeply the inferences made in reference to storycompositions. This body of text is examined within the context of results from the NPCS analysis, as is the research discussion. It also focuses on the different functions of Storycomposing which can be interpreted as the actions in this experiment: memorizing, watching, listening to, hearing, and composing storycompositions. Figure 8 shows the procedure of this content analysis. The results are covered in section 5.2, where they are also validated.

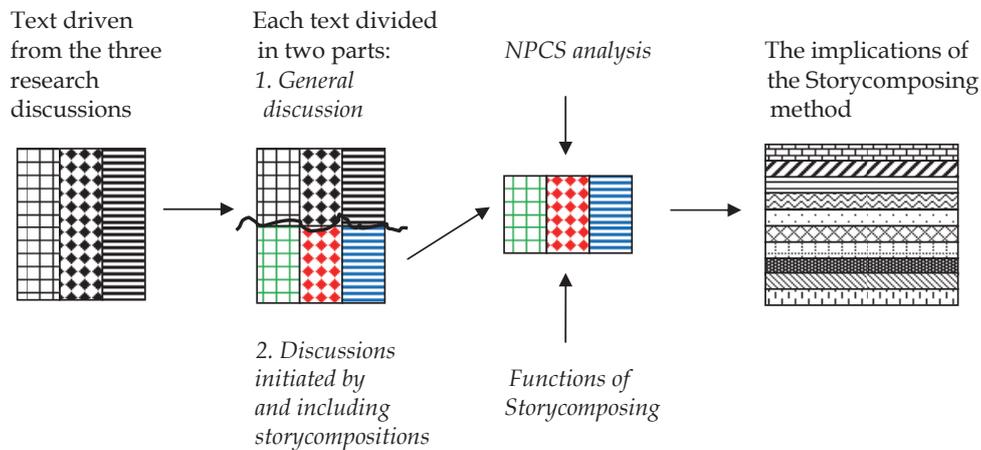


FIGURE 8 Content analysis in this experiment

3.8.3 Narrative analysis

Narrative analysis was chosen for this study so as to hear new voices in music therapy research. The co-researcher's voice is heard in order to further develop Storycomposing and to investigate the mechanisms of children's music psychotherapy with an 'expert by experience' from a child's perspective. This is the inner narrative (see section 3.4) of two persons. By reinterpreting his life story in this study through the prism of his former music therapy, the co-researcher is also reassessing his present as well as future. The therapist-researcher, meanwhile, is using Storycomposing in this research as a lens through which to tell her story as a music therapist and developer of the method. In terms of narrative analysis, it is possible to tell various stories about the same events and even the same story can be told differently (e.g., Abbott, 2002; Hänninen, 2011). This also makes this kind of analysis ideal for developing innovative research strategies for children's narrative expression in psychotherapy as Angus and McLeod (2004, p. 373) are requesting.

With the help of narrative analysis, this study draws attention to the agency of a child/teenager and his subjective interpretations of data that consist of small compositions. These musical narratives are composed with notes, titles, and sometimes a few words. There are also some tiny compositions that don't have titles, which are more like musical gestures. These in particular have forced the researcher to reassess the nature of storycompositions. Are they language, storytelling, emotions, or interaction, and how are they understood after a period of time? At this point I consider them as 'mini-stories' which nevertheless indicate, sometimes with as little as a single sound, even more when fully interpreted. Indeed, with the help of narrative affiliation, time, plot, causation, emotions, and personal choices can be construed or interpreted from just one word. This word may evoke acts, happenings, and turns of events which are

important both from the narrative analysis and psychotherapeutic point of view. Inevitable knowledge of music therapy is also important in this study.

The narrative analysis part of this study focuses on the way the co-researcher composes his life story by combining fragments of traumatic memories with the person he is now. It also focuses on what kind of tools Storycomposing provides to enable this process. The experiment here is looking at how the mind mentalises events; it highlights the importance of experiences; and it draws attention to the 'inner story' that the narrative deals with. Music is seen as a significant way of self-expression and communication. This study is looking at the ways how music therapy and Storycomposing are supporting a child to tell and develop 'story of self'.

The storycompositions and the narrative embedded in them form the *stories* of this research, while the process of *Storycomposing* and the *therapeutic research discussions* form the *narrative discourse*. The co-researcher composes his own narrative with which to answer his own research question, just as I, as the therapist-researcher, form mine to answer my research questions. I also tested other forms of analysis with this data, such as the Grounded Theory Method, but I found narrative analysis, and other narrative oriented methods, as detailed previously, more suitable for working with material from a child's life.

As mentioned previously (in section 3.4), the intertextual focus in this research is to look at what makes this a *fresh narrative*. The music therapy research target is therefore to find out how interaction transforms the narrative, and how the story could be told and interpreted with music, and in a therapy context. The research meetings are highly interactive, and attention is paid in equal measure, to both the common sense and sensibilities of everyone involved. The data, musical inventions and research discussions, are then examined at both a micro and macro-level for repetition, as this (as also stated in section 3.4) is an important key to interpreting narratives.

The micro-level describes each individual storycomposition. Each story by the co-researcher is examined on its own: how each artefact initiates it, how it begins, develops, transforms, and deepens. The macro-level describes what was discussed in the various research meetings. It shows how the storycompositions relate to each other: how they continue, transform, and complete one another, and how they attach to the here and now.

For the purposes of this study, narrative analysis generates knowledge that is not only readily accessible to the public (i.e., music therapy clients and other interested parties); but also professionals (e.g., music therapists and those working with traumatized children) as well as academics (music therapy researchers).

The ontological progression of this narrative analysis, shown in figure 9 below, is based on the model of narrative circulation introduced by Vilma Hänninen (2004, 2011). To begin with, a tragedy occurred in the first act of this narrative, which led a 7-year-old boy and his family to ask for therapeutic help. This music therapy process lasted two years. A case narrative was constructed from that process using the 30 storycompositions created in it. In the second act,

which takes place five years later, this same boy, now a 14 year-old, is invited to be a co-researcher. The previous case narrative and 30 storycompositions become the data material for this research project, and a multimodal approach to storytelling (i.e., not just speech but also music) is adopted. In particular, the research is focusing on musical storycompositions, because the aim is for the research narrative to shed new light on the former music therapy process, as well as the Storycomposing method itself. The third act is this experiment.

The 14 year-old co-researcher is the *creator* of this narrative, and also *the protagonist* of the music therapy and research story. In order to give the maximum space for the co-researcher's voice and opinions, and to critically explore both the therapy and method used, the therapist's notes from the former therapy process were not used as data. The *author* of this narrative is the researcher.

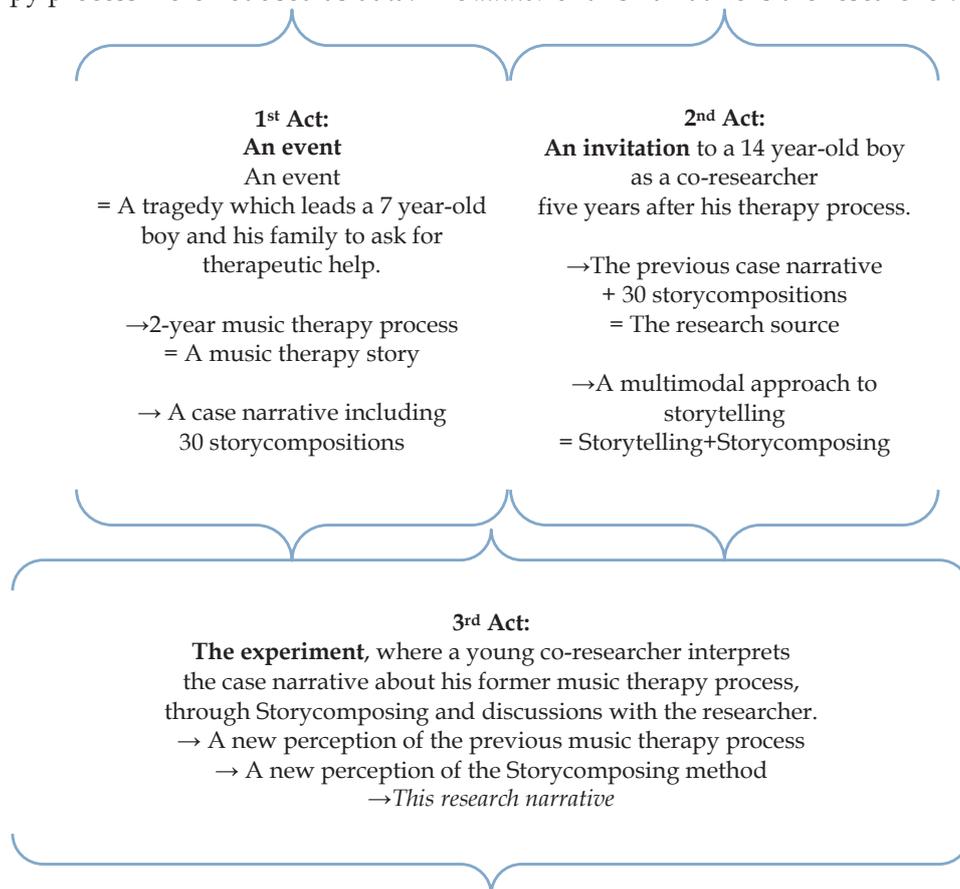


FIGURE 9 The ontological progression of this narrative analysis

PART III – INTERVENTION

4 EXPERIMENT

This clinical case story is based on my presentations made at music therapy conferences in Canada and Finland between 2005 and 2006. The therapeutic phenomena will not be interpreted until later in the research narratives. As mentioned in section 3.6, the names of all persons mentioned in the narrative have been changed, and any details which might reveal their identities have been left out.

4.1 Clinical approach: A brief description of the music therapy case story

The clinical setting for this study was the music therapy that Nick underwent between the ages of 7 and 9. His big brother Simon had died at the age of 6, in an accident three years earlier. Nick came as a client to the outpatient centre with his parents and a slightly younger sibling. They had already received counselling and attended a bereavement support group, but Nick still had restless behaviour and he was disturbing other children at school. The therapist had been informed that he also withdrew into himself, while the parents themselves were too sad to be able to fully help their children grieve. After the assessment meetings Nick started music therapy and the parents and the little sibling started family therapy with another therapist.

Nick's music therapy took place once a week for 45 minutes at a time. There were a total of 60 sessions over the two-year period. Storycomposing was suggested to Nick because it would give him the chance to express his emotions, memories and thoughts in a flexible manner. Perhaps even difficult matters could then be shared with the therapist, family members and other professionals involved in the process. The storycompositions were collected in a folder that functioned also as a therapy diary for Nick, and as memory notes for the therapist.

Both the music therapy process and the family therapy process benefitted from the 30 storycompositions that Nick eventually made. The two therapy processes also came together in the concert sessions where those compositions

were performed. A music therapist, family therapist, child psychiatrist, and a carer for the younger sibling formed their multidisciplinary treatment group at the outpatient rehabilitation centre for families with children.

The family therapy process, which included personal music therapy for Nick, was intended to provide him with the means to work through his sorrow so that he would become strong enough to continue with his own personal growth and development. The process was also meant to strengthen the parents so that they could support their children to grieve, and to help everyone in the family understand each other and the different ways in which they were mourning.

Nick's family therefore had both a music and family therapist. Supervision was an essential part of this challenging therapy process. Both therapists had their own supervisors and they also had a third supervisor that they consulted together. Although this study only concentrates on the child's music therapy process from the child's own perspective.

Approximately half of the music therapy sessions used the Storycomposing procedure. Nick created usually one, but sometimes two or three storycompositions in one session.⁴⁴ When the piece was done it was transcribed, printed out and stored in Nick's Storycomposing folder, which was kept in the therapy room. Some of the sessions were shared with the boy's family, and the storycompositions were performed and processed in front of the whole family. Both therapists participated in these sessions. In some sessions a special room with mattresses and cushions was used for Nick and his little sibling to play in.

Nick's first creations in music therapy were mathematical exercises and a rhythmic poem. But already in the first session he had made a storycomposition called 'October' (appendix 7). In the next session, a week later, he created three pieces: 'Frozen Railway Engine', 'Little Butterfly' and 'Frozen Ship' (appendix 8). They formed a kind of trilogy of three small pieces in C major. Once, at the beginning of the process, his little sibling also storycomposed, but usually this sibling was in the family therapy session with the parents.

When the therapy process had been going on for about a month, Nick composed a piece called 'Bad Dreaming'. He said he had seen that dream at least a thousand times. I asked him to try and describe it in more detail: what it looked like, how it smelt, or how it sounded. But the only thing he could say about it was how to play it. It was just one note, great octave C, and it was long. He titled this piece 'The Bad Dream' (appendix 7). Nick drew the length of that figurenote on a computer using a basic drawing software application. He played the piece many times and listened to the long note very carefully but he couldn't say anything more about it.

In the following week's session, Nick told in his own words a bedtime story that his mother had recently just told him, and a story that was told one morning in his school assembly. He also composed three pieces entitled 'War of the Colours', 'Black Night', and 'Ambulance'. The music in these storycomposi-

⁴⁴ Two examples of how Nick storycomposes in the research meetings, are described in detail in section 5.4.7 relating to music examples 8 and 9–11.

tions sounded like a form of signalling and could easily have represented fragments of traumatic memories.

Nick and his family had sessions together about once a month and in these he chose which pieces to play. Both music and family therapists were present as well. Most often Nick played the pieces he wanted himself. The pieces provided a means to experience aspects of Nick's thoughts, memories and emotions in the session, and to share them with his family. The sessions were often quite emotional and helped us all to talk about even the most difficult matters. Every now and then his parents were in tears while listening to Nick's compositions and the family therapist helped them to describe their thoughts to the children. The music therapist helped Nick to continue the discussion and both therapy processes gathered useful material from these "concert sessions". It was also possible for the family members to draw the images that the storycompositions aroused. Other family members could also storycompose or play Nick's compositions. Especially the younger sibling used creative methods to express herself. On one occasion a parent of the family wanted to create own storycomposition. The parent was very emotional during the creation process and when performing the piece to the rest of the family. This way Storycomposing provided a means for the family members to express their feelings more openly, to understand different ways of mourning, and to meet and share their inner lives with the help of music.

Over the Christmas holidays, Nick's beloved grandparent died of cancer. In the first session after the holiday break Nick composed an untitled piece. It sounded again like a signal, just two notes that repeated one after the other. In the second session after the break, he composed a piece called 'Cancer' and two more untitled pieces. The notes in 'Cancer' were jumping here and there over four octaves and didn't form any structure, while the untitled pieces seemed to contain signalling again.

In the next session Nick composed a piece called 'Simon Robert' (scored version music example 17 and 18) for his late brother of the same name. The melody of this storycomposition descended in pitch and sounded very sad. The following week's piece was entitled 'Snowman'.

After the funeral of Nick's grandparent, he wanted to sing and play the hymn that had been sung at the ceremony. I wrote the piece down with Figure-notes so that he could play it himself and we sang it many times. In fact, in that session he wanted to sing all the songs we could remember together by heart, which was unusual but welcome. I felt that Nick wanted to comfort himself through singing together.

This process with the whole family felt so significant and was so emotionally appealing, that neither the parents nor any of us professionals working with the family had realised that the funding for the processes was about to end after only four months of therapy. We therefore had to interrupt the process for a while, apply for more money and continue after a break. The last family session before the break was emotional, but full of trust that the process would continue.

Including the summer holiday, the break lasted a full seven months before the course of music therapy could continue. In the first sessions after it, Nick wanted to play well known children's songs as well as his old storycompositions. He didn't want to create new pieces as much as he had at the start of the process. However, eventually he did create two pieces, but neither of them was given a title.

In those sessions when I was playing his old storycompositions to him I noticed at one point that it had been exactly a year ago that he had created the piece for his dead brother Simon (scored version music example 17 and 18). Once Nick was aware of this, he wanted to create a piece with the same title, but the new storycomposition was entirely different from the old one. The new one was atonal, needed a special technique to play it, and there were notes used that were from outside the Figurenotes system.

After this session of composing, it was another two months before Nick composed again. First he created a piece called 'Hockey' (scored version music example 2) – he was playing ice-hockey at that time. Then in the following week's session Nick wanted to play again the new piece he had composed two months previously about Simon. He said that he wanted to change the end of the piece. Nick started to play and I wrote the new music down. His change to the end of the piece now made it improvisational and could be played differently every time. I was transcribing the piece with Figurenotes on a computer and suddenly Nick said that he wanted to change the title of the piece as well. He got in front of the computer and said he wanted to do this himself. The original title was written as Nick had wanted in two colours. Now he slowly started to transform the title letter by letter, but keeping the colour scheme as the original. After a while it became apparent that the new letters that were replacing 'Simon Robert' (scored version music example 19) formed his own name – 'Nick David' (scored version music example 20). This was evidence of mentalisation of the transformation process Nick was undergoing.

It also tied in with another key event in the music therapy process. Up to this point many of the adults involved – parents, professionals and therapists – were accidentally, but sometimes quite often, calling Nick by his late brother's name. But from this transformational moment in the therapy process onwards, I for one no longer confused the two boys' names and I even had to concentrate quite hard sometimes, to remember Simon's name thereafter.

After this session it took five months before Nick was storycomposing again. There were two reasons for this: firstly, there was the long summer break; and secondly, one of the rooms in the therapy centre was full of mattresses and cushions, and there Nick wanted to play a game which rebuilt the circumstances in which his brother died. He had invented that game himself.

During the last two months of the therapy process however, Nick was actively composing again. A storycomposition he called 'A Devil and a Dragon' (appendix 9) also had a text:

"It's getting nearer and nearer. A dragon, a devil, a roar. Spinning around. A battle. A death – both are dying. It's a draw".

The music was also different than earlier: there was tension and clusters, and it sounded threatening. The next piece, 'Swimming Contest', was quite a steady composition. And a month later, Nick composed a piece called 'Jazz Org 3', which included improvisations using certain keyboard sounds.

In the second last session Nick came up with a piece he called 'Brown and Red in Disorder' (appendix 10). This tune is recognizably based on the well-known nursery rhyme of 'Twinkle, Twinkle Little Star' except that the C and D have been swapped around. It transforms a joyful C major song into a sad Dorian mode melody in D.

For the very last session Nick appeared quite cheerful, and he also seemed to have dressed up a little bit. Immediately he said that he wanted to compose something on his own and that I could do something else. He then went to the piano, played and wrote his composition down himself and then went to the computer and transcribed the piece in Figurenotes. It was called 'Sudden Death' (appendix 10), and he had written the title in such a way that it was a bit of a puzzle to read.

The therapy process lasted almost exactly two years. We all thought that it was a successful process. As a 9-year old child Nick's own feedback about it was:

"Fun. Playing was fun. It has been fun to compose. The instruments were fun. Boring. Why does everything have to come to an end? Sometimes I'm so tired. My sadness has almost totally gone."

4.2 30 + 5 storycompositions

Nick created 30 storycompositions in total in the music therapy process just described in the previous section. Five years later as a co-researcher in this experiment, he composed five more. The frequency of storycompositions over both periods combined can be seen on a month-by-month basis in table 13. The running numbers in brackets after each title indicate the order in which the pieces were composed. Overall these storycompositions could be analysed from a musical point of view and the titles themselves are also quite descriptive, offering a variety of interpretations. In this study Storycompositions from both the music therapy and research meetings are analysed as a multimodal means of storytelling. This study emphasises a personal living experience of music and constructivist knowledge production based on dialogue and narrative from a child perspective (Bakhtin, 1984; Neimeyer, 2001; Abbott, 2002; Garred, 2004, Hänninen, 2004; Pavlicevic, 2005; Kellett, 2010; Karlsson, 2012; Barrett, 2011; Ferro, 2011).

TABLE 13 Timeline of storycompositions in the music therapy process and research project

NOV	October (1), Frozen Railway Engine (2), Little Butterfly (3), Frozen Ship (4)
DEC	Bad Dreaming (5), The Bad Dream (6), War of Colours (7), Black Night (8), Ambulance (9)
JAN	Nameless (10), Cancer (11), Untitled (12), Untitled (13), Simon Robert (14), Snowman (15)
FEB	Unknown Land (16), Nick's War (17), Midnight (18)
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	Untitled (19), Untitled (20)
NOV	Period Buzzer (21)
DEC	Family Tree (22)
JAN	Simon Robert (23)
FEB	
MAR	Hockey (24), Nick David (25)
APR	
MAY	
JUN	
JUL	
AUG	A Devil and a Dragon (26), Swimming Contest (27)
SEP	Jazz Org 3 (28)
OCT	Brown and Red in Disorder (29), Sudden Death (30)
5 YEARS, 3 MONTHS LATER	
FEB	Later (31), Old-fashioned (32), New York (33), Joyful (34)
MAR	Difficult (35)

4.3 The design of the experiment

The agents of the experiment part of this study are the therapist-researcher and the 14-years old co-researcher. This experiment part consists of a premeeting and three research meetings followed by a post-meeting (table 14).

TABLE 14 The design of the experiment

Meetings	Volume	File format
Pre-meeting	informal	no recording
1. Research meeting	90 minutes	audio-recording
2. Research meeting	90 minutes	audio-recording
3. Research meeting	90 minutes	audio-recording
Post-meeting	informal	no recording

The pre-meeting was organized to ensure that the co-researcher would know what he would be letting himself in for. The meeting also made it very clear that at any point the participant could refuse to take part in the experiment. This pre-meeting was informal and was not recorded in any way.

The pre-meeting also provided the opportunity to agree on a framework and structure for the research meetings themselves. We decided to meet every other week a total of three times for 90 minutes each session. These meetings would be audio-recorded and the discussions transcribed. All the music played or created in those sessions would be transcribed as well.

After these research meetings there would still be an informal post-meeting to resolve any questions that either of the researchers might have. As a music therapist I also committed to provide further counselling after this project if needed.

5 RESULTS

The results for this study are a culmination of three forms of analysis: the Narrative Processes Coding System, content analysis, and narrative analysis.

5.1 Results given by the Narrative Processes Coding System

My first interest in using the Narrative Processes Coding System (NPCS), is to examine the research discussion in terms of the system's modes (see section 3.8.1). As mentioned many times already, the purpose of this research is to genuinely hear the co-researcher's voice in the discussion by carefully following the principles of studies in child perspective (see sections 1.1. and 3.6), and those of Storycomposing (see section 2.1.2). Nevertheless, at the same time I have been aware throughout that, according to Bakhtin (1984), a single voice is actually a combination of many voices and inextricably bound to the social interaction and environment of which it is part. This is called a 'polyphonic dialogue' (ibid.), and is why both the co-researcher's and researcher's voices are taken into account in the units of analysis. In effect, it implies that these two voices create the 'narrative truth' of this study. This research environment could also be described, in Bakhtin's terms, as a context of carnival, an entry to a situation where regular conventions are broken or reversed and genuine dialogue becomes possible (ibid.). In a 'carnival' everyone is an active participant and a 'carnival' is not contemplated or performed but the participants live in it (1984, p. 122). The function of this experiment is to live those emotions, memories, and thoughts that the storycompositions arouse and recall. The idea of a 'carnival' is Bakhtin's way of describing polyphonic style: each individual character is strongly defined, and at the same time the influence of each character upon the other is witnessed. That is to say, the voices of others are heard by each individual, and each unavoidably shapes the character of the other. (Bakhtin, 1984)

I also take into account Vygotsky's notions of *inner* and *external speech*, as described more fully in section 3.3. When these merge, social language is inter-

nalized and can assist reasoning in the child. Vygotsky established that language is fundamental in shaping thought and is an important problem-solving tool (Vygotsky, 1986).

The categorization system of the NPCCS deals with interactional units that can include both the client and therapist, but as mentioned earlier (section 3.8.1):

- the *relationship focus* category concentrates on the co-researcher's expressions about the therapy process seven years ago and his here and now, while
- the *key issue* concerns his thoughts specifically about this research project.

The NPCCS categories chosen therefore put more weight on the co-researcher's side of the dialogue. To recap on their function, modes in the NPCCS, according to Angus and Hardtke (1994), allow researchers to categorize narrative into:

- *external mode* (i.e., the description of life events)
- *internal mode* (i.e., the description of subjective feelings about events)
- *reflexive mode* (i.e., the analysis of issues resulting from the other two)

With the help of these modes it is possible to find out in what way the discussions vary from session to session in this research. I also wanted to find out if it is possible, by using these modes, to determine features at the emotional level in research discussions. In other words, does this data provide some evidence that some of the emotional memories and feelings of the earlier music therapy process are reached?

This part of the analysis is carried out with the help of QSR NVivo 8 analysis software (see Luomanen & Räsänen, 2008) which allows the researcher to keep track of the needed details while reading. In this study the transcribed research discussion is labelled according to six definitions based on analysis units which are influenced by the NPCCS. These analysis units are:

- a) External key issue = Thoughts concerning *the research project* in a storytelling mode (description of events: past, present, and/or future; actual or imagined).
- b) Internal key issue = Thoughts concerning *the research project* in an emotion-focused mode (a subjective description of experience).
- c) Reflexive key issue = Thoughts concerning *the research project* in a conceptual meaning-making mode (analysis of current, past and/or future events and feelings).
- d) External relationship focus = Expressions concerning *the therapy process and the co-researcher's here and now life* in a storytelling mode (description of events: past, present, and/or future; actual or imagined).
- e) Internal relationship focus = Expressions concerning *the therapy process and the co-researcher's here and now life* in an emotion-focused mode (a subjective description of experience).
- f) Reflexive relationship focus = Expressions concerning *the therapy process and the co-researcher's here and now life* in a conceptual meaning-making mode (analysis of current, past and/or future events and feelings).

Two short excerpts of the transcription taken from the research discussion in session no. 2 and translated from Finnish into English are in appendices 11 and 12. Those examples show how the researcher divided the text into the different categories.

Figures 10–12 show the distribution of NPCS discussion modes in each research session. Figure 13 shows how the distribution of each discussion mode varied between research sessions. The letters a-f in the figures refer to each discussion mode as listed above.

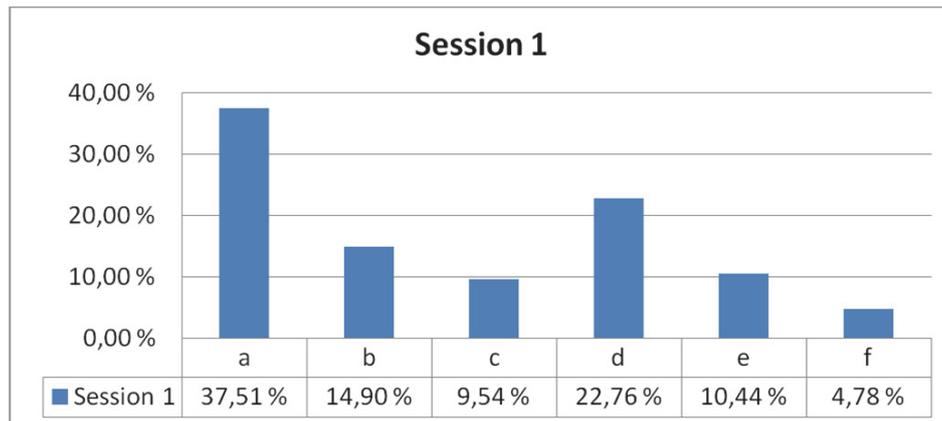


FIGURE 10 Distribution of NPCS discussion modes in first research session

Figure 10 reveals that in the first research session most of the discussion dealt with describing what is happening in the research project (a). The second most important discussion mode dealt with the co-researcher's expressions about the therapy process and his here and now through the description of events (d). The third dealt with the co-researcher's subjective feelings about the research project (b). Of equal importance after this were the co-researcher's subjective emotional experiences of the therapy process and here and now (e), and the reflective analysis of his thoughts about the research project (c). In the first research meeting the discussion mode that was of least significance was reflective analysis of the therapy process and the co-researcher's here and now expressions (f). To sum up, there was therefore more of a focus on external speech modes (a, d) in the first session.

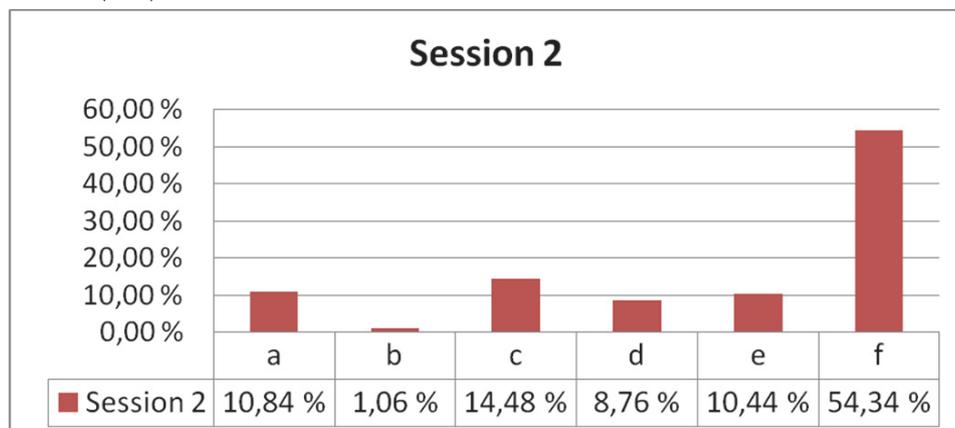


FIGURE 11 Distribution of NPCS discussion modes in second research session

Figure 11 shows that over 54% of the second research meeting was devoted to one particular reflexive discussion mode (f). The meeting therefore focused heavily on the analysis of issues resulting from what happened (externally) in the former therapy process to the co-researcher, and what was felt (internally) by him both then, as well as here and now. Overall, this reflexive mode of discussion was very prominent in the session, as the second biggest category was also reflexive analysis (but of the present research experiment), and at a substantially smaller percentage of almost 15% (c). All the other discussion modes are barely over 10% or below that. Of these, descriptions of the events of the research project (a), and the emotions felt in the therapy process and here and now (e) are almost equal. The co-researcher seems to be willing and able to reflect on his personal materials (f) and the research project itself (c). The emphasis in this session was therefore on a reflexive mode of discussion.

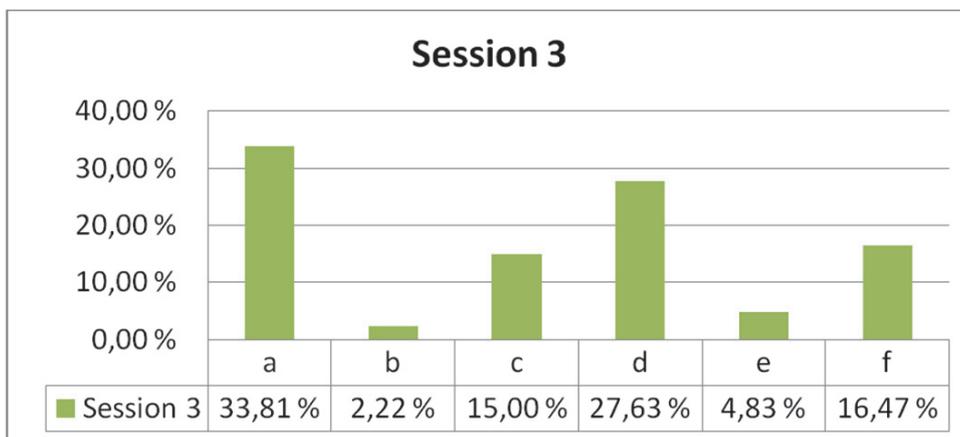


FIGURE 12 Distribution of NPCS discussion modes in third research session

In figure 12 it can be seen that the discussion in the last research meeting has turned once more towards talking about research project events in external, or storytelling terms (a). The second most prominent mode is also using this external, or storytelling mode, but to discuss the co-researcher's former therapy process and his here and now (d). Next come the reflexive discussions about the former therapy process and here and now (f) and the research project events (c). Emotion-focused discussion played only a minor role in this session, with only slightly more subjective expressions about the therapy process and here and now (e), than the research project events (b). It would therefore seem that this session was winding down for the end of the experiment, as there was a return to external modes of discussion (a, d) that were also seen to dominate the first session, together with some amount of reflexive discussion around these subjects (c, f).

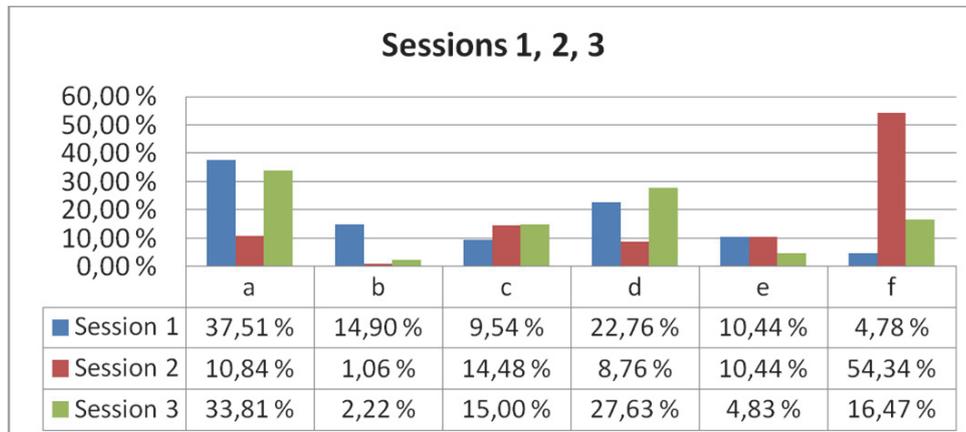


FIGURE 13 How the distribution of each discussion mode varied between sessions

The most noticeable feature in figure 13 is the middle session's spike in reflexive discussions concerning the co-researcher's former therapy process and here and now (f). This was the session in which most of the analysis of current, past and future events took place. The other noticeable feature of this figure is the prominence of external, or storytelling, modes of discussion in the first and last sessions (blue and green in both modes a and d). My interpretation of these results is that the three research discussions formed a process which had a preparatory beginning, reflective middle, and calming end. The mode of the discussion changed from description of events to analysis of the events and then back to description, but with more emphasis on the co-researcher's former therapy process and here and now, than there had been in the first session. It is also conspicuous that the subjective descriptions (b, e) have a minor role in all three discussions. I suggest that narrative analysis will show how music might have compensated for this paucity, and proved itself a more effective means for subjective expression than words in the research meetings. Overall, it nevertheless seems that the co-researcher found new insights and connections between his past and present life. And the fact that he said the research project felt like "a small therapy process" in itself also strengthens that idea.

But these results don't yet fully answer the subquestions. To do this, the results from the NPCS must first be examined more carefully using the other analytical tools.

5.2 Results from the content analysis

The content analysis here is a 'problem analysis' of the 'questions which earlier have been inaccessible' in this study (i.e., the subquestions). This problem-driven analysis follows the framework introduced by Krippendorff (2004, pp. 342–355). As introduced earlier (see section 3.8.2) the author/analyst has made

the careful assumption that there is a connection between the body of text, the results of the Narrative Processes Coding System (NPCS), and the functions of Storycomposing. This assumption, or ‘creative guess’, is based on my active participation in this experiment. It refers to the fact that the analyst / researcher is also an informant in this experiment as I am looking for new and more explicit descriptions of the method I have created and developed (see section 3.2). To recap, the subquestions of this analysis are:

1. *How is Storycomposing facilitating the co-researcher in this project?*
2. *Is Storycomposing an appropriate research tool for children?*

After NPCS analysis of all the research discussions, those parts of the discussions which are initiated by or include storycompositions are selected for content analysis. The units of content analysis were those elements of Storycomposing that were chosen by both researchers together, as part of this experiment, to represent the *research acts*: memorizing, watching, listening to, playing and composing storycompositions. As the population of these relevant texts is not so large, all of them must be taken into account.

The NPCS coding (see previous section 5.1) gives information as to the modes of discussion used in these relevant texts. The next step of this analysis then involves making inferences based on *inductive reasoning*. That’s to say, in this case, general principles are inferred from certain detailed facts found in the relevant texts. This is achieved by reading the texts keeping in mind the first research subquestion: *How is Storycomposing facilitating the co-researcher in this research project?* The answers to this can be found in the column of table 15 entitled ‘Result of Storycomposing’.

TABLE 15 Storycomposing acts, modes of discussion, and their results in the experiment

Storycomposing Act	Mode of Discussion	Result of Storycomposing
memorizing, watching	external	helping to start discussion
memorizing, watching, playing	external, internal	engaging to the research process
playing, hearing	internal	bringing back memories and feelings
hearing, playing	internal, reflexive	helping to create new insights
watching, playing, hearing	internal→ reflexive	completing and continuing the self narrative
hearing, playing, composing	reflexive	increasing knowledge of self

As can be seen in table 15, the method seems to provide the necessary tools for moving freely between different levels of activation and emotion. As can also be noticed from these results, they all seem to contribute to ‘telling the client story’ which is a widely-reported benefit of using songwriting methods in general (see Baker et al., 2008). And as a ‘subresult’, this analysis goes someways further to showing how the ‘telling’ particularly happened via the Storycomposing method.

Telling the client story via the various acts of Storycomposing, and the discussion mode used in each, proceeded as follows: helping to start discussion (external); engaging in the research process (external, internal); bringing back memories and feelings (internal); helping to create new insights (internal, reflexive); completing and continuing the self-narrative (internal, reflexive); and increasing knowledge of the self (reflexive).

As well as the common characteristics that have been observed in various Storycomposing processes in clinical practice and in the literature, there are also features that are unique to each process and cannot be compared. The features that were found to be unique to Nick's earlier music therapy process are listed in table 16.

TABLE 16 Features of Storycompositions unique to Nick's earlier music therapy process

Feature of Storycomposition	Mode of Discussion	Facilitative Result
pieces composed either side of a break in the therapy are very much alike	internal→reflexive	provides a bridge over the therapy break
title of the piece is a clue	internal→external	links to his present everyday life
encouraged to create own notation	external→internal	increase in creativity and playfulness
learns to play	external→internal	learns to play well-known pieces with the help of the Figurenotes system

The first two features in table 16 help link two different time periods together. In the first case, the link is made between two periods either side of a long break, but within the same (earlier) therapy process. In the second case, the link is between two different processes: the present experiment and the earlier therapy process. These two examples show how storycompositions provide an effective means for processing the past and the present. As this is an important feature when narrating a life story which carries traumatic memories, my interpretation is that Storycomposing is an appropriate music therapy and research method for dealing with a traumatic loss in this particular case.

The last two features in table 16 show how Storycomposing support Nick's natural development even in the middle of a challenging time in his life. My interpretation is that Storycomposing also encourages this child to have fun and learn in the middle of a crisis.

While the above provides some answers to the first subquestion, the second remains as yet unanswered. *Is Storycomposing an appropriate research tool for children?* is perhaps best answered by using *abductive reasoning* based on experiences gleaned from this experiment:

- As storycompositions can be played again, listened to again, and evoke reminiscences; they can also arouse emotions from the time they refer to.

- In this experiment, the storycompositions were surrounded by discussions concerning such reminiscences and emotions.
- The co-researcher recalled moments and emotions from the time of his music therapy as a younger child, and completed his life story with the help of storycompositions and discussions.
- He found answers to the research question that he had formulated himself (see section 5.4).
- Conclusion: Storycomposing is an appropriate research tool for children.

When validating these interpretations it is obvious that no further generalizations can be made based on those features unique to this particular music therapy process. However, these interpretations provide an opening into understanding child perspective in the context of music therapy research and Storycomposing as an appropriate research tool for children.

5.3 Introduction to the narratives

The therapist-researcher and the 14 year-old co-researcher meet in a pre-session after arranging this first by letter and email. In this pre-session they confirm three research meetings and a post-session. Every research meeting lasts 90 minutes and takes place every other week. Following the guidelines of the studies of child perspective, the co-researcher is encouraged to take part in the decision-making process in the first research meeting concerning issues such as: identifying and generating the data, choosing ways to analyse it and discussing the reporting options.

As this research is following the principles of child perspective studies, the co-researcher may frame his ideas in whatever form he chooses. No interpretations are made, for example, out of the tone of his voice. The decision to audio record the research sessions has already been agreed on, to preclude the researcher's observation of the co-researcher's behaviour and bodily expression. The co-researcher's own interpretations for example via his bodily expression would have been of course another interesting research topic, but not for this study.

At the beginning of this experiment it is difficult for the boy to take an active role as a researcher because of our previous therapeutic relationship. This is because, as he says in his own words, the research project is for him "a small therapy process" in itself. After some discussion the chosen research activities are remembering, seeing, playing, and hearing the old storycompositions and creating new pieces, as well. By these means the co-researcher can recall his feelings and memories as a child in the therapy, and especially outline his thoughts now regarding the process and himself. He gives new meanings for some of the storycompositions and certain details in them. The music in them,

and their names, combine to open up many levels in the therapeutic research dialogue. The Storycomposing method as a tool for music therapy research makes it possible for the teenager to be an active co-researcher in this project. By the end of this project the 14 year-old feels that he has found the answer for his research question – how he changed during and since the therapy process. The role of Storycomposing as a research tool is: to start discussion, engage the research process, evoke memories and feelings, to complete and continue the self-narrative, and to foster new insights.

The first narrative is told from the co-researcher's perspective paying attention to the episodes where he notices changes in himself. The second narrative is told from the therapist-researcher's perspective where the purpose has been to reveal more clearly the mechanisms of Storycomposing. The co-researcher is called Nick, or 'the boy', and his late brother Simon throughout these narratives. Nick, the boy and the co-researcher are roughly equivalent names for the co-researcher and they are chosen naturally. I call myself a researcher or a therapist-researcher. The third narrative will summarise the told findings of these two narratives.

5.4 The co-researcher's narrative – Narrative of the experiment

After thorough ethical consideration, Nick is invited to be a co-researcher five years after his former therapy process has ended. As previously mentioned (section 3.6), he says that he feels honoured to take part in this research project, and hopes that this investigation will help other children and young people to recover who have had the same kind of traumatic experiences. Because of his age (14), an informed consent to this music therapy study has also been requested with his parents' assent (see sections 1.3 and 3.6). The idea is to get his perspective on the mechanisms of the music psychotherapy process and, in this case, especially the meaning reconstruction process. Nick is also given the power to formulate his own research question, and the co-researcher and therapist-researcher develop the study design together (section 3.7).

The co-researcher's narrative is formed from those episodes in the research where Nick notices meaningful changes between the period when his music therapy took place and his here and now as a 14 year-old. The co-researcher forms his research question in the first research meeting. He wants to be able to qualify in some way the change that has occurred in him after five years. His question is therefore, as mentioned earlier (see sections 1.3, 3.3, 3.7): *How much, and in what way, have I changed during and after the therapy process?*

The purpose of this narrative is to open up how the co-researcher finds his answers from his own perspective to his research question during the course of the experiment. Some of the next episodes are quoted from Hakomäki (2012).

5.4.1 As a co-researcher

In the beginning of the first research meeting the co-researcher says:

"I feel that it is a good idea to revisit these old pieces and to discuss everything there".

He starts to leaf through the folder where the 30 storycompositions from his old therapy process are.

He says:"Looking through these pieces again now is fun".

The boy continues going through the folder and says:

"These are quite funny. I remember myself as a little child. I'm starting to think what must I have been thinking then? And where did I get these ideas? I don't know".

The boy says that he is now more interested in the present time.

At the end of the folder he notices that he has created for himself new symbols for the notes.

He says:"In the end the Figurenotes were not enough anymore. I created these".⁴⁵

The co-researcher says that nowadays he plays his keyboard every now and then at home if a friend encourages him.

The researcher then reminds him how he used the Storycomposing method throughout the whole therapy process and that's why he has been asked as an expert in the method to be part of this experiment.

The boy says that it is difficult to say what helped him then and continues:

"But if I compare this time to that time, things are better now because I have found it easier to talk about the matter nowadays". He continues:"Now I'm fine. Of course I will never get over of those things [the death of his big brother and the death of his grandparent, which also happened during the therapy process] but I have learned to accept them and to understand that this has happened and I can't help that. I will carry these experiences with me always. Sometimes I think about it and I cry but most of the time I understand and accept it".

He says that he doesn't regret participating in this experiment and continues:

"It is a pleasure to take part. It feels good to talk about this subject now, later on".⁴⁶

The next research task in the experiment is to identify and generate the data, choose the ways to analyse it, and to discuss the reporting options. The previous therapy process was not research, but a natural therapy setting. The notes

⁴⁵ Author's note: There are only four octaves in the Figurenotes system. In my clinical practice I have noticed that it might matter both ways if the client uses keys outside Figurenotes. Sometimes it might show a boldness to go beyond borders and sometimes it might indicate settling down.

⁴⁶ As Bronna D. Romanoff (2001, p. 254) puts it "a narrative research process offers opportunity for both continuity and change in a collaborative research project with a therapist and a client after a therapy process".

from that process are the 30 storycompositions and other artefacts the boy created in the process and a case story which the researcher has presented in music therapy congresses. To bring the co-researcher's voice and viewpoints more to the forefront, a decision is therefore made that the therapist's own notes from the previous therapy process will not be used. The co-researcher identifies the data from the previous therapy process: 30 storycompositions made by him, but not the other artefacts (two bedtime stories, one rhythmical poem, and another storycomposition made by his family members). The data from this experiment is generated by memorising, watching, playing and hearing the old storycompositions, talking about them and even creating new storycompositions as well. The co-researcher wishes to find answers to some of his own questions too.

The co-researcher is fascinated by this experiment and his attitude is positive. He also challenges the researcher as a therapist by saying:

"So, this is like a new short therapy process."

The previous therapeutic relationship between the researcher and the co-researcher has a positive effect on their relationship in the experiment. Firstly, the co-researcher knows that the researcher is familiar with his life story and he can rely on her. Secondly, as they know each other already they can get to work immediately with the task at hand. Thirdly, it can be assumed that he won't have to be as self-protective when stating his own opinions and experiences. As the discussion mode is mostly emotion-focused meaning-making in the second and third research meetings (see section 5.1), it is at this point that the therapeutic relationship between the researcher and the co-researcher is activated. This challenges the researcher to keep in mind both the ethical principles of a music therapist (see EMTC, 2005) with those of child perspective studies (see sections 1.1, 3.6, and 6.1).

At the end of the first research session the boy says:

"First I thought there was nothing in my mind. But, it's great what we have done so far!"

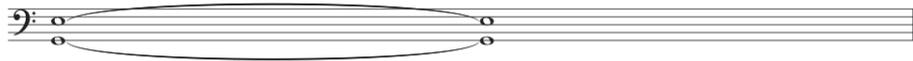
At the beginning of the second research meeting the co-researcher wonders how he will be able to identify the feelings within the storycompositions. But by the discussion he thinks that they will emerge naturally. He thinks that the research method that's been chosen is suitable. He wants to begin listening to his old storycompositions.

5.4.2 Changes from there to here and now – Evolution of life story

In the second and the third research meeting, the discussion mode mostly involves expressions and articulations of affect. The co-researcher draws on both autobiographical memories and emotion processes in the articulation of new life themes and self-understanding. The experiment continues so that the researcher plays the storycompositions from the therapy process (see section 4.2)

and the co-researcher listens to and interprets what comes to his mind. The boy travels in time between the past and present when hearing these old pieces.

A piece called 'Period Buzzer' (music example 1) leads to a long conversation about the ongoing Ice Hockey Olympic games.



MUSIC EXAMPLE 1 Period Buzzer [Eräsummeri] (21)

And a piece called 'Hockey' (music example 2) reminds the co-researcher that he was playing ice-hockey himself when he was younger.



MUSIC EXAMPLE 2 Hockey [Hockey] (24)

5.4.3 The Bad Dream

Every now and then the co-researcher notices changes when comparing the therapy time with his here and now. A storycomposition called 'The Bad Dream' (music example 3) draws his attention to this.



MUSIC EXAMPLE 3 The Bad Dream [Paha uni] (6)

"At that time [during the therapy] I had a lot of dreams about Simon. Nowadays, well at least for the last four or five years, I have hardly had any at all. I only had one last year, so it is quite rare".

In the discussion the researcher reminds the boy that, at the time of the therapy, he said he'd had one bad dream at least hundred times. During that earlier process, the therapist and the boy had then tried to figure out what kind of dream this must have been: what it looked like, how it smelt, or how it sounded. At the time, the boy could only describe how the bad dream sounded. He did this by creating a storycomposition out of one figurenote, which length he drew by himself on the computer (see also section 4.1, and appendix 7: 'The Bad Dream').

Ferro follows Bion's example, by comparing dream life to the process of generating meaning (Ferro, 1992/2006, p. 77). And the four steps of Storycomposing follow the same kind of guidelines as those which, according to Ferro, govern the 'theatre' of this meaning-making process. Ferro's definition again is useful to describe the role of a therapist in helping create a storycomposition as completing "a transformation from one symbolic form to another" (ibid.). Storycompositions can be assumed to function in the same way as dreams which

enable a person "to gather together and make visible moods and emotions which cannot yet be thought" (Ferro, 1992/2006, p. 78).

The technique of Storycomposing – listening carefully enough to the client's expression to be able to write it down – ensures that the therapist is focused on the client's story. Hearing and playing the music helps the therapist get involved, and to be immersed within the emotions and moods the client expresses through music. This assists the therapeutic process.

The performance of a storycomposition involves the therapist closely with the emotions and moods the piece contains, and therefore makes it possible to create a shared story with the patient that results from communication about it. In this case, the storycomposition has its roots in a dream.

In the latter part of the second research meeting Nick says he thinks he will be able to answer his research question, but how fully is another matter. He also points out that he is feeling fine and is nowadays usually happy. Sometimes he feels bad, but nothing bothers his mind normally.

Some storycompositions generate meaningful discussions where the co-researcher gets insights into the evolution of his life story and can see the changes in himself clearly.

5.4.4 A new perception of death

An old hymn had been sung at Nick's grandparent's funeral at the time of the therapy. That song was taken to the Storycomposing folder as well. In the research, this hymn reminds the co-researcher of the longing he felt at the time. The researcher asks how he felt at the time, when two significant others in his life died so close together. The co-researcher answers:

"It was difficult. I realised that they had gone but I didn't believe it then. It was very confusing because I didn't know this could happen. And then I was afraid that if this was true, is everyone going to die now?"

The researcher notices the boy didn't talk about this fear in the therapy. He goes on:

"Well, I guess that I was convinced that anyone could die at anytime. Earlier I had thought that the world is a safe place. Nothing could happen, and so I couldn't believe this was happening. When my brother died I told myself that others wouldn't die. And everything was fine then. But then that [the death of my grandparent] changed it. Is it really so, that anything can happen to anyone at anytime?"

The researcher asks what the co-researcher thinks now about death.

"Well, nowadays I understand it and I can deal with it in a different way. Anything can happen, whenever, and I'm not afraid of it. Because, well, I don't know why...I don't know...I have grown. [...] And this [dying] hasn't happened for a long time now, that's why I'm not afraid of it. And it is natural".

It seems that the boy was able to continue growing and developing after the traumatic loss and even to learn something from it. All five assumptions of Neimeyer's Meaning Reconstruction Model (see section 3.5.1) are actualised in this process. With the help of musical expression (the tacit dimension of language) the child as an active agent can draw upon a discourse through his nar-

rative (Storycomposing and dialogue) that is understood within his family and environment. This encourages the child to define himself anew in changing situations in the presence of meaningful others, and supports the evolution of self-narrative, helping the child find a comfortable new identity after loss.

5.4.5 Emotions initiated by colours

From the storycompositions in front of him, the co-researcher is interested in seeing which colour figurenotes he used in his compositions and whether the pitch of the notes is high or low. He goes through the folder again and says:

"It looks rather black... here is 'Black [Night]', 'The Bad Dream' and 'Ambulance'".

The researcher asks what the boy thinks about those titles and pieces now.

"It looks like I was sadder in my mind then than now. How can I describe it? Gloomy".

The researcher then asks what the co-researcher thinks about the colours of Figurenotes. Did they have an effect on which notes he chose for his storycompositions?

"Yes, they definitely had a significant effect. And the pitches of the notes as well".

Later on the co-researcher notices in a poetic way:

"I wonder how dark is my mind, for all these notes that I find are black"⁴⁷

The black colour indicates G in the Figurenotes system. The G note is not especially gloomy or sad as music in these storycompositions. Nick didn't say it at the time, and nor did I feel I should say so, but black as a colour is easily associated with sadness. It could be interpreted that, even though the black colour has nothing to do with how the G sounds, the black colour in a way suggests, and gives permission to talk about sad topics. In fact, although this note was used more than any other, the difference was not significant when comparing to other used colours in those 30 storycompositions. This analysis is made initiated by the Nick's interest in the figurenote colours (figure 14).

⁴⁷ Originally: "Ollako minun mieli musta, kun olen mustia nuotteja pelkästään löytänyt tuonne?"

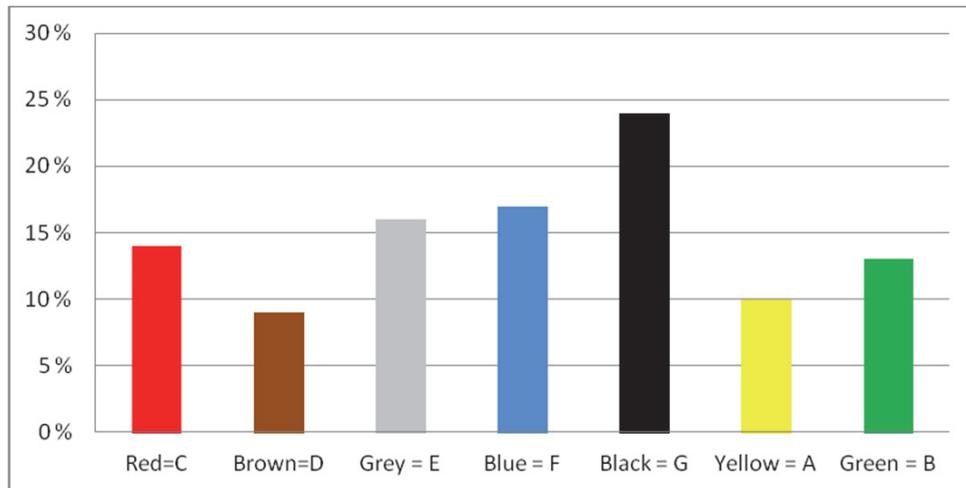


FIGURE 14 The colour of notes used in the 30 storycompositions of the therapy process according to the Figurenotes system

The co-researcher can see that black (24 %) was most used. Yellow (10 %) and brown (9 %) were least used, but the co-researcher only paid attention to black. In the experiment he didn't pay any notice to the colour of notes in any of the five new pieces he composed during the research sessions.

The co-researcher continues leafing through the folder still paying attention to the colour of notes in the compositions.

"At the beginning [of the therapy process] the colours are darker. And by the end they are getting brighter".

He notices a change has occurred as the therapy process goes on, in this case it is a change of colour.

Having experienced the narrative from which these episodes are from, I suggest that the colour of figurenotes sometimes had an impact on which notes the storycomposer chose for a piece. However it seems the colours did not directly affect the meaning-making process; instead offer more symbolic tools for the therapeutic process, if needed.

5.4.6 Emotions initiated by pitches

In every research meeting the co-researcher pays attention to the pitch of notes chosen for his storycompositions. In the first meeting he chooses an untitled piece (12) (music example 4 and 5) of his own accord.

"If I play this, it feels like I have just written it. This doesn't even have a title. It says something about how I normally felt".

The boy plays the piece.



MUSIC EXAMPLE 6 Nick's War [Nickin sota] (17)

The co-researcher thinks about this and says:

"It sounds like a medical drama series on TV. It's because of the shrill tones. Yes, an emergency".

He makes a few more minor observations about sounds in the storycompositions. The sound of a clock striking in a piece entitled 'Midnight' is neither positive nor negative to him, but exciting. A piece called 'Jazz Org 3' [the title comes from the instrument sound used to compose it] is, in his own words: "A mess... but it sounds positive".

The next piece Nick came up with in the therapy sessions was called 'Brown and Red in Disorder' (music example 7 and 22; see also section 4.1). This title came from the fact that C and D, (the notes in 'Twinkle, Twinkle Little Star' that were swapped around to make this tune) are red and brown in Figurenotes.



MUSIC EXAMPLE 7 Brown and Red in Disorder [Ruskea ja punainen sekaisin] (29)

"Well, it sounds different than the others [the other pieces in the end of the therapy process]. Well, it is sadder".

The boy goes through more storycompositions. Some of them don't arouse any special memories or feelings, while others help the boy to remember, talk and share the feelings embedded in them and, in that way, to complete his life story.

5.4.7 Something to think about – New storycompositions

At the end of the first research session Nick creates his first storycomposition of this experiment.

He starts to play a melody with the right hand and the first verse is completed in seconds. The researcher writes it down simultaneously. After that the boy tries out the same melody two octaves lower and completes the second verse. Finally the boy chooses to play both first and second verses at the same time and that forms the third verse. The piece is completed in less than three minutes, and there is hardly any discussion during any of this time. The title of the storycomposition comes easily as well. It is called 'Later' (music example 8).

MUSIC EXAMPLE 8 Later [Myöhemmin] (31)

Storycomposing comes to Nick as easily as in the therapy process. When the researcher plays the result Nick says:

“This is different from those I did back then. It isn’t just anything. The notes actually match each other”.

In the second research meeting Nick talks about his school, hobbies, plans for the future and relationship to his parents and to younger sibling. Everything sounds typical for an adolescent 14 year-old. The boy also reflects on those characteristics of his own which are the same as when he was younger.

By the end of the second research meeting Nick wants to storycompose again. He tries out a few sounds here and there and finds it a little bit more difficult than the first time. But after voicing aloud this difficulty, he finds what he wants and the first verse is done. The researcher checks with Nick how many times certain motifs occur and he seems very sure, answering without hesitation. He tests out some more sounds and rhythms and completes the second verse. There is again hardly any talking, just the sounds themselves and some discussion about how to write the piece down. He then tries out different pitches for the sounds, and this takes quite a long time. He also tests in which order to play the verses. Altogether it takes about 15 minutes to complete this storycomposition.

After Nick has finished this storycomposition, the researcher plays the piece and the boy listens to it. Immediately he says that it seems more like a series of three different pieces to him (music examples 9–11).



MUSIC EXAMPLE 9 Old-fashioned [Vanhanaikainen] (32)



MUSIC EXAMPLE 10 New York [New York] (33)



MUSIC EXAMPLE 11 Joyful [Riemukas] (34)

After hearing these pieces one at a time, he finds titles for them easily. The first one is called 'Old-fashioned' he says, because that is how it sounds to him [probably he is making some kind of connection with old storycompositions from the therapy process]. The second one is called 'New York' he says, because it is about 'street feelings'. The third one is simply called 'Joyful'. Nick is pleased with the pieces. He says that the pieces sound like how he feels now.

"Altogether it's a good feeling and I'm less irritated than earlier".

After he plays the pieces himself he notices a difference in his composing style.

"They are different, how can I describe it? Earlier I let everything be written down, but now I want the notes to sound good together".

To him, 'Old-fashioned' is a bit different from the other two.

"This is the only one in this series which is not positive. It is a little bit negative. But in general these new storycompositions are better than the old ones".

In the third research meeting the co-researcher is finding it difficult to complete his new storycomposition. He struggles a long time with the piece. He eventually calls it 'Difficult' (music example 12).



MUSIC EXAMPLE 12 Difficult [Vaikea] (35)

When I asked what was so difficult this time the co-researcher describes this challenge.

"I tried to make it too groovy. I couldn't quite get it...I don't know what exactly... but yes, it is a piece".

Also in this third and last research meeting he describes how he has found the answer, or answers, to his research question.

"Playing the old storycompositions revealed the most [memories and emotions from the therapy], while the new storycompositions have given me something to think about and I have reached here and now feelings in discussions".

To sum up here, Nick is discussing the change between now and then: firstly in his composing style, and secondly in his feelings. It is also noteworthy to see that he is aware of certain characteristics in himself that have not changed since then. Without a doubt, these perspectives provide the answers to his research question. One other notable detail is that for those storycompositions made during the research meetings, he has paid no attention to the figurenote colours, whereas the colours play an important role in his analysis of storycompositions from the therapy.

At the beginning of the third and final research meeting, the co-researcher is wondering if there will be enough time to finish this experiment but at the same time he is pleased that the end is near.

When this research meeting is almost over, and the details for the post-session and all the other details are agreed, the co-researcher states in sportsmanlike terms:

"I feel that we have reached the goal".

5.4.8 A musical safe place

Beethoven's well-known theme 'Für Elise' also makes a guest appearance in this experiment as the co-researcher plays it in every research meeting.

At the start of the experiment the boy goes through the Storycomposing folder from beginning to end and then he starts choosing pieces to play. He picks a piece called 'Cancer' that was composed after the death of his grandparent and says: "It sounds like it was composed by a little boy as it is". But then he begins to recall the death of his grandparent and suddenly remembers that he liked to play the theme of 'Für Elise' at the time. He asks whether the piece has been written with Figurenotes.

Later on, also in the first meeting, after struggling for a moment with a storycomposition that he now finds difficult to play, he starts to play instead

'Für Elise' which he knows off by heart. He says that he remembers the piece because he likes the melody, and it was in a TV advert at the time of the therapy.

'Für Elise' is played in a similar context in the second research meeting too. In the last minutes of the meeting the boy wants to play the storycomposition he successfully created in the first research meeting, but for some reason he finds it difficult and cannot find the right notes as easily as he'd like. So in the middle of this piece he takes a step back, and again plays 'Für Elise' instead, but this time with Figurenotes. He says that he likes the piece and it reminds him of the therapy process. After this, Nick manages to play the storycomposition he'd just got stuck on all the way through and he thinks that the piece is ok.

In the third research meeting the co-researcher again wants to play a new storycomposition that he has just created in the previous research meeting. Again, playing it is difficult: he struggles to find the right notes and rhythms. And again he turns to 'Für Elise' for a while.

So what could the function of 'Für Elise' possibly be in this experiment? It seems that this well-known theme creates a kind of 'musical safe place' for Nick which he can go to in difficult moments: when he has trouble playing, or when facing difficult memories. Playing it perhaps provides some respite from the active processing going on in the mind. It is interesting that Jos De Backer (2004, pp. 181-264) also describes in his PhD thesis the very same composition playing the same kind of role in his case study with one music therapy client. De Backer's explanation for it is that 'Für Elise' was "the safe haven for [...his client] within the turbulence of the therapy" (p. 196). Maybe 'Für Elise' is an example of *music as therapy* which provides a peaceful interlude with predictable notes and effects on the listener's mind due to its familiarity. In the middle of challenging therapeutic processing this 'musical safe place' seems to be more than welcome.

5.5 The therapist-researcher's narrative – Narrative of the therapy process

In the first research meeting the discussion between Nick and the researcher is a lot about practical issues surrounding the research project, and recalling the earlier therapy process with detailed descriptions of past events. The discussions arise from looking at storycompositions in the folder and by Nick choosing a few of them to either play himself, or have the researcher play for him. The talk is for example about the contents of the folder or playing the piano, and Nick sometimes finds it funny to look back over those old pieces. Other times it is not so funny for him though, his breathing changes in front of some pieces and at the end of the first research session he is very emotional. This engagement of the co-researcher at a deeper level of experience and memory is however of some importance to the research question. According to Angus et al. (1999, p. 1256) collaborative engagement in psychotherapy entails the articula-

tion, elaboration, and transformation of the client's self-told life history in three distinct modes of inquiry. These are external, internal, and reflexive narrative modes (see sections 3.8.1 and 5.1). The different modes involve descriptions, elaborations of events, and reflexive insights into happenings, feelings, reactions, and emotions in the past (when the event was occurring), and in the present (when the story is told). When using these discussion modes to analyse the three research meetings it becomes clear that in the second meeting the discussion focuses mostly on the boy's feelings about the past therapy process in relation to the present here and now, in an internal reflexive mode. In the third research meeting those internal reflexive modes are still common but somewhat diminished when compared to the second meeting. Discussion of feelings and thoughts surrounding the research meetings has increased by the end of the experiment (see figure 13). Some of the next episodes are quoted from Hakomäki (2012).

5.5.1 A narrative truth

Seven years earlier, in the first session at the very start of the two-year music therapy process, Nick was aged seven and made his first storycomposition called 'October' (music example 13). Now, in the second research meeting, the researcher plays the piece as Nick requests.



MUSIC EXAMPLE 13 October [Lokakuu] (1)

After hearing the piece, Nick describes what memories it evokes.

"This reminds me of the moment when I was in the hospital for my brother when he died". The researcher asks him if he can say anything more about that moment. "It felt long", Nick replies. The researcher plays the piece again and Nick continues his description. "It's like waiting for something and then there's more despair. And the end is still something - this and that and so on - I don't know. This is just what has come to my mind". The researcher asks if Nick knew that these memories were going to come to his mind like this. "No, I didn't know", he says. So this is new information for him as well.

By memorising, watching, listening to, and playing the old storycompositions the boy is filling the holes in his memory and strengthening his life story. Even the difficult matters are being integrated as life experiences.

Narrative is the joint creation of two minds (Abbott, 2002; Ferro, 1992/2006), which in this case are in a therapeutic relationship. To be able to adequately interpret these narratives though, it is important to know how meaning is being constructed (Abbott, 2002). In the discussion example above, it is the loss of a significant other that triggers the search for meaning. In this re-

train travelling all day long and it keeps going further and further down the rail track. It's like that", he says.

Nick has recaptured the image from a therapy process that started seven years previously, and is able to keep on processing it. Next the researcher plays the piece called 'Little Butterfly'.



safe place, but easily accessible, to be taken out and looked at in a session only as and when the client wants to.

In the second research meeting Nick decides that the researcher should play all the pieces that were previously composed in the therapy process, one of which is again the piece 'Simon Robert' (music example 17 and 18).



MUSIC EXAMPLE 18 Simon Robert [Simon Robert] (14)

Nick says: "Well, it's sad. The sound is sad. That's all I can say. Yes, that's all. It's a sad topic".

This time he finds words, or more precisely one word, to describe his feelings about this piece. When storycompositions are written down it is possible to revisit them as many times as needed or desired. The underlying emotions in the stories told by the therapeutic couple, as Ferro (1992/2006, p. 161) puts it, can open up new paths of meaning. In this case, Nick found the word 'sad'. But this can be different every time a storycomposition is performed, and it is one of their essential and unique features as improvised musical creations.

When a traumatic event finds its form in art, it can become a part of "a dialogic representational or symbolic process" as a psychoanalyst Sverre Varvin (2002, p. 174) points out. As an art form, it will no longer instill "horror and helplessness in the other" (ibid.) but allow the event to form part of a shared experience, which can find new paths in a meaning reconstruction process (Neimeyer, 2000; Varvin, 2002; Ferro, 1992/2006).

In 'Simon Robert' the melody drops in pitch with followed by jumps of an octave. The piece is composed to be slow – the notes are minims, except for the last which is a semi-breve. This gives a strong feeling that there is some kind of ending – the piece sounds like a funeral march. As no other data is used from the previous music therapy except for these storycompositions, it is impossible to say which came first, the title of the piece or the music. But now Nick can connect a feeling to this episode in his life narrative which is crucial to the meaning reconstruction process after a traumatic experience (e.g., Varvin, 2002).

Another piece called 'Simon Robert' was composed as part of the therapy process almost exactly a year after the first 'Simon Robert'. The researcher remembers that as his therapist at the time, she had suggested Nick play some old storycompositions and pointed out that it was the same time last year that 'Simon Robert' had been composed. Nick decided at this point that he wanted to compose a new piece with the same title. It was the 23rd storycomposition in the therapy process and entirely different to the previous 'Simon Robert'. At the beginning there was a challenging piano part that required both hands and the piece ended with notes in the three-line octave that went off the Figurenotes scale, so Nick worked out his own symbols for notating them.

At this point in the research meetings however, the researcher explains and remembers too much of the previous therapy process. It is the second research meeting and she reminds Nick how transformative this storycomposition and the 25th storycomposition were together in the therapy process, and she impatiently describes her own memories of the therapy process. She also reminds him what the symbols indicate that he had created then, and with that unfortunately blocks the possibility for him to play the notes differently this time. In effect, it 'shuts his mouth', and all he can say is: "Yes, but how do I play this?" Even though the researcher has just explained how the symbols work, that he'd devised for himself in therapy.

This demonstrates how a therapist-researcher's forceful and excited memories are actually impeding narrative development, not taking part in it, but going too far with interpretations. As Ferro (1992/2006, p. 113) would put it, her "attempts to clarify the boy's communications and emotional states end up by preventing them from being fully expressed".

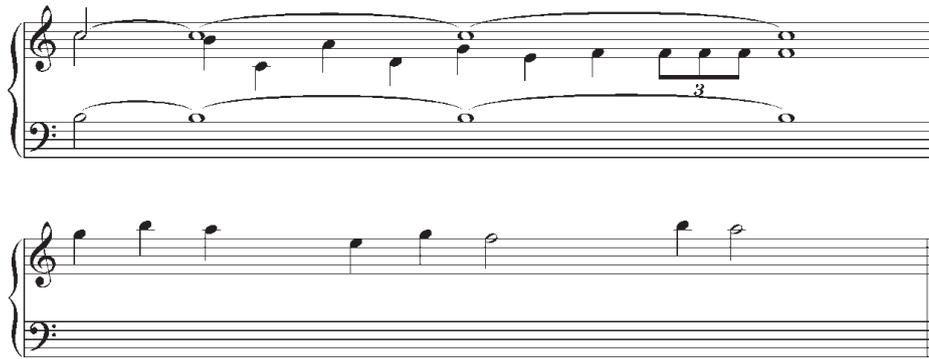
Storycompositions 23 and 25 do form a pair (music examples 19 and 20; see also section 4.2). Number 23 was composed approximately 14 months into the therapy process. Number 25 came about because Nick wanted to play 23 again, two weeks after having composed it. Suddenly he said that he wanted to change the end of it. In the original 23, all the notes were written out right to the end, but for this second version, Nick wanted to improvise the end, so it would be played differently every time. Once this was done, he also wanted to change the title of it. This he did by himself on the computer turning the title of the piece gradually into his name – 'Nick David'. This was a *transformative moment* in the therapy process.

Nick's own development and growth had become difficult after his brother had died, and in many ways Nick tried to take the place of his big brother for the parents. The parents and even we therapists were sometimes accidentally calling Nick by his brother's name. With the help of these two storycompositions however, Nick in a way found himself again. In Neimeyer's (2001) terms, he defined himself newly paradoxically with the help of his late brother. In 'Nick David' the end of the composition varies every time and nobody knows how it will be played today, tomorrow, or many years into the future. It can be seen like Nick's life which is continuing, changing, and developing all the time. Neimeyer (ibid.) points out that the self-narrative is constantly changing and the tension behind this process can be the catalyst for opening up an internal story to something new and more complex. This then brings us back to Neimeyer's Meaning Reconstruction Model and the fourth assumption, which is that the relational self is affected by others.

The result of all this is the evolution of a self-narrative. The final assumption in this Meaning Reconstruction Model is the concept of evolutionary epistemology which means that the self-narrative is able to change over time and for different contexts (Neimeyer, 2000). After suffering loss, the bereaved person may experience life with new ways of being until eventually finding a comfortable new identity. These experiments open the possibilities to experience

growth in various aspects of the self. Overall, meaning reconstruction is an active process of finding meaning.

In the third research meeting Nick is going through the storycomposition folder from the therapy process. He comments on the one called 'Simon Robert (14), saying that though it is composed about an important person to him, it is not in his mind in any special way. For the therapist-researcher, this shows that he has found a more acceptable way for himself to live with the fact that his brother has died. This perception will be strengthened in the same research meeting when she plays this other piece also called 'Simon Robert' (23) (music example 19).



MUSIC EXAMPLE 19 Simon Robert [Simon Robert] (23)

Nick comments on it: "Good. It's very good. Well, it didn't wake up anything in particular. It's just been composed. And then I've wanted to have fun with those unknown notes too. Maybe I've been reminiscing about Simon. Yes, let's continue."

As agreed, the next thing the researcher does as part of the experiment is to play all the storycompositions from the therapy process in the order in which they were composed.

Now it is time to play the storycomposition called 'Nick David' (music example 20). Before the researcher does this, she places the score for 'Simon Robert' next to the score for 'Nick David'.

Nick indicates the scores beside one another and says: "There they are, the brothers". The researcher then plays 'Nick David'.

MUSIC EXAMPLE 20 Nick David [Nick David] (25)

"Well, I think that the first verse is the surname because they are the same. And then there are our first names, at the end" he says. The researcher ensures that she has understood it right and Nick confirms this. "Yes, that's right. Let's go on."

With these comments Nick has strengthened his new reconstruction of himself and his life.

The last four storycompositions from the therapy process were all unique in different ways. They didn't resemble each other and they were much more emotional and affective than the previous storycompositions. The composing style told the therapist-researcher that emotional blocks had been removed. One piece called 'A Devil and a Dragon' (music example 21) is what Nick, in his own words, called a container for 'evil feelings'. There is a story with words in it, as well. The story goes like this: "Getting nearer. A dragon, a devil, a roar. Spinning around. A fight. A death, both are dying, a draw".

MUSIC EXAMPLE 21 A Devil and a Dragon [Piru ja Lohikäärme] (26)

The next storycomposition was called 'The Swimming Contest', followed by 'Jazz Org 3'. The penultimate one was called 'Brown and Red in Disorder' (music example 7 and 22). This was the same tune as 'Twinkle, Twinkle, Little Star', except Nick had swapped the position of the 'C' and 'D' notes around in the melody. The title refers to this, as 'C' figurenotes are red, while 'D' notes are brown. This 'disordering' had the effect of changing a formerly cheerful bright song into something sadder.



MUSIC EXAMPLE 22 Brown and Red in Disorder [Ruskea ja punainen sekaisin] (29)

The last storycomposition in the folder was created in the final therapy session after 22 months of the music therapy process. Nick seemed to have dressed up a little bit for it, and came into the session cheerfully. Immediately he said that he wanted to compose all by himself and that I could do something else. He went to the piano, played and wrote the piece down himself and then transcribed it into Figurenotes on the computer. This piece was called 'Sudden Death', referring to the term from ice hockey⁴⁸, but it was also written in such a way as to be a bit of a puzzle to decipher the letters (see also appendix 10).

This piece, 'Sudden Death' (music example 23), is also played in the last session of the research process, and Nick comments after it.



MUSIC EXAMPLE 23 Sudden Death [Äkkikuolema] (30)

"Yes, I have been wanting to create one more piece as a crown, and that's what this is. It belongs to the world of ice-hockey."

Then he describes to the researcher in detail what sudden death means in an ice-hockey game. This last research meeting makes Nick feel that at the end of the previous therapy process his thoughts have been on very different matters than at the beginning of the process. He realises it because more expressible thoughts came to his mind in these research meetings from the earlier storycompositions.

"Yes, these are such normal subjects", he says, about the piece called 'Sudden Death'.

This storycomposition that Nick had created at the age of 9, called 'Sudden Death' was, in his own words, the "crown" of his music therapy process after the traumatic loss of his brother. After experiencing painful emotions Nick had managed to mentalise these experiences in a therapeutic relationship with the help of musical expression in a similar way to the one Varvin (2002) describes. Based on Ferro's (1992/2006) thoughts, I claim that in a storycomposition a child's emotional world is connected to a certain extent with external reality on

⁴⁸ 'Sudden death' is usually used as a tie-breaker in ice-hockey. Play ends as soon as one competitor is ahead of the others.

the child's own grounds, with the language that the child can understand. In this way a child can connect painful and traumatic experiences as a part of his or her life story and re-define its meaning sensibly enough for him/herself, as Neimeyer's (2001) Meaning Reconstruction Model suggests.

5.5.4 Questions and answers

As mentioned earlier, the co-researcher seems to find it a little difficult to settle down as an active research partner, presumably because of his former therapeutic relationship with me. In the first research meeting he mentions that answering some questions might make this easier for him. So I come up with twelve questions for him which I then ask in the third research meeting. Those answers don't reveal much new information, but they do strengthen the knowledge already gleaned. I suggest that the biggest function of these questions and answers are to help the co-researcher close this emotionally active experiment by helping him to crystallize his thoughts.

Nick feels that he has found the answer to his research question. He says that he has learned to live with the losses of his life, and he repeats the description of his new perspective on death, which he already mentioned when playing the storycompositions (see section 5.4.4).

The only new information the questions elicit are a description of the way the old therapy and new research storycompositions have differed in their function.

"Playing the old storycompositions revealed the most [memories and emotions from the therapy], while the new storycompositions have given me something to think about and I have reached here and now feelings in discussions". (See also section 5.4.7)

The most important and motivating thing for the co-researcher in this process has been to discover the change that has occurred in himself, in other words to find the answer to his research question. This has empowered him and is expressed when he says: "It feels great that life goes on!"

5.6 The research narrative of the experiment

This experiment has been investigating the mechanisms behind Storycomposing as a child's music psychotherapy method. Crucially, a 14 year-old boy eagerly participated as co-researcher in this experiment, as he had undergone a course of music therapy several years previously (from the age of 7 to 9 years old), that used this very method. The experiment would give him the chance to recall memories from the time surrounding the traumatic loss of his brother in an accident – the event that had instigated the music therapy in the first place. He hoped that his contribution to the research might help other children who had suffered from similar experiences. He also said that the experiment itself

felt like a small therapy process for him – he was interested to see how much, and in what way he had changed since those earlier music therapy sessions. Indeed, at the beginning of the experiment he enjoyed going back over the storycompositions he had created as a child, to see how they felt to him now, as a 14 year-old.

I, as the researcher, have had three roles in this experiment: as Nick's former music therapist, as the developer of Storycomposing as a method of music therapy, and as researcher of this present study.

Replaying the old storycompositions in the experiment have helped the boy remember aspects of his life at the time of the music therapy. He's remembered himself as a little boy and how he was playing ice-hockey then. But he also realised he is now more interested in the present. It has been particularly interesting for him to see the ways in which he's changed since then. In this way, storycompositions have made it easy for him to move between the past and present in his mind, and he becomes aware that it is easier for him to talk about subjects that were once difficult to face during the earlier music therapy. Even though he can't change the fact that those unfortunate incidents have happened, he has learnt to understand and accept them.

To begin with, he finds it a little bit difficult to settle down as an equal researcher in the experiment with his former therapist. This might explain why at first he pretty much goes along with everything the researcher is saying. In contrast however, it is obvious how he clearly disagrees, suggests his own opinions, and interprets the former storycompositions from his own perspective when remembering, watching, playing, or listening to them. This experiment also motivates him to create new storycompositions. The pieces from the former therapy process inevitably evoke memories from the past. For example, he remembers bad dreams, and the dreams about his dead brother he had around that time. But when he compares the past to the present, he notices that nowadays he hardly has any bad dreams anymore.

The reawakened memories of his dead brother and also a grandparent, who died later on in the same period during his former therapy, cause Nick to reconsider his perception of death. He says that he was very confused and scared at that time, because two important people in his life died suddenly. Up to that point he had felt life to be quite a secure thing but, after this, he started to be afraid that all the significant people around him might suddenly die one by one. But now, as a 14 year-old, dying now seems natural and he is not so afraid of it. He finds two reasons for this: no more people close to him have died recently, and his own understanding of life has increased as he has grown.

When, in the experiment, Nick goes through the folder of his old storycompositions, he notices aspects of their appearance on the page too. He sees, for example, a connection between the emotions he had at the time, and the colours that were used to write the compositions down⁴⁹. "Black, sad, and gloomy", is how he describes his life at the time of the therapy. He notices however, as the therapy process progressed that the colours he used gradually

⁴⁹ The used notation system is 'Figurenotes', which is based on colours and shapes.

change and seem to have become more varied, and brighter. He says that he thinks that the colours of the notation system have had an effect on his choice of which notes to use in his compositions. After listening to these pieces again, Nick also notices that it's not only the colour of Figurenotes used that reflect the emotions he had at the time, but also their sound. He thinks that the higher pitches sound more cheerful than the lower pitches. He also finds that some pieces are positive, and not all are negative. One storycomposition in particular from the earlier therapy process, that was not given a name at the time, is played once more in each of the three experiment research meetings. At the second research meeting he is able to give it a name 'Depressing Daily Life'. "That's how I felt at the time", he says.

Although at the very beginning of the experiment Nick is doubtful that he will remember anything significant from the earlier process, by the end of just the first session, he is hopeful that he will find the answer to his research question as a co-researcher. By the end of the experiment, he is able to summarize his discoveries: "Playing the old storycompositions revealed the most [memories and emotions from the therapy], while new storycompositions have given me something to think about. And I have also found words for my feelings about here and now in the discussions".

When Nick creates the new storycompositions for this experiment, he feels he is paying more attention to the style of composition, and how the notes go together than he did as a younger child. He also finds more exact words and expressions for the emotions aroused in him by the storycompositions. As a co-researcher, he describes how these old storycompositions have helped him, one after the other, compose meaningful descriptions about past emotions. When we play the same composition more than once, his verbal expression also gets sharper and easier to share. In addition, it seems to be particularly essential that he has enough space to form his own interpretations of events in his life, as sometimes my interpretations, as a researcher, just confuse him and block his own mind from working.

One totally new piece of information that came out of this experiment for me, as the developer of the Storycomposing method, regards the giving of names to storycompositions. Earlier on, I thought that storycompositions must be less important if they were untitled, but in fact this particular feature in a piece can also give space for a life story to evolve, so that when a title is eventually given, it becomes one more significant part of the process.

These research meetings have shown how this boy has integrated traumatic experiences into his life story and how they have now been mentalised to such an extent, as to make them bearable and understandable for him as a 14 year-old. The storycompositions which directly link to his brother's death and to the reconfiguring process of his own identity no longer arouse any major emotions. He describes how both he and his brother are embedded in these compositions, but that is all. The other question that Nick asks himself as a co-researcher is how much he has changed, even though it is difficult to answer this in this qualitative research. The answer could be that, he has changed so

much since the therapy process, that his life story has become more bearable for him. One good example of this is the very last storycomposition he created in the original music therapy process. It was called 'Sudden Death' which he interprets to refer, both in the past and his 14 year-old's present, to ice-hockey, from which he originally took the terminology. This is an example of how children use symbols and life experiences that are familiar to them, to represent difficult events in a bearable and understandable way, because they have another more manageable and personal significance for them.

Overall these research meetings with a former client seem to have been significant for him and have strengthened his feelings of survival from a tragic experience in his life. This makes me wonder, if these kinds of follow-up meetings should be more common as part of therapy processes?

6 SUMMARY OF THE RESULTS

This summary brings together the various strands of a child's perspective concerning his own music therapy process, and the Storycomposing method used in it, following a traumatic loss. The co-researcher's answer is formulated according to the theoretical principles of this perspective and the chosen research tool. This summary also packs the answer to the researcher's main question into an eight-picture cartoon.

6.1 Accounts of a child perspective in this study

This study has aimed at respecting the principles of 'ethical symmetry' in a research relationship with a child. In other words, the usual deference between children and adults is to be avoided, when doing research together, while an ethical respect of children may still be necessary (Christensen & Prout, 2002; Strandell, 2010). The need for this latter caution is not based on stereotypes about children, but may simply arise in the actual research circumstances when dealing with responsibilities, the use of appropriate methods, and ways of communicating (ibid.). In the case of the present study, the former therapeutic relationship between the researchers generated those special research circumstances. As the co-researcher also feels that this research is like a short therapy process for him, the researcher gives him all the emotional support he needs in the process of recalling, narrating, and developing the memories he has of the traumatic experiences in his life.

Guidelines taken from studies in child perspectives led to the choices (listed below) for identifying the data, generating it, choosing ways to analyse it, and for discussing the reporting options. One of the reasons the co-researcher was invited to take part, was to minimize bias in this study.

1. This is an unstructured interview where the interviewer/researcher encourages the interviewee/co-researcher to focus his attention on the

past music therapy process, but otherwise the conversation is natural.⁵⁰

2. The data is identified and generated by both researchers in this natural setting, but the co-researcher's initiatives are prioritized.
3. Narrative analysis is carried out respecting multimodal storytelling, as both words and music are telling the story.
4. Reporting in this experiment takes the form of this dissertation, and includes also posters⁵¹ and articles⁵². The researchers discussed whether to create a poster together, but this idea was later dropped.
5. The therapist's notes from the earlier therapy process are not in use in this experiment (an unusual choice in music therapy research), to give greater priority to the boy's perspective, and the meanings embedded in his storycompositions.

This study proposes its own answers to the questions which are asked in the Tellis project (the exact questions are in section 1.3). In the first part of this study a variety of applications are described to show how Storycomposing functions with different target groups and how these groups utilize this method for their needs. According to those applications Storycomposing is a practical tool to promote children's narrating and adults listening to children's voices. Music improves narrating even about difficult matters or experiences that are verbally unreachable and enables adults to receive these stories. From the well-being point of view, the Storycomposing method offers a forum for developing and maintaining skills of self-expression and interaction which could be seen as suitable strategies and practices in mental disorder prevention.

This study explores children's participation in a new narrative environment when inviting a 14 year-old ex-client to investigate his former music therapy. In the experiment part of this study the young co-researcher shows how the method strengthens his feelings of surviving the tragedy he faced as a child. Musical inventions which are created in interaction with an appreciative, empathic other would therefore seem to be at least as noteworthy for narrative development and meaning construction in psychotherapeutic counselling for a child as other, more established means, such as drawings, play, and dreams. Recent studies in the neuroscience of music give further evidence as to the unique features of music which promote children's well-being both holistically and in specific areas (e.g., Levitin & Tirovolas, 2009; Huutilainen, 2011; Huutilainen & Särkämö, 2012; Tervaniemi & Huutilainen, 2012).

From the ethical point of view it is pertinent to return to the ethical guidelines for child perspective studies, described in section 1.1, and ask who will truly benefit from the research and consultation with the child. Perhaps the co-researcher expected a lot from this project as he states at the very beginning of this experiment, he considers this as a short therapy process for him. And since

⁵⁰ see Krippendorff, 2006, p. 223

⁵¹ Hakomäki, 2010

⁵² see Hakomäki, 2012

by the end he feels his research question has been largely answered, it can be said that those expectations were fulfilled. As a researcher, I feel also that I have found the answers to my questions and can now share the results, both from a practical and academic perspective.

Another question that comes to mind when reconsidering the ethical guidelines for child perspective studies, is why pick this particular boy as a subject, and why his therapy process? The answer is that this example offers a rich collection of storycompositions to investigate the mechanisms of a child's music psychotherapy from various analytical perspectives. Another answer is that this choice is made to serve the research task to open up "the way a particular method or technique is utilized with specific populations or problems" as Bruscia (1995, p. 19) describes is one of the choices in treatment studies in music therapy research. Still one rationale behind the choice, is that the 14 year-old is at a 'good age' for giving retrospective accounts of his earlier experiences as is requested in 'new childhood studies' (see section 1.3). He is old enough to be able to formulate his thoughts in words and yet still not an adult, so able to remember clearly and with a child perspective. With Plummer's (2001) words as he could be defined as a 'key informant'.

A third question that should be asked, concerns whether the child is risking anything by participating in the experiment. As I see it, this risk is always part of doing narrative research in general. According to Hänninen (2008), regarding the ethics surrounding narrative research, one such risky setting is when dealing with a highly personal tragedy, like this experiment. I, as a researcher, must therefore ask myself:

1. Is the co-researcher aware of what he is participating in?
2. Is the process of recalling traumatic memories good for him?
3. How will he receive my interpretations of the research results?

The answers to the first question can be found in the thorough descriptions of the study and experiment designs in sections 3.7 and 4.3 of this thesis. For the second and third questions, I would argue that in the research meetings I am using the best of my professional knowledge regarding a 14 year-old child's general well-being (e.g., Laufer, 1985), to confidently assess that he is well enough to bear the emotions that the memories and interpretations will arouse in him. In narrative research, the storyteller's voice is as essential as in studies of child perspective, and provides yet another reason for highlighting the co-researcher's voice in this study, as detailed in section 5.3.

The co-researcher is also given the real possibility to change his mind and refuse to take part in the research at any point. This option was kept available throughout, right from the very beginning of the experiment. The anonymity of the co-researcher is protected with the choices that are made regarding the historical truths of the narrated subject, and the copyrights of all the storycompositions belong to their creator as is normally the case in Storycomposing.

Using Storycomposing as a research tool with children is discussed in the next section of this chapter. The point here is that the child perspective challenges me as a researcher to present the results so that the co-researcher and other children will be motivated to read them. These have been the grounds for using figures to show how analyses have been made, and how answers to the research questions have been found. And it is also why (see section 6.2) I have left in Finnish those of Nick's thoughts which lead him to the answers he was looking for in his research.

6.1.1 Storycomposing as a Research Tool

The choice of research method has an influence on the role of an adult in the research setting with a child (e.g., Christensen & Prout, 2002). It is noticeable that at the beginning of this experiment it was not easy for the co-researcher to settle down as an equal researcher with his former therapist. In the discussions, he seemed to be mostly going along with what was said, and so conforming somewhat to the researcher's opinions. But when the discussions were initiated by Storycomposing, the co-researcher stated much more clearly his own viewpoints and judgements. For example, when he was struggling with composing, he didn't ask for help, but tried to find the solution himself. Based on the dialogical, narrative, and constructivist philosophy that informs Storycomposing, there are no 'lies', 'wrong notes' or 'incorrect opinions' when investigating the meanings of storycompositions or mechanisms of the method.

When examining the research discussions line by line before the actual process of analysis, I found various examples of the co-researcher's agency in the data. I found that when the discussions were initiated by Storycomposing (i.e., recalling, watching, playing, listening to, or creating storycompositions), the co-researcher was asking, describing, explaining, pointing out, and suggesting on his own initiative about past or present events and experiences, or he was analyzing the therapy, research, or his here and now feelings from his own perspective.

The co-researcher was narrating both at a micro and macro level. The micro level concerns what he was talking about (and in) a single storycomposition: how it began, got more precise, changed, or deepened. It was also important to see what kind of new storycompositions he created and what kind of discussions those initiated. Narrative analysis at a macro level concerns these same storycompositions, but across different meetings: how the story develops, and transforms, and how a new story begins. It also concerns how these verbal and musical stories, might relate to other stories and compositions in the therapy and experiment, as well as to the co-researcher's here and now.

In research with children it is argued that methods employed must suit the persons involved in the study, in terms of the kind of questions that one wishes to investigate, and the specific social and cultural context of the research (Christensen & James, 2008). Storycomposing made it possible for this 14 year-old to be an active co-researcher. In the last research session he summarised how he felt he had benefitted from it: playing the storycompositions from the

therapy process brought the most memories and emotions back from that time; while the newer storycompositions created in the research meetings had given him something to think about; and in the discussions surrounding his storycompositions, he felt he had reached feelings of here and now.

6.2 How much, and in what way, have I changed during and after the therapy process?

The co-researcher in this study feels that he has found answers to the above research question which he formulated at the start of the experiment. He observes quite easily how he has changed and he expresses this in terms which have the most meaning for him as a 14 year-old. These answers are collected and summarized from the research discussions by the researcher. In purpose to respect and highlight the co-researcher's own voice in this experiment of child perspective the boy's original comments (added with English translations) are included in this summary.

The changes the co-researcher has observed in himself are as follows:

- It is now easier for him to talk about difficult matters than earlier.

"Joo, minä muistan, joo. Minä en tykännyt niitä sanoja käyttää [tarinasävellyksissä]." (Yeah, I remember, sure. I didn't like to use those words [in storycompositions]).

"Mutta nyt kun vertaa tätä hetkeä siihen hetkeen [terapiaprosessiin], niin onhan se nyt edistynyt siitä, et onhan mun helpompi asioista puhuu ylipäättään tämmösiä." (But now when I compare the present moment to that time [in therapy], I have really progressed in the way that it is much easier for me to talk about these kinds of subjects now).

- In this experiment he had different premises for choosing the music in his storycompositions, than in the therapy process when he was younger.

"Mmm. Kuulosti pikkupojan säveltämältä ja niinhän se onkin." (Mmm, it sounded like a little boy composed that... and I guess that was the case).

"Toi [teoksen nimi] saatto tulla sattumalta, kun se vaan kuulosti eräsummerilta." (That [title of piece] popped up by chance, because it sounded like a period buzzer).

The co-researcher's comments about a new storycomposition:

"Oli se jollain tavalla erilainen, kun sillo 6–7 vuotta sitten. Sillee, että tossa ei oo niinku ihan mitä sattuu. Se vaikuttaa siltä, että jollain tavalla yrittää synkkaa noi [sävelet] keskenään." (It was somehow different from the way it was 6-7 years ago. So it is not just whatever. It seems that those notes are trying to synchronize with each other).

The researcher asks: "No, miltä kuulosti uudet biisit?" (How did the new pieces sound)?

"No, tuota erilaiset sikäli, että tuota niin kun aikaisemmat on niin kun... Miten sen sanoisi? Aikaisemmissa se on tuota, minä olen antanut käytännössä kirjata kaiken ylös. Ylipäätään niin kun, että minä en ole kokeillut aikaisemmin niin kun. [...] En ole hakenut niin kun jotain yhteensopivuuksia tai siis tällaisia ennen sitä, kun ne on valmiiksi kirjattuna." (They sound different in the way that earlier I basically let everything be written down. [...] I haven't looked for notes to fit together before they are written down).

- He notices how the Figurenotes used in his storycompositions changed from darker to brighter colours as the therapy process progressed.

"Tässä [terapiaprosessin] loppua kohti alkoi niin kun, tässä [nuottien väreissä] oli kirkasta ja kirkasta. Ja täällä tulee niin kun kirkkaita [värejä], ja sitten tulee tämmöinen vaan näin. Tämmöinen, tämä on vähän synkempi. Mutta kirkastuu, muuten kirkastuu." (As the end [of the therapy process] got closer, they [the figurenote colours] were brighter and brighter. So here the bright [colours] start, and then it goes something like this. Here, this is a bit more gloomy, but otherwise it gets brighter).

- He also notices that, by the end of the process, the storycomposition topics are becoming more 'normal' (as he puts it).

"... et niin kun ajatukset ja nämä tuntuu niin kun olevan niin kun eri asioissa just loppua kohden. [...] Joo, tuli tämmöisiä niin kun normaaleja aiheita niin kun just." (My thought seems to be about different subjects at the end of the process. [...] Yes, these are normal subjects).

- He realises that he was sad, gloomy, and depressed at the time of the therapy, and now he is fine and not so irritated.

"Sen [terapiaprosessin] aikana mielentila niin kun olisi niin kun semmoinen – ylipäätään niin kun surullisempi. Niin kun – niin miten sen nyt sanoisi? Synkkä." (My overall state of mind at the time [of the therapy process] was, well, it was sadder. It was – now how could I put it? Gloomy).

The researcher asks: "Osaisitko sä sanoa, et kuinka sä voit nyt tänään?" (Could you say how you are feeling nowadays)?

"Joo, hyvin voin. Et niinku, että onhan noi asiat sellasii, et niistä koskaan ei tuu päaseen yli, mutta oon oppinu hyväksyy ja ymmärtämään sen, et näin on käynyt ja sille ei maha mitään -- mutta aina se on mukana. Kyl sitä kun välil pysähtyy miettii, tulee itku ja tällasta, mut kyl sitä niinku pääosin käsittää. Näin että niin." (Yes, I'm fine. Well, it's not that you ever completely get over of that kind of thing, but I've learned to accept it, and understand it, the fact it happened whatever you do... but it'll always be with me. Sometimes when I start to think about it, it makes me cry, but most of the time I understand it. That's how it is).

"No, keväällä välistä tuo huono - tai liian huonoja fiiliksiä ja väsyttää ja tällaista. Mutta ylipäätään niin kun iloinen ja näin. Niin että ei erityisemmin ole mitään, mikä painaisi mieltä." (Well, in the spring time sometimes bad feelings come, and I'm tired and so on. But overall I'm happy. So there's nothing that especially bothers me).

"Tuntuu, että – tuntuu, että niin kun hyvä fiilis ylipäätään. Ja tuota ei niin kun – harmittaa vähemmän, kun on harmittanut." (It feels like – it feels like a good feeling overall. And – I'm less distressed than earlier).

- He figures out that he has far fewer dreams about his brother nowadays than he did at the time of the therapy. And in general his dreams are quite positive nowadays.

"Siihen [terapian] aikaan minä näin paljon unia veljestä. Nykyään minä en näe niin kun yhtään oikeastaan. Että siinä niin kun 4 vuotta, ehkä 5, niin näkyi unia ihan niin kun – no, näkyi aika paljon unia veljestä. Nyt ei ole niin kun näkynyt kyllä sitten varmaan vuoteen ollenkaan. Ja sitten taas näkyi kerran, ja sitten oli taas tauko pitkään. Niin kun että en minä tiedä – harvoin." (At that time [of the therapy], I had a lot of dreams about my brother. For 4 or maybe 5 years I had those dreams. For the last year I didn't have any at all. And then it happened again, and then a long break again. It's like, I dunno... it's rare).

"Ja ylipäätään ne unet, niin ne on yleensä ihan positiivisia nykyään." (And generally, the dreams are usually nowadays quite positive).

- He also notices some characteristics within himself which have not changed since this time.

"Hmm, aina olen ollut levoton aika vähän tällöinen niin kun, että en minä niitä luokan kilteimpiä ole ollut. Tuota, ei siinä mitään erikoista muutosta ole." (Hmm, I've always been quite restless; I'm not exactly the tamest of people in the classroom. So, I can't see any changes there).

- He has a new perception of death.

"Et se on niin kun, kun aikaisemmin oli miettinyt, että maailma on turvallinen ja kaikkea. Mitään ei voi käydä ja tälleen, että oli vielä tosi niin kun tosi harvinainen. Ja niin kun että ei voisi uskoa, että tuolleen tapahtuu. Kun minun veli kuoli, niin sitten niin kun, että muut ei kuole. Ja tälleen on kaikki hyvin. Mutta sitten tuo [isovanhemman kuolema] varmaan toi siihen semmoisen, että ei se nyt olekaan näin. Että kenelle vaan voi käydä mitä vaan, milloin vain. No nykyään kun sitä on, sen ymmärtää niin kun ymmärtää sen asian, niin siihen osaa suhtautua ihan eri tavalla. Siis voi-han sattua milloin vaan ja kuka vaan, mutta niin kun ei sitä nyt pelkää enää silleen. Koska – niin en minä tiedä miksi, mutta se on niin kun..." (translation here is also in section 5.4.3. "Earlier I had thought that the world is a safe place. Nothing could happen, and so I couldn't believe this was happening. When my brother died I told myself that others wouldn't die. And everything was fine then. But then that [the death of my grandparent] changed it. Is it really so, that anything can happen to anyone at anytime? Well, nowadays I understand it and I can deal with it in a different way. Anything can happen, whenever, and I'm not afraid of it. Because, well, I don't know why, that's just the way...")

"Sekin on varmaan siihen pelkoon [kuoleman pelkoon] vaikuttanut, että ei pelota, koska ei niin kun ole pitkään aikaan käynyt tuollaista [läheisten kuolemaa]." (The fact is that this [the death of near ones] has not happened for a long time now, so I'm not afraid of it [death]).

"Ja se [kuolema] on luonnollista." (And it [death] is natural).

A precise figure cannot be put on how much he has changed. The answer lies more perhaps in the life story descriptions that show how life has become more bearable for him, namely the comments and interpretations he makes within the narratives of the experiment (see sections 5.4 – 5.6).

6.3 How does Storycomposing function as a child's music psychotherapy method?

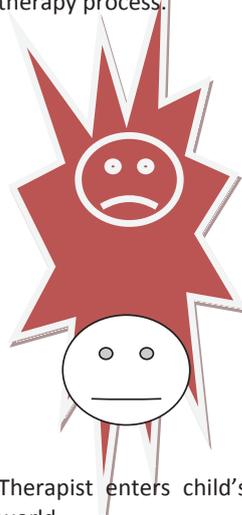
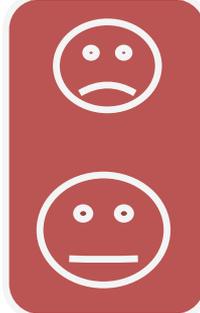
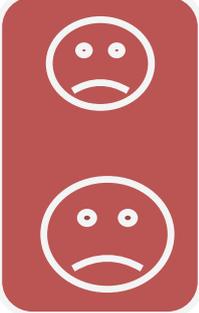
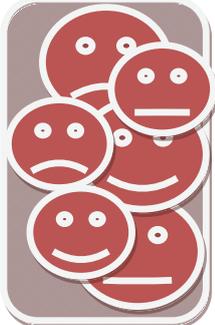
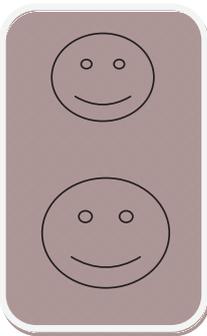
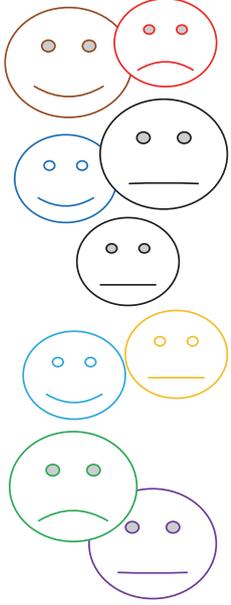
<p>1. Traumatic incident.</p> 	<p>2. Beginning of a music therapy process.</p>  <p>Therapist enters child's world.</p>	<p>3. Storycomposing -creating a story-composition:</p>  <p>Telling the client story. → Creating the collaborative field.</p>	<p>4. Storycomposing -listening to and transcribing the story-compositions:</p>  <p>Meeting in the music, sharing the emotions. → Two minds develop the shared field.</p>
<p>5. Storycomposing -performing the story-compositions; creating, listening to, transcribing, and performing new compositions:</p>  <p>Storycomposing keeps the client's and therapist's mutual field functioning. → Transference, counter-transference, projective identification, working-through, containing, reverie, creativity, narration.</p>	<p>6. Transformation of the child's self-narrative so that it is bearable.</p>  <p>Unsaturated and weak interpretations of the therapist, the child's own interpretations, dialogue, co-constructed interpretations, unsaturated and saturated interpretations of the field or in the field, evolution of a life-story.</p>	<p>7. End of the music therapy process.</p>  <p>Storycomposing and the story-compositions may be left behind, or stored as a therapy diary.</p>	<p>8. Child is living among others with a new satisfying and comfortable identity.</p> 

FIGURE 15 How does Storycomposing function as a child's music psychotherapy method?

Answer to my main research question ‘*How does Storycomposing function as a child’s music psychotherapy method?*’ is summarised by the cartoon in figure 15. It brings together the results of all the forms of analysis used in this study. The following is a more detailed description of each of the pictures in that cartoon.

Figure 15 / Panel 1

This study assembles an answer based on one child’s clinical music therapy story, following the accidental and traumatic death of his older brother.

Figure 15 / Panel 2

The concept behind the power relationship between a client and therapist who are using Storycomposing in a music therapy setting is based on Ferro’s thoughts:

“Since there is no truth to discover, expect a relational and affective truth, what counts, more than any sort of decoding, is that the analyst be in unison with the patient. He [or she] must go and meet him [or her] on his [or her] own grounds under conditions that the patient tolerates.”⁵³

Figure 15 / Panel 3

From the very first music therapy session, a 7 year-old’s first musical improvisation, in the form of the storycomposition called ‘October’ (appendix 7), gives him the immediate tools to begin a process of meaning construction and symbolisation. It also helps to create the collaborative field between the child and therapist. By his own interpretation (see section 5.5.1), the co-researcher feels the meaning of this transcribed improvisation is embedded within, and is shareable from that moment on using the Storycomposing method.

Figure 15 / Panel 4

The essential part at this point of the process is listening to the client. The therapist’s position is based on the premise of aiming at neutrality, balanced with careful, empathic listening, to create a truly collaborative field. Listening must therefore take into account several perspectives.

- Listening from a child perspective

Listening is understood to be: 1) an active process of communication involving hearing, interpreting and constructing meanings; 2) not limited to the spoken word; 3) a necessary stage in participation in daily routines as well as in wider decision-making processes.

This definition of listening begins with the understanding that listening is an active rather than a passive process. This exchange is not about extracting information from children in a one-way event but is a dynamic process which involves children and adults discussing meanings. Listening is traditionally thought of as being limited to verbal exchanges. However it is important to stretch this definition to include the many different verbal and non-verbal ways young children choose to communicate. [...] Listening is a necessary stage in participation. The two terms are interlinked.

⁵³ Ferro, 2006, pp. 82 – 83

Participation is the process of becoming actively involved and implies a sharing of power.⁵⁴

- Listening from a dialogical perspective in psychotherapeutic counselling

Listening attentively means hearing what our clients are saying. The words we use to answer must bear witness to this. We do not plan in advance our next question, or even the interview as a whole, instead the next question is created in answer of the clients. In this way, everyone, even patients with psychotic ideas, can become an agent in a new version of their story of suffering.⁵⁵

- Listening from the perspective of a shared field.

The approach to listening I am proposing entails a fully receptive role in monitoring the field. It pays total attention to the transformations of the figures used in the analytic dialogue, making it possible, on one hand, to view ourselves and the patient from the latter's vertex and, on the other, to avoid reducing all our operations to interpretations pertinent exclusively to the relationship or the transference. This allows us to make direct use of the characters evoked as pawns that can be moved around, while never forgetting their fully relational meaning.⁵⁶

Figure 15 / Panel 5

This picture describes the emotions of the client and the therapist when creating, listening to and performing the storycompositions: all emotions from both participants can be present and are accepted. The back and forth movement of transferences awoken in a client and therapist moves the process continuously forward within the various acts of Storycomposing until the emotions, memories, and thoughts of the client receive transformed 'narrative truths' which are suitably satisfying for them, and with which he or she can continue living with. In this process using transference as a means to move the process forward from the therapist to the 'field', and from the 'field' to the client are essential skills for the therapist to have (Ferro, 2007/2011, p. 11). Nevertheless, client transference should be valued as much as the therapist's, as together they are the driving forces that develop the 'narrative derivate'.

Storycomposing helps both the client and the therapist in this process. The client may freely express his or her inner thoughts as and when desired. Music enhances this process and at the same time provides a needed symbolic distance for the client. The procedure of Storycomposing helps the therapist concentrate and listen to the client so carefully that the client's inner world becomes audible, visible, and shareable. On one hand this, in a way, 'forces' the therapy process forward. On the other hand, the process of writing down the music is quite a slow course of action and sometimes a client even has to wait for the therapist in this activity. This creates pauses and silences in the interaction which (from clinical experience, and the literature) has been found to assist dialogue and allow time for reflection.

⁵⁴ Clark, 2005, pp. 490–491

⁵⁵ Seikkula, 2002; 2003

⁵⁶ Ferro, 1992/2006, p. 159

Figure 15 / Panel 6

Ferro and Basile (2009, p. 9) describe how the field functions when interpretations are made: "...an interpretation in effect travels from an unsaturated interpretation in the field to an unsaturated interpretation of the field, then to an unsaturated interpretation in the transference, and lastly to a saturated interpretation in the transference." In this process the client's bearable narrative truth is developing, and combining historical truth together with the present narrative truth. This may include 'lies' and 'distortion' that a therapist has to tolerate (see Ferro, 2007/2011, p. 211). Results from the NCPS and content analysis in this study would clearly seem to confirm that Storycomposing is one such method that is formulating, activating, and maintaining this function of the field (see sections 5.1 and 5.2).

As some storycompositions are 'enough to make a grown man or woman cry', especially when such pieces are played to a family, or in training and supervision sessions with adults, I suggest that the tiniest of musical gestures can be enough to touch the 'true self' in the storycomposer and their significant other, who is listening. This happens unexpectedly, but bearably enough, because of the particular kind of symbolic distance that music permits, so that the experience passes through the defences of the self and allows all those involved in the process to experience their 'true feelings'. This would explain why Storycomposing is so effective a method from the perspective of clinical experience. The 'true issues' are often revealed quite quickly in the therapy room, and in the therapeutic field that Storycomposing sustains. These 'true issues' can show up in the form of proto-emotions, and gestures within the storycompositions, as described earlier in the episode entitled 'Moving the mind's mental processing forwards' (section 5.5.2).

When working with the Storycomposing method, all kinds of musical expression are accepted. As mentioned already in the description of the method's principal elements (section 2.1.2), there are no 'wrong notes' in storycompositions. I claim that this feature is one of the vital mechanisms in the method for supporting the client's holistic well-being. It guarantees that, in a client's life story, all thoughts, memories, and experiences (traumatic or horrifying as they may be) are listened to and accepted, as are any disabilities, or illnesses.

Figure 15 / Panel 7

I suggest that in this experiment, Storycomposing functions at a *primary level* of music therapy (see section 2.5.1). It provides a *sense of self confidence and life control*, and offers the possibility for *analytical* therapy. At this phase, the storycompositions have in a way done their work both in the therapy process and for this research project, and they are ready to be left behind as compositions. Now they could be considered as artefacts of the 'historical truth' of the experiment. Undoubtedly they will continue living in the storycomposer's and researcher's minds, and perhaps the 'narrative truth' contained in this report will also cause them to linger in the minds of readers of this report. In this way, nar-

rative development and transformation are part of a never-ending process of Storycomposing and the storycompositions it leaves behind.

Storycompositions may have a value at other levels of music therapy practice. Pieces can be kept active in clients' lives in a number of different ways, for example as music sheets. In this way, Storycomposing operates at an *activational* level and increases *functional* abilities. For example it might provide motivation to play an instrument, or *support* a client's strengths as the cherished memory of a shared moment with significant others. (See also appendices 2–6)

Figure 15 / Panel 8

After the therapeutic process that has made use of Storycomposing, the child can continue his life with a satisfying new identity among other people. It is reported in the narrative of this experiment that his identity changed after this traumatic experience in his life, but the incident now no longer stirs up unbearable emotions. In the boy's present and future relationships continues to live the experience of the transformed old relationships which include the dead significant other and the therapist, as well as new relationships and the boy's new inner life. (See also section 3.5.1)

One of the co-researcher's reasons for taking part in this experiment was that he hoped that the research will help other children who have had a similar kind of experience. This has been one of the reasons behind using the cartoon in figure 15 to summarise the results of this experiment. The hope is that it will be approachable and understandable for young people and children as well.

PART IV – DISCUSSIONS

7 RETHINKING THE PRINCIPLE ELEMENTS OF STORYCOMPOSING

“Sophia and Grandmother sat down by the shore to discuss the matter further. It was a pretty day, and the sea was running a long, windless swell. It was on days just like this – dog days – that boats went sailing off all by themselves. Large, alien objects made their way in from sea, certain things sank and others rose, milk soured, and dragonflies danced in desperation. Lizards were not afraid.”⁵⁷

7.1 Musical expression and interaction – musicking and narrating

During the course of the actual research project, the principal elements of Storycomposing have also been undergoing a reevaluation. The present study offers the possibility of providing a new theoretical basis for them and I will now define the elements more sharply, drawing also on the years of experience I already have of using the method in many different contexts.

The first two principal elements of Storycomposing, musical expression and interaction, could be freshly understood as narrative music making in a shared environment and renamed ‘musicking and narrating’. Free musical expression, which is what Storycomposing encourages, has particular features (dynamics, timbre, register, rhythm, harmony, articulation, form) that represent some of the most natural forms of human behaviour in interaction with others. Individual emotions can be suggested or evoked by variations in tempo, mode, articulation, or timbre (Eerola, 2012). The simultaneous interplay of one or more of these features at a time can express intentions and emotions, and they can be used to communicate and play with others, to create shared meanings, to learn and develop skills in interaction, and to address interest, appreciation, and pleasure (Stern, 1985, 2004; Winnicott, 1960/1996; Malloch, 1999; Malloch & Trevarthen, 2009; Dissanayake, 2009). Even small babies can guide adults’ be-

⁵⁷ Tove Jansson: *The Summer Book* (2003, p. 160)

haviour with their music-based gestures, if their initiations are truly taken into consideration (ibid.). With a blend of music and language, it is possible to create an environment which is embedded with aesthetic values, physical and embodied reality, emotions and meanings, and social interaction (Barrett, 2006a; Berleant 2009; Trevarthen, 2008).

However, Storycomposing is more narrative-like in nature, and it is not really a technique for composing 'grand' music pieces. Narrating with music should not aim to fix a musical idea so it can be repeated exactly, but instead it can explore ideas and possibilities; make meanings of real-world experiences of the self; communicate these with others; make emotional sense of oneself; develop identity; and regulate and organize experiences and emotions (Barrett, 2003, 2011, 2006a; Trevarthen, 2008). Music may describe the narrative which is embedded in certain sounds or which evokes an emotion, or it may try to imitate real sounds, but music is never directly connected to recognizable features of the world (Berleant, 2007) and this symbolic relationship to what is actually represented in music varies between individuals (Varvin, 2002). In this way, the story is *in* the piece, but not recognizable *from* the piece (Berleant, 2007).

Narrative musicking, in the form of Storycomposing, is a shared creative means of interaction which has aesthetic value and social relevance, and which offers the artistic means to transform a historical truth into a bearable and shareable narrative truth in an individual's mind.

7.2 Storycompositions and their performances

Storycompositions and their performances, which can be carried out as and when required, form the last two principal elements of the Storycomposing method, and they are what distinguish it as a whole. The narrative embodied in the music of a storycomposition is a musical experience which has to be played, listened to and shared via appropriate means if the meaning of that narrative is to be shared. However it would seem impossible for any two individuals to find the exact same meaning in a storycomposition. Furthermore the meanings of these musical narratives develop and transform over time, when the piece is performed again and again. This makes it possible to create a 'new self-identity in music' every time a storycomposition is performed – the musical and verbal interpretations are different every time (see also Nummi-Kuisma, 2010). This is why every step of the Storycomposing protocol redefined as musicking, narrating, and performing, with interaction being a core element at each of them, form the principal elements of the method. When creating the piece the co-composer is an active listener and a 'witness' of the musical expression and its creator. In the performance session the composer is heard, seen, accepted, and understood through his or her musical intervention. In other words, the principal elements of the Storycomposing protocol could be reconfigured so that the importance of interaction is stressed throughout the whole process, as shown in figure 16.

In ter act ion	Interaction			In ter act ion
	1-2. Musicking	3. Artefact	4. Performing	
	1-2. Narrating			
	Interaction			

FIGURE 16 Reconfiguration of the essential activities in the Storycomposing protocol

A transcribed storycomposition may continue to serve as an artefact of the activities that together formed one Storycomposing process. The piece is embedded with memories and meanings and aesthetic values which stay there unchanged. But whenever this piece is performed, played and listened to, it makes it possible to develop the narrative further and transform the meanings that are embedded in the novel musical narrative that the performer and performance creates every time. This is essential for Storycomposing to be a truly effective method for music psychotherapy, as it promotes the process of ‘mental weaving’ (see Ferro, 1992/2006, 2007/2011; see also Hänninen, 2004) and makes it especially suitable for working with children. This feature in Storycomposing also makes it possible for the theory of dialogue (see Buber, 1937/2004; see also Bakhtin, 1984) to be applied, as well as an understanding of dialogical conversation in psychotherapy (see Seikkula, 2003). It also enables the discussion of dialogical dimensions in music therapy which can be understood either in terms of the music itself (see Garred, 2004; see also Stensæth, 2008) or in the discussions surrounding it (see Pavlicevic, 1999, 2005; see also Erkkilä, 2004).

In music therapy, dialogical dimensions in the discussion and creation of music enable the development of a narrative (see Ferro, 1992/2006, 2007/2011). In the actual experiment part of this study, the transformation of an untitled piece into one called ‘Depressing Daily Life’ presents a good example of such a narrative development during the discussion of music and it also gives a good example of meaning transformation in such discussions (see section 5.4.6). At the same time transformation of the piece called ‘Simon Robert’ into ‘Nick David’ is a good example of a narrative development and meaning transformation occurring during the creation of music (see section 5.5.3). These episodes describe how narrative development contributes to the process of meaning reconstruction after a traumatic loss (see Neimeyer, 1999, 2000, 2001).

It could be argued that the idea of coherence in narratives – that they should have a beginning, middle, and end (see section 3.4) – might also be applied to the idea of composing stories with ‘coherent music’. Coherent, in this context, means being the same kind of music that people are used to hearing in the culture from which the composer comes. But because the need for coherence in narratives is already questionable, particularly when listening to those of disabled or traumatised individuals in demanding situations (see Hyvärinen et al. 2010), I would not assume that the style of a storycomposition has anything telling to reveal about the composer’s mental well-being. In fact, I would say the style, in itself, actually says nothing. I suggest that it is only when the style is connected to the concept of ‘self-coherence’, and an understanding of self, identity, and its relation to others, that any useful conclusions can be drawn.

This is in line with narrative psychotherapy on the meaning of coherence in told and written narratives (see e.g., Singer & Blagoc, 2004; Dimaggio & Semerani, 2004; Angus & McLeod, 2004). From my clinical experience I have noticed that quite often, in fact almost always, storycomposers have their own recognisable style of composing which comes to them quite naturally. The style seems to develop as the therapy proceeds. This can be seen, for example, in the 30 storycompositions from the music therapy process which form the core of this study. At the beginning, the storycompositions were small and compact tunes in C major, storycompositions numbers 1–4 (scored versions music examples 13–16; Figurenotes appendices 7 (October) and 8). In the middle of the process, the pieces were mainly mechanical compositions or signal-like fragments which could easily be interpreted as reflections of traumatic memories, numbers 5–22 (e.g., scored versions music examples 1, 3, 4 (and 5), and 6; Figurenotes appendix 7 (The Bad Dream)). But after the *transformative moment* of the process, when the composition ‘Simon Robert’, number 23 (scored version music example 17 (and 18)) was retitled and became ‘Nick David’, number 25 (scored version music example 19), the remaining storycompositions, numbers 26–30 (e.g., scored versions music examples 7 (and 22), 21, and 23; Figurenotes appendices 9 and 10) became less tonal, but more unique, emotional, and affective. In other words, at the beginning of the process the storycompositions were in many ways more ‘coherent’ than at the end of the process. But my interpretation is that by the end of the process, Nick’s affective and ‘incoherent’ storycompositions are actually a more authentic live performance of his emotions at that time, and proportional to his circumstances. In this way, they reflect a better sense of mental well-being than the former ‘frozen and coherent’ storycompositions at the beginning, which instead plainly reveal that his emotions, like the compositions, are ‘frozen’, and are not yet accessible for any kind of mentalisation (see also sections 4.1 and 4.2).

So developing a style of Storycomposing doesn’t necessarily mean becoming a better composer but rather it allows children to become better at expressing their true emotions via music. In the light of this experiment I have found Storycomposing to be a more than suitable method for working through all five assumptions of the Meaning Reconstruction Model (see Neimeyer, 2001), when used as a means for recovering from traumatic loss. In other words Storycomposing recognizes individual narrative truth, discourse and rhetoric of that narrative, the tacit dimension of language, the relational self which is affected by others, and the evolution of a self-narrative.

8 EVALUATING THE CONSTRUCTION OF KNOWLEDGE

At first glance, this study may seem to test the boundaries of academic research. But when I review the choices I have made to genuinely ensure that the child's voice is heard, I find that I can also frame these choices from other more generally accepted viewpoints.

8.1 Critical and reflexive thinking

Stige, Malterud, and Midtgarden (2009) propose an approach for evaluating qualitative research. They stress the importance of understanding and implementing the knowledge that has been developed in such studies, by examining the interplay between agent, situation, and context (situatedness) as this is an indication of the trustworthiness of a qualitative study (ibid.). They summarize an agenda (EPICURE) for evaluation purposes for researchers, participants, and reviewers in research processes. Their viewpoints are: "engagement with a phenomenon or situation, processing of empirical material, interpretation of the evolving descriptions, and (self-)critique in relation to research processes and products" following "preconditions and consequences of research, with (social) critique, usefulness, relevance, and ethics related to social situations and communities" (ibid., p. 1507). I will use this agenda as a 'checklist' to evaluate my own research here, and also use it to offer my own viewpoints on these subjects. I will also explore how useful EPICURE has been as a 'checklist' for completing this research, both in mind, and in terms of writing.

The researcher's *engagement* with the present research is presented at the beginning of this thesis (see chapters 1 and 2). It combines a theoretical understanding of studies in child perspective, with extensive practical experience of the music therapy method that is under examination — Storycomposing.

The actual *process* of producing, ordering, analyzing, and preserving empirical material for this study has been one of its most challenging tasks. Ac-

cording to sociologist Ken Plummer (2001), when carrying out 'life story research', the hardest part is to make sense of the data, in terms of theorizing and analysis, using sufficiently 'academic standards'. Plummer (*ibid.*) goes on to propose that the best technique is 'to read and make notes, leave and ponder, reread without notes, make new notes, match notes up, ponder, reread and so on'. Because music has a central role in the 'telling the client story' in Storycomposing, all the effects of the 'musical data' (35 storycompositions in total, both played and heard) must be taken into account. This makes the process of making 'sense of the data' even more complicated. Plummer (*ibid.*) highlights the problems of representativeness, generalization, validity, and reliability in 'life story research'. Basically, he doesn't think one should expect much reliability in such a research context. Instead, it is more important to find 'key informants who have a profound and central grasp of a particular cultural world'. This is more important in this kind of research than issues of representativeness and generalization (*ibid.*). In terms of reliability, he suggests the strength in this kind of research lies more in terms of validity. That is to say, the closer the researcher is to the phenomena under examination, the closer the researcher is to finding phenomena that are valid (*ibid.*). This then turns the fact that the researcher might be too closely involved with the research material – formerly a challenge in this study, into an advantage in terms of validity. In this study, the 'key informant' is the co-researcher who is also an 'expert by experience' and he too has benefitted from this study. I have tried to clarify this complicated procedure by explaining the design of the study and experiment in detail in sections 3.7 and 4.3. I also describe the challenges of finding the right kind of research data in section 1.2.2.

The *interpretations* in this study come from both the researcher, and the participant who is now also a co-researcher. They are discussed at greater length in sections 5.4 and 5.5, which cover the results of the narrative analysis. Although, the choice to write this dissertation in English, which is not my native language, might have flattened the analysis and interpretations to some extent. However, with this choice I have wanted to stress the importance to take part in the international discussion of music therapy practice and research.

I have aimed at maintaining a critical stance towards the Storycomposing method throughout this study in terms of *self-critique*. The results of this can be seen in the way this experiment has caused me to rethink the principal elements of the method in the preceding chapter (7). I was also aiming at *social critique* by taking into account all the completed studies that already exist concerning Storycomposing (sections 2.2 and 2.3). However, I feel that I didn't succeed well here, as when collecting the experiences of Storycomposing those elements of the method that are functioning well are mentioned, with little of any other form of critique (see also section 2.5).

The *usefulness* of the 'old knowledge' concerning Storycomposing is assessed when reviewing and summarising previous clinical and practical experience of the method, the results, and the method's practice in a music therapy context (sections 2.2–2.4). The training system verifies the *usefulness* of the

method for students and professionals other than me, the developer (see section 2.1.3). As a clinical practitioner, I use the Storycomposing method every week in my clinical practice, and in this way I can simultaneously test out, in real life situations, the 'new knowledge' constructed from the results of this research project. In addition, the *usefulness* of the study, for both the co-researcher as well as other children, is discussed throughout.

I would prefer to see the *relevance* of the present study as being other than that of a 'traditional' research project. This should be seen more as a developing process of a new method for conducting music therapy. When evaluating the literature used in this study however, one weakness is the lack of systematic literature reviews. The literature and theories I am using often overlap: sometimes they support and sometimes challenge the knowledge production of this study. As noticed these overlaps are numerous, and in my opinion a more extensive review of the literature would have lengthened this monograph too much. Nevertheless, I find that this study produces new knowledge for research fields such as music therapy, studies in child perspective, and children's psychotherapy.

The last item in the EPICURE agenda for evaluating qualitative research is *ethics* and this is also discussed throughout this study, and particularly in sections 1.1, 3.6, and 6.1. Evaluating this study in terms of which Stige et al. (2009) suggest has helped bring this research process to an end. It has helped me to check all the key points in this qualitative study, and proved a useful and helpful means for me to be able to see the process in its entirety.

8.2 The unavoidable bias

As mentioned earlier (section 2.5), there is a degree of bias that is unavoidable in a study like this, and it is particularly evident here when describing the development of Storycomposing, as I have also been the developer of the method (chapter 2). The bias in the experiment part however, could perhaps be better explained when looking at it from the viewpoint of the social sciences. As studies in child perspective and narrative analysis are often discussed in this field, I have explored literature from the social sciences expressly for the reason to see how such issues of bias are handled. According to Plummer (2001), the social sciences traditionally recognise three domains for bias: those arising from the subject being interviewed; those arising from the researcher; and those arising from the subject-researcher interaction.

As discussed earlier, the former relationship between the researchers in the therapy context is both an advantage and disadvantage for the present study. On the one hand, the co-researcher trusts his former therapist more easily than he might a less familiar researcher, and so is perhaps more honest in his judgements in the research context. On the other hand however, doing research in the presence of an adult who is also emotionally significant to him may result in a desire to please the researcher so that she can make a positive evaluation of

the data. Bearing these two sides of the matter in mind, it is nevertheless clear that the co-researcher very much states his own opinions, especially when directly using Storycomposing to do so (see section 6.1.1). I suggest that the advantages that Nick brings to knowledge production in this experiment as a co-researcher actually combine to outweigh most of the disadvantages that this bias brings.

The bias caused by the researcher is in some ways obvious, but in others not so. The principal elements and protocol of the Storycomposing method, the ethics behind studies in child perspective, and those behind narrative analysis all provide methods and methodologies which aim to derive data in as neutral a way as possible. I see that these methodological choices help to lessen the bias that the researcher inevitably brings to this study, and thereby strengthen its credibility. To diminish the bias arising from interaction between the researcher and 14 year-old co-researcher, besides all of the above, choices were made to strengthen the child's agency. One example of this was to arrange child-appropriate facilities. To sum up, although it was definitely unavoidable, methodological choices were made which combined to lessen the overall amount of bias.

8.3 Future Directions

The child as knowledge producer has been the principal perspective through which the Storycomposing method has, so far, been developed. This novel angle of understanding in music therapy research has clarified not only the mechanisms of the method under scrutiny, but also the mechanisms of how a child can use music in mental processing. Storycomposing has opened up a path to a child's inner world. How this knowledge will be received among music therapy practitioners and researchers remains to be seen. And what about other professionals working with children in creative and therapeutic environments — could they find new perspectives for resolving challenges in their practice and research from a child's viewpoint and with the help of music? Perhaps music and child perspectives could even provide new methods of working. The most important and desired effect for this study would be for it to make it easier for children's voices to be heard wherever they are involved; whether it be in an everyday, therapeutic, or research setting.

This study presents the new music therapy method of Storycomposing in the context of children's music psychotherapy. In this environment the processes of a whole family or peer group to be combined with a child's individual music therapy process are often essential from the therapy practice point of view. Nevertheless the experiment part of this study has concentrated only on the child's perspective through his own verbal and musical interpretations. I have made this choice because I want to stress how this method makes it a very real possibility to hear a child's perspective both in clinical practice and in music therapy research. As this is the first step in investigating the mechanisms of

Storycomposing, there are plenty of other viewpoints to examine further. The interaction between family members in the performing sessions and the meaning of storycompositions in that environment are of particular interest. I am very curious to find out the possibilities and values of the method and music therapy in general in those settings.

In clinical practice, the Storycomposing method is being applied and developed by enthusiastic professionals and students in a number of contexts here in Finland. It would also be rewarding to get involved with the method on a more international level. Training courses in the method have already enabled knowledge of the method to spread to some extent, and this process will be supported by the forthcoming extended and updated edition of the study book for Storycomposing in English.

From the point of view of developing Storycomposing as a method, it seems that the least reported uses of it regard the group applications. I see that there are many possibilities for Storycomposing in group activities yet to be found. Group applications further challenge the role of the co-storycomposer — i.e., adult or professional, as well as the social function of the method, and the way storycompositions are written. The most often used form of notation in Storycomposing, Figurenotes, also might provide new possibilities for the processes of notation in the future. Technology-aided notating systems in general may also offer interesting possibilities for young persons as well as individuals with various disabilities in the processes of inventing music in the spirit of Storycomposing. To assist children's own ability to investigate their own storycompositions and music therapy processes in general, is one important perspective for the future. I find that this process may benefit from various technological innovations in practice and from a gradual paradigm shift towards child perspective in children's music therapy research in general.

This study is one step towards children taking a more active participatory role in music therapy research. As the results from this piece of research arose from a natural setting, this report could be seen as a multidimensional narrative from a real life. Maybe, as is often the case in life, that's also why the steps taken in this research process were not always the easiest ones to take. Nevertheless this study is an example of how listening to new voices, looking at something from a different angle, and taking unexplored paths inescapably lead to a new understanding.

YHTEENVETO

Tässä tutkimuksessa avattiin niitä mekanismeja, joita lapsi hyödyntää oman musiikillisen keksinnän avulla musiikkiterapiassa musiikkipsykoterapian alueella. Esimerkkinä käytettiin lapsilähtöisesti lapsia kuunnellen ja konsultoiden kehittyntä Tarinasäveltämisen (Storycomposing) työtapaa, joka perustuu omaan musiikilliseen keksintään ja vuorovaikutukseen. Tämä työtapaa esiteltiin sitä käsitelleiden 14 opinnäytetyön avulla ja määriteltiin kuuluvaksi musiikkiterapian 'songwriting'-menetelmien joukkoon. Verrattuna muihin 'songwriting'-menetelmiin, Tarinasäveltämisessä on ominaislaatuista se, että asiakas, lapsikin, tekee oman tarinasävellyksensä ilman johdattelua, neuvoja tai annettuja vaihtoehtoja. Terapeutti ei myöskään täydennä tai muokkaa valmista teosta millään tavoin. Teos kirjataan muistiin sellaisella merkkijärjestelmällä, että teoksen tekijä voi esittää sen uudelleen riittävällä tarkkuudella. Tarinasäveltäminen ei olekaan musiikkiteosten säveltämistä perinteisessä mielessä, vaan keino antaa omille ajatuksille, muistoille ja tunteille näkyviä ja kuuluvia hahmoja, joiden avulla niitä on mahdollista jakaa ja tutkia musiikkiterapiassa.

Tässä tutkimuksessa musiikkipsykoterapian mekanismeja tutkittiin yhden 7–9 vuotiaan pojan 2-vuotisen musiikkiterapiaprosessin pohjalta. Tämä prosessi liittyi pojan traumaattisen menetyksen hänen isoveljensä kuoltua tapaturmaisesti lapsena. Tämä tutkimus toteutettiin lapsinäkökulmaisesti yhdessä kyseisen pojan kanssa hänen nyt ollessa 14-vuotias nuori. Lapsinäkökulmaisuus tarkoitti tässä tutkimuksessa sitä, että nuori kansatutkija sai itse muodostaa oman tutkimuskysymyksensä ja hän sai vaikuttaa valittavaan tutkimusaineistoon sekä tutkimuksen etenemiseen. Myös tutkimuksen raportoinnista keskusteltiin hänen kanssaan. Pojan aikaisemmassa terapiaprosessissa tekemät 30 tarinasävellystä valikoituivat tämän tutkimuksen toiseksi pääaineistoksi. Toisen pääaineiston muodostivat tutkimustapaamiset (3 x 90 min) kyseisen nuoren kanssa, joissa näitä tarinasävellyksiä muisteltiin, katseltiin, soitettiin ja kuunneltiin. Hän myös teki viisi uutta tarinasävellystä tässä tutkimusprojektissa. Tutkimuskysymyksenään tämä 14-vuotias tutkijakumppani oli kiinnostunut siitä, miten ja kuinka paljon hän on muuttunut terapiaprosessin aikana ja sen jälkeen.

Keskustelut liittyen pojan aikaisempaan terapiaprosessiin, jotka tarinasävellysten ympärillä syntyivät, analysoitiin monimenetelmällisesti käyttäen psykoterapiakeskustelujen analysointiin soveltuvaa menetelmää nimeltä 'Narrative Processes Coding System' sekä sisällön analyysiä ja narratiivista analyysiä. Tutkimus antoi seikkaperäistä tietoa siitä, kuinka lapsi hyödyntää omaa musiikillista keksintää trauman käsittelyssä. Esimerkkinä käytetty Tarinasäveltämisen työtapaa loi yhteisen työskentelykentän, jossa elämän merkitysten rakentuminen uudelleen menetyksen jälkeen on mahdollista.

Lapsen näkökulmasta tutkimus kertoi, kuinka Tarinasäveltäminen auttoi lasta prosessoimaan kokemuksiaan mielessään ja muuttamaan niitä hänelle ymmärrettävään ja siedettävään muotoon. Lapsi hyödynsi musiikin herättämiä tunnekokemuksia, musiikin symbolista ulottuvuutta, muistin aktivoitumista, sävelkorkeuksia ja nuotinnettua teoksen kuvaa. Teosten nimet ja nimeäminen

olivat myös tärkeässä roolissa. Keskustelut ja lapsen tekemät tarinasävellykset yhdessä muodostivat tämän tutkimuksen tutkimuskertomukset.

Tutkijan näkökulmasta käsillä oleva tutkimus tarkensi Tarinasäveltämisen neljän periaatteen merkitystä ja roolia työtavan avulla toteutettavassa musiikkiterapiaprosessissa. Tarinasäveltämisen ominaispiirre, jossa teos hyväksytään sellaisenaan ilman terapeutin vaikuttamista teoksen sisältöön, auttaa terapeutia kuuntelemaan asiakasta aidosti, vahvistaa lapsen tunnetta toimijuudesta ja näin motivoi lasta työskentelyyn. Tämä kaikki ylläpitää yhteistä työskentelykenttää. Vuorovaikutuksessa otetaan huomioon lapsen omat aloitteet, mikä edistää lapsen mielen työskentelyä ja tämän merkitys korostui jokaisessa työtavan vaiheessa. Tutkimus avasi, kuinka Tarinasäveltäminen luoma yhteinen työskentelykenttä auttoi lasta 'kertomaan omaa tarinaansa'. Tällä kentällä lapsen traumaattiset kokemukset muuttuvat tarinasävellysten avulla jaettavaan muotoon ja niitä on mahdollista työstää lapsen kanssa yhdessä hänelle ominaisin keinoin. Näin lapsen kokema trauma muuttuu luovuuden avulla osaksi hänen elämän tarinaansa taiteen keinoin. Lapsen mahdollisuus tehdä omia uusia tulkintoja tarinasävellyksistään sekä sanallisesti että musiikillisesti niitä uudelleen muistellessa, katsellessa, kuunnellessa ja esittäessä ovat olennainen osa toipumiseen liittyvää muutosprosessia.

Tämä tutkimus keskittyi terapiaprosessiin yhden lapsen kuntoutumisen näkökulmasta. Näin ollen aineistosta ei voi tehdä laajoja yleistyksiä vaan tutkimus pikemminkin avasi polkuja lapsinäkökulmaiseen musiikkiterapiatutkimukseen sekä lasten musiikkipsykoterapian mahdollisuuksien ymmärtämiseen. Tarinasäveltämisen keinoin toteutetun perheen tai vertaisryhmän työskentelyn merkitysten ja mahdollisuuksien tutkiminen jäi niinkään odottamaan tulevia tutkimuksia.

Tutkimus osoitti, että lapsi tutkijakumppanina on vartenotettava valinta tutkittaessa lapsen omia kokemuksia. Tarinasäveltäminen osoittautui lapselle sopivaksi menetelmäksi tutkia omaa elämän historiaa sekä omia aiempia kokemuksia musiikkiterapiassa. Oli myös selvää, että nämä tutkimustapaamiset terapiaprosessin jälkeen vahvistivat lapsen kokemusta siitä, että hän on selvinnyt häntä kohdanneesta traumaattisesta menetyksestä ja lisäsivät hänen psyykkistä hyvinvointiaan.

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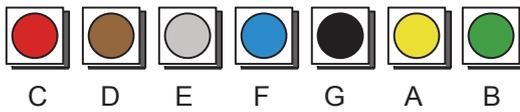
APPENDIX

APPENDIX 1: Figurenotes system

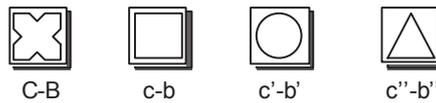
FIGURENOTES

Figurenotes © Kaarlo Uusitalo, 1996
 Figurenotes applications © Markku Kaikkonen and Kaarlo Uusitalo, 1998

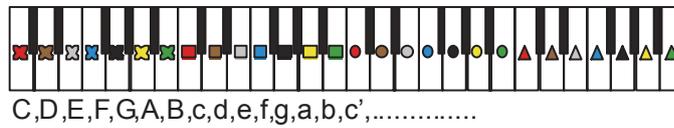
Each note has a different colour.



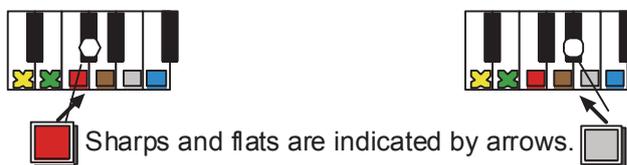
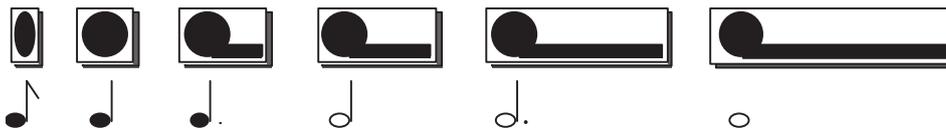
The shape of the figure determines the octave.



Figurenotes on keyboard.



The length of the figure indicates the length of the note.



Accompaniment chords are coloured according to the root note.



APPENDIX 2: Research findings in music therapy

Storycomposing research findings in music therapy

Summarized settings	Research findings	Meaningful elements in Storycomposing
<p>Individual Music therapy (Mäntynen 2008, pp. 20–23; Savela 2010, pp. 28–34)</p>	<p>Storycomposing</p> <ul style="list-style-type: none"> -increases self-confidence -helps client to compose thoughts and be patience -encourages and empowers self-expression -gives positive experiences -is a tool to make your thoughts and life visible and audible -stimulates verbal expression in music therapy 	<p>Storycomposing creates a place where even your weak or vulnerable sides can be shown.</p> <p>Music can bridge different cultures.</p> <p>Storycompositions are a place in which you can process your life.</p>
<p>Individual + Group Music therapy (Huhtala 2002, pp. 29–34; Hakomäki 2005b, pp. 52–58; Mäkelä 2007, pp. 65–70)</p>	<p>Formulation for three clinical applications for short term music therapy, for long term music therapy and for supportive music lessons.</p> <p>What Storycomposing facilitates:</p> <ul style="list-style-type: none"> -individual period acquaints a therapist to a client and vice versa -working in pairs supports the good feeling of peers -concerts and group sessions enhances social skills -children were especially excited about the storycompositions composed together with their parents -it was felt the method could be adjusted to every client's needs and also the therapist's personality 	<p>Storycomposing</p> <ul style="list-style-type: none"> -requires no musical skills or previous studies of music -encourages interaction, communication and self expression -makes it possible to combine a child's music therapy process with a family therapy process -is a suitable approach for music lessons with persons with intellectual disabilities or after being injured and after music therapy process -individual and group approaches have their own special significance

APPENDIX 3: Research findings in music education

Storycomposing research findings in music education

Summarized settings	Research findings	Meaningful elements in Storycomposing
Special Music education (Sjöblom 2003, pp. 63–64)	<ul style="list-style-type: none"> -creating your own music, that a peer group can also play and listen to, is extremely motivating. -colours of the notation are important and the scores of the pieces should not be too complicated. 	Music has a calming effect.
Individual Music education (Vuorentausta 2006, pp. 115–117)	<p>With Storycomposing</p> <ul style="list-style-type: none"> -learning goals are possible to achieve in piano pedagogy in a way which satisfies both a pupil and a teacher 	<ul style="list-style-type: none"> -supports constructive dialogue -supports intense presence of a pupil and a teacher -role of a teacher is unique in the field of music education
Group Music education (Kyllönen 2001, pp. 22–33; Nykänen 2005, pp. 47–49; Saarikko & Savela 2005, pp. 34–39; Hyvönen, 2010, pp. 46–47, 51)	<p>Storycomposing</p> <ul style="list-style-type: none"> -makes it possible for small children to learn basic elements of music -motivates children, respects their individuality and enhances self-esteem and social skills -speeds up learning goals -is a positive experience -increases the possibilities for young pupils to express themselves and empathize with music -requires pupils to collaborate, co-operate and share existing knowledge -works towards learning goals in primary school music education and in string instrument pedagogy 	<ul style="list-style-type: none"> -children with learning difficulties can participate equally -teacher is made more conscious of teaching methods -pupils and teachers are encouraged to interact -children's own forms of expression are supported -the activity is student-centred -Figurenotes makes it possible for even small children to take part

APPENDIX 4: Research findings in other settings

Research findings of the SWOT analysis in a day care centre

Setting	Internal factors	External factors
Children's day care (Nummi & Sinkko, 2012, p. 58)	<p><i>Strengths</i>; develops self-esteem and self-expression, gives a child visual and audible results, encourages interaction, develops concentration, empowers children.</p> <p><i>Weaknesses</i>: The method challenges personnel in various ways: requires fluent transcribing skills, knowledge of Figurenotes system and computer, and requires a non-directive attitude when working with the children.</p>	<p><i>Opportunities</i>: Supports learning in reading, writing, and piano playing; is a part of music education; is an adjustable method.</p> <p><i>Threats</i>: How to find the time, personnel, and place for the activity?</p>

Research findings using Storycomposing in supervision

Summarized settings	Research findings	Meaningful elements in Storycomposing
Supervision (Salminen, 2008, pp. 55, 60–62; Jauhainen, Rähä & Väisänen, 2009, pp. 93)	<p>Art</p> <ul style="list-style-type: none"> - develops creativity which is an integral part of professional competence - promotes creative thinking and problem solving skills - improves interaction, dialogue and working atmosphere <p>Art and creativity</p> <ul style="list-style-type: none"> - increase human well-being in general <p>With art-therapy in general</p> <ul style="list-style-type: none"> - atmosphere and functionality of the work community improved - acceptance of contention increased - appreciation as well as constructive and supportive feedback from the managers increased - productivity improved by supporting the employees' creativity 	<p>Creating art is a sensitive, individual and non-technical process like nursing.</p> <p>Creating art together improves open-mindedness.</p>

APPENDIX 5: Storycomposing in music therapy contexts

Storycomposing studies categorized according to Finnish levels of music therapy practice and their suggested equivalent within the framework of music, health, and well-being

Level of Music Therapy	Target Group	Type of Storycomposing protocol	Environment of Storycomposing	Framework of Music, Health, and Well-being
Supporting level	Children who have a sibling with Asperger's syndrome	Individual and group Storycomposing with peers or parents	Adaptation training courses	Music therapy (community music, music education)
Supporting level; Increasing self-confidence and life control	Children with extra challenges in their lives and their families	Combining children's music therapy with family therapy	Outpatient rehabilitation centre for families	Music therapy (community music, everyday uses of music)
Increasing functional abilities; Increasing self-confidence and life control	Children aged 8–11 with learning difficulties (Klinefelter syndrome, Sotos syndrome, brain tumour, low stimulus environment)	Individual and group Storycomposing	Special school	Music therapy (community music, music education, everyday uses of music)
Increasing functional abilities; Increasing self-confidence and life control	A child refugee	Individual Storycomposing	Reception Centre for Refugees	Music therapy (music education, everyday uses of music)
Increasing functional abilities; Increasing self-confidence and life control	A 16 year-old with a severe speech disorder	Individual Storycomposing	Special school	Music therapy (everyday uses of music)

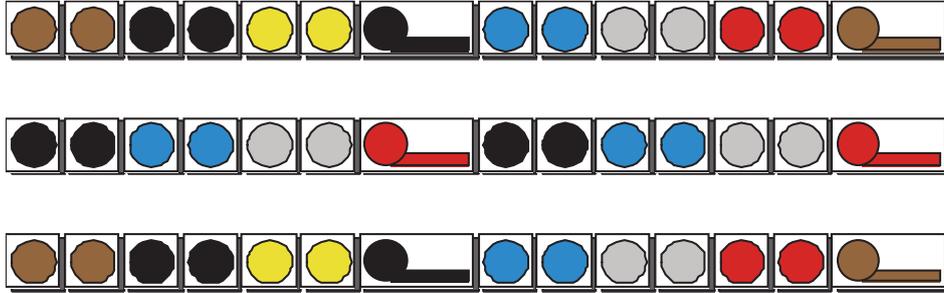
APPENDIX 6: Storycomposing in non-music therapy contexts

Storycomposing studies in non-music therapy contexts seen within the framework of music, health, and well-being

Framework of Music, Health, and Well-being	Target Group	Type of Storycomposing protocol	Environment of Storycomposing
Community music; Music education	Children aged 3–6 with or without disabilities	Group Storycomposing	Day care centre
Everyday uses of music; Music education	Children with autism aged 10–13	Individual Storycomposing	Summer camp for groups of special needs
Music education; Community music	Children aged 3–6	Group Storycomposing with dance elements	Music playschool
Music education; Community music	Children aged 9–12 learning to play cello and violin	Group Storycomposing with educational elements	Music institute
Music education; Everyday uses of music	Children aged 9–12 learning to play piano	Individual Storycomposing	Music institute
Community music	Healthcare professionals	Group Storycomposing	Hospital
Community music	Healthcare professionals	Group Storycomposing	Hospital
Music education; Community music; Everyday uses of music	Pupils aged 8–12	Group Storycomposing	Primary school
Music education; Community music; Everyday uses of music	Children aged 5–6	Individual Storycomposing	Day care centre

APPENDIX 10: Storycompositions numbers 29 and 30

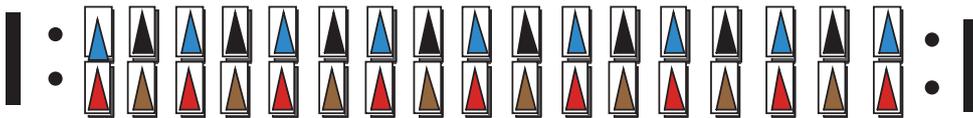
Brown and Red in Disorder [Ruskea ja punainen sekaisin] (29)



Sudden Death [Äkkikuolema] (30)



S D E D A H
U D N E T



APPENDIX 11: Narrative Processes Coding System analysis

Excerpt no. 1 of the transcription taken from the research discussion in session no. 2

<p>Excerpt 1, 16/02/2010 session 2, time 19.10–21.45 [Nick and the researcher are going through the Storycomposing folder.] Researcher (R): Let's see, this storycomposition was created on the last day of January... Nick (N): Yes. R: Seven years ago. N: Yes. R: Was it really seven years ago? N: Yes. R: That's quite a long time ago. N: Yes. R: And to think you're twice that age now. N: Yes.</p>	<p><i>External relationship focus</i> = Expressions concerning the therapy process and the co-researcher's here and now life in a story-telling mode (description of events: past, present, and/or future; actual or imagined).</p>
<p>R: But that piece didn't bring back any memories for you? N: No, that one didn't. R: That's the way it is, some might do, but there are others that just don't. N: This one was made when I was missing my grandparent. R: Yes. N: [Plays the storycomposition]. Yes, that missing feeling is what this piece brings to my mind. Maybe I felt that missing feeling a lot at the time too. R: Can you recall the emotions you had in that therapy process when you were dealing with your brother's death at the start, and then in the middle, when another important person died – your grandparent? What were you thinking? N: Well... R: How did it feel for that young boy? N: Difficult, difficult... R: Did you understand it at all? You have already told me how confused you were...</p>	<p><i>Internal relationship focus</i> = Expressions concerning the therapy process and the co-researcher's here and now life in an emotion-focused mode (a subjective description of experience).</p>
<p>N: Well, I was aware that both of them were gone, but I didn't believe it then. It was very confusing because I just didn't know this could happen. R: Yes... N: And then I was afraid that if this was true, is everyone going to die now?"</p>	<p><i>Reflexive relationship focus</i> = Expressions concerning the therapy process and the co-researcher's here and now life in a conceptual meaning-making mode (analysis of current, past and/or future events and feelings).</p>

APPENDIX 12: Narrative Processes Coding System analysis

Excerpt no. 2 of the transcription taken from the research discussion in session no. 2

<p>Excerpt 2, 16/02/2010 session 2, time 27.22–28.31 [Nick’s mobile phone rings, and the therapist and Nick talk about what it is and what they should do about it.]</p>	<p><i>External key issue</i> = Thoughts concerning the research project in a storytelling mode (description of events: past, present, and/or future; actual or imagined).</p>
<p>N: Look, here’s something [going through the Storycomposing folder]. R: You came up with those symbols yourself.</p>	<p><i>External relationship focus</i> = Expressions concerning the therapy process and the co-researcher’s here and now life in a storytelling mode (description of events: past, present, and/or future; actual or imagined).</p>
<p>N: They look like stairs. R: Have you noticed – you’re stopping at the storycompositions that didn’t have a title. This isn’t the first untitled piece you’ve picked out. N: I didn’t notice. R: But that’s what’s happened. N: OK. R: But now you’ve given this one a title – Stairs – right? N: Yes. R: Even though it is not written there... N: Yes.</p>	<p><i>Reflexive key issue</i> = Thoughts concerning the research project in a conceptual meaning-making mode (analysis of current, past and/or future events).</p>
<p>R: That’s interesting. Are these pieces unfinished, or is it just that they’re easier to approach when untitled...? N: Well, maybe.</p>	<p><i>Reflexive relationship focus</i> = Expressions concerning the therapy process and the co-researcher’s here and now life in a conceptual meaning-making mode (analysis of current, past and/or future events and feelings).</p>