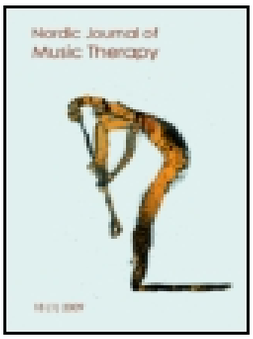

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Moments of fun: Narratives of children's experiences of music therapy in mental health care

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ABSTRACT

Introduction: Mental health issues in children involve complexities and life challenges for the child and their families. Music therapy as part of treatment in mental health care focuses on interaction and communication through music, with emphasis on the children's resources. There is a small, but growing amount of research in the field of music therapy with children in mental health care.

Method: This qualitative study explored children's own experiences of music therapy in mental health care at the hospital. This was done through a multiple case study design, including semi- structured interviews with seven children and participant observations. A narrative approach informed by "portraiture" was used in the analysis process in order to highlight non-dominant experiences and allow for multiple modalities in the analysis and in the presentation of findings.

Findings: The children's experiences were expressed through various modalities. These were displayed through narratives representing the core of the interview with each particular child. The word fun became a prominent emerging theme across the cases.

Discussion: In the children's expressions, the word fun seemed to be a container of experiences, with rich variations and multiple meanings. Through a thorough attention to this word and the children's actions before, after and while they spoke, multidimensional meanings of the word emerged. Through listening to the children's own experiences, fun proved to be an essential part of music therapy in mental health care with children, not as mere entertainment, but as something of existential importance and with great therapeutic potentials.

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KEYWORDS Music therapy; children; mental health care; children's experiences; positive emotions

Introduction

Mental health problems for children involve complexities and life challenges for both the child and their families in everyday lives. Between 10% and 20% of children and youth in the world have a mental disorder, and about half of these start before the age of 14 (World Health Organization, 2021). The Covid-19 pandemic has led to major concerns for the mental health of children and youth, and for the first time, UNICEF's biannual report, "The State of the World's Children", investigates mental health

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(United Nations Children's Fund, 2021). Help directed towards children and their families involves a broad range of interactions and communication. As part of treatment in mental health care music therapy focuses on interaction and communication through music, with a distinct emphasis on the children's resources (Johns, 2018; Trondalen, 2004).

This article focuses on children's perspectives in music therapy in mental health care. Traditionally, children's perspectives have been excluded from the mainstream perspectives on child mental health and development (Liegghio et al., 2010), but there have been many processes in the last decade contributing to the repositioning of children in research and their agency within society. The importance of the inclusion of children with mental health issues in research is recognized through the UN Convention on the rights of the child (CRC; UN General Assembly, 1989), and Article 12 in particular, as well as through changes in how children are viewed in society (Liegghio et al., 2010; Powell & Smith, 2009; Sinclair, 2004; Sommer et al., 2010). Children should be considered as subjects with their own opinions, recognized as participants regardless of their age, and this requires serious involvement in tuning in to children's communication (Skivenes & Strandbu, 2006). The children's own opinions about treatment decisions and what type of help they receive is increasingly taken into account as exemplified in the guidelines for children and youth mental health treatment by the Norwegian Directorate of Health (2020). Nonetheless there are still a relatively small number of studies that investigate young people's experiences in mental health care (Persson et al., 2017). First-person and client perspectives have increasingly gained importance in adult mental health care in recent years as highlighted by the recovery movement (Anthony, 1993; Slade, 2009). Such approaches have contributed to a fundamental change in both research and practice demonstrating the potentials of a client-based approach in adult mental health care, but have to a much lesser extent been explored in mental health for children and youth (Naughton et al., 2018; Naughton et al., 2020; Simonds et al., 2014).

Previous research on music therapy with children in mental health care

The small but growing amount of research in music therapy with children in mental health care contributes to an increasing awareness in regard to the importance of early intervention. There is a larger amount of research done in music therapy with youth in mental health care than with children under 13 years old. Some of these youth studies can be considered relevant also in relation to children, and are therefore included in the brief literature review which follows.

Promising, but inconclusive effects of music therapy with children and youth in mental health care in general are documented both in meta-analyses (Geipel et al., 2018; Gitman, 2010; Gold et al., 2004), RCT (Porter et al., 2017) and quasi-experimental study (Gold et al., 2007). The greater part of the research focuses on children and autism spectrum disorder (Bieleninik et al., 2017; Edgerton, 1994; Gattino et al., 2011; Geretsegger et al., 2012; Geretsegger et al., 2014; Kern & Aldridge, 2006; Kim et al., 2009; Mössler et al., 2019; Pasiali, 2004; Walworth, 2007; Wigram, 2000; Wigram & Gold, 2006). Some of the research focuses on music therapy with children and youth in relation to restlessness and ADHD (Helle-Valle et al., 2017, 2015; Jackson, 2003; Rickson, 2006; Rickson & Watkins, 2003), children and youth with social challenges (Gooding, 2010) and children with anxiety (Goldbeck & Ellerkamp,

2012). Emotional interactions in music are explored by Sannes (2012) and Johns (2018), as well as music therapy as part of the assessment process with children in mental health care (Jacobsen, 2012) and interdisciplinary experiences (Hense, 2018; Thorgersen, 2015).

Young people's experiences of music therapy are included in several studies, in relation to anorexia (Trondalen, 2004) and in exploring connections between youths' musical identity and their recovery (Hense, 2015, 2019; Hense & McFerran, 2017; Hense et al., 2014; McFerran et al., 2018). Other research of relevance in connection with children and youth's experiences is the research on music therapy with refugee children (Enge & Stige, 2022; Roaldsnes, 2017), children under special care due to history of family violence (Fairchild & McFerran, 2019; Fairchild & Mraz, 2018) and with youth in child welfare (Krüger, 2012).

The diverse research portrayed in this short review gives us a better understanding of music therapy as a useful approach with children in mental health care, but leaves us at the same time with questions regarding the children's experiences of this form of care. As presented, youth's experiences are represented in this field, but research specifically focusing on children under 13 years old and their own experiences of music therapy in mental health care is not found.

Drawing on these perspectives and gaps in knowledge, this article contributes to existing literature by focusing on the personal experiences of children between 8 and 12 years of age who participated in music therapy in an inpatient hospital unit in mental health care. The children's perspectives were explored through a narrative approach, and the following research questions were addressed:

(1) How do children experience music therapy in mental health care at the hospital?
(2) How do they express these experiences?

Methodology

Study context

The study was situated at the unit for children at the Department of child and adolescent psychiatry, Division of mental health, at Haukeland University Hospital in Bergen, Norway. The unit provides care for children from birth to 13 years old, and the children are always admitted together with one of their parents. At the unit there is room for six children with parents, and the interprofessional team working there is made up of 18 social workers, two psychologists, two psychiatrists and one music therapist. The unit is also closely connected to the hospital school with one-to-one teaching. The children stay at the hospital for between 4 and 8 weeks, and the cause of referrals from the outpatient clinics are always complex and challenging. Reasons for this include for example, non-attendance at the outpatient clinic, difficulties in communication with the children, challenges in collaboration with parents, the need for a more intensive observation or treatment, starting out with new and complicated medication, the need for faster clarifications, shielding the child and high need for care.

The unit follows a relational therapy approach and uses emotion regulation as their main method (Campos et al., 2004; Nordanger & Braarud, 2017; Nyklíček et al., 2011). The therapeutic model, Circle of Security (COS; Coyne et al., 2019), which is based on

attachment psychology, lays the foundation for the common language and shared perspectives at the unit. Music therapy is an integrated element of the total service provision at the unit. Children are referred to music therapy by the psychologist/psychiatrists and the music therapist participates in treatment teams for each child. Music therapy can be defined as "an effort to increase people's possibilities for action" (Ruud, 1990, 1998, p. 3) and the work of the music therapist is influenced by resource-oriented perspectives (Rolvsjord, 2010), as well as more relational perspectives (Johns, 2018; Trondalen, 2016). In music therapy, a non-verbal and affective communication through music is used.

Design

To address the main aim of this study which was part of the first author's PhD-study,[1] the authors conducted a qualitative study with a multiple case study design (Stake, 1995), consisting of semi-structured interviews with children (Eide & Winger, 2003; Kvale & Brinkmann, 2015), participant observation (Fangen, 2004) and a narrative approach to analysis (Kvale & Brinkmann, 2015) informed by "portraiture" (Lawrence-Lightfoot & Davis, 1997).

The research team consisted of the two authors, in close collaboration with the unit staff at the hospital. The first author[2] was also one of the two music therapists responsible for the music therapy with the children in the study. The other music therapist, Anita Barsnes, did the participant observation in her sessions and was present in the interviews in the cases where she had been the music therapist. User involvement (Bird et al., 2013; Jørgensen, 2019) in the study included a small pilot where two children at the unit gave feedback on the questions as part of the development of the interview guide (the interview guide can be found in the supplemental material).

When designing the study the authors have been informed by feminist and queer-theories, especially the concept of "epistemic injustice" (Fricker, 2007; Klyve, 2019). Epistemic injustice is defined as, "a wrong done to someone specifically in their capacity as a knower" (Fricker, 2007, p. 1). An awareness of children and patients in mental health's vulnerability to epistemic injustice is of special importance when doing research in this field (Klyve, 2019).[3] This implies that it is especially important to be reflexively and critically aware of the prejudices one might have as researchers toward the fixed categories of "patients in mental health care" and "children". Children are born with a communicative musicality, and this plays a great part in communication also later in life (Erickson, 2009; Ilje-Lien, 2018; Trevarthen & Malloch, 2000). This implies that one must not only pay attention to the children's verbal form of expression, but also include other varieties of communication (Clark, 2005; Ilje-Lien, 2019). To avoid epistemic injustice when doing research with children in mental health care an awareness of children's multi-modal communication is crucial. That was a concern both in the data collection and the analysis.

The music therapy service in the study was typical for the unit. All participants participated in individual 1-hour music therapy sessions in a soundproof music room at the unit. This room contained various instruments, such as band instruments and

[1]This PhD-study as a whole contains several parts, consisting of interviews with the children, interviews with the parents, focus group interviews with the staff and participant observation. This article is based on the interviews with the children and the participant observation.
[2]The first author has worked for several years as a music therapist at this particular unit.
[3]This is previously discussed thoroughly in Klyve (2019) as a part of this PhD-study.

digital music programs at the computer, as well as various rhythm instruments, drums, ukuleles and xylophones. The music therapy sessions consisted of playing music together, and the songs were often chosen by the children themselves or improvised. Some sessions also consisted of collaborative song making on a computer. The children were offered two music therapy sessions every week, but due to their motivation and condition which could vary from day to day, the number of sessions varied. Some of the children participated in every session, some participated in just a few. In those cases where attachment and interaction within the family were described as specific challenges the parents were included in one or two sessions.

Participants

During the recruitment period, between 1st of September 2017 and 31st of December 2017, there were 18 children at the unit. The children were electively admitted to the hospital and all of them stayed at the unit for four weeks. The children were referred to the children's unit for assessment due to complex challenges, some of these consisting of difficulties in attachment, social interaction and verbalizing thoughts and feelings. The criteria for inclusion in the study were age eight to 12 years and sufficient abilities to participate in an interview. Also, as typical for the unit, an assessment was made together with the psychologist/psychiatrist as to whether music therapy could be relevant for the child, based on the referral to the unit. Eight children, four girls and four boys were included in the study. There were diagnostic variations among the children, often in a combination of several diagnoses. Six of the children were diagnosed with neurobiological behavioral disorders, including ADHD, autism spectrum disorder, severe depression, language disorder, obsessive-compulsive disorder, generalized anxiety disorder, developmental disorder within motor skills, learning difficulties and Tourette syndrome. Two of the children were diagnosed with attachment disorder due to neglect.

Ethical considerations

The PhD-study that this study was part of was approved by REK – Regional Committees for Medical and Health Research, 29.03.2017, 2017/52/REK vest. Involving children in research has many ethical complexities but it may at the same time be unethical to not involve them in research concerning them (Neill, 2005). Hence, research with children requires a particularly high degree of reflexivity. Specific considerations were taken regarding consent, including the provision of a specific information form addressing the children in addition to information directed to the parents. Safety and protection of the children were carefully considered throughout the study. This included measures taken to ensure confidentiality, as well as to provide a safe interview situation for the children. The double role as therapist and researcher held by the first author required careful considerations and to be self-reflexive of personal and potentially unconscious reactions (Finlay, 2002). It was also essential to be critically aware and reflexive in regard to the power relations in the interview setting and the researcher's own perceptions and prejudices (Klyve, 2019). This was particularly important in the situations where Barsnes participated in the interview and the constellation became one child and two adults.

Data collection

The data collection consisted of separate semi-structured interviews with the children in their last week at the unit (Kvale & Brinkmann, 2015) and participant observation in the music therapy sessions (Fangen, 2004). It is of special importance to combine interviews with other methods when researching with children, both to strengthen the analysis and to elicit more valid answers (Eder & Fingerson, 2001). Therefore, participant observation, where the music therapists were the participant observers, was included as a part of the data collection in each music therapy session. This type of participant observation is commonly used in music therapy case studies (Keith, 2016). In our study this served the double purpose of building rapport with the children, essential for their sense of safety and hence their communication in the interview (Eder & Fingerson, 2001; Irwin & Johnson, 2005; Powell et al., 2018), as well as providing the researchers with contextual understanding for the purpose of the analysis (Eder & Fingerson, 2001). A log was written from every session, and the two music therapists met regularly during the different therapy processes. The sessions were audio-recorded in case something of special interest occurred during the sessions and had to be listened through repeatedly. The focus on interplay and communication through music in the music therapy sessions facilitated a good way of building rapport with the children. A strong rapport with the children was especially important in this particular setting at the hospital where the children were in a vulnerable situation with complex challenges and had difficulties in verbally expressing themselves. Also, since some of the children had challenges with attachment, expressing emotions and social interaction, there were challenges in eliciting comprehensive answers in the interviews. Hence, it was especially important to include the various modalities through which the children expressed themselves. The music room as the context of the interview was considered to be a space which was well-known to the children and where they felt safe (Carter & Ford, 2013). It was also a place which facilitated the possibility for the children to use both words and other modalities, such as expressing themselves through music, exploring and showing things through music or drawing with crayons and paper presented in the room. The possibility to play music or to draw during the interview also facilitated a more engaging and fun research situation (Carter & Ford, 2013). The interviews were audio-recorded.

Through a dialogue with the children, their parents, the psychologist/psychiatrist, and the music therapist, the preferred option was to have only the music therapist (the first author) present with the child during the interview, as this resembled the familiar situation of music therapy. Thus, no parents or caregivers from the unit were present in any interview with the children. Barsnes participated in the interview along with the first author in the cases where she had been the music therapist to make the situation more familiar and relationally safer for the children. When facilitating participation for the children in the interviews, it was particularly important to have a sensitive approach to each child, adapting the questions to their capacities and competencies (Carter & Ford, 2013; Eide & Winger, 2003). One of the children chose not to come to the interview and in the end, seven of the eight children participated in interviews.

Data analysis

A large dose of flexibility is needed when analyzing interviews with children because of the fragmentary nature of this kind of interviews in following the children and their impulses (Irwin & Johnson, 2005). As previously emphasized, it is important to not only listen to what the children say, but equally important to pay attention to what they do and show (Clark, 2005; Ilje-Lien, 2019). With this in mind, the authors chose a narrative approach to the analyses of the interviews informed by portraiture. The analysis was conducted collaboratively by the authors, the constellation referred to below as "we".

Portraiture is a method that seeks to illuminate non-dominant experiences and narratives (Lawrence-Lightfoot & Davis, 1997), allowing for multiple modalities which is crucial when exploring children's perspectives. It is a method of documentation and inquiry used in qualitative research, where "systematic, empirical description" is combined with "aesthetic expression" (Lawrence-Lightfoot & Davis, 1997, p. 3), and where the researcher's voice is everywhere, the voice "is the research instrument" (Lawrence-Lightfoot & Davis, 1997, p. 85). A portraitist listens for a story, actively searching, and is central in the creation of the story. There are five features of portraiture, consisting of context, voice, relationship, emergent themes and aesthetic whole. These features served as a scaffolding in our analysis which took a narrative approach and our narratives are portrait-like displays of episodes. This involved levels of selection, in which we purposively searched for both the typical aspects of each case, but at the same time maximum variations between cases, thus offering cross-cases representation (Coyne, 1997; Patton, 2002; Stake, 2006). The focus in the narratives was on conveying the children's own expressions through thick descriptions (Freeman, 2014; Geertz, 1973).

Following the interviews and the transcription, six steps were completed as part of the analysis process. In the first step we did a thorough exploration of the written data material, with a focus on highlighting emergent themes which appeared through words or actions in the material. In the second step, we returned to the audio material, focusing on the emergent themes found in the first step, listening to the children's voices – their way of expressing the words, what they showed and the music they played, the relationship between the child, the music therapist and the researcher and the context in the different situations. The third step included writing the narratives of the seven different interviews, focusing on the details of the particular situations, and by this, including the whole child with all the various ways they expressed themselves. In this process, the voices of the children and the researchers were blended in a dialogue. In the fourth step the written material went through a thorough process of compaction, with a focus on compiling the various parts together to create a narrative containing the essence of the interview. At this point of the analysis an external person, a poet, was consulted to give feedback on the aesthetic whole of the narratives. The fifth step was a translation from Norwegian to English, focusing on trying to preserve the various literary qualities of the narratives. In the sixth step we made a selection of four of the seven narratives to be displayed in this article, focusing on rich nuances and variation in content across the cases that were selected. This selection of cases offered the opportunity to go more into depth of the particular cases, but still represent the variations and the whole of the seven different interviews.

Findings

The findings are displayed through the four narratives presented below. Through these narratives, children's experiences of music therapy in mental health care at the hospital are portrayed, showing a varied picture of experiences expressed through modalities such as drawing, words, music, silence, movements and gestures. The children's opportunities to express themselves through different modalities in the context of the interview, as well as the narrative approach informed by portraiture in the analyzing process, provided a good foundation for the children to express themselves and to let their expressions be visible and heard. In the verbal display of these episodes, we chose to use "I" to make visible the first author's personal participation and to give these narratives an identifiable narrator. By using our own voice in composing these narratives, the story came to life. The children's perspectives and expressions were seen and interpreted through the researchers' point of view, as music therapists, adults and researchers, and this will always be important to keep in mind.

The four narratives that will be presented are based on the four interviews with "Kristin", "Tone", "Fredrik" and "Dina". The children's names were changed to protect their identities. When listening to the children we observed, through what they did and through what they said, their experiences of being at the hospital and participating in music therapy. The children's repertoire of ways of expressing themselves helped us to understand their experiences, by observing not only their words in the interviews, but also how they told us what they told us – the volume and dynamics of how they talked and how they breathed. Furthermore, they communicated to us through playing songs they had made, through how they played the instruments, through their improvisations, their drawings and their engagement or lack thereof. All of these parts of the repertoire, and much more, were important parts of the perception of the children's experiences, and this repertoire also clearly showed a great deal of strength and resource in the children. Throughout the process of analysis, the children's use of the word fun became a prominent emergent theme across the cases. The word fun was used in various ways by nearly all the children except for one. It is however not just the vocal utterance that gave meaning to this word, as emphasized above, but just as much what the children did when using this word. The word fun seemed to be a natural way for the children to express their experiences of music therapy, but captured a variety of dimensions.

Kristin

> Kristin calls out into the microphone when she arrives at the music room, "Hello! Hello!". The sound lingers for a while, then it becomes silent. "Whoa, there are two microphones!" she suddenly shouts, discovering an additional microphone in the room. "Yes", I say, sitting down. "Why?" Kristin asks. I suggest it might be because someone else has been in the room. But Kristin is of another opinion, suggesting that it is because she is supposed to sit one way with one of the microphones, and I with the other one, and then she sits down with her back to me. I ask if Kristin remembers anything of what she and I have done together in the music therapy sessions. "Mmm", Kristin says cautiously. Then there is a long moment of silence between us. "We have played music", Kristin says. "Yes", I answer, following up asking her if she has played any instruments. Kristin responds with a quick and clear "yes". "Yes, we have. And we have also played a particular song quite a bit, haven't we?" I ask. Kristin gets up, heading for the computer. She clicks and writes a while before she finds a song from a film from which we have played many songs together. Kristin puts on the song and we watch the music video together. "I wonder,

how do you think it was to play instruments and sing while you were here at the unit?" Kristin continues clicking and writing on the computer. It's quiet again. "Fun" Kristin says after a little while. I point at the crayons, and say that Kristin may draw, if she wants to. Kristin says, "Yes", and starts to draw immediately. She is concentrated on drawing for a long time. I occasionally ask some questions, but it is completely silent while she draws. She sometimes goes back and forth to the computer where the photo of a girl from the music video is displayed. The girl is the one who sings the song that Kristin and I have played a lot together during the sessions.

Kristin is an active child. She was engaged throughout the music therapy process singing and dancing, and one of the focuses throughout these sessions was to build a relationship in a safe environment, and observe this process. In the narrative above Kristin showed creativity and curiosity when meeting unexpected things, and she answered enthusiastically when asked if she had played any instruments. It seemed that Kristin sometimes let the silence speak for itself, and sometimes it looked like the silence gave her time to think through the answers. When drawing, the silence seemed to occur because she was occupied drawing, and the drawing itself could be interpreted as an answer of her experiences of music therapy. Kristin expressed that music therapy is fun, and then she turned over to the drawing, staying silent for a long time, drawing the girl from the songs she and the music therapist had played together. Our experience is that Kristin's expression of fun pointed to the relational aspect of what she and the music therapist had done together in these sessions.

Tone

Tone, Anita and I sit together in the music room. The rain is hammering down outside the narrow window, like a gap in the wall. "I'm wondering, do you remember what you did in these sessions?" I ask, and Tone answers right away. "I have eeh… played some drums… and the piano, and I have also made some songs on Garage band." "Yes. Cool! Did you like it then?" I ask. "Yes" Tone answers quickly. "Mmm. Is there something you have liked best?" I ask curiously. "That", she says, pointing at the computer. "Garage band?" I ask. "Yes", Tone answers. "Mmm. Have you made the songs then?" "Yeees, I'm making my fourth song now" Tone says, alittle proud. "Fourth song?!" I say impressed. "Whoa! And then it's like… have you brought the music with you too?" "Yes, I got two songs on a CD, but I was not happy with just two songs, so then I will get these two songs, plus some others that I will make, all of them, on a new CD" she says enthusiastically. "Aaa, how cool! Sounds really cool" I say, smiling.

"Is there anything special you would like to talk about from these sessions?" I look at Tone. "Mmm … no" she answers. Then it is quiet between us. "But how did you think it was then, to play while you were here at the unit?" I ask. "Mmm, fun" says Tone, with a smile in her voice. I ask why she thinks it was fun. "Because there are a lot of instruments here and then … show those songs on that and … " Tone answers softly and points at the piano. "Yes, which you knew from before?" I ask. "Yes" Tone answers loud and clear.

"Would you show Guro how you do it? How you find different sounds in the program?" Anita looks at Tone who is working at the music program on the computer. "Yes, it's like that: here you can choose an instrument like, for example, now it's on bass … And then you can put it on so that you can hear them". Tone turns on the sound and continues to show how she puts together the different sounds in the program. "And then you make a song like that" she says and puts on the song once more.

Before starting with music therapy, there was an insecurity about how Tone would cope with so many new things and impressions, as she needed predictability and safe environments to be in. However, throughout the music therapy process she was engaged playing music together with Anita in a safe setting, spending a lot of time

making songs at the computer. In the narrative above, Tone showed a lot of joy and pride when she enthusiastically told us about the songs she had made and let us listen to them. She also showed great self-confidence and seemed to feel capable when she showed how she made the songs. Tone answered fun when asked how she thought it was to play instruments at the hospital, elaborating this with "because there are a lot of instruments here and then . . . ", pointing at the piano, "show those songs on that". We experience that Tone's expression of fun both pointed to a joy of having the opportunity to try out different instruments and making new songs at the computer, as well as the opportunity to show what she knew from before and what she had learned at the hospital, connecting the two worlds at and outside of the hospital.

Fredrik

Fredrik plays a fragile melody on the piano. "Do you remember which instruments you have played in these sessions?" I ask while he continues to play. "I have . . . played ukulele" he says after a while, and emphasizes the answer with two hard notes on the piano [bambam!]. "Electric guitar" [bambam!], "two electric pianos" [bambam!]. "What do you think about playing these different instruments?" I almost shout through the music. "It was fun", Fredrik answers.

Fredrik strikes the strings on the guitar a couple of times and the notes linger. "Is there anything from these sessions that you would like to talk about?" I ask as the sound from the guitar fades out. Fredrik strikes the guitar again, a little rhythm on all the strings, while I send a new question through the notes "and which you remember particularly well?" The music from the guitar lingers, and Fredrik says "no" and starts to play again. "Nothing I remember particularly well" he says and starts to explore playing fingerstyle on the guitar. "Wasn't there anything you thought was extra nice?" I ask, and the flimsy notes sing next to it. "No" Fredrik answers quickly, but as I take a breath to ask the next question, he exclaims: "Well, yes, the first day you were here." "The first day?" I say, and for a moment it is completely silent. "What was the nicest, or what made it nice?" I ask. "Eeh . . . because that was when I actually . . . by the way, today I actually want to *learn* music!" Fredrik says enthusiastically and starts playing the guitar again. "Mhm. I can show you a little" I answer. "But, what was it you said, in the first session it was the first time you . . . ?" "I started to actually *know music*" Fredrik emphasizes the last two words. "Yes? To actually know music?" I ask. Fredrik answers "yes", and strikes his fingers over the guitar several times. "I actually want a guitar. I have always wanted to play guitar", he says as he explores the sounds on the guitar further. "Yes," I say curiously. Fredrik plays louder and louder on the guitar. "But how did you think it was to play while you were here then, while you were in the hospital?" I ask through the loud sound. "It was the only time I've ever played," he says, putting down his guitar. Fredrik hangs up the guitar and starts looking for other instruments in the room.

Fredrik has found a ukulele and plays three notes in a row over and over again, a slow triad that after a while goes a little faster. "Do you think it is different to play music than to talk?" I raise my voice so Fredrik can hear me through the music. "Yes, it . . . is very different" he says and continues to play the three notes. "Is it possible to say something about how it is different?" I ask and barely hear Fredrik's answer through the ukulele tones. "Eeh . . . it's not possible to say." "But it was very different?" I ask again. "Yes," he says as he continues to play the same notes. A fourth note has gradually also been added to the pattern. "Do you think it is possible that music sounds like different things?" I ask, and Fredrik quickly answers "yes" through the ukulele notes. I ask if Fredrik can remember when he and I played the piano and improvised together. "Mhm" Fredrik answers and goes from playing the quartet to striking all the strings on the ukulele. "And then you said you thought it sounded sad? Do you think that if you are sad one day it will be possible to make a melody, for example, that sounds sad?" I ask, and Fredrik stops playing. "Yes, we can . . . speak emotions too" he says and starts to play again.

Fredrik participated enthusiastically throughout the music therapy process, and he expressed a great joy when presented with the opportunity to play music. Fredrik showed a sense of capability when he said he started "to actually know music", as well as expressing this through the words "it was the only time I've ever played". This also showed Fredrik's experience of taking part in the music, and he seemed motivated to continue this experience in his desire for a new guitar. Fredrik demonstrated that music can be another way of expressing himself when he played music throughout the entire interview, emphasizing words with music and exploring various musical sounds. He also demonstrated this when talking about how playing music was very different from talking, and that music could "speak emotions". Fredrik used the dynamics of the music, and the silence in the music highlighted some answers that seemed to be of particular importance. Fredrik said "it was fun" when asked how he thought it was to play the various instruments. Our experience is that Fredrik's expression of fun pointed to the opportunity to play music and the experience of expressing oneself through music.

Dina

> Dina and I play together. Both of us play guitar, and I sing. It's a song Dina and I have played together a lot. "I am wondering if you remember what we have done in these sessions?" I ask when we've finished playing the song. Dina's guitar is still in her lap, and I hang it up while I wait for an answer. "Drum, guitar and piano". Dina lists the three instruments. "What did you like best? Or did you like any of it?" "The guitar" Dina answers firmly, and I repeat. "The guitar. Why?" "I don't know, it was just fun", Dina says smiling. "Yes" I say, and Dina adds that "it was a little too much with all those grips". "Yes. But you learned it very fast" I respond. "Yes" Dina says proud. "Did you like some songs better than others?" I ask, and Dina laughs a little. "That one eeh . . . which we just played." "Yes. "Beat it"?" I ask. "Because it was . . . there were so few chords." Dina says laughing.
>
> "How do you think it was, then, to play while you were here, at the unit?" It's quiet for a while before Dina carefully answers. "It was fun." Then it's quiet again. "Why did you think it was fun then? What was fun?" I ask, and Dina takes a deep breath. "A bit of everything" she says. "Yes." It's quiet for a while. "If it was possible, would you like to continue with music therapy? With a different music therapist, not me, after . . . " "Yes", Dina says quickly as I talk " . . . you come home from the unit?" I continue. "Yes" she says again. "Yes? Why would you want to continue then?" I ask further. "I don't know, it's so fun playing" Dina says with laughter in her voice, striking a blow on the cymbal.
>
> "Is there anything else you want to talk about from these sessions, or anything you have thought of that you want to say?" It's a silence between us. Dina takes a deep breath. "I just want to say that it has been fun h . . . having you" she says quickly.

Dina had a very turbulent situation back home, and during the music therapy process, she started to learn the guitar and showed a great motivation for this. Dina also seemed to develop a good relationship with the music therapist where she felt safe. In the narrative above, Dina showed and expressed a great sense of capability at the guitar when she was met at her level and needs. She also showed a joy in several of her answers. In the many silent moments, Dina seemed to carefully consider her response, and she seemed to be confident in the silence. Dina used the term fun several times during the interview. On the question why she liked to play the guitar, Dina answered "I don't know, it was just fun", explaining afterward that she liked best to play the songs with few chords. When asked how she thought it was to play at the hospital, she answered "it was fun", and on the follow-up question about what she thought was fun,

she answered "a bit of everything". Dina also answered "it's so fun playing" as the reason why she would like to continue with music therapy after leaving the hospital. When asked if there was anything else she wanted to talk about, Dina said "it has been fun h . . . having you". The silence and the way she took a deep breath just before she said this, made it seem that it was difficult for her to express these words. And with her unstable situation back home in mind this also implies a lot more than just the words she said. We experience that Dina used the term fun in various ways, every time with a slightly different meaning, pointing to the sense of capability to play, to the feeling of merely being in the music, the feeling of playing instruments, as well as the feeling of playing together with the music therapist.

As previously mentioned, in the interview with six of the seven children, the word fun was used repeatedly when talking about what they did and experienced in music therapy. Kato, not presented above, was the only one of the children that didn't use this word. Also, he did not participate in all of the music therapy sessions, and he was not sure if he wanted to participate in the interview. According to his mother, Kato often faced challenges this way, cutting out activities, and this might also have been the case here. However, it is important to keep in mind that Kato's choice not to participate in music therapy may alternatively reflect that he did just not like music therapy. Kristian and Ellen, not presented above either, used the word fun. Kristian's expression of fun pointed to, and was emphasized by, the joy he also showed in playing music during the interview. Our experience is that Ellen's expression of fun pointed to a great joy in participating through music, expressing inner movements, and sense of capability through playing and dancing.

Discussion

In this study, we explored young children's experiences of music therapy offered as part of their treatment in a mental health care unit. Through the narratives presented we have displayed diverse experiences communicated in the interviews through actions and play as much as words. It was a great motivation for this research to bring children's perspectives to the table when exploring the meaning and usefulness of music therapy in the context of children's mental health care. Furthermore, to regain children's epistemic justice in such a context of research. In the discussion of our findings, we focus on the dimensions of fun as an emergent theme, a common thread across the interviews. On a critical note, the children's repeated use of the word fun might be taken to point toward a lack of lingual nuances in the interview material, and thus in the children's ability to convey their experiences. This may call into question the value and competence of the statements in terms of epistemic value. Hence, our discussion will focus on the multidimensional meaning of fun expressed by the children, as a significant and valuable contribution.

Dimensions of fun

Some of the children connected the term fun to a description, "it's fun because . . . ", others used the word fun without further explanation. However, more importantly, their showing might help us entangle various dimensions of the meaning of fun. In this context of exploring children's experiences of music therapy in mental health care at the hospital, the term fun seems to contain various dimensions, yet all of them situated

in a range of positive emotions. One reason for this might be that children's vocabulary is not fully developed, depending on their age and level of development (Vogl, 2015), and that fun is a word which children use with ease due to a difficulty in putting things into words. This, however, does not imply we should not pay attention to the word fun, but rather the opposite. The children seemed to use the word as a container of experiences, with rich variations and multiple meanings. Also, when giving thorough attention to this word and what the children did before, after and while they spoke, we can discover dimensions that they may not be able to express through words. This again emphasizes the importance of including the different modalities in children's expression and see the whole picture when listening to the children.

The significance of fun

Experiences of *fun* in the context of a children's hospital could be of great importance. *Fun* as in a joy to play, as something relational, as the creation of music, as a bridge between home and hospital, as a sense of capability, as expressions through music – all of these dimensions tell us something about how music therapy might be experienced as a place to be free for the children in this context. It also demonstrates how it can be an important motivation in the treatment process, as well as the importance of it being a *fun* part of this process. Thus, when music therapy is *fun* it might involve experiences of enablement, communication through other modalities than words, relations, experiences that are therapeutically useful in a treatment context. The main feature of music therapy for these children seems to be that music therapy is *fun*. Moments of *fun* for children in the hospital may resemble more normal aspects of everyday life, such as play. Play has been considered as central in children's development (Johns & Svendsen, 2012; Winnicott, 1971), and Article 31 in the CRC (UN General Assembly, 1989) highlights the right to engage in play. In a comment to that article, the Committee on the Rights of the Child (2013) emphasizes how essential play is for children's wellbeing and health. The committee also underlines how play promotes imagination, self-efficacy, self-confidence, the development of creativity, as well as cognitive, physical, emotional and social skills and strength. It is natural for children to express, regulate, integrate, reconstruct and recreate emotions through play (Johns & Svendsen, 2012), and it is recommended in guidelines for psychotherapy with children to use play as an approach to get the children involved in conversation (Lund & Sørbye, 2019). Play is the child's language, and the therapist's ability to engage in children's play, and help them to regulate and express emotions, affects the therapeutic aspect of play (Johns & Svendsen, 2012). Depending on the therapist's theoretical approach, the significance of play in therapeutic processes is emphasized differently (Johns & Svendsen, 2012). However, the strong emphasis on *fun* in the children's expressions points toward the developmental and therapeutic importance of play for children regardless of the therapeutic approach.

Fun is not something that just suddenly happens in music therapy, but arises due to the great efforts of both the child and the music therapist. Music therapists have a unique ability to engage in children's play, attuning to each other through music (Stern et al., 1985; Trevarthen & Malloch, 2000), using other modalities than words, as previously emphasized as crucial in communication with children, such as sound and gestures to

build relationship (Trevarthen & Malloch, 2000). This provides a good foundation for the therapeutic relationship between the music therapist and the child, and it is clear that both the child and the music therapist are active participants in the music therapy process (Rolvsjord, 2015; Stige, 2006a). This participation strengthens an equal collaboration between the two, and such a collaboration is of great importance in making the therapy work (Rolvsjord, 2010). Given the children's positive experiences of music therapy as something *fun*, we may suggest that music therapy might help children grasping with the situation of being in a hospital by bringing normalcy and play (Vernisie, 2015). Also, they may have appreciated and been more at ease with expressing emotions through music, in contrast to children's potential difficulties in conveying feelings through words. Further, that these experiences of *fun* imply therapeutic useful experiences that provides relational competency, learning, motivation and interest. Thus, in our understanding of children's experiences of music therapy of something *fun* should not be taken to mean that music therapy is experienced as mere "entertainment". Rather, it represents therapeutic potential that aligns with children's natural potentials for development (Aasgard, 2002; Turry, 1999). Having *fun* can be of existential importance (Aasgard, 2002), and is not something that can be ignored in therapy work with children. With reference to positive psychology, Vestad (2013) explores how positive emotions in music with children might be important in the moment as well as in contributing to good health in the future. Joy and pleasure have traditionally been treated ambivalently in music therapy literature (Rolvsjord, 2010; Stige, 2006b), and a way to deal with "the problem of pleasure" is to "take an interest in how pleasure is expressed or experienced by each client" (Stige, 2006b, p. 50). Through perceiving the experiences of each of the children participating in this study, focusing on the various ways of expressions, multidimensional meaning of *fun* emerged. The nuances beyond the lingual in addition to the verbal words prove to be important in perceiving what the children convey, and thus in regaining children's epistemic justice in the context of research. The children expressed themselves through gestures, music, words, drawing, silence and movements, and based on their experiences, we argue that *fun* – the multi-dimensional meaning of the word – is an essential part of music therapy in mental health care with children.

Strengths and limitations

Interviews with children are challenging, yet the research area of music therapy with children in mental health care needs the perspectives of the children. Thus, doing interviews with children highlights the strengths and the limitations of this research article. As previously discussed, children show as much as they say, which complicates the very idea of interviews with children. Perhaps an even greater awareness ahead of the interviews about how children communicate through other modalities could have added more scope to the data collection. Video recordings could also have offered more possibilities for accuracy regarding micro-levels of "showing". At the outset of the study our main ethical concerns considered how the act of video recording the sessions could affect the interaction. However, our choice of interviews was specifically chosen with the intention of making the children's perspectives visible, and we argue that there are a lot of important statements from the children in the interviews, both verbally, bodily, creatively and musically, that become visible through the narratives.

In conclusion

This study contributes to the body of research a qualitative exploration of children's own experiences whereby previous research in the field of music therapy with children in mental health care has mainly been quantitative studies. In this article, the children's own expressions and perspectives have been displayed in narratives informed by portraiture. When interpreting the children's expressions, it has been crucial to include the various modalities children use when expressing themselves. In the narratives the word fun became significant across the different cases and used as a container of experiences with multiple meanings. When exploring the dimensions of fun in the children's various expressions, fun is understood as a joy to play, as a sense of capability, as expressions through music, as the creation of music, as a bridge between home and hospital and as a relational phenomenon. The context of the children's experiences – the unfamiliar hospital surroundings and complex challenges – is important to keep in mind and adds even another dimension to their experiences of music therapy as fun. We argue that fun is an essential part of music therapy in mental health care with children, not as mere entertainment, but as something of existential importance with great therapeutic potentials. Children's stories are important and through listening to and interpreting the children's own perspectives, we expand our knowledge in the field of music therapy in mental health care.

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