

“I’m just happy to be a part of it!”

A qualitative interview-study exploring the experiences of peer support workers in a low-threshold meeting place.



Håkon Albert Gåskjenn

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The Grieg Academy

Faculty of Fine Arts, Music and Design

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1.0 Introduction

I have chosen to write a paper-based master's thesis consisting of a research paper and a critical commentary. This critical commentary will contextualize and expand upon the paper “‘I’m just happy to be a part of it” – A qualitative interview-study exploring the experiences of peer support workers in a low-threshold meeting place”. The study that is presented in the research paper explores the role of peer support workers in a low-threshold meeting place for adolescents. I have written the research paper in alignment with the requirements provided by the Nordic Journal of Music Therapy, as this is the journal the research paper will be submitted to. The research paper is, according to the guidelines, written in English, and to avoid having to translate back and forth I have also written this critical commentary in English. In this critical commentary I will present the background for this research and the research question (1.0). Then, I will contextualize the low-threshold meeting place into the realm of preventative and health promoting work (2.0). Further, I will present theory within the field of music therapy (3.0), where this research is contextualized within the field of music therapy (3.1) and literature on music therapy and lived experience is presented (3.2). Furthermore, in the method section, I will dive deeper into the research method and its

foundations (4.0). In the discussion, I will elaborate on the discussion in the research and discuss the results in light of the additional theory presented in the critical commentary (5.0). Lastly, I will briefly conclude the critical commentary (6.0).

1.1 Background for this research

This master's thesis is based on a low-threshold meeting place started by a production school in Norway. The reason why the meeting place was started is based on the school wanting to broaden their reach, seeing that many adolescents struggle with their mental health and isolation. The school was granted financing from the county council, dedicated for public health measures. I was involved in the project, in planning and implementation, as a part of my practice placement the last year of the five-year integrated master's in music therapy. To be a part of this project has been very fulfilling for me and has spiked my interest in how to contribute to help people access social situations and experience a sense of belonging. In the research paper I explain that there are young adults with similar experiences as the target group working in this meeting place. This is based on an idea that they provide valuable insights, and for that reason I find it very interesting to explore their role in the meeting place and what they contribute with.

1.2 Personal motivation

While I was in high school, I had the experience of going through a depression. This was a very difficult period and felt like a huge setback at the time, but with good help from friends, family and professionals I managed to get through it. This experience was for me, along with an interest in music and people, one of the main reasons why I chose to study music therapy. I saw this as an opportunity to help people in similar and different situations. I feel certain that this experience has made me understand more about what other people with depression might go through, although experiences can differ substantially. In this way I regard my personal experience as a strength in my approach as a music therapist with people with depression in particular, but also with people struggling in general. This has spiked my interest in questions about how lived experience can be used together with evidence-based knowledge in order to provide the best possible help whether it is in preventative or clinical work.

I have not personally experienced the same challenges as the target group of this project. I followed a traditional educational path, and I have not experienced being isolated from my surroundings. Given my acknowledgement that personal experience can be seen as a strength, I find it interesting and necessary to learn from people that may have had experiences like the group we aim to reach with this project. This perspective is why I am focusing my research on this group of young adults, hoping to gain a deeper understanding of their experiences.

1.3 Research question

There are many aspects of this project that call for a closer examination. It would be interesting to examine the experiences of the target group in the project, and their experiences of participating in the meeting place, but the focus of this research is the group of young adults that are working on the project. To include this group of people in the development and execution of the project is based on an idea that they can use their experiences in a meaningful way in order to help the adolescents. It is also an opportunity for people to use their experiences to contribute to something that they care about. Thus, in the research paper the following research question is presented:

“How do young people reflect on their participation as peer support workers in a low threshold meeting place that aims to reach adolescents, and how can this inform the field of music therapy?”

Looking back to the temporary research question in my thesis draft, it is very interesting to see how it has evolved during the course of process. At the beginning of the process the research question was:

"How can young people's participation in the establishment of measures targeting adolescents be a useful tool in preventive work?"

This initial research question was quite vague and less descriptive, leading to multiple revisions of the research questions. The current version indicates that this is an interview-based study where the interviews are conducted with peer support workers in this project. It also recognizes that an aim of the project is to reach isolated adolescents. The last part of the research question places this research within the music therapy discourse, but I think the

research can be of significant value for other professions that works preventative with adolescents.

As is illustrated in the research paper there exists a research gap regarding peer support workers in music therapy and there is little research on the role of peer support workers in more unconventional settings. This research has been driven by a wish to provide some insights in this regard and hopefully inspire more research regarding the concept of peer support and peer support work.

1.4 Publishing of the research paper

As mentioned earlier, the research paper will be submitted to the Nordic journal of music therapy (NJMT). I will revise and make changes to the research paper based on comments from the sensors. Thus, the research paper will most likely undergo changes before and after submission. If NJMT rejects the research paper I will submit it to another journal that might be interested in a research paper like this one, as I think this research paper adds something new to the discourse on how lived experiences can be utilized in preventative work with adolescents. The research paper has no co-authors even though many people have contributed and helped me in the process (see foreword).

2.0 Contextualization and clarifications

The context of this project is quite complex, so I find it suitable to contextualize the meeting place and place it within the broader discourse of preventative and health promoting work. Further, I want to clarify some of the ongoing terminology used in this thesis.

2.1 The low-threshold meeting place

The goal of this meeting place is to create an arena where people can meet and do different activities. It has been happening once a week from 4:30pm to 7pm. There is always a meal served that we usually eat in the beginning. Then people have the possibility to do things like play board and video games, play music in the band room or produce music, paint, just hang out, or sometimes we go to the cinema or to other places. I have mainly been involved in the music room with different band instruments and the possibility to produce music, but also in other activities.

The production school hired a project leader with a master's degree in health promoting work. The project also involves young adults that may have had similar challenges as the target group in the past. They were hired because of experiences the school had in an earlier project with students in the school as mentors for younger adolescents. Most of the young adults had previously gone to this school. It was based on an idea that it is easier for youths to connect to younger adults while the young adults' experiences are helpful for understanding the challenges faced by the adolescents. The young adults were involved in the planning and the execution of the project. I have been working on the project myself as part of my practice placement in music therapy.

2.1.1 The setting of the project

This meeting place takes place at a production school in Norway. A production school is an alternative school for people that for different reasons have chosen to quit the "traditional" school. As it is a production school, they focus more on practical work like cooking, podcast and music production, and different industry work (Kierkegard & Nielsen, 2020). It's important to recognize that this meeting place, which serves as the focal point of this study, operates within the unique context of a production school, an alternative school offering practical education and support to individuals who have chosen non-conventional educational paths. It is further important to note that while this meeting place operates outside regular school hours, and is not driven hands on by the school, it still significant within the broader context of the production school. It serves as an extension of the school's reach providing a supportive and inclusive space where adolescents can be together with others and do different activities.

2.1.2 Target group

The target group of this project is quite difficult to define. The project aims at reaching adolescents between 13 and 19 years old that for different reasons need an arena for meeting peers and form relationships. In the research paper I briefly present the target group in light of the prevalence of mental health challenges and loneliness among adolescents.

To expand on the mental health of adolescents, adolescence (aged 12-19 years) represent a critical age group when examining mental health issues, including both psychological distress and disorders (Bang et al., 2024). The concept of psychological distress encompasses common experiences such as worrying, sadness, and restlessness, which may vary in intensity and duration (Bang et al., 2024). These symptoms can be considered normal fluctuations in behavior and emotions, often linked to life events and experiences (Bang et al., 2024).

However, when the symptom burden is substantial, persistent over time, and meets clinical diagnostic criteria, it is categorized as a mental disorder (Bang et al., 2024). Mental disorders among adolescents include conditions like depression, anxiety disorders, ADHD, behavioral disorders, eating disorders, tic disorders, and developmental disorders such as autism spectrum disorders (Bang et al., 2024). The prevalence of self-reported psychological distress among Norwegian adolescents has been monitored over time, revealing concerning trends, especially among girls (Bang et al., 2024).

I will now elaborate on the growing rate of loneliness in the adolescent population globally, including in Norway (Parlikar et al., 2023). Loneliness is increasingly recognized as a significant public health concern worldwide. It is defined as an experience of a perceived absence of desired interpersonal relationships, either quantitatively or qualitatively (Parlikar et al., 2023). This perception can manifest as social loneliness, with an absence of a supportive social network, and emotional loneliness, characterized by a lack of intimate and emotionally fulfilling relationships (Parlikar et al., 2023). As adolescence is a complex time marked by a lot of change, this developmental phase presents a heightened vulnerability to loneliness, particularly when desired social and emotional bonds with peers are not adequately established (Parlikar et al., 2023).

The target group of the project can also be seen in relation to the NEET (Not in Education, Employment, or Training) population. The NEET population encompasses a diverse group of individuals, primarily young adults between the ages of 15 and 29, who are not engaged in

education, employment, or vocational training, and this demographic is characterized by a range of socio-economic and personal factors that contribute to this (Carcillo et al, 2015). However, it is important to note that not all the participants in this meeting place belong in this group, but they are a part of the target group of the production school where the meeting place is situated.

Health issues play a significant role among NEETs. Mental health challenges, such as anxiety, depression, or other psychological disorders, are prevalent within this group (Carcillo et al., 2015). Physical health concerns, chronic illnesses, or disabilities can further impede their ability to participate in education or employment activities. Family background and socio-economic status influence NEET status as well. Individuals from lower-income families or those with parents who have lower educational attainment are more likely to be NEETs (Carcillo et al., 2015). Family support networks, or the lack thereof, can impact an individual's ability to navigate education and employment opportunities.

2.2 Preventative and health promoting work.

As this project is not directed at a group of people with a specific diagnosis, it is relevant to categorize this project within the broader area of health promoting and preventative work. In this chapter I will present what preventative and health-promoting work is (2.2.1). Then I will explore why we should be concerned with it even though it is complex to research (2.2.2).

2.2.1 What is preventative and health promoting work.

Preventative work and health promotion are two key concepts in the field of public health. Preventative work refers to measures taken to prevent diseases and injuries rather than curing them or treating their symptoms (Major et al., 2011; WHO, 2021a). This can, in a broad sense, involve a wide range of activities, such as vaccinations, screenings, and lifestyle advice, aimed at reducing the risk and impact of health problems. On the other hand, health promotion is a process that enables individuals and communities to increase control over and improve their health (WHO, 2021a, p. 4). It goes beyond a focus on individual behavior towards a wide range of social and environmental interventions. Health promotion strategies

aim to create healthy environments, strengthen community action for health, develop personal skills, and reorient health services. It's about empowering people to lead healthier lives by making healthy choices easier and more accessible (WHO, 2021a, p. 4).

The Salutogenic model of health

Within the many fields dedicated towards health work, there is a growing recognition that the preservation of health goes beyond the treatment of illness (Antonovsky, 1996; Garcia-Moya & Morgan, 2017). The salutogenic model of health is an approach that focuses on factors promoting health and well-being, rather than on factors causing disease, which is the focus of the traditional, pathogenic perspective. Antonovsky (1996), who is regarded as the founder of this model, critiques the dichotomous classification inherent in pathogenic thinking, where individuals are categorized as either diseased or healthy, neglecting the complexities of human health and well-being (Antonovsky, 1996, p. 13).

Salutogenesis emphasizes the role of a person's view of life and their capacity to respond to stressful situations, known as the 'Sense of Coherence', in maintaining and improving health. Antonovsky argued that a strong 'sense of coherence' leads to better health outcomes as individuals are more likely to perceive their environment as structured, predictable, and manageable (Antonovsky, 1996, p. 15). Some research has shown that individuals with a high Sense of coherence are less likely to perceive life demands as stressful (Garcia-Moya & Morgan, 2017). With the salutogenic model of health, Antonovsky proposed a continuum model that recognizes individuals' varying positions along a health-illness continuum.

Generalized resistance resources and specific resistance resources are important in the development of a strong sense of coherence (Eriksson, 2022, p. 65). Generalized resistance resources encompass a wide spectrum, ranging from genetic and constitutional factors to psychosocial, cultural, spiritual, material, and preventive health orientations (Eriksson, 2022, p. 65). These resources exist at various levels, including the individual, family (group), subculture, and society (Eriksson, 2022, p. 65). Eriksson defines generalized resistance resources as factors that contribute to an individual's ability to manage stress and maintain health (Eriksson, 2022, p. 65). Specific resistance resources, such as cognitive ability, physical activity, and the caregiving experience, contribute to a robust sense of coherence and overall well-being (Eriksson, 2022, p. 65).

Garcia-Moya and Morgan (2017) found that the model of Salutogenesis holds significant descriptive strengths when applied to the health of young people. One key advantage is its positive paradigm approach, aligning with policies and practices aimed at promoting health. Salutogenesis also expands beyond people that is sick to everyone regardless of their health status or life circumstances. Furthermore, Salutogenesis offers explanatory value as it opens to associations between Sense of Coherence and well-being in young people.

Preventative and health promoting work with adolescents.

Adolescence is a critical phase of human development, marked by many physical, emotional, and cognitive changes (WHO, 2020, p. 1). It is also a time when many individuals face the onset of mental health challenges (Skogen et al., 2018). As mental health challenges are a leading cause of disability for adolescents (WHO, 2020, p. 1), understanding and addressing these issues during adolescence is a societal imperative. It is widely acknowledged that mental health issues during adolescence can hinder educational achievements, disrupt social development, and result in a lifelong burden of psychological distress. These challenges accentuate the urgency of taking a preventative and health-promoting approach (WHO, 2020; Skogen et al., 2018). Such work seeks to strengthen young individuals with the resilience, skills, and support necessary to navigate their mental well-being.

WHO (2020) has a strong recommendation for psychosocial interventions directed towards adolescents to prevent mental health challenges and promote health. The national institute of public health (Skogen et al., 2018, p. 14) states that preventative and health promoting work should be implemented where children and young people spend their time. Thus, the primary settings for promoting mental health and preventing mental disorders are found outside the healthcare system. These settings include local communities, families, recreational arenas, schools, and childcare facilities (Skogen et al., 2018, p. 14). Healthcare services also play a crucial role in public health efforts.

Risk factors.

Understanding the risk factors associated with the development of mental health disorders in adolescents is essential for promoting their mental well-being. Several challenges in this area deserve attention and emphasize the need for preventive and health-promoting efforts.

However, Antonovsky (1996) warned against an overstated focus on risk factor thinking in

health promoting work and challenged that working preventative and health promoting should be limited to removing and reducing risk factors. But still, I find it appropriate to understand some of the challenges adolescents face.

Mental health disorders are not typically the result of a single cause but rather a combination of factors (Skogen et al., 2018). While genetics play a significant role, many aspects of mental health are influenced by environmental factors. These environmental factors can interact with genetic predispositions. Therefore, identifying modifiable environmental factors is crucial for effective prevention and promotion (Skogen et al., 2018). Risk factors are not specific to a particular disorder. Instead, most risk factors can be associated with various mental health issues or health problems. This broad impact of risk factors underscores the importance of addressing them for overall mental well-being. Although the exact risk factors may vary depending on the specific aspects of mental health under consideration, several overarching risk factors stand out. These include challenging childhood conditions, social rejection or bullying, acute life events and stressors, and social factors within the local community (WHO, 2020, p. 2; Skogen et al., 2018, p. 17). Positive environments within homes, communities, daycare centers, and schools are vital for children and adolescents to develop good mental health and thrive.

2.2.2 Suicide prevention

Given that one of the reasons behind this project was the sudden death of a young adult, I find it appropriate to look into suicide prevention as this is the fifth most common cause of death for adolescents (UNISEF, 2024). Suicide among children and young people is relatively rare (Skogen et al., 2018, p. 81). In Norway, there are typically between 500 and 600 recorded suicides annually, with a median age of 47 years for those who took their lives in 2016 (Skogen et al., 2018, p. 81). Suicide attempts, as per estimations, are 20 to 30 times more frequent than completed suicides (Skogen et al., 2018). Suicide rates remain considerably low for children and young people aged 0-14 years, but they experience a substantial increase towards the end of adolescence and into young adulthood (15-24 years). This underscores the importance of targeting people in this age group. The exact number of suicides among young people under 20 years varies annually, with 2016 noting 35 suicides, compared to 19 the previous year (Skogen et al., 2018, p. 81).

Suicide risk is associated with many of the same risk factors as with mental health disorders in general (Skogen et al., 2018). And as these risk factors are not uniquely indicative of suicide, this is complicating the prediction of suicide risk at the individual level. As the same risk factors apply, one can argue that all preventative work targeting adolescents that struggle also is an attempt to prevent suicide. The other way around, preventing suicide is preventing the profound impact of suicide, not only on the individuals involved, but also on their immediate families and social circles. Suicide prevention efforts therefore extend beyond the individual to prevent the inevitable consequences this will have on the health of their immediate family and society as a whole.

2.2.3 Researching preventative and health promoting work

To research preventative and health promoting work is quite difficult. When working to help people with a specific diagnosis it is often very clear what would constitute a positive outcome. Furthermore, when doing quantitative research, which is generally considered necessary when assessing effects of a treatment, it then becomes easier to control for different variables and measure the outcomes. This is not the case when it comes to preventative and health promoting work. If you work to prevent, as an example, anxiety, which then ends up not occurring, you cannot without thorough investigation conclude that it was the measures that were put in place that prevented it. In the same way, if the goal is to promote wellbeing among participants of a project and some of the participants report feeling better, it is hard to define exactly what made this happen.

The National Institute of public health (Skogen et al., 2018) emphasizes that research is the bedrock of effective preventative and health-promoting initiatives. It is essential to build a comprehensive and research-backed knowledge base to identify what works and what doesn't. Adolescent mental health is not merely about addressing immediate concerns but is about securing a stable foundation for the future. Short-term effects can provide glimpses of success, but it is the long-term impact that matters most. Research becomes the lens through which we can gauge the sustainability of interventions and assess their efficacy over time. Understanding these long-term effects is pivotal in ensuring enduring mental health benefits. However, research offers an encouraging perspective (Skogen et al., 2018). It showcases that it is possible to prevent mental disorders, particularly anxiety and depression, through well-targeted measures. However, it also reveals the need for ongoing research to refine and adapt existing measures to local conditions. The findings from such studies inform action, enabling

practitioners and policymakers to make well-informed decisions that can profoundly impact the lives of adolescents.

2.2.4 Low threshold meeting places as preventative and health promoting measures.

In the revised national budget from 2023, The Norwegian Government (2023) want to increase funding allocated to low-threshold measures. As highlighted in the revised 2023 National Budget, this is in alignment with an aim to enhance accessibility of support within the mental health and substance abuse care sectors. One of the proposals in an enhancement of activity grants to create avenues for adolescents to participate in diverse activities that promote social integration, physical exercise, and personal development. This resonates with the goal of the meeting place in question.

According to Karlsson and Krane (2020), in a rapport on “Ung arena Telemark”, low-threshold meeting places act as hubs where youth can gather and meet peers and might promote social inclusion and reduce loneliness among young people. Diverse activities within a low-threshold meeting place can possibly contribute to enhancing mental health and well-being (Karlsson & Krane, 2020). They emphasize the importance of offering services in environments that are comfortable and non-clinical, which can reduce the perception of stigma associated with seeking support for mental health issues among youth.

"Ung Arena Telemark" contributes to the existing literature on interventions aimed at improving the mental health and well-being of young individuals (Karlsson & Krane, 2020). Grounded in a Norwegian context, they address the pressing issue of mental health challenges among youth, recognizing it as a major public health concern.

This study brings forth valuable insights into the factors that promote or hinder youth participations and innovation in the establishment of intervention programs (Karlsson & Krane, 2020). One notable aspect highlighted by the research is the emphasis on youth engagement and involvement in the design and implementation of mental health interventions (Karlsson & Krane, 2020). By exploring the influence and participation of young individuals in the creation of meeting places, the study offers practical insights into fostering meaningful youth engagement, a crucial component for the success and sustainability of mental health projects. Additionally, the study sheds light on challenges faced during the establishment

phase, providing a nuanced understanding of considerations necessary for the effective development and implementation of interventions targeting adolescents' mental health.

2.3 Peer support workers

In the research paper I state that WHO (2021b) emphasizes the need to make use of people with lived experience in a mental health care context. I further introduce the concept of peer support workers and the roles they might play in mental health service delivery and how it might improve the accessibility and quality of care (Sartor, 2023). Peer support, known for fostering a non-judgmental and safe environment, proves essential not only in traditional mental health services but also in lived experience engagement and consultation sessions where personal narratives may necessitate the presence of a peer supporter (Sartor, 2023). This master's thesis aims to explore how peer support workers can be utilized in a more informal and non-clinical context. I still find it relevant to explore further the ways peer support workers contribute to the mental health setting.

The report by WHO (2021b) underscores the importance of meaningful participation, emphasizing that involvement should extend beyond tokenistic gestures. Whether at the personal, community, or strategic level, the views of individuals with lived experience must be fully considered and valued in both policy and practice. Further, WHO (2021b) states that people with lived experience serve as powerful advocates for the shift towards people-centered, recovery-oriented, and human rights-based mental health care. Their unique understanding, often stemming from survival through human rights abuses within mental health services, positions them as advocates for policies and legislation that protect the rights of individuals facing mental health conditions. Moreover, it stresses the necessity of providing adequate support throughout the participatory process, recognizing that authentic engagement takes time and effort (WHO, 2021b).

In the article "Peer support – the what, why, who, how and now" the findings shed light on the reciprocal well-being and confidence-building aspects that peer support brings to both the supporter and the supported (Beales & Wilson, 2015). However, the literature underscores prevalent misunderstandings about the essence of peer support, the impact of austerity measures, and over-professionalization, all posing threats to the transformative power of genuine peer support. From a practical standpoint they strongly advocate for the recognition

of peer support's inherent value by commissioners and funders of mental health services. It accentuates the critical role of service user leadership in optimizing the positive outcomes and well-being potential embedded in authentic peer support initiatives.

Basset et al.'s (2010) delineates 12 principles of peer support. These principles, encompassing aspects like mutuality, solidarity, and empowerment, provide a foundational framework for peer-support interactions. Emphasizing the value and remuneration of roles undertaken by individuals with lived experience, whether as service providers or advisors, is crucial. This recognition mitigates potential consequences such as disempowerment and the perpetuation of divisive dynamics like the "us and them" phenomenon.

2.4 Terminology

2.4.1 Describing the target group and participants.

When addressing the target group of the meeting place I have decided to refer to them either as adolescents, when talking about the target demographic as a whole, or as participants, when referring to the people that have attended the meeting place. I could have referred to the target group as youths, but that is typically defined as people aged 15 to 24. Teenagers would be precise in relation to the target group as the target group is people between 13 and nineteen. I chose adolescents as that is the most common word used in various discourses as far as I can tell from my literature search.

This is an open setting, so clinical labels such as users, clients or patients is very unnatural and unfitting. Attendees or attendants could be possible labels, but to me that sounds too passive, as they have been encouraged to form the activities after their own interests. They have participated in an open meeting place, and "participants" is descriptive of this.

2.4.2 The peer support workers

How to refer to the young adults working on the project has been considered. In the project they have been referred to as friends in a local dialect slang. I could not think of a good equivalent to this in English. When exploring literature, I discovered the concept of peer support workers as an established label in mental health work. The essence of it is that people with lived experience of challenges helps people who are currently struggling. In a clinical

setting this is easily defined by having had the same diagnosis as the target group. It is more complex to define this in a more unstructured and informal setting. However, as I explore this meeting place from a peer support angle, I find that peer support workers conveys the message of their role.

2.4.3 Low-threshold meeting place.

There are different labels that could be considered when referring to the setting as well. The meeting place and the project have a particular name that I have avoided in order to secure anonymity of the place and the informants. I did not find a good replacement, so I needed a more general term. I could call it an activity arena, a culture arena, an open meeting place or maybe a social arena. I have chosen to refer to it as a low-threshold meeting place as the goal of the project is to create a low-threshold arena for adolescents to meet people. I will also at times refer to it as “the meeting place” or “this meeting place” to avoid having to write “low threshold” a lot of times.

3.0 Theory and literature

In this section music therapy literature will be presented. In the research paper I have presented literature on music therapy with adolescents that writes about peer support and literature about peer support workers. As this is a masters’ thesis within the field of music therapy, it is interesting to explore the question of how this type of project relates to music therapy as both a field of practice and research. As the project is an attempt to reach youths that are isolated without any specific diagnoses, I have chosen to focus on the field of preventative and health promoting work. I will draw from literature from the broader field and then more specific preventative and health promoting work in the field of music therapy. An interesting factor of this project is that there are people working on the project with previous experiences that are similar to the challenges faced by the target group. Therefore, I will include a segment where I go deeper into literature from music therapy that illustrates different ways of making use of people’s lived experience, including user participation, user involvement and experience consultants. I will also go into questions about what knowledge is and the difference between learned knowledge and lived experience. Later I will write about different evening and after school projects to draw from their experiences and learn more about the potential of using low-threshold arenas as a tool to reach young people.

3.1 The low-threshold meeting place situated within the field of music therapy.

As this project includes different activities, and is not labeled as music therapy, it is relevant to discuss how this project and this research relates to music therapy as a practice field and field of research.

3.1.1 Defining music therapy

There are continuous efforts from the music therapy research community to define what music therapy is, what it should be, and the scope of music therapy research. There seems to be an alignment in different music therapy perspectives that defining music therapy is an important and fruitful endeavor, but the definitions differ substantially. Some argue for a definition where it is very clear what is, and what is not, music therapy, while others have broader definitions. Kenneth Bruscia (2014), who dedicated a whole book to define music therapy, defines music therapy as:

"...a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here music therapy is a professional practice component of the discipline, which informs and is informed by theory and research." (Bruscia, 2014)

One apparent aspect of this definition is that music therapy is something that happens between a therapist and a client where the goal is to work on the health of the client. Using this definition, it is quite clear that a meeting place like this cannot be labeled as music therapy. In the definition from The British association of music therapy (BAMT), they highlight that music therapy is directed at people "whose lives have been affected by injury, illness or disability" (BAMT, u.å). This project is not necessarily directed at people with injury, illness or disability as it is an open arena for adolescents.

Even Ruud has previously defined music therapy as "the use of music to give people new possibilities for action" (Ruud 1990, p. 24). This is a broad definition of music therapy which opens for more ways of working with people as a music therapist. One of the goals of this project is to help people form relationships with each other and provide people with an opportunity to interact. This can in turn give people "new possibilities for action". Music therapy would of course also by this definition be limited to the music activities going on in

the project. Music has been present in almost all the gatherings in this project, but as previously mentioned it is only one of many activities.

3.1.2 Community-centered music therapy

A prominent perspective in Norwegian music therapy is community-centered music therapy (CoMT). This builds on a long tradition of literature informed by sociocultural perspectives and with an interest in social aspects of health promotion (Stige, 2002). According to Gary Ansdell (2002), CoMT “encourages Music Therapists to ... help clients access a variety of musical situations, and to accompany them as they move between ‘therapy’ and wider social contexts of musicking (Aigen, 2014, p..” As musicking, referring to viewing music as an activity (Small, 1998), is a part of this project it can be regarded as an attempt to help the participants access musical situations. With this encouragement Ansdell also places CoMT beyond the confines of therapy and widens the scope. Brynjulf Stige, acknowledges that social and cultural isolation is a potential threat to a person’s health and argues that this gives music therapy a mandate to work to prevent this (Aigen, 2014, s. 150).

3.1.3 Therapy?

The term 'therapy' within the realm of music therapy is often laden with a wide range of connotations. As the field of music therapy encompasses a diverse array of practices that utilize the therapeutic potential of music, music therapy can be seen as a self-explanatory term conveying its fundamental purpose. However, there seems to be some issues that arises with the word therapy when working with adolescents. Fuhr and Stensæth (2022) wrote an article where they discussed the word therapy within the context of child welfare services. They found that the word 'therapy' can be a subject of contention and challenge within the field itself. Adolescents in their study held mixed feelings toward the concept of 'therapy' (Fuhr & Stensæth, 2022). In his doctoral thesis, Fuhrs findings suggest that the word therapy is often avoided by both practitioners and adolescents in the context of child welfare (Fuhr, 2022, p. 165).

Crenshaw and Cannelli (2020) provide valuable insights into the challenges of engaging with adolescents in therapeutic settings, in an exploration of “stealth therapy”. Many adolescents find it difficult to engage with traditional therapy methods due to trust issues and past traumas. Fuhr and Stensæth (2022) finds that adolescents initial perceptions of therapy,

especially at the beginning of their music therapy experiences, tend to be negative. Crenshaw and Cannelli (2020) further describe how deeply vulnerable youth mask their vulnerabilities with aggression or detachment. On the other hand, they illustrate, through case examples, how unconventional interactions and informal settings provides valuable opportunities to form therapeutic bonds. Examples provided are settings such as shared meals, playing basketball and casual conversations. This narrative highlights the importance of building trust over time and adapting therapeutic approaches to suit the individual needs of adolescents. This also illustrates the therapeutic potential in activities that exists outside of a traditional therapy room and might underscore some of the value a low threshold meeting place might have when working with adolescents.

Adolescents often perceive traditional therapy as "just talking" and distinctly separate from their experiences in music therapy (Fuhr & Stensæth, 2022). The term 'therapy' does not align with their idea of music therapy, which they view as enjoyable, fun, and distinct from conventional therapeutic methods. However, their attitudes change over time as they become more familiar with the musical activities and bond with their music therapists (Fuhr & Stensæth, 2022). They begin to see music therapy as helpful and therapeutic, even if they don't categorize it as conventional therapy. A paradox that is revealed is that while adolescents find therapeutic value in music therapy, they continue to reject the label 'therapy' (Fuhr & Stensæth, 2022). This might be explained by how the adolescents distinguish music therapy from traditional therapy through their experience of normality and uniqueness. The term 'therapy' suggests a clinical aspect of music's application. Adolescents often perceive the word 'therapy' differently, as it might conjure notions of clinical settings and individuals in need of formal intervention (Fuhr & Stensæth, 2022).

Fuhr and Stensæth (2022) suggest that participatory research and collaborative efforts are needed to redefine the terms and create a language that accommodates the perceptions of music therapy, particularly in promoting normality (Fuhr & Stensæth, 2022). They highlight that words are powerful and elusive, continuously shaped and reshaped in active use. Terminology should resonate more effectively with the target adolescent population. Fuhr and Stensæth's study suggests that adopting a rigid stance on the term 'music therapy' may not always be productive (Fuhr & Stensæth, 2022). In this way unnecessary stigmatization can be avoided while promoting the therapeutic potential of music therapy. Such a flexible, client-centered approach aligns with the essence of music therapy, which is rooted in the idea that

music has the capacity to facilitate change, regardless of the label used (Fuhr & Stensæth, 2022). In the context of music therapy with patients with psychosis, Solli and Rolvsjord (2015) postulate that, in some ways, music therapy can be regarded as the opposite of treatment. They emphasize how music therapy is perceived positively by patients, offering a sense of freedom, contact, well-being, and symptom relief. This aligns with the findings that adolescents often view music therapy as enjoyable and distinct from traditional therapeutic methods (Fuhr & Stensæth, 2022). Similarly, Solli and Rolvsjord (2015) discuss how participants with psychotic illnesses experienced music therapy as engaging, motivating, and joyful, counteracting the apathy and emotional flatness associated with their conditions. They perceive music therapy as a space devoid of illness and treatment (Solli & Rolvsjord, 2015).

The concept of 'therapy' traditionally evokes images of clinical sessions designed to address specific psychological or emotional issues. However, contemporary music therapy practice, like CoMT, is extending beyond clinical settings into preventative and health-promoting realms. In this expanding landscape, the term 'therapy' takes on a more nuanced and complex role. Unlike conventional therapy that primarily targets existing problems, preventative and health-promoting work is focused on fostering overall well-being, building resilience, and nurturing a sense of community. This evolution challenges the conventional understanding of therapy, as it shifts the emphasis from symptom treatment to the cultivation of positive mental states and the promotion of social inclusion. It encourages a reconsideration of whether the term 'therapy' adequately captures the breadth and objectives of music therapy within these broader, preventative contexts.

3.1.4 Different activities

The discussion above shows that the musical aspect of this project can be regarded as music therapy given a broad definition of music therapy. However, the project includes several other activities such as sharing a meal, playing video games, board games and painting. My master is concerned with the experiences of the group of young adults working on the project, not limited to the music activities. Some of the informants have not been involved in the music activities at all. Because of this, it is interesting to discuss the relevance of this thesis within the field of music therapy.

As the project encompasses various activities, it can challenge the conventional boundaries of music therapy. It is based on an acknowledgement that there is a range of therapeutic opportunities embedded in participation and interaction, as well as a recognition of the therapeutic potential in non-musical activities (Crenshaw & Canelli, 2020; Skogen et al., 2018). When research shows that music therapy is beneficial for a particular group of people it does not necessarily tell us what drives the positive change. It is evident, without downplaying the potential music has on the health of people, that non-musical aspects of music therapy play an important role. Aspects such as participation, sense of belonging, identity formation and self-expression are important health promoting factors (WHO, 2021b; Skogen et al., 2018), and we know that social activities in general might facilitate this.

In considering the relevance of this project within the field of music therapy, it becomes evident that its multifaceted approach might offer valuable interdisciplinary insights. Music therapists in most fields of work must work interdisciplinary with different professional groups. As well as an expertise in the area of music as a health promoting tool, music therapist might provide valuable insights in the general framework of a project. For instance, all professions have a combined responsibility in making sure that children and adolescents have a say in matters affecting them. That this project includes different activities gives the participants the opportunity to choose what they want to do. As one of the goals of the project is to give adolescents an appealing alternative to isolation, any activity that might offer this can be regarded as a strength of the project. The meal that is shared and the general conversations can also be very important.

To have people with personal experience working on the project is in itself interesting. As there are growing challenges with loneliness among adolescents (Parlikar et al., 2023), this calls for experimenting with different ways of working with the target group in question. This can add to the broader discourse about how we can make use of lived experience when creating programs for adolescents. Furthermore, as this thesis focus on the experiences of the young adults in the project, it is relevant to see if a structure like this can act as a measure at both ends, where it is helpful for the target group as well as a positive and meaningful way for the young adults to utilize their experiences.

3.1.5 Preventative and health promoting work with adolescents in music therapy.

When placing music therapy within the context of preventative and health promoting work, this simply builds on an acknowledgement that music therapy has the potential to prevent several health challenges as well as promoting health for different target groups. A scoping review by Fancourt and Finn (2019) provides a thorough overview of the evidence on the health benefits of the arts, including performing arts, visual arts, literature, culture and electronic arts. It highlights a wide range of arts activities and programs, from hospitals to community settings, showing their potential in promoting both mental and physical health. Despite variations in study designs and methods, the collective findings support the significant impact of the arts on well-being.

A metaphor that is interesting in music therapy within the realm of preventative and health promoting work, is the concept of music as a "cultural immunogen" (Ruud, 2020). This metaphor highlights the potential health-promoting properties of music engagement within society. Drawing on the notion of behavioral immunogens from health psychology, music can be viewed as a form of protective behavior that contributes to a healthy lifestyle and longer life expectancy. In this context, music serves as a cultural artifact or artistic expression that supports well-being and resilience against the negative impacts of modernity and cultural alienation. By engaging in music-making activities, individuals may experience enhanced emotional regulation (vitality), a sense of empowerment and agency, social connectivity, and increased opportunities for meaning-making (Ruud, 2020). These musical "antigens" not only interact with one another but also intersect with broader phenomena such as identity, emotions, spirituality, and belonging (Ruud, 2020). This metaphor invites further exploration of uses of music in everyday life, the societal influences on health musicking practices, and the potential of cultural consumption on people's health.

In the research paper I briefly present a book by Krüger and Strandbu (2015) and how they think music has an unexplored potential in the realms of preventative work with adolescents. In this critical commentary I will elaborate further on some of the aspects of music that can be useful in this context. Krüger and Strandbu (2015, p. 17) specifies that the book is about preventing marginalization and exclusion in particular. First, music can be used as a means of making adolescents voices heard (Krüger & Strandbu, 2015, p. 110). Further, music can contribute to well-being and the expression of emotions by creating a free space to think and feel. Additionally, music can be used as a tool for learning through both formal and informal

processes (Krüger & Strandbu, 2015, p. 111-112). Krüger and Strandbu (2015, p. 119-122) also addresses that participation in music can help redefine oneself in community with others from a potentially negative self-image, and in turn counteract stigmatization.

In the research paper, I further point to an article by Beckmann (2013). Her exploration of music's role as a social resource during adolescence highlights its significance in shaping identity and fostering connections. Beckmann illustrates how music can provide adolescents with a means of self-expression and social negotiation (Beckmann, 2013). Through case studies, she demonstrates how music influences friendships, identity formation, and social categorization. Beckmann's work underscores the multifaceted role of music in adolescent development, serving as a tool for both personal expression and social connection.

3.2 Lived experience in music therapy.

Bibb (2022) explores the concept of embedding lived experience into music therapy practice and research. The work emphasizes the value of lived experience within music therapy, where individuals with firsthand experience of specific conditions or situations are recognized as experts (Bibb, 2022, p. 26). This perspective suggests incorporating lived expertise in music therapy in different ways, such as embedding lived experience researchers and advocates within research teams or employing peer workers and advocates in practice settings. Bibb (2022, p. 27) also advocates for acknowledging that the lived experience of music therapists can be leveraged to enrich music therapy practice.

The article by Bibb (2022) outlines practical strategies for co-production in music therapy, that is divided into co-designed, co-planned, co-evaluated and co-delivered music therapy programs, as shown in figure 1. It thus proposes a model for integrating lived experience into all parts of the process of providing care and support for people. Further, the article calls for music therapists to adopt anti-oppressive, recovery-oriented, and resource-oriented approaches, with a focus on privileging and utilizing lived experience.

Co-delivery in music therapy practice involves acknowledging and leveraging the unique expertise of peer workers in using and sharing their lived experience to support others facing similar challenges (Bibb, 2022, p. 32). It is commented, as I also point out in my research paper, that there is little research on this concept. By co-delivering sessions, music therapists and peer workers might bridge their professional knowledge and personal insights. To ensure the success of co-delivery, it's crucial to create conditions of flexibility and fluidity, allowing both the music therapist and peer worker to navigate and merge their roles effectively within the process (Hillman et al., 2022)

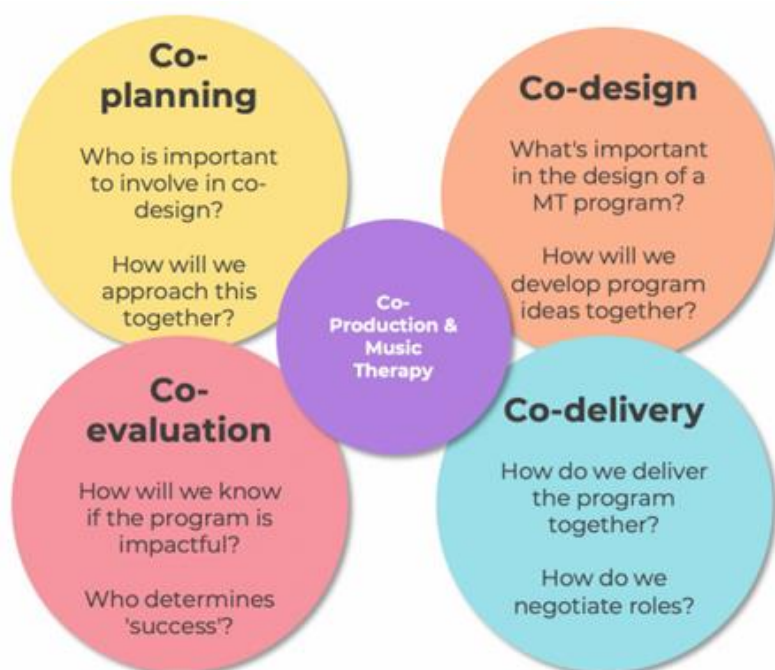


Figure 1 (Bibb, 2022)

3.3.1 User participation

User participation in music therapy represents a way of leveraging individuals' lived experiences that is more thoroughly explored in the music therapy literature. User participation in mental health services involves ensuring that service users have a voice in shaping the design and delivery of healthcare offerings, aiming to contribute to improved healthcare services (The Norwegian directorate of health, 2022). According to Borg et al. (2009), different terms related to user engagement in mental health services are often used interchangeably, yet they carry distinct meanings and nuances and imply different levels of engagement. These terms include user involvement, user participation, user perspective, user

control, and user empowerment.

The Norwegian directorate of health (2022) presents three levels of user participation. At the individual level, user participation involves individuals' rights and opportunities to influence their treatment within healthcare services. At the service level, user participation is about collaboration between user representatives and healthcare professionals, such as those within a hospital setting. Lastly, at the system level, user participation involves the involvement of user groups and organizations in planning interventions and services, often through partnerships with government bodies or regional competence centers.

User participation is a legal right to contribute to and influence their treatment within healthcare services. That means that healthcare services are obligated to involve users, underscoring the importance of tailored information for users and active participation in decisions regarding their treatment and follow-up care. Effective user participation depends on the customization of information to suit recipients and ensuring that user and caregiver knowledge is considered a valuable source of expertise in service development, implementation, and evaluation. Additionally, it involves fostering mutual understanding between healthcare providers and user organizations to enable increased user participation within service delivery and system-level planning.

In the music therapy literature, the concept of user participation in mental health care has been a subject of growing interest and exploration (Rolvjord, 2016). Rolvsjord (2016) claims that this interest in large stems from community music therapy perspectives that explore participation and collaboration, feminist perspectives that highlight empowerment, recovery-oriented perspectives, and resource-oriented music therapy approaches. For instance, in a meta-synthesis of user experiences, Solli et al. (2013) highlights the significance of user involvement in fostering self-determination, social inclusion, and positive experiences within recovery-oriented music therapy. They argue that individuals with lived experience possess valuable insights that can profoundly influence and enrich the therapeutic process, contributing to a more holistic approach. In resource-oriented music therapy there is an emphasis on how clients possess the strength and resources to change their situation and contribute to their own health in relation to music (Rolvjord, 2016). In this way it advocates for strong user involvement and participation.

Clients are seen as possessing agency, which involves the capacity to actively engage with therapy, contributing to change processes both within therapy sessions and in broader social, political, and cultural contexts. This underscores the importance of considering clients' contributions and agency in therapeutic processes, moving beyond traditional models that focus solely on intervention techniques.

4.0 Method

In this section I will expand on the research methodology and methods that has been used in the research presented in the research paper. First I will dive deeper into my view of research. Then I will delve further into phenomenological qualitative research and hermeneutics and elements derived from my initial plan of adhering to an action research approach. Then I am going to go further into the methods of gathering and analyzing data, before I expand on the ethical aspects of this research.

4.1 Epistemology

Research approaches form the foundation of any study, guiding decisions from broad assumptions to specific data collection, analysis, and interpretation methods (Creswell & Creswell, 2018). The selection of an approach depends on numerous factors, including the philosophical assumptions of the researcher, research designs, and methods of data collection. This choice is also influenced by the nature of the research problem, the researcher's experiences, and the intended audience for the study (Creswell & Creswell, 2018; Matney, 2019). In the research paper I briefly state a pragmatic view of research with the utility and practicality of research methodology as a main concern (Creswell & Creswell, 2018). I will now present a rationale for adhering to such a view.

Quantitative research is typically described by its focus on numerical data and statistical analysis. Researchers within this tradition aim to measure and quantify variables, identify relationships, and discern patterns using structured, standardized instruments (Creswell & Creswell, 2018). Data collection in quantitative research typically involves methods such as surveys, experiments, and structured observations. These instruments produce data that are amenable to numerical analysis. Statistical techniques are then applied to examine the data, identify correlations, and assess significance levels (Creswell & Creswell, 2018). The primary objective of quantitative research is hypothesis testing, causality exploration, and

generalizability to broader populations. The aim is to test objective theories by examining the relationships between variables (Cresswell, 2018; Matney, 2019).

Creswell and Creswell (2018) notes that, in contrast, qualitative research is often identified by the exploration and understanding of intricate human experiences, behaviors, and social phenomena. Its goal is to delve into the meaning and context underlying these phenomena (Creswell & Creswell, 2018). Qualitative researchers gather rich, non-numerical data through methods such as interviews, participant observations, and content analysis of texts or artifacts. The focus is on capturing the depth and richness of human experiences (Creswell & Creswell, 2018). Analysis in qualitative research is interpretive and inductive. Researchers identify themes, patterns, and narratives within the data, seeking to construct a deeper understanding of the studied phenomena (Creswell & Creswell, 2018). Qualitative research aims to provide in-depth insights, explore nuances, and generate theories or explanations rooted in context. It values subjectivity and acknowledges the significance of contextuality (Creswell & Creswell, 2018; Matney, 2019).

A false dichotomy?

Creswell and Creswell (2018) and Matney (2019) both emphasize that while it's tempting to frame the distinction between qualitative and quantitative research in terms of words versus numbers, a more comprehensive understanding considers fundamental philosophical underpinnings, research strategies, and specific data collection methods. It is crucial to recognize that these approaches are not rigid categories but rather points on a continuum. Qualitative and quantitative approaches are not opposites, as they often complement each other. Mixed methods research, situated between the two extremes, incorporates elements of both qualitative and quantitative paradigms (Matney, 2019).

In the realm of research methodologies, the debate between qualitative and quantitative approaches has persisted for decades. This dichotomy has often been framed as a stark divide, with each approach staking its claim as the superior method for investigating the world's complexities (Walsh, 2012). However, as Walsh (2012) astutely points out, this qualitative vs. quantitative debate is not only oversimplified but also unhelpful in advancing the field of research. At the heart of this debate lies an assumption that research approaches can be neatly categorized as either qualitative or quantitative (Creswell & Creswell, 2018). In reality, the landscape of research is far more nuanced and diverse. There exists a multitude of research

methodologies, from randomized controlled trials and case studies to grounded theory and ethnography, each with its unique strengths and applications.

Quantitative research, often associated with rigor and statistical precision, is not devoid of qualitative elements (Walsh, 2012; Lawrence, 1993). It can involve qualitative judgments and considerations, albeit less explicitly. On the flip side, qualitative approaches in research and impact assessment employ quantification to varying degrees (Walsh, 2012; Lawrence, 1993). These methods may include elements of measurement, quantifiable data, or statistical analysis, with the purpose of supporting their broader qualitative inquiries. This blurring of boundaries demonstrates that the qualitative vs. quantitative distinction is far from rigid (Walsh, 2012; Lawrence, 1993).

Walsh (2018) argues that if we were to evaluate quantitative research using criteria more typically associated with qualitative approaches, we might find it less descriptively precise and attentive to contextual nuances. This perspective challenges the notion that one approach is inherently superior to the other. Instead of clinging to rigid dichotomies, researchers should appreciate the diverse array of methods available, each offering a unique view of the world. Only by breaking free from such dichotomous thinking can we unlock the potential for truly rigorous and innovative research and decision-making (Walsh, 2012; Lawrence, 1993).

Towards a pragmatic view of research

The pragmatic view of research highlights the importance of practicality and utility in research (Creswell & Creswell, 2018). Pragmatists believe that research should focus on problem-solving and be driven by the need to make a positive impact. Unlike other views, pragmatism does not adhere strictly to a single methodology, but instead it encourages researchers to adopt methods and approaches that best suit the research problem (Creswell & Creswell, 2018). Pragmatists value the application of research findings and prioritize the relevance of research to real-world contexts.

4.2 Methodology

For this research, the qualitative approach has been chosen, aligning with an inductive style of inquiry (Creswell & Creswell, 2018; Matney, 2019), since this approach prioritizes individual meanings and acknowledges the complexity of the research context. The choice of a

qualitative approach for this project is based on its ability to provide an in-depth understanding of the subjective experiences of the participants and the meaning they attach to their experiences within the project (Creswell, 2009). An important aim is to understand the significance they attribute to their involvement in the project.

The realm of preventative work and health promotion is inherently embedded in multifaceted social and cultural contexts. Qualitative research enables the exploration of the various interactions, relationships, and environmental factors that influence the effectiveness of preventative interventions. Another advantage of qualitative research is its inherent flexibility in data collection techniques. Researchers can tailor their methods to suit the specific needs and characteristics of the research population and context (Creswell & Creswell, 2018). Whether through in-depth interviews, focus groups, or participant observations, the qualitative approach permits adaptability in data collection, ensuring that it aligns with the research objectives and the preferences of study participants.

4.2.1 Phenomenology

In this research I have decided to adhere to a phenomenological research method which is an approach in qualitative research. Phenomenology can be seen as a complex philosophy of human consciousness and how it operates (Kvale & Brinkmann, 2015). In qualitative research, phenomenology aims to authentically capture and portray these lived experiences from the perspective of the participants themselves. Rather than seeking explanations or analyses, phenomenology prioritizes rich description, striving to articulate the world as it unfolds for those immersed within it (Kvale & Brinkmann, 2015). This approach involves setting aside preconceived notions to explore phenomena as they manifest subjectively, directly engaging with the lived experiences of individuals (Johansson, 2016). The goal is to foster a deep understanding of the subjective realities of peer support workers in this meeting place, providing insights into how individuals perceive and navigate their world (Kvale & Brinkmann, 2015).

4.2.2 Hermeneutics

Hermeneutics can be regarded as the study of interpretation (Kvale & Brinkmann, 2015). At its core, hermeneutics underscores the contextual nature of understanding, highlighting how interpretations are shaped by the background, experiences, and preconceptions of the

interpreter (Kvale & Brinkmann, 2015). In this way it differs from a phenomenological ideal of setting aside preconceptions. However, in my opinion, acknowledging that I have my own unique background and experiences shaping how I interpret the theory and the data material is an important step when trying to understand the informants' experiences. Johansson (2016) highlights the position of hermeneutics in Norwegian humanistic music therapy, where individuals are understood within their unique contexts and cultural backgrounds. The context of this project as well as the unique context of the informants are important in shaping the informants own experience, and in turn shape how they share their experiences with me as a researcher.

4.2.2 Elements from Action Research

Action research is a type of research that involves actively engaging in the process of change within a specific community or organization. It is a cyclical process that involves planning, taking action, observing, and reflecting on the outcomes of the action. Data collection in action research is participatory and action oriented. Researchers work closely with participants to collect data, often using qualitative methods. The research process is iterative, involving cycles of data collection, reflection, and action (Creswell & Creswell, 2018). The primary purpose of action research is to bring about positive change and improve practices within educational, organizational, or community settings. Researchers within this tradition collaborate with stakeholders to identify issues, implement interventions, and assess outcomes (Creswell & Creswell, 2018). Action research is distinct in its focus on addressing practical problems and instigating change within real-world contexts. It is characterized by its emphasis on collaboration and active involvement of stakeholders (Creswell & Creswell, 2018).

In the field of music therapy, action research is particularly useful as it allows practitioners to actively engage in the process of change with their clients and gather data on the effects of the therapy in a real-world setting (Stige & McFerran, 2016). For example, Stige and McFerran (2016) used action research to study the effects of music therapy on the social interaction and communication skills of individuals with autism. Similarly, Wood and Crow (2018) used action research to develop documentation for care home music therapy services. One limitation of action research is that it can be difficult to generalize the findings to other populations or settings due to the specific nature of the research. Additionally, since the

researcher is often closely involved in the process of change, there may be potential for bias in the data collection and interpretation (Creswell, 2009).

In the planning stages of this research project, I wanted to use the action research approach. As an action research project, the study was designed to emphasize the active engagement of participants in the research process and the cyclical nature of planning, taking action, observing, and reflecting on outcomes, following the principles articulated by Stringer (2014). This approach was chosen because it presented a unique opportunity to engage participants as active collaborators rather than passive subjects and to generate knowledge that would be relevant and useful to the very individuals involved (Stige & McFerran, 2016).

In action research, user participation is a central tenet, and this philosophy was a driving force behind the early stages of project planning. Additionally, my active involvement in the project, spanning from its planning to its implementation, made action research a natural and appealing choice of methodology. However, the project evolved, and the initial pure action research design encountered certain limitations that made adaptation necessary. This shift away from a strict action research approach can be attributed to several factors. One of the key philosophical underpinnings of action research is the idea that the individuals and communities being studied are active participants in the research process (Creswell, 2009; Stringer, 2014). The main reason for going away from this method was that the peer support workers simply did not have time for much more than the research interview.

In light of these considerations, the project evolved into a more traditional qualitative research design, but it retained elements from the action research philosophy. The research process still maintains a focus on bringing about positive change and improvement, as action research does. However, it no longer demands the same level of direct, ongoing participation from the peer support workers. The research process has become more focused on data collection and analysis to inform improvements in interventions rather than expecting participants to be active collaborators throughout. This is discussed further in the ethics section.

4.3 Planning and implementation of the low-threshold meeting place

The project's objective is to provide a welcoming and inclusive space for adolescents, particularly those who may have withdrawn from their immediate communities or society at

large. To facilitate this, the production school employed a project leader with a master's degree in health promoting work and engaged young adults as peer support workers. These young adults were involved in both the planning and execution phases of the project, contributing their insights and perspectives. This section aims to provide a more comprehensive understanding of the project by presenting two phases. First, I will explore the planning process, highlighting the considerations, strategies, and rationale that informed the project's structure. Subsequently, I will examine the project's execution. Through this exploration, I intend to shed light on the method and practical framework that underpins this project.

4.3.1 The planning phase

In the initial stages of project development, a collaborative effort was undertaken involving the project leader with a master's degree in health promoting work, peer support workers, and myself who participated as a student in practice and a master's student in music therapy. This planning phase lasted approximately six months and served as a foundation for the project's implementation. It was marked by a series of structured meetings, once a week, where critical considerations and questions were addressed. The primary focus during this phase was centered on the project's overarching objectives, with an emphasis on reaching and engaging isolated adolescents. The planning process included discussing strategies to attract and retain participants, selection of suitable activities, and the creation of an inclusive and welcoming environment. The peer support workers, selected for their shared experiences with the target group, provided valuable insights into the challenges and opportunities faced by the adolescents in question.

The planning phase was important in the project's development, where the framework for the project was established, guided by the collective knowledge of the project leader, experiential insights of the young adults, and my own perspectives from the field of music therapy. The project's time and day of the week was agreed upon in the planning phase. The project was set once a week from 4pm to 7pm. Firstly, it aimed to align with the schedules of the project's target audience, some people might go to school and for them to participate it needed to be after regular school time. Further if the project was set in the evening people would go home in between and might not want to leave the house again. Secondly, the chosen day and time was aligned with the availability and commitment of the project team.

A notable feature that was incorporated into the project planning was the practice of commencing each session with a meal together. This choice was motivated by the desire to foster a sense of togetherness and encourage participation. The shared meal served as an anchor, providing an opportunity for participants to connect, converse, and build rapport with one another before potentially going off to different activities. Furthermore, it was seen as an incentive for adolescents to come to the meeting place in the first place.

During the planning phase, activities were brainstormed that could be done in the project. These activities ranged from music and gaming to board games and painting, and were based on the interests and strengths of the members of the team, particularly the peer support workers, with focus on what the adolescents might engage in. An open and flexible approach was embraced, allowing for the activities to be based on the preferences and suggestions of the participants. This adaptability recognized the potential for the project's activities to evolve organically in response to the wishes of the attending adolescents. This collaborative planning phase laid the foundation for the project, emphasizing adaptability and inclusiveness. The planning process also played an important role in strengthening the team's dynamics, forming a relationship between one another.

4.3.2 The implementation phase

During the implementation phase of the project, the dynamics of participant engagement evolved in varying ways. One notable aspect was the fluctuating number of participants from week to week. Some participants attended regularly, forming a consistent core group, while others joined sporadically based on their availability and interest. This variability in attendance highlighted the importance of maintaining an inclusive and adaptable approach to program activities, as it is hard to plan activities from week to week.

Furthermore, participant preferences for activities varied. While some individuals opted for regular activities week after week, others preferred to explore different options within a single session. This diversity in engagement underscored the project's commitment to accommodating individual interests and fostering a sense of autonomy among participants. By offering a range of activities, from music and gaming to board games and painting, the project catered to varying preferences and provided opportunities for participants to explore new interests and engage in activities of their choice. As predicted during the planning of the

project it was important to maintain flexibility.

The music activities.

Even though I have been involved in other activities within the project, my main responsibility has been in the music activities. The music activities within this project, like the project as a whole, operate with an open and flexible structure, accommodating participants' varying interests and preferences. Sessions often involve improvisational music-making, band performances, and music listening. The absence of rigid schedules allows participants to engage in activities as they wish and come and go at any time, leading to spontaneous interactions during sessions.

Participants' engagement in music activities varies from week to week, with some individuals preferring consistent roles like playing specific instruments, while others explore different roles or activities within the same session. For instance, one participant might play the guitar in one session and switch to percussion in another.

The music activities contribute to social bonding and self-expression, fostering a supportive environment where participants can explore creativity and develop musical skills informally. The emphasis is on providing a space for enjoyment and social interaction through music, without strict therapeutic objectives. This approach encourages participants to engage authentically and collaboratively in musical experiences, promoting a sense of belonging and accomplishment within the group.

4.4 Gathering data

For gathering information about the experiences of participants involved in the project, interviews were identified as a suitable method. I chose to adhere to a semi-structured interview approach. This approach was chosen because of its capacity to capture participants' stories and experiences in a more natural and unstructured manner, allowing for rich insights into their perspectives. The interviews were conducted in person and were audio-recorded for transcription and analysis.

4.4.1 Semi-structured interviews

As I point out in the research paper, I conducted two semi-structured interviews, informed by Magaldi and Berler (2020) with a total of five peer support workers. Semi-structured interviews serve as a versatile method for collecting qualitative data (Magaldi & Berler, 2020). This approach involves guided conversations, combining predetermined questions with the flexibility to explore emerging topics during the interview. The goal is to create an environment where participants feel comfortable sharing personal experiences, offering the researcher comprehensive insights (Magaldi & Berler, 2020). In contrast to structured interviews, which follow a fixed format, semi-structured interviews allow for variations based on participant responses (Magaldi & Berler, 2020). Adequate preparation involves striking a balance between understanding existing literature, having a theoretical foundation, and remaining open to new possibilities during the interview. To direct the dialogue the interviewer formulates an interview guide (Magaldi & Berler, 2020). Questions must be clear, concise, non-leading, and open-ended to encourage meaningful responses. The interview process unfolds in stages linked with rapport building, progressing from introductions and consent to stages like apprehension, exploration, cooperation, and participation. The interview concludes with a balanced approach, combining structured closure questions and expressions of appreciation, offering participants an opportunity to share final thoughts. This comprehensive approach to semi-structured interviews aligns with insights from Magaldi and Berler (2020) and is tailored to the specific requirements of the ongoing research.

4.4.2 The interviews

Now I will provide more insights into the practicalities of the interviews. Initially, it was intended to conduct interviews within the familiar environment where the project activities occurred. However, a logistical challenge arose due to the project having been temporarily closed for the summer. Consequently, the interviews took place at my academic institution. This presented two noteworthy considerations. Participants in the study were introduced to an unfamiliar location for the interviews. This change of setting, from the natural project environment to an academic institution, potentially had implications for their comfort and openness during the interviews. Participants might have perceived this shift as a disruption to the continuity of the project, which could impact the authenticity of their responses. Additionally, the choice of my academic institution for the interviews can alter the power

dynamics. As the interviewer, I was well-acquainted with the setting, which may have created a further power imbalance, than the one between interviewer and interviewees. The power dynamics could have influenced the participants' willingness to share their experiences freely. It is important to emphasize that the choice of the interview location was made collaboratively with the participants, who contributed to planning the timing and date, as well as the agreed-upon location.

Another facet of the interview process involved the desire to conduct focus group interviews with as many project members as possible. However, the practicalities of aligning schedules posed significant challenges. As a result, the original intent to host one comprehensive focus group interview had to be adapted. Ultimately, it was agreed that the interviews would be split into two groups, one comprising three participants and the other comprising two. This adjustment carried certain implications.

First, the division of participants into two smaller groups instead of one large focus group may have influenced the group dynamics. The challenge of synchronizing the availability of project members highlights the complex nature of conducting interviews, particularly when dealing with multiple participants with differing schedules. In a smaller group, participants might engage more intimately, offering in-depth perspectives. Conversely, a larger group might have fostered a broader range of ideas but with potentially less depth. These considerations shed light on the nuanced decisions made during the interview process. The change of venue and division into smaller groups emerged as pragmatic solutions. The shift in location and the rearrangement of participants into smaller groups may have introduced unique dynamics into the interviews, which should be acknowledged when interpreting the responses.

The flexibility in adapting to these constraints exemplifies the dynamic nature of research projects, where careful adjustments are essential to accommodate real-world challenges and ensure the research is conducted ethically and effectively. By acknowledging these factors, the research seeks to present a more holistic understanding of participants' experiences and their responses during the interview process. This reflective approach to the interview process serves to enhance the transparency and validity of the research while recognizing the complex interplay of contextual factors.

4.5 Data analysis

4.5.1 Thematic Analysis

The data collected from the interviews was analyzed using a thematic analysis approach. The method is described in the research paper.

Participant observation

Participant observation is a method in which the researcher observes and takes part in the activities of the participants, while keeping detailed notes or recordings of the observations (Malterud, 2021). This method allows for a rich and detailed understanding of the context in which the participants are experiencing the music therapy program and provides a holistic understanding of the participants' experiences. The observations were made during planning meetings and in the context of the low-threshold meeting place. This approach allows the researcher to gather information from different perspectives, and to triangulate the data, which increases the credibility and trustworthiness of the findings. As Malterud (2021) points out, participant observation is a valuable method for gaining a deeper understanding of complex phenomena, and it can be particularly useful in medical research, as it allows the researcher to observe the participants in their natural setting and to gain a better understanding of the context in which the phenomena are occurring.

Limitations of the Study

In any research, it is essential to critically examine the potential biases and limitations associated with the chosen research methodology. While the research methodology used in this study has provided valuable insights into the experiences of the project participants, it is not exempt from limitations. While all the peer support workers were invited to the interviews everyone was not involved. A concern is that the other young adults might have had different experiences, opinions, or challenges compared to those who were interviewed. Their absence from the study results in a potentially skewed representation of the overall group. This limitation implies that the findings may not encompass the full spectrum of participant experiences within the project, thus reducing the study's comprehensiveness.

There is also an innate possibility of social desirability bias. Social desirability bias occurs when participants provide responses that they perceive as socially acceptable or desirable, rather than expressing their true experiences or opinions. In the context of this research,

participants might have felt inclined to present themselves or their involvement in the project in a more favorable light and potentially obscuring the genuine challenges, concerns, or criticisms that participants may have had regarding the project.

While qualitative research methodologies can offer insights into participants' experiences, the interpretation of data entails the risk of being laden with the researcher's own perspectives, biases, and preconceptions to the analysis process.

The limited generalizability of the study findings is another crucial limitation, that I touch upon in the article. The sample size in this study was relatively small, and the research was conducted in a specific context. As a result, the findings may not be universally applicable or generalizable to broader populations or settings. While the insights gained are valuable within the project's scope, it cannot be concluded that they extend beyond these specific circumstances.

To acknowledge these limitations, opens to a more nuanced understanding of the study's scope. Furthermore, recognizing these limitations can guide future research efforts to address these challenges and enhance the quality and applicability of future studies.

4.6 Ethical Considerations

According to the guidelines of submission to the Nordic music therapy journal, the research paper was required to include a section with ethical considerations. Due to the constraints of length in the research paper format there is not much room to elaborate more than necessary about the ethical aspects of the research. Thus, I will do so in this critical commentary.

In the research paper I briefly note that this study adheres to the ethical guidelines outlined by the Norwegian National Research Ethics Committees (NESH, 2022). There are many aspects of this that requires further explanation. One fundamental ethical principle is the requirement for researchers to obtain consent from all research participants. Ethical consent to participate should be voluntary, informed, and unambiguous, and it is preferably documentable (NESH, 2022). Adhering to this, I have obtained consent with a consent from informing the participants of the research and how the data is handled (Vedlegg x). This form includes

details about the purpose, methodology, data collection, use, confidentiality measures, and potential risks involved. The consent form with signatures from the informants have been kept in a safe and encrypted desktop. Voluntary consent ensures that participants are not under external pressure or restrictions on their freedom of choice (NESH, 2022). Researchers must ensure neutrality in their invitations to participate, avoiding any promises of rewards or implications of negative consequences for non-participation. Additionally, participants should have a clear understanding of their right to withdraw from the study at any point without facing negative repercussions, which was information provided in the consent form.

Conducting research "on" the participants, as opposed to conducting research "with" the participants, can perpetuate this power imbalance and may not fully take into account the perspectives and experiences of the individuals and communities being studied. In this study, I strive to conduct research "with" the participants by actively engaging them in the process of change and valuing their perspectives and experiences in the data collection and analysis.

4.6.1 Moving away from action research.

As I mentioned, this research deviated from the initial plan of following a participatory action research method. This was due to some practical constraints, but it is also rooted in some ethical considerations.

As a student in pursuit of a master's degree, my motivation for this research, along with a wish to use my master project to bring about something positive, was inherently driven by academic goals as well. In the end I am the one who will end up with a master's degree. In contrast, the research participants need to rely solely on an intrinsic motivation. While the action research approach expects participants to play an active role throughout the research process, the reality is that external constraints made this level of engagement difficult to achieve, given their already busy schedules and competing priorities. Also, my experience is that this was a responsibility most of them simply did not want to have.

User participation is an important aspect of action research as it allows individuals and communities to actively engage in the process of change. However, it also presents ethical challenges, particularly concerning confidentiality, impartiality, and conflicts of interest (NESH, 2022). For example, there may be a power imbalance between the researcher and the

participants, and the participants may feel pressure to provide certain types of information or conform to the researcher's expectations (Stige & McFerran, 2016). Research ethics must be upheld in all forms of user involvement, as outlined by the Norwegian National Research Ethics Committees (NESH, 2022). User involvement in research can enhance the quality and relevance of studies, promote democratic rights, and mitigate discrimination. As I transition to the discussion phase, I will examine the theoretical framework outlined in this critical commentary in relation to the findings presented in the research paper. I will commence the discussion by providing a synopsis of both the results and the discourse articulated within the research paper.

5.0 Discussion

In the discussion, I will discuss the theory presented in this critical commentary in light of the results that is presented in the research paper. I will open the discussion by summarizing the results and the discussion from the research paper (5.1). The discussion will start by expanding upon the discussion in the research paper (5.2), the project situated in preventative and health promoting work (5.3), and an extended discussion about using lived experience (5.3).

5.1 Summary of results and discussion in the research paper

5.1.1 Summary of results

The results section of the research paper presented the main themes that emerged from the thematic analysis. The structure is illustrated in the research paper like this:

<i>Main theme</i>	<i>Sub-theme 1</i>	<i>Sub-theme 2</i>	<i>Sub-theme 3</i>
<i>How is it to work on the project?</i>	Empathy from lived experience	Motivation from lived experience	Rewarding to be a part of the meeting place
<i>What do peer support workers contribute with?</i>	Utilizing empathy with caution	Benefits of an informal role	Benefits of age proximity

On the first theme, three subthemes are presented. First, the interviews uncover a rich reflection, where the peer support workers not only recognize but empathize with the struggles of the adolescents. Secondly, they express motivation to contribute intrinsically tied to personal challenges. The peer support workers express a collective commitment to preventing others from enduring the isolation or social struggles they themselves experienced. Lastly, the informants expressed how being a part of the meeting place as a peer support worker was rewarding. However, they express some challenges and how they have conferred and cooperated with the other peer support workers.

On the second theme, there are also three subthemes. The peer support workers see their personal experiences as a unique strength. The "school of hard knocks," as humorously put by Informant 2, becomes a guiding principle, allowing them to tailor their approach based on

shared struggles. The first subtheme relates to how the empathy derived from their personal experiences can become an asset when forming the meeting place and tailoring their approach to relation building with the participants. However, the peer support workers approach the utilization of their lived experience cautiously, recognizing potential discomfort in mirroring experiences. Second, their informal role is highlighted as a strength in how they are more approachable and authentic that can lead by example. Lastly, the proximity in age between the peer support workers and the adolescents is underscored as an asset in itself. The peer support workers position themselves as relatable figures. As well as drawing this experience from their participation in the project, this is derived from their experience while they were adolescents.

5.1.2 Summary of the discussion in the research paper

In the discussion I explore how peer support workers could be used in music therapy, and how they could contribute within the context of reaching adolescents. I further explore how making use of peer support workers can be regarded as a double-ended measure by both being useful for the target group but also for the peer support workers themselves.

5.2 Elaborating on the discussion in the research paper

To elaborate on the discussion in the article I will start by discussing how this study sheds light on the value of peer support (5.2.1). Then, I will elaborate on the idea of integrating peer support workers in music therapy (5.2.2). Lastly, I will discuss the meeting place in light of user participation (5.2.3).

5.2.1 The value of peer support

The results of the study shed light on several key themes related to the peer support workers' lived experiences and their impact on peer support. These findings resonate with and extend the existing literature on peer support, emphasizing the multifaceted role of individuals with lived experience in the context of a low-threshold meeting place.

The peer support workers' narratives suggest that their motivation is not solely tied to their professional obligations in the meeting place but is rooted in a genuine desire to prevent others from experiencing the isolation and challenges they faced. Thus, the peer support workers' lived experiences emerged as motivators, shaping their approach and interactions

with adolescents. Their motivation is an interesting finding and echoes the WHO's (2021b) emphasis on meaningful participation and empowerment of individuals with lived experience.

The peer support workers in this study highlighted their personal identification with the struggles faced by the adolescents (Basset et al., 2010). According to their experience, this identification allowed them to empathize with the participants, recognizing their own past experiences in the challenges expressed by the adolescents. This aligns with existing literature's emphasis on the importance of shared experiences in peer support (Sartor, 2023), providing insights into how this identification process unfolds in practice. Their proximity in age can also be suggested as an asset in this regard. This demonstrates, as mentioned in the research paper, the ability of social decentering, and how this is easier when sharing similarities (Frønes, 2006).

However, caution was expressed about the potential pitfalls of assuming too much familiarity. The informants acknowledged the need for sensitivity, consent, and an understanding of the uniqueness of each person's experience. This nuanced perspective aligns with literature that acknowledges the dual nature of lived experience as a strength, but also a potential challenge in peer support (Sartor, 2023; Kemp & Hendersson, 2012).

The findings from these interviews also contribute to our understanding of how peer support can enhance accessibility and quality of care for the adolescents (Sartor, 2023). Consistent with the literature, peer support workers can offer meaningful support and guidance that transcends textbook knowledge. Being young and relatable figures, they might be more approachable for adolescents. Furthermore, as the informants highlight, their informal role offers a unique opportunity in building relationships with the participants. Many adolescents have a negative view of authority figures (Crenshaw & Cannelli, 2020), and tend to have a negative view of therapy (Fuhr & Stensæth, 2022). The more informal role of the peer support workers can make them easier to relate to and open up to.

5.2.2 Peer support workers in music therapy

The findings emphasize the importance of engagement and rapport-building, reflecting music therapy's use of music as a medium for connection and expression (Krüger & Strandbu, 2015; Beckmann, 2013). Music can afford meaningful interactions and create a sense of belonging,

which resonates with the peer support workers' efforts to establish a supportive environment for adolescents facing challenges.

This study aligns with the findings of Krüger et al. (2014) in several ways, as some of the same prerequisites are in place. It has a weekly structure, and the low-threshold meeting place is reported by the informants as meaningful, both for them and for the participants. The project leader, the peer support workers and myself, can be regarded as safe adults in this context. Further it is intended to be an arena to meet likeminded peers. The parallels drawn between this study and the work of Krüger et al. (2014) emphasize the importance of interventions, such as the low-threshold meeting place, in fostering meaningful interactions. Enge and Stige (2021) explored musical pathways to the peer community for refugee children. The present study might suggest that this low-threshold meeting place can act as a bridge to the peer community facilitated by peer supporters. It might further suggest that not only music, but other activities can provide such pathways.

Bibb's work (2022) underscores the value of integrating lived experience into music therapy practice, emphasizing that individuals with firsthand experiences can offer unique insights and empathy within therapeutic settings. This aligns with the reflections of the peer support workers, and how their lived experience makes them empathize and foster relationships with the adolescents. This project can be regarded as co-designed, co-planned, co-delivered and co-evaluated, as the peer support workers has been involved throughout the whole process. There was a planning period before the low-threshold meeting place was started where the structure was designed. After its initiation involving a kind of co-delivery there has been several meetings to evaluate and plan further. This aligns with the recommendations from Hillman et al. (2022) to defining roles clearly and engage in continuous role checking.

Like the co-delivery model proposed by Bibb (2022), peer support workers in the low-threshold meeting place leveraged their personal insights to co-deliver supportive music sessions as well as contributing to several other activities. This collaborative approach might have enhanced the authenticity of the project and also fostered meaningful connections and understanding between peer support workers and adolescents.

The findings also hint at challenges encountered by peer support workers. One challenge that was mentioned in the interviews is that it can be challenging knowing what to do, aligning

with the fact that role clarity was one of the reported challenges by Kemp and Henderson (2012). Hillman et al. (2022) highlighted a need for role mapping and role checking through a collaboration between therapist and peer support worker.

The ability of peer support workers to support each other through these challenges, such as discussing difficulties and sharing tasks, exemplifies the peer support dynamic within the team. This underscores the importance of fostering a supportive work environment among colleagues engaged in peer support initiatives. Moreover, the informants' reflections on navigating the uncertainties of a new type of job shed light on the difficulties experienced by peer support workers in assuming their roles.

The peer support dynamic observed among colleagues underscores the significance of fostering a supportive work environment. By openly acknowledging challenges and engaging in constructive dialogue, peer support workers can strengthen their collective resilience and enhance their capacity to effectively support adolescents. If peer support workers are integrated into music therapy, the music therapist would have a responsibility to provide collegial support to the peer support workers. This collaborative ethos aligns with the principles of peer support, emphasizing mutual aid, empathy, and shared experiences in overcoming obstacles and promoting well-being within the team (Basset et al., 2010).

Beales and Wilson (2015) suggested that peer support could be beneficial for both the supporter and the supported. Similarly, the informants in this study reported that they found their participation rewarding and had an experience of being able to make a difference for the adolescents. The informants' ability to communicate and cooperate as individuals sharing a unique role further emphasizes the value of interdisciplinary collaboration in supporting adolescents facing mental health challenges. This multidisciplinary approach mirrors the collaborative efforts advocated by Bibb (2022) and Hillman et al. (2022), emphasizing the importance of role clarity and trust within therapeutic teams.

5.2.3 User participation and peer support

The concept of user participation and user perspective discourse holds significant relevance within the context of my research project. This discussion bridges the theoretical framework of user participation in mental health services with the practical application of lived

experience approaches in an unconventional and non-clinical setting. It is important to note that none of the peer support workers nor the adolescents are users. The peer support workers are young adults hired based on their experiences, and the adolescents are participating in a meeting place.

In the meeting place, a kind of user participation is embodied through the active involvement of adolescents in shaping the project as they are free to choose their preferred activities and form them as they want. This approach aligns with the principles of user participation by empowering adolescents to influence their experiences and outcomes. The peer support workers, who have lived experiences similar to those of the adolescents, create a platform that prioritizes the voices and needs of the participants. Although, It is clearly stated in the data material that the peer support workers are cautious of imposing their own views and acknowledges their unique struggles.

The project might show user participation at different levels, as outlined by the Norwegian Directorate of Health (2022). At the individual level, adolescents have the right to actively participate in decisions about activities. At the service level, the project facilitates collaboration between peer support workers and the project leader, promoting a multidisciplinary approach to the project, ensuring that a kind of user perspective are integrated.

The project can be regarded as resource-oriented in recognizing adolescents as agents of change within therapeutic processes. Similar to Rolvsjord's (2016) concept of clients possessing agency, the project is interested in identifying strengths and resources of adolescents. Peer support workers leverage their lived experiences in this process. Furthermore, the inclusion of peer support workers in music therapy practice embodies principles of recovery-oriented approaches (Solli & Rolvsjord, 2015; Solli et al., 2013). In my view, the project benefited from the diversity of perspectives brought by peer support workers. This not only enriched the measures for the adolescents but also empowered peer support workers to leverage their lived expertise in meaningful ways.

5.3 How does the project relate to music therapy

5.3.1 Broad scope of music therapy research

The project described in this master's thesis offers valuable insights into the intersection between music therapy and broader initiatives aimed at promoting adolescent well-being and social inclusion. While not labeled as music therapy, the project aligns with the principles of community-centered music therapy (Stige, 2002; Ruud, 1990) by creating accessible musical opportunities within a low-threshold setting. Furthermore, the project, by including different activities, might increase the possibilities of participation and creates a more diverse arena for connecting with adolescents, as this approach acknowledges the diverse therapeutic potential in non-musical activities and informal interactions, such as shared meals and casual conversations, which contribute to building trust and forming therapeutic bonds among participants. As Crenshaw and Cannelli (2020) illustrates how meeting adolescents in informal settings can increase the effectiveness of therapy by forming a relationship with the adolescents, this could underscore the value of music therapists being involved in events and informal meeting points at a given workplace.

This project raises important questions about the scope and definition of music therapy, encompassing preventative and health-promoting realms. This aligns with a community-oriented way of theorizing and researching (Stige, 2002). The findings highlight the interdisciplinary nature of music therapy, where expertise in music as a health-promoting tool intersects with broader frameworks of social inclusion and community engagement.

5.3.2 Stealth music therapy?

A review of literature on music therapy in child welfare services reveal that music therapists avoid describing themselves as therapists and what they do as therapy (Fuhr & Stensæth, 2022; Fuhr, 2022). They use a range of terms to refer to themselves, such as their own names, leaders, musicians, adults, or members of the child welfare workforce. The challenges associated with labeling activities as 'therapy', particularly when engaging adolescents (Fuhr & Stensæth, 2022; Fuhr, 2022), underscore a need for thinking about the labels that is used in different settings and the connotations associated with them. Adolescents often perceive traditional therapy methods differently from music therapy, emphasizing the importance of adapting approaches to suit individual wishes and promoting normalcy through participatory and collaborative efforts.

Crenshaw and Canelli's (2020) exploration of the concept of stealth therapy, to form a therapeutic relationships in unconventional settings, underlines a way to navigate the connotations of therapy by meeting adolescents in settings that feels more natural to them. On one hand this is a way of adapting in order to help adolescents that struggle, but on the other hand it begs the question on the ethics related to stealth therapy as a concept. It is important to acknowledge that clients often regard music therapy as something distinctly different than therapy and treatment (Solli & Rolvsjord, 2015; Fuhr & Stensæth, 2022). In many ways music therapy works in ways similar to how Crenshaw and Canelli (2020) describe "stealth therapy". To meet people through musical situations is already an unconventional way of providing care, that clients do not associate with therapy.

The concept of "stealth music therapy" is still an interesting one to explore from a critical examination of how music therapists navigate labeling activities with adolescents. When Fuhr and Stensæth (2022) highlight that music therapists often use alternative terms it is interesting to discuss this deliberate avoidance of the therapy label. While "stealth music therapy" might offer a practical way to enhance engagement and foster therapeutic relationships with adolescents, ethical considerations arise regarding transparency and consent. The deliberate concealment of therapeutic intentions raises questions about the boundaries of therapeutic practice and the potential impact on adolescents' autonomy.

The paradox revealed by Fuhr and Stenseth (2022) that adolescents find therapeutic value in music therapy but reject the label therapy, is very relevant in this context. As user participation is something to actively strive for (The Norwegian Directorate of Health, 2022), adolescents should be actively engaged in decisions regarding their treatment and care. User participation in this context might bring about a case for transparency from music therapists, also regarding the labels that describe what music therapists do. User participation in music therapy emphasizes empowering individuals to have a voice in shaping their treatment experiences. By involving adolescents in decision-making processes and respecting their preferences, music therapists can enhance engagement and foster meaningful therapeutic relationships. However, it is important to avoid unnecessary stigmatization. The adolescents' rejection of the therapy label (Fuhr & Stensæth, 2022) can in some ways be regarded as a message to avoid using the label therapy in adolescent work, as this might convey the message that some adolescents need to be "fixed" and "normalized."

In the context of the project presented in this master's thesis the discussion of stealth therapy can be relevant. It is a low threshold where the explicit goal is just to provide adolescents with a place to be and socialize with other adolescents. But in the work group with the project leader and the young adults and myself it is clear that there are other goals such as preventing isolation and loneliness and promote participation and social practice. In many ways, being completely explicit about this might hinder the natural flow of the project. I only talked about myself as a music therapy student if I got direct questions about what I do on a regular basis.

5.4 Preventative and health promoting work

The intersection of this project with preventative and health-promoting work is interesting. By exploring the role of the project in promoting mental health among adolescents, we can gain valuable insights that contribute to broader strategies aimed at preventing mental health challenges and isolation and strengthening well-being (WHO, 2020; Skogen et al., 2018). The project focuses on implementing a low-threshold meeting place for isolated adolescents, aligning with recommendations to implement preventative and health-promoting initiatives where young people spend significant time (Skogen et al., 2018, p. 14). By creating a supportive environment outside traditional healthcare settings, my project aims to address mental health challenges among adolescents. The core of this project involves leveraging peer support and mentorship from individuals with lived experiences to strengthen resilience, skills, and support among isolated adolescents (WHO, 2020; Skogen et al., 2018).

5.4.1 Salutogenesis in this project

In reflecting on my research project, I find resonance with the salutogenic approach through the experiences of the peer support workers and their interactions with adolescents. Applying a salutogenic perspective to my research is natural in order to gain a deeper understanding of health promotion within the context of peer support and social belonging. The project's emphasis on leveraging lived experiences to provide meaningful support aligns with salutogenic principles of empowerment and resource mobilization (Garcia-Moya & Morgan, 2017). The project's structure recognizes individual strengths. By creating a supportive environment grounded in peer support and shared experiences, the project might cultivate a sense of coherence and resilience among isolated adolescents.

In the project focused on providing peer support and social engagement for adolescents, I recognize the risk factors facing several adolescents (Skogen et al., 2018). By having a low-threshold meeting place this can be an arena for peer support and social belonging, that could possibly mitigate risk factors that adolescents face. While Aaron Antonovsky (1996) cautioned against an overemphasis on risk factor thinking in health promotion, highlighting the limitations of a disease-oriented approach, I think it is important to acknowledge the environmental challenges and stressors that impact adolescents' mental well-being. Ignoring these factors would overlook important contextual elements that shape adolescents' experiences and contribute to their vulnerabilities. Moreover, acknowledging risk factors aligns with a proactive approach to health promotion.

5.4.2 How can this contribute to preventative and health promoting work in music therapy? My research project contributes to the existing literature by exploring the integration of peer support work into unconventional preventative and health promoting work settings with adolescents. Existing studies acknowledge the potential of music in promoting health (Ruud, 2020; Krüger & Strandbu, 2015; Beckmann, 2013). This approach offers insights into how music therapy can effectively promote mental well-being by creating a supportive environment grounded in shared experiences and mutual understanding. There is also studies showing the well-being effects of the arts in a broad sense (Fancourt & Finn, 2019).

This project recognizes music as a possible "cultural immunogen" that fosters resilience and enhances emotional regulation, social connectivity, and meaning-making among adolescents (Ruud, 2020). Building on this metaphor, I propose that peer support, as demonstrated in my research findings, can be regarded as a "social immunogen" within the context of preventative and health promoting work with adolescents.

In the research project, peer support workers engage with adolescents based on shared experiences and empathy. They create a supportive space that allows adolescents to express themselves freely and feel understood without fear of judgment (Bibb, 2012). This process resembles the function of an immunogen, where peer support serves as a protective factor against social isolation. Through peer support workers' deep connection to the project and their experience, adolescents might gain access to coping strategies, social connectivity, and a sense of belonging, all of which contribute to their emotional well-being and resilience.

Balancing Structure and freedom

One key area of reflection that can be particularly relevant is the nuanced discussion on balancing structure and flexibility, that extended beyond the little mention it got in the results-section of the research paper. While some of the informants prefer more structured activities, others prefer the freedom of choice associated with a more open and unstructured organization. The informants acknowledge that different people have different needs in this regard. A balanced approach to structure and flexibility in music therapy can thus maybe enhance adolescents' engagement and participation. By allowing adolescents to make choices and contribute to the direction of music-based activities, music therapists create a more inclusive and inviting environment. This increased engagement might furthermore facilitate deeper emotional exploration and interpersonal connections through music. The structured yet flexible approach advocated by peer support workers promotes the development of rapport among the adolescents. Adolescents feel supported and understood within the framework of structured musical activities, while therapists can adapt to individual needs and preferences.

The peer support workers thoughts highlight the importance of structuring activities within the meeting place while allowing flexibility for individual expression and choice. Music therapists can draw from this perspective to design music-based activities in both clinical and preventative work. By establishing a clear plan and framework for musical interactions, therapists provide predictability and guidance, which can be comforting for some adolescents, but on the other hand it is important to acknowledge that some people need to more freely control the content.

6.0 Conclusion

The findings of the study have some potential practical implications for the development and implementation of low-threshold meeting places and similar intervention programs.

Practitioners and program developers can use the insights gained from the research to inform their approach to peer support work, emphasizing that personal experiences can enhance the quality and accessibility of intervention programs. The topic of peer support should be more thoroughly explored in the field of music therapy. This study has shown that there could be a potential in making use of lived experience in music therapy. I hope that this study might inspire more research on this topic.

In conclusion, the findings from the study provide rich insights into the perceived value of peer support workers, the role of empathy and informal roles, and the significance of age proximity in peer support initiatives aimed at adolescents. These findings contribute significantly to the literature on peer support and underscore the transformative potential of personal experiences in supporting individuals facing mental health challenges. Further exploration of these themes can deepen our understanding of effective peer support practices and inform the development of supportive interventions in diverse contexts.

References

- Aigen, K. (2014). *The study of music therapy : current issues and concepts* (pp. XVIII, 262). Routledge.
- Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, 11(1), 11–18. <https://doi.org/10.1093/heapro/11.1.11>
- BAMT. (u.å.). *What is Music Therapy?* British association for music therapy. <https://www.bamt.org/music-therapy/what-is-music-therapy>
- Bang, L., Furu, K., Handal, M., Torgersen, L., Støle, H. S., Surén, P., Odsbu, I. & Hartz, I. (2024). *Psykiske plager og lidelser hos barn og unge* (Folkehelse rapporten). Folkehelseinstituttet. <https://www.fhi.no/he/folkehelse rapporten/psykisk-helse/psykisk-helse-hos-barn-og-unge/?term=>
- Basset, T., Faulkner, A., Repper, J. & Elina Stamou. (2010). *Lived Experience Leading The Way - Peer Support in Mental Health*. Together. https://www.slamrecoverycollege.co.uk/uploads/2/6/5/2/26525995/lived_experience_peer_support_in_mental_health.pdf
- Beales, A., & Wilson, J. (2015). Peer support - the what, why, who, how and now. *The Journal of Mental Health Training, Education, and Practice*, 10(5), 314-324. <https://doi.org/10.1108/JMHTEP-03-2015-0013>
- Bibb, J. (2022). Embedding lived experience in music therapy practice: Towards a future of co-designed, co-produced and co-delivered music therapy programs in Australia. *Australian Journal of Music Therapy*, 33(2), 25–36. <https://search.informit.org/doi/10.3316/informit.829441047529429>
- Borg, M., Karlsson, B. and Kim, H.S. (2009), User involvement in community mental health services – principles and practices. *Journal of Psychiatric and Mental Health Nursing*, 16: 285-292. <https://doi.org/10.1111/j.1365-2850.2008.01370.x>
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed., pp. XXX, 387). Barcelona Publishers.
- Carcillo, S., et al. (2015), "NEET Youth in the Aftermath of the Crisis: Challenges and Policies", *OECD Social, Employment and Migration Working Papers*, No. 164, OECD Publishing, Paris. <https://doi.org/10.1787/5js6363503f6-en>.
- Crenshaw, D. A., & Cannelli, K. (2020). Reflections on "Stealth Therapy" in Therapeutic Residential Care. *Residential Treatment for Children & Youth*, 37(3), 244–264. <https://doi.org/10.1080/0886571X.2019.1622168>

- Creswell, J. W. (2009). *Research design : qualitative, quantitative, and mixed methods approaches* (3rd ed., pp. XXIX, 260). SAGE.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design : qualitative, quantitative & mixed methods approaches* (5th edition.). Sage.
- Enge, K. E. A., & Stige, B. (2022). Musical pathways to the peer community: A collective case study of refugee children's use of music therapy. *Nordic Journal of Music Therapy*, 31(1), 7–24. <https://doi.org/10.1080/08098131.2021.1891130>
- Eriksson, M. (2022). The Sense of Coherence in the Salutogenic Model of Health. I M. B. Mittelmark, S. Sagy, M. Eriksson, G. F. Bauer, J. M. Pelikan, B. Lindström, & G. A. Espnes (Red.), *The Handbook of Salutogenesis* (2. utg., s. 61–68). Springer International Publishing. http://link.springer.com/10.1007/978-3-319-04600-6_11
- Fancourt, D. & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. *Health Evidence Network synthesis report 6 World Health Organization*. Regional Office
- Frønes, I. (2006). *De likeverdige. Om sosialisering og de jevnaldrendes betydning*. Oslo: Gyldendal.
- Fuhr, G. (2022). "I don't think of you as a therapist, you know": Exploring relationships between adolescents and music therapists in the child welfare services [Doctoral thesis]. Norwegian Academy of Music, Oslo.
- Fuhr, G., & Stensæth, K. (2022). Therapy – the Problematic Word in Music Therapy with Adolescents in the Child Welfare Services. *Voices : a World Forum for Music Therapy*, 22(3), 1. <https://doi.org/10.15845/voices.v22i3.3380>
- García-Moya, I., & Morgan, A. (2017). The utility of salutogenesis for guiding health promotion: the case for young people's well-being. *Health Promotion International*, 32(4), 723–733. <https://doi.org/10.1093/heapro/daw008>
- Hillman, K., Pedlar, D., & Bibb, J. (2022). My Space, Your Space, Our Space: Exploring the Potential of Collaborative Group Facilitation Between Therapists and Peer Workers in Mental Health Settings. *Community Mental Health Journal*, 58(3), 407–414. <https://doi.org/10.1007/s10597-021-00859-w>
- Johansson, K. (2016). Mellom hermeneutikk og fenomenologi – et essay i vitenskapsteori. *Norsk forening for musikkterapi*, 19(2). <https://www.musikkterapi.no/2-2016/2017/1/19/mellom-hermeneutikk-og-fenomenologi-et-essay-i-vitenskapsteori>

- Karlsson, & Krane. (2020). *Ung Arena Telemark - nye møteplasser for samarbeid med ungdom om å skape bedre psykisk helse og livskvalitet*. Universitetet i Sørøst-Norge. <https://hdl.handle.net/11250/2685840>
- Kemp, V., & Henderson, A. R. (2012). Challenges faced by mental health peer support workers: Peer support from the peer supporter's point of view. *Psychiatric Rehabilitation Journal*, 35(4), 337–340. <https://doi.org/10.2975/35.4.2012.337.340>
- Kirkegaard, T. & Nielsen, K. (2020). *Creativity, production and identity – from production school to vocational qualification*. University of Aarhus, Department of Psychology <https://www.uvm.dk/-/media/filer/uvm/publikationer/engelsksprogede/2008-creativity-production-and-identity-summary.pdf>
- Krüger, V., Strandbu, A., & Stige, B. (2014). Musikkterapi som ettervernstiltak i barnevernet - deltakelse og jevnalderfellesskap. *Tidsskriftet Norges barnevern*, 91(2-3), 79–93. <https://doi.org/10.18261/ISSN1891-1838-2014-02-03-03>
- Krüger, V., & Strandbu, A. (2015). *Musikk, ungdom, deltakelse : musikk i forebyggende arbeid*. Oslo: Universitetsforlaget.
- Kvale, S., & Brinkmann, S. (2015). *Det kvalitative forskningsintervju* (3. ed.). Gyldendal akademisk.
- Larsen, L. (2021). *Hvert 11. minutt dør en ungdom av selvmord*. UNICEF. <https://www.unicef.no/nyheter/oppvekst/hvert-11-minutt-dor-en-ungdom-av-selv-mord>
- Lawrence, D. P. (1993). Quantitative versus qualitative evaluation: A false dichotomy? *Environmental Impact Assessment Review*, 13(1), 3–11. [https://doi.org/10.1016/0195-9255\(93\)90025-7](https://doi.org/10.1016/0195-9255(93)90025-7)
- Magaldi, D., Berler, M. (2020). Semi-structured Interviews. In: Zeigler-Hill, V., Shackelford, T.K. (eds) *Encyclopedia of Personality and Individual Differences*. Springer, Cham. https://doi.org/10.1007/978-3-319-24612-3_857
- Major, E. F., Dalgard, O. S., Mathisen, K. S., Nord, E., Ose, S., Rognerud, M. & Aarø, L. E. (2011). *Bedre føre var... Psykisk helse:Helsefremmende og forebyggende tiltak og anbefalinger* (Rapport 2011:1). Nasjonalt folkehelseinstitutt. <https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2011/rapport-201111-bedrefore-var---psykisk-helse-helsefremmende-og-forebyggende-tiltak-og-anbefalinger-pdf.pdf>
- Malterud, K. (2011). *Kvalitative metoder i medisinsk forskning: en innføring* (3. ed.). Universitetsforlaget.
- Matney, B. (2019). A Knowledge Framework for the Philosophical Underpinnings of

- Research: Implications for Music Therapy. *The Journal of Music Therapy*, 56(1), 1–29. <https://doi.org/10.1093/jmt/thy018>
- NESH. (2022, May 26th). Guidelines for Research Ethics in the Social Sciences and the Humanities. Research Ethics. <https://www.forskningsetikk.no/en/guidelines/social-sciences-and-humanities/guidelines-for-research-ethics-in-the-social-sciences-and-the-humanities/>
- Parlikar, N., Kvaløy, K., Strand, L. B., Espnes, G. A., & Moksnes, U. K. (2023). Loneliness in the Norwegian adolescent population: prevalence trends and relations to mental and self-rated health. *BMC Psychiatry*, 23(1), 895–895. <https://doi.org/10.1186/s12888-023-05404-5>
- Rolvjord, R. (2016). Resource-Oriented Perspectives in Music Therapy. In *The Oxford Handbook of Music Therapy*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199639755.013.5>
- Ruud, E. (1990). *Musikk som kommunikasjon og samhandling : teoretiske perspektiv på musikkterapien* (p. 362). Solum.
- Ruud, E. (2020). *Toward a sociology of music therapy : musicking as a cultural immunogen* (1st ed.). Barcelona Publishers.
- Sartor, C. (2023). Mental health and lived experience: The value of lived experience expertise in global mental health. *Cambridge Prisms: Global Mental Health*, 10, e38. doi:10.1017/gmh.2023.24
- Skogen, J. C., Smith, O. R. F., Aarø L. E., Siqveland, J. & Øverland, S. (2018). *Mental health among children and adolescents. Health-promoting and preventive public health interventions. A summary of evidence about effects*. Folkehelseinstitutt. https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2018/barn_og_unges_psykiske_helse_forebyggende.pdf
- Small, C. (1998). *Musicking – the meanings of performing and listening*. Wesleyan University Press. Connecticut.
- Solli, H. P., Rolvsjord, R., & Borg, M. (2013). Toward Understanding Music Therapy as a Recovery-Oriented Practice within Mental Health Care: A Meta-Synthesis of Service Users' Experiences. *The Journal of Music Therapy*, 50(4), 244–273. <https://doi.org/10.1093/jmt/50.4.244>
- Solli, H. P., & Rolvsjord, R. (2015). “The opposite of treatment”: A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24(1), 67–92.

- Stige, B. (2002). The Relentless Roots of Community Music Therapy. *Voices : a World Forum for Music Therapy*, 2(3). <https://doi.org/10.15845/voices.v2i3.98>
- Stige, B. & McFerran, K. S. (2016). Action Research. In B. L. Wheeler & K. M. Murphy (Ed.) *Music therapy research* (Third ed.). Barcelona Publishers.
- Stringer, E. T. (2014). *Action research* (Fourth edition.). SAGE.
- The Norwegian directorate of health. (2022). *Brukermedvirkning*. Helsedirektoratet.
- The Norwegian Government. (2023, 16. mai). *More funding for low-threshold measures in mental health and substance abuse care*. Regjeringen. <https://www.regjeringen.no/en/aktuelt/more-funding-for-low-threshold-measures-in-mental-health-and-substance-abuse-care/id2975960/>
- Walsh, K. (2012). Quantitative vs qualitative research: A false dichotomy. *Journal of Research in Nursing*, 17(1), 9–11. <https://doi.org/10.1177/1744987111432053>
- WHO. (2020). *Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive*. (CC BY-NC-SA 3.0 IGO). World Health Organization. <https://iris.who.int/bitstream/handle/10665/336864/9789240011854-eng.pdf?sequence=1&isAllowed=y>
- WHO. (2021a). *Health promotion glossary of terms*. (CC BY-NC-SA 3.0 IGO) World Health Organization. <https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1>
- WHO. (2021b, 17. november). *Mental health of adolescents*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- WHO. (2022). *World mental health report: transforming mental health for all*. (CC BY-NC SA 3.0 IGO). Geneva: World Health Organization. [9789240049338-eng.pdf \(who.int\)](https://www.who.int/publications/m/item/9789240049338-eng-pdf).
- Wood, S., & Crow, F. (2018). The music matrix: A qualitative participatory action research project to develop documentation for care home music therapy services. *British Journal of Music Therapy (London, England : 1995)*, 32(2), 74–85. <https://doi.org/10.1177/1359457518794183>

Vedlegg 1

Samtykke for behandling av personopplysninger i forskningsprosjekt

Vil du delta i forskningsprosjektet «Et kveldstilbud for ungdommer i et erfaringsperspektiv»?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt som er del av en masteroppgave i musikkterapi. I dette skrevet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Denne studien inngår i en masteroppgave i integrert masterprogram i musikkterapi ved Universitetet i Bergen. Formålet med studien er å undersøke [informantenes] erfaringer med planlegging og gjennomføring av et kveldstilbud for ungdommer mellom 13 og 19 år. Studien søker å forstå hvordan [informantenes] personlige erfaringer har blitt brukt i planleggingen og gjennomføringen av prosjektet, samt å belyse resultatene og innsiktene som er oppnådd gjennom deres deltakelse. Gjennom å bruke erfaringer fra prosjektet kan konsepter som erfaringsbasert kunnskap og likemannsprinsipper undersøkes i arbeid med målgruppen. Gjennom studien håper vi å få innsikt som kan bidra til å forbedre og tilpasse lignende tiltak i fremtiden. Et generelt mål er å bidra til kunnskapsutvikling om betydningen av å inkludere personlige erfaringer i arbeid med ungdommer. Studien vil danne grunnlag for videre praksis og fremme [informantenes] perspektiver.

Hvem er ansvarlig for forskningsprosjektet?

Universitetet i Bergen er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?

Du får spørsmål om å delta i prosjektet på bakgrunn av å være [navn på informants rolle] i kveldstilbudet som prosjektet bygger på.

Hva innebærer det for deg å delta?

Å delta i prosjektet innebærer etter planen tre intervjuer gjennom prosjektperioden.

Det er frivillig å delta

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

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

Student Håkon Albert Gåskjenn og veileder Viggo Krüger vil ha tilgang til datamateriale. Opplysningene vil lagres i SAFE, i et sikkert skrivebord som de overnevnte har tilgang til. Det kan leses mer på uib.no/safe.

Deltakere i masterprosjektet vil være anonymisert i levert masteroppgave og eventuell publisert artikkel. Masteroppgaven skal etter planen avsluttes Mai 2024. Personopplysningene lagres inntil vurdering på oppgave foreligger, ca Juni 2024.

Dine rettigheter

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

innsyn i hvilke personopplysninger som er registrert om deg,

- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,
- få utlevert en kopi av dine personopplysninger (dataportabilitet)
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg kun basert på ditt samtykke.

Hvor kan du finne ut mer?

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

- Masterstudent Håkon Albert Gåskjenn, [telefonnummer eller epost] eller veileder på masteroppgaven Viggo Krüger, [telefonnummer eller epost].

Med vennlig hilsen

Masterstudent

Håkon Albert Gåskjenn

Masterveileder

Viggo Krüger

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet ”Et kveldstilbud for ungdommer i et erfaringsperspektiv”, og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta i to fokusgruppeintervjuer

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. Juni 2024

(Prosjektdeltakers navn med blokkbokstaver)

-----/-----/-----

(Sted /dato /prosjektdeltakers signatur)

Vedlegg 2

Intervjuguide

Planleggingen

Hvordan har du vært involvert i planleggingsprosessen for kveldsprogrammet, og hva har vært din rolle i denne sammenhengen?

Hvordan vil dere beskrive målgruppen?

Hvordan har samarbeidet med andre tjommier med lignende erfaringer påvirket din tilnærming til planleggingen og beslutningstakingen?

Hvordan har du tatt hensyn til og vurdert behovene og interessene til målgruppen når du har utviklet aktiviteter og tiltak?

Hvilke utfordringer har du møtt underveis når det gjelder å integrere dine erfaringer i planleggingen, og hvordan har du håndtert dem?

Hva ser du som de viktigste suksessfaktorene for at kveldsprogrammet skal kunne ha en positiv innvirkning på deltakernes liv basert på din erfaring og deltakelse i planleggingsprosessen?

Rekrutteringen

Hvordan ble ungdommene rekruttert til prosjektet, og hva var deres første reaksjon når de ble involvert?

Oppstarten

Hvordan har det gått så langt?

Har noe av det som har skjedd i oppstarten av tilbudet vært overraskende?

Har dere tenkt at det må gjøres noen endringer i lys av erfaringene?

Vedlegg 3

Instructions for authors

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements.

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