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Therapy as Empowerment

Clinical and Political Implications of Empowerment Philosophy in Mental Health Practises of Music Therapy

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Abstract

In this article the clinical and political implications of empowerment philosophy are elaborated with music therapy practices in mental health services as the point of departure. The concept and the philosophy of empowerment are discussed through a review of literature from community psychology, sociology and feminist psychology. Empowerment is connected to a resource-oriented perspective on music therapy that implies a focus upon the client's strengths and potentials and emphasizes the importance of collaboration and equality in the relationship between therapist and client. Keywords: collaboration, culture, empowerment, feminist, mental health, mutuality, music therapy.

Introduction

A young woman, a survivor from continual childhood traumas, had been able to show some of her strengths and potentials in music therapy. The Beatles' Blackbird was brought into her music therapy sessions as a recognition of her abilities. The song became a powerful image that connected her experiences in music therapy with her challenges in real life.

> [...] Blackbird fly
> Into the light of a dark black night
> Blackbird singing in the dead of night
> Take these broken wings and learn to fly
> All your life
> You were only waiting
> For this moment to arise
> [...]
> (Lennon/ McCartney in The Beatles Complete, p. 45)

I think the image of the Blackbird might very clearly illustrate the idea of empowerment. There are of course numerous ways to interpret this beautiful song, and the interpretation that I will offer here is indeed a very situated one, an interpretation connected to my experiences as a music therapist in mental health care. According to a traditional medical model, one would think that the blackbird has a certain pathology- broken wings and some eye disease-and that he is in need of treatment to correct his deficiency. Obviously, this is a successful treatment strategy for several types of pathologies. And of course if I broke my leg I would be happy to go to surgery to have my leg mended. On a metaphorical level, however, this song depicts very well the process of therapy as empowerment. Therapy is not only about curing illness or solving conflicts and problems, it is also about nurturing and developing strengths and potentials. In the

song the Blackbird experiences his ability to fly even though his wings are hurt. And he discovers that he has the ability to see even though his eyes are not perfect. I could even suggest that in the last sentence we learn that the Blackbird is part of a larger context. He is flying into the light of the night, and my associations with lights in the night are that they usually indicate that there is a community. Experiencing his ability, the Blackbird is heading into the community to participate.

The concept of empowerment is discussed in two different articles related to music therapy (Daveson, 2001; Procter, 2002). These two articles represent a very different understanding of empowerment and its applicability to music therapy. Barbara Daveson (2001) suggests that empowerment is intrinsic to and a consequence of music therapy practise in general. She argues that this is primarily due to the "empowering action dimensions" in music therapy practises (Daveson 2001, p.30). She also suggests that music therapy in general shares some common features with empowerment, such as a participatory process and client ownership. In this way, Daveson argues, music therapy is empowering to clients *per se*. Daveson's use of the concept might serve as an argument for the use of empowerment as a metaphor for music therapy. But although I agree that the musical interaction in music therapy is potentially empowering, I think her argument is based on a vague and perhaps too comprehensive understanding of the concept of empowerment. Mutuality and active participation in musicking might be important parts of empowerment in music therapy, but this does not necessarily mean that music therapy is always empowering.

A much more radical application of the empowerment concept in music therapy can be found in an article by Simon Procter (2002). In this article, empowerment is understood as an ideology that challenges existing practises and reframes alternatives outside traditional medical institutions. In contrast to a medical model of therapy, Procter describes music therapeutic work with the users of a non-medical health centre as an enabling and empowering process in which the music making is "building on people's experiences of who they are and what they can do" (Procter, 2002, p. 96). In Procter's article, empowerment is thus understood as a philosophy guiding the practical work of music therapy.

In this article I will offer a theoretical exploration of the concept of empowerment together with its applicability to music therapy. Two interrelated levels will be explored, discursive politics and resulting clinical implications. Empowerment can be understood as a metaphor for therapy, offering new ways of conceptualizing and representing music therapeutic practises. However, looking upon therapy as empowerment results in a conceptualisation of music therapy very different from conceptualizations drawn on medical or psychoanalytical language[1]. Empowerment philosophy brings with it differing-perhaps even conflicting-ways of representing health, illness, problems, therapy and even music, and I will argue that such discursive distinctions are related to political power. Empowerment philosophy challenges some very basic assumptions concerning the process of music therapy. Music therapy is usually defined as a process in which one person offers help to another person with some kind of need for this help (Bruscia, 1998). Empowerment philosophy challenges the very idea of professional helpers, but I will argue that a more resource-oriented and collaborative/ participatory approach to music therapy practises might lead to empowerment processes.

The Concept and the Philosophy of Empowerment

Empowerment as a concept is related to community psychology and the preventive model. It was born out of the civil rights movement in the 1960s-70s. It has been related to the anti-medical and antipsychiatric movements, and has been strongly linked with feminism and feminist approaches to therapy. Moreover, it represents a philosophy connected to political democratic and humanistic values (Sørensen et al., 2002; Renblad, 2003). It is also a movement or paradigm that has been related to a variety of academic fields such as community studies, business and management, sociology, psychology, and pedagogy (Renblad, 2003). Empowerment is a concept that is always situated in a context, which makes the definition dependent on the specific context within which it is occurring (Dalton, Elias & Wandersman, 2001). Empowerment is always happening and unfolding in culture, and differs from situation to situation. Thus there are several definitions emphasizing different aspects of empowerment. Finally, empowerment is a multi-level construct, corresponding to individual, organisational and community levels of analyses and practises. These levels are interdependent and interactive in the empowerment process. (Schulz, Israel, Zimmerman & Checkoway, 1995; Perkins and Zimmerman, 1995; Dalton, Elias & Wandersman, 2001; Cowger,1997).

To describe the individual level, the concept of psychological empowerment is used (Zimmerman 2000; Dalton Elias & Wandersman, 2001). Psychological empowerment involves changes in behaviour, cognitions, and emotions. We might suggest that a person who is

becoming more sceptical towards traditional authority, more willing to oppose injustice and more involved in citizen participation is psychologically empowered (Dalton, Elias & Wandersman 2001, p. 347). Psychological empowerment includes belief about one's competence, efforts to exert control, and an understanding of the socio-political environment (Zimmerman, 2000). Thus the ability to act and participate, as well as the feeling that one has the right to do so, is central to empowerment (Renblad 2003, p. 28). Different dimensions of psychological empowerment could be identified as intrapersonal, interactional and behavioural. Aspects such as self-esteem, self-efficacy and locus of control might be seen as intrapersonal aspects of psychological empowerment. The interactional dimension describes people's use of their analytical skills to influence their environment, whilst the behavioural dimension describes how the individual takes control by participating in community (Zimmerman, 2000).

The organizational level of empowerment includes the opportunities organizations provide for people to gain control and power in their lives. Empowerment is connected to how organizations develop, how they influence politics and how they offer alternative modes of service provision. We may in other words talk about empowering organizations and empowered organizations. Organizations with shared responsibilities, a supportive atmosphere and social activities are regarded as empowering organizations. Empowered organizations are organizations that have an influence upon the larger community. Empowered organizations mobilize economic resources and achieve their goals successfully (Zimmerman, 2000).

The community level of empowerment is described as one that "initiates efforts to improve the community, responds to threats of quality of life, and provides opportunities for citizen participation" (Zimmerman, 2000, p. 54). An empowering community then is usually connected with democracy, and also with the provision of resources to its residents, such as health care, schools, information distribution, etc. Dalton, Elias & Wandersman (2001) underline the fact that empowerment is a social as well as individual process. Empowerment therefore involves individual change as well as changes in the community. But although the levels are described as interacting and interdependent, this does not necessarily mean that empowerment on one level leads to empowerment on other levels. For example, empowering an organization does not mean that all the members of the organization are empowered (Dalton, Elias & Wandersman 2001, p. 347).

Other multi-dimensional aspects of the concept are well presented by Renblad (2003), who draws on an analysis of the concept by Dunst, Trivette & LaPointe (Renblad, 2003, p. 31).As we have already seen, empowerment is a *perspective* and a philosophy supporting the idea that people are competent and have equal value. Secondly, empowerment is a *process* connected to participatory activities and collaborations. These collaborations are based upon mutual trust and respect, shared responsibility, and cooperation. As a *performance*, empowerment is highly related to a person's self-perception, and to the skills and knowledge which are developed through enabling opportunities and relational experiences. Finally, empowerment could refer to the *outcome indicators* of the process- knowledge, skills, personal strengths, etc. However, other authors point out a need for outcome measures of empowerment that are related to the person-incontexts (Fitzsimons & Fuller, 2002; Finfgeld, 2004).

Within music therapy we might relate empowerment to clinical processes that enable the client to participate. We might relate it to musical performances of groups or individuals. We might talk about a client or a group of clients that are empowered through the therapeutic process. We might also discuss the philosophy and the clinical perspectives it comprises. It seems, however, that there is no clear delineation between the various levels and dimensions of the empowerment concept. Their interrelatedness makes definition of the concept very difficult, if not impossible. Thus the concept of empowerment must be said to be a sensitizing concept (Blumer, 1954), not pointing to one specific object, but rather to an area of similar experiences. A sensitizing concept gives the user a general sense of reference, and suggests a direction in which to look, but cannot provide the clear cut marks of a specific instance (Blumer, 1954).

Finally, it must be emphasized that empowerment is a politically loaded concept referring to power and power relations. Critiques of empowerment are often related to these power aspects, arguing that if one individual or group is gaining more power, there is always somebody else who suffers a loss of power. It is important therefore to differentiate between two types of power, "power to" and "power over" (Stang, 2003; Sprague & Hayes, 2000). "Power over" refers to traditional patriarchal[2] patterns of power, and will easily (or perhaps inevitably) be connected with oppression. This type of power is not compatible with empowerment. Power as "power to" is described as a form based upon values connected with collaboration, mutuality, and respect. Thus empowerment practises involve a distribution and promotion of power that does not imply the oppression or powerlessness of other individuals and groups. Empowerment of one

marginalized group does not lead to reduction of "power to" for other groups. To empower women does not necessarily lead to an oppression of men. Secondly, it is crucial not to see power as a possession of the individual, removed from the relationships that foster and accumulate resources and control. This, it is argued, leads into a displacement of the responsibility for people's health from the public/governmental level to the individual level, ultimately contributing to an individualization of community problems (Sørensen et al., 2002; Dalton, Elias & Wandersman, 2001; Stang, 2003; Sprague & Hayes, 2000).

Implications of Empowerment Philosophy

The concept and philosophy of empowerment might influence our clinical practises as well as our conceptualisations concerning our clinical practises. The relations between philosophy, theory and practise are complex and interconnected, and a linear causal model suggesting that a philosophy will articulate a theory which would guide our practise would be at best an oversimplification. Philosophy, theory, and practise must be seen as interdependent aspects co-constructing the discourse of music therapy. What I will focus upon here is first that the philosophy of empowerment impels us to focus on the client's resources and potentials, rather than on their problems and pathology. Second, it involves the emphasizing of genuine collaboration and mutual relationships, stressing the importance of participation and selfdetermination. Third, applying the concept of empowerment has political implications which can be connected to the therapeutic process and ultimately to the discourses concerning music, therapy, mental health politics, and culture at large.

A Resource-Oriented Approach

When it comes to the clinical implications of empowerment philosophy, there are several different models describing attitudes, techniques, and interventions (Barker, Stevensen & Leamy, 2000; Stewart, 1994; Worell & Remer,1996/2003; Fitzsimons & Fuller, 2002).

Focusing on the strengths and resources of the client, however, seems to be agreed upon as an important implication of empowerment philosophy (Zimmerman, 2000). Therapy as empowerment has to do with collaborating with the client in the development of their ability to act and to participate in community. This ability has to do with individual strengths as well as the social, cultural, and economic resources available and the use of such resources.

To be able to keep your house clean could for instance mean that you can afford to pay somebody to clean it. Ability and participation are also connected to what is available for the client, such as support, close relationships, meaningful activities to participate in, etc. (Stewart, 1994). Thus, empowerment includes access to valued resources (Nelson, Lord, John & Ochocka, 2001), which is why empowerment is so much concerned with politics.

To focus upon and develop the client's strengths and resources is not a new invention in music therapy practises. In the Nordoff-Robbins tradition for example, there is a concern with the nurturing of musical and communication skills and resources, as expressed in the concept of the "music child" (Aigen, 1998; Nordoff & Robbins, 1977). The recognition and development of musical skills is important because within many cultures this is a valued resource that might create access to social relationships and to social recognition (Rolvsjord, 2001; Procter, 2004). Theoretically, the understanding of music therapy as concerned with health promotion and improved quality of life (Ruud, 1998; Bruscia, 1998) is supportive of a resource-oriented approach. However, many music therapeutic practises and models aim at improvement of deficits and reduction of symptoms, In itself, this need not exclude the use of resource-oriented interventions, but equally it must be emphasized that focusing upon the client's resources need not exclude addressing problems. Rather, I would suggest that focusing upon the resources of the client stimulates and makes possible constructive work with problems.

Therapeutic effort within a philosophy of empowerment implies focus on the client's resources and potentials rather than on their weakness or pathology. Thus, it involves recognition and acknowledgement of resources and potentials as well as development and learning of skills and competences which will promote selfdetermination and participation.

But although this focus upon nurturing and development of strengths is very important within the philosophy of empowerment, it does not necessarily lead to empowerment. We might explain this by referring to Foucault's notion of discursive power. According to Foucault, power is connected to the distinctions and divisions in language that define people and values (Foucault, 2001). A focus on the client's existing resources and the development of new resources could be considered as leading simply to yet another expert opinion, demonstrating an aspect of power relations in which the other is defined according to normality and pathology, strengths

and weaknesses.

Thus it is emphasized that the process of nurturing and recognizing the client's strengths and developing new skills and resources must be concerned with helping the client to achieve what is important for that person: a process of enablement (Stewart, 1994; Procter, 2002). Taking the client's strengths seriously impels us to recognize the knowledge and competences related to the process of therapy that the client possesses and may develop (Rolvsjord, 2003; 2003b). From my point of view, this impels us to recognize the client's goals and to acknowledge the way they are using music and music therapy to improve their quality of life. A resource-oriented approach therefore not only implies recognition and development of the client's musical skills and resources, but also elicits an attitude towards the client as a resource-person that might otherwise be considered to "interfere" with the performance of music therapy. This recognition of the client's competences related to their therapeutic process impels us to put the client in the "driving seat", to withdraw from every top-down aspect of the therapeutic process (Saleebey, 1997; Stewart, 1994; Worrel & Remer, 1996/2003) and pursue genuine collaboration. In the following I will go more into detail on this relational aspect of the empowerment philosophy.

Mutually Empowering Relationships

The process of enablement involves a transfer of definitional power from the expert therapist to a client with ability to empower himself. Thus, in several empowerment models, equal relationships and collaboratory interactions are emphasized (Finfgeld, 2004; Fitzsimons & Fuller, 2002; Worrel & Remer, 1996/2003; Barker, Stevenson & Leamy, 2000; Dalton, Elias & Wandersman, 2001; Stang, 2003; Sprague & Hayes, 2000). In music therapy, such a collaborative approach is emphasized by Stige who describes such collaboration as a shared responsibility between therapist and client (Stige, 2002).

In this aspect of empowerment we also encounter different levels and dimensions. Empowerment philosophy outlines the importance of equal relationships, selfdetermination, and participation in decisionmaking processes in general. The importance for the individual, as for groups in society, of having a voice and of participating in the community is strongly emphasized. This is understood as an important health issue (Fitzsimons & Fuller, 2002), and is seen as a valuable goal or outcome as well as part of the process of empowerment. We may say that empowerment philosophy embodies a critique of the traditional expert-patient relationship because it takes aspects of selfdetermination directly into the core of therapy, the therapeutic relationship.

Dreier (1994) points out the paradoxical consequences of interventions which aim to promote self-determination and the empowerment of another person, arguing that such interventions are doomed to failure. If I am an autonomous person, able to take care of myself and make important decisions in my life, this is confirmed by you not interfering. If you try to help me to be able to make my decisions, you will limit my ways of influencing my own life (Dreier 1994, p. 193). In this way, helping someone towards self-help could easily become helping them towards helplessness. Dreier's solution of this dilemma is to regard the patient as actively involved in promoting his own health, which necessitates a genuine collaboration. Such collaborations might reduce the implications for the shame of dependency constituted by the modern ideal of the autonomous individual (Sennett, 2003). Collaborations are unlikely to eliminate the problem, but may reduce the effects of it by exchanging dependency for interdependency. It may not be possible to empower the other, but it is possible to develop empowering interactions with them.

In a similar way Jordan & Hartling (2002) argue that growth-fostering relationships are characterized by mutual empathy and mutual empowerment. They explain this mutuality stating that: "When individuals are engaged in mutually empathic and mutually empowering relationships, both people are becoming more responsive in fostering the well-being of the other and of the relationship itself; both people are growing through connection" (Jordan & Hartling, 2002, p. 51). Moreover they argue that the outcome of such a mutual relationship is also a desire for relationships that goes beyond that particular relationship. The growth then, is not only a development towards separation, independence, and individual autonomy, but is simultaneously a development towards greater mutuality and empathic possibilities. Mutuality and interdependency seems to be relational qualities that are compatible with empowerment, and probably even promote empowerment. In order to be empowered in the relationship, people need to be able to contribute to as well as to benefit from relationships (Sprague & Hayes, 2000, p. 683). For the therapeutic relationship this would imply that the client's role in creating the relationship is recognized, and that the client is not only considered as a passive recipient of the beneficial relational qualities constructed by the therapist.

Several authors have observed that musical interplay in music therapy provides experiences of mutuality (Pavlicevic, 1997; Ruud, 1998; Rolvsjord, 2002). Such aspects of mutuality in musical interactions are connected to inborn social capacities, such as *communicative musicality*, and to the musical features of basic communicative interactions (Trevarthen & Malloch, 2000). Thus we might suggest that musical interactions represent an arena in which mutually empowering relationships might be fostered. However, this does not mean that all kinds of musicking and all kinds of music therapy should be understood as empowerment practises. Musical interactions might also provide experiences of subordination and domination.

The therapeutic relationship should be a model of egalitarian relationships in general, and strive not to reproduce the power imbalances in society: imbalances that are experienced by women, people with mental retardations, mental health problems, or people from minority groups (Worell & Remer, 1996/2003).To enter into such a mutually empathic, mutually empowering relationship with the client is, however, not to disclose anything and everything. It does not mean abandoning the legal, economic and professional asymmetry of the therapeutic relationship. It does not imply that the client is going to take care of the therapist (Surrey, 1997). Nor does such mutuality represent any withdrawal from professional competency or professional skills. Mutuality and equality do not imply that we are alike or that we have identical roles (Rolvsjord, 2002; Sprague & Hayes, 2001). Mutuality refers to a way of being in the relationship: empathically attuned, emotionally responsive, authentically present, and open to change, and can also be constructed between people with very different abilities (Surrey, 1997, p. 43; Sprague & Hayes, 2000, p. 684).

Contextualizing the Individual

The idea of empowerment very clearly posits the individual in a social and cultural context.

The empowerment perspective implicitly and explicitly offers a critique of the individual focus of the medical model and perhaps also of traditional clinical psychology (Dalton, Elias & Wandersman, 2001; Worrel & Remer, 1996/2003; Saleebey, 1997; Fitzsimons & Fuller, 2002).

In empowerment practise, the professional works with participants rather than advocating for them. This implies that what professionals do must depend upon the particular people and community involved: predetermined technologies cannot simply be applied in all situations. The implication of empowerment philosophy for therapeutic practises is context- and populationspecific (Zimmerman, 2000), and the actions taken will be related to the resources available for people involved.

There is an ongoing debate within music therapy academia concerning the role of music therapy in institutions and communities (Pavlicevic & Ansdell, 2004; Stige, 2003; Kenny & Stige, 2002; Erkkilä, 2003).[3] The notions of community music therapy and practises situated in culture are contrasted with traditional clinical music therapy situated in institutions and in the music therapy room. Practises that are presented as community music therapy are in accordance with a philosophy of empowerment in the sense that they emphasize participation in community and the processes of enablement described. But to infer from this that the relevance of empowerment philosophy is limited to community music therapy might be erroneous. (A degree of uncertainty is perhaps inevitable here, given community music therapy's apparent determination not to evade definition.) Empowerment philosophy is a culture-centered[4] perspective (Stige, 2002), but it does not exclude traditional individual practise settings. Moreover, whilst it is incompatible with the traditional model that situates problems in the individual and considers the role of therapy to be the solution of problems through the use of appropriate techniques, it nevertheless does not compromise the individual's use of psychotherapy or music therapy. It would be contradictory to the empowerment perspective to disregard the individual's right to choose a specific type of therapy and her or his ability to make use it. In my view this is not a philosophy that excludes individual music (psycho)therapy as a possibility for developing empowering interactions.

A culture-centered perspective involves cultural reflexivity and an awareness of cultural aspects related to humanity, health, and music (Stige, 2002). How such a perspective can influence the therapeutic process is explored in feminist empowerment therapy. In feminist empowerment therapy the political dimensions of the therapeutic process are outlined by the focus of the interdependent relationship between personal and social identities and the notion *"The personal is political"* (Worell & Remer 1996/2003, p. 66ff; Sprague & Hayes 2000, p. 675). Traditional gender role socialization and discrimination against people based upon gender, disabilities, race, physical characteristics, sexual orientation, class, religion, etc. is seen as crucial to the development of social as well as personal identities. Feminist therapy then empowers people by reframing pathology and problems in the cultural and political context, by separating the

individual sense of powerlessness from the external aspects of discrimination and oppression, and by initiating social change.[5] The therapeutic relationship is seen as a model of equal relationships, thus implying a potential for changing other relationships in the direction of mutuality and equality (Worell & Remer, 1996/ 2003).

Music as Empowerment

In discussing empowerment and music therapy, the role of music might also be considered pertinent. As Daveson (2001) points out, some aspects of musical interaction might be understood as intrinsically empowering, since musicking as an activity requires active involvement on the part of participants and can elicit experiences of mutuality. But in order to understand the role of music and of musicking in relation to empowerment, we must consider also the use of music in everyday life, and the role of music in culture. Music may be used as individual or psychological empowerment, but it may also form part of an empowerment process on group or societal levels (Coates, 1997; Gibson & Dunbar- Hall, 2000).

Musical skills and abilities enable participation in culture and in society: however, neither the skills and abilities, nor the possibilities for participation they engender should be viewed solely as individual traits. Whether Knut[6] (Stige, 2002; 2003) can play in the brass band is dependent not only on his skills considered as individual traits, but on the degree to which the music therapist as well as the community enable him to play in the brass band. The question of skills in relation to empowerment is always paradoxical and dependent upon the cultural context. Musical skills are regarded as valuable in many societies and this might be empowering for the individuals who have such skills, enabling them to participate in society (Sennett, 2003). But at the same time such approval of particular musical skills constructs an environment which promotes some degree of elitism related to participation in music-cultural activities. Cultural competence might also be seen as connected to social status, class, and power as implied in the concept of cultural habitus (Bourdieu, 1998/2001), and might provide distinctions contributing to "power-over" relationships.

What might be termed "musical empowerment" is therefore not so much a process of acquiring a certain amount of culturally valued musical skills and resources as it is a process of regaining rights to music. DeNora (2000; 2003) writes about music as a resource in everyday life, connected to doing, thinking, and feeling 'other things'. People use music to construct their emotional experiences, social experiences, and identity. According to DeNora this is a twofold process of musical affordances and appropriations. Music's effect is dependent upon how it is used. It is the appropriation that makes it afford something. In music therapy we have the opportunity to help people to have access to the appropriation of music as a resource in their daily life. In accordance with empowerment philosophy this would imply that the way people use music and want to use music is recognized also in the setting of a music therapy session.

In everyday music therapy practise in mental health care, this is mostly a story of psychological empowerment, of the regaining of rights to music, and of the experience of how music can be a resource in life. It might also be a process in which a group of people gain access to valued resources such as participation in concerts and other musical-social occasions. But it might also be connected to an empowerment process on a community level as Ruud (1996) has outlined in his description of the relationship between music therapy and Norwegian cultural-politics. Music therapy has challenged these formerly elitist politics by demonstrating an inclusive practise and expressing the notion of "music for all". He suggests that music therapy has contributed to the reformation of music-cultural politics in Norway, resulting in greater valuing of folk and popular music, as well as more inclusive practises (Ruud, 1996).

The Discourse - A Political Agenda of Music Therapy

The final implication of empowerment philosophy that I wish to emphasize is related to discursive politics and discursive powers. How we perceive and understand music therapy is related to the larger body of academic and political discourses. Music therapy is part of the co-construction of our culture and hence our reality. Furthermore, the ways in which we conceptualize music therapy processes influence not only our clinical practise, but also the broader political discourse on organizational as well as community levels, as exemplified in the previous paragraph. When the discourse of music therapy is seen as a part of the co-construction of social-cultural politics, the political aspects of an empowerment philosophy become clear. Our practise, theories and philosophies are not neutral. Our discourse either contributes to stabilization and conservation of certain values in community, or contributes to the destabilization of values and politics by transgressing or challenging others (Rolvsjord, in press).

But the discourse of music therapy, how we talk and write about music therapy, above all influences both depiction and perception of the client and the music therapy process. The stories that clients tell about their lives are inevitably coloured by the context, and by the person listening to the story. The stories of our lives are always a *"work in process"*, and our stories also influence how we live our lives (Barker & Buchanan-Barker, 2004). The stories that therapists and clients tell about their lives and about therapy can be about victors or about victims, emphasizing on the one hand weaknesses and pathology or, on the other, coping and resources (Goldstein, 1997; Duncan & Miller, 2000). Goldstein (1997) points out a paradox here, arguing that health and strengths are overlooked by the interest in defects, limitations and weaknesses. If one fails to adjust, it is because of such traumas, but if one is coping, this is in spite of the traumas, and still not because of the strengths and resources (Goldstein, 1997, p. 22).

The client's story and the therapist's listening, as well as the therapist's stories about the client and the therapy must be seen as coconstructive of the reality, always situated in a cultural and political context. In traditional medical thinking, the understanding of the causes of illness are essential for the choice of treatment, and the specific interventions are responsible for the therapeutic outcome (Wampold, 2001). However, meta-analyses of psychotherapy outcome research have revealed that the common factors[7] and the clients themselves play a very significant role in relation to the outcome of psychotherapy (Bohart, 2000; Wampold, 2001; Lambert & Ogles, 2004). Furthermore, the client's belief in his own responsibility for the change seems to be related to lasting outcomes of psychotherapy (Hubble, Duncan & Miller, 1999, Wampold, 2001). To facilitate empowerment thus implies acknowledging the client's own resources and efforts in the music therapy process as well as in our discourses of music therapy. The therapist will have to listen for the stories about strengths and coping, and tell stories that give credit to the client and make his resources become visible and audible. From my point of view that might transform music therapy into an empowering political discourse.

Conclusion

In conclusion, I offer the following observations about empowerment in relation to music therapy:

1. The philosophy of empowerment contributes to discussions about the fundamental nature of therapy, related to our conceptualisations of health, therapy, and music.

2. The concept of empowerment questions the individuality of mental health (and health in general) and the individual focus of therapeutic practises.

3. Empowerment impels us to look into the therapeutic relationship and ask questions about power and knowledge.

4. Empowerment implies a political dimension to clinical practise, and gives a political edge to research. This necessitates a discussion concerning subjectivity, objectivity, research and politics.

5. Empowerment involves recognition of the client's rights to music.

From my stance as a music therapist in mental health care, it seems that empowerment philosophy poses a significant challenge to traditionally dominant perspectives in this field, including music therapy practises. Empowerment argues forcefully for the development of more resource-oriented practises and collaborative approaches that require the professional to journey beyond the role of the expert-therapist. Furthermore, it influences our understanding of the functions of music in music therapy towards a more user-led perspective.

Notes

[1] See Ansdell's (2002) description of a "consensus model" in music therapy.

[2] Patriarchal power is not necessarily connected to biological male sex, but is representative of a type of power that has been and is connected to oppression of women.

[3] See also discussions on community music therapy in **http://www.voices.no**

[4] The term culture-centered (Stige, 2002) denotes a perspective in music therapy more than a specific type of practise.

[5] See Curtis (1996) for an implementation of this into clinical music therapy practise.

[6] The story of Knut, a mentally retarded participant in a music therapy group challenging the music therapist by asking: "Can we too play in the brass band?" (Stige, 2002; 2003).

[7] The term "common factors" refers here to the general context and excludes aspects of psychotherapy associated with a specific approach.

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