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When Therapy Goes Public: Copyright Gatekeepers and Sharing Therapeutic Artifacts on Social Media

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This study offers new insights into (1) sharing health-related information on social media, (2) copyright gatekeeper motivations, and (3) the emotional injury for improper takedowns of online content. Through 18 in-depth interviews, we investigate music therapists' copyright-comfort-zone. In music therapy, using patient-preferred music yields superior therapeutic results: The rub is that patient-preferred music is often copyrighted music. Therapists are comfortable using copyrighted music in private therapy sessions, but copyright concerns arise when recorded artifacts from therapy are shared online. Social media affordances permit sharing of therapeutic artifacts outside the private therapy bubble. Notwithstanding the desire and affordances to share therapeutic artifacts online, our results show that music therapists discourage social media sharing. Music therapists act as copyright gatekeepers not only to avoid legal liability, but also to forestall emotional harm to patients and families should these artifacts be subject to an online takedown notice. Our findings inform a more nuanced framework for understanding copyright's influence on sharing digital artifacts.

Keywords: social media, affordances, therapeutic artifact, sharing, health communication, copyright gatekeepers, risk avoidance, online takedown, music therapy, copyright law, COVID-19

This study provides empirical evidence and analytical insights on why music therapists act as copyright gatekeepers—discouraging health-related communication on social media. As a case study, we investigate music therapists and their copyright (dis)comfort in sharing recorded therapeutic artifacts online. The modern urge to share experiences, thoughts, and emotions online is well documented in the literature (e.g., Lee, Park, & Kim, 2013), and social media is a popular platform for sharing and seeking health-related information (e.g., AlQarni, Yunus, & Househ, 2016). Sharable health-related information in the music therapy context includes artifacts created during the therapeutic process, such as a recording made by a

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music therapist for a patient's use or a recording of a music therapy session created by a patient's family as a memento (e.g., Reid, 2020).

A rich body of literature documents the biomedical and psychotherapeutic benefits of music therapy (e.g., Cohen, Bailey, & Nilsson, 2002; North, Hargreaves, & O'Neill, 2000; Pelletier, 2004). Music therapy can ease anxiety and discomfort during medical procedures, reduce the side effects of cancer treatments, and aid physical therapy patients (e.g., Bradt, Dileo, Magill, & Teague, 2016). Our study confirms that music therapists find patient-preferred music a more effective therapeutic tool—and such music is often copyrighted. Moreover, our findings suggest that patients and their families sometimes want to share recorded therapeutic artifacts on social media. To date, no research has examined whether music therapists have concerns about using copyrighted music or whether such concerns affect the sharing of therapeutic artifacts online. To address this gap in the literature, this study draws on in-depth interviews with 18 board-certified music therapists in the United States. Our findings reveal that copyright concerns not only impede sharing of therapeutic artifacts, but also impact the robustness of health communications available on social media.

Literature Review

The existing body of literature discussed later suggests that (1) there are important benefits to sharing health-related information on social media, (2) music therapy is an effective treatment option for a wide variety of health conditions, and creating therapeutic artifacts (which often contain copyrighted music) is an important tool in a music therapist's toolkit, and (3) copyright gatekeepers, concerned about copyright enforcement consequences, discourage sharing creative and socially beneficial works online.

Benefits of Sharing Health Information on Social Media

Social media can be a powerful tool for health promotion and education (e.g., Korda & Itani, 2013). Specifically, sharing content about stigmatized medical conditions can positively increase visibility and promote a more nuanced discourse around controversial health topics (e.g., Ging & Garvey, 2018). For individuals with long-term health issues, accessing niche content through social media platforms can be especially meaningful (Fergie, Hilton, & Hunt, 2016). In particular, sharing portrayals of kindness and overcoming obstacles on social media can inspire others (Dale et al., 2020). For example, Wang and Wei (2020) found that cancer-related tweets with joyful emotions received more likes and more retweets. Sharing positive emotions is especially important for certain health populations. Research suggests that negative emotions—such as anxiety and depression—can create psychological barriers that inhibit successful cancer treatments (Freedman, Viswanath, Vaz-Luis, & Keating, 2016).

Social media offers unique avenues for self-extension, enabling individuals to reach broader audiences (Belk, 2013), which can foster community and peer support among those with similar health conditions (e.g., Conrad, Bandini, & Vasquez, 2016; Myrick, Holton, Himelboim, & Love, 2016). Through online self-disclosure, an individual can develop relationships with others (Derlega, Metts, Petronio, & Margulis, 1993), from which they can receive social and emotional support (Lai & Yang, 2015). Further, online peer mentors can act as health influencers (McCosker, 2018). These online peer structures can play

an important role in activating supportive health publics, in reframing mental health and recovery, and in empowering self-advocacy (e.g., McCosker, 2018; Trevisan, 2017).

Music Therapy as a Valuable Health and Wellness Tool

Music therapists can treat patients suffering from a wide variety of mental and physical health conditions, including preterm infants (e.g., Bieleninik, Ghetti, & Gold, 2016), children undergoing cancer treatments (e.g., Nhan, Nilsson, Hellström, & Bengtson, 2010), teenagers with eating disorders (e.g., Bibb, Castle, & Newton, 2016), individuals struggling with substance use disorders (e.g., Hohmann, Bradt, Stegemann, & Koelsch, 2017), military veterans with PTSD (e.g., Levy et al., 2018; Spooner et al., 2019), Parkinson's patients (e.g., Elefant, Baker, Lotan, Lagesen, & Skeie, 2012), dementia patients (e.g., Chu et al., 2014), and those in need of end-of-life palliative care (e.g., McConnell & Porter, 2017). Depending on the patient's needs and abilities, the therapist can use music to decrease pain perception (e.g., Mitchell, 2006), stimulate hope for survival (Bradt et al., 2015), engage gross motor coordination (e.g., Weller & Baker, 2011), and build social connections (James et al., 2015; Krüger, 2018).

Some modes of therapy use music to create recorded therapeutic artifacts, such as end-of-life legacy projects (e.g., O'Callaghan, 2013), or creative outlets for children coping with hospital experiences (e.g., Robb et al., 2014). Research confirms that patients prefer to hear familiar music (e.g., Bergh & Silverman, 2018; Walworth, Rumana, Nguyen, & Jarred, 2008). Use of familiar music can provide patients with a sense of comfort and control, and even normalcy (Bradt, 2013). Preferred music is more likely to encourage patient participation, which is often essential for therapeutic interventions to be efficacious (Clair, 1996). Because popular and familiar music is often copyrighted music, recorded artifacts created during the therapeutic relationship often include copyrighted music.

Online Sharing and Copyright Gatekeepers

Sharing creative works on social media is a valuable way to participate in a democratic culture (e.g., Balkin, 2004; Gillespie, 2007; Sinnreich, 2013). Copyright law, however, allows rightsholders to prevent the copying, adaptations, and public performances of copyrighted works (17 U.S.C. § 106, 2018). Thus, when downstream creative works incorporate copyrighted works—absent a limitation like fair use—rightsholders can prevent those secondary works from being shared, thereby depriving society of the substantial value those works could offer (e.g., Bielstein, 2006). Fair use is a noninfringing use of another's copyrighted work (17 U.S.C. § 107, 2018). Fair use permits use without needing to pay a license and without seeking the rightsholder's permission. Fair use is decided on a case-by-case basis, guided by four statutory factors (e.g., Elkin-Koren, 2017). The retrospective, case-by-case nature of a fair use analysis provides weak ex ante guidance for users (e.g., Elkin-Koren & Fischman-Afori, 2017; Reid, 2020).

In light of the ex post nature of a fair use analysis, rightsholders are not shy about broadly asserting copyright's exclusive rights. Rightsholders can enforce (1) directly against alleged infringers or (2) indirectly against those who (a) contribute to or (b) vicariously benefit from the infringement. A chorus of scholars have critiqued overenforcement of copyright against user-generated content on social media (e.g., Edwards, Klein, Lee, Moss, & Philip, 2015; Gillespie, 2006; Senftleben, 2020; van Dijck, 2009), and legal scholars

have roundly criticized copyright's ubiquitous and expansive application to cultural artifacts (e.g., Boyle, 2008; Frosio & Mendis, 2020; Lessig, 2004, 2008; McLeod & DiCola, 2011; Netanel, 2008). Copyright's broad—and now automatic—application to all creative works of authorship threatens the creativity of downstream creators (e.g., Reid, 2018; Vaidhyanathan, 2003). This downstream cultural creativity, a cornerstone of our fundamental democratic ideals of freedom of expression, can be stifled by unbalanced copyright (e.g., Netanel, 1996, 2000; Tushnet, 2004).

Gatekeepers have long influenced cultural conversations and shaped what information is available for public consumption (e.g., White, 1950). Gatekeepers operate with a variety of motivations (e.g., Shoemaker & Vos, 2009; Singer, 2014). Gatekeepers operate to discourage conduct even if they cannot directly control it (e.g., Hamdani, 2003). Secondary liability for copyright infringement can motivate third parties to act as copyright gatekeepers (e.g., Wan, 2011).

In a permission-centric environment, copyright gatekeepers have an incentive to steer clear of copyright's strict liability (e.g., Chronopoulos, 2018; Hetcher, 2013). Scholars have studied the influence of copyright gatekeepers and resulting deformations and delays in the creation of new cultural artifacts, such as the impact of copyright on the visual arts community (e.g., Aufderheide, Milosevic, & Bello, 2016). But no scholar has empirically studied the impact of copyright gatekeeping on health and wellness care. This qualitative study begins to fill that gap by examining music therapists' use of copyrighted music. To do so, this study has a threefold inquiry.

RQ1: In what instances do music therapists feel comfortable using copyrighted music, and why?

RQ2: Are there instances when the use of recorded musical artifacts of music therapy extends beyond therapists' copyright-comfort-zone?

RQ3: Are there benefits of sharing recorded musical artifacts via social media?

Methodology

We conducted 18 in-depth, IRB-exempted interviews with board-certified music therapists in the summer of 2020. We initially recruited participants from a list of music therapists provided by a representative at the American Music Therapy Association (AMTA). Other participants were recruited from interviewee referrals and Internet searches for credentialed music therapists. Table 1 summarizes interviewees' self-reported level of expertise in the field (novice, intermediate, and expert) and the nature of their work. On average, interviewees had over 18 years of clinical experience. They worked in a variety of settings: pediatric specialty center ($n = 6$), large medical center ($n = 1$), and cancer specialty center ($n = 1$). They also worked in a variety of positions: research and clinical faculty ($n = 4$), music therapy business owner ($n = 3$), employed by the AMTA ($n = 2$), and independent music therapist ($n = 1$). Interviews averaged 45 minutes each, generating more than 13 hours of interview data.

Table 1. Interviewees' Characteristics.

| ID no. | Years of experience | Self-described expertise | Clients/areas of expertise |
|--------|---------------------|--------------------------|--|
| 1 | 4 | Intermediate | Emergency Care; Intensive Care; Detox |
| 2 | 20 | Expert | Children |
| 3 | 13 | Expert | Hospice Care; Cancer Care |
| 4 | 12 | Expert | Adolescents From Limited Resource Communities; Mental Health |
| 5 | 10 | Expert | Cancer Care; Dementia Care |
| 6 | 26 | Intermediate | Children; Adolescents; Elder Care; Mental Health |
| 7 | 12 | Expert | Children; Adolescents; Elder Care |
| 8 | 8 | Intermediate | Cancer Care; Burn Care; Bereavement |
| 9 | 25 | Expert | Children; Mental Health |
| 10 | 38 | Expert | Mental Health |
| 11 | 16 | Expert | Elder Care; Hospice Care; Children; Mental Health |
| 12 | 32 | Expert | Mental Health; Cancer Care |
| 13 | 23 | Expert | Mental Health; Substance Use Disorder; Dementia Care |
| 14 | >1 | Novice | Children; Adolescents; Rehab Patients |
| 15 | 30 | Expert | Mental Health; Elder Care; Hospice Care; Children |
| 16 | 20 | Expert | Dementia Care; Elder Care; Hospice Care |
| 17 | 19 | Expert | Children; Adolescents; Hospice Care |
| 18 | 30 | Expert | Children; Adolescents; Cancer Care |

We asked participants about the nature of their clinical experiences, the ways in which they use music with their patients, and what factors guide their selection of particular musical works. Then we asked to what extent these music therapists feel comfortable using copyrighted music and in what instances they feel uncomfortable using copyrighted music. We asked therapists to discuss any gray areas of copyright law as it relates to their work. Finally, we inquired to what extent the socially distanced, COVID-19 pandemic environment has affected their work.

One of the researchers conducted all interviews via video conference, while the other researcher analyzed and created inductive codes based on the data and the research questions driving this study. This approach is consistent with MacQueen, McLellan, Kay, and Milstein's (1998) method of having one researcher tasked with being the "codebook editor," which entails creating, revising, and updating the codes of the project. Both researchers contributed equally to the precoding phase by jotting down notes and highlighting participants' quotes that were meaningful and relevant to the research questions (Boyatzis, 1998). In the coding process, we adopted Luker's (2009) "logic of discovery" by combining deductive and inductive codes to analyze the data. Our goal was to theorize in the context of the existing literature on social media, music therapy, and copyright law to build on the previous literature through the identification of deductive codes in the data. At the same time, as discussed later, we identified novel inductive codes that emerged from the interviews.

For all interviews, a theoretical memo was created to summarize the predominant themes that reflected the codes present in the data. The theoretical memos, along with the jotted notes on each of the

interviews, allowed us to evaluate when we reached a sufficient level of saturation with our findings. As Bowen (2008) explained, data and theoretical saturation are reached when the researcher gathers data to the point of diminishing returns for the identification of new codes and themes. After reaching data and theoretical saturation, we used Saldaña's (2015) coding for patterns technique. Patterns are "repetitive, regular, or consistent occurrences of action/data that appear more than twice" (Saldaña, 2015, p. 5). In the end, these patterns connected with larger themes—which reflected both deductive and inductive codes—that guided the data analysis stage.

Findings

In answering our research questions, seven themes emerged. First, music therapists rely on patients' musical preferences to guide their therapy work, and patients' preferred music is often copyrighted. Second, music therapists universally felt comfortable using copyrighted music in private therapy sessions. Third, sharing recorded artifacts online raised copyright concerns for music therapists. Fourth, music therapists felt a sense of responsibility to "stay out of trouble," which motivated them to act as copyright gatekeepers. Fifth, this risk avoidance was intended to safeguard against not only legal liability, but also patients' emotional injury. Sixth, some music therapists expressed a "moral dilemma" in deciding whether (1) to "follow the law" and avoid copyrighted music in recorded artifacts or (2) to serve their patients' needs. Seventh, therapists highlighted prosocial sharing of therapeutic artifacts on social media, while also noting some potential risks. Each theme is explained later. In the Discussion section, we address how each theme relates to the research questions.

Patient-Preferred Music Is Often Copyrighted Music

Our research confirmed that therapists rely on patients' musical preferences to guide the therapy work (e.g., Clair, 1996). Our interviews corroborate that preferred music helps a therapist capture a patient's attention, engage the patient, and build trust (Therapist #2). Playing familiar music helps a therapist connect with clients: "In my experience, it makes people feel more comfortable and more willing to open up and process what they're going through" (Therapist #1). Familiar music can have a "relaxing effect" for someone in pain (Therapist #5). Without the ability to use patient-preferred music, Therapist #6 explained, "It's going to be a lot harder for me to build a rapport with that client and have a therapeutic relationship."

Patient-preferred music is often copyrighted music. And using copyrighted material is "really integral" to many music therapists' practice (Therapist #17). Early childhood music, such as "The Itsy Bitsy Spider," is in the public domain (Therapist #3), but for patients beyond early childhood, most of the preferred music is copyrighted music. "Most of the music that we're using these days is from the 1960s, 1970s, 1980s, 1990s, and the current time period. All of that stuff's under copyright" (Therapist #3). Indeed, "our old favorite songs—like, even, 'God Bless America'—are copyrighted songs" (Therapist #16).

Comfortable Using Copyrighted Music in Private Therapy Sessions

All 18 interviewees reported feeling comfortable and "safe" using copyrighted music in face-to-face therapy sessions and small group therapy sessions. Within the private, confidential bubble that surrounds

therapy sessions, therapists uniformly felt that they were allowed to sing, play a recording, and transform the melody and lyrics of a copyrighted song. For example, Therapist #16 explained, "I guess I feel like I am protected as long as I'm in a therapeutic community; if it's private, copyright is not really even on my radar." Therapist #13 shared a similar perspective:

If I'm doing something just within the therapeutic setting—because all the work that I do is confidential—within that group setting, I can use prerecorded music. It's not going outside of that space. We're not making money off of it. We're not selling it. We're not promoting it. We're not doing anything other than using it within that therapy room—in that moment—for a therapeutic purpose. So generally, on a day-to-day basis, I don't worry about it [copyright].

Copyright law does not prohibit private performances of copyrighted music. In May 2001, a legal opinion letter written on behalf of the AMTA concluded that private therapy sessions are not a public performance (Hazard, 2001). The AMTA legal opinion letter correctly concluded that "no music license is needed in the case of music therapists who are engaging in individual and group therapy activities for their patients" (Hazard, 2001, p. 2). Of the 18 interviewees, seven expressly referenced this legal opinion letter as a basis for their comfort in using copyrighted music. Therapist #9 confirmed the importance of this AMTA letter:

Pretty much everywhere we treat patients is considered a private setting. It's not considered a public area. AMTA actually has a letter from a lawyer. That letter, from the legal standpoint, says that we are covered because we are not doing our work in public places.

Therapist #8 underscored the significance of private use versus public use: "I don't even think about copyright. But if I'm making anything for social media or that will be seen by a larger group—like 10 people—then I am a lot more mindful of my song choice."

Before the rise of social media, music therapists did not worry about copyright because therapy "stayed" within the private therapy bubble. As a therapist with two decades of experience said, "During the first 10 or so years of my clinical work, I didn't think about [copyright] too much because I knew it could not be preserved in any kind of recorded form" (Therapist #2). In other words, based on limitations in technological affordances, Therapist #2 "knew that there was no way that that [therapy] would potentially get outside of that definition of the private relationship." For music therapists who started clinical work before the rise of social media, they knew "it's not going anywhere else" (Therapist #15). When our study participants were asked in what instances they were less comfortable using copyrighted music, another theme emerged: sharing on social media.

Uncomfortable Sharing Therapeutic Artifacts With Copyrighted Music on Social Media

Technological affordances of social media enable recorded artifacts to extend beyond private therapy sessions. As technology evolves, "we are now having something created inside that private therapeutic relationship" that can then be "shared broadly" (Therapist #2). Therapists are concerned with

"things that start in a therapy room, which then may leave that therapy room" (Therapist #13). And "with everything going digital, now there's more gray areas [in the law]" (Therapist #9).

While therapists report feeling safe using copyrighted music within private therapy sessions, outside that private space, copyright concerns creep in: "If it's now going wider into the community, and particularly now with social media," Therapist #13 said, "it's different." As Therapist #16's comments made clear, sharing therapeutic artifacts on social media makes some therapists feel uncomfortable:

Let's say a dementia patient in an independent living community has an adult child that wants to watch and record a therapy session on their smartphone. Well, if they wanted to record it on their phone for them to look at and to have this beautiful memory of an experience, I wouldn't worry about that . . . until they say, "Oh, can I post this on Facebook?"

Therapist #8 echoed this concern: "When it comes to creating within a therapeutic space, even if it's a prerecorded song, it doesn't worry me as much as when we get to the point of wanting to share it with lots of people."

But people do want to share with others. When asked if a family member might want to share a therapeutic artifact, such as a heartbeat recording, with others via social media, Therapist #17 emphatically said, "Oh, my goodness, yes!" And therapists said that it can "bring joy" to share a recording of a happy moment while in a stressful place, like a hospital. As an example, a therapist explained that a parent may want to share a recording to say, "You know, yeah, this scenario stinks. We're in the hospital. But look, my kid is coping well and having fun" (Therapist #7). It can be "therapeutic" to share such experiences with friends and family, and to say, "Look at my child. They're having fun, they're enjoying themselves. They're not scared, they're not crying. They're smiling. They're interactive with this person. And they're in the hospital right now" (Therapist #7). Similarly, the family of an adult patient may want to record "their mom having a good time, singing 'You Are My Sunshine'" along with a music therapist, while in an assisted memory care facility (Therapist #15). Sharing that recording on social media would show other family members that "mom is doing very well" and "that she's ok" (Therapist #15). Therapist #8 explained that there are times when "young adolescents want to share on social media their journey, their story—and music is a big part of that." Therapist #2 confirmed that these artifacts of therapy do end up online: "There are absolutely times where we find that there's a video of us out on Facebook, singing a copyrighted song in a patient's room, and we didn't even know we were being recorded."

The desire to share on social media is in tension with copyright's restrictions against public performances, reproductions, and derivative works (17 U.S.C. § 106, 2018). Therapist #4 was sensitive to the tension between the share-want and copyright: "I am mindful of issues with copyright, especially if kids want to be able to record stuff, and then put it out and have other people see it and engage with it. That just gets sticky."

Copyright concerns make things "sticky" for therapists who worry that a patient or family member will share a recorded artifact with others: "We're giving it to the family for their use. And they might give it to other people" (Therapist #7). Therapists not only worry about giving artifacts to others; they also worry

about playing such recordings in public places, like at a memorial service. For example, after a child dies, a family “can have a 500-person memorial service and play those songs off of that CD. They could also use it to raise money for their family as they’re paying hospital bills. Then you really get into a tricky situation” (Therapist #2).

A prominent code from the interviews was a worry that a therapy artifact would be monetized or posted on a crowdfunding site. Therapist #18 said, “Heaven forbid one of those kids should be so proud of their derivative work that they decide to do a fundraiser, and it gets them in trouble or something. So that’s why I’m hypersensitive.” Therapist #3 expressed this concern colorfully:

If there was that moment where a parent was like, oh my gosh, I just, I love the song and so I recorded you singing it. And then they go and put it out on the Internet. And somebody’s like, oh, GoFundMe, and then they put it on a GoFundMe. And you’re like, holy s***—that was not supposed to happen! There was never any intention that this was going to be monetized in any way, shape, or form. I think that would probably be a violation of fair use. I don’t know if the law allows for an, “Oh crap, I never meant for that to happen.”

Gatekeepers Motivated to Safeguard Against Copyright “Trouble”

Music therapists uniformly reported that they feel a responsibility to safeguard against copyright “trouble.” The words “worry” and “get in trouble” were repetitive and consistent across the interviews. A code that emerged inductively from these interviews was that the nature of this trouble is multifaceted. “First and foremost,” therapists said they want to ensure that their patients “don’t get in any type of trouble for anything” (Therapist #5). There was a concern that “the family would get in trouble in a time of grief, or maybe in a time of celebration after this awful, long, chronic illness or acute trauma or something” (Therapist #2). In addition to worrying about patients and their families, therapists were also worried that their “institution could get in trouble because of something [the therapist] did professionally” (Therapist #2). And not only were therapists worried “that the hospital could get in trouble,” but there was also a worry that copyright trouble “could create a negative conception of music therapy in either the hospital’s eyes or in the community’s eyes” (Therapist #17). Therapists #16 expressed the full-bodied nature of the copyright worry:

I just don’t want to get in trouble. I worry about everybody. I don’t want anybody to feel bad. I don’t want the music publisher to feel like they’re getting robbed. I don’t want the public to feel like I’m stealing. I don’t want the client to feel like they’ve done something wrong. You know, I want to do everything right.

Another code that emerged inductively was that many therapists felt like it was part of their “job” to educate patients and families about copyright. As Therapist #7 explained,

Sometimes parents like to video the session, and it’s usually my job at that point to say, “Yes, I am okay with you videoing me.” But I will say this is copyright-protected music and so please don’t post this on the Internet or, you know, on a public platform.

Therapist #5 offered a similar perspective: "I'm typically okay with them making video recordings. But I do ask that they not share it on social media. It's just for them to have for memories" (Therapist #5). To discourage posting on social media, some therapists will caution, "It's not for distribution" (Therapist #8), or "It's just for personal use" (Therapist #11).

Emotional Harm From an Online Takedown

Our interviews revealed that music therapists seek to safeguard against more than just legal liability. Therapists discouraged online sharing to shield patients and families from the emotional harm of a takedown notice: "I don't want them to get upset for being dinged by YouTube" (Therapist #11). As Therapist #11 explained, "From a legal perspective, it is probably a low risk; it's more the emotional harm of YouTube saying, 'You did something bad.' And if they're already in a sensitive place, I don't want to contribute to that harm." Therapists are sensitive that it would "feel cruddy for someone to say, 'you can't do that'—when you've already done it" (Therapist #5).

Several music therapists explained that performing and sharing can be an important part of therapy. For example, community music therapy operates on the premise that we do not engage with music solely on an individual level; we engage within a community. As Therapist #4 explained, sharing musical experiences can create opportunities for at-risk youth "to network, to be seen by other people, and to build deeper connections with their community." When performance and sharing are part of therapy, shutting that down can be hurtful: "If the cover song gets recognized by an algorithm while they're in the middle of this live set, and all of a sudden it gets taken down, there's damage now—that has the potential for an emotional spinout" (Therapist #4).

Tension Between Following the Law and Providing Effective Therapy Can Create a Moral Dilemma

Music therapists want to comply with copyright law, but also want to provide comfort and support to patients and their families. A recurring message was that music therapists "just want to do things right" (Therapist #5) and want to "follow the rules" (Therapist #2). But the copyright rules can be "incredibly nebulous" (Therapist #2) and "incredibly unclear" (Therapist #18). Therapist #18 crystallized the frustration with copyright:

It's really difficult. It's just hard to know what is right and what is wrong. Sometimes even when you talk with someone who *has* expertise, they can't give you 100% right or wrong. So, it's just kind of like the shades of gray, and you have to decide how much gray you're comfortable with.

This tension between wanting to stay out of trouble and wanting to provide therapeutically appropriate support can create "moral dilemmas" (Therapist #10), and it can leave therapists in "a very conflicted place" (Therapist #17). As discussed in our next theme, part of this "distress" (Therapist #17) comes from therapists' acknowledgment that there are benefits to sharing recorded artifacts on social media.

Benefits of Sharing Therapeutic Artifacts on Social Media

Our interviews revealed that there are benefits to both the individual and the community when therapeutic artifacts are shared on social media. Some of these benefits are mirrored in the reasons why patients and their families want to share memento artifacts online, as discussed in our third finding. In addition to memory preservation, Therapist #11 recounted the benefits of a music therapist working with nursing home residents to create a music video using the song "Call Me Maybe," where the residents acted out the song with their telephones. From a therapy perspective, "the process is valuable because you're working on a project together, you're creating something new, and it connects with the young folks with this new popular song" (Therapist #11). There are also community benefits from "this intergenerational kind of connection and collaboration." The benefits to sharing such creative artifacts include dismantling of stereotypes, breaking down intergenerational barriers, and building stronger community connections:

The nursing home residents get to be a little bit goofy and funny, which are things that older adults don't always get to do. And then when you create that, and then you share it more widely, then it's a way to connect with younger generations. It's something you can send to your grandkids and see, you know, Grandpa's still got it. It's also a way to advocate for people who are aging, because we have a lot of stereotypes about people who are aging. Music is one of those ways that we open ourselves up to the world by performing and creating. When we do that, we help to break down these barriers between generations, between different marginalized groups. From a community music therapy perspective, we are taking what we do, and we share it with our communities so that we can build connections and help to create a healthier community as well. (Therapist #11)

As another illustration of the benefits of sharing, Therapist #16 highlighted an individual in the early stages of dementia who said "Hey, I want—as my disease progresses—I want people to be able to see what this looks like." Recording and sharing such progressive therapy sessions could have educational value because "seeing is believing," and the shared recordings could give "hope" and "encouragement" to others (Therapist #16). Therapist #14 echoed the benefits of sharing: "It could reach others who went through a similar experience. It can be a way of providing hope to others. And it can teach others about music therapy."

Sharing can be a big part of healing: "Sometimes kids are really, really proud of hearing themselves sing along to a song, and there would be benefits for them to share that with their families and their loved ones and their grandparents" (Therapist #8). Sharing can also be part of the empowerment process; for a client with low self-esteem, who has a hard time socializing and making friends, "maybe that first step could be sharing something that feels really vulnerable to them and the fact that they have the courage to share it would be therapeutic" (Therapist #14). And "sharing the work that they're doing in therapy" could also help to further destigmatize mental health recovery (Therapist #13).

Our interviews revealed another benefit to sharing via social media: opportunities for those who lack reliable broadband access. In "rural areas" and "marginalized communities" where clients lack sufficient Internet access, "recordings are easier to use to have a smooth musical experience—without a lot of freezing

and hiccups and things like that" (Therapist #11). Several therapists confirmed that there was an opportunity for a "gap in health care" to be filled by telehealth and other remote access to services (cf. Levy et al., 2018; Spooner et al., 2019).

We conducted our interviews in the summer of 2020, during the COVID-19 pandemic. All therapists were affected to some degree, and several music therapists reported that the socially distant environment made their work "infinitely more complicated because we can't do the work that we've been able to do" (Therapist #3). For community music therapists during the pandemic, "the majority of the challenge has been dealing with clients that don't have that reliable Internet access" (Therapist #4). For therapists working with "kids that were already dealing with poverty," the pandemic has had a disparate impact. For "youth that are predominantly black and brown, living in poor neighborhoods, they just don't have reliable Internet access. And so, they're not able to get online" (Therapist #4). As one therapist explained, "We try to be really respectful of socio-economic access to digital content" (Therapist #2). Without reliable Internet access to maintain a full telehealth session, "you're looking at somebody who's going to need to just be able to access things they can pull off the Internet in quick bursts" (Therapist #4). In this environment, "when we're all online," therapists noted that "sharing a YouTube link is so much easier than sending a file by email" (Therapist #11).

Our findings have identified benefits of sharing, yet we candidly acknowledge that our interviewees also highlighted potential concerns with sharing on social media. First is a question of patient consent. For example, Therapist #16 raised questions about whether a dementia patient would have the capacity to consent to a recording of a therapy session: "If you're not a therapist, you might not even think about it. So, then it's my job." A second concern is that shared materials might misrepresent the field of music therapy. Therapist #5 explained,

Let's say the person takes a video of me playing and singing, and they say, "This volunteer came in and played music for dad." You know, I'm not a volunteer. I'm an employee. I worked really hard to get my board certification. So that's a misrepresentation of what I do.

Finally, the act of recording therapy could trivialize the deep work of therapy or could risk undermining the therapeutic process. Therapy is for therapy—not necessarily for public consumption: "If you are in the therapy session doing work so that it'll sound good to go on social media, that is different than being in the therapy session and doing the work so that you can really dig deeper" (Therapist #13). For fragile hospice clients, who are "doing lots of really deep, important end-of-life work," therapists can be protective against outside eyes: "It's so easy to shut down people when they're doing the really, really hard work of letting go of life and letting go of another person. That can all fall apart very easily, if the wrong thing happens" (Therapist #3).

Discussion and Conclusion

This study investigated the circumstances in which music therapists are comfortable using copyrighted music when treating patients—including whether therapists are comfortable when patients

share therapeutic artifacts online. Our in-depth interviews offer evidence that although music therapists are comfortable using copyrighted music in private therapeutic sessions, the copyright-comfort-zone does not extend to social media. We learned that music therapists have assumed a copyright gatekeeping role, dispensing copyright cautions and discouraging patients and their families from sharing therapeutic artifacts on social media.

We discovered that music therapists feel a heavy responsibility to avoid copyright “trouble”—for themselves, their patients, their employer, and their profession. This gatekeeping behavior is not motivated only by potential copyright liability; our study found that some music therapists feel equally motivated by the desire to protect already vulnerable patients and their families from the emotional harm of having cherished artifacts “dinged by YouTube” and taken down from social media. An online takedown signals “You did something bad.” And therapists worry that this implied message of a takedown could make an already grieving family more “upset” or trigger an “emotional spinout” for susceptible individuals and those making themselves vulnerable by sharing. This novel finding contributes to our understanding of copyright gatekeeper motivations and the harms of improper takedowns.

U.S. copyright law provides a remedy for an improper takedown of material on social media (Register of Copyrights, 2020; Reid, 2019), but the nature of the injury being remedied is undertheorized. As our interviews reveal, in addition to a speech-impairing injury for an improper silencing of online content, there can also be another injury: emotional injury. For an improper notice and takedown, the law provides a remedy “for any damages” (17 U.S.C. § 512(f), 2018), and an implication of this research is that “any damages” may include emotional damages. This novel insight can guide further research on the proper calibration of copyright’s notice and takedown regime, including meaningful consequences of an improper takedown.

Our analysis identifies a variety of societal benefits from sharing therapeutic artifacts. It also reveals that prosocial sharing is being impaired by copyright concerns. Our innovative findings not only confirm that overbroad copyright undermines artistic contributions (e.g., Aufderheide et al., 2016), but also reveal that copyright impairs health and wellness contributions. Sharing therapeutic recordings on social media extends the reach of individuals in socially distant environments, allowing them to connect with others for emotional comfort. Music therapists acknowledge that online sharing can offer comfort to friends and family by allowing them to witness a loved one’s happy moments during therapy. Sharing therapeutic artifacts is instrumental in breaking down stereotypes about ailments and age groups, building self-esteem and community connections, and destigmatizing mental health recovery. Sharing these materials can also showcase the efficacy of music therapy. In addition to promoting the social utility of music therapy, sharing therapeutic artifacts may prompt other creative, therapeutic uses of music. New creative works may catalyze additional creative works. Creativity is accretive. Accretive creativity in music therapy is underexplored in the literature.

Notwithstanding the manifold benefits of online sharing, music therapists discourage posting therapeutic artifacts because of copyright concerns. Thus, fear of the consequences—including emotional consequences—of copyright directly impedes socially beneficial health-related uses of social media. Several therapists identified other potential pitfalls to sharing on social media. Building on these concerns, we are

not unmindful of the potential for aggressive and trolling behavior online (e.g., Cheng, Danescu-Niculescu-Mizil, Leskovec, & Bernstein, 2017; Swenson-Lepper & Kerby, 2019). Nevertheless, we perceive an important distinction between (1) being discouraged from sharing online because of copyright concerns and (2) an individual choosing not to share online because social media platforms may be populated with unpredictable and aggressive trolls. However laudable the motivations, copyright gatekeepers risk undermining patients' and families' agency and autonomy in choosing whether and how to share.

This study adds music therapists to the list of copyright gatekeepers. It also enhances our understanding of the varied motivations and the "moral dilemma" of copyright gatekeepers. Our findings underscore ethical and moral implications of trying to "stay out of [copyright] trouble." Deadweight losses and lost opportunities of therapeutic care warrant further study.

Our analysis of music therapists' concerns is not without limitations, however. These data represent the experiences of a relatively small group ($N = 18$) of U.S.-based music therapists, who were interviewed during the COVID-19 pandemic. The themes identified herein may not reflect the views of the broader music therapy field. Further research is necessary to assess how widespread copyright concerns are for music therapists. Future research should investigate the tantalizing question of whether these copyright gatekeepers are discouraging the distribution of fair use artifacts. Fair use allows copyrighted works to be used without permission from or payment to a rightsholder (e.g., Sinnreich & Aufderheide, 2015). Future research should build on this study and investigate (1) what music therapists understand about copyright and fair use and (2) whether therapeutic artifacts are likely a fair use of copyrighted music.

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