

Music Therapy with Bereaved Youth: *Expressing Grief and Feeling Better*

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The use of music for therapeutic purposes has been reported for many centuries, from the biblical tales of David soothing King Saul with his harp, to the healing rituals of indigenous cultures. Today, the advent of MP3 players and other new technologies has extended possibilities for self-care through music since it is now feasible to listen to preferred tracks anywhere and anytime. An investigation of how adults use MP3 listening devices revealed that music affords immediate opportunities to regulate mood, access emotions, adjust energy levels, and create boundaries around oneself in public places (Skånland, 2010). Other investigations have described the ways adults use personally significant songs to connect to the past and reintegrate different aspects of themselves in the present (DeNora, 2000). These everyday self-care strategies have led to descriptions of music as a “technology of health” (Ruud, 2010) that has potential for helping those with “health” problems. This potential has been confirmed in a study of Norwegian adults with chronic illness who required minimal encouragement to begin using music as “self-therapy,” with participants creating personal musical rituals that provided a structure and focus for health-oriented experiences (Batt-Rawden, DeNora, & Ruud, 2005).

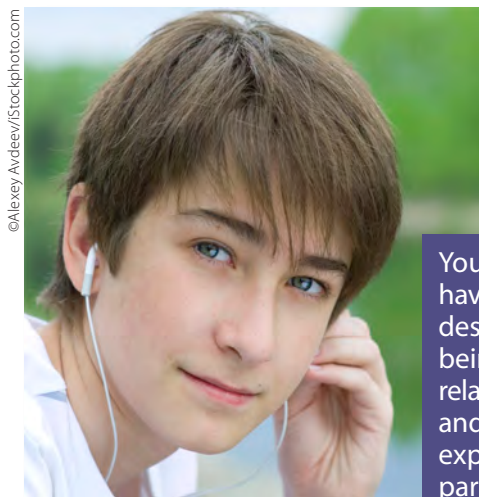
Compared to adults, young people have always made more time for music in their lives and their relationship with music is both powerful and substantial. One study of levels of musical engagement among 2,465 British youth discovered that the surveyed youth listened to 2.45 hours of music per day on average (North, Hargreaves, & O’Neill, 2000), with a small-scale study of Australian youth indicating that vulnerable young people listen even more (McFerran, forthcoming). In addition, approximately 50% of the British youth participated actively in music-making activities, a higher proportion than we would anticipate in the adult population. When asked why they participate in music through listening and playing, young people have consistently described music as being intrinsically related to enjoyment and positive experiences, in particular mood regulation (Gantz, Gartenberg, Pearson, & Schiller, 1978; Saarikallio & Erkkilä, 2007). Similar to the Norwegian adults (Skånland, 2010), a group of eight young Fins described using music to intentionally regulate their mood (Saarikallio & Erkkilä, 2007). However, rather

than purposefully setting out to improve their mood, they explained that they simply “know” what kind of music they need to listen to. The adolescent approach seems to be more natural and casual, as well as more frequent, partly because its function is not only for self-care but also for asserting personality and consolidating peer group affiliations (Gold, Saarikallio, & McFerran, in press).

The relationship between music and mood is made clear in the aforementioned studies of everyday uses of music. The same relationship provides a foundation for engaging bereaved young people in music therapy experiences. Bereaved young people are forced to grapple with existential issues related to the permanency of death in a way that is challenging to their emerging cognitive abilities to comprehend such a notion (Clark, Pynoos, & Goebel, 1994). At a time where adolescents benefit from a stable basis upon which to experiment with identity-related issues, the loss of a significant family member or friend can shake their foundations (Krupnick & Solomon, 1987). Although some researchers have identified relationships between bereavement during adolescence and adult mental illness (Harrison & Harrington, 2001), other reports highlight the personal capacities that the young person discovers in their attempts to cope with loss during this developmental stage (Davies, 1991). Music therapy in this context provides an opportunity for prevention of mental health problems through the successful resolution of grief related issues. In addition, musical participation provides opportunities for identity exploration as participants adopt novel and creative roles within music therapy encounters. This article will outline investigations of music therapy with bereaved young people and highlight relevant outcomes to the prevention of health problems in response to bereavement.

DEFINING MUSIC THERAPY

Professional music therapy engages vulnerable people with music in ways that promote positive change. Kenneth Bruscia, an eminent music therapy theorist, succinctly defined music therapy as “a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change” (Bruscia, 1998, p. 20). Since that time, music therapy has evolved to more explicitly encompass prevention by considering not only the changes possible as the result of therapeutic relationships with participants, but also the potential to promote sustaining relationships between vulnerable people and their communities through shared musical participation (Stige, Ansdell, Elefant, & Pavlicevic, 2010). Musical participation can take many forms, from the use of existing musical pieces of all genres (ie., classical to hip-hop) through to the creation of original music in the form of compositions or improvisations. Decisions about the nature of musical participation are based on the participant’s interest and preferences within music, as well as the therapist’s recommendations about potentially unfamiliar ways of engaging in music. Participants in music therapy may listen, play, and sing along with known songs, or compose or improvise music. The participants’ psychological, physical, and cognitive abilities influence what forms are most suitable. Because music utilizes unique neurological pathways in the brain, expectations may be higher for musical participation than verbal or cognitive participation—such as when adults in rehabilitation cannot walk except with the



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assistance of entrainment to rhythm (Thaut, 2005); or when children with ADHD are more able to control impulsive behaviors when motivated to participate in music (Rickson, 2006). In the field of bereavement, musical participation may take any of the possible forms depending on the specific participants involved, but adolescents are often encouraged to include some attempts at active creative expression as a way of exploring identity in addition to their existing use of music listening as a powerful form of self-therapy (Skewes & Grocke, 2000).

MUSIC THERAPY RESEARCH WITH BEREAVED YOUTH

Music therapy research has investigated different forms of musical participation by bereaved youth using a range of methodologies. In the U.S., effectiveness studies using controlled research designs have often been adopted. A meta-analysis (Rosner, Kruse, & Hagl, 2010) which reviewed promising treatment models in youth bereavement declared music therapy as “the most successful” intervention for supporting bereaved youth on the basis of these U.S. investigations, highlighting two studies in particular. The first study (Hilliard, 2001) measured behavior and grief symptoms before and after eight weeks of music therapy, finding significant improvements in both measures based on parental ratings of behavior in the home environment. The same researcher conducted a follow-up study (not included in the meta-analysis) comparing music therapy to a social work group, as well as a control group (Hilliard, 2007). Behavioral distress improved significantly as a result of participation in both music therapy and social work, but only the music therapy group achieved significantly reduced grief-related symptoms. The form of musical participation in these studies was group improvisation and other instrumental play methods. The second study noted in the meta-analysis investigated a bereavement support group for teenagers that used a highly structured song-writing intervention over eight weeks (Dalton & Krout, 2005). The youth in this group addressed different grief-related topics through participation in song composition each week and once again, the results demonstrated improvements in grief processing compared to youth in a wait-list control group whose status remained relatively unchanged.

Evidence suggests that structured group music therapy is effective for young people who have been recommended for treatment due to behavioral and grief-related symptoms.

Whereas quantitative controlled research designs have been preferred in the U.S., the author has conducted two empirical, qualitative studies in Australia and an Action Research investigation in Ireland. The purpose of these studies was to better understand how music therapy results in pertinent change for bereaved teenagers through analysis of young people’s descriptions during in-depth interviews. In the first study with this intention (Skewes, 2001), six bereaved teenagers described a number of dichotomies they believed were critical to the positive outcomes experienced as a result of participation in free instrumental play (group improvisation) and listening to one another’s “most meaningful” music (music contributions). Group improvisations were described as providing opportunities for the experience of both freedom and control that encouraged personal expression. One 15-year-old male explained that “We all had the same freedom to let out the emotions and stuff,” while another (also 15) stated “Most of the time I felt that I had control in the improvisations and I could do exactly what I wanted.” This dichotomy was summed up in the explanation of a 14-year-old female, who said “The improvisations were the best because

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Musical participation can lead to positive changes when channeled appropriately.

you express how you feel with your own instruments and you can change it yourself.” These young people had never learned to play an instrument before the music therapy group, but were able to use the unfamiliar form of musical participation to good effect.

The other component of music therapy involved listening to one another’s most meaningful music. The participants existing relationship with popular music was used as a resource for expressing their identity (preferred music) concurrently with their expression of loss as they played different CDs to the group for discussion across the ten weeks. One 13-year-old boy explained how this was helpful with the following statement: “They said it’s meaningful and they didn’t laugh at my music.” All participants described how the group was helpful for both emotional expression and identity formation. In addition, the young people also highlighted more general group dynamics of acceptance and respect as critical. As the 14-year-old girl explained, “It was good bringing in music coz you knew what songs people liked and how it was connected to the people who died.” The safety and understanding group members received from both musical and discussion-based group encounters led to personal growth and increased self-understanding as well as empathy for others (McFerran-Skewes, 2000). “Everybody played what they wanted to play and it showed everybody’s feelings” (15-year-old girl).

A follow up investigation (McFerran, Roberts, & O’Grady, 2010), adopted a slightly different approach based on feedback from the initial study and emerging understandings of grief, loss, and resilience. Whereas a psychodynamic approach had informed the first study, emphasizing containment and the importance of expressing and understanding feelings associated with the loss in order to promote unfettered development, the next study adopted a framework of empowerment and resilience as tools for prevention. A heavier emphasis was placed on the young people’s existing relationship with music, and as a result song writing was encouraged as the mode of creative musical participation rather than free associating with musical improvisations in a psychodynamic framework. After conducting interviews and analyzing the descriptive data, a humorous play-on-words that reflected the overall tone of the adolescent group was constructed by the researcher to encapsulate the ideas expressed by the young people—the self-selected music therapy participants were “dying” to express their grief (McFerran, 2010b, p. 22) and they appreciated

the fun and creative opportunities to do so. They described being “bottled up” before the group, “hiding away” their grief so that people wouldn’t be disturbed by their angst. They then explained “releasing my feelings” within the group and “letting it all out,” resulting in being able to “move on,” “get over it,” and “let it go.” They said they “felt better.”

The clear descriptions that have emerged from qualitative studies of bereaved young people suggest that music therapy is valued because of the opportunities for both expression and connection that are made available through musical participation. This is supported by the results of effectiveness studies; however, they need to be contextualized in relation to emerging evidence about inherently resilient responses to grief generally. A range of retrospective and prospective studies suggest that the majority of people cope successfully with grieving (Bonono, 2008), and only a minority are in need of, or indicated for intervention (Currier, Neimeyer, & Berman, 2008). This finding resonates with the potential for growth from adversity that has been highlighted in some investigations of adolescent grief (Balk & Corr, 2001). Resilience does not suggest a lack of response to grief, but rather it challenges a causal relationship between bereavement and mental illness. Instead it suggests that those susceptible to mental illness are less likely to cope successfully with grieving and require more extensive support. Some studies have revealed an inclination for adolescents to “suspend” their grief until such time that a safe and loving relationship is established in the future where they will have opportunity to process their response (Martinson & Campos, 1991; Worden, 1996). Logic dictates that the death of a parent or sibling presents a challenge for young people, and that extended negative reactions will result for some but not all (Dowdney, 2000).

FROM RESEARCH TO PRACTICE IN BEREAVEMENT SUPPORT GROUPS

The quantitative and qualitative research described above suggests that young people find the process of music therapy valuable, and that measurable improvements have been captured.

The changes resulting from musical participation vary depending on the degree of need identified by a bereaved young person. Evidence suggests that structured group music therapy is effective for young people who have been recommended for treatment due to behavioral and grief-related symptoms (Dalton & Krout, 2005; Hilliard, 2001). These may be the young people who are not as resilient as the statistics on the general population would suggest. The Australian school-based studies with young people who chose to participate in the group because they were “dying to express their grief” (McFerran, Roberts, & O’Grady, 2010) were less structured and more control was offered to the young people to determine group content. This may be the most suitable approach when resilient responses are expected but support is considered valuable, either by the young people themselves or their carers.

The youth’s descriptions of why musical participation created change can be used as guides for creating bereavement support groups for young people. Youth who participated in music therapy studies believed that what helped them feel better were the opportunities for emotional expression and feeling understood that resulted from the fun and creative experiences they shared. They described being familiar with the pop psychology doctrine of “expressing your feelings” but had limited strategies for actually doing so. The young people felt that, if they were in the right mood, playing instruments allowed for a release of feelings without negative consequences (such as teasing or isolation), and that creatively expressing grief-related feelings led to a more relaxed state that allowed them to move on with their lives and feel happier. This process could, in theory, be equally true for creative drawing, dance, and drama.

Different levels of structure appeared to be more and less helpful with different groups of participants. Writing songs provided a more structured form of participation that required the youth to stay focused on uncomfortable discussions of grief and, as a result, provided opportunities to hear about other people’s experiences of loss. Imposing structure on the creative process was helpful to survive the complexities of sharing feelings in public that resulted in a more normalized experience, with the young people feeling more comfortable about talking to others beyond the group. However, the young people emphasized that it was also important to have fun in the groups because they found it difficult to engage with their grief more than momentarily. This is in keeping with contemporary understandings of grief that depict typical grieving as oscillating between distraction from grief and being overwhelmed by it (Stroebe & Schut, 2008). A blend of structure and freedom, altered to suit the needs of the group members, provides a helpful framework for using creative participation as a medium for expression and sharing in response to grief.

THE UNIQUE BENEFITS OF MUSICAL PARTICIPATION

Although there are many similarities between creative mediums, there are also unique aspects to each. Evolutionary theorists have been intrigued by the purpose of music making in society, given that it is ubiquitous across all world cultures and has been an intrinsic part of human communities since *Homo sapiens* began to work together (Dissanyake, 2009). They suggest that shared music making is unique in its ability to gather people together in pleasurable activity, transcending political, cultural, and other differences (Cross, 2009). Recent research from the field of neuroscience provides another perspective on this phenomenon, pointing to the endorphins and dopamines that are released during musical engagement that promote joy and energy (Levitin, 2007). Emerging brain imagery studies (Overy & Monar-Szakacs, 2009) suggest that mirror neurons also contribute to the success of shared musical participation, since imitation, synchronization, and shared experiences are critical to the experience of empathy that young people refer to in lay language as “feeling understood.”

THE WAY FORWARD: APPROACHES TO MUSIC THERAPY BEREAVEMENT SUPPORT GROUPS

Given the high numbers of bereaved young people and the small number of music therapists internationally, it is pertinent to consider



Young people find the process of music therapy valuable.

a range of ways for utilizing the insights generated from research into music therapy and bereaved youth (McFerran, 2010a):

- If no 'symptoms' of grief have pre-empted participation, but the teenager has volunteered or self-nominated for grief support, the focus is preventive and therefore an empowering, freely structured creative group process is most suitable.
- If family or support professionals think that the young person may benefit from music therapy because they see changes in behavior or a persistent attachment to grieving, a more traditional and structured therapeutic approach is suitable, drawing on psychodynamic tenets and emphasizing the importance of a relationship with the music therapist.
- If the grief program is being offered to teenagers who are already receiving services for other needs such as addictions or poor mental health, then a brief workshop run by the music therapist with the support of ongoing staff may be enlightening and helpful. Grief-related issues may be identified and acknowledged in the presence of staff and peers, and ideas for using music as an ongoing health resource can be offered.
- Consultancy work is the final option when support staff anticipate that musical participation may be helpful for some young people but other priorities remain dominant in the present moment. Music therapists can teach other professionals about the ways that teenagers use music and how music therapy might be helpful in processing the grief-related aspects of their treatment or therapy.

Musical participation is a relevant technology of health for adolescents who are grappling with the implications of a significant bereavement in their lives. Whether they use their own music

listening as self-therapy, or participate in more formal services, such as music therapy, is largely their own decision unless their response to grief becomes a cause for concern and more active intervention is indicated. Music therapists can provide direct support with a preventive or treatment orientation, or they can provide brief workshops and consultancy to other service providers who support young people with a significant bereavement experience in their past but for whom their current challenge is more prioritized. The music therapist can offer a range of musical experiences, from the use of songs to the creation of new music and the participant can listen, sing, play, compose, and improvise in response. Musical participation can lead to positive changes when channeled appropriately, and young people have described how they "feel better" after expressing themselves and hearing about others' situations. In addition, some evidence has placed music therapy at the forefront of effective interventions in bereavement, further consolidating a potential role for music therapists in bereavement support. As one young man said:

"It makes you feel good to take those feelings out in the group and express them to other people." ↪



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