

**Music Therapy for Adolescents Processing Bereavement: A Case Study of a Bereavement  
Camp for Youth**

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by

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## **Abstract**

This study explores a unique Canadian weekend camp for children and adolescents who are grieving the death of someone significant in their lives. The camp provides recreational activities such as campfires, horseback riding, and wall-climbing as well as therapeutic activities to help with grief such as music therapy. As part of a larger project on Canadian music therapy programming for youth (called “Meeting Youth In Music”), the present study’s purpose is to identify how music therapy interventions are applied and experienced in a particular program with adolescents experiencing bereavement. A case study research design was used and data collected from multiple sources. Primary data were generated by interviewing five stakeholders: the program director, the music therapist, a volunteer, and one adolescent and her mother (who were interviewed together). Thematic analysis was conducted on the interview transcripts, resulting in the identification of numerous themes about the application of music therapy practices. Identified themes characterize music therapy practices as fostering community connections, encouraging emotional expression, and supporting therapeutic practices for diverse populations. Findings of the current study suggest that music therapy interventions can provide benefit for bereaved adolescents. Future research can investigate the specific mechanisms of music which provide such therapeutic benefits.

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I must acknowledge all my family and friends who encouraged me to complete this thesis throughout five years of procrastination.

## **Dedication**

This thesis is dedicated to the brave youth who attended the bereavement camp, and all youth who have suffered the loss of a loved-one. The substantial challenges they encounter seem premature and unfair. Their resiliency and perseverance are inspiring.

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## Chapter 1: Introduction

Adolescence is a transitional period of life development which often introduces the individual to a new social milieu, with unfamiliar expectations, relationships, desires, responsibilities, and challenges. Adolescence has been defined as “the transitional period between childhood and adulthood, marked by changes in the body, mind and social relationships (Park, 2003, p. 41). The Canadian Institute of Health Information (2005) identifies adolescence as “the life phase between childhood and adulthood, marked by biological, intellectual and psychosocial development... It marks a period during which adolescents move from relying on the judgment and authority of others to learning to make independent and responsible choices.”

Consequently “adolescent” refers to an individual within this developmental life stage. Relevant literature on adolescent topics use the term “youth” as synonymous with both “adolescence” as a period of development, as well as with “adolescent/s” as individuals. The current study will utilize these terms interchangeably. Personally, I empathize with today’s adolescents as I recall my own struggles during adolescence. Most vividly, I recollect a notable frustration with the unspoken yet pervasive message that the insights and experiences of adolescents were not acknowledged nor valued by adults. Further, as a current school counsellor for today’s youth, I perceive that the message of devaluing youth persists, and contemporary adolescents are forced to contend with such belittling messages in addition to the many other adversities of adolescence.

As of 2001, adolescents comprised 11% of Canada’s population, which is over 3.2 million people; further, 15% of youth are affected by mental illness, including anxiety, eating disorders, depression, substance abuse, schizophrenia, and bipolar disorder (all of which have an age of onset during adolescence) (CIHI, 2005). Relevant literature for adolescent-focused

interventions is woven together with the common thread of a social focus. The emphasis on peer involvement and focus on social-realm functioning is evident across adolescent health dynamics, intervention models, and intervention outcomes. It is clear that a strong social-realm focus should underpin services and supports for adolescents.

The emphasis on social frameworks of therapeutic interventions for adolescents suggests that group therapy approaches provide a suitable fit for this population. Group therapy has been defined as “precisely delineated learning situations characterized by a predetermined goal, realized through a well-formulated plan that minimizes client frustration and maximizes generalizability to everyday living” (Richards, Burlingame, & Fuhrman, 1990, p. 81). Due to the amount of time adolescents spend in groups with their peers (in and out of school), therapy within a group format is a common-sense choice for the implementation of counselling services; the group provides a context in which adolescents can receive interventions for use in authentic scenarios (Kulic, Horne, & Dagley, 2004).

Further, adolescents define themselves largely through pop culture, and contemporary youth culture is extensively influenced by music. Conveniently, music therapy can be utilized in multiple therapeutic ways with adolescents within group settings. Music Therapy has been defined as “the client and therapist working together through music for the purpose of promoting health” (Abrams, 2010, p. 360). Given the previous definition for group therapy, music therapy groups could be conceptualized as a delineated learning situation utilizing musical activities to collaboratively pursue an identified goal.

Personally, I have an interest in music-based interventions as I have been a musician for the past fourteen years of my life. As a freelance drummer, I have benefited from the opportunity to play with numerous musicians throughout Western Canada. Doing so, I have

witnessed, experienced, and discussed the influence and power of music for individuals representing a wide range of demographic and personal variations. Such experiences have cultivated a personal interest in, and passion for music; along with awe for music's ineffable and universal abilities to benefit humans, both personally and socially. Though researchers continue to investigate the specific mechanisms of music's influence, the power of music has long been recognized. Vastfjall (2002) acknowledged that music can "arouse deep emotions in a listener," (pp. 173) and Perlovsky (2010) stated:

Musical power over human soul and body has remained mysterious from Aristotle to the 20th century cognitive science. Contemporary evolutionary psychologists have recognized music as a cultural universal of tremendous power; still its fundamental role and function in cognition, its role in evolution of consciousness and culture have remained hidden. (p. 23)

Canada has a population of adolescents transitioning from childhood to adulthood.

Responsive and efficacious tertiary interventions are important. Given the suitability of group therapy, and more specifically music therapy, for adolescent populations -- it becomes evident that music therapy groups should be investigated as a promising intervention framework for adolescents.

### **The Current Study**

The current study is part of a larger, national study, Meeting Youth in Music that involves case studies being conducted across Canada to investigate the research question: "What is the current status and nature of music therapy programming for Canadian adolescents?" The current study investigated a bereavement camp; a weekend camp for children and adolescents who are experiencing bereavement. The camp serves youth aged 5-18 years-old (arranged into age groups) who have suffered the death of a loved-one. The camp aims to provide a memorable and fun experience where activities serve to assist the campers in dealing with their bereavement.

Activities are intended to guide camp participants through therapeutic processes which allow them to grieve in safe ways, and to understand that it is acceptable (and encouraged) to remain as children/teens while grieving. The camp participants are given the opportunity to meet peers who are suffering similar bereavement experiences.

The camp was selected as a case due to its utilization of music therapy as part of its programming. Further, the selected camp represents the specific geographical location of South-Central Saskatchewan, while exhibiting specific program characteristics including a unique situation, agenda, and types of music interventions.

Utilizing a case study approach, the researchers were able to investigate the application of music therapy interventions to serve children and youth who are experiencing bereavement and investigate the question “How are music therapy interventions used and experienced in a particular program for children and youth who are experiencing bereavement?”

### **Key Terms**

The following key terms are defined as follows.

Adolescence: “The transitional period between childhood and adulthood, is marked by changes in the body, mind and social relationships; the life phase between childhood and adulthood and is marked by biological, intellectual and psychosocial development...It marks a period during which adolescents move from relying on the judgement and authority of others to learning to make independent and responsible choices” (Park, 2003, p. 41; CIHI, 2005, p. 3).

Bereavement: Bereavement refers to the loss of a loved one, that is, the objective status of having experienced a loss, “regardless of subjective experience” (Holland, et al., 2006; Melhem et al., 2011, p. 911).

Grief: Grief is understood as “the deep mental anguish arising from death or loss, demonstrating the internal experience of bereavement... the subjective experience of loss...” (Bailey, 2009, p. 5; Melhem et al., 2011, p. 991).

Group Therapy: Group therapy is distinguished as “precisely delineated learning situations characterized by a predetermined goal, realized through a well-formulated plan that minimizes client frustration and maximizes generalizability to everyday living.” (Richards et al., 1990, p. 81).

Music Therapy: “The client and therapist working together through music for the purpose of promoting health” (Abrams, 2010, p. 360).

### **Thesis Organization**

The thesis includes five chapters. Following this introduction chapter is the literature review introducing past research relevant to the current study. Chapter three establishes the methodology of the current study, elaborating on qualitative research, the specific case under investigation, and the processes of data collection and analysis. Chapter four presents the results of the current study, explaining the themes elicited, along with illumination of the researcher’s personal interview reflections. Finally, findings are summarized in chapter five, with discussion of the context, strengths, and limitations of the current study.

## **Chapter 2: Literature Review**

This chapter provides a review of literature significant to music therapy approaches for adolescent populations. It commences with a brief introduction to adolescence as a momentous period of life development, highlighting the importance of music to adolescents, the dynamics of this life-stage with related risks and requisites for therapeutic interventions, and Canadian statistics on adolescent demographic factors. Grief and bereavement is then explored with particular focus on how adolescents can be influenced by these experiences, along with suggestions for developmentally appropriate interventions. Through the lens of adolescent development, group therapy and community building interventions are introduced, underscored by the intrinsic factors that render group therapy a compelling intervention approach for adolescent populations. Subsequently, music therapy is presented, emphasizing the applicability of music therapy to both utilize group therapy approaches while also proving potentially efficacious for adolescent populations. The correspondence between group therapy and music therapy is highlighted, with continual anchoring to the specific qualities of adolescence. Finally, music therapy practices applied to populations of bereaved adolescents are discussed. The chapter concludes with a concise summary of the literature and illumination of the necessity and significance of the current research project.

### **Adolescence – A Momentous Developmental Period**

#### **Challenging Dynamics**

Many researchers who study adolescent development and relative interventions emphasize the struggles faced by individual during this transitional phase of development. The Canadian Mental Health Association underscores that adolescence is period of dramatic changes as youth are pressured to succeed socially, academically, and within their families, all while

lacking the life experience to successfully navigate these challenges or to recognize adolescence as a transitory period (CMHA, 2013). Relevant literature lacks cohesion when establishing specific biological ages for the beginning or ending of adolescence. This is due in part to the individualized nature of adolescent development; although a shared universal stage of development, all humans will progress through this stage in unique and personalized ways.

Adolescence is a meaningful period of personal development in which present and future patterns of mental and biological health are established. Adolescent health is determined by the dynamics between early childhood development and pubescent biological and social-role developments, which are in turn influenced by social determinants, resiliency factors and risk factors altering the application of health-related practices (Sawyer, Afifi , Bearinger, Blakemore, Dick, Ezeh, & Patton, 2012).

As a major transitional developmental period in the human life-span, adolescence leads individuals to encounter life stressors (specifically at home and at school) which they may be ill-equipped to navigate effectively due to lacking sufficient adaptive resources (Sharma & Jagdev, 2012). Millar (2006) illustrated that adolescents struggle to conceptualize and navigate a world which simultaneously promotes and values youth, while conversely denigrate and diminishes youth; adolescence is a “period of debate and battle between potency and impotency – fought internally and externally – against a developmental backdrop of omnipotence” (p. 37).

The life stage of adolescence is characterized by psychosocial, biological, and intellectual development, where the individual navigates a significant transition from relying on the authority and judgment of others to gaining autonomy and making independent choices (CIHI, 2005). Skewes (2001) asserted that the turbulence of typical adolescence is intensified as it is a major

transitional period from the stable containment and safety of the childhood family unit, towards the unnerving inability to navigate the unconstrained stressors of young-adult life.

### **Peer Influences**

During adolescence, peer relationships gain influence as significant sources of advice, support, information, and companionship; this influence can provide both immediate and long-term effects on academic, social, and cognitive development (Freeman, King, Pickett, Craig, Elgar, & Klinger, 2011). Balk, Zaengle, and Corr (2011) stated that adolescents begin to place more value on membership within a popular peer group; leading to a decrease in time spent with their families, and an increase in susceptibility to social influences of conformity and peer pressure. Adolescent maturation can benefit from positive peer relationships that can improve social development and sense of well-being and self-esteem, along with general psychological development (Balk et al., 2011; Boyce, King, & Roche, 2007). Awareness of an altered social dynamic should inform supports and services developed for adolescents, capitalizing on the significant influence of peer relationships.

### **Importance of Music to Adolescents**

Adolescent respondents have identified listening to music as a preferred activity over most other indoor activities (with the exception of watching television), and have identified musical activities as consuming a large amount of their leisure time (North, Hargreaves & O'Neill, 2000). Reportedly, adolescents listen to music in order to; a) reduce loneliness, b) be creative and imaginative, c) please peers, d) alleviate boredom, e) create a self-image, f) enjoy the music, g) alleviate stress, h) get through difficult times, and i) identify with social trends (North et al.).



Campbell, Connell and Beegle (2007) recognized that “music is a prominent force in the lives of adolescents, and they value its potency in directing the course of their daily activity as well as their long-range hopes and dreams” (p. 233). Numerous outcomes have been highlighted noting what makes music significant to North American adolescents. Music can: a) serve as a means to promote tolerance and acceptance of individual and group diversity; b) fulfill social and emotional needs; c) foster social cohesion; d) facilitate healthy development and pro-social behaviour through distracting adolescents from potential risk factors; e) provide a coping mechanism to manage the challenges of adolescence; f) serve as a socializing force; and g) enable adolescents to regulate and express emotions, and express themselves (Campbell et al.).

**Adolescent enculturation and music.** Adolescents are subject to musical enculturation through exposure to informal music making and learning practices (O’Neill, 2005). Music is a valued influence on an adolescent’s artistic, social, intellectual, and emotional domains (Campbell et al., 2007). Participation in music activities often occurs without assistance or supervision from adults or trained music educators; adolescent music activities occur within unstructured social settings and are often associated with informal learning practices and leisure activities (O’Neill, 2005). Music is a prominent force in the lives of adolescents, and they value its potency in directing the course of their daily activity as well as their long-range hopes and dreams (Campbell et al., 2007).

Arnett (1995) specified five general uses of media during adolescences: a) coping (to alleviate difficult emotions); b) entertainment (as a pleasurable part of leisure times); c) high sensation (to experience novel and intense stimulation); d) identity formation (to create a concept of personal hopes, values, and abilities); and e) youth culture identification (to establish a peer network based on certain adolescent-specific interests and values).

***Adolescent socialization and music.*** Adolescence is a developmental period involving important socialization and identity-development factors such as developing beliefs and values, occupational preparation, and gender role learning (Arnett, 1995). Adolescents may utilize media to direct socialization as sources of adult socialization (professional identity, marriage, etc.) are not yet available, while familial sources of childhood socialization become less influential (Arnett, 1995). The five uses of media identified by Arnett (1995) share the common theme that adolescents utilize media to direct their socialization:

When they seek entertainment or high sensation from media, when they use media materials toward identity formation or for coping, when they participate in a media-based youth subculture, adolescents are also, in a larger sense, participating in activities that are part of their socialization. (Arnett, 1995, p. 525)

### **Adolescent Risk Factors and Need for Therapeutic Interventions**

The health-related behaviours and statuses of adolescence are affected by structural health determinants (such as gender, socioeconomic status, employment opportunities, educational opportunities, and healthcare access), proximal health determinants (such as adolescent attachment to school and family), and social health determinants (such as human rights, resources for personal healthcare, and opportunities to enhance autonomy) (Sawyer et al., 2012). As healthy adolescent development is influenced by such a breadth of interrelated factors, it is helpful to identify the dynamics that benefit adolescent development and to also identify the dynamics that pose risks to adolescent development.

**Positive health factors.** Contemporary research has begun to unearth positive health factors for adolescent development, and the identified positive health factors include both concrete components and more abstract concepts. Indicators of positive adolescent health and development include good nutrition habits, self-worth, regular physical activity, positive body image, academic success, general life-satisfaction, and pro-social behaviour (CIHI, 2005). The

elements of self-worth and personal success are reiterated by Park (2003) who highlights that adolescents develop a personal self-concept as they navigate the challenges of their developing social relationships, bodies and minds; their self-concept is constructed by the two key elements of self-esteem (a sense of personal worth) and mastery (a sense of autonomy and control over one's life).

The elements of self-esteem and mastery have been shown to encourage involvement in activities, safeguard against stressors, encourage physical activity, improve self-perceived health, promote compliance with medical advice, reduce depressive symptoms and improve self-care (Park, 2003). Thus, both physical and mental health can be bolstered by positive self-concept during adolescence. It becomes discernible that health promotion policies and education programs could benefit from including interventions to foster adolescent self-esteem and mastery (Park, 2003).

The social realm of adolescent development also influences the personal health of youth. Adolescents report a higher sense of self-worth, better health, and engagement in less risky behavior when they feel connected to their peers, school, and community (CIHI, 2005). Overall, emerging evidence suggests that youth experience successful development and beneficial health outcomes when they feel connected to their peers, school, and community, while also experiencing supportive relationships in the family (CIHI).

**Adolescent health risks.** The life of an adolescent is often characterized by changes in expectations, social roles, experiences and relationships, and involves developing skills for adulthood through experimentation with activities, which could be detrimental or beneficial to personal health (CIHI). Adolescents experiment in high-risk behaviours, which can be challenging and exciting, but for some these risk behaviours have long-term negative effects,

becoming harmful to both their current and future health (CIHI). The enduring effects of these experimental inclinations warrant attention and amplification.

Adolescence is recognized as a period for experimentation (and often risky experimentation) due to an overconfident sense of invincibility, leading to risks to personal health and safety (Galambos & Tilton-Weaver, 1998). These risk behaviours jeopardize the present and future mental and physical health of adolescents while imposing significant social and economic costs, and emphasizing the need for suitable interventions for adolescents (Galambos & Tilton-Weaver). Though data on the prevalence of adolescent multiple risk behaviour is scarce, a minority of adolescents will pursue multiple risk behaviours potentially leading to immediate and enduring physical and mental health issues (Galambos & Tilton-Weaver). Further, many adolescents may participate in unlawful behaviours; and when these behaviours are detected and reported, the youth come in contact with formal criminal justice systems, establishing a detrimental direction during this stage of life development (Matarazzo, 2006).

Though adolescents will often pursue behaviours that are risky to their health, they can also experience detrimental situations and influences beyond their control. As children and adolescents have yet to develop appropriate capacities to comprehend and process traumatic situations, they often express anxieties and stresses behaviourally, presenting with somatic symptoms (general aches and pains, insomnia, headaches, and weight loss), decreased academic performance, excessive home-based rebelliousness, social aggressiveness/withdrawal, irritability, decreased motivation and enjoyment of activities, sexual promiscuity, substance abuse, and risk taking behaviour (Keen, 2005).

Adolescents can develop and present with emotional disturbances (ED) and fail to find success in school and adulthood, being described as “mad, bad, sad, and can’t add” (Wagner, 1995, p. 92). This lack of success is detrimental to the individual and to society, evidenced by only a 25% post-secondary enrollment for students with social-emotional disturbances (SED), and a decreased likelihood to obtain and keep employment when compared to their typical peers (Wagner 1995).

Adolescents diagnosed with emotional disturbances present with very multifaceted and compounded mental health and academic issues; often presenting with comorbid psychiatric issues, compromising their success in and out of school (Reddy, De Thomas, Newman, & Chun, 2009). These adolescents present with psychopathologies characterized most prevalently by disruptive behaviour and externalizing problems, while psychopathologies characterized by hopelessness, somatic complaints, nervousness, and other internalizing disorders are often overlooked (though noted at times) (Reddy et al.).

Within Canada, 1.2 million (15%) youth are affected by mental illness, including anxiety, eating disorders, depression, substance abuse, schizophrenia, and bipolar disorder (all of which have an age of onset during adolescence) (CIHI, 2005). Adolescent depressive symptoms were once assumed to be temporary and relatively benign due to the transitory challenges of that stage of development, but Bushnik (2005) suggested instead that adolescent depressive symptoms can detrimentally influence personal development and functioning, and cultivate major depression, learning difficulties, substance abuse, dropping out of school, and suicide.

Though psychiatric diagnoses imply a focus on personal and dispositional outcomes, adolescents with such diagnoses suffer maladjustment throughout multiple arenas. Gardstrom (2003) recognized that adolescent psychopathology within the behavioural/emotional realm is

often labeled as addictions issues, conduct disorder, schizophrenia, delinquency, post-traumatic stress disorder, emotional impairment, and depression. These labels are often deceptively simple as adolescents with behavioural/emotional issues often present with an all-encompassing assortment of deficits in their interpersonal, physical, emotional, and cognitive functioning (Gardstrom, 2003).

Other research parallels the illumination of widespread effects of adolescent mental health issues. Atzaba-Poria, Pike and Deater-Deckard (2004) stated that adolescent behavioural and emotional problems elicit adverse impacts on personal well-being, family functioning, and academic achievement. More so, adolescents with serious emotional disturbances present with a pattern of school-disconnectedness, evidenced by truancy, decreased membership in social groups or clubs, and decreased socializing outside of school (Wagner, 1995). Inversely (and potential creating a cyclical pattern of maladjustment), adolescent aggression has been linked to numerous self-reported risk factors including depression, negative social interactions, hyperactivity, low self-image, feeling isolated, feeling unsafe at school, bullying, and emotional abuse from peers (Spratt, Doob, & Jenkins, 2001).

**Social influences on health.** Adolescent researchers have relatively recently shifted their focus from personal dispositional factors of adolescent psychosocial development, to social situational factors of adolescent psychosocial development, such as; justice systems, families, employment/training programs, neighbourhoods, welfare systems, schools, peer groups and healthcare systems (Atzaba-Poria et al., 2004). Interpersonal relationships are a key theme between adolescent mental health and contextual factors. Adolescents with positive interpersonal relationships benefit in social realms at home, at school, and with peers (Freeman, et al., 2010). Conversely, adolescents who are unable to make mature, autonomous decisions

and who cannot oppose negative peer influences have an increased likelihood of presenting with behavioural issues and other challenges such as delinquency, substance abuse, and early sexual activity (Atzaba-Poria et al., 2004).

### **Interventions for Adolescents**

Adolescents with behavioural and emotional issues require sensitive and effective interventions. Due to lacking personal mental health services and family support services, the mental health community must collaborate with schools to implement such services (Wagner, Friend, Bursuck, Kutash, Duchnowski, Sumi, & Epstein, 2006). Researchers have demonstrated the possibility of collaborative approaches between mental health and school systems, which improve behavioural, emotional, and academic outcomes for adolescents (Wagner et al., 2006). Other literature calls attention to school-based interventions through recognizing that pro-social engagement in school activities and peer groups has been significantly associated with protective roles against violent behaviour (Logan-Greene, Nurius, Herting, Hooven, Walsh, & Thompson, 2011). While literature emphasizes that schools provide an advantageous setting for interventions for adolescents, it becomes crucial to identify the most constructive features of such school-based interventions.

Wagner et al., (2006) identified numerous elements characteristic of useful interventions for adolescents with behavioural and emotional issues: (a) facilitators with strong behaviour management skills facilitating prosocial interactions; (b) independent learning strategies; (c) a structured environment featuring highly interactive, explicit, systematic and direct instruction presented in memorable and learner-friendly ways; and, (d) opportunities for reciprocal peer tutoring, cooperative learning, and peer-mediated learning.

MacDonald, Manning and Leary (1999) suggested that interventions for at-risk adolescents should focus on improving self-esteem through providing opportunity and responsibility to employ newly-learned skills, and those interventions for at-risk adolescents should attend to conflict resolution and interpersonal skills. Further, adolescents benefit from hands-on opportunities and encouragement to demonstrate proper application of learned skills along with proper behaviour and social skills (MacDonald et al.).

Relevant literature for adolescent-focused interventions is woven together with a common thread. The emphasis on peer involvement and focus on social-realm functioning is evident across adolescent health dynamics, intervention models, and intervention outcomes. It is clear that a strong social-realm focus should underpin services and supports for adolescents. The focus on social-realm factors is also recognized by Arnett (1995) who highlighted the socialization value of media for adolescents, suggesting the utilization of media within adolescent-focused interventions.

**Need for further research on adolescent-focused interventions.** Canada has a population of adolescents who deserve effective supports and services. As of 2001, adolescents aged 12 to 19 comprised 11% of Canada's population (3,256,265 adolescents) (CIHI, 2005). Regarding known demographic risk factors, 20% of youth aged 10 to 19 lived in single-parent households, and 18% of children under the age of 17 lived in low-income families; over eighty-thousand youth are in child welfare care, and twenty-five-thousand are in youth justice facilities (CIHI). Canada lacks a comprehensive inventory of current programs for children and adolescents which could identify available services; and the research that has been conducted focuses on formative and process evaluation rather than health impact outcomes (CIHI).



Adolescents are a diverse population in need of appropriate interventions. Increased adolescent engagement in the illumination of their health issues and development of responsive interventions could lead to greater adolescent visibility to healthcare policy makers, communities, and stakeholders (Sawyer, et al., 2012). For effective adolescent interventions, mental health services should implement interventions developed from the best available evidence (Wagner et al., 2006).

Further research is required to better understand best practices regarding services and supports for adolescents. Specifically, research is needed to test modifications of the approaches/models to determine efficacy with specific populations and how they could best be employed in cost effective ways and in various settings (Cochrane, Goering, & Durbin, 1997). Wagner (1995) advocated for determined commitment to improved programming and public policy for adolescents with serious emotional disturbances. Additionally, early recognition of the signs of mental health difficulties is critical as research has indicated that adolescents who suffer mental health issues continue to struggle with these problems in adulthood (Boyce, King, & Roche, 2007).

Over the past 34 years, child and adolescent research has increasingly shifted focus from remedial models of mental health to preventative models of mental health (Kulic et al., 2004). Choi, He, Herrenkohl, Catalano and Toumbourou (2012) suggested a focus on ascertaining longitudinal and contemporary etiology of adolescent mental health issues in order to develop appropriate preventative interventions. Further, concurrent peer factors should be targeted within preventative intervention efforts due to the important role of peers during adolescence (Choi et al, 2012).

Regarding intervention setting, Battistich and Hom (1997) recognized that future research should focus on interventions applicable to the social context within school settings as this environment is related to adolescent behaviours, attitudes, and motives. Moreover, research has identified that school-based intervention and prevention programs to be beneficial to adolescents with behavioural and emotional issues; that being said, further investigation is required as the current literature is insufficient to provide a comparative analysis of intervention components (Reddy & Newman, 2009).

### **Grief and Bereavement**

Grief has been described as “deep mental anguish arising from death or loss, demonstrating the internal experience of bereavement” (Bailey, 2009, p. 5). Further, grief has also been defined as “the subjective experience of loss, but bereavement refers to status with respect to loss, regardless of subjective experience” (Melhem, Porta, Shamseddeen, Walker-Payne, & Brent, 2011, p. 911). Bereavement in particular has been defined broadly as “the loss of a loved-one” (Holland, Currier, & Neimeyer, 2006).

Balk, Zaengle, and Corr (2011) identified that typical bereavement reactions are distinguished from problematic bereavement reactions by the following indicators: a) maintenance of a sense of self-efficacy, b) acknowledgement of the death, c) continued belief that life has meaning, d) lack of extreme loneliness or emptiness, and e) feeling emotionally connected to others. People who experience complicated bereavement present with numerous indicators of maladjustment, such as: a) strained peer relationships, b) naively assuming that the grief will only last for a certain amount of time (weeks or months), c) feeling overwhelmed by the intensity of emotions, d) reduced academic performance, e) uncontrollable and unpredictable

crying, f) difficulty concentrating, g) headaches, h) sleep disturbances, and, i) difficulties eating (Balk et al., 2011).

Bereavement reactions can be classified into the four categories of: a) social (rebellious, withdrawn, attention seeking, oppositional, isolated, argumentative, etc.); b) physical (headaches, crying, stomach aches, fidgety, overeating, fighting, loss of appetite, tantrums, lethargic, nightmares, hyperactivity, etc.); c) cognitive (fantasy thoughts, avoidance, preoccupation with death, denial, confused, distractible, questioning beliefs, inattentive, etc.); and, d) emotional (hypersensitive, depressed, anxious, hopeless, moody, helpless, angry, shocked, guilty, overwhelmed, relieved, resentful, numb, etc.) (Heath, Leavy, Hansen, Ryan, Lawrence, & Sonntag, 2008). Many of these reactions are typical and to be expected, but can require intervention if prolonged, maladaptive, and/or disruptive without resolution.

### **Bereavement Experiences of Adolescents**

Bereavement during adolescence is a stressful and atypical experience overlaid on the transitional growth inherent during this developmental period; adolescents' bereavement is processed within the emotional and cognitive capacities available to the individual (Wright, 2011). The death of a peer can seriously affect an adolescent regardless of the closeness of their relationship; the death of a peer during adolescence could represent the first exposure to their own mortality, potentially leading to an existential crisis to the surviving adolescent (Duckworth, 2012).

Like many other adolescent experiences, adolescent bereavement poses a risk of being disenfranchised, as adults often dismiss adolescent friendships as insubstantial and transitory (Balk et al., 2012). Due to a lack of available counselling resources for bereaved adolescents, the population is often left to grieve with limited support, or alone (Slyter, 2012). If adolescents are

not provided the opportunity to express their grief and access appropriate supports, they may suffer maladjustment in later adulthood (Slyter, 2012).

For adolescents bereaved by sudden parental death, about 60% demonstrated a resolution of their grief symptoms within one year of their loss; while about 30% demonstrated a more gradual resolution of grief symptoms, and about 10% demonstrated prolonged grief symptoms for nearly three years after their loss (Melhem et al., 2011). The grief responses of adolescents can range on a continuum from active emoting to withdrawal and isolation (Slyter, 2012). Adolescents often become reclusive or isolate themselves when experiencing bereavement; either due to assuming that others will not understand their feelings, or that they are inexperienced as to how to handle these emotions (Bailey, 2009).

Youth who experience bereavement due to the suicide of a loved-one, have been shown to present with panic disorders, post-traumatic stress disorder, and major depressive disorder; youth survivors of suicide can also present with maladjustment in the realms of leisure activities, peer relationships, academic achievement, and sibling relationships (Sethi & Bhargava, 2003). This finding parallels those of Kaplow, Saunders, Angold, and Costello (2010) which suggested that bereavement during childhood is associated with psychiatric symptoms including: conduct disorder, separation anxiety, substance abuse, and depression. Compared to non-bereaved adolescents, those who have experienced bereavement demonstrated lower competence regarding educational aspirations, work goals, peer attachment, and career planning (Brent, Melhem, Masten, Porta, & Payne, 2012). Additionally, bereaved youth are at an increased risk for experiencing deficits in global functioning in the realms of social networks, home, school, and the community (Kaplow et al., 2010).

## **Adolescent Intervention Dynamics**

Adolescents experiencing bereavement often do not feel the need for professional help; those who do want to discuss their grief do so with their peers and/or relatives (Harrison & Harrington, 2001). Duckworth (2012) identified that peers are a very influential factor regarding adolescents' pursuit of support services; adolescents are more likely to access support services if their peers are also accessing support services.

Supports and services for bereaved adolescents need to employ a range of different interventions, as some adolescents (specifically those with multiple losses) may present with high levels of depressive symptoms (Harrison & Harrington, 2001). Wright (2011) identified that bereaved adolescents can benefit from peer-support groups, as well as individual/family counselling with a cognitive and behavioural focus. Adolescents experiencing grief require supports in the areas of supportive peer relationships, emotional expression, effective coping mechanisms, and emotional regulation, expression, and release (Shaller & Smith, 2002).

Bereaved adolescents should be provided opportunity to express their emotions and discuss their feelings (Rask, Kaunonen, & Paunonen-Ilmonen, 2002). Malone (2012) stated that bereaved adolescent girls who participated in peer-support groups benefitted from the protective factors of group cohesiveness, universality, and peer feedback. According to Slyter (2012), grieving adolescents can be well served by counselling which employs creative and expressive techniques, such as incorporating the adolescents' favourite music as an avenue for emotional expression.

## **Group Therapy Approaches**

Group approaches to therapeutic interventions provide a number of advantages such as a) cost efficiency, b) an emphasis on brevity, and c) symptom-focus. These advantages can result

in higher efficiency from a staff/client ratio perspective as more clients can receive services in shorter durations (Puskar, Bernardo, Hetager-Stark, & Frazier, 2008). Further, Sink and Edwards (2008) identified beneficial qualities of psycho-educational groups, such as: (a) discovery-based learning; (b) interpersonal civility, optimism, and hope; (c) participant self-validation and self-confidence; and, (d) democratic learning and decision making.

Group therapy interventions can aid in the creation of therapeutic and social communities. Participants benefit from community membership when they feel they make valuable contributions, are respected, and cared about by other community members. These benefits meet the participants' needs for competence, belonging, and autonomy (Battistich, Solomon, Kim, Watson, & Schaps, 1995). More so, Battistich et al. (1995) illuminated numerous qualities of positive communities including: (a) an orientation to future development, (b) the feeling of belonging, (c) extra-community links, (d) the feeling of mutual influence, (e) affirmation, (f) shared emotional connection, (g) effective communication, and, (h) incorporated diversity.

### **Group Therapy as Efficacious for Adolescent Populations**

Related to the previously discussed need for a social-framework for adolescent interventions, numerous studies illuminate the benefits of group therapy approaches for adolescent populations. Adolescents present with basic psychological needs for competence, belonging, and autonomy; these needs are made meaningful and are fulfilled in group settings where adolescents are able to actively participate in unified, caring group with a mutual collective purpose (Battistich, Solomon, Watson, & Schaps 1997). Similarly, peer engagement presents opportunities to learn and practice interactions which are friendly, cooperative, reinforcing, and helpful. Such peer engagement also stimulates peer-feedback regarding the

appropriateness of behaviours (Balk et al., 2011). When a group setting meets these conditions, adolescents are best supported to become emotionally invested to the group, and encouraged to comply with the expressed group values and goals (Battistich et al., 1997).

Specifically, both within and outside of the school setting, adolescents spend significant amounts of time in groups with their peers, suggesting that a group delivery of therapy is a logically efficacious choice (Kulic et al., 2004). According to Kulic et al (2004), nearly 80% of research on child and adolescent group therapy focused-on group interventions conducted within the school setting. Group therapy settings are well suited to the needs of adolescents as children and adolescents can receive preventative interventions within a group context, while being presented with the opportunity to implement these skills in life-like scenarios (Kulic et al., 2004).

For adolescents in general (and specifically for adolescents with psychosocial issues and learning disabilities), group therapy provides an environment that accommodates their needs while allowing them to feel safe and accepted among peers, and to feel commonality with others (Mishna & Muskat, 2004). Other findings also claim group therapy can benefit adolescents by providing a safe, structured environment through which they can come to understand their stressors, find commonality with others, and grow emotionally, cognitive, and socially (Kahn & Aronson, 2007). Further, Mishna and Muskat (2004) suggested that group therapy can be a useful intervention model for children and adolescents who struggle with feelings of incompetency, lack social skills, and have low self-esteem. The goals of therapeutic groups can be developed with such struggles in mind and focus on empowering members' responsiveness to others and themselves (Sillitti, 2005).

### **Adolescent Group Therapy Outcomes**

The current literature boasts many positive therapeutic outcomes for adolescents participating in group therapies. Generally, therapeutic group settings can function as transitional social environments where adolescents experience relationships, support, and acceptance with their peers. These qualities are often in stark opposition to the negative perceptions held by some adolescents, which sustain feelings of isolation, avoidant behaviours, and cognitive distortions (Scapillato & Manassis, 2002). Additionally, adolescents who see themselves as group contributors and experience feelings of support and acceptance are more likely to experience feelings of commitment to, and identification with a group and its related values and goals (Battistich et al. 1995). When therapeutic groups closely resemble adolescent social milieus outside of therapy, adolescents can participate in setting realistic social goals, testing their social assumptions, and attempt new social skills (Scapillato & Manassis, 2002).

Group therapies have also been shown to generate positive outcomes for adolescents who are presenting with behavioural/emotional issues and/or maladjustment. For adolescents who struggle with social anxieties, therapeutic group settings can serve as a desensitization process that provides opportunity to develop and practice pro-social behaviours with transitional benefit outside the therapeutic setting (Scapillato & Manassis, 2002). These benefits are also endorsed by Truneckova and Viney (2007) who suggested that troubled adolescents experienced increased feelings of well-being and improvement of behaviours through participating in group therapies aimed at developing role relationships and improving personal constructs. Further, Scapillato and Manassis (2002) submitted that adolescents who struggle with internalizing disorders can benefit from participation in group therapies due to the importance of peer relationships during the developmental stage of adolescence.



Other literature also highlights how group interventions are advantageous for adolescents who face multiple-risk factors. Group therapies have been associated with positive therapeutic outcomes of reducing adolescent engagement in high-risk behaviours (Blumer & Werner-Wilson, 2010). Benefits to adolescents who may be at risk were paralleled by Battistich et al. (1995) who found that adolescents' motivational and attitudinal outcomes benefit from improved community building (specifically for at-risk adolescents), and adolescent outcome risk-factors such as poverty are counteracted by a positive sense of community. The emphasis on a sense of community is upheld in other literature as well, which highlights that an improved sense of community can lead to decreased delinquent behaviour and substance abuse (Battistich & Hom, 1997). With this evidence in mind, a positive feedback loop emerges where adolescents participating in community-building group therapies simultaneously experience both safeguards against risk factors, and a decreased desire to pursue high-risk behaviours.

### **Music Therapy**

Research on music has illuminated the manner in which it can influence humans both individually and in community. Generally, music can serve diverse and important functions as a medium through which people can mourn, connect, remember, celebrate, and entertain (Davis, 2010). Likewise, Keen (2005) emphasized that music can be applied as a means to journey through the soul, heart, body, and mind of a person who has suffered any range of biological or emotional trauma. Regarding social influences, music can be utilized to build community and nourish empathy on a wide-ranging scale (Johnston, 2010). Such qualities strongly imply that music possesses a significant personal and interpersonal potency, making it a potentially instrumental tool for therapeutic interventions.

At a most fundamental level, music therapy has been defined as the process through which a therapist and client work collaboratively through music in the pursuit of improved health, “guided by grounds sufficient to help ensure that the work is valuable” (Abrams, 2010, p. 360). Bailey (2009) identified music therapy as influencing brain functioning to enrich human abilities. As a foundationally artistic therapeutic approach, music therapy has qualitative assets such as personal uniqueness, subjectivity, creativity, spontaneity, and aesthetics (Abrams, 2010). Abram’s recent critique of music therapy interventions indicated that a causal relationship exists between specific music therapy interventions and specific health/clinical outcomes; suggesting technical effectiveness as music therapy interventions consistently lead to significant and intended outcomes.

Sausser and Waller (2006) identified nine goals of music therapy programs: a) encouraging self-expression; b) fostering self-esteem through successful musical sessions; c) increasing leisure-time activities; d) building and refining auditory processing skills; e) facilitating appropriate social skills; f) encouraging attention to task; g) supporting academic concepts; h) enriching speech and language skills; and i) cultivating gross and fine motor skills. Music therapy is most effective when success is obtainable, and obstacles/setbacks are balanced by attainable future targets. The provision of such positive learning experiences are rewarding and can enrich self-perceptions (Hallam, 2010).

### **Music Therapy Outcomes**

Recently, the field of music therapy has profited from considerable research. Many positive therapeutic outcomes have been demonstrated for both individuals and groups. DiRaimondo (2002) identified numerous qualities of music interventions which prove beneficial to therapy recipients; participants experienced improvements in: participation and group

acceptance; anger management abilities; motivation; validation; team-building; feeling understood; communication; self-esteem; emotional expression; sense of identity; attention; organization; anxiety; and, socialization skills. Comparably, Keen (2005) asserted that music can be utilized as a fruitful therapeutic tool to facilitate personal change, interaction and self-awareness, and to establish a therapeutic alliance in a relatively short time; this is largely due to the emotional, non-verbal and creative qualities of music.

Correspondingly, participation in music therapy has been shown to enhance therapeutic processes through valuable elements such as an active feedback process, instillation of hope, group-cohesion, universality, and simple achievement. These valuable elements are indicative of strong participant factors such as social interaction, emotional processing, and stress reduction (Blackett & Payne, 2005). Tervo (2001) elegantly captured the potential of music therapy interventions:

Music can relax, stimulate or open up channels of self-expression at a deep personal level. The effectiveness of music therapy is based on transference and self-expression, not musical skills or ability... Music therapy does not primarily depend on the music but on the co-operation and the interaction between the therapist and the adolescent. The feelings, fantasies and experiences which arise through the atmosphere of co-operation gained by the sharing of music become meaningful when they are projected into the same stable person, who in the terms of music therapy is the music therapist. (pp. 86-87)

Music therapy has potential value from a systemic perspective on societal healthcare as well. Ho et al. (2011) elaborated on some of the public health benefits of a group music therapy program. Specifically, such programs can: serve as a liaison to mental healthcare services for those with unaddressed issues; increase counsellor/adolescent-client interactions; and, make available a practical alternative to standard counselling methods when needed.

Shifting focus to individual therapeutic outcomes, numerous studies have demonstrated that music-based interventions can elicit encouraging outcomes for participants. Sausser and

Waller (2006) concisely encapsulated the qualities of musical participation which permit such interventions to be so well suited to individuals with personal, behavioural, and emotional needs:

Music is a non-invasive medium that enhances self-expression, self-esteem, motor skills, coordination, and socialization. It facilitates creativity, inventiveness, independence, and success. Music activities can be structured for positive responses, therefore it may be even more beneficial to students that have significant emotional needs. Specifically, active music therapy groups in which students participate in a hands-on manner encourage self-expression and may help channel frustrations in a positive and creative way. Musical spontaneity and instrument improvisation, skills actively encouraged in therapy, build self-confidence and offer opportunities for positive social interactions. Drumming activities enhance eye–hand coordination, gross motor skills, vestibular functions, and overall well-being. Furthermore, music therapy is a positive behavior support that can be utilized to promote individual strengths. (pp. 8-9)

Relevant literature illustrates that participation in music therapy can impart a two-pronged influence on personal health and adjustment, through minimizing the influence of negative personal factors while simultaneously bolstering the development/maintenance of positive personal factors.

Winkelman's (2003) review of relevant research on complimentary therapies for addiction identified that participation in drumming groups can provide many benefits to the participant including: inducing relaxation; creating a sense of connectedness; enhancing theta-wave production; alleviating alienation, self-centeredness, and isolation; synchronizing brain-waves; reintegrating the self; providing pleasurable experiences; and releasing emotional trauma. For instance, Bittman, Dickson, and Coddington (2009) noted that music making has demonstrated the ability to diminish the negative effects of stress (psychosocially and biologically) and to improve mood states. Likewise, Choi, Lee and Lee (2010) found that music interventions can benefit participants through improving mood and reducing anxiety. Further, Kushnir, Friedman, Ehrenfeld, and Kushnir (2012) indicated that simply listening to preferred music prior to a potentially fearful experience resulted in decreased systolic blood pressure (a

physiological stress response), increased positive emotions, decreased threatening feelings, and decreased negative emotions. Even more so, music therapy has been shown to elicit statistically significant benefit regarding anger, school role performance, self-esteem, depression, and negative affect (Bittman et al., 2009).

Other studies reiterate the prospective favorable outcomes for participants in music therapy programs. Specifically, Rickson and Watkins (2003) suggested that rhythmic activities may contribute to improved internal organization and assist with self-regulation. Similarly, participation in group music making sessions has been shown to improve self-confidence, enhance comfort level with an instrument, and foster group openness (Snow & D'Amico, 2010).

### **Music Therapy as Efficacious for Adolescent Populations**

The potential therapeutic benefit of music-based interventions is vast, especially for adolescents who are growing psychologically, biosocially, and cognitively. Sausser and Waller (2006) stated that music will always be a distinctive part of being human, can be a great motivator and reinforcer, and the non-threatening and achievable qualities of music make it a prime intervention tool for serving the needs of adolescents with behavioural and emotional issues. A number of music therapy qualities have been identified as beneficial to adolescents: a) improving self-esteem and social skills; b) encouraging participation from socially lower-functioning adolescents; c) bridging the gap between talking therapy and nonverbal therapy; d) facilitating self-expression; and e) providing a means for transforming aggression, frustration, and anger (Bailey, 2009; Wells, 1988).

DiRaimondo (2002) recognized that adolescence is a developmental period where creating one's identity is prominent, and that music can be utilized to help with the identity process. Further, adolescents often define themselves through pop culture, which is largely made

up of music. This perception is paralleled by Rosner, Kruse and Hagl (2010) who expressed that contemporary youth culture is influenced to a large extent by music, allowing it to serve as an efficacious tool for therapeutic interventions with adolescents.

This social and cultural dynamic allows music to be an effective tool for therapeutic connection (Davis, 2010). Numerous studies provide more specific insight into the possible social outcomes for adolescent participants in music therapy. Music interventions within group therapy for adolescents have been shown to assist in establishing group cohesion and facilitating authentic self-expression of participants (McFerran-Skewes, 2005). Rickson and Watkins (2003) suggested that a music therapy program promoting creativity and autonomy may encourage adolescent boys with behavioural and emotional issues to improve pro-social behaviours such as appropriate social interactions. More specifically, research has suggested that music therapy programs can expedite the improvement of peer relationships through establishing awareness of the feelings of others (Rickson & Watkins).

The personal benefits of music-based interventions have been documented as well. Gold, Voracek and Wigram (2004) suggested that the qualities of music therapy elicited a large positive effect for youth with developmental disorders or behavioural/emotional issues. Specifically, music therapy provides participants with attainable success in a non-judgmental and non-invasive setting, while active music making encourages participants to sustain focused attention (Gold et al., 2004).

Likewise, adolescents who participated in group drumming sessions demonstrated significant beneficial changes in post-traumatic stress issues, internalizing problems, oppositional defiance issues, depression issues, attention issues, anxiety issues, hyperactivity issues, and, anxiety issues (Ho, Tsao, Bloch, & Zeltzer, 2011). Similarly, Chong and Kim

(2010) suggested that adolescents with behavioural issues demonstrated a reduction in acting-out behaviours after participating in musical experiences, while adolescents with internalizing issues were capable of expressing themselves outwardly.

What is more, it is not only researchers who are identifying these positive outcomes, but adolescent participants themselves. Adolescents who participated in group music therapy reported improved self-confidence, enriched self-esteem, increased motivation, enhanced openness, reduced anger, and reduced stress (Snow & D'Amico, 2010).

Music therapy has been identified as one of the more successful approaches for working therapeutically with adolescent populations (Rosner et al., 2010). Gold et al. (2004) concluded that music therapy is an effective intervention for youth with psychopathology.

### **Value in Researching Music Therapy Interventions for Adolescents**

Contemporary researchers investigating music therapy emphasize both the value and need of ongoing research into music therapy applications to adolescent populations. This call for continuing research hinges on the apparent and convincing suitability of music therapy as an intervention for adolescents, due specifically to the qualities of their developmental phase. Music is a significant part of contemporary youth culture and may prove to be a fruitful element within therapeutic approaches for adolescent populations; accordingly, music-based interventions should be further explored (Rosner et al., 2010). Snow and D'Amico (2010) identified that certain music therapy features are better suited to at-risk youth, such as semi-structured approaches to group-expression of rhythm and creative self-expression of rhythm, but they also noted that further study is required to illuminate the most effective elements of music therapy programs for these populations.

Also, researchers highlight the need for ongoing research using quantitative research designs as well. Within the music therapy literature, there exist few replicable and significant outcome-based studies investigating the implementation of music interventions with at-risk adolescents (Bittman, Dickson & Coddington, 2009).

### **Group Therapy and Music Therapy Correspondence**

Notable synthesis between group therapy and group music therapy targeting adolescent populations is demonstrated within the research literature. Bowman (2009) identified communities and music as mutually involved processes, as many human communities are reinforced by music-based activities, while music-based activities are often manifestations of communities. Further, music presents with paradoxical qualities as it can facilitate individuality and group cohesiveness simultaneously, and music serves a deeply meaningful and universal human need while also evading a clear and concise identification of its beneficial qualities (Bowman, 2009).

The applicability of music-based interventions within group therapies is also highlighted by Koopman (2007) who stated that community music contains the qualities of personal growth, collaborative music making, and community development. Participation in community music benefits individuals develop self-confidence, improve artistic abilities, cultivate self-esteem, and foster identity; community music obtains these goals by focusing on the personal growth and well-being of participants, emphasizing the group musical activities over the finished musical project, and fostering mutual understanding through shared experiences (Koopman, 2007).

Bowman (2009) elaborated on the paradoxical features of music-based activities and the influence on community:

Music's floating intentionality permits participants to experience its flow individually and personally while its temporal regularities establish a common, coordinated frame. We



might say, then, that musical action creates and maintains a balance of difference and sameness, of singularity and plurality, of individuality and collectivity, of unity and diversity. (p. 124)

These qualities of music-based interventions within group therapy settings suggest an efficacious suitability for individuals who struggle to achieve success in the social realm. As an inherently social phenomenon, music can assist individuals who experience isolation through building social networks and cultivating social capital (Jones, 2010). Community music activities can aid in the rehabilitation of participants who may present as anti-social, experience estrangement, and suffer social isolation (Koopman, 2007).

Evidence exists to indicate that adolescents with behavioural/emotional issues can reap positive therapeutic outcomes through participation in artistic group therapies. Adolescents participating in expressive group activities can experience themselves and relate in new ways through being real with each other, being carefree, and being imaginative (Sillitti, 2005). Furthermore, group therapies that feature artistic, recreational, and/or musical interventions can encourage self-expression and healthy diversion, serving as beneficial stress-release techniques (Puskar, et al., 2008). Shechtman and Katz (2007) suggested that adolescents with deficit disorders and learning disabilities can benefit from positive changes in social competence elicited through participation in expressive-supported group therapies. Additionally, adolescents who present with antisocial behaviour and low self-esteem can benefit from participation in music activities in which they can experience personal development, pride, informal skill learning, and a sense of belonging (Garrett, 2010).

### **Music Therapy with Adolescents Experiencing Bereavement**

Bereavement is an atypical and stressful experience, and when it occurs during the developmental period of adolescence, individuals process bereavement with the cognitive and

emotional abilities available to them (Wright, 2011). In comparison to non-bereaved adolescents, bereaved adolescents exhibited lower competence regarding peer attachment, educational goals, career planning, and work goals (Brent, 2012). Bereaved adolescents also require support in the areas of coping mechanisms, peer relationships, and emotional release, regulation, and expression (Shaller & Smith, 2002). Further, bereaved adolescents can receive benefit from counselling techniques which utilize creative and expressive techniques such as using preferred music as a tool for emotional expression (Slyter, 2012). Shaller and Smith (2002) explained the importance of music to adolescents as follows:

Since the mid-20th century, music has been a particularly significant socializing factor for the adolescent in the United States and westernized world. Teens find identity, expression of emotions and a worldview that is unique to their age group in the music they listen to and dance to. The music popular with teens becomes a soundtrack to their experience of coming of age. Music, as a non-verbal, non-threatening modality, can be used by those trained in music therapy to meet adolescents struggling with loss issues where they are, emotionally, cognitively, and developmentally (p. 4).

Bereaved adolescents must juggle the two core issues of development and bereavement, both of which exist along a continuum influenced by numerous social, personal, spiritual, and cultural factors; music therapy is a multifaceted therapeutic approach which can promote bereavement and developmental goals while addressing the individual needs of the bereaved adolescent (Shaller & Smith, 2002).

Bereaved adolescents may require psychotherapy to resolve their grief. Music therapy can be an efficacious approach as it can foster free expression, encourage spontaneity, and motivates adolescents, helping these clients to listen to others, communicate their feelings, and express their opinions (Bailey, 2009). Music therapy approaches can provide bereaved adolescents with creative and supportive ways to facilitate healing and the processing of their grief (Dalton & Krout, 2006). The beneficial effect of music on immune function and

neurophysiological measures of stress suggest that music can assist adolescents experiencing the stresses of bereavement (Shaller & Smith, 2002).

Dalton and Krout (2006) implemented a Grief Song Writing Process (GSWP) with bereaved adolescents. GSWP offered a creative and safe method of addressing personal grief and individual issues, while participants developed strong trust and rapport with each other (Dalton & Krout). Participants created song lyrics which demonstrated creativity and insight into processing, identifying, and expressing personal issues related to the areas of growing, understanding, integrating, feeling, and remembering (Dalton & Krout). The experience of the GSWP participants is well captured by the following description:

The music of the songs was particularly poignant and carried the emotional tone of the group members through the melody, chords, and arrangements. Both the creation and performance of the completed songs positively impacted the group members. They had a sense of pride and ownership of the songs and performed them with intensity and commitment. Together, both the music and lyrics provided a safe and creative container for group members to experience and process their grief. The intrinsic qualities of the songs created became more than the sum of their parts and offered a unique and integrated approach to grief work through music therapy (Dalton & Krout, 2006, p. 101).

Music therapy can provide bereaved adolescents with the benefits of: a) teaching pro-social behaviours, b) experiencing affect modification, c) imparting a sense of belonging, d) releasing and expressing emotions, and, e) developing effective coping mechanisms (Shaller & Smith, 2002). Music therapy activities can include; a) group song writing, b) instrumental improvisation, c) music and movement, d) drum circles, e) music and drawing, f) lyric analysis, and g) music and relaxation (Shaller & Smith, 2002).

Duffey, Lumadue, and Woods (2001) described the process of A Musical Chronology for bereaved adolescents, which is a four-stage process where clients: a) identify personally meaningful musical selections; b) make a CD and list of these musical selections (which is brought to counselling and used to evoke thoughts, memories, and feelings of the lost loved-

one); c) work with the counsellor to identify music representative of their current thoughts and feelings of their lost loved-one; and, d) identify a song representing their future goals, dreams, and hopes without the living presence of their lost loved-one.

This brief overview of music therapy techniques applied within the field of bereavement counselling demonstrates the variety of ways in which creative and expressive techniques can be utilized to support adolescents experiencing bereavement.

### **Summary**

Research findings illuminate that 15% (1.2 million) of Canadian youth suffer from mental illness, including anxiety, eating disorders, depression, substance abuse, schizophrenia, and bipolar disorder (CIHI, 2005). If deprived of responsive and efficacious intervention, this population is at risk for continued and amplified mental health issues and adulthood maladjustment. Well-supported and resilient youth may navigate the turbulence of adolescence without the need for therapeutic interventions from professionals and support services. That being said, professionals serving adolescents should be adequately equipped to identify and intervene when an adolescent presents with behavioural/emotional issues, maladjustment struggles, and/or mental health issues.

The inherent qualities of adolescence inform stakeholders of how to best provide effective interventions to meet the unique needs of adolescent populations. Specifically, adolescents are attracted to their peers, and their social functioning gains significance far greater than it was during childhood. Analogously, for many adolescents, music achieves a magnitude of importance as an essential feature of youth subculture.

The importance of social community and music for adolescents indicates that these are elements worth capitalizing on for therapeutic benefit; and research is beginning to show fruitful

outcomes from interventions created and implemented within a social/music framework. Specifically, the application of music therapy interventions for bereaved adolescents is beginning to gain empirical evidence of efficacy.

The present study's purpose was to contribute and extend understanding with a qualitative case study investigating a particular program using music therapy interventions with adolescents experiencing bereavement. The guiding research question was: How are music therapy interventions used and experienced in a particular program for children and youth who are experiencing bereavement? The following chapter provides a detailed explanation of the methodology.

### **Chapter 3: Methodology**

This chapter will provide an introduction to qualitative research with a specific focus on the case study approach. The selected case of a bereavement camp will be described, followed by an outline of the data collection and data analysis processes. Next, the evaluation criteria will be identified, and the chapter will conclude with a discussion of the ethical issues.

#### **Qualitative Research**

Qualitative research methods have been developed to study those aspects of human experience and action that are not accessible by traditional measurement methods, which cannot take into account that humans do not just react but live in accordance with meanings, meanings they coauthor with circumstances, both wittingly and unwittingly (Fischer, 1990, p. 587).

Qualitative research is delineated by numerous unique characteristics that are not present in traditional quantitative research. Gall, Gall, and Borg (2007) stated that qualitative research investigates participants' internal phenomena and created meanings, by making comprehensive observations of the holistic context in which communal action occurs. Also, qualitative research operates from the stance that deconstructing or uncovering the meanings of a phenomenon can lead to an interpretive understanding not of how it operates, but of why it operates in that manner (Thorne, 2000). Qualitative researchers assume that the individuals within a social experience construct their reality; further, qualitative researchers view social phenomena as explainable through the intentions of the participants (Gall et al., 2007).

Qualitative inquiry can elicit insights into the lives and experiences of participants. Data can be analyzed for convergences, themes, discrepancies, and commonalities; analytic outcomes can then inform the development of theories or hypotheses regarding targeted phenomena (Thyer, 2012). Maykut and Morehouse (1994) suggested that human researchers can personally dwell in human settings due to human plurality, or the condition of being equal to, yet distinct

from all other people. Human plurality instructs researchers as investigators to capitalize on human equality to access the experiences of others, while remaining cognizant that human differences negate any assumed mutual understandings of those experiences (Maykut & Morehouse, 1994).

By studying cases, qualitative researchers generate data representative of the target social phenomena. Data can be processed through analytical induction to develop theories and concepts (Gall et al., 2007). Generally within qualitative inquiry, the research design is contingent on the specifics of the phenomenon under study, and determined by the research team (Gall et al., 2007).

### **Case Study**

The present study utilized a case study approach due to the ability to investigate a specific or multiple instances of a phenomenon in its actual context, based on participant perspectives (Gall et al., 2007). Participant perspectives, also known as emic perspectives, provide insight into the experience of, and meaning for those participating in the phenomena; as investigators of the phenomena, researchers often maintain an outsider, or etic perspective as they develop theories or concepts about the phenomena (Gall et al., 2007). Qualitative case study approaches can be utilized to evaluate, describe, understand, or explore the phenomena under study, along with the individual/collective experiences of the participants (Anthony & Jack, 2009). Further, the utilization of numerous data sources ensures that the case is examined through a number of lenses, revealing multiple features and dynamics of the phenomenon (Baxter & Jack, 2008).

Case studies can be developed with specific purposes in mind, and the purpose of the present case study was to contribute further understanding to the current status and nature of

music therapy programming for Canadian adolescents. With the intent of description, case study researchers endeavor to conceptualize and illustrate a phenomenon (Gall et al., 2007). A description that is thorough and accurate is known as a “thick description,” (p. 451) and provides a rich recreation of the phenomenon including the participants’ experiences, meanings, and intentions (Gall et al., 2007).

In pursuit of thick descriptions, case study researchers restructure data to illuminate “constructs” which are inferred from, and serve to explain the phenomenon under study (Gall et al., 2007, p. 452). Concurrently, researchers assess data for distinguishing attributes, and categorize these attributes into themes to increase the depth of emerging descriptions (Gall et al., 2007).

When an existing program is systematically investigated through a process evaluation, the experience of the participants can be identified (Thyer, 2012). It is through this framework that the current case was studied, specifically through the use of individual, stakeholder interviews.

## **The Case**

The bereavement camp was selected as a case due to its utilization of music therapy as part of their programming for Canadian adolescents. Further, the bereavement camp is situated the specific geographical location of South-Central Saskatchewan, while exhibiting specific program characteristics including a unique situation, agenda, and types of music interventions. Lastly, the bereavement camp provides data on certain characteristics of their clientele, including challenges faced, age, ethnicity, gender, socio-economic status, etc. The bereavement camp was selected to be investigated through a process of “purposeful sampling;” specifically, “maximum variation” sampling (Gall et al., 2007, p. 181). This approach is characterized by selecting cases



based on their potential to illuminate the variance in the studied phenomenon. Maximum variation sampling can also ascertain if common outcomes, themes, and/or patterns persist across these variations (Gall et al., 2007). The bereavement camp was selected not only due to the implementation of music therapy, but also due to the demographics of the clients served. Specifically, the target clients of the bereavement camp include adolescents, defined as individuals transitioning between childhood and adulthood, experiencing biological, cognitive, and social changes (Park, 2003); broadly recognized as humans between the ages of 11-years-old to 20-years-old with personalized variations between individuals.

The director of the bereavement camp was contacted by the principal investigator via a letter introducing the project and inviting participation. Following subsequent discussion about the project, and permission from the affiliated health region, participants were recruited. .

### **Procedures**

Within qualitative research, data collection and data analysis are often concurrent and integrated processes, as revealed data can influence the analytic process, while analytic procedures may inform further data collection processes (Thorne, 2000). Further, the data set as a whole is conceptually interpreted through an explicit step of analysis, utilizing intentional analytic strategies to convert the raw data into a new and articulated representation of the phenomenon (Thorne, 2000).

From a qualitative case study perspective, interviews are well-suited as a data collection approach as the phenomena under investigation are not directly observable. Interviews consist of an oral process between researcher and research participant, which is recorded for further analysis. Interviews provide the researcher with the benefit of adaptability, along with the

opportunity to establish rapport with the research participants, which can lead to more thorough exploration of open-ended responses and topics (Gall et al., 2007).

### **The Research Team**

The current study is part of a national study, Meeting Youth in Music, investigating the research question: “What is the current status and nature of music therapy programming for Canadian adolescents?” As such, the current study was conducted by a team of two student research assistants (RAs) supervised by the principal investigator (PI), my research supervisor. Both RAs were musicians and graduate students in a professional psychology program. The first RA recruited and conducted interviews; the second RA (myself) analyzed the data and represented findings in this thesis document.

### **Interviews**

Interviews provided the primary source of data. They are well-suited as a data collection approach as the phenomena under investigation are not directly observable. Participants were recruited based on their participation in the music therapy programs identified for comprehensive study, based on the requirements of: a) geographic location (representative of all regions of Canada); b) client characteristics (demographics); and, c) program characteristics (types of interventions, targeted clientele demographics, goals). Interview participants included a program leader, program director, program music therapist, and program participant/family.

The director of the bereavement camp was contacted by the principal investigator via a letter introducing the project and inviting participation. A follow-up phone call explained details associated with participating in the project, including participant rights. Once the director of the bereavement camp expressed interest in participating the PI and student RA met with her to learn more about the camp. The director agreed to assist recruitment by identifying other stakeholders

and then sending them letters describing the project and inviting their participation. Stakeholders interested in participating were instructed to contact the research assistant directly. The program director served as a liaison between the research assistant and potential participants by forwarding the letters and remaining uninformed of respondents. Further, youth stakeholders were also provided with parental consent forms.

Participants were provided with consent forms (assent forms for participants under 18-years), outlining the project, participant obligations, participant rights, and specifically the right to terminate participation at their discretion and time without any penalty. Participant signatures on these forms were accepted as indication of their consent to participate.

Over a period of several months, five participants were recruited for the interview. They represented a range of program stakeholders and, included the camp director, a camp volunteer, the camp music therapist, and a camp participant and her mother (interviewed together at their request). Each interview participant was able to provide insight into the camp program and the utilization of music therapy. This collection of perspectives provides the study with a broader lens through which to analyze the application of music therapy for bereaved adolescents.

Mutually convenient meetings were scheduled between the research assistant and the participants. The meetings began with a review, discussion, and signing of the consent form (assent forms for participants under 18-years) and, then the audio-recorder was engaged. A semi-structured interview guide (Appendix A) was utilized and pertinent topics were discussed with flexibility when possible and appropriate, as determined by the interviewer. After the conclusion of the interviews, the audio-recordings were transcribed, and interview summaries were generated that were presented to the participants to confirm that the transcripts were accurate and acceptable to the participants. Participants were invited to critique, clarify, and/or

question the transcripts; once deemed satisfactory, the participants signed a data/transcript release form.

### **Interview Analysis**

Recorded interviews were transcribed by the other student research assistant, and then transferred to me. To obtain a fundamental familiarity with the transcripts, a summary of each transcript was composed after a first thorough reading. These summaries were constructed to broadly capture the overall substance of what was shared by the interview participants. This process provided me with an intimacy with the interview data as I summarized the transcripts, with diligence to ensure that the participant's testimony remained accurate.

Once the main summaries were established, the transcripts were read numerous times to be analyzed for themes. As the summaries served to represent the topical dimension of the transcripts, thematic analysis served to represent the meaning-value dimension of the transcripts. In pursuit of a "thick description" (Gall et al., 2007, p. 452) themes were identified in order to exemplify the underlying impressions and conceptions of the interview participants. Thematic analysis was also conducted in pursuit of constructing a text which "reflects on life while reflecting life" (van Mannen, 1997, p. 368). The themes represent the main interest of the current study, as they illuminate how music therapy is utilized to serve adolescents experiencing bereavement. Thematic excerpts were documented verbatim in textual tables in a word processing document.

### **Camp Documents**

General information about the camp program was collected from the region's palliative care website and hard copies of the camp brochure were printed off. This source of data was utilized in part to build the credibility of this study, as suggested by Shenton (2004) who states

that one step of establishing credibility is to become familiar with the culture of a participating organization.

### **Researcher as a Data Source**

Unique to qualitative inquiry is the identification of the researcher as a data source. As instruments of inquiry, human researchers can discover patterns of behavior and investigate idiosyncrasies; further, the “human-as-instrument” is related to the topic of study both purposefully and philosophically; in other words, “the knower and the known are connected” (Maykut & Morehouse, 1994, pp. 28-29). The researcher is the center of the analytic process and the instrument of data collection; as such the credibility, background, experience, and qualifications of the researcher directly and thoroughly influence the credibility of the study (Shenton, 2004; Patton, 1990).

As the researcher is the center of the analytic process, a disclosure of personal information about the researcher, including: personal connections to the topic, people, or program studied; and, what perspective, experience, or training the researcher brings to the field is appropriate (Patton, 1990). This provides transparency regarding the professional and personal information of the researcher which may affect the data collection, analysis, and interpretation (Patton, 1990). Further, researcher disclosure can inform readers who can assume insights sensitive to the researcher’s perspective; with this information, readers could choose an alternate perspective and data analysis, or could make informed comments on the researcher’s interpretations (Fischer, 1990).

As the researcher of the current study, I have identified numerous personal and professional factors which have influenced data analysis and dissemination.

The current study relates to my professional occupation as a school counsellor for youth within the eleven to fourteen-year-old age range. As a school counsellor for alternative education programs, all of my clients experience a variety of behavioural, emotional, social, and demographic challenges; many of my clients have, or are at risk of experiencing early bereavement due to the impoverished conditions faced by their immediate and extended families. As I am dedicated to and passionate about my profession, my mind is never far from the needs of my clients, professional development, and workplace application of therapeutic dynamics that I study. My professional mindset is notable regarding the current study as I was often cognizant of these factors during conducting research for the literature review, and analysis of the data. A concrete example is the fact that I knowingly thought of past and present clients who may have fit similar demographics and challenges as those portrayed in relevant literature, and as those who were campers at the camp. Further, I intentionally considered how past, present, and future clients may respond to music-based therapeutic interventions.

I am also connected to the topic as a musician, and I intend on incorporating music therapy into my counselling practice in the future. Being a musician and an appreciator of music gave me further experiences and knowledge to use in understanding the utilization of music as a therapeutic tool with adolescents experiencing bereavement. As a freelance drummer, I have been fortunate enough to have played with numerous musicians throughout Western Canada, performing at a gamut of events including churches, children's camps, bars, music festivals, weddings, corporate events, house parties, ceremonies, televised fundraisers, block parties, etc. Through sharing these experiences with other musicians, I have witnessed, experienced, and discussed the influence and power of music for individuals presenting with a diverse range of demographic and personal factors. Such experiences have cultivated a personal interest in, and

passion for music, along with awe for music's ineffable and universal abilities to socially and personally benefit humans.

Though I have been fortunate enough to have yet to experience the death of a close loved-one, I have experienced depression due to the significant losses of two long-term romantic relationships. Through both of these mourning periods music provided a valued therapeutic outlet, both through listening to music, and also through performing music.

Patton (1990) introduces a number of ways through which the dynamics of a human data collector can influence research findings; one of which in particular became salient during this research project: an instrumentation effect, which presents as changes in the evaluator (the measuring instrument) while evaluation is proceeding. While conducting this research project, two notable instrumentation effects occurred. Firstly, I gained a personal connection to the program under study as I volunteered as a camp leader for their weekend program in May of 2013. Though this volunteer experience was not pursued as a strategy for data collection, I have gained a more thorough understanding of the operations of the camp, and an appreciation for the services they provide their campers. Serving as a volunteer has influenced data analysis through providing more accurate mental pictures of the people, events, and locations mentioned in the transcribed interviews. Further, I have experienced a greater sympathy with the interview participants as I relate their reported camp experiences with the camp participants' experiences I observed.

Secondly, while conducting this research project in May of 2013, I was informed that my mother had been diagnosed with cancer. Obviously this was a shocking and terrifying experience which immediately personalized my study of bereavement and related therapeutic interventions. Though my mother has not passed away, I have participated in periods of

contemplating how my life and the lives of my family members would change if she were to pass prematurely. Though ruminating on the potential loss of my mother does not parallel the experiences of people who have actually lost loved-ones, this distressing circumstance has influenced data analysis through instilling a personal empathy with the camp participants who attended the bereavement camp. This newly developed compassion for camp participants has initiated a new fervor for bereavement interventions in general, and for the current study in particular.

These instrumentation effects have been highlighted here for the credibility of the current study, and for benefit of readers who may better understand personal factors influencing the process and dynamics of the data analysis.

### **Data Analysis**

Referring to a qualitative case study perspective, Thorne (2000) stated that linguistic representation of human experiences provides order and meaning to the subjective and vague sensations experienced by individuals. Further:

Putting experience into words, whether we do this verbally, in writing, or in thought, transforms the actual experience into a communicable representation of it. Thus, speech forms are not the experiences themselves, but a socially and culturally constructed device for creating shared understandings about them (Thorne, 2000, p. 69).

Transcripts were created through the process of repeated listening and typing out the recorded discourses. Once transcribed, the interviews were summarized and key quotes were identified. A thematic approach informed by Braun and Clarke (2006) was used to analyze the data and identify themes that are representative of the participants and their experience with the bereavement camp.

Interview transcripts were analyzed and represented in this study. Within qualitative inquiry, the researcher is an “author who writes from the midst of life experience where



meanings resonate and reverberate with reflective being” (van Mannen, 1997, pp. 368). In pursuit of depicting the interview participants’ words and experiences, I read the transcripts multiple times while identifying excerpts which seemed to exemplify the main points and insights of the interviewees in relation to the research question. Noteworthy excerpts were coded with representative words related to the focus of the excerpts. Quantitative frequency of topics was not a criterion for coding excerpts; rather, excerpts were coded according to the apparent qualitative importance emphasized by the interviewee. Some excerpts displayed rich substance and resonated with multiple themes; as such, these excerpts were coded under more than one theme heading. Once transcripts were coded, the codes were arranged into themes. These themes were established to exemplify the underlying impressions and conceptions of the interview participants. The themes were continuously reviewed to ensure accurate internal harmony amongst the grouped excerpts, while being refined to best illustrate the comprehensive stories of the transcripts. It was a challenge to provide a phenomenological text that possesses “lived-throughness, evocativeness, intensity, tone, and epiphany” as advocated for by van Mannen (1997, p. 368). “Lived-throughness” means that the phenomenon can be experientially recognized by the reader through anchoring in concrete life experiences; “evocativeness” means that an experience can be phenomenologically reflected on, and vividly brought into presence; “intensity” means that levels of phenomenological meaning become embedded in the text as key words are fully valued; “tone” means that the reader experiences a non-cognitive effect as the text speaks to the reader; and, “epiphany” means that a transformative effect occurs as the deeper meaning appeals to the self of the reader (van Mannen, 1997, p. 368).

Like the interview approach for data collection, thematic data analysis is flexible. Thematic analysis can also facilitate the summarization of essential features of substantial data

sets, eliciting a “thick description” of the phenomenon under investigation (Gall et al., 2007, p. 452). Further, thematic analysis can permit both psychological and social interpretation of the data, while identifying congruencies and in-congruencies within the data; unanticipated insights can also arise through the process of thematic analysis (Braun & Clarke, 2006).

The six phases of thematic analysis as outlined by Braun and Clarke (2006) were adhered to for analysis of the transcripts: a) a research assistant became familiar with the data through multiple readings and making notes of preliminary ideas; b) transcript features of interest were systematically coded throughout, assembling data relevant to each code; c) established codes were then categorized into themes; d) themes were reviewed to ensure applicable representation of the assigned codes; e) themes were continuously refined and specified in order to encapsulate the overall story of the transcripts; and finally, f) production of a report of the thematic analysis highlighted by persuasive quotes from the transcripts.

### **Establishing Trustworthiness**

Numerous conceptions exist of how to assess the value or rigor of qualitative research (Gall, et al., 2007). Thomas and Magilvy (2011) outlined four criteria which can be used to assess the trustworthiness of a qualitative study: a) truth-value (credibility); b) applicability (transferability); c) consistency (dependability); and, d) neutrality (confirmability).

Truth-value is the component that permits readers to identify the participant’s experiences through the researchers’ interpretations (Thomas & Magilvy, 2011). Truth-value is conceptualized as “usefulness” (p. 474) by Gall et al. (2007) who suggested that the study should report enlightening information which advances the “emancipation of research participants.” The quality of truth-value was pursued in this study through the process of member checking, where research participants were invited to confirm that the interview transcripts accurately represented

their views and experiences. Further, I reviewed each transcript seeking parallels within and across transcripts, as suggested by Thomas and Magilvy (2011).

Relatedly, credibility (or congruence between results and reality) is discussed by Shenton (2004) who argued that credibility can be established through a number of key provisions. Firstly, preliminary familiarity with the participating organization's sub-culture via personal visits and/or review of relevant documents and literature; familiarity with the camp sub-culture was pursued through collecting data from the bereavement camp brochure, website, and related documents (Shenton, 2004). Secondly, peer scrutiny of the study ensures that the researcher's closeness to the study does not inhibit the researcher from viewing the study with sufficient detachment or with erroneous assumptions; academics, colleagues, and peers can provide fresh perspectives which can lead the researcher to strengthen arguments, refine methods, and provide a more comprehensive explanation of the research design (Shenton, 2004). Peer scrutiny of this study was obtained through numerous procedures, primarily through interactions with my thesis committee. As a graduate student, I submitted the research document at various stages for review and critique to my thesis supervisor, and other faculty.

The component of "applicability" has been described as the parallel to "transferability" (p. 153) within the quantitative realm of research, related to the extent to which research findings apply to other participants and contexts interpretations (Thomas & Magilvy, 2011). An analogous concept is "contextual completeness," (p. 475) suggesting that the context of the phenomenon under study is described densely, including descriptions of the geographic and demographic confines of the study (Gall et al., 2007). With respect to the bounds of confidentiality, sufficient information about the phenomenon under study is provided in order to allow readers to gauge the applicability of findings to comparable phenomena.

Consistency is the component of qualitative rigor which focuses on the ability of another researcher to replicate the study. This is achievable through the use of an audit trail, which serves as a “chain of evidence” (Gall et al., 2007). An audit trail is established by: a) outlining the intent of the research; b) describing participant selection methods; c) explaining the procedures of data collection; d) outlining the process of data transformation for the purposes of analysis; e) describing how the findings were interpreted and presented; and, f) providing detailed explanation of the techniques applied to establish the credibility of the data (Thomas & Magilvy, 2011). These approaches were applied in the development and reporting of the present study.

For a study to have credibility, the researcher must adopt a posture of neutrality regarding the phenomenon under investigation; meaning that the researcher is not motivated by predisposed truths nor is operating in pursuit of predetermined results to support a position (Patton, 1990). Though arguably unattainable in the truest sense, the component of “neutrality” is present when the researcher can demonstrate practices of reflexivity, self-awareness of preconceptions, and an openness to the unanticipated directions the study may take (Thomas & Magilvy, 2011, p. 154). Patton (1990) elegantly defines what he calls “empathic neutrality” (p. 41) by stating:

Complete objectivity is impossible; pure subjectivity undermines credibility; the researcher’s passion is understanding the world in all its complexity – not proving something, not advocating, not advancing personal agendas, but understanding; the researcher includes personal experience and empathic insight as part of the relevant data, while taking a neutral nonjudgmental stance toward whatever content may emerge. (p. 41)

This reflexivity is furthered when the researcher practices sensitivity to personal involvement with the phenomenon under study, role relationships, theoretical orientation, personal

assumptions, and world view (Gall et al., 2007). Peshkin (2000) demonstrated this reflexivity when he stated:

... interpretation is an act of imagination and logic. It entails perceiving importance, order, and form in what one is learning that relates to the argument, story, narrative that is continually undergoing creation... the confluence of questions, images, and ideas... where I choose to look to see that something is going on with regard to my conceptualization... judgment of what to collect that provides documentation for what I think is going on, or the instantiating of my study and the further focusing of its field of inquiry... what to select for writing that establishes or affirms what I have identified that has gone on, or the composing of the elements of my research story. (p. 9)

Ideally, a qualitative researcher is committed to: reporting both confirming and disconfirming evidence; understanding the world as it is; and to be true to the multiple perspectives and complexities as they transpire (Patton, 1990). In the current study, I remained mindful of comparable reflexivity and neutrality throughout the processes of data collection, analysis, and dissemination.

Conducting the current study through the lens of a school counsellor may bias results through consciously and subconsciously seeking valuable outcomes and efficacious conclusions; conversely, conducting the current study through the lens of a school counsellor has also provided me with the initiative and determination to perform the tasks of this study with vigor and diligence.

Conducting the current study through the lens of a music appreciator and a musician may bias results through consciously and subconsciously seeking valuable outcomes and efficacious conclusions; but conversely, conducting the current study through the lens of a music appreciator and a musician has also provided me with the initiative and determination to perform the tasks of this study with vigor and diligence.

The instrumentation effects have been highlighted here for the credibility of the current study, and for benefit of readers who may better understand personal factors influencing the process and dynamics of the data analysis.

### **Bracketing**

Bracketing is a precautionary process to ensure that qualitative research findings are derived from the participants' descriptions of their experiences rather than from the biases and preconceptions of the researcher (Redden-Reitz, 1990). Content that is bracketed usually includes the researcher's hunches, vested interests, assumptions, personal experiences, and cultural factors which could influence how the data is interpreted (Fischer, 1990). Fischer (1990) emphasizes that the intent of bracketing is not to achieve objectivity (as in accessing a reality that is independent of the researcher), but rather to embrace that all knowledge is formulated by humans, and that researchers are consistently engaged and involved with their perceptions in their research; but importantly, responsible bracketing can assist in ensuring that research findings could be similarly achieved by other researchers investigating the same data.

The process of bracketing is ongoing, and is characterized by two foci: a) the data, for which the researcher temporarily sets aside personal assumptions; and, b) the findings as they evolve, as the researcher revisits personal interpretations of the findings in light of an adjusted perception of the topic (Fischer, 2009). Gearing (2004) suggested that bracketing is characterized by three main efforts: a) the process of temporarily suspending presuppositions about the identified phenomenon, b) aiming to isolate the phenomenon's structure and essence, and, c) the interaction of temporarily suspending presuppositions with isolating the essence and structure of the phenomenon.

Though it seems as if stringent bracketing could ensure trustworthy and “pure” findings, bracketing is limited by the very intent and features of a research study. Ashworth (1996) pinpointed the concrete example that every research project is investigating an identified phenomenon, and this intentional investigation will centre a shared focus and cultural meanings on the phenomenon; any attempts to thoroughly bracket such presuppositions would lead to the data collection being directionless and of severely reduced value. The concept of bracketing is applicable to the current study as the topic of investigation is the utilization of music therapy for bereaved adolescents, and the shared awareness of the topic between the researchers and participants will certainly influence how data is collected, interpreted, and disseminated.

Though these guiding notions cannot be completely excluded, they can still undermine the very intent of understanding the lived-experience of participants; therefore, these instances require that assumptions are taken tentatively. Specifically:

Those "tentative, precursory assumptions" which are absolutely necessary must be explicit in research, and thoroughly, continuously questioned as to their relevance to the description of the life-world under study. For instance, it must be considered possible that the phenomenon under investigation has no place in a given individual's life-world, or that it takes a very different form (Ashworth, 2004, p. 17).

### **Ethical Considerations**

Ethics approval was received from the University of Saskatchewan’s Behavioural Ethics Research Board and the affiliated health region. Participant informed consent was obtained with a consent form clearly outlining the details of the research project, and participant obligations and rights, including the right to withdraw consent at any point during the project without penalty. The one youth participant under the age of 18-years signed an assent form while her parent signed consent forms.

After the participant interviews were transcribed, full transcripts were presented to the participants to provide the opportunity for any corrections or clarifications they deemed necessary; participants then signed a data-transcript release form, indicating their satisfaction with the transcripts. Further, in accordance with University of Saskatchewan regulations, all data were stored securely in a locked filing cabinet. Data storage and safeguarding was, and remains under the responsibility of the principal investigator.

This study was free of deception and involved minimal risk to participants. Procedures were followed to minimize the possibility of discomfort or harm resulting from participation and/or potential confidentiality breaches. These procedures included: a) participant transcript checks; b) a locked filing cabinet for data storage; c) alteration to potentially identifying information; and, d) utilization of a coding system to keep participant identifying information separate from data collected during the research.



## **Chapter 4: Results**

In this chapter, findings are presented. The bereavement camp is described, followed by the introduction of themes derived from analysis of interview data. Interview participants are identified by assigned pseudonyms, and direct quotes are modified to maintain the anonymity of research participants.

### **The Bereavement Camp**

The camp under investigation is a weekend camp for children and adolescents who are experiencing bereavement. The camp serves youth aged 5-18 years (arranged into age groups) and aims to provide a memorable and fun experience where activities also serve to assist the campers in processing their bereavement. Camp participants generally live within a 200 kilometer radius of the large prairie urban centre; and represent a diverse range of socioeconomic and demographic groups. Potential camp participants are provided with registration documents either through the regional palliative care centre, or through regional schools. The camp aims to provide a memorable and fun experience where activities serve to assist the campers in dealing with their bereavement. Trained staff and volunteers guide leisure activities, including: wall climbing, horsemanship, archery, canoeing, campfires, and hiking; interspersed with therapeutic group activities such as crafts, sharing times, contemplative exercises, story times, and music therapy. These activities are intended to guide camp participants through therapeutic processes which allow them to grieve in safe ways, and to understand that it is acceptable (and encouraged) to remain as children/teens while grieving. From Friday evening until Sunday afternoon, mixed-gender age groupings (7-8 year-olds, 9-10 year-olds, 17-18 year-olds, etc.) follow a schedule to participate in the numerous activities. All age groups come together for meals and evening camp fires. Campers sleep in same-gender cabins grouped by age, with two to three camp volunteers

as supervisors. The camp participants are also given the opportunity to meet peers who are suffering comparable bereavement experiences.

The bereavement camp begins on Friday evening with a shared dinner. The age-grouped activity groups meet to discuss the rules and expectations of participation, along with the schedule for the weekend. Between the shared meal times (breakfast, snack, lunch, snack, and dinner), activity groups rotate through a range of leisure and therapeutic activities. The leisure activities provide campers with the opportunity to participate in sports such as canoeing, horseback riding, and games. Artistic activities provide campers with the opportunity to process their grief artistically through creating crafts (picture frames, pottery, masks, ornaments, etc.) related to the memory of their loved-ones. Music activities provide campers with the opportunity to process their grief through performing music (drum circles, group songs with percussion instruments, etc.), and through listening to music (group song sharing, improvisational music during art times, etc.).

The bereavement camp is a program offered by a municipal palliative care service provider. The camp generally runs twice annually; once in the summer, and once in the fall, which is an abridged, one-day version. It is directed by a staff member, also an accredited music therapist and certified Canadian counsellor, who developed the program. The camp director oversees and is supported by numerous volunteers who come from diverse professional backgrounds (teachers, psychologists, social workers, nurses, etc.) and meet requirements for volunteering at the camp. Prior to being accepted as a volunteer, all applicants are assessed and expected to participate in a specialized training course described below. Applicants must submit an official Criminal Occurrence Security Check including a Vulnerable Sector Search, in addition to a completed “New Volunteer Intake Questions” document. The Volunteer Intake

document inquires about applicants': a) motivation for volunteering at the camp; b) anticipated personal gains from volunteering; c) available skills and abilities; d) self-identified weakness or concerns about serving as a volunteer; d) past experiences working with children or at camps; e) past experiences working with bereaved youth; f) preferences in terms of age-groups to work with, and preferences regarding sleeping arrangements (in a cabin with the campers, or separately); g) ability and willingness to set aside personal needs for the weekend; and, h) special medical/dietary needs. Following submission of these documents the camp director contacts applicants via telephone for a brief interview guided by the applicants' submitted responses. A week prior to the camp, volunteers gather together at the palliative care centre which is the administrative headquarters of the bereavement camp. The camp director leads a training session covering an introduction to the process of grief, the state of bereavement, how youth can present with bereavement symptoms, and supporting children and adolescents experiencing bereavement. At the training session volunteers are also assigned their camper groups for the weekend, and informed about the specifics of their campers including general demographics, and loss dynamics including their relationship to the deceased and other pertinent family information. Volunteers agree to the confidentiality requirements of the camp in order to protect the personal information of the campers; including proper transportation and storage of documentation. Once the camp has completed, volunteers reconvene at the palliative care centre for a debriefing session to discuss how the camp went, and to address any residual or potential personal issues.

### **Interview Participants**

Participants recruited for the study included Joni the camp director, Ruth the camp music therapist, Roxanne and Tanya, a camp participant and her mother, and Otis a camp volunteer.

Each participant was able to provide their unique perspective and insight into the camp program and its utilization of music therapy.

### **Joni – Camp Director**

Joni, the director of the camp as well as an accredited Music Therapist, began her interview by describing the children and youth who attend the camp. The unifying feature of the campers is that they have suffered the death of someone who they cared about. The causes of the deaths can range from an unanticipated traumatic event to an anticipated health-related death. Joni emphasizes that even though all the participants have suffered loss, each participant has a unique history of experiences and personal qualities.

Joni explained that the camp's program pursues two main goals of: a) empowering the participants to deal with their grief, and b) enabling the participants to remain as children and still have fun despite dealing with loss. The camp provides the participants with various activities over a weekend, and the activities are designed to be both recreational and therapeutic. Joni stated that programming can be a challenge as it attempts to best suit all participants and their unique needs and preferences.

Joni values the volunteers who serve as camp leaders, as they come from various professions (including psychologists, counsellors, social workers and teachers), and commit their services without compensation. She further accentuated the value of committed volunteers who prioritize the children for the weekend and can often empathize due to personal loss experiences.

Joni identified some of the music interventions used at the camp, which vary depending on the age range, and include: a) a "hello song" is used to introduce the participants to each other, and to signify the beginning of a music improvisation activity; b) choosing from a variety of instruments the campers are welcome to improvise with, as the session is facilitated by a

leader who plays a flute; c) singing popular songs which are used with rearranged lyrics to address loss and bereavement; and, d) working with specific user-friendly instruments that are assigned to represent different loss-relationships (e.g., those who have lost a parent will play a triangle, those who have lost a grandparent will play a bell).

Joni elaborated on a specific activity where a children's book about the afterlife is read, then a flutist improvises a soundtrack while the participants draw pictures of what they imagine the afterlife to look like. Though concepts of the afterlife are mentioned in the book and explored through art, the camp has no religious affiliation nor orientation and staff, volunteers, and campers are welcome from all faith backgrounds. The flute music serves as support while the participants draw, creating a contemplative and reflective atmosphere. Another activity noted by Joni involves the older participants who are instructed to bring a CD with a song which is meaningful to them and their loss experience. In a group setting, each participant plays their song and has the opportunity to elaborate on why they chose that song. Joni then describes how a candle-lighting ceremony closes the camp experience, highlighted by the whole group singing a theme song such as "Candle on the Water" by Al Kasha and Joel Hirschhorn, or "Waving Flag" by K'naan.

These music-based activities seem to have notable outcomes. Joni stated that the children and youth often display an eagerness to participate in the music activities, and experience an unexpected depth of emotional connection to certain songs and to each other. Numerous times, Joni spoke of the empathy that is evoked among participants during the music-based activities. Joni emphasized the ineffable qualities of the music intervention outcomes. Though unable to describe what exactly occurs during the music sessions, she did note that it may be related to the

ability of music to express what cannot be expressed through typical means, such as the spoken word.

Joni illustrated how the camp features numerous other activities and rituals which are designed to aid with the bereavement process. For instance, based on a First Nations belief (specific First Nation not identified) that wishes whispered to butterflies will be taken to the spirits of the deceased, Saturday mornings feature a butterfly release, allowing all participants to whisper to and release a butterfly. On Saturday night, a candlelight service is held where loss-related poems are read, and the participants create a candle-wreath to represent the person they have lost. Further, a “burden burning” occurs where participants write a letter to the person they have lost, and burn it to represent letting go of the harder emotions. Lastly, on Sunday, participants write messages to their loved ones and place them in helium balloons, which are released as a group.

Joni identified a number of outcomes experienced by the volunteers and participants alike during the weekend. Specifically, the willingness of the participants to be vulnerable and honest often exposes the volunteers to disclosures which can be disturbing and unexpected. Joni shared that volunteers often become emotional during debriefing sessions, and their insights from camp involvement will positively influence their future professional work. Joni valued that camp involvement creates a community of care and a culture of acceptance for both volunteers and participants.

Joni closed the interview by speaking of the cultural diversity of camp participants. Specifically, she estimates that half of the participants are typically Euro-Canadian, while the other half are often Canadian First Nations. Joni pointed out that the cultural background of participants can influence the way in which they participate in camp activities.

## **Ruth – Camp Music Therapist**

Ruth is an accredited Music Therapist who volunteers with the camp to facilitate their music therapy activities. She began her interview by explaining that all of the campers are experiencing bereavement due to the loss of a loved-one, and she commends the campers on their honesty when sharing their difficult emotions, and their awareness of their bereavement status.

Ruth discusses three of the same interventions addressed by Joni (the “hello song” activity, creating art in response to reading “The Next Place” book, and the music-sharing activity), then described two different interventions. In one activity, memories of camper’s deceased loved-one are invoked by certain sounds. This activity permitted the campers to discuss the sound memories they have which provide a reminder of their deceased loved-ones.

Another music activity has the older campers participate in a sharing circle where each individual introduces her/himself and speaks of who their loved-one was. Ruth values these group-sharing sessions as opportunities to become more familiar with each camper.

Ruth then focuses on her role during the “Next Place” activity emphasizing that the music she plays is guided by the emotions displayed by the campers, and encourages the campers to reflect while they draw.

Ruth highlighted a number of benefits of providing the campers with opportunities to express themselves through simple percussion instruments, noting that instrument selection represents a personal extension of the self and can provide insight into who a person is. She facilitates one activity where the campers are able to interact with each other musically, while Ruth initiates themes based on volume and tempo. Although they play as a group, each camper is also encouraged to play a solo part as well. Ruth talked about the music therapy concept of

“holding” in which the participant is provided an opportunity to express herself/himself while the music therapist supports them musically.

Ruth observed that she practices more tactile activities with younger age groups, while older age groups focus on sharing chosen songs; however, she notes that younger campers are increasingly displaying interest in sharing songs as well. She attributed this to the assumption that popular music is becoming more prevalent in the lives of younger children, and is no longer exclusively in the domain of adolescents.

Ruth perceived that the goal of the camp is to provide participants with an environment to safely explore and experience their grief. She suggested that the camp is sufficiently organized to do so as it features both therapeutic and leisure activities. Ruth likened the camp to a therapeutic holding container through embracing the process the campers are experiencing while providing activities which reflect those experiences. She also states that the campers benefit from meeting peers with comparable experiences, and the interactions often lead to new friendships as well.

Ruth commented that all camp leaders are volunteers involving staff from the local palliative care services and other community members. She became involved due to networking with the camp director two years ago while working at a local rehabilitation centre. Ruth emphatically stated that she anticipates continued involvement with the camp as she considers it provides an exceptional music therapy experience underscored by witnessing the experiences of the campers.

That being said, Ruth also noted one of the main challenges was witnessing and processing all of the sadness which is shared. She added that due to music’s ability to reflect emotion, the songs brought by the campers reflect strong sadness which leads to sympathy for



the campers. Notably, Ruth also disclosed that sympathizing with the campers can also evoke personal emotions or issues which can distract from supporting the campers. She stated that completely suspending personal issues for the sake of supporting the campers is very difficult and not always realistic, noting that the revelations from the adolescents often cause her to cry due to the intensity of their pain.

On a more positive note, Ruth shared her observation that the campers also support each other, evidenced by supportive comments or hugs. She also divulged that the work is exhausting due to eight intense sessions with only a lunch break. Ruth stated that it is a day full of emotions, holding, and containing, and even though it is tiring, it is also an honour to facilitate and witness the campers participate in these transitional processes.

Ruth reflected that though campers often state leisure activities such as canoeing and horseback riding as their favourites, she still feels that they benefit from the music therapy due to sharing the experience together. She recognized that the communal aspect permeates all camp activities, and noted that the power and prevalence of music provides the campers with an outlet through which they can express feelings which are not always expressible through more traditional means of communication.

Ruth stated that she does not have any contact with the family members of campers, but that the camp director does receive feedback surveys and letters from parents and shares them with the volunteers. These letters often express noted changes in the campers such as increased emotional expression, increased mood, and new friendships.

Ruth concluded by stating that the camp is very emotional and is an amazing experience. She poses a curiosity about how sharing in someone else's painful process can be rewarding for

the volunteer. Ruth reflected that this proclivity to share in the experiences and processes of others represents a common characteristic of individuals in the helping professions.

### **Tanya and Roxanne – Camp Participant and Her Mother**

Tanya is a young woman who attended the camp as a camper for four consecutive years, and is now volunteering as a counsellor in training. Roxanne is Tanya's mother and a recent volunteer at the camp.

Tanya began their interview by explaining that she found out about the camp through her school counsellor after her dad passed away. She shared the information with her mom, who also got Tanya's brother and three cousins to attend as well. Attending the camp helped Tanya through meeting peers with relatable losses and experiencing their verbal and non-verbal support. She noted that it was a beneficial experience despite the challenges of facing her loss so intensely. Tanya described a "Burden Burning" exercise where campers write down unresolved issues related to their loss and burned them in a fire. She reported that this was a challenging yet beneficial experience as it provided the campers with an avenue to address some issues which may be difficult to discuss openly.

Tanya added that the music therapy activities were challenging and beneficial for similar reasons. Specifically, she identified the song sharing activity as difficult due to the strong emotions attached to the campers' selected songs, along with the seemingly unconditional support of the others. Here, Roxanne interjected her amazement at how universal music is, noting how every individual could identify and connect with a song. Tanya resumed by recounting the song sharing activity, noting the benefit of discussing why they selected those songs to represent their deceased loved-ones. Tanya noted that discussing their song selection assisted the campers in making the connection between the song and the person they lost; she

gives the example of a song which features lyrics about certain qualities which her dad portrayed.

Tanya elaborated on the utility of using music as a therapeutic tool, noting that everyone is comfortable with music, and can use music to share emotions which are otherwise difficult to express. She went on to state that anyone can connect to music, evidenced by her observation of numerous other people responding emotionally to songs chosen by other individuals. Sharing music in this manner helped the campers to connect as they recognized commonalities across their experiences.

Tanya noted that it is not uncommon for campers to attend numerous years, stating that she knows of others who have attended two or three years in a row, and this was her fourth year attending. She anticipated volunteering at the next one as a counsellor in training. Returning to music therapy activities, Tanya described a drum workshop where campers played hand drums to express the emotions they were experiencing. Tanya really enjoyed the music therapy activities and could not identify a negative aspect of those activities.

Tanya shared further insights regarding the benefits of music therapy, specifically the observation that everyone can connect to music, and it permits individuals who may be hesitant or more reserved to open up more within a group setting, fostering group connections. Roxanne complemented this by stating that it seems logical that music demonstrates therapeutic benefit as it is a universal language, not only across language barriers, but also across differing circumstances. She then identified a specific program at a rehabilitation centre where residents participate in a First Nations' drumming group and receive therapeutic support through cultural and musical activities.

Tanya then claimed that music has the ability to improve everyone's mood, and related her personal practice of listening to and singing along with music when she is feeling sad. Roxanne hypothesized that it is the rhythmic quality of music which may influence its universality, as she pointed out that rhythms are unavoidable in daily life, evidenced by the example of our beating hearts. Tanya then highlighted the pervasive quality of music as a benefit due to the fact that music can benefit individuals regardless of where they are physically or emotionally.

Roxanne described her experience and observations of sending her children, nieces, and nephew to the camp. She recalled being unsure about sending the kids to the bereavement camp, but when they returned she was amazed at their positive transformation. Roxanne and Tanya both highlight the importance of being with peers with comparable experiences, due to the inability to receive support from peers at school who are unable to empathize to the same degree.

Roxanne closed the interview by attempting to summarize her experience at camp, but was unable to articulate it sufficiently, as she simply repeated that there are no words that can describe or do justice to the camp experience.

### **Otis – Camp Volunteer**

Otis, a counsellor from a Catholic school system, has volunteered at the camp for four sessions. He stated that his interest in volunteering at the camp is threefold: due to his personal history of experiencing the loss of a family member, of pursuing professional development, and of experiencing the rewards of helping the participants.

Otis shared that the camp participants represent diverse socio-economic backgrounds with diverse histories and losses because of cancer, suicide, homicide, substance overdose, and

accidental death. The eagerness of participants to attend the camp was highlighted by Otis as he states that returnees display a high level of positive anticipation.

Otis briefly mentioned a few of the activities that occur during the weekend. These activities included a pumpkin smash, crafts, sharing times, and poetry times. Activities such as these produce a number of outcomes. Otis identified that even though a lot of difficult emotions are expressed, the participants are united by their similar experiences. Further, some of the participants are so inspired by the camp that they wish to become volunteers in the future.

Otis highlighted that the influence of the camp can also lead to school-based outcomes. Involvement with the camp can lead to the participant and his/her family being more able to identify and process their bereavement. Otis connected this to the school environment, suggesting that classroom awareness of the student's loss can facilitate understanding from the teachers who can provide the student with appropriate supports, and empathy from other students who can share their own loss experiences.

According to Otis, the camp features numerous music-based activities to engage the participants. The participants are instructed to bring a song which has meaning to them regarding the loved-one they have lost. They either bring the song on a CD, or access the song via the internet. The selected song is then shared with the group, providing the participant with a small amount of time which is exclusively their own within a group setting. Otis described how the song "Waving Flag" was integrated throughout the camp and served as an on-going reminder of their camp experience once they left. Additionally, Otis briefly mentions that drum circles occur and seem to be a popular activity.

Otis emphasized some of the outcomes of the music-based activities. Specifically, the ability of music to facilitate the expression of a wide range of emotions from the participants,

who are encouraged and permitted to feel sadness, joy, anger, and so on. Further, the ability to access music anywhere and to keep it in mind allowed participants to draw on those emotions and processes even after leaving the camp.

Otis identified some of the challenges associated with the camp. The vulnerability of the participants is cited as a source of three potential challenges, being a) disruptive behaviours, b) self-harm and c) inappropriate bonding between participants. Another challenge recognized was maintaining appropriate and safe relationships between volunteers and participants. Otis mentioned that there are strict rules regarding volunteer/participant contact and ratios.

Otis shared that the volunteers participate in both a preparatory meeting and a debriefing session. The preparatory meeting was noted as being emotionally draining as the backgrounds of all the participants are shared, which assists the volunteers in gaining an awareness of what the volunteers will be dealing with. The debriefing meeting and questionnaire are employed to obtain feedback from the volunteers. Otis shared that the concerns and frustrations of the volunteers are often aired, but that they also share strong positive emotions and evaluations of their volunteer experience.

### **Interview Themes**

These themes represent the main interest of the current study, as they illuminate how music therapy is utilized in the camp, a particular program that serves adolescents experiencing bereavement. The identified themes are reported below, reinforced with select expressive excerpts. Initially the themes of individual transcripts are introduced, followed by a consideration of themes across transcripts.

## **The Camp Director's Perspective**

Thematic analysis of the Camp Director's interview transcript elicited the twelve themes of: a) Music is Powerful, b) Music is Emotional, c) Music is Meaningful, d) Music Builds Community, e) Music is Supportive, f) Music is Contemplative, g) Music as Improvisation, h) Participants Present with Diverse Needs, i) Music is Effectual During Adolescence, j) Rituals Contextualize, k) Music's Influence is Ineffable, and, l) Music is Cultural.

**Music is powerful.** The theme of "Music is Powerful" was identified through excerpts which acknowledged music therapy as having a profound influence on camp participants. The focus of this theme is the compelling influence of music therapy as observed and experienced by the Camp Director. Speaking to this influence, Joni often employed the word "profound" to qualify the effect that camp participants experienced through music therapy activities. In reference to a music sharing activity where participants selected and shared a song that is meaningful to them in relation to the loss of their loved-one, Joni stated "... That ended up being one of the most profound sessions at the camp... We were caught off guard. It was unexpected the emotional depth these kids showed and also the thought they put into what songs they chose." Again, the profundity of how musical activities influenced camper experiences was demonstrated through the excerpt of "And it was very profound. Lots of emotional expressions lots of those like empathy demonstrations that I was describing how they were supporting each other."

**Music is emotional.** The theme of "Music is Emotional" was identified through excerpts which discussed the emotional reactions elicited through music therapy activities. The focus of this theme is the provocation of emotional responses through music therapy practices. Passages were selected which revealed emotional responses either from camp participants, or camp

volunteers/staff. Joni states that “music plays a role in the grieving process,” and this is elaborated on when she asserted:

What is often most profound in that activity is the songs that they choose and the meaning behind that and then the emotional connection they will have to those songs so kids who maybe haven’t shown much emotion throughout the weekend their song comes on and they start to cry.

Joni also provided the general observation that it is not uncommon for music-based activities to elicit notable emotional responses. She reflected on occurrences of “lots of emotional expressions lots of those like empathy demonstrations that I was describing how they were supporting each other.” The focus of this theme is the provocation of emotional responses through music therapy practices.

**Music is meaningful.** The theme of “Music is Meaningful” was identified through excerpts which discussed how music-therapy activities were meaningful to participants, both in the sense of providing participants with an expressive outlet, but also in the sense of having a significant effect on participants. The focus of this theme is the consequential influence that music can have on youth.

Expressive meaningfulness was demonstrated by the quote of “what it often most profound in that activity is the songs that they choose and the meaning behind that and then the emotional connection they will have to those songs.” Meaningfulness through significant effect was displayed in the quote of “at the end the chorus it says “I’ll never let you go” and there is just lots of connections to grief... But most of the kids have never heard it before so we were teaching it and it was meaningful.”

**Music builds community.** The theme of “Music Builds Community” was identified through excerpts which discussed observations of how group participation in music therapy facilitated a sense of community amongst group members. The focus of this theme is the



observed ability of music therapy to be experienced mutually while simultaneously fostering a sense of group unity.

Joni stated clearly that forming these connections and encouraging empathy is an explicit goal of some of the music therapy activities. In reference to an improvisational percussion activity, she verbalizes “the purpose is primarily to connect them as a group.” This goal of empathetic community building is seemingly achieved as Joni recounted:

...this little group of 9 and 10 year olds the one little girl asked to play her song and she started to cry. She was seated beside me and I just sort of reached to give her some physical comfort and a little boy actually moved from his place in the circle to come over beside her and put his hand on her knee and kind of gave her like a little “It’s okay.”

Joni was grateful that music therapy “connects them with each other” as this promotes the camps therapeutic goals as Joni noted “the community we are building out there and the sense of safety they probably have and the connection they have within the group and the risks they take then because of that.”

**Music is supportive.** The theme of “Music is Supportive” was identified through excerpts which discussed how music can be utilized to buttress and promote therapeutic processes. The focus of this theme is the utilization of music within therapeutic environments to assist with beneficial activities. In reference to an art activity during which a music therapist plays improvisational music, Joni observed that “music becomes the supporter” and as such, transforms a basic art activity into a “very contemplative and reflective activity.” Joni elaborated on these observations as she shared “... and I believe again the power of music is just different then just read the book and did the art without any kind of music. The music I think and what she chooses to improvise ... really supports that process.”

**Music is contemplative.** The theme of “Music is Contemplative” was identified through excerpts which discussed the utilization of music in a therapeutic setting to foster mindsets of

reflection and contemplation. The focus of this theme is the observed ability of music to encourage and sustain a therapeutic mindset of reflection and contemplation. This concept of altering the cognitive environment or creating a space for reflection and contemplation, was most often illustrated through reference to the flute improvisations of the music therapist. Joni recalled “I think she does a remarkable job of reflecting the moment. Probably picking up on what emotions are being exhibited... and I think it really creates that space of reflectiveness.” Joni goes on to identify the presence of music as useful in linking participants to the therapeutic process, and maintaining a curative mindset, “I never really would have thought of this but it is just a beautiful way to connect with the moment.”

**Music as improvisation.** The theme of “Music as Improvisation” was identified through excerpts which discussed how music therapy was utilized not to elicit emotions from participants, but in response to emotions from participants. The focus of this theme is the flexible and adaptive nature of music therapy as it can be applied in response to the presentations of the participants. In reference to the music therapist’s live flute playing during therapeutic activities, Joni perceived that playing live music “just allows you to kind of be in that moment... And because it’s a group process it’s not that she is reflecting individual things I believes she captures the essence of it.” Joni further discerned the responsorial nature of playing live music, stating “I think she does a remarkable job of reflecting the moment. Probably picking up on what emotions are being exhibited and what we see from the kids already. So it’s more dynamic, it’s more in the moment.”

**Participants present with diverse needs.** The theme of “Participants Present with Diverse Needs” was identified through excerpts which discussed the varied nature of camp participants, and the necessity of therapeutic approaches with comprehensive applicability and

efficacy. The focus of this theme is that the camp participants present a wide range of backgrounds and therapeutic needs, implying that camp activities must be programmed correspondingly. Specifically, Joni recognized:

It's never just one thing which reminds me that every child coming has a different personality a different way of living and experiencing things and that is why I think we need this variety of activities because we hope to meet everyone's need at least at some point during the weekend.

The theme of "Participants Present with Diverse Needs" was further developed through the excerpts of "you can never totally anticipate what that child is going to bring to the session and what their lives have led them to be," and "And even though the style of song one might choose is not what the other may listen to it connected them as a group by listening to what the other had shared... it also gives us a window into who they are remembering."

**Music is effectual during adolescence.** The theme of "Music is Effectual During Adolescence" was identified through excerpts which discussed the developmental period of adolescence and the related suitability of music therapy as an intervention for adolescents. The focus of this theme is the compatibility of the developmental period of adolescence with music therapy approaches. This was stated explicitly in the selections of "often for the older kids music therapy usually is the favorite," and "especially for those teens how important music is to those kids and we all know music can say stuff in a way that is very different than what we can say in words." In reference to a music sharing activity, Joni shared a specific example of adolescents' inclination towards music, stating "these kids are like 'can we do one more round please?' and it was just this really beautiful example of how profound music plays a really important role in that age groups lives. And also how it connects them with each other."

**Rituals contextualize.** The theme of “Rituals Contextualize” was identified through excerpts which discussed the importance of rituals, and how the camp establishes and maintains ritualistic activities. The following excerpt encapsulates this theme:

The one piece which I think they miss in there which I think is important is the use of ritual. And a big part of camp I think is around creating rituals that are child and teen friendly that create meaning for them at their level and involve them in that process as opposed to probably some of the formalized rituals they have done as a family that are maybe less child focused. So rituals are also an important part of how we achieve. So there is sort of the recreational and therapeutic activities and maybe a subset of the therapeutic rituals.

The ritual of a butterfly-release is described when Joni refers to “an aboriginal belief that if you whisper that wish to the butterfly it will take that wish to the grave spirit. So the children are able to make that wish and they each get a butterfly to release.” Joni spoke of rituals with the whole camp in mind, not solely with attention to the music therapy aspects. That being said, the formation and continuation of rituals seems to be a value applied to all areas, including the music therapy activities.

**Music’s influence is ineffable.** The theme of “Music’s Influence is Ineffable” was identified through excerpts which discussed the elusive nature of the influence of music therapy and how it consistently evades distinct definition. The focus of this theme is the unidentifiable influence that music apparently seems to possess. Joni appeared to struggle with this impediment as she considered “It’s really hard to describe the rewards... But there is something within that hour that kind of defies an explanation of what exactly is going on... but it’s different...I don’t know how...”

**Music is cultural.** The theme of “Music is Cultural” was identified through excerpts which discussed how the cultural backgrounds of participants could influence their personal utilizations of, and responses to music therapy. Joni shares:

One family stood out to me this spring their Mom and Dad are First Nations and the song they chose to share was a song like a Powwow song it was written a performed at their Mom's wake or burial and they brought to share that... culturally, that would be an interesting thing to explore with the kids, too, in terms of how does that inform what they bring, or their music that they bring.

This excerpt demonstrates the focus of this theme as the camper's cultural backgrounds guided how they contribute to, partake in, and receive music therapy activities.

### **The Music Therapist's Perspective**

Thematic analysis of the music therapist's interview transcript elicited the nine themes of: a) Music is Emotional, b) Music Builds Community, c) Music Fosters Expression, d) Music as Improvisation, e) Music Creates Environment, f) Music is Supportive, g) Music is Prevalent, h) Program Goals Support Therapeutic Processes, and, i) Music's Influence is Ineffable.

**Music is emotional.** The theme of "Music is Emotional" was identified through excerpts which discussed the emotional reactions elicited through music therapy activities. The focus of this theme is the apparently consistent occurrence of emotions being elicited through participation in music therapy. Numerous excerpts highlighted the emotional influence that music therapy can have on participants. Ruth observed that "they're very honest with their feelings, and especially in the music therapy group where they get a chance to share a lot of those feelings and have an opportunity to share with each other." Ruth also commented on music as an emotionally stimulating mechanism, asserting that "in the music therapy group there's a lot of sadness that comes out... Because music is sort of that device that touches all the emotions." Despite the fact that many of the stimulated emotions are typically negative, Ruth was deliberate about declaring that "it's very amazing, and it's very emotional, but it's a good type of feeling, it's a good type of emotional."

**Music builds community.** The theme of “Music Builds Community” was identified through excerpts which discussed observations of how group participation in music therapy facilitated a sense of community amongst group members. The focus of this theme is how music therapy can shape group dynamics through communal participation. Ruth acknowledged the popularity of music therapy at the camp and considered why this is the case. She stated, “I think about music therapy... I couldn’t say for sure what they like about it, but it seems as though there is some benefit from being together.” Generally, Ruth acknowledged that music therapy can foster sincere camaraderie among participants, noting “I found that they’re very honest with their feelings and especially in the music therapy group where they get a chance to share a lot of those feelings and have an opportunity to share with each other.” More specifically, Ruth referred to an improvisational instrumental activity explaining, “they’ll choose something and get a chance to interact musically with each other, as a group.”

**Music fosters expression.** The theme of “Music Fosters Expression” was identified through excerpts which discussed how music provided camp participants with unconventional methods through which they could express concepts or emotions which were difficult to express through words. The focus of this theme is how music can be utilized by individuals in order to convey concepts or emotions when verbal expressions are uncomfortable or insufficient. Numerous excerpts complement the concept of “When words can’t do it, the music can.” Ruth valued a particular improvisational music activity as it provided campers with a “good opportunity... to express themselves using instruments;” she went on to explain that:

If you get into more complicated, more complex music therapy theory and psychotherapy theory, the idea of choosing an instrument is actually choosing an extension of you, of what you are and what you are all about. And whether the kids are consciously aware of that or not, it doesn’t matter, because they’re choosing something that they’re drawn to anyways.

Ruth commented on the therapeutic functionality of music as an expressive tool, stating “music is such a powerful thing and they’re able to express it, like the music does it for you. ‘This is how I feel; this is the music that makes me feel what I feel.’”

**Music as improvisation.** The theme of “Music as Improvisation” was identified through excerpts which discussed how music therapy was utilized not to elicit emotions from participants, but in response to emotions from participants. The focus of this theme is the flexible and adaptive nature of music therapy as it can be applied in response to the presentations of the participants. In reference to an art activity during which Ruth discerned the participants’ emotions and played her flute in response to them, she claimed that she was “playing music spontaneously and in the moment.” Ruth provided more detail when she explained “I wasn’t playing any old music when I would improvise I was picking up on all the feelings and the emotions that were coming from the kids during the session, and I’m using that as my guideline, musically.”

**Music creates environment.** The theme of “Music Creates Environment” was identified through excerpts which discussed how music can have the therapeutic effect of influencing the aural environment to reinforce therapeutic processes. The focus of this theme is the ability of music to establish an ambiance in which therapeutic activities can be conducted more effectually. Ruth explained that when she was playing improvisational music for camp participants, she was actually “providing a musical space in which they can feel free to create their picture and sort of reflect, whether they’re aware of it or not, reflect something of what they were feeling throughout the session.”

**Music is supportive.** The theme of “Music is Supportive” was identified through excerpts which discussed how music can be utilized to buttress and promote therapeutic

processes. The focus of this theme is the utilization of music within therapeutic environments to assist with beneficial activities. Ruth discussed one of her roles as a music therapist during a musical improvisational activity, stating "... my role is to support them in the sounds that they're making... I'll play something similar, or I'll play something big and round just to support their sound." Additionally, Ruth elaborated on another function of music applied therapeutically as she explained "another music therapy concept is this holding, this idea of holding, and giving this child the opportunity to express themselves and be heard and musically reflect in them and just being with them." This aspect of music seems suitable for supporting clients with intense issues such as loss as "... It's a very comforting, very relaxing time for them to just be in a quiet space and hear the music..."

**Music is prevalent.** The theme of "Music is Prevalent" was identified through excerpts which discussed the prevalent availability of music, and resulting therapeutic utility for adolescents. The focus of this theme is the accessibility of music as a therapeutic tool for children and adolescents. Ruth asserted that "at an earlier age songs are becoming even more important... more prevalent, I guess, in children's lives." Further, "... kids already like music, like music is very much a part of their lives already... So music therapy, that's naturally a bigger part of their experience, maybe more than some of the other things."

**Program goals support therapeutic processes.** The theme of "Program Goals Support Therapeutic Processes" was identified through excerpts which discussed the ambitions and programming purposes of the camp. The focus of this theme is that the camp is intentionally designed to mirror the phases of grief experienced by bereaved youth, and to provide applicable programming sensitive to their needs and processes. Ruth expressed that the goals of the camp are "to provide children with a safe space to grieve, to explore their grief... it's got therapeutic



activities interspersed with fun activities, and it sort of reflects the ups and downs that are the natural grief process that children go through.”

**Music’s influence is ineffable.** The theme of “Music’s Influence is Ineffable” was identified through excerpts which discussed the elusive nature of the influence of music therapy and how it consistently evades distinct definition. Throughout the interview, Ruth made numerous allusions to her observation of music and music therapy as having significant qualities which defy both identification and distinction. Generally, she acknowledged that “When words can’t do it, the music can.” With enthusiasm, Ruth testified “it’s just amazing, like you can’t even describe it. Just, it’s one of the most amazing music therapy experiences I’ve ever had... There’s just, there’s no words to describe it.”

### **A Family Perspective**

Thematic analysis of Roxanne & Tanya’s interview transcript elicited the six themes of: a) Music Builds Community, b) Music Fosters Expression, c) Music is Universal, d) Music is Emotional, e) Music is Therapeutic, and, f) Music is Cultural.

**Music builds community.** The theme of “Music Builds Community” was identified through excerpts which discussed observations of how group participation in music therapy facilitated a sense of community amongst group members. The focus of this theme is how music therapy can shape group dynamics through communal participation. Specifically, Tanya recalled “... it definitely definitely helped. Just to, like, see that there were other people out there and ... just to be able to talk about it and stuff like that, or not talk about it and just have support kind of thing, was very, it was very good.” In reference to an emotional music sharing activity, Tanya explained “it really helps being able to do that and being able to be surrounded by people who are supporting you no matter what while you’re doing that.” Tanya recognized music as a

unifying factor when she stated “the music is something that everyone can connect and relate to, that people who are opening up for it... from then on they’re more open because it really connects people.”

**Music fosters expression.** The theme of “Music Fosters Expression” was identified through excerpts which discussed how music provided camp participants with unconventional methods through which they could express concepts or emotions which were difficult to express through words. The focus of this theme is how music can be utilized by individuals in order to convey concepts or emotions when verbal expressions are uncomfortable or insufficient. Tanya introduced this concept overall when she claimed “music is also a way to like share how you’re feeling without actually having to talk about it, because sometimes it’s really hard to talk about it. Yeah, so it’s just an easy way, a nice way to share without having to.” Tanya later explained how this concept is utilized during an improvisational music activity, when she described “And then they said, ‘okay, make a beat that describes how you’re feeling’ kind of a thing, so it was another way to interpret it.”

**Music is universal.** The theme of “Music is Universal” was identified through excerpts which discussed the universality of music being enjoyable and influential to the majority of people, regardless of differentiating factors. The focus of this theme is that music can serve as an opportune therapeutic tool due to the observation that it is accessible to all potential participants.

Roxanne captured the essence of this theme when she claimed:

The common phrase about music is, is it’s a universal language, and not just amongst people with different languages, but amongst different individuals with different circumstances with different backgrounds. So, it makes good sense that it would have a therapeutic quality.

This therapeutic quality of music was echoed by Tanya when she stated:

But then, the music therapy is one that's, because music can connect to anyone, and no matter where you are you can find a connection to it, so it's like, this.... Everyone that I talked to during the camp, they all think that like, music therapy has been really helpful.

Roxanne personified the rhythmic quality of music when she attempted to hypothesize why music seems to be universally influential to all people. She explained:

And I think that, you know, rhythm in some ways is the heart of it all. We all have a rhythm, our heart creates a rhythm and whether we're aware of it in our day-to-day life, it's always there, that rhythm. And music too, has rhythm, so I think there's some connection there, in that energy that's created by rhythm.

**Music is emotional.** The theme of "Music is Emotional" was identified through excerpts which discussed the emotional reactions elicited through music therapy activities. The focus of this theme is the occurrence of emotions being elicited through participation in music therapy. This theme captures excerpts highlighting the emotional influence that music therapy can have on participants, such as "music is something that everyone can connect and relate to, that people who are opening up for it, just like are opening up and they start crying, where they're like, from then on they're more open."

**Music is therapeutic.** The theme of "Music is Therapeutic" was identified through excerpts which discussed how music can have a therapeutic effect on participants. The focus of this theme is the proficiency of music to provide therapeutic benefit for participants. Referring to music, Roxanne noted, "it's a universal language... Amongst different individuals with different circumstances with different backgrounds. So, it makes good sense that it would have a therapeutic quality." Tanya also recognized that "... Music makes everyone feel good" and further personalizes this thought when she shares "Yeah, like, even, whenever I'm in a bad mood or whatever, I'll just put on some music and just sing along or whatever."

**Music is cultural.** The theme of "Music is Cultural" was identified through excerpts which discussed how the campers' cultural backgrounds could influence their personal

utilizations of, and responses to music therapy. The focus of this theme is the applicability of music therapy to be directed through culturally-based perspectives. Roxanne spoke of a First Nations' rehabilitation centre which utilizes music therapy through practicing performance of traditional drumming and song. She said "one of the things they're doing in their healing is learning to do traditional drumming and singing. And so, it's being used in a therapeutic way, to give them culture and to give them another healing for what one can do with life."

### **A Volunteer's Perspective**

Thematic analysis of Otis' interview transcript elicited the seven themes of: a) Volunteers are Impacted, b) Participants Present with Diverse Needs, c) Music is Personal, d) Music is Emotional, e) Music is Prevalent, f) Music Builds Community, and, g) Music Fosters Expression.

**Volunteers are impacted.** The theme of "Volunteers are Impacted" was identified through excerpts which discussed some of the dynamics and feelings which camp volunteers encounter during the weekend. The focus of this theme is the sentimental experience of one camp volunteer. Otis enthusiastically shared his experience when he states:

It is really rewarding. I do a fair bit of volunteer work, but I can't think of anything I've ever done before that I get so much from. Like I always feel selfish almost when I go, like when I go people say "oh you give up your whole weekend?" but I'm like I get so much more from it than I could ever possibly give. And just some of the experiences that you see, and for the kids to be out together, it's great!

In reference to a music sharing activity, Otis identified a challenge in maintaining his volunteer role while supporting the campers through this therapeutic activity; he said "For me music is so personal, and when those kids shared that, I actually felt myself being really compelled to do it myself with my brother but I mean when you're there it's for the kids." Otis

evidently valued the opportunity to support the camp participants as he declared "... I just feel like I get so much from it..."

**Participants present with diverse needs.** The theme of "Participants Present with Diverse Needs" was identified through excerpts which discussed the varied nature of camp participants, and the necessity of therapeutic approaches with comprehensive applicability and efficacy. The focus of this theme is that the camp participants present a wide range of backgrounds and therapeutic needs, implying that camp activities must be programmed correspondingly. Specifically, Otis observed that "a lot of the kids did come from... very diverse socio-economic backgrounds and so a lot of different stories." He then listed some of the manners through which the campers lost their loved ones, noting "suicide... drug overdose... accidental death... violence... cancer."

**Music is personal.** The theme of "Music is Personal" was identified through excerpts which discussed the personalized nature of music appreciation, and the ability of music therapy to be influential on an individualistic level within a group setting. The focus of this theme is how music can be appreciated on an individual and intimate level. In reference to a music sharing activity, Otis explained "most of the kids actually bring something with them and sometimes it will be a song that's really appropriate and really sinks in, like 'I've got a favorite song by the Beatles,' or something that makes a natural fit for them." Another excerpt representative of this theme was "... or if you want to be alone amongst the music you still feel the comfort of the group that way and remember sharing." Otis generally referred to this theme through observation of the camp participants, but he also applied it to himself when he stated "For me music is so personal... I actually felt myself being really compelled..."

**Music is emotional.** The theme of “Music is Emotional” was identified through excerpts which discussed the emotional reactions elicited through music therapy activities. The focus of this theme is the connection between music and emotional expressions. This theme involves excerpts referring to participant reactions to activities, such as “of course there is a lot of affect in the room.” Otis recognized a range of emotional responses to music therapy when he stated “it kind of brings the kids down a bit” but also “it’s kind of fun because kids will just sometimes laugh.” Otis emphasized the utility of music as a mechanism through which many diverse emotions can be experienced and processed. He expressed “I like giving the kids that message too that you don’t have to just be sad to music, or happy to music. You can be angry to music, you can be... any emotion.”

**Music is prevalent.** The theme of “Music is Prevalent” was identified through excerpts which discussed the prevalent availability of music, and resulting therapeutic utility for adolescents. The focus of this theme is the accessibility of music as a therapeutic tool for children and adolescents. This theme was constructed around the idea of “they always have music around them everywhere.” The camp utilizes a theme song for the weekend (usually a top 40 pop hit), and the song is listened to, sung along with, or performed throughout the camp. The enmeshment of the theme song with the camp experience provides campers with an intangible memento of the camp as Otis explained “it’s kind of neat because after kids go home they are going to hear it on the radio... but it feels like a little piece of that they have still.”

**Music builds community.** The theme of “Music Builds Community” was identified through excerpts which discussed observations of how group participation in music therapy facilitated a sense of community amongst group members. The focus of this theme is how music therapy can shape group dynamics through communal participation. Otis encapsulated this

theme when he recounts "... they meet other peers that are going through similar things... Because we can all feel alone at times, but especially in grief. They come together and that's the magic of that place."

**Music Fosters expression.** The theme of "Music Fosters Expression" was identified through excerpts which discussed how music provided camp participants with unconventional methods through which they could express concepts or emotions which were difficult to express through words. The focus of this theme is how music can be utilized by individuals in order to convey concepts or emotions when verbal expressions are uncomfortable or insufficient.

Specifically, during a song sharing activity:

Each kid can share a little or a lot without having them personally put themselves out there too much. They get four or five minutes of a song and only having them introduce it simply like "hey this is a song that I think of when I think of my dad" or whatever. And boom it's there it's their time, five minute.

### **Crystallization of Themes**

Parallel analysis of all four interview transcripts, resulted in a relative grading of themes. Singular themes were unique to their transcript of origin: a) Music is Powerful, b) Music is Meaningful, c) Music is Contemplative, d) Music is Effectual During Adolescence, e) Rituals Contextualize, f) Music Creates Environment, g) Program Goals Support Therapeutic Processes, h) Music is Universal, i) Music is Therapeutic, j) Volunteers are Impacted, and, k) Music is Personal. Six dual themes emerged which had parallels in two different transcripts: a) Music is Prevalent, b) Music is Cultural, c) Music's Influence is Ineffable, d) Participants Present with Diverse Needs, e) Music as Improvisation, and f) Music is Supportive. One triple theme emerged across three transcripts, and that was the theme of "Music Fosters Expression." Two quadral themes emerged across all four transcripts, and were the themes of "Music is Emotional" and "Music Builds Community." The grading of themes as singular, dual, triple, or quadral is

not intended to represent a hierarchy of importance, rather, the grading of themes could be interpreted as a scale of the generalizable substance of music therapy at the camp. That is, as a theme emerges from additional transcripts, that theme may become more representative of the phenomenon of the application of music therapy for bereaved youth. I am compelled to stress that singular themes not be viewed as inconsequential, rather that singular themes are valued as insightful regarding the perspective and experience of that single participant. Theme gradings are represented in Table 1.

Table 1: Themes of Camp Participants Experiences

<u>THEMES</u>		<u>TRANSCRIPTS</u>			
<u>Grades</u> <u>of</u> <u>Themes</u>	<u>Theme Name</u>	Joni	Ruth	Roxanne & Tanya	Otis
Singular Themes	<u>Music is Powerful</u>	•			
	<u>Music is Meaningful</u>	•			
	<u>Music is Contemplative</u>	•			
	<u>Music is Effectual During</u> <u>Adolescence</u>	•			
	<u>Rituals Contextualize</u>	•			
	<u>Music Creates Environment</u>		•		
	<u>Program Goals Support</u> <u>Therapeutic Processes</u>		•		
	<u>Music is Universal</u>			•	
	<u>Music is Therapeutic</u>			•	



	<u>Volunteers are Impacted</u>				•
	<u>Music is Personal</u>				•
Dual Themes	<u>Music is Prevalent</u>		•		•
	<u>Music is Cultural</u>	•		•	
	<u>Music's Influence is Ineffable</u>	•	•		
	<u>Participants Present with Diverse Needs</u>	•			•
	<u>Music as Improvisation</u>	•	•		
	<u>Music is Supportive</u>	•	•		
Triple Theme	<u>Music Fosters Expression</u>		•	•	•
Quadral Themes	<u>Music is Emotional</u>	•	•	•	•
	<u>Music Builds Community</u>	•	•	•	•

### **Personal Interview Reflections**

In pursuit of transparent credibility as advocated by Patton (1990) who mandated that qualitative researchers disclose professional and personal information which may affect the data collection, analysis, and interpretation, the following section will highlight my personal cognitions and related understandings which occurred during analysis of the interview transcripts. Firstly, reflections on data collection dynamics will be presented followed by consideration of data analysis dynamics. Then, analytical commentary on transcript topics of interest will be provided.

**Data collection dynamics.** It is important for the reader to be reminded that data for this study was collected by a research assistant other than myself. This is noteworthy for a number of reasons. Within qualitative research, the processes of data collection and analysis are often integrated, as the analytic process can be influenced by emerging data, and data collection processes may be adapted according to analytic procedures (Thorne, 2000). With the current study, the research assistant who collected the data was uninvolved with data analysis, and the research assistant who analyzed the data was not involved with data collection. This fragmented approach prevented reciprocal influence between the processes of data collection and data analysis.

As stated by Gall et al. (2007), utilizing interview for data collection provides the researcher with the advantage of adaptability, and can facilitate the establishment of rapport with participants, assisting with further exploration of discussed topics. With the current study, a semi-structured interview guide was employed and adjusted accordingly when appropriate. The research assistant conducting the interviews took advantage of the flexible nature of the questionnaire and opted to invite elaboration on topics deemed pertinent to the current study. Due to the personal discernment of that research assistant, her identification of topics of interest, and the manner in which she invited elaboration, was likely distinctive to her, and unlikely to have paralleled how any other research assistant (including myself) would have conducted the interviews.

While analyzing the transcripts, the interview questions themselves were assessed as well. The original interview guides (see Appendix A) provided questions which invited discussion of the camp in general, touching on topics such as programming structure and goals, sources of funding, rewards and challenges, assumed stakeholder perceptions of the camp

(participants, their families, volunteers), and of course, music therapy. Though the questions seem to seek out broad information on many factors of the camp, the interview participants seemingly anchored many of their answers around the topic of music therapy (evidenced by detail discussion of music-based activities and related outcomes). I assume that this subtle yet evident fixation is due in part to the participants knowing the purpose of the study as seeking how music therapy is utilized with bereaved adolescents. This inclination was also demonstrated by the research assistant conducting the interviews when she would invite elaboration or reiterate questions with a focus on music therapy.

This may be criticized as biased and identified as a failure at bracketing, though this represents a research inevitability as bracketing is constrained by the very features and intent of a study. Ashworth (1996) states that every research project is exploring a selected phenomenon, and this intentional investigation will centre a shared focus on the phenomenon; attempting to thoroughly bracket such presuppositions would reduce the value of data collection rendering it directionless. This concept is applicable to the current study as the topic of investigation is the utilization of music therapy for bereaved adolescents, and the shared awareness of the topic between the researchers and participants would certainly influence how data was collected, interpreted, and disseminated.

**Data analysis dynamics.** Analysis of the transcripts occurred under conditions of “human-as-instrument,” described by Maykut and Morehouse (1994) as researchers who are themselves a data source and related to the topic both philosophically and purposefully. Therefore, data analysis was contingent on my own personal interpretations and cognitions. Reflecting on this subjective process, I was able to identify circumstance through which “human-as-instrument” undercurrents were manifested.

Specifically, I acknowledged that as thematic analysis progressed throughout the transcripts, coding of excerpts and consequential titling of themes became informed by previously identified excerpts and themes. Joni's transcript was analyzed first, followed by Ruth's, Roxanne & Tanya's, and Otis'. As subsequent transcripts were thematically analyzed, themes from preceding transcripts increased sensitivity to identification of parallel themes. With this dynamic in mind, it is possible that excerpt selection and theme identification could have transpired differently had the transcripts been analyzed in an alternate order. I became aware of this dynamic while analyzing the third and fourth transcripts in particular (Roxanne & Tanya's, and Otis' respectively).

A specific example occurred when I had coded an excerpt in Otis' transcript as "powerful," which is a theme in Joni's transcript. Further assessment of this excerpt suggested that it did not sufficiently represent the theme of "powerful" and likely would not have been labeled such had the theme of "powerful" not been identified in another transcript. That excerpt from Otis' transcript was consequently re-coded. Being intentionally mindful of the influence of previously analyzed transcripts I began to scrutinize excerpts more closely to ensure as much as possible that excerpts were being selected due to their significance independent of previously identified themes.

Assignment of highlighted excerpts to theme headings was also subject to specific dynamics. It was a challenge to identify themes which represented the transcripts comprehensively while maintaining a sense of succinctness. Attempting to balance these factors lead to certain themes being amalgamated. For instance, in Roxanne & Tanya's transcript there were excerpts that were originally coded as "non-verbal," "benefit," and "prevalence." Further development of themes lead to these excerpts being coded under the established themes of

“Music Fosters Expression,” “Music is Therapeutic,” and “Music is Universal” respectively.

This also occurred during re-analysis of the themes from Ruth’s transcript, where the themes of “non-verbal” and “collaborative” were merged with “Music Fosters Expression” and “Music Builds Community” respectively. These theme-grouping practices were conducted in pursuit of themes representative of the broad foci of interview participants, while maintaining a difficult balance of information-rich brevity.

**Queries on transcript topics.** While transcripts summaries were being created and thematic analyses were conducted, numerous ancillary contemplations occurred. These questions arose from the transcripts but were often influenced by my familiarity with related literature, and observations from my volunteer and work history. Future research regarding these questions could provide illumination on the functional factors of music therapy. Some of these main inquiries are presented below.

*Joni’s Transcript.* Joni introduces the camp participants as having experienced a significant loss. Additionally, she explains that many of the camp participants also come from histories of prominent risk factors and traumatic events. This struck me as notable as I have made similar observations in my own volunteer and professional experience working with children and adolescents facing complex risk factors. I am continually in awe over the frequency and amplitude of the risk factors that some of these youth encounter.

Despite sharing comparable traumatic experiences, Joni identifies the camp participants as presenting with a wide range of heterogeneous variables. The age range is from four to eighteen-years-old, and Joni states that “you can never totally anticipate what that child is going to bring to the session and what their lives have led them to be.” This diversity leads Joni to develop the camp accordingly as she attempts to ensure that a variety of activities are available to

increase the likelihood of best supporting each camp participant. This would seem to be a very daunting, and perhaps impossible task due to the broad and dissimilar needs of each camp participant.

Joni describes numerous music therapy activities in which participation is guided by varying degrees of direction and participant agency through improvisation. The group setting and directed/improvisational approach strike me as interesting as these qualities could influence the youth's willingness to participate, and the youth's experienced outcome. How does the size of the group influence individual participation? What is the best balance between direction/improvisation for beneficial therapeutic outcomes? Further, a music sharing activity invites adolescents to share a song they experience as meaningful regarding the loss of their loved-one. This activity grants the most agency to the participants as they employ selected songs to convey a message, feeling, or idea. I am curious about the element of participant self-direction in music therapy interventions. Further, what are the qualities of music that can create a state of reflection while serving to also speak for the participant?

Notably, Joni highlights how the older kids are significantly impacted by the music sharing activity. She shares how the older participants were eager to do another round of sharing despite the emotional exhaustion caused by this activity. Joni emphasizes "...it was just this really beautiful example of how profound music plays a really important role in that age groups lives." Why adolescence? Why the keen relation to, and utilization of music?

Joni also discusses an activity where the focus is on creating visual art, while improvisational music is played as a supportive factor. This intrigued me as this activity features the use of music interventions blended with interventions featuring other art forms. How does the music factor influence the overall activity and outcomes? Is the participant's experience in

this blended activity enriched by multiple art forms? Does the presence of multiple art forms serve to dilute the influence of each other?

More than any other interview participant, Joni emphasizes the ineffable nature of music therapy's influence:

I think that there is something about the music therapy session that stands apart from everything else they experience out there at camp... It's different...I don't know how...it's something about as I mentioned the community we are building out there and the sense of safety they probably have and the connection they have within the group and the risks they take then because of that.

How can these unidentifiable features of music be identified/isolated? Are these unidentifiable factors within the realm of music therapy exclusively, or are they present in other intervention approaches?

Interestingly, the benefits of attending the camp seem to reach beyond the participants and affect their families as well. Joni states that one family benefited profoundly from participating in the camp. This family had lost their husband/father; his two teenage children, along with his three grand-children attended the camp. Further, the two older children eventually became volunteers as well. The benefit of the camp, for both participants and their families, seems unquestionable. Though I remain curious about how the presence of music therapy elicits these positive outcomes. Would the positive benefits remain if music therapy was not present? How would the outcomes change if the camp activities were exclusively music therapy-based? Is music therapy best applied as an autonomous intervention approach, or is it best applied as a supporter to other therapeutic approaches?

***Ruth's transcript.*** Ruth highlights her own experience of volunteering at the camp, and it is notable as she repeatedly emphasizes that she is unable to accurately describe it in words, but she does state "...it's one of the most amazing music therapy experiences I've ever had is

going to that, and co-facilitating and being witness to these kids and what they're going through." What is it about the bereavement focus that separates this application of music therapy from the music therapist's previous applications of her expertise?

Intriguingly, Ruth isolates the music activities as significant components to the overall camp experience, stating that music serves a unifying role as it is something that all camp participants can relate to, as music also expresses something that cannot be expressed otherwise, or perhaps as universally. What is it about music that lends it these unifying qualities? What is the inexpressible that is being expressed?

Ruth elaborates on some of the outcomes of the music-based activities. She identifies that the camp participants are generally honest and transparent with each other, but highlights that the music-based activities provides them with the opportunity to really share significant feelings with their peers. Further, Ruth identifies that music-based activities can allow the camp participants to demonstrate the depths of their understanding. She states, "...It was one of those moments when you just see how aware they are, how aware somebody is and how they can connect that awareness with the music and how the two interconnect, really." Similarly, music-based activities are also identified as providing the camp participants to express their feelings and ideas without expressing themselves; instead, allowing the music to express for them. This seems to suggest that music can express something that is fiercely personal, yet simultaneously perceptible by others. How can music achieve these seemingly mutually-exclusive dynamics?

Ruth describes the varied, and far-reaching effects that she has observed during music therapy activities. These concepts are sufficiently demonstrated in the following quote:

Because music is sort of that device that touches all the emotions and when these children are bringing in these songs, they're often very sad, and they're feeling so much, and you start feeling so much for them... and it reminds you of so much of yourself too, and it brings up things inside of yourself and it's a challenge to keep the focus on the kids, and



to continue to focus on them, and know that you're having some of these feelings of your own. But being able to sort of work through them in the moment and keep your focus on the children and maybe explore some of your other feelings later, when you're outside of the group. But it's impossible sometimes, because the work is so intense, and I end up crying...because you really see a lot of pain there, in the teenagers. What gets to me the most is how they support each other... like one will be crying because they're listening to this song that reminds them of their loved one and another one will go up to them and put their arm around them and say you know, "you're doing good", and just being there with them, that's just, it's just, it just goes to the heart, I guess. It really touches.

Ruth speaks passionately of music therapy and her perceptions of its beneficial influence.

Her profession is as a music therapist, so it seems natural that she would be well equipped to speak at length about music therapy's applications to serving adolescents experiencing bereavement. This is valuable information as it is precisely what this study is attempting to investigate. It is important, however, to remain mindful that the camp is not a service providing music therapy exclusively. Fundamentally, the camp provides youth with a temporary assembly of empathetic peers struggling with comparable issues. This social circumstance underpins all activities at the camp, including music therapy activities. Therefore, it becomes crucial for investigators to not allow the focus on music therapy to overshadow the foremost factor of group therapy dynamics. Perhaps Ruth would speak differently of her observations if she was conducting music therapy with a single client experiencing bereavement. What is the interplay between music therapy and group therapy factors?

*Roxanne & Tanya's transcript.* Roxanne attempts to describe her overall camp experience, but struggles to pinpoint the benefit, stating "There's no words when you come to describe it, words don't, words don't do it justice, the program, the camp." This apparent difficulty to identify the qualities of camp outcomes is interesting. It is clear that participating in the camp elicits valued benefits, while the specific reasons or factors remain evasive. What are these unidentifiable qualities? These beneficial qualities are likely the result of the interaction of

program features such as music therapy, other activities, being with empathetic peers, intentional focus on the grief process, etc. Given the context of the camp, it is impossible to isolate any of these factors for analysis. That being said, relevant literature could be enriched by investigation into the influence of each of these factors.

Tanya highlights certain music activities as being crucial. Specifically, she referred to an activity where camp participants share a song which is meaningful to them in their bereavement process. She emphasizes that despite the difficulty of being that vulnerable, the benefit of being surrounded by supporters makes it worth it. Roxanne provides an interesting insight into the capacity of music as she stresses “Music is, it’s amazing how key...music, everybody has a song, like, there’s nobody that can’t find a song to connect them with someone.” What characteristics of music provide this universal applicability?

Tanya elaborates further on the role of music during this activity as she describes how music can serve the function of being an equalizer in the sense that “everyone is comfortable” with music; music can express the emotions of a person without them having to state them explicitly, and music can build connections between people through eliciting comparable cognitive and emotional responses. Again, music presents as having these substantial abilities to uniformly influence everyone, yet each individual is uniquely influenced. What is the source of this phenomenal ability?

Roxanne seconds this insight as she describes “...the common phrase about music is, is it’s a universal language... amongst different individuals with different circumstances with different backgrounds. So, it makes good sense that it would have a therapeutic quality.” Even more specifically, Roxanne identifies rhythm as a unifying factor, making reference to the ever-present biological rhythm of the heart, and how this biological rhythm facilitates a connection to

musical rhythms. Perhaps this provides some insight into the universal influence of music? Are there biological prerequisites for musical appreciation and persuasion?

*Otis' transcript.* Regarding the characteristics of the camp participants, Otis makes the interesting observation that many of the participants suffered their losses due to factors such as suicides, drug overdoses, and deaths related to violence; all indicators of multiple risk factors in their home lives. These shared demographics of lower socio-economic status, along with compounded risk-factors, presents a notable dynamic, which is further emphasized as Otis explains how he works at four community schools, and regularly encounters children at the camp from those inner-city communities. This is a dynamic which strikes me as notable. It is disturbingly fascinating how risk-factors seem to travel in packs. It seems rare that a child/family will only suffer one or two risk factors, while the norm seems to be that a child/family will suffer numerous (and often substantial) risk factors. That being said, I recognize that my line of work creates a rather narrow scope as I exclusively serve children/families with numerous and historical risk factors. Further, the camp (along with many other therapeutic based programs) often does target such clientele.

Additionally, Otis describes the utility of assigning a theme song to the camp, and how this can be cherished by, and accessible to the camp participants. Otis elaborates that “the music can always be in your heart. You can’t ever take that away... I don’t need my ipod... I can hear that whenever I want to in my head... when we tell that to the kids it’s a powerful thing.” Otis further capitalizes on the essentially omnipresent capabilities of music. This concept is best captured in the following quote:

That even though it’s not a physical thing that they can take away; they always have music around them everywhere. And we even talk about that in the groups if we’re getting really into it. You know the wind can make music, all that kind of stuff. I don’t know, it’s kind of a thing where you’re never really alone if you have that with you. Or

if you want to be alone amongst the music you still feel the comfort of the group that way and remember sharing.

This essentially portable aspect of music and its effect is remarkable. What qualities of music give it this power to instantly recreate a mood/thought/experience when the music is encountered in settings/times far removed from the original encounter?

Fascinatingly, Otis illustrates to the camp participants how music can be employed for a wide range of emotional processing functions. He emphasizes how music can elicit many different and contrary feelings, perhaps even simultaneously. Again, this insight indicates that music can have an influence that is broad, and perhaps even greater than we are aware. The ability to stimulate multi-faceted and uniquely-honed responses seems truly impressive and unique. Can other art forms or other forms of external stimuli have this influence?

## **Chapter 5: Discussion**

In this chapter the main findings of this study are summarized. The utilization of music therapy within the framework of the camp is discussed through the lenses of adolescence, music therapy, group therapy, and bereavement. Next, the study's context, strengths, and limitations are discussed with attention to the analytic process. The chapter concludes with implications for future research.

### **Summary and Personal Reflection on the Findings**

This study has investigated a weekend camp for children and adolescents who are experiencing bereavement. The camp serves youth aged 5-18 years-old who have suffered the death of a loved-one. Trained staff and volunteers guide leisure and therapeutic activities, including: wall climbing, horsemanship, archery, canoeing, campfires, hiking, and music therapy. These activities are intended to guide camp participants through therapeutic processes which allow them to grieve in safe ways, and to understand that it is acceptable (and encouraged) to remain as children/teens while grieving. The camp participants are also given the opportunity to meet peers who are suffering similar bereavement experiences. It generally runs twice annually; once in the summer, and once in the fall (though an abridged, one-day version).

With the main research question in mind, the bereavement camp was selected as a case due to its utilization of music therapy as part of their programming for Canadian adolescents.

Interviews were conducted with diverse camp stakeholders, and the resulting four transcripts were analyzed for themes. Identified themes were grouped based on occurrence across multiple transcripts. Eleven singular themes emerged which were unique to their transcript of origin: a) Music is Powerful, b) Music is Meaningful, c) Music is Contemplative, d) Music is Effectual During Adolescence, e) Rituals Contextualize, f) Music Creates Environment,

g) Program Goals Support Therapeutic Processes, h) Music is Universal, i) Music is Therapeutic, j) Volunteers are Impacted, and, k) Music is Personal. Six dual themes emerged which had parallels in two different transcripts: a) Music is Prevalent, b) Music is Cultural, c) Music's Influence is Ineffable, d) Participants Present with Diverse Needs, e) Music as Improvisation, and f) Music is Supportive. One triple theme emerged across three transcripts, and that was the theme of "Music Fosters Expression." Two quadruple themes emerged across all four transcripts, and were the themes of "Music is Emotional" and "Music Builds Community." Grading of themes as "singular," "dual," etc. is not intended to indicate a hierarchy of importance, but rather reflect van Mannen's (1997, pp. 346) claim that "powerful phenomenological text thrive on a certain irrevocable tension between what is *unique* and what is *shared*, between particular and transcendent meaning, and between the reflective and the pre-reflective spheres of the life world." Specific to the current study, the twenty identified themes serve to portray the application of music therapy at a bereavement camp through a phenomenological lens which is non-theoretic, existential, situational, emotive, embodied, and enactive (van Mannen, 1997).

Appreciated comprehensively, the identified themes provide insight into the application of music therapy interventions to serve children and youth who are experiencing bereavement. These findings illuminate music therapy practices and outcomes in the specific context of a bereavement camp, as well as inform the existing literature on the current status and nature of music therapy programming for Canadian adolescents. In pursuit of transparent credibility as advocated by Patton (1990), I reflected on data collection and data analysis dynamics, and provided analytical commentary on transcript topics of interest.

## **Findings in the Context of the Research Literature**

A number of the identified themes resonate with findings from relevant literature. These resonances will be discussed according to respective themes, followed by a discussion of the interwoven nature of some of these themes and associated literature.

### **Program Goals Support Therapeutic Processes**

The theme of “Program Goals Support Therapeutic Processes” was identified through excerpts which discussed the ambitions and programming purposes of the camp. Ruth richly captured this theme when she stated:

The general goals of the camp is to provide children with a safe space to grieve, to explore their grief... it's got therapeutic activities interspersed with fun activities, and it sort of reflects the ups and downs that are the natural grief process that children go through... the camp is like that big holding container in a therapeutic sense. So it's embracing what they're going through, like that process that they're going through in, and providing activities that reflect it... it reflects the natural process of grieving, I guess, and I think that that's the benefit of the camp, that they can go through that and meet other children that are going through the same thing as well. I think that's the main thing, to realize that they're not alone, and to meet other kids. I don't know, but it seemed like a lot of them met friends through this and they were able to create relationships and friendships by being through this experience together and knowing that they're not alone. So those are the two primary goals that I can think of, to provide that group collaborative, and to experience a therapeutic process that reflects what they're going through.

The services of the bereavement camp target a diverse clientele enduring the very specific and formidable experience of bereavement. Such services for bereaved youth are crucial as childhood bereavement has been demonstrated to correlate with numerous maladjustments including: depression, conduct disorder, substance abuse, separation anxiety; social functional deficits in the community, at home, and at school; and lower competence concerning occupational preparation, educational ambitions, and peer attachment (Kaplow et al., 2010; Brent, 2012).

The bereavement camp's goals "to provide that group collaborative, and to experience a therapeutic process that reflects what they're going through," are supported by relevant literature focusing on complicated bereavement. Balk et al. (2011) stated that various factors signify complicated bereavement issues, including; strained peer relationships, assuming that grief is time limited, feeling overwhelmed by the intensity of emotions, reduced academic performance, uncontrollable crying, difficulty concentrating, headaches, sleep disturbances, and difficulties eating. As one of the identified goals of the camp is to provide participants with a safe place to grieve and explore their grief, the intentionally designed therapeutic and recreational activities may serve to assuage the development and/or persistence of complicated grief issues. The bereavement camp participants are presented with the opportunity to explore their grief amongst empathetic peers, and more reflective participants may be able to identify complicated bereavement issues in themselves or others. Discerning staff and volunteers could potential identify complicated bereavement issues in participants as well, and provide sensitive supports or referrals to supplementary helping services.

Relevant literature supports group therapy approaches. Kahn and Aronson (2007) accentuated that adolescence is a period of developmental flux, and trauma interrupts emotional and cognitive growth; group treatment can be a potent framework for supporting traumatized adolescents, providing a safe space in which to: understand the progression of trauma; find commonality with others; and continue emotional, cognitive, and social growth.

From a purely pragmatic perspective therapeutic interventions applied in group settings provide the benefits of brevity, symptom-focus, and efficiency both in terms of monetary cost and staff/client ratio (Puskar et al., 2008). The goals and related programming of the camp exhibit these advantages through providing succinct services focusing on loss, securing funding



from diverse sources to sponsor camp participants, and maintaining a staff to client ratio around 1:4. With the adolescent clientele in mind, the approach of the bereavement camp is a logically efficacious format of therapeutic delivery, based on the reality that adolescents spend significant extents of time in peer groups (Kulic et al., 2004). This prominence of peer relationships during the developmental stage of adolescence is another reason why adolescents with internalizing issues specifically can benefit from therapeutic models with group foundations (Scapillato & Manassis, 2002).

The identified goals of the bereavement camp are largely contingent on, and fulfilled through group dynamics, and the related senses of community and connection.

### **Music Builds Community**

The theme of “Music Builds Community” was identified through excerpts which discussed observations of how group participation in music therapy facilitated a sense of community amongst group members. This concept is not new within related literature, as it has been recognized that “music’s floating intentionality permits participants to experience its flow individually and personally while its temporal regularities establish a common, coordinated frame” and that participation in musical activities “creates and maintains a balance of difference and sameness, of singularity and plurality, of individuality and collectivity, of unity and diversity” (Bowman, 2009, p. 124). This phenomenon is manifested when Otis testified “... if you want to be alone amongst the music you still feel the comfort of the group...”

Johnston (2010) recognized music-based activities as a constructive tool which can be used to create community and encourage empathy. This concept is granted concreteness when Joni explains:

So this little group of 9 and 10 year olds the one little girl asked to play her song and she started to cry. She was seated beside me and I just sort of reached to give her some

physical comfort and a little boy actually moved from his place in the circle to come over beside her and put his hand on her knee and kind of gave her like a little “It’s okay.”

Likewise, it has been recognized that music interventions within group therapy for adolescents have been shown to assist in establishing group cohesion and facilitating authentic self-expression of participants (McFerran-Skewes, 2005). Additionally, Rickson and Watkins (2003) suggested that participation in music therapy can lead adolescents to increase awareness of the feelings of others and improve social relationships. These concepts are discernible when Ruth reflected “I found that they’re very honest with their feelings and especially in the music therapy group where they get a chance to share a lot of those feelings and have an opportunity to share with each other.” Further, music therapy can benefit participants by improving socialization skills, sense of identity, group acceptance, participation, team building, and communication (DiRaimondo, 2002). These factors contribute to the creation of positive communities as reflected by the “Music Builds Community” theme.

Positive communities possess numerous features, including incorporated diversity, feelings of belonging, emotional connection, extra-community links, affirmation, and the feeling of mutual influence (Battistich et al., 1995). Related excerpts from all four interview participants seem to suggest that the sense of community developed at the bereavement camp reflects many of these features. Tanya poignantly shared:

So one person will play a song that will remind them of their person, and you’ll see, you’ll look around the room and everyone is crying because it makes them think about their person, and like, you can, it helps individuals in the camp, like, connect, because we like, see the common, we like, hear the song and we’re like, “yeah, I remember that too” kind of a thing. And so, it’s like you’re really build, it helps like, build connections and stuff.

This sense of community and connectedness seems to benefit the camp participants in many ways, as Joni referred to “the community we are building out there and the sense of safety

they probably have and the connection they have within the group and the risks they take then because of that.” Relevant literature has identified numerous manners in which positive communities benefit adolescents in general. Bereaved adolescents are often inexperienced as to how to handle grief emotions and assume that others will not understand their feelings; this leads to some bereaved adolescents isolating themselves or becoming reclusive (Bailey, 2009).

Adolescents experiencing bereavement rarely seek out support services, often opting to discuss their grief with family or friends (Harrison & Harrington, 2001). Relatedly, adolescents are more likely to access support services if their peers are also accessing support services (Duckworth, 2012). These dynamics of adolescent participation in grief services is demonstrated when Tanya recalled:

I’ve noticed that there’s people who are really reluctant to share and reluctant to open up, and so just ‘cause the music is something that everyone can connect and relate to, that people who are opening up for it, just like are opening up and they start crying, where they’re like, from then on they’re more open because it really connects people.

With this information in mind, the sense of community and connectedness developed at the bereavement camp seems well suited to serve their adolescent clientele. Further, positive peer relationships can benefit the self-esteem, social development, sense of well-being, and general psychological development of adolescents (Balk et al., 2011; Boyce, King, & Roche, 2008).

Relevant literature has also identified numerous manners in which positive communities benefit bereaved adolescents in particular, including: providing a safe, structured environment through which adolescents can come to understand their stressors, find commonality with others, and grow emotionally, cognitive, and socially (Kahn & Aronson, 2007); opportunities for reciprocal peer tutoring, cooperative learning, and peer-mediated learning (Wagner et al., 2006); decreasing delinquent behaviour and substance abuse (Battistich & Hom, 1997); functioning as

transitional social environments where adolescents experience relation to their peers, support, and acceptance (Scapillato & Manassis, 2002); providing an environment that accommodates the needs of participants while allowing them to feel safe and accepted among peers, and to feel commonality with others (Mishna & Muskat, 2004); improving the motivational and attitudinal outcomes of adolescents, while simultaneously counteracting risk factors such as poverty (Battistich et al., 1995); experiences of group cohesiveness, universality, and peer feedback (Malone, 2012); the facilitation of emotional connection to others and safeguarding against extreme loneliness (Balk et al., 2011); providing the benefits of peer-support groups (Wright, 2011); and, encouraging feelings of value, respect, and care in response to the adolescent need of feeling competent, autonomous, and that they belong (Battistich et al., 1995).

These are all very conjectural concepts which serve their purpose in the intellectual realm of academia, but many of these concepts are personally authenticated when Tanya reflected “Yeah, it definitely definitely helped. Just to, like, see that there were other people out there and stuff, and just, it was like really, just to be able to talk about it and stuff like that, or not talk about it and just have support kind of thing, was very, it was very good.”

### **Music Fosters Expression**

The theme of “Music Fosters Expression” was identified through excerpts which discussed how music provided camp participants with unconventional methods through which they could express concepts or emotions which were difficult to express through words. Related literature provides extensive support of the theme, and emphasizes the therapeutic applicability of expressive outlets for bereaved adolescents.

Bereaved adolescents require assistance in the realms of coping mechanisms, peer relationships, and emotional regulation, release, and expression (Shaller & Smith, 2002). Rask et

al. (2002) recognized that the bereaved adolescents require an avenue through which they can express their emotions, and Slyter (2012) warned that adulthood maladjustment may result from an inability to express grief as an adolescent. There is sufficient argument to recognize that bereaved adolescents require a therapeutically expressive outlet.

Fortuitously, music therapy interventions, such as those featured at the bereavement camp, seem to meet this therapeutic need for bereaved adolescents. In fact, encouraging self-expression is a key goal in many music therapy programs, as cited in the literature from Waller (2006), McFerran-Skewes (2005), and Sausser and Waller (2006). This is exhibited at the bereavement camp as evidenced by both Ruth's statement of "that's another good opportunity for the children to have, is to express themselves using instruments," and Tanya's personal observation of "music is also a way to like, share how you're feeling without actually having to talk about it, because sometimes it's really hard to talk about it. Yeah, so it's just an easy way, a nice way to share without having to." Relatedly, Ruud (2006) asserted that music is only therapeutically beneficial to the extent that it can promote expression in the client.

Fundamentally, the efficacy of music therapy is contingent not on the musical ability of the client, but on the client's self-expression through music; conveniently, music has the ability to stimulate self-expression (Tervo, 2001).

"Music is an incredibly powerful form of expression," and is emotional, creative, and non-verbal; these features can provide value during therapeutic processes (Sharma & Jagdev, 2012, p. 61; Keen, 2005). Ruth provided an associated observation when she related "I think because music is such a powerful thing and they're able to express it, like the music does it for you." The non-judgmental and non-invasive nature of music therapy provides adolescents with the opportunity to reveal competencies which may be obscure or subverted in other scenarios

(Gold et al., 2004). The bereavement camp provides participants with such non-judgmental and non-invasive opportunities as evidenced by this quote “... but a lot of the time, some of them just wanted to hear the song and not a lot needed to be said. They could just share it and have everybody listen and be respectful of that, and it was a good space, a good safe space to share.”

Puskar et al. (2008) established that group therapies featuring recreational, artistic, and/or musical interventions can serve as stress-release techniques and inspire self-expression. Slyter (2012) advocated for expressive techniques to support grieving adolescents. Additionally, music therapy has been shown to provide youth with internalizing issues a way to express themselves more overtly (Chong & Kim, 2010). Music therapy has also been demonstrated to stimulate emotional expression and provide adolescents with a conduit for communication (DiRaimondo, 2002). These concepts are applied in the real world when Otis explained:

... each kid can share a little or a lot without having them personally put themselves out there too much. They get four or five minutes of a song and only having them introduce it simply like “hey this is a song that I think of when I think of my dad” or whatever. And boom it’s there it’s their time.

Transcript excerpts which were coded under the theme of “Music Fosters Expression” highlighted how the music therapy activities at the camp provided participants with a non-verbal method to process their grief and express their emotions. Relevant literature supports these observations. Specifically, the creative, emotional, and non-verbal qualities of music enable it to be utilized as an effective therapeutic tool to establish a therapeutic alliance, foster self-awareness, and cultivate personal change (Keen, 2005). Music therapy has features beneficial to adolescent clients such as providing a channel to express and transform anger, aggression, and frustration, to connect nonverbal therapy with talking therapy, and to support self-expression. As Ruth exclaimed “When words can’t do it, the music can.”

## **Participants Present with Diverse Needs**

The theme of “Participants Present with Diverse Needs” was identified through excerpts which discussed the varied nature of camp participants, and the necessity of therapeutic approaches with comprehensive applicability and efficacy. There is literature support for such approaches, as Harrison and Harrington (2001) recommend that bereaved adolescents will be best served through a variety of therapeutic interventions. Service providers require sensitivity to the diversity of clients which is reflected in Joni’s comment of “You can never totally anticipate what that child is going to bring to the session and what their lives have led them to be.” Shaller and Smith (2002) established that both development and bereavement are influenced by a range of social, personal, spiritual, and cultural factors; music therapy is a multi-faceted therapeutic framework which can adequately address the diversity present by bereaved adolescents. The need for diverse services is not news to Joni as she recognized “we need this variety of activities because we hope to meet everyone’s need at least at some point during the weekend.” The camp provides such therapeutic diversity through conducting programming representing a range of activities.

## **Music is Prevalent**

The theme of “Music is Prevalent” was identified through excerpts which discussed the prevalent availability of music, and resulting therapeutic utility for adolescents. Anyone who cares for adolescents in their life has likely observed this dynamic, but relevant research also supports this idea of the suitability of music-based interventions for adolescent populations. Davis (2010) indicated that adolescents often define themselves according to pop culture, which is largely made up around music, which is a powerful medium through which people can entertain, connect, celebrate, remember, and mourn. Likewise, North, Hargreaves, and O’Neill

(2000) emphasized the importance of music to adolescents as it fulfills cognitive, social, and emotional needs.

Shaller and Smith (2002) asserted:

Since the mid-20<sup>th</sup> century, music has been a particularly significant socialization factor for the adolescent... Teens find identity, expression of emotions and a worldview that is unique to their age group in the music they listen to and dance to. The music popular with teens becomes a soundtrack to their experience of coming of age. Music, as a non-verbal, non-threatening modality, can be used by those trained in music therapy to meet adolescents struggling with loss issues where they are, emotionally, cognitively, and developmentally. (p. 4)

This quote highlights how music is interwoven in adolescent development, alluding to music therapy as a fitting approach to helping adolescents. The camp participants seem to reflect these dynamics as Ruth hypothesized “I think because kids already like music, like music is very much a part of their lives already, that’s what they like. So music therapy, that’s naturally a bigger part of their experience, maybe more than some of the other things.” Tervo (2001) stated that adolescents can utilize music therapy to break free of adult control and create a youth sub-culture in which they can generate an area in which to share adolescent actions and fantasies. This sentiment is echoed by King (2007) who recognized that adolescents utilize music to improve their self-understanding and to convey this sense of self to others. Further, Rosner et al. (2010) identified that the modern sub-culture of adolescence is extensively influenced by music, suggesting that music-based interventions may be more effectual for adolescents in need of therapeutic services. With such literature support in mind, the utilization of music therapy at the bereavement camp is a strong advantage, particularly in supporting adolescent camp participants.

### **Music’s Influence is Ineffable**



The theme of “Music’s Influence is Ineffable” was identified through excerpts which discussed the elusive nature of the influence of music therapy and how it consistently evades distinct definition. This is a theme which appears to have substantial historical presence as Perlovsky (2010) stated:

Musical power over human soul and body has remained mysterious from Aristotle to the 20th century cognitive science. Contemporary evolutionary psychologists have recognized music as a cultural universal of tremendous power; still its fundamental role and function in cognition, its role in evolution of consciousness and culture have remained hidden. (p. 23)

Both Joni (the director of the camp) and Ruth (the music therapist of the camp) provided excerpts which developed this theme. Their apparent amusement focused on the observation that music elicited compelling therapeutic gains, yet the specific mechanisms of how this was accomplished remained indefinable. In reference to the music therapy activities at the bereavement camp, Ruth reminisced “it’s one of the most amazing music therapy experiences I’ve ever had is going to that, and co-facilitating and being witness to these kids and what they’re going through. There’s just, there’s no words to describe it,” and Joni endorsed this when she acknowledged “there is something within that hour that kind of defies an explanation of what exactly is going on.” They are not the first to contend with the mysteries of this observation, as the ability of music to stimulate deep emotions within a listener has been debated amongst music scholars and has intrigued many music students (Vastfjall, 2002). Bowman (2009) asserted that music satisfies a universal and deeply meaningful human need, presenting with the seemingly contrary ability to foster both community and individuality, and all this is accomplished without clearly identifiable characteristics.

## **Music as Improvisation**

The theme of “Music as Improvisation” was identified through excerpts which discussed how music therapy was utilized not to elicit emotions from participants, but in response to emotions from participants. This concept of improvisation reached beyond the actions of the music therapist, as campers also participated in music therapy in improvisational ways, such as improvising with simple percussion instruments. Relevant literature provides clear support for the employment of improvisational music activities for supporting adolescents.

Music therapy can create an atmosphere which is supportive and secure, and such an environment can encourage adolescents to unreservedly experiment with sound and instruments, even without prior experience (Tervo, 2001). This uninhibited participation is brought to life at the bereavement camp when participants “do some playing with instruments and improvisation and listening to music,” and when Joni commended Ruth on her flute improvisations: “The music... she chooses to improvise... I think really supports that process.” Gardstrom (2003) provided a comprehensive scope on the benefits of musical improvisations for adolescents; these benefits include: (a) promotion of interpersonal relationships; (b) ability to engage the attention and focus of adolescents who are experiencing an increase in cognitive, physical, sexual, and creative energy; (c) allowing for self-expression; (d) enabling success without prior experience; (e) enhancing development of self-identity; and, (f) providing flexibility and freedom which are in contrast to the confusion and instability experienced during adolescent development.

Impressively, instrumental improvisation can simultaneously help adolescents to develop coping and problem solving skills, while also encouraging emotional expression and modification (Shaller & Smith, 2002). Music therapy employing improvisational activities seem to be very well suited to meeting the specific developmental needs of adolescents in general.

The continuation of improvisational music activities at the camp could serve to benefit the specific needs of bereaved adolescents in particular.

### **Interwoven Themes and Relevant Literature**

For the purpose of analysis and discussion, themes were presented in a segregated manner. However, readers should be cautioned against viewing the themes as isolated entities. In actuality, a number of the themes are interwoven due to sharing specific transcript excerpts which resonated with more than one theme. This section will present some of these interwoven themes, with reference to literature which also insinuates that a number of these themes are interconnected.

In Roxanne and Tanya's transcript, one particular excerpt was coded for the four themes of "Music Builds Community," "Music Fosters Expression," "Music is Universal," and "Music is Emotional." The excerpt informs:

I've noticed that there's people who are really reluctant to share and reluctant to open up, and so just 'cause the music is something that everyone can connect and relate to, that people who are opening up for it, just like are opening up and they start crying, where they're like, from then on they're more open because it really connects people more than just talking because it has the ability.

This one excerpt contains concepts characteristic of four seemingly separate themes, without performing any evident leap in subject matter. This excerpt provides a case where music is able to *universally* enable adolescents to *express* their *emotions* as they build *community* with each other.

Interestingly the themes of "Music is Emotional" and "Music Builds Community" in particular revealed parallels in the transcripts of both Ruth and Otis. Ruth states "I found that they're very honest with their feelings and especially in the music therapy group where they get a chance to share a lot of those feelings and have an opportunity to share with each other," while

Otis recounts "... there is a lot of affect in the room, like people cry sometimes and that's the real power of the camp. Where they meet other peers that are going through similar things... They come together and that's the magic of that place." Both of these excerpts unify elements of the themes "Emotional" and "Community/Connection," and it could even be argued that in these instances the establishment of social *communities* is contingent on the honest *emotions* exposed by participants.

The theme of "Music is Emotional" demonstrates a versatile compatibility as it also shares common excerpts with Joni's theme of "Music is Powerful." These two themes shared a total of four excerpts which adequately represented both themes. Including "by far that ended up being one of the most profound sessions at the camp... I think we were caught off guard it was unexpected the emotional depth these kids showed," and "it was very profound. Lots of emotional expressions lots of those like empathy demonstrations that I was describing how they were supporting each other." These excerpts demonstrate a unique relationship between the themes of "Music is Emotional" and "Music is Powerful," interpretable as *emotional* displays being an essential feature of *powerful* experiences or observations.

Roxanne and Tanya's transcript provides another thematic commonality with the excerpt of "the common phrase about music is, is it's a universal language, and not just amongst people with different languages, but amongst different individuals with different circumstances with different backgrounds. So, it makes good sense that it would have a therapeutic quality." This excerpt was coded for the themes of "Music is Universal" and "Music is Therapeutic."

Roxanne's comment acknowledges the *universality* of music being influential to the majority of people regardless of differentiating factors, specifically through the influence of providing *therapeutic* benefit.

**Literature correlates between themes.** A number of interwoven themes relate in manners which are reflected in existing research literature. Specifically, relevant literature corroborates the connection between the themes of “Music Fosters Expression” and “Music Builds Community,” all within the framework of music therapy. Fundamentally, fostering of group cohesion and stimulation of genuine self-expression are two significant potentials of utilizing group music therapy (McFerran-Skewes, 2005). This is specifically applicable to adolescents as their peer support and emotional expression may be promoted through music therapy, as adolescents often use music as a mechanism to socialize with their peers (Shaller & Smith, 2002).

Of all the art forms, music is the most social, and all cultures use music to increase feelings of community; playing music as a group and improvising intermesh socialization and music (Nocker-Ribaupierre & Wolf, 2010). Koopman (2007) identified three characteristics of “community music” (p. 153) as: personal growth, collaborative music-making, and community development. Participants of community music benefit from increased self-confidence, identity, self-esteem, peer understanding, self-expression, creativity, and social communities (Koopman, 2007).

Awareness of literature-based correlations between themes endorses and validates the identification of interwoven themes from the transcripts of the current study.

### **Context of Research**

The design of the present study was developed based on general models of qualitative research (Gall et al., 2007; Thyer, 2012), and on specific models of case study approaches (Anthony & Jack, 2009; Baxter & Jack, 2008; Gall et al., 2007). As a qualitative study, based on the assumption that people construct their reality within a social experience, the internal

phenomena and created meanings of participants were interpreted through comprehensive observations of the holistic context in which collective action occurs (Gall et al., 2007).

The intent of this study was to contribute to knowledge about a unique phenomenon, a case study was utilized as it permitted exploration, evaluation, description, and understanding of the phenomenon and the collective/individual experiences of the participants; the utilization of numerous data sources enabled the case to be examined through a number of lenses, revealing multiple features and dynamics of the phenomenon (Anthony & Jack, 2009; Baxter & Jack, 2008).

In pursuit of thick descriptions, case study research can restructure data to illuminate “constructs” which are inferred from, and serve to explain the phenomenon under study (Gall et al., 2007, p. 452). Concurrently, researchers assess data for distinguishing attributes, and categorize these attributes into themes to increase the depth of emerging descriptions (Gall et al., 2007).

Programs can be systematically investigated through a process evaluation, leading to identification of the experiences of the participants (Thyer, 2012). It is through this framework that the current case was studied, specifically through the use of individual, stakeholder interviews. Utilizing a case study approach, I investigated the application of music therapy interventions for bereaved adolescents within the specific context of a bereavement camp. The current study is part of a larger, national study investigating the current status and nature of music therapy programming for Canadian adolescents.

I anticipate that the current study has been presented in such a manner as to uphold the criteria of qualitative research integrity as endorsed by Thomas and Magilvy (2011), and can permit readers to: identify the participant’s experiences through my interpretations; discern the

extent to which research findings apply to other participants and contexts; be sufficiently informed to replicate the study and recognize the credibility of the results; and, acknowledge my practices of reflexivity, self-awareness of preconceptions, and openness to the unanticipated directions the study may have taken.

### **Strengths of the Study**

A strength of the present study is the utilization of a qualitative case study to impart knowledge of, and interest in the phenomenon of music therapy interventions applied to bereaved adolescent populations in a specific setting. Providing these insights on actual applications of music therapy for bereaved adolescents demonstrates how theories from relevant literature can be enacted in real life settings. Employing comprehensive data collection and analysis enabled this study to provide vivid insights into the utilization of music therapy practices at a bereavement camp. Findings of the current study influence understanding about concrete applications of literature-based theoretical interventions for bereaved adolescents, and can thusly inform best-practice for helping professionals seeking to support this specific population of potential clients. Bittman et al. (2009) conducted an extensive literature review of music therapy applications, and discovered few notable studies of music therapy application to at-risk adolescent populations. The current study provides valuable insights which can begin to remedy the current gap in literature.

### **Limitations of the Study**

Unique to qualitative inquiry is the identification of the researcher as a data source. Conducting research under the pretext of “human-as-instrument” mandated that I was in relation to the topic of study both purposefully and philosophically; in other words, “the knower and the known are connected” (Maykut & Morehouse, 1994, pp. 28-29). As the center of the analytic

process, my credibility, background, experience, and qualifications directly and thoroughly influenced the procedures of the study; dynamics which are identified as influential by Patton (1990).

A significant personal crisis occurred while this study was under way, and has undoubtedly influenced the processes of data interpretation, analysis, and write-up. In May of 2013, I was informed that my mother was diagnosed with uterine cancer, and that it had been misdiagnosed a year prior. Processing this news was an unparalleled hardship as I had previously been spared the distress of an immediate family member suffering from a potentially fatal health issue. There were a number of related issues which increased the difficulty of this revelation, the most significant of which being a series of malpractice incidences with my mother's healthcare professionals. Though I can say with genuine gratefulness that my mother is still alive, I was unwillingly thrust into a period of grief and related processes of regret, contemplation, and anxiety. This experience made the topic of bereavement much more "real" to me, resulting in a more personalized development of sympathy for the participants of the bereavement camp, and a more dedicated fervor for research pertaining to bereavement and efficacious therapeutic supports. The manner in which this personal experience influenced the outcome of this study could be interpreted as a limitation due to how it affected my practices of bracketing.

Bracketing is a precautionary process to ensure that phenomenological research findings are not derived from the biases and preconceptions of the researcher, but from the participants' descriptions of their experiences (Redden-Reitz, 1990). Fischer (1990) emphasized that the intent of bracketing is to embrace that all knowledge is formulated by humans, and that researchers are consistently engaged and involved with their perceptions in their research; the



experience of my mother's diagnosis influenced the manner in which my knowledge has been formulated, and the dynamics influencing how I have been engaged with my perceptions of the research. Awareness of this influence can inform readers of my personal influences on data analysis, and allow other researchers to investigate the same data and achieve similar findings.

The bereavement camp under study utilizes music therapy within their intervention model for camp participants. Thematic analysis of stakeholder interview transcripts provides insight into the specific application of music therapy interventions within the specific setting of a bereavement camp. Such programs are evidently multidimensional, and consist of elements such as group dynamics, intentional focus on symptomology, recreational activities, peer factors, music listening activities, general therapeutic activities, visual-art activities and music performance activities.

The apparent benefit of music therapy should be accepted tentatively as the influence of music therapy could not be isolated from other influential factors within the context of the bereavement camp. The available data are insufficient to permit any exclusive claims about the impact of music therapy on bereaved adolescents. That being said, based on the present data and resulting analysis, it can be suggested that the utilization of music therapy activities as part of a comprehensive program for bereaved youth can assist in pursuit of program goals such as assisting youth with processing their grief, while encouraging them to remain child-like and have fun without shame.

### **Recommendations for Future Research and Practice**

Findings from the current study could be interpreted in support of utilizing music therapy to support adolescents experiencing bereavement. This would parallel similar endorsements like Sausser and Waller (2006) who recognized that music therapy has demonstrated the ability to

benefit participants' psychological, social, biological, and cognitive development, through reinforcing motivation and facilitating success through environments which are non-threatening, creative and fun. Based on the scarcity of relevant research as noted by Bittman et al. (2009), and in light of findings from the current study, numerous areas of music therapy application could still be investigated.

Future research could illuminate the active features of music therapy which lend to its apparent benefit. Investigative queries could include questions such as: What characteristics of music provide this universal applicability? What is it about music that serves to unify people? What are the ineffable qualities of music which are apparently so influential? What qualities of music grant it the power to instantly recreate a mood/thought/experience when the music is encountered in settings/times far removed from the original encounter? What are the qualities of music that can create a state of reflection while serving to also speak for the participant?

The settings in which music therapy is applied could be investigated in order to identify ways to maximize efficiency. Related questions could include: How does the size of the group influence individual participation? What is the best balance between direction/improvisation for beneficial therapeutic outcomes? How would the outcomes change if the camp activities were exclusively music therapy-based? Is music therapy best applied as an autonomous intervention approach, or is it best applied as a supporter to other therapeutic approaches? Though one of the identified benefits of group therapy is the emphasis on brevity (Puskar et al., 2008), it could be argued that an intensive weekend could provide a deeply emotional experience with limited follow-up interventions. What is an appropriate number of group sessions to maximize benefit and minimize harm to participants?

The camp also features music therapy interventions administered in conjunction with other artistic activities. Such inquiries could include: How does the music factor influence the overall activity and outcomes? Is the participant's experience in blended activities enriched by multiple art forms? Does the presence of multiple art forms serve to dilute the influence of each other?

During data analysis, many questions came to mind which could direct future research on the topic of utilizing music therapy for adolescents in general, and adolescents experiencing bereavement in particular. Many of these questions shared a common undercurrent of wondering about the unknown mechanisms of music that seem to be so efficacious in therapeutic processes. It appears that music is indeed influential, and identification of the specifics of why and how music influences community construction and emotional expression in particular, can serve to improve the efficiency of music therapy practices.

The current findings (along with parallels in existing research) provide adequate justification for the utilization of music therapy practices within comprehensive services for adolescents experiencing bereavement. As always, therapeutic programs and support services should be developed and implemented with sensitivity to the personal needs of the client. Music therapy practices could prove therapeutically beneficial for adolescent populations in need of bereavement supports and services.

### **Conclusion**

Thematic analysis of stakeholder interviews suggest that music therapy practices can serve as a significant component of a comprehensive therapeutic support program. As expressed by research participants and interpreted by the current researcher, music is valued as presenting with universal applicability, permitting persuasive impact on a diverse range of participants. The

influence appears to be particularly applicable to adolescent populations due in part to the pervasive nature of music within youth sub-culture. Further, based on the findings of this research project, music therapy can provide advantages for both individuals and groups.

Specifically, the medium of music can provide participants with a channel through which emotions can be expressed in a non-threatening and low-pressure manner. Regarding group influences (and perhaps due in part the identified universality of music), individuals participating in music therapy together may benefit from group cohesiveness and a sense of community; this may emerge in a seemingly effortless and spontaneous manner.

This study has investigated the use of music therapy within a comprehensive program, and adds to the literature in the unique way of investigating the phenomena through the lenses of program stakeholders.

The current study has investigated the lived experiences of individuals involved with both the implementation and reception of music therapy interventions for adolescents experiencing bereavement. Valuable insights have emerged, highlighting the benefit of supporting adolescents through music therapy practices. That being said, much remains to be discovered regarding the mechanisms of music and music therapy which enable such apparent efficacy. In addition to informing existing knowledge on current music therapy applications for adolescents in Canada, hopefully the findings of this study will encourage further related investigations, ultimately leading therapeutic professionals to develop intervention programs best suited to their adolescent clientele.

## References

- Abrams, B. (2010). Evidence-based music therapy practice: An integral understanding. *Journal of music therapy, 47*(4), 351.
- Anthony, S., & Jack, S. (2009). Qualitative case study methodology in nursing research: an integrative review. *Journal of Advanced Nursing, 65*(6), 1171-1181.
- Arnett, J. J. (1995). Adolescents' uses of media for self-socialization. *Journal of youth and adolescence, 24*(5), 519-533.
- Ashworth, P. (1996). Presuppose nothing! The suspension of assumptions in phenomenological psychological methodology. *Journal of Phenomenological Psychology, 27*(25), 25.
- Atzaba-Poria, N., Pike, A., & Deater-Deckard, K. (2004). Do risk factors for problem behaviour act in a cumulative manner? An examination of ethnic minority and majority children through an ecological perspective. *Journal of Child Psychology and Psychiatry, 45*(4), 707-718.
- Bailey, V. (2009). Using techniques of music therapy: Lyric and journal writing as a form of expression for adolescents during grief: A comprehensive literature review. *ProQuest*.
- Balk, D. E., Zaengle, D., & Corr, C. A. (2011). Strengthening grief support for adolescents coping with a peer's death. *School Psychology International, 32*(2), 144-162.
- Battistich, V., Solomon, D., Kim, D. I., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and students' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*(3), 627-658.
- Battistich, V., & Hom, A. (1997). The relationship between students' sense of their school as a

- community and their involvement in problem behaviors. *American Journal of Public Health*, 87(12), 1997-2001.
- Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring school communities. *Educational Psychologist*, 32(3), 137-151.
- Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students' "connectedness" to school and social adjustment during middle school. *The Journal of Primary Prevention*, 24(3), 243-262.
- Baxter, J., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559.
- Bittman, B. B., Berk, L. S., Felten, D. L., Westengard, J., Simonton, O. C., Pappas, J., & Ninehouser, M. (2001). Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. *Alternative therapies in Health and Medicine*, 7(1), 38-47.
- Bittman, B., Dickson, L., & Coddington, K. (2009). Creative musical expression as a catalyst for quality-of-life improvement in inner-city adolescents placed in a court-referred residential treatment program. *Advances in Mind-Body Medicine*, 24(1), 8-19.
- Blackett, Joni. S., & Payne, H. L. (2005). Health rhythms: A preliminary inquiry into group-drumming as experienced by participants on a structured day services programme for substance-misusers. *Drugs: Education, Prevention, and Policy*, 12(6), 477-491.
- Blumer, M. L., & Werner-Wilson, R. J. (2010). Leaving no girl behind: Clinical intervention effects on adolescent female academic "high-risk" behaviors. *Journal of Feminist Family Therapy*, 22(1), 22-42.
- Bowman, W. (2009). The community in music. *International Journal of Community Music*, 2(2-

3), 2-3.

- Boyce, W. F., King, M. A., & Roche, J. (2007). *Healthy settings for young people in Canada*. Health Canada.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brent, D., Melhem, M., Masten, S., Porta, G., & Payne, M. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. *Journal of Clinical Child and Adolescent Psychology*, 41(6), 778-791.
- Bushnik, T. (2005). Youth depressive symptoms and changes in relationships with parents and peers. Special Surveys Division, Statistics Canada.
- Campbell, P. S., Connell, C., & Beegle, A. (2007). Adolescents' expressed meanings of music in and out of school. *Journal of Research in Music Education*, 55(3), 220-236.
- Canadian Institute for Health Information (2005) *Canadian Population Health Initiative: Improving the Health of Young Canadians*.
- Canadian Mental Health Association (2013). <http://www.cmha.ca/mental-health/your-mental-health/youth/>
- Choi, A. N., Lee, M. S., & Lee, J. S. (2010). Group music intervention reduces aggression and improves self-esteem in children with highly aggressive behavior: A pilot controlled trial. *Evidence-Based Complementary and Alternative Medicine*, 7(2), 213-217.
- Choi, Y., He, M., Herrenkohl, T. I., Catalano, R. F., & Toumbourou, J. W. (2012). Multiple identification and risks: examination of peer factors across multiracial and single-race youth. *Journal of Youth and Adolescence*, Vol, 1-16.
- Chong, H. J., & Kim, S. J. (2010). Education-oriented music therapy as an after-school program

- for students with emotional and behavioral problems. *The Arts in Psychotherapy*, 37(3), 190-196.
- Cochrane, J., Goering, Joni. N., & Durbin, J. (1997). *Best practices in mental health reform: Discussion paper*. Health Canada.
- Dalton, T. A., & Krout, R. E. (2006). The grief song-writing process with bereaved adolescents: An integrated grief model and music therapy protocol. *Music Therapy Perspectives*, 24(2), 94.
- Davis, K. M. (2010). Music and the expressive arts with children experiencing trauma. *Journal of Creativity in Mental Health*, 5(2), 125-133.
- DiRaimondo, D. (2002). *The magic within the music: exploring the use of music in psychotherapy with adolescents* (Doctoral dissertation, Alliant International University, California School of Professional Psychology, San Francisco Bay).
- Duckworth, C. (2012). *Falling through the cracks: A profile of adolescents less likely to receive services after peer death*. (Doctoral dissertation). Indiana University, Pennsylvania.
- Duffey, T. H., Lumadue, C. A., & Woods, S. (2001). A musical chronology and the emerging life song. *The Family Journal*, 9(4), 398-406.
- Fischer, C. (2009) Bracketing in qualitative research: Conceptual and practical matters, *Psychotherapy Research*, 19(4), 583-590.
- Freeman, J. G., King, M., Pickett, W., Craig, W., Elgar, F., & Klinger, D. (2011). *The Health of Canada's Young People*.
- Galambos, N. L., & Tilton-Weaver, L. C. (1998). Multiple-risk behaviour in adolescents and young adults. *Health reports/Statistics Canada, Canadian Centre for Health Information*, 10(2), 9.



- Gall, M. D., Borg, W. R., & Gall, J. Joni. (2007). *Educational Research: An Introduction*. Boston, Massachusetts: Pearson Education.
- Gardstrom, S. C. (2003). *An investigation of meaning in clinical music improvisation with troubled adolescents* (Doctoral dissertation, Michigan State University. School of Music).
- Garrett, S. (2010). The role of community music in helping disadvantaged young people in South Wales to confront social exclusion. *International Journal of Community Music*, 3(3), 371-377.
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, 14(10), 1429-1452.
- Gold, C., Voracek, M., & Wigram, T. (2004). Effects of music therapy for children and adolescents with psychopathology: a meta-analysis. *Journal of Child Psychology and Psychiatry*, 45(6), 1054-1063.
- Hallam, S. (2010). The power of music: its impact on the intellectual, social and personal development of children and young people. *International Journal of Music Education*, 28(3), 269-289.
- Harrison, L., & Harrington, R. (2001). Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services. *Journal of Adolescence*, 24(2), 159-169.
- Heath, M. A., Leavy, D., Hansen, K., Ryan, K., Lawrence, L., & Sonntag, A. G. (2008). Coping with grief guidelines and resources for assisting children. *Intervention in School and Clinic*, 43(5), 259-269.
- Ho, Joni., Tsao, J. C., Bloch, L., & Zeltzer, L. K. (2011). The impact of group drumming on

- social-emotional behavior in low-income children. *Evidence-Based Complementary and Alternative Medicine*, Vol, pp?
- Johnston, M. K. (2010). Music and conflict resolution: Exploring the utilization of music in community engagement. Rest of ref?
- Jones, P. M. (2010). Developing social capital: A role for music education and community music in fostering civic engagement and intercultural understanding. *International Journal of Community Music*, 3(2), 291-302.
- Kahn, G., & Aronson, S. (2007). Group treatment for traumatized adolescents: Special considerations. *Group*, 31(4), pages?
- Kaplow, J. B., Saunders, J., Angold, A., & Costello, E. J. (2010). Psychiatric symptoms in bereaved versus nonbereaved youth and young adults: a longitudinal epidemiological study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(11), 1145-1154.
- Keen, A. W. (2005). Using music as a therapy tool to motivate troubled adolescents. *Social Work in Health Care*, 39(3-4), 361-373.
- Koopman, C. (2007). Community music as music education: on the educational potential of community music. *International Journal of Music Education*, 25(2), 151-163.
- Kulic, K. R., Horne, A. M., & Dagley, J. C. (2004). A comprehensive review of prevention groups for children and adolescents. *Group Dynamics: Theory, Research, and Practice*, 8(2), 139.
- Kushnir, J., Friedman, A., Ehrenfeld, M., & Kushnir, T. (2012). Coping with preoperative anxiety in caesarean section: physiological, cognitive, and emotional effects of listening to favorite music. *Birth*, 39(2), 121-127.

- Logan-Greene, Joni., Nurius, Joni. S., Herting, J. R., Hooven, C. L., Walsh, E., & Thompson, E. A. (2011). Multi-domain risk and protective factor predictors of violent behavior among at-risk youth. *Journal of Youth Studies, 14*(4), 413-429.
- Macdonald, R. H., Manning, M. L., & Leary, S. L. (1999). Working with young adolescents at-risk: lessons learned from project enable. *The Clearing House, 73*(1), 25-28.
- Malone, P. A. (2012). The impact of peer death on adolescent girls: An efficacy study of the Adolescent Grief and Loss group. *Social Work with Groups, 35*(1), 35-49.
- Matarazzo, A. (2006). Court referrals for a group of youth and young adults. *Canadian Social Trends, (82)*, pages?.
- Maykut, P., & Morehouse, R. (2002). *Beginning qualitative research: A philosophical and practical guide*. City: Routledge.
- McFerran-Skewes, K. (2005). Using songs with groups of teenagers: How does it work?. *Social Work with Groups, 27*(2-3), 143-157.
- Melhem, N. M., Porta, G., Shamseddeen, W., Walker Payne, M., & Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death. *Archives of General Psychiatry, 68*(9), 911.
- Millar, D. (2006). Special Section: The adolescent experience: From omnipotence to delinquency. *Group Analysis, 39*(1), 37-49.
- Mishna, F., & Muskat, B. (2004). "I'm not the only one!" Group therapy with older children and adolescents who have learning disabilities. *International Journal of Group Psychotherapy, 54*(4), 455-476.
- Nöcker-Ribaupierre, M., & Wöfl, A. (2010). Music to counter violence: a preventative approach

- for working with adolescents in schools. *Nordic Journal of Music Therapy*, 19(2), 151-161.
- North, A. C., Hargreaves, D. J., & O'Neill, S. A. (2000). The importance of music to adolescents. *British Journal of Educational Psychology*, 70(2), 255-272.
- O'Neill, S. A. (2005). Youth music engagement in diverse contexts. Organized activities as contexts of development: Extracurricular activities, after-school and community programs, 255-273.
- Ouellette, Joni. M., & Wilkerson, D. (2008). " They won't come": Increasing parent involvement in parent management training programs for at-risk youths in schools. *School Social Work Journal*, 32(2), 39-53.
- Park, J. (2003). Adolescent self-concept and health into adulthood. *Health reports/Statistics Canada, Canadian Centre for Health Information*, 14, 41.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications.
- Perlovsky, L. (2010). Musical emotions: Functions, origins, evolution. *Physics of Life Reviews*, 7(1), 2-27.
- Peshkin, A. (2000). The nature of interpretation in qualitative research. *Educational Researcher*, 29(9), 5-9.
- Puskar, K., Bernardo, L. M., Stark, K. H., & Frazier, L. (2008). Adolescent health promotion groups: A primer for milieu therapists. *Residential Treatment for Children & Youth*, 25(1), 39-53.
- Rask, K., Kaunonen, M., & Paunonen-Ilmonen, M. (2002). Adolescent coping with grief after the death of a loved one. *International Journal of Nursing Practice*, 8(3), 137-142.
- Reddy, L. A., De Thomas, C. A., Newman, E., & Chun, V. (2009). School-based prevention and

- intervention programs for children with emotional disturbance: A review of treatment components and methodology. *Psychology in the Schools*, 46(2), 132-153.
- Reddy, L. A., & Newman, E. (2009). School-based programs for children with emotional disturbance: Obstacles to program design and implementation and guidelines for school practitioners. *Journal of Applied School Psychology*, 25(2), 169-186.
- Reitz, R. R. (1999). BATTERERS' experiences of being violent: A phenomenological study. *Psychology of Women Quarterly*, 23(1), 143-165.
- Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote prosocial behaviors in aggressive adolescent boys—a pilot study. *Journal of Music Therapy*, 40(4), 283-301.
- Rosner, R., Kruse, J., & Hagl, M. (2010). A meta-analysis of interventions for bereaved children and adolescents. *Death Studies*, 34(2), 99-136.
- Ruud, E. (2006) Aspects of a theory of music therapy. *Nordic Journal of Music Therapy* 15(2),
- Sausser, S., & Waller, R. J. (2006). A model for music therapy with students with emotional and behavioral disorders. *The Arts in psychotherapy*, 33(1), 1-10.
- Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S. J., Dick, B., Ezeh, A. C., & Patton, G. C. (2012). Adolescence: A foundation for future health. *The Lancet*.
- Scapillato, D., & Manassis, K. (2002). Cognitive-behavioral/interpersonal group treatment for anxious adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(6), 739-741.
- Sethi, S., & Bhargava, S. C. (2003). Child and adolescent survivors of suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 24(1), 4-6.
- Shaller, J., & Smith, C. R. (2002, October). Music therapy with adolescents experiencing loss. *The Forum*, 28(1) 2-4.

- Sharma, M., & Jagdev, T. (2011). Use of music therapy for enhancing self-esteem among academically stressed adolescents. *Pakistan Journal of Psychological Research*, 27(1), 53-64.
- Shechtman, Z., & Katz, E. (2007). Therapeutic bonding in group as an explanatory variable of progress in the social competence of students with learning disabilities. *Group Dynamics: Theory, Research, and Practice*, 11(2), 117 - ? .
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Sillitti, R. (2005). Relational re-education A relational practice group intervention with adolescent girls. The Chicago school of professional psychology. *ProQuest Digital Dissertations*.
- Sink, C. A., & Edwards, C. (2008). Supportive learning communities and the transformative role of professional school counselors. *Professional School Counseling*, 12(2), 108-114.
- Skewes, K. (2001). The experience of group music therapy for six bereaved adolescents (Doctoral dissertation, University of Melbourne).
- Slyter, M. (2012). Creative counseling interventions for grieving adolescents. *Journal of Creativity in Mental Health*, 7(1), 17-34.
- Snow, S., & D'Amico, M. (2010). The drum circle project: A qualitative study with at-risk youth in a school setting. *Canadian Journal of Music Therapy*, 16(1).
- Sprott, J. B., Doob, A. N., & Jenkins, J. M. (2001). Problem behaviour and delinquency in children and youth. *Canadian Centre for Justice Statistics*.
- Tervo, J. (2001). Music therapy for adolescents. *Clinical child psychology and psychiatry*, 6(1), 79-91.

- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing, 16*(2), 151-155.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing, 3*(3), 68-70.
- Thyer, B. A. (2012). The scientific value of qualitative research for social work. *Qualitative Social Work, 11*(2), 115-125.
- Truneckova, D., & Viney, L. L. (2007). Evaluating personal construct group work with troubled adolescents. *Journal of Counseling & Development, 85*(4), 450-460.
- Van Manen, M. (1997). From meaning to method. *Qualitative Health Research, 7*, 345-369
- Västfjäll, D. (2002). Emotion induction through music: A review of the musical mood induction procedure. *Musicae Scientiae, 5*(1), 173-211.
- Wagner, M. M. (1995). Outcomes for youths with serious emotional disturbance in secondary school and early adulthood. *The Future of Children, 90*-112.
- Wagner, M., Friend, M., Bursuck, W. D., Kutash, K., Duchnowski, A. J., Sumi, W. C., & Epstein, M. H. (2006). Educating students with emotional disturbances a national perspective on school programs and services. *Journal of Emotional and Behavioral Disorders, 14*(1), 12-30.
- Wells, N. F. (1988). An individual music therapy assessment procedure for emotionally disturbed young adolescents. *The Arts in Psychotherapy, 15*(1), 47-54.
- Winkelman, M. (2003). Complementary therapy for addiction: "drumming out drugs". *Journal Information, 93*(4), 647-651.
- Wright, J. B. (2011). *Exploration of bereaved adolescents' use of coping with the loss of a family member* (doctoral dissertation). Wheaton College, Illinois.

## **Appendix A: Interview Guide**

### Music Therapist Interview Guide:

- I am interested in hearing about the music therapy program you run. I have some specific questions to guide us. Perhaps you could start by telling me about the youth who participate in this program?
- What kinds of music activities do you use?
- What are the goals of the program?
- How is the program structured? E.g. open or closed membership? Funding?
- What are the rewards? Challenges?
- What do you think the youth like about the program? The youth's family members? Other professionals?
- Where does support for the program come from?
- Are you involved with other professionals and if so, how?
- Is there anything else you'd like to tell me about the program?

### Stakeholder Interview Guide

- How are you involved with the program?
- How did you get involved with the program?
- What do you think about the program? Its value? Its challenges? Places for improvement?
- Would you recommend music therapy? If so, why?
- How do you think music therapy has helped you/your child?
- Is there anything we haven't discussed that you'd like me to know?