**Perspectives of a musical intervention: A phenomenological approach to
composers and adolescents in collaboration**

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Signed:

Date: 28th October 2018

Abstract

Background & Objectives: Music is a valuable instrument for adolescents as they navigate through developmental stressors. In particular, musical intervention for adolescents with mental health concerns in hospitals is a burgeoning practice, yet little is known about the meaning of these interventions for this demographic. Furthermore, composers intrinsically understand how to manipulate music for specific needs. However the rationale underlying their choices with respect to writing for this environment is under-researched. This study examines how composers of healing music engage adolescents with mental health concerns collaboratively, to compose meaningful music that may influence their wellbeing.

Method: The behaviour and responses of adolescents from Sydney, Victoria and Adelaide hospitals, engaged in a musical intervention were observed throughout a musical intervention. Six composers and three coordinators or staffs were interviewed using Interpretative Phenomenological Analysis (IPA) to gain deep understanding of psychosocial benefits and experiences of musical phenomena. Observational field notes of sessions comprising one to ten young people, further triangulated the data collection for IPA analysis.

Results: The intervention was challenging yet rewarding for adolescents and composers, reshaping their identification to these roles. It was also found that by appealing to both universal and individual perspectives of musical function and purpose, each group transcended personal process and routine.

Conclusions: This study contributes to research scaffolding the nexus between the arts and healthcare industries and provides a platform for further study. Furthermore, it promotes the value of collaborative music making as a healing tool for positive identity and development.

Perspectives of a Musical Intervention: A phenomenological approach to composers
and adolescents in collaboration

Adolescence is a vulnerable period of adjustment during which identity, connectivity and resilience are navigated (Miranda, 2009). With typically heightened emotionality, adolescents are sensitive to mental health issues such as depression and anxiety (Patterson et al., 2015). Depression is a common and debilitating condition characterized by low mood, reduced concentration and social isolation (APA, 2013). Similarly, anxiety and severe panic is disorienting and burdensome on adolescent development (Rahmani, Saeed & Aghili, 2016). Adolescents with chronic pain, injury and stress, which are highly comorbid with mental illness (Tegethoff, Belardi, Stanlujanis & Meinlschmidt, 2015), are particularly vulnerable. For example, this group of adolescents typically demonstrates maladaptive coping skills and resilience (Wigman et al., 2014). Research has shown that music is an opportunity to understand emotive states that adolescents with mental health concerns struggle to communicate (Carruthers, 2014).

Music-based interventions such as music therapy are increasingly being recognised as effective management tools for negative mood (McFerran, Garrido & Saarikallio, 2013). Improvisation, songwriting and active listening activities are normalising, enjoyable activities that distract individuals from stressful spaces and illness (Colwell, Edwards, Hernandez & Brees, 2013). Importantly, the integration of these activities in hospitals has helped reduce anxiety surrounding medical procedures and operations (Cooke, Chaboyer, Schluter Hiratos, 2005). Musical interventions are mostly preferred over 'talking therapies', empowering and educating adolescents in alternative ways to manage their situation (Patterson et al., 2015). They also allow patients to explore thoughts and feelings about their illness, hospital environment and

ideal future (Pothoulaki, MacDonald & Flowers, 2012; Walworth et al., 2008). Importantly, research on children in hospital interventions saw that music reduced feelings of isolation, promoted self-esteem and facilitated adaptive coping mechanisms (Daveson, 2001; Miranda, 2009). Generally, music empowers adolescents to self-regulate mood by permitting an alteration of mental states (Lonsdale & North, 2011), distraction (Saarikallio & Erkkilä, 2007), or mood reinforcement (Thomson, Reece and Di Benedetto, 2014).

Stress and coping theory (Lazarus & Folkman, 1984) proposes that coping strategies manage the internal and external demands of a stressful environment. While active attempts to reduce stress build mental resilience (Robb et al., 2008), avoidance such as rumination and social withdrawal is maladaptive and can be detrimental to adolescent development (Aldwin, 2011). Garrido and Schubert (2015) found ‘sad’ music had different effects on adolescents with chronic illness than those without. Healthy adolescents intentionally listening to ‘sad’ music found it resonated with their present, unhappy state, helping them feel reinvigorated and focused. However, depressed adolescents listening to the same ‘sad’ music expressed lower mood (Garrido & Schubert, 2015). Ruminating music listening in this instance, enhanced internalised symptoms of depression and was therefore unconstructive. Similarly, heavy metal or ‘angry’ music has positively correlated with poor mental health and primed aggression in Australian adolescents (McFerran et al., 2015).

Despite this, choice of musical genre is an ubiquitous aspect of adolescent socialisation, personal expression and connectivity (ter Bogt, Vieno, Doornwaard & van den Eijnden, 2016). For example, music choices promote belongingness through affiliation to artists and genres (McFerran, et al., 2015) and endorse exploration of individuality from social norms (Hense & McFerran, 2016). Furthermore, exposure to

illness and health services can strain coping and connective mechanisms and instead, facilitate ‘illness identities’ (Yanos, Roe and Lysaker, 2010). Vogel-Scibilia et al.’s recovery-focused take on Erikson’s identity vs. role confusion developmental stage, sees adolescents focusing on how their illness defines them (2009). Shame around mental illness can then disrupt social development for adolescents in the isolation vs. intimacy stage where adolescents learn themselves in the context of others (Vogel-Scibilia et al., 2009). Silverman (2011) found that re-orienting adolescents with music to non-health related contexts encouraged them to take responsibility of their wellbeing and recovery. For example, while navigating life or illness-specific stressors, controlling musical choices can expand locus of control and autonomy (Saarikallio & Erkkilä, 2007). Furthermore, safe consolation and bonding through meaningful lyrics or a congruent beat, reflects and respects an adolescents experiences (Van den Tol & Edwards, 2014) and elevates internalising symptoms of low mood (North et al, 2000). Given this, adolescents in hospital spaces particularly thrive on communicating through music (Cathro & Devine, 2012; Shuman et al., 2016).

This musical bonding is contingent on listeners’ perception of musical emotion; sensitive to their beliefs, values and personal experiences, as well as the context in which the music is heard (Holmes, 2011). Psychological response mechanisms: musical expectancy, emotional contagion and episodic memory (Juslin & Vastfall, 2008) underpin context of an adolescents’ musical experience. In this way, music triggers automatic recall of emotionally driven life circumstances, arousing mind and body, and modifying mood and cognition (Corrigall & Schellenberg, 2013).

Whilst listener effect is often the targeted outcome of music, emotional evocation is a multi-faceted, symbiotic process involving both composer and listener (Corrigall & Schellenberg, 2013). Composers act as emotional narrators whose creative intentions can transform or manipulate mood, and therefore have the potential to contribute to therapeutic outcomes (Moore, 2017). The nexus of this emotional dialogue between composer and listener permeates music with a sense of meaning that is inherently technical, visceral and deeply personal for both groups (Douek, 2013). This implicit, composer-listener dialogue could be explained by the mirror neuron system whereby emotion and action are intertwined as innate human qualities and are thus, the foundations of empathy to be communicated through sound (Molnar-Szakacs & Ovary, 2006). For example, both musicians and non-musician listeners were observed to physically feel the musicians' fingers moving up and down piano keys. This phenomenon implies that musical emotion is a form of holistically empathic communication, available to a composer for careful construction.

The tools by which this empathic meaning is unearthed are fundamental to the support of positive mental health in adolescents. Confident lyrics in soul music, for example, promote positive reflection, increasing resilience, self-esteem and motivation (Miranda & Claes, 2008). The circumplex model of music psychology stipulates that a degree of arousal (high-low) or valence (positive-negative) is induced with musical devices molding emotional narratives (Russell, 2003). For example, fast tempos, loud dynamics and sharp timbre or colour, are associated with high-arousal emotions such as happiness or anger (Juslin & Laukka, 2003). Similarly, low pitch melodies depress emotional valence (Jacquet, Danuser & Schellenberg, 2012), and major chord progressions are likely to induce positivity (Corrigall & Schellenberg, 2013). These operational choices may be less cerebral for general composition

commissions. However, given that responsive emotions to music help facilitate mood permanency and overall wellbeing (Juslin & Västfäll, 2008), these decisions are focal manipulations when writing for demographics with mental health issues.

In health-care environments, musicians have been creating safe spaces for musical expression and tension relief, largely through live performances in hospital waiting areas and wards (Preti & Welch, 2012). However, Preti and Welch made clear the need for composers to be familiar with, sensory stimulation experienced by the demographic first-hand (2012). They also found that composers displayed an empathic awareness of musical genres and instrumentations beneficial for the audience in that space (2013).

One intervention that invites composers to write for healing purpose and encourages adolescents to actively engage with their environment is the Hush Foundation's Musicians in Residence Program (MRP). The MRP program is a new and collaborative venture that sees composers work outside the clinical, therapeutic relationship with adolescents. Together, they create healing music that is then performed and recorded by the Australian Chamber Orchestra Collective.

Music therapy has been well researched from the perspective of the recipient, yet the challenges and experiences of the composers and hospital staff facilitating healing music remain under-researched. Furthermore, evidence supporting musical interventions is sparse for adolescents with mental illness (Geipal, Koenig, Hillecke, Resch & Kaess, 2018). The current research is an exploratory, interpretative study into the meaning of musical intervention for the tapestry of stakeholders: composers, adolescents with mental illness and staff. The MRP provides a platform for the current study and its' hermeneutic aims; to observe the engagement and responses of adolescents with mental illness participating in a music intervention; and to

triangulate this exploration with perspectives of composers, coordinators and hospital staff regarding the value of the program.

Method

Conceptual framework

An Interpretative Phenomenological Analysis (IPA) approach (Smith, Flowers & Larkin, 2009) was employed for this qualitative project to enable a deep understanding of the psychosocial benefits and experiences of musical phenomenon. This research takes a rigorous phenomenological approach in understanding the essential meaning that adolescents, composers, and hospital staff place on music as a healing potential. Participants were inspired to engage in a hermeneutic interpretation of visceral and idiographic experiences and/or processes involved in the implementation of the intervention. IPA framework infused the development of interview schedules, data abstraction, and analysis (Smith, Flowers & Larkin, 2009).

Participants

The research requires extensive analytical induction, so a small sample size enabled deeper insight into subjective, lived experiences. Figure 1. outlines the tapestry of participant groups.

Figure 1. A representation of stakeholders and their roles in the MRP.

Young people with extensive histories with mental illness or pain who were attending school, in-patient wards, or engaged in the Youth Advisory Council (YAC) at leading children's hospitals in New South Wales, Victoria and South Australia were invited to participate in the program. Hospital staff informed students of research aims and benefits.

A purposive sample of composers, hospital teachers, YAC and Hush coordinators were recruited through their commitment to the Musicians in Residence program. Composers were given a briefing about the expectations of their composition and the research, by Hush Foundation's coordinator.

Data Collection

Ethics approval was granted through Deakin University Low Risk Human Ethics Committee for observational research and face-to-face interviews. The researcher observed the program, examining the interaction between young people, professional composers and music. Field notes of behaviour, emotional responses and engagement were taken.

Semi-structured interviews with composers pre- and post-program, and staff and coordinators post-program, were conducted either face-to-face or via Skype. Interviews with composers reveal their expectations and intentions for the program. Also, their subjective experience of the program working with adolescents, their process in creating a composition and their understanding of how music affects wellbeing was explored. Interviews with hospital staff addressed the reactions of adolescents and commented on the logistics of the intervention. An interview with the MRP coordinator examined the program's scope and potential to transform hospital experiences.

Initial open-ended questions were broad, permitting the interviewee to direct the conversation with their hermeneutic understanding of musical phenomenon, and establishing rapport. Idiographic details regarding physiological, emotional and personal nuances in their experience were elicited through probes such as *"how do musical elements chosen for the composition reflect your experience?"* Interviews were an average length of 45 minutes, audio-recorded and transcribed verbatim for analysis using Smith et al.'s (2009) IPA framework.

Analysis

Interviews were repetitively reviewed to gauge a deep insight into the emotional and cognitive processes of participants. Linguistic, conceptual and

empirical content was unpacked with line-by-line analysis. Themes were abstracted to compare across and within interviews for similarities and divergences, then either incorporated into superordinate themes or polarised in opposition to trends (Smith et al., 2009). Re-evaluation and restructuring of theme order occurred dynamically and organically as the researcher continued to delve into the beliefs and values of each group holistically and idiographically. Multiple researchers contributed to the analysis of themes, developing summarisation clarity and a consensus in final theme identification. The results are a triangulated product of expressed phenomena, interpretations of expression, and observational notes from MRP sessions.

Results

The results are explored in a composite presentation of ‘cases within themes’ (Smith et al., 2009) offering both group-level inquiry and individual samples across the tapestry of stakeholders (Figure 1.). Superordinate themes are extrapolated and presented in a logical order: Connectivity, Transcendence and Universality. Subordinate themes demonstrate overlap, acknowledging the interrelation of cognitive process and emotional reflection. Composer’s names have been removed for confidentiality and have been numbered for the purpose of this paper.

Connectivity

The first major theme addresses what was meaningful in relationships between composers and adolescents, the manifestation of self-attentiveness and awareness of environment.

Connection through discourse. Throughout the sessions, composers encouraged adolescents to engage with the music by answering questions such as

‘what does this song remind you of?’ or ‘what does this sound like to you?’. The coordinator Dr Catherine Crock reported the YAC were asked to think broadly about how their experience relates to other adolescents in hospitals, then respond to questions such as ‘how does music help you in hospital?’:

Catherine: ...not that the music was going to be necessarily something just for them, but that it was something that other people going through conditions... could benefit from.

One composer (C1) acknowledged that the young people were initially resistant to these conversations. Another composer (C2), supported this given music helped her bridge the gap in speaking to adolescents with mental health complications:

C2: When someone is that severely sick ... they are in their own world. And their world is kind of, quite a scary world, full of voices... so for music to penetrate through the loudness of the voices is quite um, it's a real, it's a real effort for a patient? ... I would say the power of music really helps? And not the actual talk? The music gets through.

By contrast, Laura the YAC coordinator, noted that the intervention promoted adolescents to feel safe expressing their musical choices and meaning:

Laura: It was really interesting hearing all the young people voice, in their own language, why music was important to them and how.

One composer (C3), found that they had to work to the adolescents' music knowledge and speak their language to engage them with the program in a meaningful way. In doing so, they reduced the gap in expertise and maturity, and eliminated awkwardness. Laura agreed that this dexterity helped maintain the focus and attention of the adolescents:

C3: They weren't involved in classical music, in art music the way you were. So, yeah, initial reaction was a little guarded from myself and then you had to um, recognise your context and try and fit in really quickly so that you gain their trust.

Laura: [the musicians] were very willing to engage and catering to the young people on their level, and not making it too complicated? ... because they tell you when they get bored.

Feeling alien. Four composers reported feeling disoriented in the hospital environment, unsure of how to react, behave or respond in that context. For another composer (C4), the experience was awkward:

C4: I never felt relaxed about going in and doing that. In some ways it feels a little bit, you don't want to intrude? You don't want to invade people's privacy? Ah, you don't want to be one more thing that people are, are worried about.

Similarly, some composers grappled with their response to the adolescents' affect, as it was not what they expected from someone who had been hospitalised for mental health concerns:

C4: ... and seeing young people who are really, seriously unwell. ... and some of them are quite stoic about ah, their lot. And that's quite, um, challenging and humbling.

By contrast, C1 and C2 had much experience in hospitals with family members' physical injuries or significant mental illnesses, so their connection with the adolescents and their space was, at times, too intimate. C2 found this restricted her capacity to work with the adolescents:

C2: I've seen a lot of sick patients... I always talked to other patients when I visited my son years ago. ... It's really rough you know? ... I feel too connected.

Some composers reflected on their visceral experience of the intervention, and recognised how adolescents may also feel dissociated when having new people in their space:

C3: It can be quite intrusive I can imagine having these people that don't know you to come in and interview you and talk to you... you know it almost seemed experimental? ... Like we were injected a bit?

Shared experiences. In an effort to relate with the adolescents' musical paradigm, composers were observed to initiate engagement by sharing their own preferences in music. In response, the researcher observed the music listening exercises generate an emotional contagion that elevated the rooms' energy. The adolescents demonstrated physical presentations of pride in divulging their own preferences: smiles, hoisted body language and prophetic nodding. This was particularly true when composers shared interest in adolescents' genre or artists of choice. It seemed to the research observer that the composers validated the adolescents' preferences, perpetuating a sense of belonging.

Furthermore, the consensus across the tapestry was that adolescents were affected by music they could share with peers, framing their identity or role in the social network:

C1: They're trying to find their natural identity and they're exploring the very intimate medium in their ears, ah listening closely to the lyrics ... something they can share among peers as well... that was obviously part of her identity that separated her from other people.

Furthermore, some adolescents wished to know more about the composition process itself after the intervention.

Adolescent: It's opened my eyes to see that not only can music be enjoyed for, by people watching it, it can also contain meanings? And the stories behind how the music was composed and how the music actually was created is actually quite a beautiful story.

One composer (C4) also realised that collaboration activities with the adolescents invited them to join the composers' lifestyle for an afternoon. In sharing histories, they would be connected to the adolescents' positive life stories:

C4: I think it's a deeply human thing to feel connected, and that we're all a little bit a part of stories and history? And that, there's this project on, and they get to be a part of that too and that gives them connectivity as opposed to isolation.

Depth of interaction. Young people were involved in between 1-3 sessions with composers. Variations were a result of time restrictions, composer and adolescent availability or adolescent capacity given health and medical complications. Composers therefore engaged in various levels of interaction:

(1) Observing music therapy sessions with little one-on-one composer interaction:

C4: We were guests in the corner mostly. Occasionally we talked and had conversation. ... but mostly they were run by musicologists and music therapists.

(2) Playing music in wards to patients and observing reactions:

C3: I didn't talk to each of them individually about their backgrounds and how they came to be in the group and what they, what their connection with the hospital or anything.

(3) Spending time (1-3 sessions) building rapport before conducting exercises to engage adolescents with musical sounds, rhythms and concepts that resonated with them:

C5: We said 'either write or draw if you'd like, if you don't have words? Anything that comes to your mind as you're listening to these 3 pieces of music'.

Given the inconsistent interaction, all stakeholders thought composers were “scraping the surface a little” (C1), and would have benefited from more time in the hospital context working with the adolescents. Rebekah, a hospital teacher noted feedback from adolescents that the MRP was an enjoyable experience. However, she added that deeper meaning would have been achieved if the music came from an understanding of their mental wellbeing:

Rebekah: While they were able to talk musically about what music they liked, and why they listened to music, and they listen to music at certain times depending on their mood? ... that's a given, that's really not kind of finding out what kids really relate to when they're feeling you know, stress or anxiety?

One adolescent announced it was very “special to feel heard” by professionals such as the composers. Contributing input to musicological choices for the piece was self-reported to have elevated her mood, sense of agency and self-concept. The

coordinators also acknowledged the psychological potential in being involved with non-health related activity:

Laura: The Hush Foundation was a really great opportunity to be involved from the beginning to the end of the project. So I really liked the way that it started with a conversation and then moved to a workshop and then moved to a recording... and that's very empowering."

Whilst this depth of interaction was not possible for all adolescents, meaningful connections and responses were reported at elementary levels of interaction. Patients responded to the sound of music alone, without conversation. This was enough information for some composers to gather superficial understandings of how and why music appealed to the adolescents in various mental states:

C5: There was one other particular girl who was probably about 14. Um, and I was later told that she was experiencing some form of psychosis ... she didn't talk to anybody but when I was playing she was watching me quite intently, and you could tell she was listening. ... made eye contact.

Transcendence

This theme represents how stakeholders in the MRP tapestry perceived the HUSH intervention to have altered their anchor to context and routine.

Empathic awareness. Composers addressed the phenomenon of transcending their own concept of self in order to understand what is truly helpful for the adolescents with mental vulnerabilities. C1 and C4 acknowledged that being in the

hospital environment was imperative to comprehend what adolescents might be feeling and furthermore, the value they place in music:

C4: It's actually about saying 'how does the music affect these people in this environment? And if you haven't met, or experienced at least some of these people and this environment, you couldn't possibly be able to predict ah, what musical issues come up from that.

One composer (C1) anecdotally described feeling “trapped” while looking out the windows in the ward. Composers became aware of the sensorial character of the space, the “sterility from being in an environment like that” (C4); the clinical sounds, fluorescent lighting, feeling of rubber hospital-grade gloves, and the general sense of pain and fatigue that permeates the corridors:

C2: Some [hospitals] are very cold... You know I can't have too many loose things, too many sharp things.

They also used their own experiences of illness and pain to help them relate to the adolescents' conditions. Composers recognised that as well as having a balming affect, providing hope and optimism through their music was important for adolescents in the hospital setting:

C2: Even when I was sick with something um, I got a sore back, I remember waking every morning and thinking maybe today will be better.

With empathic awareness, composers could generate both cerebral and visceral sense of what they themselves would need in the adolescents' circumstance to cope. These ideas were reflected by the adolescents who reported they used music to "tune out".

A sense of journey. As briefed, all composers intended to write music with healing intent: to calm, reduce anxiety or transcend mood states and current circumstance. Composers acknowledged that the composition was not intending to reflect mental illness and hospitals, but divert their attention away from the setting and patient role:

C3: It wasn't about you know, depicting what had happened for them to be there, it was about leaving all that behind.

C4: If I was in that position what would I want to listen to? ... the experience I had in there was um, at times anxious. ... So no, I'm not trying to replicate what I experienced in there at all. Informed by it, absolutely...

Adolescents were observed by the researcher to relate to music in terms of a narrative. They expressed that music allowed them to escape to a more positive destination and personhood. One adolescent explained that music meant they "could run without moving".

Dynamically, the composers employed musicological mechanisms that told a story or evoked emotion. Mechanisms had to appeal to the adolescent and the setting. Commonly, this was an upbeat rhythm and pop-style structure. These mechanisms were reported by adolescents to elevate them from negative patterns:

C6: We really went into what they sort of liked about the piece. And the issue of beat came up. They liked the beat. They associated with the melody. ... it made them motivated to do something.

Short, simple and melodic motifs were also common technical choices to create a sense of journey, grounded in repetition and character for the adolescents to shape their own story:

C1: She thought it was an epic battle and the hero ah, is you know falls down and they're injured and they get back up again... So what she was hearing was the shape... without those musical shapes the music is boring.

C3: ...coming back to the note 'A' all the time, and a repetition of that as a kind of a... something that was a constant throughout the piece and gave you a basal rhythmic um, like section.

The researcher observed that the feel or mood of the piece was often more important to the adolescents than a linear story. Composers supported this, conceptualising 'lightness' in timbre and melody to alleviate negative mood states. Similarly, a "moderate sense of journey" (C2) and motion allowed the music to flourish whilst being "not too dramatic" (C5):

C2: Patients of all kinds, prefer music that's light, that's a light texture, that sort of floats, and that's not too heavy... or too descriptive... like a feather duster on the keys.

C4: It's not music to be asleep to. It's music to be um, awake to, but in a good space.

One composer (C2) reflected that her orchestration was injected with personality because without lyrics, music is a canvas to paint personal meaning guided by the emotional character available:

C2: I really like to use emotion, because then it has meaning, you know the kids will have no narrative, it doesn't mean that it's cold, it has to have an atmosphere.

Evolution of process. Composers felt obliged to transcend established composition techniques, to find new ways of communicating emotion, and stay true to purpose. One composer (C3) realised the significance of her work got “in the way of an artistic process”, while another reported playing more through the process, rather than fashioning notes on the page. This ensured she remained connected to the listener experience and the appropriateness of the piece in a hospital setting:

C5: I was intentionally at my cello a lot of the time. Playing things? Rather than... like I usually write either with my voice or from my head.... I recorded myself improvising a few times, listened to it back, and picked out the bits I thought were alright?

Some composers put themselves in a state of “anti-ego” (C1) to ensure the composition process remained adolescent-focused.

This empathic approach reformed their usual impulse to write with flair and artistic expression. Whilst permeated by their virtuosity and technical expertise, composers transcended their ego to reach the adolescents authentically:

C6: In this case it's very um, very different because we're um, we're writing... it's actually not about us at all, because we're writing for the young people that we're collaborating with. ... and it's about mental health.

Composers also acknowledged the risk of lost translation between composer, musician and listener. One composer (C3) expressed her elation when musicians accurately interpreted the mood of her piece at the recording session. This assured her that the piece maintained fidelity to the brief from its' conceptualisation in the hospital wards, to the listeners in that context:

C3: When you've written something and it comes to life, there is nothing that compares to that feeling... particularly here, when it has a purpose like it does... and they're interpretation of the piece, they just understood it.

Transcending routine and self. For the adolescents, this intervention was broadly novel. Coordinators explained that the live music permitted sensory relief from the hospital space. Some composers also recognised that the intervention had entertainment value and was a social reprieve from medical procedures, school schedules and health-related conversation:

C4: I think just having the composers come in was a little bit different for them in their day? ... I think they were probably just a little but curious.

Three composers reported that adolescents preferred music that liberated them from what they were experiencing through mental complications and pain.

C3: They wanted a sense of catharsis.... A sense of emotional relief and release, whether that be positive or negative valence.

Despite this awareness, the composers generally focused on the adolescents' relationship to music and not the adolescents' identity relevant to illness or pain. The MRP compositions and collaboration process aimed to transcend context with "distraction... and intrigue" (C4), connecting adolescents to themselves beyond health identities. The coordinator Laura reflected this in her observations of one inspired adolescent:

Laura: Feeling other people listen to her opinion or want to talk to her about her opinion and that, you know, she matters ... so feeling really special and considered. And particularly when you have a disability or a chronic and complex condition, being special in a good way, I think is really important.

Given the empathic experience of the composers and the positive response to live music throughout the sessions, composers and coordinators idealised future manifestations of the project. These included seeing live music performed in critical stress zones such as waiting rooms:

C2: because it's very anxious making... You know nothing but the doctors. It's quite frightening? I think ah, music, or even just for musicians to come in and play...that kind of atmosphere could be softened by people playing music.

Laura: I think music transcends. So I wouldn't say it's more important to people in hospital regularly...

Universality

The final theme reflects the integrity of music amid the general and the unique.

Intrinsically human. Most composers acknowledged their exposure to mental health and its' widespread vigor. Each stakeholder group also described the universal appeal of music, as humans shared a common goal to “feel joy” (C1). Another composer further reflected that music is an evolutionary, common language relatable by all, irrespective of illness or circumstance:

C4: Music is, it does have its' processes and its' systems and orchestrations and methods and techniques. Ah, but it also has these ephemeral, intuitive things too. And the two get mixed up and in ways that are not easy to track.

One composer (C5) found that the musical narratives of the adolescents were influenced by an inherent awareness of emotion. Adolescents unearthed stories from the instrumental pieces played in her session that appropriately reflected the compositions' context. She explains the adolescent responses to a piece they did not know was written for a ballet:

C5: It was quite insightful, um, how similar the things they came up with for each piece were. ... 'dancing', 'tip-toes', 'raindrops', 'scattering feet', 'adventure', um 'calm, inspirational'. Um,, what else? 'running', 'skipping', 'ballet'.

Universality was also supported by the MRP coordinators' reflections on how Hush compositions benefited staff, parents and teachers:

Catherine: I do think it has such a um, calming influence on everyone involved, that it should really be a standard of care... even to the extent of improving how our team in the operating room functions together when we have this music just keeping everyone somewhat calmer.

Unambiguously unique. By contrast, there was mutual reflection from composers and adolescents about the individual usefulness of music. One group of adolescents conversed about how different people could use the same genre (e.g. 80's rock) to either relax or invigorate. As discussed, this implies identification to self without illness and demonstrates self-regulation awareness and implementation.

Composers were also aware that success was susceptible to the interpreter's perception. They noted that they could only anticipate responses and guide the composition for intended outcomes, then relinquish control once the song is recorded, played or distributed:

C5: These young people who are coming through the hospital will have such individual life experience and such individual values.

C1: I can only transmit, its up to people to receive.

Appeal of the familiar. Orchestral music was observed to be a new concept for the adolescents. So composers called on mechanisms that were familiar to appeal and connect, harking back to the findings of pop structure and up-beat appeal. One composer (C6) found the use of organic, natural sounds (e.g. birds, wind) to be helpful in pleasing the adolescents:

C6: ... sounds that they can actually, they'll recognise as well is probably the main thing. That they'll go "oh that's a bird" or "that sounds..." specific sounds that they know, that they would never have imagined a string player to do.

The researcher also noted that music's function for the listener is dependent on the individuals' confidence in music to regulate mood. This was relevant to pleasure gained from music listening historically and the use of repetition in songs or genres played for consistency and trust in music. For example, adolescents reported listening to a song repeatedly for comfort. As songs become more familiar, mood regulation simplified for them.

The MRP compositions were intentionally simple to avoid overwhelming the inexperienced ear with foreign sounds. Composers described using simple, 'singable' melodies, enabled cognitive fluency in an otherwise novel genre:

C4: Whether that's Mozart or Metallica is actually slightly secondary to the point that they know it, was that it was predictable to them.

C2: Baroque music is very pleasing, it's very light, it's very, sometimes predictable.... I go forwards, I go backwards, I do one at a time ... and then go backwards in the reverse order ... it's a game.

Given the support of familiar sounds, composers appreciated that they could elevate mood through intrigue, surprise and newness. One composer (C5) used irregular rhythms to foster intrigue and curiosity. The repetition of which provides a temporary familiarity:

C5: I think the intention behind it is to make is a little more interesting? But like, to not have it feel unnatural or jarring... I'm trying to make it dance basically... and the melodies are always singable and recognizable, and so while you may not see it directly in the piece, there's the chorus, there's the verse?

C4: It's a combination of identity and the musical experience that leads them to listen to something a second time... because there's no drum kit or electric guitars, ah, they possibly won't hear it as a pop song. But actually it is!

Discussion

The purpose of this study was to explore the meaning of a musical intervention. Connectivity, transcendence and universality were unpacked from the space between cognition and discourse, revealing the programs' enlightening and fulfilling impact across the tapestry of stakeholders in the MRP.

The results aligned with musicology and developmental literature. As found by Preti and Welch (2012), composers were sensitive to the emotions and clinical atmosphere in hospitals, informing the compositions' weight of purpose. While Preti and Welch would encourage composers to gain first-hand experience, composers and adolescents alike found discomfort in their interaction, feeling disoriented or out-of-place. Despite this, time in the adolescent's environment permitted composers to intrinsically comprehend new paradigms of discourse and meaning. Holmes' (2011) importance on context for musical value is relevant as composers were better equipped to harness emotions and narrative that would be beneficial to the target group. With sensorial understanding, they could effectively translate the adolescents' needs and values. Furthermore, the intervention and healing music was deemed relevant and calming by the broad tapestry of stakeholders, highlighting its' universality beyond the space it was composed for.

Composers were confident that embracing the broader, collective qualities of musical appeal would be able to balm adolescents across contexts. The composers' use of the familiar with the new in musicological choices harnessed the utility of music for regulation and identity formation in a safe space. The music therefore encouraged a break from potentially negative thought patterns. Composers too found the process therapeutic and connected to the music tangibly by playing more throughout and breaking their own routine with purposeful work. Furthermore, adolescent listeners were not expected to need technical or expert training to perceive and appreciate intended emotions given the familiarity of sounds and genre structures. Adolescents appropriately received musical emotions, which has implications for empathic communication and the composer-listener dynamic. Mirror neuron pathways theory (Molnar-Szakacs & Ovary, 2006) was substantiated in this reciprocal

awareness of journey and emotion. Composers' choice in structure and musical technicality was reflected in the narratives of heroism and fantastical destinations dictated by adolescents. Composers in fact, referenced Russell's (2003) circumplex model to find the 'sweet-spot' for valence and arousal to communicate emotions. Here, a sensitive balance of melody lightness, intriguing but repetitious rhythms, and a familiar structure supported positive mood-regulation.

While positive mood adjustment is the music's goal, composer sessions largely focused on non-health-related identities. Musical interventions are historically therapeutic in addressing individuals' relationship to their 'illness identity' and environment (Yanos, Roe and Lysaker, 2010). However, adolescents did not discuss music that implicated or reinforced negative moods: although this may have been a protective factor. Avoidance coping mechanisms such as distraction and escape were observed as key functions for self-regulation, enabling adolescents to manage their environmental demands as with Lazarus and Folkman's stress and coping theory (1984). However, there was not observed opportunity for adolescents to engage actively with 'illness identities'. In fact, the benefit seemed to sit in the interventions' newness, participation with professionals and sharing music, validating and illuminating their agency beyond illness. The interaction also enlightened a sense of belonging and connectivity to a social group beyond hospital staff, as though resolving Erikson's intimacy vs. isolation stage for recovery (Vogel-Scibilia et al, 2009). In this way, the MRP tallies against fundamental vulnerabilities of developmental psychology (Aldwin, 2001).

Composers suggested more time with the adolescents would have enhanced connectivity, through deeper understanding about how music fits with individual mental health concerns. Despite this, connection was evident at all levels of

adolescent participation and well received by adolescents, families and staff. As such, additional time may not be essential to the impact of the final compositions and the benefits of brief collaboration.

It is evident that tapestry stakeholders found benefit in the program. Composers and adolescents were encouraged to overcome discomfort and newness, transcending routine, illness-related roles and environments. Teachers and staff gained reminders of alternative therapeutic approaches, as well as a break from their routine in the hospital environment. Positive consensus was a study limitation however, as stakeholders were invested in the MRP program, increasing potential for confirmatory bias. Furthermore, findings should be considered relevant to the cases in the research given the small sample size. Further research should harness the generalisability of these findings with other demographics as well as further extrapolate themes and patterns in this construct. This research was also bound by logistical limitations such as scheduling, mental health capacity and composer commitments so sessions were inconsistent. Future research should investigate whether additional and consistent sessions engaging with adolescents, exploring their individual health identities have longer standing impact on wellbeing.

Conclusion

Given the breadth of exploration across stakeholder perspectives this study is an exploratory glance at what is meaningful and practical in a musical intervention. This study identifies that a focused connection, enveloped by the healing nature of intentional music is what inspires composers and participants, elevating mood and encouraging future engagement. In this way, the current research pilots the focus of future musical interventions in hospital settings. Furthermore, the cluster of

musicological techniques that seem to coerce a universal power in music, suggests the Hush MRP to be generalisable for other demographics. As such, the research informs hospitals and health care settings about supplementary treatment practices at the nexus between the arts and health industries.

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APPENDIX

Interview schedule for composers pre-session:

- Have you worked with Hush before?
- Have you collaborated in this way before?
- Based on the briefing from Hush and your previous experiences, Tell me a little about how you anticipate this program to work.
- Drawing on your experience working with young people what do you think you and the program can achieve? How will music feature as component of that?
- What do you know about the environment and setting you'll be working in? (Hospital/healthcare setting)
- Do you foresee this environment having an impact on the composition? Or your ability to engage with the young people you collaborate with?
- With your experience in music, how do you see music as a positive or healing influence on health and wellbeing?
- What is it about music that has this potential? The notes, the instruments, the rhythm, the *opportunity* to perform or create in general?
- Is that something you relate to personally? Physically or emotionally? What does music mean to you?
- Do you have a method of composition generally? Any methods or techniques?
- What was the driver for you saying joining this project?

Interview schedule for composers post-session:

- What was your experience of the Hush program?

- What did the program mean to you?

The Session –

- Could you describe what happened?
- What observations stood out to you in the sessions?
- What did these responses mean to you?
- How did their cooperation guide the session?
- How did the interaction and experience make the young people feel and say?

Responses –

- What feedback have you received from the sessions from the young people?

Intentions –

- Tell me about your piece.
- What did you hope to achieve with your composition? (purpose)
- Were there particular emotions, moods or stories you wanted to convey?
- How do you think your music will be perceived? (by the young people and others).
- What do you think the young people got from this experience? (and the people that around them)
- How do you think this impacted the young people? (therapeutically, if at all)
- Do you think their perspective will differ from other perspectives? Why? (maybe their personal experience in the hospital space, perspective of the session?)
- What do you think this composition can do beyond the project? (Higher purpose)?

Interview schedule for coordinators and hospital staff:

- What was your experience of the Hush program?
- What did the program mean to you?

The Session –

- Could you describe what happened in the sessions?
- How does music normally function in the hospital setting? (for the adolescents and staff.
- What did these responses mean to you? What do you think they mean to the adolescents given your intimate work with them day-to-day?
- How did the interaction and experience make the young people feel and say?

Responses –

- What feedback have you received from the sessions from the young people and their families
- What feedback have you received from the composers?

Intentions –

- What did you hope to achieve with this intervention?
- Did the intervention meet expectations?
- What are your thoughts on the intervention for the future? (changes, appropriations?)