Adolescents and Music Therapy: Contextualized Recommendations for Research and Practice

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ABSTRACT: Music therapists have been working with, writing about, and researching their work with adolescents for many decades. This paper provides a reflective review of the research literature in the field that is categorized in three contexts: education, mental health, and community. Grouping knowledge in this way affords a new perspective on how music therapists describe adolescents, including the terms we use to describe them, the types of programs we offer, the approaches to research that are most popular, and the way we talk about the focus of therapy. Distinctions between research in these fields are highlighted, with reference to the beliefs and values that are most congruent with each of these contexts. Following this reflective review on the literature, I provide five recommendations for consideration by researchers and practitioners. These include: determining if and when evidence is an appropriate focus; continuing to seek understanding; not underestimating the value of positive experiences; avoiding an exclusive focus on the music therapist's perspective; and being realistic about the outcomes of group versus individual therapy. The paper concludes with an illustrative example to emphasize how one adolescent might be "seen" differently in each context.

Keywords: adolescents, music therapy, music, youth, young people, critical, literature review

I have been working with, writing about, and researching adolescents since 1995 when I began my first positions as a music therapist in Australia, working concurrently in special education and palliative care. I commenced my PhD because I wanted to understand more about the needs of the adolescents I had been working with in both contexts and, at the time, little was written about this age group. Although being an academic has decreased the amount of time I spend face to face with adolescents, it has significantly increased my ability to read and think about music therapy with adolescents. I have also had the opportunity to collaborate with many people around the globe who are similarly passionate, as a PhD supervisor, colleague, and teacher. The recommendations in this paper have therefore been influenced not only by the research being reviewed, but also by both music therapists and adolescents in my accumulated experiences over the past 25 years.

The ways authors describe music therapy, adolescents and their needs in different contexts varies considerably, making it critical that music therapists and researchers do not assume a particular vocabulary transfers across contexts, even within

the English language. The different values that dominate particular settings, as well as the diverse theories that influence researchers and practitioners, mean that the tendency to generalize from one context to another is problematic. Table 1 provides a brief overview of some key terms and illustrates how they vary across different contexts, with each row representing the same concept using different vocabulary that is common in that setting. I note that there is cross-pollination, both through the music therapy researchers, the fact that the same adolescent can be seen in different contexts, and the overlap of needs and theoretical influences at play.

My own use of the word "adolescents" may be problematic for some, but I continue to rely on the argument used in my 2010 book (*Adolescents, Music and Music Therapy*) that this term is a relatively neutral way to refer globally to the category of clients aged approximately 12–20 years of age (hence not strictly teenagers, who are aged 13–18). Similarly, the descriptors I have used in Table 1 are all self-selected and reflect my own understandings of commonly used terminology in the international literature, but I acknowledge that they are shaped by my cultural and geographical location and are imperfect approximations rather than truth statements. Finally, these categories are not as discrete in practice as the table suggests, but it serves to illustrate the point about diverse contexts and provides a frame for this article.

Music Therapy and Adolescent Research in Context

In a previous publication (McFerran, 2018), I claimed there has been a flux of empirical research about music therapy and adolescents that began around 2000, with a notable tendency toward qualitative research that mirrors a humanistic approach which is common to many practitioners. I then suggested this qualitative emphasis had expanded to embrace collaborative and participatory research, and also arts-based research projects that included an emphasis on musical artifacts created by and with adolescents (although this is still fairly minor, e.g., Fairchild & McFerran, 2019; Viega, 2013). This tendency has gradually been supplemented by publication of studies using quantitative data, although controlled designs are relatively uncommon, and statistically significant results based on comparisons even more rare. While it may be possible to see broad patterns in the chronology of music therapy research with adolescents, this focus on research methods camouflages a different pattern that I noticed in the literature review I undertook for this paper. I now assert that research approaches seem to be most strongly influenced by the context in which the music therapy program is located.

In the following section, I reflect on the body of research describing music therapy and adolescents with the intention of developing a set of recommendations for researchers and

Table 1

Terminology and Its Uses in Different Practice Contexts

Setting	Education	Mental Health	Community
Music therapy Adolescent clients	Intervention Students	Treatment (Younger) consumers/ service users	Program Youth/young people
Dominant research approach	Comparison conditions favored with a focus on improvements	Empirical analysis of qualitative and quantitative data	Interviews and observations which are interpreted with reference to context
Focus of therapy	Improvement	Reductions	Voice

practitioners in the future. The review is not considered to be systematic, although I have endeavored to identify all the literature possible. Rather, it is a reflective review, wherein I highlight dominant theoretical perspectives in each context and report on what seems most interesting using language that is congruent with each. For example, sometimes I use author's first names (a strategy aligned with a critical view that aims to destabilize the assumption of white male authorship and therefore used in the community section), while in other sections researchers are nameless (which is more aligned with an objective orientation and therefore used in the education and medical categories). Similar reviews of music therapy and adolescents have been conducted in other languages, including Stegemann's German contribution (2014); however, this review is unique in categorizing the reflections so that they are relevant for practitioners working in any of the three contexts. It is loosely based on a tradition of systematic review labeled Critical Interpretive Synthesis (such as McFerran, 2016) which aims to identify assumptions underpinning bodies of literature and provide explanations for why and how dominant perspectives influence the ways knowledge is presented by authors.

My interest in the implications of research for practice is long-standing and grounded in an empathic understanding of the unique challenges facing practitioners who work with adolescents; it is related to a simple and yet profoundly important admission that I shared in print in my first book on this topic and to which many readers have responded. "You never know what's going on" when you're working with adolescents (McFerran, 2010, p. 1). This review was undertaken in the spirit of still not knowing, and therefore finding it critical to acknowledge the burgeoning research literature on this topic that provides some basis for knowing something. The research is affirming and suggests that further practice and investigation would be of benefit to the adolescents whom we hope to support.

The Literature by Context

Research in Community-Based Music Therapy Programs

Almost without exception, the music therapy research currently occurring in community programs is qualitative and/or participatory (exceptions being when the program is located geographically in community but is actually attached to an institution that adopts a medical model). The emphasis on interpretive research (as labeled by Wheeler & Murphy, 2016) represents a powerful affinity between the values of the systems in which music therapists work and the types of research approaches they choose to adopt. The resource orientation of music therapists is strong in this body of research, is not amenable to measuring the reduction of symptoms, and nor is it aligned with counting the amount of achievement in a particular area. It privileges young people's voices, whether spoken in interviews, sung in songs, or expressed through instrumental play. The young people in the community programs being investigated are found performing to various audiences, writing original songs that express their lived experience, and transcending the marginalized status that society has relegated them to. The research reflects extended engagement in the contexts where young people are invited to participate in music with a therapist, since it is the therapist who must come to understand their lives, rather than the subject trying to understand the questions being asked. Generalizing from one unique individual to another would devalue the premise of music therapy programs in this context, which are developed in direct response to the wants and desires of the young people who participate. An emphasis on uniquely individual experiences means that objectivity has limited status, and subjective experience is highly valued.

The research describing music therapy in community contexts includes practices from Australia, North America, Europe, and Africa. Recently emerging South African research reflects an appropriately critical focus and heightened awareness of what it means to be a white, female music therapist practicing with mostly black, male participants in a country where equity between races is still contested. The authors describe grappling with chaos (Oosthuizen, 2018), and empathy and aggression (Santos, 2018), and reflexively analyze how music therapists could better understand the particular affordances of music for the particular young people with whom they work. Dos Santos, like Jeff Smith (2012) in Canada, applies a Deleuzian lens to analysis, and both deconstruct the ways that power and privilege are played out in their encounters with young people, highlighting the importance of respect for the resources that people bring to music therapy, rather than emphasizing their skills as a music therapist. Lucy Bolger (Bolger, Stige, & McFerran, 2018) grapples with this issue in a slightly different way, emphasizing that collaboration necessarily requires self-respect in the music therapist, and highlighting a finding in many Australian studies, that young people will not participate unless they believe the adult facilitator has some personal and musical skills to contribute to the relationship.

This desire for the music therapist to contribute musical skills is reflected in many of the research articles set in community contexts, although the degree to which is it made explicit varies. Viggo Krüger (Krüger & Stige, 2015) draws on his status as a well-known Rock musician in Norway to shape the ways he engages with young people, though band work and music performances. In the United States, Michael Viega (2008) also demonstrates a passion for his preferred art form, being hip-hop, and his use of beat-making gear is clearly prominent in the practices he researches. Elizabeth Scrine (Scrine & McFerran, 2017) also describes how the young people express

their amazement at her musical skills and this becomes the basis of many of the recorded outcomes from songwriting that are generated by the young people in her program. The mutuality in the therapeutic relationships being investigated appears to confirm Bolger's assertion, that participants at all levels of the system buy-in to programs if they perceive a good fit between the skills and capacities of the music therapist and their own preferences for musicking.

The important role of the music to young people is the focus of much of the research, beyond the music therapist's ability to provide the musical conditions. Song lyrics are often an important focus, as seen in Dalton and Krout's (2005) analysis of lyrics written by bereaved teenagers; and Viega's (2017) explorations of the expression of faith in the lyrics created by young people who have experienced additional traumas. Viega also explored the musical elements of songs composed by young people and both Rebecca Fairchild (Fairchild & McFerran, 2019) and Viega (2013) have used arts-based approaches to make meaning of the therapeutic process with young people.

In an earlier study, Fairchild (Fairchild, Thompson, & McFerran, 2016) chose to investigate performances in community programs with adolescents, since it is prominent in a great deal of the literature and in her own experience of working in the homelessness system. Performance here is broadly defined as performative, as Stige (Stige & Aarø, 2012) and other community music therapy colleagues have described, including musical performance, but also going beyond that to include the performance of self and community. Young people described mixed experiences of public performances, since they induced anxiety and highlighted the limitations of their support systems, but also provided them with an opportunity to exceed expectations of their own capabilities. Cherry Hense's (2015) research highlighted the importance of providing opportunities for participation in music engagements for young people after periods of mental health care. This involved forms of participation that reflected their identities rather than assuming formal "performances" were most powerful. Krüger (2015) describes performances as having a stronger rights-based orientation, for giving voice to young people's experiences, drawing specifically on the Universal Declaration of Human Rights. This theme echoes throughout all performative dimensions of the research literature. Melissa Murphy's (2018) doctoral research demonstrated how important a rights-based orientation was for young people in the disability sector, who had to overcome multiple hurdles to participate in inclusive music groups, but once achieved, invested significant personal effort in leading band activities.

Research of School-Based Music Therapy Interventions

Most schools are dominated by a focus on the achievement of academic outcomes, with well-being positioned as a pathway to better achievement in this domain. The majority of research in schools reflects that tendency, with a focus on improvement in one form or another. Since improvement is amenable to measurement, many of the researchers in this context have made comparisons of pre- and post-ratings on measures of achievement, or between two groups receiving different interventions. This approach reflects a real-world orientation to objectivism, acknowledging that conditions cannot be controlled in nonlaboratory conditions and nor can variables be easily separated out, but some things can be measured. Investigations were often designed to capture improvements related to social outcomes, including successful integration and inclusion of diverse students, and/or improved social skills. Group programs were the norm in mainstream schools, despite the fact that school counselors more often see students individually within the same system. Some individual work was investigated in alternative education settings however, particularly where behavioral issues were noted. Ultimately, behavior or academic performance were the main focus of the investigators, and although interventions were imbued with humanistic overtones, self-control and emotional coping were of primary interest.

The majority of research in schools took place in alternative school settings, either located within or apart from mainstream schools. This emphasis on alternative settings likely reflects the employment opportunities available to practicing music therapists, since the need for specialist services is more common for those outside the mainstream school system. Within the alternative school context, emotional well-being was a common outcome targeted for measurement and/or exploration. Researchers who work with refugee students in alternative schools in North Korea (Choi, 2010) and Australia (Baker & Jones, 2005; Hunt, 2005) have targeted emotional difficulties, and although neither found significant results in quantitative measures, students in both studies described feeling better able to manage stress and anxiety. Similarly, students diagnosed with attention deficit hyperactivity disorder have been the focus of studies in New Zealand and Australia, and while quantitative improvements have not been captured, descriptions of feeling empowered from individual therapy (McFerran, 2009) and creative and autonomous from group therapy (Rickson, 2006) were provided by the students. Participation in a large British study (Derrington, 2012) brought similar results, with inconsistent quantitative evidence, but descriptions of positive experiences from participants, as well as a high adherence to attendance and positive report from teachers. Bereaved students in an Australian study also reported feeling better, but improvements in self-perception were not significant and practically significant improvements in coping were found (McFerran, Roberts, & O'Grady, 2010). In North Korea, a program designed to promote social skills and self-control also demonstrated qualitative agreement, but no quantitative outcomes (Kim et al., 2006).

Measurable improvements have been found when studying outcomes that are more easily captured quantitatively in mainstream settings, although rarely significant when compared to a control condition. Improvements in language skills for students whose first language is not English were captured in a study of middle school students in the United States (Kennedy & Scott, 2005). In Germany, two studies of the same violence prevention program also found some quantitative improvements in social capacities following a psychoeducational program, although these were nonsignificant (Nöcker-Ribaupierre & Wölfl, 2010; Wölfl, 2014). A similar preventative study in Australia resulted in nonsignificant improvements in psychosocial well-being from group music therapy when compared to a control group who were encouraged to use music independently (Gold, Saarikallio, Crooke, & McFerran, 2017).

Qualitative data, once again, appear to capture interesting and authentic descriptions of student experience than the answers provided in response to questions on validated measures. My team has critiqued the capacity of disadvantaged students to comprehend or care about the questions asked in validated tools (Crooke & McFerran, 2015), although this does raise issues of bias from an objectivist perspective. My observations while conducting research confirmed that many students approach formal measures of well-being with a disinterested attitude that is not likely to result in meaningful outcomes, even though they are sometimes captured. The challenge is in understanding why self-report in interview differs from self-report to a series of predetermined questions, which is beyond the scope of this paper, but must be considered in future research.

Research of Music Therapy Treatments in Mental Health

A medical model (Laing, 1971) dominates the research literature on music therapy treatments in adolescent mental health care, which means that approaches to intervention research are based on the assumption that the cause of mental difficulties can be treated if properly identified. The medical model often translates into practice recommendations with an emphasis on empirical evidence, as reflected in the number of randomized and/or controlled studies that have been conducted, as well as two meta-analyses, in an attempt to provide an evidence-based rationale for practice. The qualitative research is also empirically grounded, with an emphasis on transparent explanations about data analysis and a focus on trying to understand what types of music therapy treatments might be helpful and why. Research is focused on the problems faced by adolescents, although balanced with an emphasis on fostering resources to help in coping with these challenges. Young mental health consumers who participate in these studies are typically positioned as experts in their ability to provide feedback, both in self-report measures and through interviews, although some measures do rely on professional report. A noteworthy number of the treatments utilize improvisation as a way of exploring presenting issues, but there is also some emphasis on songs and everyday uses of music with a focus on transition back to life following treatment. In those studies that utilize validated measures for understanding whether there is a difference in mental health symptomatology following treatment, depression is a persistent focus and an area where most significant changes are reported.

There are two meta-analyses of music therapy and adolescents where a medical model is clearly dominant, as seen by a focus on quantitatively verifiable results. Results from one meta-analysis of 11 studies (Gold, Voracek, & Wigram, 2004) provided an optimistic indication that measurable improvements can be captured for some patients in this field, with stronger effects for behavioral and developmental disorders and outcomes. A more recent meta-analysis of five studies found a significant reduction of internalizing symptoms for youth receiving music-based interventions compared to control conditions (Geipel, Koenig, Hillecke, Resch, & Kaess, 2018). Both of these analyses included a mixture of group and individual programs, although high dosages of individual, relatively long-term music therapy for adults with severe

mental health issues (25 or more sessions) appear to have the strongest outcomes (Gold, Solli, Krüger, & Lie, 2009).

Relatively few research studies have focused on individual treatments, despite the higher likelihood of finding measurably significant change. The exception is a randomized controlled trial conducted with parents and their 8- to 16-year-old children with social, emotional, behavioral, and developmental difficulties in Northern Ireland (Porter et al., 2017). Results showed significant improvements in secondary measures of self-esteem and depression, but not in communication or family functioning. A small-scale pre–post study of adolescents with anxiety and/or depression accessing outpatient services found that a much briefer intervention (averaging two rather than 12 sessions) focused on playlist creation also resulted in significant decreases in distress for individuals reporting with initial challenges (McFerran, Hense, Koike, & Rickwood, 2018). A qualitative investigation of inpatients identified that a number of Australian adolescents particularly appreciated the opportunities to process emotions through individual music therapy (Cheong-Clinch & McFerran, 2016), while a separate study found that patients preferred active music making in therapy rather than cognitively demanding methods when they were acutely unwell (Hense, McFerran, & Silverman, 2018). In the United States, improvisation was reported to be meaningful by adolescents with severe behavioral and emotional disturbances (Gardstrom, 2004) and a young Norwegian woman with anorexia nervosa also described feeling greater connection between body and mind (Trondalen, 2003).

The majority of research investigations have focused on group treatments. Some of these have used research designs with comparative control conditions, particularly those conducted in Chinese speaking countries. In Taiwan, two studies of music therapy group treatments for depressed adolescents captured measurable improvements compared to a control group; one for youth with suicidal behaviors (Lin, 2010) and another for self-injuring adolescents (Lee, 2006). A further study using group music and imagery reported immediate benefits but not sustained changes in depressive status (Chang, 2015). Significant results were also reported for adolescents with mood disorders in China, whose rating on depression and anxiety both improved significantly compared to a control group (Wang, Li, Yang, Sung, & Huang, 2012). These findings were similar to a study in Venezuela with young service users who were struggling with substance abuse and who demonstrated measurable improvements in depression levels compared to a control condition following 12 weeks of group improvisation sessions (Albornoz, 2011). A number of controlled studies of group music therapy have also focused on adolescents who had experienced trauma, with a study in the UK showing that adolescents who were resistant to cognitive behavioral therapies benefited significantly from participation, with a reduction in post traumatic stress disorder symptoms (Carr et al., 2012). Results of a study with Chinese adolescents who had been traumatized by earthquakes also demonstrated measurable improvements in depression levels following group music therapy (Dung & Geng, 2012).

The above studies using quantitative methods are supported by insights gained about group music therapy treatments where

grounded theory methods have been utilized. Yun's (2018) qualitative investigation of the process of inner resource formation with at-risk adolescents in South Korea highlighted the importance of fostering self-acceptance and an expanded view of self through a resource-oriented song psychotherapy model. Australian researchers investigated how adolescents' musical identities changed with the onset of mental illness and mapped their progression to recovery through group music therapy by highlighting how musical engagement reflected diagnostic features (Hense & McFerran, 2017). Other small-scale studies have described how particularly complex dynamics within the group can influence potential benefits from group processes, whether that is in juvenile offense facilities (Rio & Tenney, 2002) or inpatient psychiatry settings (Preyde, Berends, Parehk, & Heintzman, 2015). Facilitating adolescent groups can be a daunting challenge for music therapists and the facilitator's confidence may also influence the experience of group members. Therefore, it is valuable to note that significant and meaningful benefits are regularly reported in the research literature.

Recommendations for Future Research and Practice

The amount and quality of music therapy research across these contexts of practice with adolescents is impressive for a field as small as music therapy. This achievement is even more noteworthy given that anecdotal reports from students and colleagues suggest that many music therapists do not find working with adolescents rewarding, hence numbers are smaller still. The following recommendations have been written with a particular audience in mind (although others may find it interesting): practitioners and researchers who find themselves drawn to this field and who take pleasure in working with contemporary music genres and adolescents searching for their identities in the face of substantial obstacles.

#1 Determine If and When Evidence is an Appropriate Focus

Although the demand for evidence is seeping into all aspects of society, it is unquestionably a better fit for situations where variables can be controlled and equivalent comparisons made, which I believe is rarely the case in real-world music therapy research. Therefore, aligning research approaches with the values of the context in which it occurs creates a more elegant logic, and this was mostly reflected in the literature surveyed. Community contexts that emphasize diversity and inclusion are not a good fit for research that seeks to generalize. Treatment programs for adolescent patients with mental health disorders provide a better context for evidence seeking, since the problem is clearly defined and the focus is on improvement. In school contexts, caution is warranted, since many music therapists say they are working toward academic goals, but actually focus sessions on more humanistic outcomes such as creative expression and connectedness. While these outcomes are worthy, they are not readily measured, and if the program does not actually target that which can be measured, it is best not to measure it. When evidence gathering is deemed to be appropriate, careful piloting of measures and dosage in a particular context should precede large-scale testing, considering feedback from adolescents about whether the questions on the scales make sense and relate to their

experiences of music therapy. Whether the research approach is congruent with the context of youth mental health practice should be carefully considered, particularly when working in the recovery model (Hense, McFerran, Killackey, & McGorry, 2015).

#2 Continue to Seek Understanding

As yet, there are no tools for measuring what music therapy does. We currently rely on concepts and research tools from allied fields, which vary significantly across contexts. It seems possible that the conditions created in music therapy promote something unique which has not been considered by the psychologists who are typically responsible for the design of measures. Arts-based approaches to research are well placed to reflect these unique outcomes, but do not necessarily make it any easier to articulate them. Such is the dilemma of being both an art and a science, a practice and a discipline, a deeply personal but also inherently musical way of being with others. Philosophy may be better placed to explain the ways that people grow as a result of music therapy, hence the emphasis on qualitative approaches. Still, words may never suffice for conveying what it feels like to discover oneself, especially in relation with others, as part of a therapeutic process that occurs within musical conditions. As music therapists, we feel the significance of what we do. When asked, adolescents generally describe feeling better. Yet psychometric measures do not reliably capture changes. We should persist in trying to discover what is going on and why it feels good for adolescents in music therapy. This may be described as articulating the mechanisms of action by positivist researchers, or providing rich descriptions by interpretivists. Multiple perspectives have their place and we may need to crystallize an array of perspectives in order to more fully understand a complex phenomenon like music therapy with adolescents (Ellingson, 2011).

#3 Do Not Underestimate the Value of Positive Experiences

Although we may seek improvements, or insights, or recovery, adolescents continue to tell us that music therapy is fun and that music is deeply meaningful for them. It is my view that these moments of pleasure and validation in self-expression must be important for adolescents as they attempt to define themselves in the context of their lives. Although I disagree with the suggestion that young people are necessarily less developed than adults (please note the number of immature, egotistical, acting-out adults in power around the globe), they do have less years of life experience and therefore do not know that life usually gets better again after a period of difficulty. Until adolescents have that knowledge, it is our role as adults to support them in having positive experiences in the present moment that affirm their potential for happiness and give them hope. For some adolescents, that may be all we need to do and music is ideal for creating conditions that allow that. Let us focus our research on what feels positive for young people and then extrapolate from there. Neuroscientific research may be able to explain how this is measurably beneficial in future years, since it has already been identified that music is associated with pleasure and positive emotions that can be used to elevate mood (Koelsch, 2009).

#4 Don't Assume You Know What an Adolescent is Experiencing

Irvin Yalom's (Yalom, 1995) research has shown that therapists and their clients have very different perspectives on what is valuable. Yalom reinforces this point through storytelling and he is my hero for his touching and honest depictions of how many times he misunderstood what was meaningful to his clients and how often the therapeutic process is powerful because of our ability to respectfully accompanying people on their journeys (see, e.g., Yalom, 2016). Similarly, meta-analyses of what works in therapy show that a combination of the therapist's faith in their method, the quality of relationship between therapist and client, and what is happening in the real world of the client beyond therapy are the most common factors that influence whether therapy helps (Duncan, Miller, & Sparks, 2007). Although I am personally intrigued by how music therapists cope with the constantly humbling and sometimes humiliating process of working with adolescents, I am not convinced it will tell us much about the young person's experience. Thus, it is valuable and hopefully validating for us to reflect on our work but should not be mistaken as being representative of what adolescents think. I learned this in my own PhD studies, where I attempted to interpret the meaning of the musical material, only to find it defied interpretation and the students thought I was quite mad to think that it would. "We're just mucking around, Miss," adolescents have often said to me when I ask them to confirm or disconfirm an opinion I am developing (McFerran & Hunt, 2008). I feel similarly about the answers that adolescents give to the questions on validated measures, having watched them pay little heed to words on the page, even when they do understand what the words mean and are able to discern exactly what they are being asked. Adults have little understanding of adolescents' minds, which is at it should be. As Winnicott has most plainly stated, "If the child is to become adult, then this move is achieved over the dead body of an adult" (Winnicott, 1971/2005, p. 145).

#5 Be Realistic About the Outcomes of Group Versus Individual Therapy

Working with adolescents in groups is unquestionably important; it provides immediately transferable opportunities for group members to experience themselves in relation to their peers which cannot be replicated in individual therapy. However, when it comes to research, the challenge of demonstrating quantitatively measurable outcomes is increased by the dynamics of group. Each individual in a group will have a unique experience, and conversely, the dominant dynamic of any group can be influenced by the individuals in it. I have frequently encountered adolescents who are struggling with social encounters and for whom groups will be particularly challenging, and therefore, will confront the group significantly. Nitsun (2014) describes these behaviors as healthy for groups in any case, and points to the dangers of striving for overcompliance and obedience in groups. However, when it comes to research it is highly likely that individual encounters are more demonstrably effective. If real-world outcomes are desired, which may or may not be amenable to validated testing, then groups undoubtedly provide a context where personal growth can be tested and informed and developed. The difference between the value of researching groups (especially quantitatively) and facilitating groups should be considered carefully.

An Illustrative Example

In this section, I would like to show how the boundaries of the three contexts I have used for categorizing the literature are porous rather than rigid. Although I find it useful to distinguish them and relate each to theoretical and practical emphases and priorities, in practice, a single music therapist may work across contexts and is unlikely to change their practice significantly in each. Indeed, some adolescents also traverse all three contexts, remaining the same, but being understood differently by different people. To make this point, I will tell the story of Riley, who is a composite character I have compiled from my experience of working with adolescents. Riley's character has recently migrated from a conflict-ridden country and has arrived with a number of family members, although neither parent is present.

Community Context

As a newly arrived immigrant, Riley has minimal connections to the community and is at risk of exclusion due to a combination of factors including poverty and lack of local language, as well as the potential barriers caused by conscious and unconscious racism. Riley is invited to a music therapy program by a youth worker who regularly attends the housing estate where Riley is being housed. Upon arrival, Riley is greeted by the music therapist who holds out a djembe (hand-drum) and gestures toward an empty chair in a circle. A number of other young people are hitting their drums and calling out. At times, the sounds come together with the facilitator's steady and patient call and response vocal and rhythmic contributions. Riley is relieved not to speak and content to make occasional eye contact and join in the musical play.

After some time passes, the group is invited into the studio, which is replete with a number of computers, speakers, microphones, and an array of beat-making gear. The music therapist begins playing a trap beat and invites the group members to rap into one of the microphones that is being handed around. Riley is too shy to speak in this session, but notices that some people are rapping in their first language, which is reassuring. Over the following weeks, Riley begins to compose raps privately and at one session agrees to take the microphone and attempts to perform one of them. Although it is messy, Riley agrees to try again next time, and over time begins to rap successfully to a range of beats, as well as enjoy playing drums and other instruments with people at the program.

When a performance is announced, Riley offers to be one of the rappers on stage and spends a lot of time practicing a self-composed piece. The day of the performance is filled with anxiety and plenty of regret about agreeing to be involved, but once the performance is over, Riley joins in the celebrations of the community and is proud to have been seen on stage by new friends and family members.

Education Context

Since arriving, Riley has been attending a special program at a local secondary college. The program facilitator is focused on developing language skills in order to participate in classes

and there is also a strong well-being component. Riley studies along with approximately 20 other students who come from a range of regions and whose educational background is diverse. Riley is plagued by confidence issues and the teacher is looking for alternative ways to engage a small group of students who struggle to participate in learning activities. The music therapist is asked to establish a group that targets language acquisition, but is also informed that a number of students have the kinds of behavioral issues that might be associated with traumatic experiences. She focuses on developing a program that is success oriented, to provide the conditions for positive experiences at school and to encourage the use of language in choice making and singing. She relies heavily on song singing, choosing well-known pop songs in English, but which have international credibility. Students are provided with lyric sheets and over a number of sessions become familiar with the songs and the structure of the group process, which moves from a greeting ritual played on drums, to singing a favorite song of the group and then to individual song selection. Students are each given the opportunity to choose a song and explain their choice, and then the group joins the singing activity. The group ends with improvising over a drum beat using an array of electronic instruments (guitars, keyboards, percussion instruments), and then ends with a relaxation activity.

Riley loves rap and other pop music and is familiar with most of the Top 50 charting songs. Riley's choices vary each week and they spend time singing along to songs at home as well as in sessions. Although Riley's voice is not remarkable, it is tuneful and the experience of group singing is rewarding. Within a term, Riley is communicating more confidently in class and looks forward to all opportunities to sing. On this basis, Riley graduates out of the special program and begins to make the transition into mainstream classes, along with a number of peers. Music continues to be a regular part of the schedule and it is clear that Riley's mood is elevated after attending, even after presenting in a flat and exhausted state.

Mental Health Context

More than a year after settling in to school and community, Riley comes to the attention of a youth worker as having been absent from school, and does not seem to leave the apartment. Family members note how withdrawn Riley has become and describe angry responses when challenged about anything. They do not know how to encourage Riley to attend school and are concerned that things are getting worse. The youth worker walks Riley to a local mental health service for an assessment and they quickly determine that Riley is severely depressed and has suicidal thoughts. Riley reports questioning their gender identity and expression and a deep fear of judgment from family members. She (personal pronoun) describes using music to self-medicate, and has also been experimenting with other substances when the opportunity arises to distract from dark thoughts.

Riley agrees to attend an inpatient facility and is immediately referred to music therapy along with an array of psychosocial services. The music therapist asks about Riley's musical preferences and discovers that she has been listening to music for most of the day, either by itself, or in conjunction with gaming. The music therapist asks a series of questions designed to identify the ways Riley is using music and whether there are ruminative, isolating, or intensifying qualities to her musical selections. They discuss which music Riley chooses to listen to in different states, and identify that when she is most depressed, she tends to choose mood-matching music that often results in feeling sadder. Together, they create a number of new playlists comprising Riley's favorite songs and title them for different times to help decide what might be most helpful in a given moment—Feeling Down, Needing Energy, Distract Me, Memories.

Riley continues to listen to music frequently during her inpatient stay and while she experiments with different medications. She also begins to do some songwriting with the music therapist, exploring her gender identity and articulating some of the reactions she is feeling and has experienced from others. During this time, she does not disclose any suicidal ideations and begins to appear more confident on the ward, with more frequent eye contact and greater attendance to self care. She uses singing as a way of exploring her new voice, both physically and emotionally. By the time of discharge, Riley has gained insights into her uses of music as well as the issues she is likely to face as she is more expressive about her gender transition. She uses playlists consciously, and allows herself time for wallowing in sad thoughts, but also knows how to choose different music when she is motivated to achieve a different mood state.

Conclusion

Is it helpful for adolescents to participate in music therapy? Research suggests that music therapy can reduce symptoms of depression, motivate the acquisition of academic skills, and empower adolescents to participate actively in creating a more diverse and tolerant society where their voices are heard. Whether any young person benefits in the same way that this body of research suggests is more dependent on that individual and the other challenges and barriers they are facing in a given moment. It is a complex time of life for many adolescents in developed countries, as they strive to establish an identity independent of adult desires but still need to feel connected, cared for and safe. Although the experience of rebellion that has been associated with adolescence is not the same for all young people, the oscillation between childhood and adulthood that marks the onset of puberty takes some getting used to for many. Contemporary identity theories suggest that the journey does not stop at 18 or 25 or even 30, but it is encountered for the first time in these decades and is therefore less familiar.

Music plays a powerful role in most young people's lives and therefore the focus on creating musical conditions for therapy that is the domain of music therapists has enormous potential. Adolescents appreciate the opportunities for freedom and control that they are offered in these contexts, and although not all young people are ready to leverage them for measurable therapeutic benefit, our role as professionals is to provide these conditions, not force the acquisition of therapeutic potentials. To do this, we nurture a respect for the drive toward adulthood and independence and success that is the potential of all young people, using music as a motivator, a friend, and an emotional container. Benefits that are not measurable immediately may become apparent

later, and many past clients have found me on social media to let me know how grateful they were for my willingness to be with them during the most difficult time of their lives. Adolescents who participate in our research tell us that it does help and this knowledge should invigorate practitioners who rarely hear those words, but who "can help a little; the best they can do is to *survive*, to survive intact, and without changing colour, without relinquishment of any important principle" (Winnicott, 1971/2005, p. 145).

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