Music-Centered Music Therapy With Youth in Mental Health Care Contexts: A Philosophical
Inquiry

Maryse Trottier Cournoyer

A Thesis

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts (Creative Arts Therapies, Music Therapy Option)

Concordia University

Montreal, Quebec, Canada

April 2021

CONCORDIA UNIVERSITY
School of Graduate Studies

This is to certify that the thesis prepared

By: Maryse Trottier Cournoyer

Entitled: Music-Centered Music Therapy With Youth in Mental Health Care
             Contexts: A Philosophical Inquiry

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies, Music Therapy Option)

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Signed by the final Examining Committee:

_____ Chair
Laurel Young

_____ Examiner
Guylaine Vaillancourt

_____ Examiner
Laurel Young

_____ Supervisor
Annabelle Brault

Approved by   _____
                 Guylaine Vaillancourt, Chair, Department of Creative Arts Therapies

_____ 2021   _____
                 Annie Gérin, Dean, Faculty of Fine Arts

ABSTRACT

Music-Centered Music Therapy With Youth in Mental Health Care Contexts: A
Philosophical Inquiry

Maryse Trottier Cournoyer

The purpose of this research was to understand how the needs of youth in mental health
care contexts might be met through music-centered music therapy. This philosophical
inquiry used Aigen's (2005a) five dimensions of music-centered music therapy; the
creative, expressive, aesthetic, communal, and transpersonal dimensions, to reason why
this approach has clinical relevance with youth in mental health care contexts. Literature
relating to music-centered music therapy, the needs of youth in mental health care
contexts, and the use of music therapy with this population were explored in order to
formulate a basis for the inquiry. The needs of youth in mental health care contexts were
developed according to research on the needs of youth in general and the needs specific
to youth in mental health care contexts. Needs relating to expressing emotion,
understanding and formation of self, connectedness and belonging, feeling empowered,
and coping with symptoms of mental illness were identified. Using the five dimensions of
music-centered music therapy as a lens to explore their interaction with the needs of
youth in mental health care contexts, intersections and new insights were conceptualized.
Lastly, the research findings, clinical implications, research implications and limitations
are discussed. This research may be used as a resource for the use of music-centered
music therapy with youth in mental health care contexts, and the emergent themes may
serve as a starting point for additional research.

ACKNOWLEDGEMENTS

Table of Contents

List of Tables

Chapter 1. Introduction

Actively engaging with music in a personal and meaningful way impacts wellbeing (Aigen, 2005a), and it may be especially suited for youth populations (McFerran, 2010) to foster growth and address diverse mental health needs (Gold et al., 2004; Hense, 2015; Hense & McFerran, 2017). Music therapy programs and interventions with youth populations in mental health care contexts have been developed and explored in recent years (Gold et al., 2004). Music therapy is used with this population to address the emotional, social, and developmental needs associated with the progression through childhood, adolescence, and into young adulthood (McFerran, 2010). Music therapy goals when working with youth in mental health care settings include: to foster identity formation, emotional expression, to develop positive interpersonal relationships, experience feelings of empowerment, and to develop effective coping strategies in relation to individual mental health troubles (Hense & McFerran, 2017; McCaffrey et al., 2011; McFerran, 2010).

In the book *Music-Centered Music Therapy*, Aigen (2005a) delves into the theoretical and practical facets of music-centeredness and outlines five intrinsic rewards or dimensions of musical participation: the creative, expressive, aesthetic, communal, and transpersonal dimensions. Music-centered music therapy is a music therapy theory that places emphasis on the musical experience and the inherent benefit of musicking (Aigen, 2005a). Musicking may be defined as the participation, at any level, in music activities (Small, 1998). Because music-centered approaches cater to individual needs, they have an especially wide range of applicability (Aigen, 2005a). For instance, the direct focus on the music may be inherently beneficial for individuals living with mental health difficulties because it allows them to: interact in creative ways (Lee, 2006), explore emotion in a safe environment (Aigen, 2005a), create meaningful experiences (Bergstroem-Nielsen, 2006), connect with others (Ansdell, 2014), and enhance self-understanding (Abrams, 2002). While Aigen's music-centered perspective, as well as its five dimensions, appear to align well with the goals commonly addressed with youth in mental health care contexts, the relationship between the two has yet to be articulated in the current literature. Conceptualizing music-centered music therapy and how it can address the needs and nurture the resources of youth in mental health care contexts can provide a valuable perspective for clinicians, researchers, and educators.

Relevance to Music Therapy

 Approximately 12.6% of Canadian youth experience clinically significant mental health conditions at any time, and could benefit from professional help; this signifies a great need for innovative ways to work with youth in mental health care contexts (Waddell et al., 2014). Music often plays an important part in the daily lives of youths (McFerran, 2019) and research conducted on various music therapy methods shows that musical interventions can be indicated with this population, as shown in the meta-analysis conducted by Gold et al. (2004). Particularly, music therapy has been shown to increase engagement in therapy while offering alternative processes for emotional and verbal expression, which may be especially relevant to youth in mental health care contexts with emotional and expressive needs (Dingle et al., 2008; Goldbeck & Ellerkamp, 2012).

 I propose that Aigen's (2005a) five dimensions of music-centered music therapy (creative, expressive, aesthetic, communal, and transpersonal) be used to discuss and conceptualize music-centered music therapy with youth in mental health care contexts. The creative dimension represents the inherent benefits of acting creatively through music; the expressive processes illustrate implicit meaning generated from emotional expression in music and self; the aesthetic dimension symbolizes the need to embrace diverse experiences through sound; the communal dimension represents the socio-relational aspects of health; and the transpersonal dimension symbolizes experiences beyond oneself and typical awareness (Aigen, 2005a). These dimensions, which will be described in detail in Chapters 3 and 5, represent the inherent benefits of musical participation, which may promote wellbeing and may be used to create meaning (Aigen, 2005a). Exploring research evidence relevant to each of the five dimensions may bring novel perspectives on how to conceptualize music-centered music therapy with youth in mental health care contexts. While music therapists, such as Aigen (2005a), have discussed the theoretical dimensions of music-centeredness, and others such as Pavlicevic and Ansdell (2004), Lee (2003), and Nordoff et al. (2007) have discussed theories that are closely related to music-centered music therapy, a critical look at the literature on music-centeredness and music therapy with youth in mental health care contexts could heighten our understanding of its relevance. Additionally, there is a need for further research on theories original to the field of music therapy, especially with youth populations (McFerran, 2010; Mitchell, 2019).

Personal Relationship to the Topic

My perspectives on music-centeredness have been shaped by experiences in my personal life as a musician, as well as in music therapy practica with youth in schools and in mental health care contexts. From learning how to express myself on many instruments, participating in bands and community musicking, accompanying musicians, playing for special occasions, and being able to appreciate others' musical expressions, I have had many wonderful opportunities to witness the inherent benefits of musicking. To me, there is nothing quite comparable to the pleasure and meaning created from sight reading music with others, improvising in groups, or listening to exceptional musicians. These experiences have greatly influenced my perceptions of the benefits of musicking.

During my music therapy practica, I have observed youth in music therapy expressing the need to participate in musicking activities for the sake of the music; from sentiments analogous to "let's play music instead of talking," "I'd like to play the piano for the whole time today," and "It's hard to describe what happened in the music with words." Additionally, in my professional work as a musician and as a music therapist, I often witness the meaningful and moving effects that music can have on others and myself. These feelings may relate to experiences of emotion, sense of release, feelings of togetherness, and deeper self-understanding. The overarching theme of these experiences seems to be that while feelings may be carried in the music, they become surprisingly difficult to articulate through language.

The clients with difficulties relating to emotions, sense of self, and interpersonal relationships may be able to address these needs through music (McFerran, 2010). Music-centered perspectives focus on creating music that embraces aesthetic expression and creatively finding new ways to understand oneself. In my experience, music therapy approaches using this philosophy may benefit youth with mental health needs by giving them the opportunity to freely express themselves in whatever way that they choose. For example, I worked with an adolescent whose anxiety greatly impeded their ability to function in school settings. I found that music therapy experiences focusing on relaxation and calmness often helped, but also discovered through the client's active participation in setting goals, that humor and playfulness also had strong anxiety reducing effects. By creating music that the client found humorous, they were able to let go of some anxieties in the moment and enjoy the music. These case examples have

showed me some of the potential benefits of applying music-centered perspectives to music therapy with youth in mental health care contexts.

Statement of Purpose

The purposes of this research was to make a case for the relevance of utilizing a music-centered approach when working with youth in mental health care contexts and to offer a conceptualization of this approach considering Aigen's (2005a) five dimensions of music-centered music therapy as a foundation.

Research Questions

The primary research question was "Why is a music-centered music therapy approach indicated in youth mental health care contexts?" The subsidiary research questions were: (a) "What are the needs of youth in mental health care contexts?" and (b) "How can Aigen's (2005a) five dimensions of music-centered music therapy; the creative, expressive, aesthetic, communal, and transpersonal be conceptualized to address needs of youth in mental health care contexts?"

Assumptions

As Masters student researcher, I assumed that music-centered music therapy may be used to address the needs of youth populations in mental health care contexts. I assumed that clients would benefit from music-centered approaches across age ranges and diversity of need. I also presumed that meaningful data might emerge by exploring the needs of youth in mental health care contexts, and that clear connections could be made between the needs of this population and the relevance of music-centered music therapy.

Definitions of Key Terms

Music-Centered Music Therapy was defined as a music therapy theory and metatheory which places emphasis on musical experiences and the inherent benefit of musicking. It is a music therapy theory because it contains its own unique views on music therapy; it serves as a music therapy metatheory because it also has influence on, and is used to explain, other music therapy theories (Aigen, 2005a, Bruscia, 2012). In this thesis, music-centered music therapy will be referred to as a theory when writing about how it works from theoretical perspectives, and it will be referred to as a metatheory when discussing its influence on other music therapy theories. Further discussion on this topic can be found in Chapter 3.

Musicking is defined by Small (1998) as follows: "To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or

4

practicing, by providing material for performance […], or by dancing" (p. 9). For the purpose of this inquiry, musicking was used as a descriptor for any engagement in music therapy sessions. It is worthwhile to note that in the literature, this term may be spelled as follows: musicking or musicing. Musicking will be used throughout this research paper for consistency, but also to reflect the definition provided by Small (1998). Musicking is a verb encompassing the emerging sociocultural, communal, multi-leveled relational, and aesthetic domains of music (Odendaal et al., 2014). In contrast, writings using the term musicing tend to focus purely on musical content (Odendaal et al., 2014).

Youth has been defined as individuals who are approximately 6 to 25 years old, according to the *Journal of Youth Studies* (2018) and the *International Declaration on Youth Mental Health* (2013). The term *youth* was chosen to encompass the spectrum of needs that may arise when working with children, adolescents, and young adults in music therapy contexts. The designated age range for youth varies substantially throughout the literature; the broad inclusion of individuals 6 to 25 years old was chosen in order to provide access to a greater amount of research evidence.

Youth in Mental Health Care Contexts refers to youth receiving services for a variety of psychosocial-related needs: including emotional, cognitive, social, or behavioural reasons, either in inpatient or outpatient/community settings (Gold et al., 2004).

Summary of Chapters

This introductory chapter served to identify the purpose and relevance of the research, establish the research stance, define key terms, and outline the questions of inquiry. Chapter 2 explores and justifies the use of the philosophical inquiry as method of researching music-centered music therapy with youth in mental health care contexts. Chapter 3 discusses music-centered music therapy from historical and contemporary perspectives and introduces the five dimensions of music-centered music therapy. Chapter 4 is used to discuss the needs of youth in mental health care contexts. Chapter 5 conceptualizes the needs of youth in mental health care contexts within each of Aigen's (2005a) five dimensions of music-centered music therapy. Lastly, Chapter 6 summarizes key research findings and discusses clinical and research implications as well as future considerations.

Chapter 2. Methodology

A philosophical inquiry methodology was used as a framework to explore why music-centered music therapy can be an indicated approach when working with youth in mental health care contexts. This chapter describes why this methodology was chosen as well as the materials, data collection, and data analysis procedures which were used for this research.

Design

Developing and proposing new concepts in order to offer new perspectives and ways of thinking can be viewed as the main tasks a of philosophical inquiry (Deleuze & Guattari, 1991). Philosophy may be defined as being "the practice of critically examining lay and learned assumptions about human life and the world" (Stige & Strand, 2016, Introduction section, para. 1). While philosophy may be used to explore and clarify concepts, the breadth of its expansive possibilities is more effectively used when critically reflecting on knowledge, ethics, and aesthetics, in relation to the human condition and scientific practices (Stige & Strand, 2016). More specifically, Anglo-American philosophy aims to clarify terms, evaluate assumptions, compare ideas, and inquire using argument to enhance conceptual understandings (Aigen, 2005b; Stige & Strand, 2016).

Philosophical inquiry as a methodology is well suited to investigate ideas in music therapy because it provides a framework to guide reflections on theories, concepts, practices, and skills (Stige & Strand, 2016). It is particularly suited to research where the aim is to gain new emerging themes and understandings in relation to a topic. This relates to the pre-paradigmatic phase of research, which can be understood as a period in music therapy research where multiple external theories aim to understand one single phenomena (Aigen, 2005a). Kuhn's (1996) pre-paradigmatic phase may be related to music therapy systems and practices that are underrepresented in the literature, thus aggregating philosophy as an apt methodology to explore the relationship between music-centered music therapy and its applications to the needs of youth in mental health care contexts.

This research investigated questions relating to *how* music therapy may be beneficial to youth in mental health care contexts as well as *what* it can provide them in relation to their specific needs. The philosophical inquiry was used to answer the research questions by qualitatively exploring ideas from different conceptual and theoretical systems in order to view interconnections and to better understand the materials. A constructivist epistemology was used

6

as a lens through which to explore the multifaceted and emergent qualities of the data. In the context of this research, a constructivist epistemology refers to the active incorporation of data acknowledging the multiplicities of experience, and the constructive, relative, and sociocultural nature of human knowledge (Hiller, 2016).

Delimitations

This master's thesis is theoretical in nature, and the findings were not tested nor validated in practice. Primarily, literature from contemporary research conducted in the past 10 years (since 2010) concerning music-centered music therapy, youth in mental health care contexts, and music therapy with youth in mental health care context was used as the main source of data. When pertinent, older seminal materials and information from music therapy, such as Aigen (2005a) and other fields, such as research in psychology, psychiatry, social work, philosophy, and other creative arts therapies, were utilized. Databases were searched for English research, excluding other languages. Research with youth whose primary needs related to mental health care were included in the literature review; this often excluded youth with diverging primary needs relating to physical health and disability.

Materials

Materials included articles, books, theses, dissertations, and other online publications such as governmental documents, obtained through Concordia University's online databases (PsycINFO & PubMed) and Google Scholar. An excel spreadsheet was used for the purpose of organizing and synthetizing data. I maintained a research journal to record my thoughts, reflections, and ideas about the topic as they emerged throughout the research process.

Data Collection Procedures

To answer the research questions, information relating to music-centered music therapy, music therapy with youth populations, music therapy with youth in mental health care contexts, as well as the needs of youth in mental health care contexts was sought out. To guide the initial data collection, the following databases were searched for keywords relating to the research topics: the Concordia University database, Google Scholar, PsychInfo, and ProQuest. Music therapy journals such as the *Canadian Journal of Music Therapy,* the *British Journal of Music Therapy, Voices: A Word Forum for Music Therapy,* the *Nordic Journal of Music Therapy,* the *Journal of Music Therapy,* and *Music Therapy Perspectives* were used to find research articles relating to music-centered practices and music therapy with youth in mental health care contexts.

Non-music therapy journals such as *Journal of Child Psychology and Psychiatry, Clinical Psychology,* and *Review Journal of Youth Studies* were used to find pertinent information relating to youth in mental health care contexts, their needs, and their treatment. Concordia University's Spectrum and ProQuest were used to find theses relevant to the research topic. Pertinent books were searched using varied combinations of the following terms: music-centered music therapy, music therapy with youth, music therapy with children, music therapy with adolescents, music therapy with young adults, needs of youth in mental health care, and youth in mental health care contexts.

Following the retrieval of information, the materials were compiled and systematically organized in an Excel spreadsheet. The authors, year of publication, title of the data, APA citation, relevant themes, and notes were taken for each source. In total, 52 peer reviewed articles, 10 books, 18 book chapters, 1 Masters thesis, and 1 Phd dissertation were used in the data analysis.

Data Analysis Procedures

Thematic notes and quotes were extracted from each source in order to augment the chances of an in-depth and trustworthy data analysis. The information was then organized based on thematic category and filed into an Excel document based on its pertinence to the subsidiary research inquiries; the needs of youth in mental health care settings, and the use of music-centered music therapy with this population. Using the data collected and organized into the Excel spreadsheet, Aigen's (2005a) five dimensions of music-centered music therapy were used to conceptualize the needs of youth in mental health care contexts. This included classifying key terms according to the subsidiary research questions and providing a critical evaluation of the implications of these intersections. Articles were chosen based on their relevance to the subsidiary research questions: they needed to include discussions relating to music-centered music therapy, youth in mental health care contexts, or music therapy with youth in mental health care contexts. Articles were omitted when the primary research participants were not classified as youth or when mental health was not considered. Subsequently, the articles were tagged for keywords and ranked according to their relevance in relation to the research questions. Data relevant to the 5 music-centered dimensions and the needs of youth in mental health care context were entered into an additional Excel argument matrix to keep track of all findings. This resulted in links being produced between Aigen's (2005a) five dimensions and the five needs of

youth in mental health care contexts. This five-way data cross analysis was used to create an in-depth conversation aiming to better understand how music-centered approaches may effectively and uniquely address the needs of youth in mental health care contexts. A summary of the Excel document has been provided in Chapter 5.

Considering Trustworthiness

The American Psychological Association (American Psychological Association [APA], 2020) describes publication standards; citing that all researchers must ensure the accuracy of findings and protect intellectual property rights. As the Masters student researcher, I aimed to use rigorous data retrieval, organization, and analysis in order to ensure accuracy of findings and citation of works. The limited amount of research on this topic and the theoretical nature of the research were potential limitations; they restricted the transferability from theory to practice. Additionally, my prior experiences with music therapy, as well as an interest in music-centered music therapy created the potential for bias with the hope of finding a meaningful and positive relationship between the dimensions of music-centered music therapy and the needs of youth in mental heath care contexts. This was addressed through thorough examination of the literature in order to limit the omission of important findings, reflection on the process through journaling of thoughts, and research supervision.

Chapter 3. Foundational Information on Music-Centered Music Therapy

The following two chapters illustrate primary data gathered from the literature which was used to develop this philosophical inquiry. Chapter 3 provides an overview of music-centered music therapy while Chapter 4 explores the needs of youth in mental health care contexts. The intention of this chapter was to provide foundational information and to explore current research related to music-centered music therapy. The chapter begins with an overview of the topic, compares and contrasts theories related to music-centeredness, and proposes defining principles and characteristics of music-centered music therapy based on Aigen's (2005a) writings.

Overview

Music-centered music therapy may be described as a music therapy theory and metatheory with an emphasis on musicking and an acknowledgement of the fundamental musical nature of human life. It is "an umbrella term under which to collect a constellation of practices and beliefs characteristic of a significant number of practicing music therapists" (Aigen, 2005a, p. 41). Although considered a music therapy theory (Cohen, 2017), music-centered music therapy is also a metatheory due to its influence on the development of other theories, approaches, and models, such as: Nordoff-Robbins Music Therapy (NR-MT), The Bonny Method of Guided Imagery and Music (GIM), Analytical Music Therapy, Aesthetic Music Therapy, Community Music Therapy, and Culture-Centered Music Therapy (Aigen, 2005a). These various perspectives each carry certain elements of music-centered perspectives and have helped to develop and diversify music-centered thoughts within the field of music therapy (Aigen, 2005a).

The Development of Music-Centered Music Therapy Theory and Other Music-Centered Perspectives

Aigen (2005a) describes the development of theories original to the discipline of music therapy as playing an important role in the historical advancement of music therapy. Many of these theories are marked by the primacy placed on music when explaining how music therapists work from theoretical, research, and practical perspectives (Bruscia, 2012). As such, they emphasize music-centered ideologies to varying degrees (Aigen, 2005a) as they attempt to "explicate patterns or structures that underpin practice or knowledge, so as to gain new insights" (Bruscia, 2012, p. 540). Aigen (2005a) argues that music-centered music therapy can be viewed through a general theory perspective, which often considers a "bottom up" (p. 38) type of

processing. This broad view incorporates the music-centered beliefs of many different practices within the scope of music therapy. By examining the influences of the music therapy perspectives tied to music-centered beliefs, a greater understanding about music-centered music therapy and its relevance to youth in mental health care contexts may be gained.

Music-centered research began with music therapy pioneers Paul Nordoff and Clive Robbins when they co-created Creative Music Therapy in the late 1950's. They were the first to coin the term *music as therapy* (Aigen, 2005a), which helped to guide their work with children with developmental disabilities (Nordoff & Robbins, 1971, 1977). Helen Bonny used the same term when developing her method of *Guided Imagery and Music* in the 1970s (Aigen, 2005a). The term *music as therapy* suggests that the inherent aspects of music may have significant therapeutic effects. With a slight shift in focus, contemporary music-centered music therapy focuses on music for the sake of music, without an emphasis on nonmusical therapeutic effects (Aigen, 2005a). The term music as therapy implies the use of music to achieve nonmusical effects; conversely, contemporary approaches focus on the musical and para-musical phenomena inextricably interwoven within the music (Aigen, 2005a).

There are additional music therapy approaches/models to consider when examining music-centered perspectives. Through exploration of the relevant facets of analytical music therapy (Priestley, 1994), aesthetic music therapy (Lee, 2003), and community music therapy (Pavlicevic & Ansdell, 2004), some insight may be gained on how contemporary music-centered thoughts have been conceptualized and contextualized. These three music-centered models/approaches have been chosen because of their possible connections to the needs of youth in mental health care contexts. While other music therapy models/approaches, such as resource-oriented music therapy and culture-centered music therapy contain music-centered elements, a full inquiry into every model/approach related to music-centered music therapy is outside of the scope of this research. In addition, both of these approaches have strong interrelations with the community music therapy approach.

Analytical Music Therapy

Mary Priestley's (1994) analytical music therapy may be viewed as an approach that combines music therapy and psychoanalytic theories, and is described as "an analytically oriented, symbolic application of music that is improvised and then processed by the therapist and client" (Cohen, 2017, p. 80). Analytical music therapy is based upon three principles:

inherent musicality in human nature, clinical roles of music, and music as a pathway to transcendence (Aigen, 2005a; Eschen, 2002). These principles relate to concepts within music-centered music therapy, which are discussed in a following section. Music-centered music therapy believes in inherent musicality, values musicking as a clinical experience, and uses improvisation for musicking activities (Aigen, 2005a). While aspects of analytical music therapy resonate closely with the ideals of music-centered music therapy, several important differences exist between the two. For example, analytical music therapy tends to be more prescriptive: it exclusively uses improvisations as music therapy intervention and requires the use of verbal processing after musical experiences (Cohen, 2017). In contrast, music-centered music therapy allows for the use of any musicking activity, which may or may not be accompanied by verbal processing (Aigen, 2005a). Another important difference exists in how these approaches/models were constructed. As previously discussed, music-centered music therapy is a theory that originates wholly from music therapy-centered thinking. Aesthetic music therapy may be described as an imported music-centered theory, as described by Bruscia (2012) because it takes concepts from outside of music therapy and explains them with music-centered language. This important difference also applies to the two subsequent models/approaches discussed: aesthetic music therapy, and community music therapy.

Aesthetic Music Therapy

Aesthetic music therapy (Lee, 2003) may be defined as "an improvisational approach that views musical dialogue as its core" (p. 1) and was strongly influenced by the principles of Nordoff-Robbins Music Therapy. Lee (2003) writes that aesthetic music therapy was developed from theories of music, as opposed to clinical findings in music therapy. Many concepts proposed by Lee (2003) resonate with Aigen's (2005a) music-centered ideas, such as the concept of clinical listening, musical analysis, and the inherent link between music and therapy. Additionally, Lee's (2003) list of intrinsic musical effects; music as tone, listening, relationship, learning, outcome, process, inspiration, creativity, spirituality, precision, and freedom relate closely to Aigen's (2005a) five dimensions of music-centered music therapy. While the standpoint of aesthetic music therapy concentrates on the improvisation and composition of music in a Western classical music style, music-centered music therapy does not necessarily focus on any particular style of music (Aigen, 2005a).

Community Music Therapy

Community music therapy (Pavlicevic & Ansdell, 2004) may be described as "context-sensitive and resource-oriented, focusing on collaborative music-making and attending to the voices of disadvantaged people" (Stige, 2015, p. 233). Additionally, its main focal point is to highlight social and cultural factors while encouraging participation and connectedness (McFerran, 2010). Many of the ideas of music-centered music therapy and community music therapy intersect closely, such as having broad and inclusive boundaries, encouraging participation, levelling hierarchical relationships, enhancing connections, and encouraging the therapist to be reflexive and context sensitive. The therapeutic boundaries of music-centered music therapy tend to be more traditional than those of community music therapy; performance is more often viewed as a viable option in community music therapy contexts, private settings aren't inherently required, and the goals in one to one settings may focus more on connecting to one's culture and community (Aigen, 2005a; Ansdell, 2002).

Community music therapy has been proposed (McFerran, 2010) and applied (Anderson & Overy, 2010; Mitchell, 2019; Woodward et al., 2007) with youth in community mental health care contexts in recent years. Aspects of this research may be used to subsequently inform and explore how music-centered music therapy may help meet the needs of youth outside of community music therapy contexts, noting the possibility that the traditional boundaries of music-centered music therapy may be safer for certain clients.

Foundational Characteristics of Music-Centered Music Therapy

In the book titled *Music-Centered Music Therapy,* Aigen (2005a) outlines and discusses the parameters, theoretical considerations, the intrinsic benefits of musicking, goal areas, and the role of music and the music therapist in music-centered music therapy. Aigen's (2005a) book will be used as a primary source to introduce music-centered music therapy in this inquiry because of its thorough and extensive discussions on music-centeredness.

Defining Music-Centered Music Therapy

Lee (2006) writes that: "Music-centered music therapy is theoretically and philosophically taken from the proviso that clinical practice can be informed equally by musical structures and theories as by psychological, psychotherapeutic, or medical ones" (13.2 Music-centered music therapy section, para. 1). No clear-cut definition of the boundaries of music-centered music therapy emerged from a review of the literature. This is justified by the opinion

that any attempt at one would unjustly constrict the meaning of music-centeredness. Further, a simple coherent definition for music-centered music therapy cannot exist because this perspective lacks an official set of practice beliefs or doctrine guidelines. Music-centered music therapy may exist on a theoretical, clinical, educational, demonstrational, or research level (Aigen, 2005a). Additionally, it does not limit itself to one model, method, way of using music, or a particular clientele. While music-centered music therapy centers in on musical experiences, to be music-centered is also "to de-centralize music: it is to expand the boundaries of what we consider to be essential to the experience of music" (Epp, 2007, Music-Centered Music Therapy section, para. 1). While the broadness of music-centeredness may seem daunting, there are several unifying characteristics in practice and value which create a coherent basis for the music therapy practice and research outlined in this inquiry: both respective categories will be discussed below.

Music-Centered Music Therapy in Clinical Practice

Despite the broad definition provided for music-centered music therapy, commonalities often exist in the way that music-centered music therapists address how music is used, music-centered goals, and the client-therapist relationship.

How Music is Used. Within the realm of music therapy, music may be used *in therapy* (Bruscia, 1987) or *as therapy* (Nordoff & Robbins, 1965; Aigen, 2005a)*.* When used *in therapy,* music is used as a tool to facilitate changes in therapy. When used *as therapy,* music acts as the primary or exclusive agent for therapeutic change (Aigen, 2005a). Music-centered music therapy relates closer to the latter definition but assumes a slightly broader position. For example, while *music as therapy* could mean that someone uses music to decrease awareness of pain (Scheufler, et al. 2020), a music-centered music therapist may use music as a self-justifying experience in order to encounter the intrinsic benefits of musicking.

When working with youth in mental health care contexts from a music-centered perspective, music may be used *as therapy* in a variety of ways. For instance, a therapist may engage the youth in active or receptive musicking activities to deepen their relationship to the musical experiences. It is believed that there is inherent benefit in these forms of engagement (Aigen, 2005a). After defining and exploring how music-centered music therapy is used in clinical practice, it is also worthwhile to examine therapeutic goal areas from this perspective.

14

Music-Centered Goals. In music-centered music therapy, musical goals become clinical goals: musical goals include engaging with music actively or receptively through musicking experiences and enhancing musical evolvement (Aigen, 2005a). The overarching intention is "the achievement of experiences and expression specific and unique to music" (Aigen, 2005a, p. 56). Resulting non-musical effects may emerge from engaging in music, such as feelings of calmness or changes in mood. These effects are viewed as possible secondary byproducts of musicking and are not focused on; additionally, their presence is not viewed as invalidation of the role of music (Aigen, 2005a). Non-musical effects are not observed because doing so would ignore the intrinsic rewards of musicking (Ansdell, 2014), rendering music as a dispensable source should a more effective medium become available (Mitchell, 2019). Music is not a prescriptive medium; providing a predesigned experience is not met with the same effects for anyone in any context, and assuming so would retract from the intrinsic benefits of musicking (Ansdell, 2014). Additionally, the goal of therapy is not to permanently change individuals or to generalize effects, but is rather the "evocation of latent skills, capacities, functions, and experiences of self that may only be present while musicing" (Aigen, 2005a, p. 109).

From a music-centered music therapy perspective with youth in mental health care contexts, musicking experiences may include listening to, analyzing, re-creating, or composing music. The goal is not to gain a surface-level engagement with the music, but to arrive in a deeper and more meaningful space known as musical flow (Aigen, 2005a).

Client-Therapist Relationship. Within music-centered music therapy, the client-therapist relationship strives to achieve a level ground: the therapist may facilitate the engagement in musicking experiences, yet it is the client who shapes all musical experiences with their personal processes (Aigen, 2005a). The therapeutic relationship as a vehicle for change may be present within a music-centered perspective, but it is not seen as imperative for Aigen (2005a). However, Mitchell (2019), who also writes from a music-centered standpoint, states that constructive therapeutic relationships were an essential aspect of her research findings, where she documented the music therapy experiences of youth in an in-patient mental health facility. It may also be argued that it is conceptually impossible to separate the therapeutic relationship from the musical ecological context (Epp, 2007). Verbalization of musical experiences may or may not occur within sessions, yet similar to the therapeutic relationship, it is not necessarily the focus of the therapy (Aigen, 2005a).

Values Central to Music-Centered Music Therapy

To understand the underpinnings of music-centered music therapy, six principal characteristics of musicking and five characteristic ideas of music-centeredness will be outlined and discussed according to Aigen's (2005a) work on music-centered music therapy.

Principal Characteristics of Musicking. The concept of musicking is a central driving force in music-centered music therapy; understanding its values may result in more insight on possible clinical applications. The following six aspects of musicking are common to many conceptions of music-centered music therapy but are not exclusive nor individually essential: use of silence, listening, seeing individuals within the communal, immersing within the music, respecting the music, and creating connections (Aigen, 2005a).

Valuing silence is an integral aspect of musicking: silences can be used to evoke musicality, receptivity, patience, and shared connectivity (Aigen, 2005a). Further, by fostering musicality and shared connectivity, deeper and more meaningful engagement with the music may occur (Aigen, 2005a). Listening is also a characteristic element of musicking. When the client and therapist listen to one another's music, they may in turn create music which reflects their initial listening (Aigen, 2005a). A third value of musicking is the incorporation of individuals within the communal: within music therapy, individuals' music coalesces into a single identity, thus creating unique experiences (Aigen, 2005a). Aigen (2005a) also mentions the meaningful impact of immersing oneself in music: peak flow experiences may be reached through musicking when not consciously acting on musical instincts. This is a prime example of how music does the clinical work. The act of respecting one's craft is another attribute of musicking. Aigen (2005a) describes how meaningful and motivating it can be to spend time working on one's music as it becomes synonymous to working on oneself. Lastly, Aigen (2005a) describes musicking as a means to create connections with the self and others which may lead to powerful and inspiriting experiences.

Characteristic Ideas of Music-Centered Music Therapy. Aigen (2005a) illustrates five additional fundamental beliefs of music-centered thought. Comparable to the tenants of musicking, the list is not exhaustive, nor is it mandatory for a music therapist to contain all the ideas at once to consider their work as being music-centered. The fundamental beliefs are: focusing on the client's experience, musical goals as clinical goals, enhancing involvement in

music, analysis of musical experiences, uniting personal and musical processes, and a focus on holism (Aigen, 2005a).

Firstly, the experience of the client is the focus of each session: music is often used as a motivating force to drive a client's musical engagement (Aigen, 2005a). The client's experience of the musical process becomes the actual therapy. The way that musical goals become clinical goals is a second important aspect of music-centered music therapy. By striving towards musical goals, the musicking becomes a self-justifying therapeutic experience (Aigen, 2005a). Next, music-centered music therapists primarily focus on enhancing their clients' involvement in music. Engaging deeply in musicking activities may result in the experience of the five intrinsic benefits of music-centered music therapy, which will be discussed in the subsequent section. Additionally, music-centered music therapists often use musical analysis in order to understand and document clinical music (Aigen, 2005a). Fourthly, music-centered thought allows for the merging of the personal and the musical. Aigen (2005a) writes that as the client's music develops, so does their personal process: thus, an understanding of the music may provide insight into clinical events. The fifth characteristic of music-centered music therapy is its stance on holism: music-centeredness embraces individuals as whole beings and rejects reductionist theories (Aigen, 2005a).

The Five Dimensions of Music-Centered Music Therapy

The six principal characteristics of musicking and the five beliefs of music-centered music therapy outline commonalities in stance and practice within the theory; the five dimensions exist to illustrate the consequences of employing the characteristics and beliefs within a therapeutic setting. The following section serves only to introduce the five dimensions of music-centered music therapy: full definitions of each dimension are situated in Chapter 5. Aigen (2005a) outlines five intrinsic rewards of musical participation: the creative dimensions, expressive processes, aesthetic dimensions, communal dimensions, and transpersonal dimensions. To avoid confusion, it is worthy to note that the term *the five dimensions of music-centered music therapy* will be used throughout this inquiry when referencing Aigen's (2005a) intrinsic rewards of music participation. These are five tenants that promote interactions with the musical domains, which "provide those who partake in them a sense of meaning and purpose, and that are essential in creating a sense of self-identity that has musical experiences as a central component" (Aigen, 2005a, p. 96). Additional importance is given to these dimensions because

music is a prime way to approach them (Aigen, 2005a). These dimensions may be relevant to applications of music therapy with youth in mental health care contexts because they are similar to the needs of this population discussed in Chapter 4.

At first glance, there may appear to be a contradiction between music-centered beliefs and the fact that Aigen (2005a) outlines five semblant nonmusical benefits of musicking. It may be argued that each of the five dimensions is part of a larger, nonmusical set of experiences. For example, one might experience musical creativity, yet it may still be considered as a subset of general nonmusical creative experiences. Aigen (2005a) writes that music therapy creates "the conditions where musical creativity, musical expression, musical aesthetics, musical communitas, and musical transpersonal experiences can occur" (p. 108). This is further justified by the intrinsic gratification properties of musical engagement: activities, such as musicking, are engaged in for their own sake, regardless of external benefits (Aigen, 2005a). The unique experiences gained from musicking are represented in the five dimensions and are not obtainable through other mediums.

Conclusion

Music-centered music therapy is a music therapy theory and metatheory placing emphasis on musicking experiences and the self-justifying nature of musical endeavors. Its principles relate to other music therapy specializations and models/approaches such as: Nordoff-Robbin's Music therapy (Aigen, 2014), Guided Imagery and Music (Bonny, 2001), Analytical Music Therapy (Priestley, 1994), Aesthetic Music Therapy (Lee, 2003), and Community Music Therapy (Pavlicevic & Ansdell, 2004). The notion of musicking may be divided into the following values: having an understanding for silence, appreciate listening skills, incorporating the individual with the communal, cherishing respect for music, and creating connections. There are also several common characteristic ideas of music-centered music therapy, such as: focus on the client's experience in music therapy, using musical goals as clinical goals, striving to enhance connections towards the music, converging personal and musical processes, and holistic perception of individuals in music therapy. With a foundational knowledge presented on music-centered music therapy, Chapter 4 explicates towards the needs of youth in mental health care contexts.

Chapter 4. Music Therapy with Youth in Mental Health Care Contexts

Youth mental health may be qualitatively examined according to an individual's sense of well-being, resilience, and sense of belonging (Coholic et al., 2019; McFerran, 2010; Renwick et al., 2019). Through analysis of the literature, five overarching mental health needs have emerged; youth in mental health care settings may have needs relating to emotional expression, understanding and formation of self, connectedness and belonging, feeling empowered, and coping with symptoms of mental illness.

The aim of this chapter is to explore the identified needs in relation to research findings and analyze the use of music therapy with youth in mental health care contexts; these findings will be used to inform the discussion in Chapter 5. This chapter will begin by contextualizing these needs within the Canadian health care system. Subsequently, levels of care and therapeutic goals will be examined through both a general and a music therapy lens. Lastly, each need will be defined and corroborated using findings from the literature, including justification from music therapy sources at the end of each section.

Youth Mental Health Care in Canada

The Canada Health Accord ensures that all Canadian provinces must dedicate specific mental health resources to youth populations, yet current services are insufficient and do not necessarily focus on meeting the considerable needs of Canadian youth (Malla et al., 2018). An estimated 20% of Canadian youth are affected by mental health and addiction disorders (Henderson et al., 2017), and there are currently 12.6% with clinically significant mental disorders, yet only 1/3 of those have access to treatment (Waddel et al., 2014). In particular, the needs of high-risk groups such as homeless youth, those in youth protection, indigenous youth, youth immigrants and refugees (Malla et al., 2018) as well as LGBTQI+ youth (Wilson & Cariola, 2020) should be taken into consideration. Services aim to address multiple physical, social, and mental health needs while being sensitive to cultural, geographical, and historical contexts (Malla et al., 2018). It is imperative to investigate and identify the mental health needs of Canadian youth in order to grow in understanding and to create resources to promote their mental health and wellbeing. While an exhaustive investigation into the needs of youth is beyond the scope of this research, themes drawn from governmental documents, as well as psychology, social science, and music therapy journals will primarily be presented. Additionally, the amount of literature specifically on Canadian youth is limited. Research concerning the mental health

needs of youth outside of Canada will be referred to when additional support is needed; it is assumed that research conduced outside of Canadian contexts may have some applicability to the mental health needs of Canadian youth. It is important to investigate inpatient and outpatient/community levels of care provided for youth in order to better understand their needs; this will be explored in the following sections.

Levels of Care with Youth in Mental Health Care Contexts

In the Canadian health system, youth may receive care at inpatient, outpatient, and community levels. The next two sections will serve to introduce these general levels of care and will each conclude with specific music therapy examples.

Inpatient Care

Inpatient mental health institutions offer short-term programs which focus on "crisis management and stabilization from complex mental health and behavioral disorders" (Preyde et al., 2017, p. 58). Youth often enter inpatient contexts because they are emotionally dysregulated, unable to interact in socially acceptable ways, suicidal, aggressive, or psychotic (Doak, 2013). Youth in this context often stay in the inpatient setting for only a few days, leading therapy activities to focus on short-term objectives (Doak, 2013).

About 50 % of music therapy services with youth take place within inpatient contexts (McFerran, 2010). The large percentage of youth in mental health care settings receiving music therapy justifies further inquiry into their needs. In these settings, music is first used to "promote emotional and behavioral regulation by providing safety, empathy, support, and calming experiences," (Doak, 2013, p. 171) and then may be used to positively influence mood, anxiety, and levels of social engagement (Preyde et al., 2017). Inpatient contexts may use a variety of group and individual music therapy interventions, including receptive experiences such as song listening and song discussion, as well as active experiences such as improvisational drumming, instrument playing, instrumental and vocal re-creations, and simple musical compositions. However, music therapists may tend to avoid long term projects such as more extensive song compositions because the time required for these projects may exceed a client's time in therapy due to short-term stays at in-patient facilities (Doak, 2013).

Outpatient and Community Care.

Outpatient and community settings differ from inpatient care because the youth do not live in the facility where they receive treatment, and therapy is generally viewed as being less

intensive (eMental Health, n.d.). These contexts may offer day programs, support groups, and community resource centres in a variety of contexts (eMental Health, n.d.).

Outpatient music therapy settings may address many of the same goals which were addressed in inpatient settings, however youth in outpatient contexts may remain in the same music therapy group for an extended period, making long-term projects such as songwriting more feasible (Doak, 2013). However, challenges relating to attendance often emerge in these settings (Dilgul et al., 2018). Music Therapists report that structured and unstructured improvisations were their most common choice of experience with youth in outpatient psychiatric contexts, followed by song re-creation and verbal analysis of music (Gold et al., 2007). As most music therapists identify as taking an eclectic stance in these settings (McFerran, 2010), a wide variety of music therapy approaches and methods may be used depending on the needs of the participants. For example, dos Santos (2018) writes about how group music therapy may be used in school settings to create feelings of belongingness, connection, and support. In this case, music therapy interventions such as free and themed improvisations, musical story creation, movement to music, and song writing were the focal point (dos Santos, 2018).

Community music with youth may also be used to create environments of collaborative and participatory musicking (Ansdell, 2002). In these settings, youth may join music groups that convene on a regular basis, practice and create music together, and perform their music at concerts. Community music therapy focuses on the relationships between individuals to create collaborative and context-sensitive music-making (Stige, et al., 2010). Community music therapy exceeds the boundaries of traditional music therapy by working in a variety of non-traditional contexts, but nonetheless, it may address identity formation, foster feelings of community, and meaningful peer collaborations (Ansdell, 2014; Stige et al., 2010).

After visiting the levels of care and the role which music therapy plays in these settings, the mental health needs of youth in these contexts will now be examined in relation to the literature. Each need will be defined, corroborated by findings, and briefly explored through a music therapy lens.

The Needs of Youth in Mental Health Care Contexts

Literature examining the needs of youth in general as well as the needs specific to youth in mental health care contexts were used to inform this chapter. Acknowledging that differences in age, context, diagnosis, and individual situation create diversity in the needs of youth in

mental health care contexts, it was nonetheless advantageous to examine the overarching mental health needs of youth in general. Young adolescents and emerging adults have unique needs due to their evolving responsibilities and developing identities (Malla et al., 2018); overarching needs may be effectively addressed in mental health care contexts, extraneous to specific mental health care challenges. Needs relating to emotion, identity, and connectedness are most pertinent among this population (McFerran et al., 2019)

The arrival of mental illness does not eliminate needs relating to emotion, identity, or connectedness: Ansdell (2014) writes that individuals and their sense of identity often undergo crisis with the emergence of mental illness due to reduced autonomy and increased suffering from stigmatization. Examining the needs specific to youth in mental health care contexts diagnosed with a variety of symptoms and conditions ascertained additional areas of inquiry; enhanced needs relating to emotional expression, identity formation, and connectedness were confirmed, and needs relating to feeling empowered and coping with symptoms of mental illness emerged. The five needs are individually defined and discussed in relation to the literature below.

Emotional Expression

Emotional expression may be defined as the process of taking inner feelings and releasing them outwards (Epp, 2007). This expression could take any verbal, written, or artistic form such as music, which Epp (2007) describes as being inherently self-expressive. Expressing emotion becomes intertwined with self-knowledge and interactions with peers, family, and community: this inspires many to seek ways of emotional expression alternative to verbal and written methods (McFerran, 2010). Examples from the literature focusing on the use of creativity and art to enhance emotional expression will be investigated in the following sections in order to gain a more in-depth understanding of these needs. This section will end with a brief discussion on music therapy research aiming to meet needs of emotional expression.

A meta-analysis conducted by Sakellari et al. (2020) investigated the self-identified mental health needs of youth across seven studies. Emotional needs, such as emotional difficulties caused by new situations, fears, stress, and difficulties with overthinking were identified across several of the studies (Sakellari et al., 2020). Needs relating to emotional expression can also be found in the work of Renwick et al. (2019), Lee et al. (2020), Henderson et al. (2017), Coholic et al. (2019), Giepel (2019), Derrington (2005), dos Santos (2018, 2019),

and Kumm et al. (2020). Three of these studies will be described in detail below: the first two studies examine youth in general, and the third study pertains to youth with anxiety and depression.

Renwick et al. (2019) conducted a study examining the experiences of Canadian youth in a gardening- and photography-based program. The 12-month program took place in a high school with the aim of encouraging participant explorations of themselves, others, and natural spaces. The study used phenomenological methods and participatory action research to document the youth's experiences through photography and journaling. The students participated in learning about gardens, growing plants, taking photographs of the plants, and exhibiting the journals and photographs in an art exhibition. In this research study, the garden became a metaphor for emotional growth. The great importance of emotional expression and understanding was illustrated in the participants' journals (Renwick et al., 2019).

Similar findings were revealed in the youth-led arts-based participatory action research conducted by Lee et al. (2020). The research studied 950 youth under the age of 18 facing adversity from immigration. The research aimed to provide the youth with an environment nurturing creativity, self-expression, and self-discovery: this was done through mapping and exploring their current world, examining their wellbeing, planning the arts-based research, creating their projects, and reflecting on their journeys (Lee et al., 2020). The authors advocate for the importance of enhancing meaningful participation and self-expression in this population; they noticed an increase in sense of purpose, hope, artistic skill, and self-discoveries (Lee et al., 2020). The research was designed to meet the expressive needs of the youth, and this in turn led to more community engagement and a strengthened sense of wellbeing (Lee et al., 2020).

The most common diagnoses among youth in North America aged 12 to 25 are anxiety and depression (Malla et al., 2018). Coholic et al. (2019), facilitated an arts-based mindfulness group with youth in short-term mental health care. This study used a social constructionist approach with qualitative interviews to thematically analyze the experiences of the participants. The researchers provided daily 3-hour sessions in the hospital for the participants who were hospitalized for an average of 4 days. The goals of this program were to teach mindfulness skills, enhance self-awareness, develop empathy, and to bolster positive self-concept. The participants with anxiety and mood disorders described their needs in the pre-group interviews as being based around psychological and physiological symptoms of anxiety and depressed mood, having

trouble sleeping, having suicidal thoughts, and feeling judged, criticized, and misunderstood. The benefit that the participants received from the group centered around creative expression, increased self-awareness, and enjoyment from the group experience (Coholic et al., 2019).

Music Therapy and Emotional Expression. As described above, youth in mental health care contexts have needs relating to emotional expression. This section will be used to briefly showcase how music therapy might meet this need. This theme will be explored in-depth from a music-centered standpoint in the following chapter.

Doak (2013), describing her work with youth in in-patient psychiatric settings, asserts that emotional regulation is always the first goal to address when working with this population. After emotional regulation, music therapy goals may focus on developing coping skills, developing insight and awareness, augmenting problem-solving skills, increasing social and communication skills, and increasing self-esteem (Doak, 2013). Music therapy may be used to effectively address needs relating to emotional expression. For example, a survey on the use of singing and rapping with youth in mental health care contexts was distributed to 336 music therapists: they found that singing and rapping are both used frequently to help clients express their emotions (Uhlig et al., 2017). Similarly, a retrospective study using data collected from mood measures before and after music therapy sessions found that increased emotional expression occurred frequently during sessions (Shuman et al., 2016). These findings will be further examined in the following chapter. The next section in this chapter explores needs relating to identity.

Understanding and Formation of Self

Akin to the emerging needs for emotional expression, needs relating to identity emerge in youth developmental phases (McFerran, 2010; Saarikallio, 2019). Youth are faced with questions of defining their identities in relation to themselves, their family, and their overarching communities, as well as choosing career paths, establishing authentic peer connections (McFerran, 2019), and understanding their sexuality, core values, and worldviews (Saarikallio, 2019). Additionally, they are tasked with mitigating differences between their outward, physical experience of self, their inner psyche, and ongoing relational and social affirmations (Ansdell, 2014).

Saarikallio (2019) writes that "identity formation is the critical, defining process of youth" (para. 1). Other research has also affirmed that identity is a central need for youth

(Ansdell, 2014; Bronk, 2011; dos Santos, 2019; McFerran, 2010, 2019; Mitchell, 2019; Smokowski et al., 2014; Trondalen, 2003). Formation of sense of self, cultural identity, gender identity, and sexual identity are examples of important aspects of one's identity. Two studies will be described below to facilitate a deeper understanding of needs relating to understanding and formation of self.

Bronk (2011) conducted an analysis of case study interviews with adolescents and emerging adult participants to understand youth's perception of identity formation in an in-depth manner. The research used a constant comparison methodology to carry out the grounded theory research. The study found that purpose and identity are intertwined concepts and that having one of them facilitated the development of the other.

Smokowski et al. (2014) explore the importance of ethnic identity formation and inquire specifically about the impact of identity formation on self-esteem and future optimism with aboriginal youth who have mental health needs. The research included a 5-year longitudinal study using online assessment tools with 5000 middle-schoolers. The results of this research concluded that youth with mental health concerns often have ethnic identity formation needs (Smokowski et al., 2014). The researchers found a positive correlation between sense of ethnic identity, self esteem, and future optimism. The findings emphasize the importance of identity formation on several aspects of wellbeing (Smokowski et al., 2014). After finding evidence from the literature supporting the need for identity formation, research on music therapy and how it may uniquely benefit this need is examined.

Music Therapy and Understanding and Formation of Self. Music is experienced through the body, and this process inherently relates to the embodiment of self (Ansdell, 2014). The close link between identity formation in youth and musicking has been explored in a number of music therapy studies (Derrington, 2005; Guittard, 2019; Hense & McFerran, 2017; Mitchell, 2019; Saarikallio, 2019). For example, Guittard (2019) found that identity formation is a crucial aspect of youth mental health. The Masters student researcher led semi-structured interviews with three Canadian music therapists to gain understanding on music therapy goals, programs, and professional competencies. Themes relating to identity formation were highlighted in several interviews: for example, one participant mentioned how music therapy helped the youth to grow versions of themselves not defined by illness (Guittard, 2019). Similarly, Saarikallio (2019) writes that "music engagement is considered as an act of creating, re-constructing, and

25

cultivating the self and the social world, emphasizing the agency of the person engaging in music" (p. 89). Additionally, youth participants in an outpatient setting from Hense and McFerran's (2017) research found that music therapy helped them to build their musical identities, which in turn benefitted their wellbeing.

These findings, as well as findings from other research on this topic, will be revisited and carefully analyzed from a music-centered perspective in the next chapter. The following section in this chapter will examine needs relating to connection and belonging.

Connectedness and Belonging

As identity develops, youth begin to identify with new peer groups and connect with their family and communities in new ways; this establishes the need for support and connectedness (Iyer et al., 2019; Wölfl, 2019). Connectedness may be defined as feelings of being welcome, being cared for, feeling accepted, and engaging with others; and it operates at micro individual levels, family levels, school levels, and macro levels such as community, society, and culture (McFerran, 2010). It is interesting to note that connectedness and identity are closely linked: group musicking may positively expand concept of self in youth populations, which in turn helps to build interpersonal relationships (Mitchell, 2019).

Interpersonal, social, and community support are important aspects of wellbeing for Canadian youth with mental health needs (Iyer et al., 2019; Preyde et al., 2020). Needs relating to connectedness have also been found in the literature on youth with depression and anxiety (Coholic et al., 2019; Geipel, 2019). Similarly, Henderson et al. (2017) found that youth sought out skills to improve their interpersonal effectiveness, and peer support in order to increase sense of hope, empowerment, and social functioning. Additionally, one of the strongest benefits that the gardening project brought the participants in Renwick et al.'s (2019) study, which was previously discussed, was a sense of connection with peers. The arts-based study by Coholic et al. (2019), which was also discussed in the previous section, found that participants who connected with others throughout the research developed positive relationships which significantly contributed to their perception of the arts-based mindfulness program. The research led by Wilson and Cariola (2020), a systematic review focused on identifying challenges and needs of LGBTQI+ youth, found they have an increased need for community and connections with peers in order to nurture feelings of safety. Despite a great need for peer connections, it is

common for youths to experience problems with forming peer relationships (Sakellari et al., 2020).

Resonating with the above findings, research with youth diagnosed with disruptive and substance misuse disorders has also found needs for fostering connections (Cocozza & Skowyra, 2000; dos Santos, 2018, 2019; Gretton & Clift, 2011; Iyer et al., 2019; Kamadt, 2000). dos Santos (2018) led phenomenological research concerning the needs of youth exhibiting aggression, the relationship of empathy and aggression, and how these needs may be met through group music therapy. The study identified that feeling accepted and belongingness were core themes in therapy (dos Santos, 2018). Cocozza and Skowyra (2000) investigated the needs and treatment options for youth in the juvenile justice system: they compiled research from the system and the American Psychological Association (2020) and found that youth in these contexts need community-based alternatives to the justice system and in-patient contexts. The ideal treatment is to "keep youth in their homes, schools, and communities while providing a comprehensive set of services that respond to their mental health needs and related problems" (Cocozza & Skowyra, 2000, p. 9). Research on this population has shown that youth may resort to aggression as an adaptation to their environment; aggression may help them to feel resilient, empowered, like they belong, and aware of their identity (dos Santos, 2019). Similarly, Gretton and Clift (2011) found that reintegrating Canadian youths into society while also addressing and stabilizing their mental health needs and symptoms is a priority.

Music Therapy and Connectedness and Belonging. The needs relating to connectedness and belonging described above may be met through music therapy (Derrington, 2005; McFerran, 2019; Wölfl, 2019). In particular, community music therapy has shown to help youth in mental health care contexts to foster feelings of connectedness (Bolger & Hunt, 2018; O'Neill, 2019), belonging (Ansdell, 2010; Anderson & Overy, 2010; Guittard, 2019), and wellbeing (Wölfl, 2019). These findings will be discussed in-depth in the connectedness and communal dimension sections of the subsequent chapter.

Feeling Empowered

Empowerment in therapy aims to develop and nurture strengths and potentials, while also focusing on mutually collaborative relationships (Rolvsjord, 2004). Agency and empowerment are critical resources for youth in mental health care settings (Jennings et al., 2006), especially for those who feel they have compromised agency (Saarikallio, 2019). To help foster feelings of

27

empowerment, a welcome and safe environment should be provided along with opportunities for meaningful engagement, equitable relationships, and individual and community integration (Jennings et al., 2006).

Regarding the literature on the needs of youth in mental health care contexts, fostering feelings of empowerment has emerged in a number of research studies (Derrington, 2019; dos Santos, 2019; Henderson et al., 2017; Iyer et al., 2019; Zimmerman et al., 2018). For example, Henderson et al. (2017) investigated the needs of Canadian youth with anxiety and depression and designed a protocol for a randomized controlled trial focusing on identifying and meeting emotional needs. The program proposal includes an integrated collaborative care system using holistic perspectives for youth with emotional disorders 14 to 18 years old in outpatient facilities. The program's interventions aimed to increase emotional regulation, enhancing distress tolerance, and improving emotional interpersonal interactions. These researchers found that these needs were important to address because they may help to improve functioning and enhance feelings of empowerment (Henderson et al., 2017).

Research by Zimmerman et al. (2018) also found that youth empowerment is a critical element towards the success of therapeutic programs. These researchers led an active learning curriculum as part of an afterschool program. They found that by nurturing feelings of agency and confidence, teaching critical thinking skills, fostering independent decision making, and practicing these skills in real-life settings, that the youth started to feel empowered (Zimmerman et al., 2018). This further helped the participants to increase prosocial behaviour, and engagement in community and social change (Zimmerman et al., 2018)

Music Therapy and Feelings of Empowerment. As demonstrated above, feeling empowered is an important need for youth in mental health care contexts; aspects of musicking may be inherently empowering demonstrations of agency, depending on how they are used (Saarikallio, 2019). This is especially true for youth populations, due to the powerful role that music often plays in their daily lives (Saarikallio, 2019). Additionally, music therapy may empower youth to further develop their sense of autonomy and self-knowledge (Derrington, 2019). In research conducted by Travis (2013), the empowering elements of rap music with youth were explored; findings revealed that the music helped youth to build self-esteem, resilience, personal growth, sense of community, and perception of change. Further discussion of these themes, as well as the overlaps between music-centered music therapy and the needs of

youth in mental health care contexts will occur in the subsequent chapter. The final section in this chapter will be used to explore needs relating to coping with symptoms of mental illness.

Coping with Symptoms of Mental Illness

The arrival of mental illness in youth may bring upon a variety of symptoms with a negative effect on wellbeing, such as distress (Henderson et al., 2017), tension and anxiety (Derrington, 2005), crises and needs for stabilization (Preyde et al, 2020), as well as sleep problems, suicidal thoughts, and feelings of misrepresentation (Coholic et al., 2019). Research on coping with symptoms of mental illness with youth has shown that therapy may help them to cope by increasing distress tolerance (Henderson et al., 2017), dealing with complex needs (Kumm et al., 2020), decreasing emotion related symptoms (Derrington, 2005), as well as helping a variety of individual needs (Coholic et al., 2019). The following section explores two research studies conducted by Islam et al. (2017) and Derrington (2005) focusing on needs relating to coping.

A study conducted by Islam et al. (2017) investigated mental health challenges, stressors, and awareness about mental health services with South Asian youth in Ontario, Canada. The participants, aged 13 to 24 years old, identified stressors relating to intergenerational and cultural conflict, academic pressure, family and relational difficulties, and financial stress which caused them to experience feelings of anxiety and depression (Islam et al., 2017). They identified a great need to cope with these everyday pressures, and recorded that they often self-medicated through alcohol, tobacco, and marijuana (Islam, et al., 2017). The findings of this study demonstrate the need for healthy resources to cope with symptoms of mental illness in youth with depression and anxiety. Additionally, Derrington (2005), who worked with youth 11 to 16 years old with developmental, behavioural, and emotional needs in an inpatient facility, identified that they often wish to have opportunities to help them cope with tension and anxiety, gain self-insights, and self-express.

Music Therapy and Coping with Symptoms of Mental Illness. As demonstrated by the literature, youth in mental health care contexts often need to cope with symptoms of mental illness; research on music therapy shows that it might be an effective way to meet this need (Wölfl, 2019) through self-regulation and deeper involvement in therapeutic processes (Uhlig et al., 2017). A questionnaire study conducted by Uhlig et al. (2017) inquired about the effects of music therapy sessions on youth emotional states by surveying music therapists. The results

showed that singing and rapping have been used to enhance self-regulatory coping behaviors and to decrease aggression. Links between music therapy and coping with symptoms of mental illness will be detailed from a music-centered standpoint in the following chapter.

Conclusion

It is crucial to understand the diverse needs of youth in mental health care contexts in order to research how music-centered music therapy may be able to meet these needs. Youth may receive care in a variety of inpatient, outpatient, and community settings, each with their own unique environment. Inquiring into the needs of youth in mental health care contexts has revealed five categories of needs. Needs relating to emotional expression (dos Santos, 2018, 2019; Kumm et al., 2020; Lee et al., 2020; Renwick et al., 2019; Sakellari et al., 2020), understanding and formation of self (Bronk, 2011; Mitchell, 2019; Guittard, 2019; Saarikallio, 2019; Smokowski et al., 2014), connectedness and belonging (Coholic et al., 2019; Giepel, 2019; Iyer et al., 2019; Preyde et al., 2020; Wölfl, 2019), feeling empowered (Derrington, 2019; Jennings et al., 2006; Saarikallio, 2019; Zimmerman et al., 2018), and coping with symptoms of mental illness (Derrington, 2005; Islam et al., 2017) are crucial factors in youth wellbeing. Preliminary findings from the literature have shown that music therapy may be able to address each of these needs; further discussion on the interaction of each of these needs with music-centered music therapy will be explored in the next chapter.

Chapter 5. Results: The Five Dimensions of Music-Centered Music Therapy and the Needs of Youth in Mental Health Care Contexts

Creative, expressive, aesthetic, communal, and transpersonal are the five dimensions of music-centered music therapy. These dimensions will be discussed in relation to the five categories of needs of youth in mental health care contexts, namely emotional expression, understanding and formation of self, connectedness and belonging, feeling empowered, and coping with symptoms of mental illness. Although the five needs may not appear to be fundamentally music-centered, musical and para-musical phenomena unique to musicking may emerge when examining them from music-centered standpoints. Through inquiry on the experiences of youth in mental health care contexts, as discussed throughout this chapter, music-centered music therapy may promote wellbeing by addressing needs in ways only possible through musicking. The following chapter presents detailed discussions on each of the five dimensions of music-centered music therapy and links findings from the literature with each of the identified needs of youth in mental health care contexts. The characteristics of each dimension will be explained, and then findings from the literature will be used to defend the merit of each dimension regarding each identified need. When a lack of research exists between a certain dimension and need, that need will be omitted from the dimensional discussion and will be discussed in relation to other dimensions where substantial supporting research exists. A table summarizing the findings of this chapter is presented on the following page.

Part 1. The Creative Dimension

Creativity is an essential aspect in music-centered music therapy (Aigen 2005a) and is the focus in several other applications of music therapy as well (Aigen, 2005a; Guerrero et al., 2015; Lee, 2006). Aigen (2005a) writes that "creative processes represent an engagement with life" (p. 96) and that the act of being creative within music is therapeutic because it allows individuals to embrace life and creation. Creativity is viewed as being inherently beneficial to individuals and it is not used as means to achieving change in other dimensions (Aigen, 2005a).

The importance of creativity is also emphasized in Nordoff and Robbin's creative music therapy (Nordoff et al., 2007): creativity emerges through music from moment to moment, and the flexibility and ongoing application of creativity is the core focus (Guerrero et al., 2015). Additionally, creativity is a central component in Lee's (2003) aesthetic music therapy. Lee (2006) writes that the client's musical creativity is used to create a dialogue within the

Table 1

Summary of Links Found in the Literature

D's	Needs of Youth in Mental Health Care Contexts				
	Expression	Identity	Connection	Empowerment	Coping
Creative	Creativity as meaningful expression[a]	Creativity exploring self-knowledge,[jklvw] and self-worth.[g]	Creativity as empathy,[au] and unique connection.[x]	Creativity revealing resources and potential,[jux]	
Expressive	Music as expression.[bcjm] directly and indirectly with emotions.[d]	Music as deep exploration of feelings[k] and self[eimn]	Song writing becomes communal self-expression.[n]	Expression in group to build resources[b] and feel empowered.[n]	Expression as empathy and coping.[a]
Aesthetic	Musicking deepening expression and emotion.[deo]	Aesthetics as self-knowledge,[ov] and musical connection.[k]	Aesthetics as complex embodied relational connections.[qu]	Aesthetics[s] & release of aesthetics[j] as empowerment.	
Communal	Communal musicking as expression.[fp]	Community building identity,[pfkr] and perceptions.[s]	Musicking as peer connection,[fjt] and wellbeing,[q]	Communal musicking as empowerment.[trs]	Community helping stress and coping.[irs]
Transpersonal	Transpersonal experience as expression[gh] and understanding.[i]	Transpersonal experiences as dialogue with self[g] and wholeness.[y]	Transpersonal experiences foster trust with others,[g] and oneself.[q]	Deep experience of musicking as empowerment[z]	Creating narrative independent from illness.[g]

Note. D's = dimensions of music-centered music therapy. The contents of this table are a summary of the results discussed in detail in Chapter 5 and do not represent all findings. Blank cells represent instances where no substantial data links were found in the literature.
[a]dos Santos (2019). [b]McFerran (2010). [c]McFerran (2019). [d]Epp (2007). [e]Lee (2003). [f]Ansdell (2010). [g]Band (2019). [h]Bonny and Kellogg (2012). [i]Trondalen (2003). [j]Wölfl (2019). [k]Krüger (2019). [l]Robarts (2000). [m]McFerran et al. (2006). [n]Derrington (2005). [o]Bergstroem-Nielsen (2006). [p]Aigen (2005a). [q]O'Neill (2019). [r]Woodward et al. (2007). [s]Mitchell (2019). [t]Anderson and Overy (2010). [u]Ansdell (2014). [v]Saarikallio (2019). [w]Guerrero et al. (2015). [x]Derrington (2019). [y]Abrams (2002). [z]Powell (2008).

therapeutic context: this allows the client to "experience their intrinsic creativity" (13.2 Music-centered music therapy section, para. 3). Improvisations are one of the most powerful ways to evoke creativity in a music-centered setting; justifying that it may allow clients to "express every aspect of one's living through music" (Lee, 2006, 13.8 Closing thoughts section, para. 1).

Research from Hense et al. (2018) and Renwick et al. (2019) with youth in mental health care contexts illustrates how creativity may address mental health: the subjective experiences of the participants documented in these research studies both stress the importance of having creative experiences to help them meet their mental health needs. Specific examples from the literature will be used in the following sections to demonstrate how the creative dimension can meet the expressive, identity, connectedness, and empowerment needs of youth in mental health care contexts. To outline the upcoming discussion, the creative dimension may help foster meaningful emotional expression (dos Santos, 2019), self-knowledge (Guerrero et al., 2015; Krüger, 2019; Robarts, 2000; Saarikallio, 2019; Wölfl, 2019), feelings of self-worth (Band, 2019), musical empathy (Ansdell, 2014; dos Santos, 2019), unique connections (Derrington, 2019), as well as potentials and resources (Ansdell, 2014; Derrington, 2019; Wölfl, 2019).

Emotional Expression

dos Santos (2019), who leads group music therapy sessions in an inpatient context with adolescents referred for aggression, writes that joint creative processes may help the youth connect emotionally with their music. This music therapist writes about the use of story creation activities to help youth connect emotionally to stories, by visually and musically representing them within group settings. Exploring aggressive tendencies with others may help them experience personally meaningful events, feel connected and empowered through group sharing, and feel able to explore the complex multiplicities of their personalities (dos Santos, 2019).

The use of music in this setting corresponds closely with several music-centered values. The music is used as a primary agent of change to help the youth engage deeply with their music, striving towards meaningful engagement with the music; this allows for a convergence of personal processes and musical development.

Understanding and Formation of Self

Links between creativity and identity have been identified and explored by several music therapy researchers, such as Saarikallio (2019), Wölfl (2019), Band (2019), Krüger (2019), and Robarts (2000). Saarikallio (2019) writes that music "has been identified as a multifaceted

psychosocial resource for performing identity, gaining a sense of agency, negotiating relationships, and supporting the related emotional processing" (p. 89); the intrinsic link between music and identity has also been explored by Ansdell (2014) and McFerran (2010).

Wölfl (2019) works in an in-patient context with youth who exhibit aggression; in this setting, musical creativity becomes a place to work on self-understanding. Improvisations to enhance self-expression, simple percussion activities for the discovery of resources, and community building become sources to develop identity (Wölfl, 2019). Similarly, Band (2019), who has adapted GIM methods to be used with children and youth, advocates that providing individuals with opportunities for creative expression helps to build feelings of self-worth and self-esteem within their music.

Musicking experiences lead to the development of musical identity; musical identity becomes a metaphor for personal processes and self-identity (Aigen, 2005a). Music may become a resource for youth identity formation: "human structuring resources such as knowledge, language, art, and music can be used for reproduction of structures needed for development of identity, creativity, and change" (Krüger, 2019, p. 128). The focus on creativity as a resource for identity also resonates in the work of Robarts (2000). In this context, music therapy was used with youth who have eating disorders to promote re-generation of identity through creative engagement. Guerrero et al. (2015) similarly determined that creativity helps identity formation by allowing clients to see themselves as creative artists.

Connectedness and Belonging

Musical creativity may also enhance feelings of community; dos Santos (2019) advocates that musicking results in the creation of new, shared experiences in music therapy groups for youth exhibiting aggression. In this context, instrumental improvisations were used to encourage musical empathy, which is said to encourage connections with others (dos Santos, 2019). This concept of musical empathy resonates closely with the musicking characteristic of intentional listening: Ansdell (2014) writes that group musicking experiences aim to encourage listening to the inner, outer, and communal music being produced, thus deepening bonds between all levels of the music interactions. The connections with themselves, the therapist, and their peers may be unique and different from what the youth are used to in their everyday connections (Derrington, 2019).

Feeling Empowered

Musicking activities focusing on creative elements, instead of aesthetic beauty, complexity, or the quality of the product, may enhance youth's feelings of empowerment (Wölfl, 2019). Furthermore, elements of musicking experiences may be inherently empowering, based on the musical use of nurturing mutually empowering relationships and focusing on strengths (Rolvsjord, 2004). This relates closely to Aigen's (2005a) music-centered characteristics of relationship levelling and taking a holistic stance.

A case study by Ansdell (2014) proposes empowering effects from musicking experiences related to being able to create something satisfying and productive. Similarly, in their music therapy work with youth exhibiting aggression, Wölfl (2019) writes that simple, semi-structured group improvisations using percussion and other non-melodic instruments allow group members to "reveal implicit and explicit resources and potential" (p. 81). Both Ansdell (2014) and Wölfl (2019) describe how setting clients up for success in musicking experiences can result in feelings of empowerment. While creativity may enhance feelings of empowerment, feelings of empowerment may also enhance creativity under different circumstances: Derrington (2019), another music therapist working with youth in mental health care settings, has found that empowerment through music leads to confidence in working towards creativity. This author's experiences as a music therapist with youth in an inpatient mental health care setting illustrates that empowering youth through musicking experiences may help them to further their creative involvement, develop autonomy, self-knowledge, and connections with peers (Derrington, 2019).

Part 2. The Expressive Processes

In music-centered music therapy, the expressive processes represent the emotional expression of those playing music and of the music itself. While many non-music-centered approaches also place emphasis on emotional expression, it is usually with the goal of relating that emotion to non-musical experiences; thus, utilizing the music as a tool to obtain external understandings (Aigen, 2005a). The music-centered perspective advocates for the engagement in musical expression for its intrinsic benefits (Aigen, 2005a).

The therapeutic value of musical expressivity is emphasized in music-centered perspectives because it creates a safe vessel in which individuals can explore emotions in new ways and from a distance (Aigen, 2005a). Additionally, it allows individuals to bypass barriers in their usual expressive tendencies (Aigen, 2014). Contrastingly, with different intentions,

musicking experiences may be used to gain extreme closeness and connection with these feelings, as illustrated in the case example from Lee (2003). In this case, Michael (pseudonym), a young man with grief and depression, uses musicking experiences to express immense and powerful emotions, which Michael explains as a necessary step because his emotions could not have been expressed through words. This case example will be further explored in the aesthetic dimension (Part 3). The differences between Aigen's (2005a) and Ansdell's (2014) stance may be explained by Epp (2007), who emphasizes that there is a difference between expressing emotion in music and being expressive of emotion through music. The term *expressive of* may be used to symbolize music which has expressive properties that are independent of the musician's emotional state; conversely, *expressing* is used to denote music in which the musician continuously experiences the emotion that they are conveying (Epp, 2007). Despite the inherent link between music and emotion, there is little music therapy research on theories of musical expression (Epp, 2007).

Comparable to creativity, Hense et al. (2018) and Renwick et al. (2019) also describe how expressing emotion is an important aspect of meeting the needs of youth in mental health care contexts. Findings from the literature will subsequently be used to ascertain how expressive processes meet each of the five needs of youth in these settings. The expressive processes may enhance emotional expression (McFerran, 2010, 2019; McFerran et al., 2006; Wölfl, 2019), self-exploration (Derrington, 2005; Lee, 2003; McFerran et al., 2006; Trondalen, 2003), expression within community (Derrington, 2005), resource building (McFerran, 2010), empowerment (Derrington, 2005), and coping through empathy (dos Santos, 2019).

Emotional Expression

There is an inherent bond between musical expression and emotional expression (Epp, 2007; McFerran, 2019; McFerran et al., 2006). Expressive content does not exist pre-musically; it emerges through the music (Epp, 2007). Considering that music plays a substantial role in the everyday lives of youth (McFerran, 2010; North et al., 2000), it becomes a meaningful medium for expression (McFerran, 2019). Music playing in a music therapy context helps youth to musically express their emotions, to hear their own emotions reflected in the music, and to hear the therapist matching and meeting these emotions (McFerran, 2019). This can in turn help youth understand the complexities and multiplicities of their emotional states (McFerran, 2019). This relates closely to Aigen's (2005a) musicking attribute of listening, where listening and reflecting

36

music enhances engagement and understanding within the music. This stance may further be backed up by the work of Wölfl (2019), whose music therapy work with youth exhibiting aggression was described in part 1. In this context, group improvisations were used to facilitate the sharing of musical expression with peers, while individual improvisations "open up a free space to express feelings and bring the young people into contact with emotions behind their aggression" (p. 83).

Understanding and Formation of Self

Epp (2007) proposes that music is not simply an expression of one's immediate emotions; it is a resource for self-understanding and situating oneself. In this case, self-expression becomes an enactment of the self (Epp, 2007). In a case example illustrated by Krüger (2019), a young adolescent named Javid (pseudonym) uses songwriting to express difficulties and loss. Javid advocates that expressing himself through music is much easier to do than through conversation; it allows him to go deeper and to express unique things about his story and his personality (Krüger, 2019). While the author does not explicitly mention the use of music-centered techniques, they do describe values such as communal musicking and emergent experiences which are central to music-centered thought. As understood by Epp (2007), Javid may have been using songwriting to situate his current identity as informed by his musical expression of past experiences.

Other researchers, such as Derrington (2005), Trondalen (2003), as well as McFerran et al. (2006) have also explored the relationship between music and self-understanding with youth in mental health care contexts. Derrington's (2005) work with youth at a mental health center proposes that the inherently social nature of songwriting and song sharing in the facility's context allowed the youth to concurrently explore their social and musical identities. The author concludes that songwriting is an ideal medium for youth in mental health care settings to express who they are (Derrington, 2005). Comparably, McFerran et al. (2006) justifies that songwriting plays an important role in music therapy with adolescents: the expressive nature of music helps youth towards self-expression, insight, and growth. Trondalen (2003), who describes music therapy sessions with youth who have disruptive eating, writes that receptive listening of one's own music (self-listening) promotes "an awareness of a more cohesive sense of self" (p. 11). Additionally, the youth in this program experienced heightened self-awareness and greater

understanding of the multiplicities of self by being able to receive their own voices (Trondalen, 2003).

Connectedness and Belonging

Derrington's (2005) focus on songwriting and its social components, as described above, also help youth to connect with peers and adults at the facility. The sharing of recordings or performances of their songs with peers and staff may be facilitated by the inherent social and relational aspects of songwriting. This helps them to further connect with others: "the therapeutic space enables teenagers to express themselves and try out new ways of communicating and relating to another person in a safe and confidential way" (Derrington, 2005, p. 69). These findings resonate with two tenants of music-centered music therapy; the belief that music creates connection, and the focus on enhancing engagement in musicking activities.

Feeling Empowered

Group musicking experiences focusing on musical expression lead to perceptions of trust; this in turn encourages youth in mental health care contexts to engage with music, to take advantage of their resources, and to feel empowered (McFerran, 2010). Additionally, the accomplishment of special projects focusing on musical expression, such as composing a song, may also create feelings of achievement and empowerment (Derrington, 2005).

Coping with Symptoms of Mental Illness

Results of dos Santos' (2018) phenomenological study with youth indicates how group music therapy may help youth to cope with symptoms of aggression through experiencing musical empathy. However, no other connections between music expressivity and youth needing to cope with symptoms of mental illness were found in the literature; it is therefore difficult to draw conclusions.

Part 3. The Aesthetic Dimension

Music-centered thinking holds the belief that aesthetic experiences are an essential human need: encapsulating great variety in musical experience and character and reaching beyond beautiful (Lee, 2003). Intentionally creating quality in one's music may be intrinsically beneficial in therapeutic settings and may also allow individuals to connect more acutely with the other music-centered dimensions (Aigen, 2005a). Additionally, Bergstroem-Nielsen (2006) writes that combining flexibility with a myriad of expressive techniques as a therapist may help clients to connect with "all human perception and activity" (Aesthetics section, para. 2).

Bergstroem-Nielsen (2006) outlines three dominant characteristics of the aesthetic dimension: firstly, it is recognized by its valuable qualities such as that of excitement, gratification, and importance. Additionally, the qualities of this dimension are motivating for both client and therapist, thus being an important vessel for personal and emotional exploration (Bergstroem-Nielsen, 2006). The aesthetic dimension also contains aspects of impersonality, which grants access to levels beyond individuality, such as culture and society (Bergstroem-Nielsen, 2006). Results from the music therapy literature will be used in the following section to discuss how the aesthetic dimension meet each of the five needs of youth in mental health care contexts. The aesthetic dimension shows that musicking may deepen expression of emotion (Bergstroem-Nielsen, 2006; Epp, 2007; Lee, 2003), enhance self-knowledge (Bergstroem-Nielsen, 2006; Saarikallio, 2019), musical connection (Krüger, 2019), represent complex embodied relational connections (O'Neill, 2019; Woodward et al., 2007), and foster feelings of empowerment (Band, 2019; Trondalen, 2003).

Emotional Expression

Aesthetic qualities may act as a powerful vessel for emotional exploration (Bergstroem-Nielsen, 2006). This is also clearly illustrated in Lee's (2003) case study with Michael (pseudonym), described previously. Through an aesthetic lens, Lee (2003) uses musical improvisation to meet Michael's emotional expression simultaneously as it is experienced. The client in this example attended music therapy hoping that it would provide him with a way to express grief about his mother which was previously unattainable for him. After the therapy, Michael expressed that "our musical expression was beyond words and so to try and put it into words would have diminished what I was exploring" (Lee, 2003, p. 108). The difficulty of recounting the profoundness of musical expression in this case example may signify a reason for the lack of literature connecting youths' emotional expression with the aesthetic qualities of music.

Research on aesthetics and the emotional needs of youth in mental health care settings may be limited, but theoretical writings on aesthetic and expression from Epp (2007) illustrates similar findings. Nordoff-Robbins music therapy, an approach with a music-centered perspective, advocates that aesthetic musical experiences motivate clients to become musically expressive (Epp, 2007).

Understanding and Formation of Self

The aesthetic elements of music may serve as a powerful catalyst for personal exploration (Bergstroem-Nielsen, 2006). Exploring the aesthetic qualities of different genres of music is a common step in youth development (McFerran, 2010), and forming one's musical identity is an important component towards self-understanding (Aigen, 2005a). Additionally, aesthetically-oriented music therapy with youth in mental health care may be used to "transform autobiographical experiences into dialogues and performances" (Krüger, 2019, p. 128). This relates closely to the music-centered value of deepening one's connection with the music as a clinical goal: autobiographical exploration provided the youth in Krüger's (2019) music therapy setting the opportunity to expand their self-concepts.

Additionally, Saarikallio (2019) writes about the similarities between personal and musical identity and mentions that both may be simultaneously constructed. Just as music preferences tend to move from openness to commitment of preference, identity also tends to move from role confusion towards commitment to identity (Saarikallio, 2019).

Connectedness and Belonging

Returning to Lee's (2003) definition of aesthetic music events; neither beauty nor complexity are required for an aesthetic music therapy experience. Ansdell (2014) reiterates this in his description of community music therapy with a mental health group. Participatory music is not meant to be perfect: the out-of-tune and out-of-rhythm makes it interesting and gives it its essence (Ansdell, 2014). The uniqueness of the music is created through the exact musicking context in which it occurs; this gives members a sense of experiencing an exceptional event (Ansdell, 2014). These findings are paralleled in O'Neill's (2019) work with youth focusing on connectedness and wellbeing. This author explores the complex musical connections that youth form within themselves and with others. Musical lives and aesthetic preferences are multifaceted and complex; they are formed from embodied responsiveness and represent the entangled connections with oneself, others, and the music (O'Neill, 2019).

Feeling Empowered

When musical focus is aimed towards product and performance, aesthetic quality often becomes intertwined with one's perception of the music. Mitchell (2019), who documents experiences from a participatory community music therapy group in a youth mental health context, writes that youth experience feelings of empowerment after successful participation.

The performance environment aimed to be non-judgmental and supportive of the youth's music, while the music therapist helped them to learn instruments and songs. The youth expressed feelings of gratitude towards the experience, stating that they felt great about being able to play aesthetically pleasing music (Mitchell, 2019).

Creating an aesthetic performance may be meaningful and empowering for some youth in mental health care contexts (Mitchell, 2019), yet other research shows that letting go of aesthetic concern may allow youth to focus on the process more than the product in their work, thus creating feelings of achievement and empowerment (Wölfl, 2019).

Part 4. The Communal Dimension

As mentioned above, engaging with music in music-centered ways allows individuals to connect on cultural and societal levels. Health is not only biological and individual - it is relational and social: and social, relational, and cultural participation is linked to personal wellbeing (Ansdell, 2014). These connections strive to help individuals move beyond isolation and individuality so that they may experience the positivity associated with engaging in something larger than themselves (Ansdell, 2014). Music therapy can bring an isolated person into a community and it can also create a community out of a group of people (Pavlicevic & Ansdell, 2004). Aigen (2005a) writes that this feeling is an essential human need, and that a sense of musical communitas contributes to the development of self-identity. Additionally, engaging in music therapy groups may create unique experiences by providing individuals with exceptional ways of experiencing social relationships. For example, group musical experiences may emerge into joint musical processes – a process where the individuals in the group begin to act, think, and feel together (Ansdell, 2014).

As mentioned in Chapter 3, community music therapy has many defining characteristics which relate closely to music-centeredness. Community music therapy places emphasis on building music-communities and addressing other sociocultural factors through community-based musicking (Aigen, 2005a; Stige et al., 2010): musical communities can foster spontaneity, freedom, togetherness, and even out social hierarchies (Ansdell, 2002). Music therapists with this lens may emphasize both individual and group processes: such as the personal level, the communal level, the sociocultural context, and the overarching cultural and political levels (Ansdell, 2002). This in turn creates a positive environment of belonging (Ansdell, 2014) where health, development, and equity become strengths of the group (Stige et al., 2010). Due to the

large amount of research on community from a community music therapy stance, the commonalities between community music therapy and music-centered music therapy will be used to inform connections between community and the five needs of youth in mental health care contexts. The communal dimension demonstrates that communal musicking may enhance expression (Aigen, 2005a; Ansdell, 2010), help to build identity (Aigen, 2005a; Ansdell, 2010; Krüger, 2019; Woodward et al., 2007), enhance peer connections (Anderson & Overy, 2010; Ansdell, 2010; Wölfl, 2019), enhance wellbeing (O'Neill, 2019), create feelings of empowerment (Anderson & Overy, 2010; Mitchell, 2019; Woodward et al., 2007), and help youth to cope with stressors (Mitchell, 2019; Trondalen, 2003; Woodward et al., 2007).

Emotional Expression

Music-centered music therapy centers around musical experience (Aigen, 2005a). Similarly, community music therapy centers in on joint musicking and communal experiences (Ansdell, 2010). Ansdell (2010) also writes that community music therapy is simultaneously decentered; it places focus on unique and subjective individual experiences. The non-linear and creative nature of the ecological relationships formed in these situations may help individuals create joint-musicking experiences (Ansdell, 2014), a process where unique and novel modes of emotional expression may be able to emerge. The incorporation of the individual within the communal, as well as value for musical connections are central characteristics in music-centered thought (Aigen, 2005a)

Understanding and Formation of Self

Identity has many layers: micro levels of self, through individuality and musicality, as well as macro collective identities through community, society, & culture which make up who we are (Krüger, 2019). Musical communitas may be the ideal place for developing personal identity (Aigen, 2005a), especially for youth in mental health care contexts (Mitchell, 2019; Woodward et al., 2007). Music may also aid youth in these contexts towards the development of collective identities: music facilitates social relationships, which in turn informs personal and social identities, which then leads to the building of peer relationships and community involvement (Krüger, 2019).

Youth identity development may be viewed as a three-stage process within music therapy (Krüger, 2019). Research with youth in the child welfare system has led to the understanding that their personal, communal, and societal identities may be developed through community

musicking experiences (Krüger, 2019). Krüger's (2019) approach begins with a person-oriented strategy, where musicking focuses on strengthening communication and relationships. Next is the community-oriented strategy, where musicking facilitates relations between the individual and their peer-groups and families. Lastly is the citizen participation stage, where musicking promotes multifaceted identification with community-related values, rights, and attitudes (Krüger, 2019).

The creation of a musical community leads to the formation of meaningful experiences and new unique identities within the sociocultural context of the group (Ansdell, 2010). This concept has been explored in a youth inpatient and day program facility in Ontario, Canada (Mitchell, 2019). The researcher interviewed youth and staff who had participated in their bi-annual coffee house performance. These performances were described as participatory, inclusive, non-judgmental, and aimed to level relational dynamics at the facility (Mitchell, 2019). The interviews revealed themes relating to youth identity formation: the musical performances impacted the youth's identity formation through expressing their identities in unique ways. In this context, the identity formation was intrinsically linked with the community: "transformation in the children's self-perceptions were interwoven with audience members' transformed perceptions of them" (Mitchell, 2019, p. ii). The youth were able to see themselves through the audience's newly expanded perspectives, which in turn affected their self-perceptions. This relates closely to the music-centered value of listening: during musicking experiences, individuals hear their music and the music of others, but they also hear their music being reflected in others' music, which in turn influences their own music (Aigen, 2005a).

Youth in mental health care contexts are often seen as being ill, but these experiences provide them with a new health identity (Mitchell, 2019). The main goal of the coffee house was to retell and understand stories with music to expand the youth's narrative and challenge limiting beliefs (Mitchell, 2019). This may be described as a self-in-progress, where youth's identity develops and changes, but cannot be attained overnight. Trying out and performing new identities through participatory musicking experiences became a source of meaning and exploration for the youth in the mental health treatment facility (Mitchell, 2019).

Connectedness and Belonging

Shared diagnosis is not enough to bring youth in mental health care contexts together, it is the musicking experiences which facilitate connections; the unique ecological nature of

musical liaisons, represented by a "spiraling web of relationships" (p. 139) which facilitates connectedness (Ansdell, 2014). Similarly, Wölfl (2019), who works with youth who have aggression, writes that the "development of a shared musicking culture that aims at the wellbeing of all in the community and supports respectful and constructive forms of communication that counteract destructive behavior" (p. 80). The creation of a sense of belonging also resonates in the work of Anderson and Overy (2010): Scottish youth with histories of legal offenses self-reported benefits relating to feelings of belongingness due to their community music making program. In this study, the youth participated in group music making in the form of band practices, and they expressed that practicing music with their peers helped them to feel like they belonged (Anderson & Overy, 2010).

Belongingness and connectedness may arise for youth in community music settings (Ansderson & Overy, 2010; Wölfl, 2019); similar findings led O'Neill (2019) to conclude that youth wellbeing is relational – that it is created with others. In this context, music became a product of the communal environment: it was "an assemblage where the affordances of connectedness are inextricably tied to the mutually interdependent and co-constituted assemblage of human/non-human performer-music-audience" (O'Neill, 2019, p. 183). This sentiment is also expressed by Ansdell (2014), who writes that the shared meaning created from community musicking reinforces individual's identities, which in turn creates feelings of belongingness within their unique environment. Building community and connections may be viewed as synonymous to having continued care; not only is this an important factor in youth mental health (Malla et al., 2018), but it supports the value and meaning in continued community musicking.

Feeling Empowered

The group music-therapy in Anderson and Overy's (2010) work with young Scottish offenders also helped the youth to experience feelings of empowerment. Music therapy provides youth with meaningful and engaging ways to pass their time, and it demonstrates to them that they can commit to and learn new things. Similar findings emerged from research on community music making with young offenders in South Africa (Woodward et al., 2007). Youth in this study reported that learning how to play djembes and participating in group musicking experiences gave them a sense of purpose, positive emotions while playing, feelings that they could master new skills, and respect for music. In this research, percussion instruments were used to promote easy and early success in the youth's music making, which also helped to create

feelings of empowerment (Woodward et al., 2007). The cultivation of respect for music, as well a focus on enhancing musical involvement mentioned in this study resonates closely with Aigen's (2005a) values of music-centered music therapy.

The previously discussed coffee house study in a youth mental health care facility by Mitchell (2019) also reveals themes of empowerment in the youth participants' interviews. The youth felt empowered through their accomplishment of musical participation and performance. They self-reported feelings of self-efficacy and self-esteem from being able to do something new, and being able to do it well (Mitchell, 2019). The participatory, inclusive, and non-judgmental nature of the coffee house brought focus away from aesthetic values, therefore allowing success to be synonymous with participation (Mitchell, 2019). Most of the youth interviewed for the study mentioned that they found the performances to be quite stressful, but the process of nurturing their strengths in a participatory environment allowed then to overcome fears while feeling safe and empowered (Mitchell, 2019).

Coping with Symptoms of Mental Illness

The community music therapy with youth in South Africa, as described earlier, helped the youth feel empowered, but it also helped them to cope with symptoms of their aggression by lowering their stress-reactivity and anger within the music (Woodward et al., 2007). Coping through community musicking was also alluded to in Mitchell's (2019) research: most of the youth who participated in the coffee house experienced symptoms of anxiety, but the supportive participatory nature of the event helped the youth to cope with and overcome their stress and fears.

Most of the research on community musicking with the needs of youth in mental health care contexts has focused on groups and large-scale communities; however, feeling connected to oneself may also be an important facet of community. This is illustrated in Trondalen's (2003) research with youth who have eating disorders. As mentioned earlier, self-listening was used to help youth experience their own voices. Trondalen (2003) advocates that the interpersonal sharing of self-listening experiences and promoting connections with the self may have helped one of the youths to cope with symptoms of mental illness and to deal with emotions that are difficult to control.

Part 5. The Transpersonal Dimension

Musical experiences within the transpersonal dimension can relate to a variety of transpersonal components. Aigen (2005a) writes: "music creates a whole host of categories of transpersonal experiences that involve experiences beyond oneself or that incorporate significant changes in consciousness and awareness" (p. 104). Several music therapy approaches incorporate transpersonal experiences, such as the concept of the musical world in Nordoff-Robbins music therapy, which is defined as "the conception of music as an alternative experiential world" (Aigen, 2005a. p. 147).

The value of transpersonal musical experiences is also expressed in Guided Imagery and Music (GIM; Abrams, 2019). As discussed in Chapter 3, several music-centered values resonate in the applications of GIM, such as the central use of music for therapeutic change, a focus on holism, and the promotion of deep engagement with the music (Abbott, 2019). GIM sessions are designed to help clients enter relaxed or expanded states of consciousness; this may allow them to experience meditative states, unity with music, and feelings of oneness (Abrams, 2002). Profound engagement with music may be used as a vehicle to explore "transpersonal layers of consciousness" (Abrams, 2019, p. 386); this may be paradoxically viewed as simultaneously finding and losing oneself (Clarke, 2014). Experiencing transcendent states may be inherently therapeutic because it allows individuals to eclipse inner limits, become more aware through beauty and creativity, and to experience sensations of wholeness and comprehensiveness (Abrams, 2002).

Research on GIM began in the 1970s (Aigen, 2005a), emerging simultaneously with explorations of transpersonal psychology (Bonny, 2001); this has resulted in substantial amounts of research focusing on transpersonal experiences in music therapy contexts. The music-centered qualities from GIM and transpersonal research with youth in mental health care context will be used to inform how the transpersonal dimension may meet the needs of this population. Examples from the literature will demonstrate how the transpersonal dimension can meet the expressive, identity, connectedness, empowerment, and coping needs of youth in mental health care contexts. Research on the transpersonal dimension shows that transpersonal experiences may enhance expression (Band, 2019; Bonny & Kellogg, 2012) and understanding of emotion (Trondalen, 2003), self-dialogue (Band, 2019) and feelings of wholeness (Abrams, 2002), trust

with others (Band, 2019) and oneself (O'Neill, 2019), feelings of empowerment (Powell, 2008), and coping with symptoms of mental illness (Band, 2019).

Emotional Expression

Band (2019) conducted research on the use of GIM with youth populations and how receptive musicking may meet their needs. Adapting GIM sessions so that the musical examples and sessions are shorter in length allows youth populations to engage with the music (Band, 2019), and often enables them to benefit in similar ways to adults (Powell, 2008). Band (2019) writes that adapted GIM may help youth to express feelings and to increase imagination. Additionally, Band (2019) mentioned that adapted GIM may be used to help adolescents with eating disorders to creatively confront their emotions and help them to self-express. Comparably, Trondalen (2003) describes that the creation of metaphors to symbolize musical expression helped youth with eating disorders to express their emotions. In a case study with a 22-year-old youth with depression, adapted GIM sessions were created to fit the client's needs (Bonny & Kellogg, 2012). GIM sessions typically end with the creation of a mandala drawing; in this case, the drawings were analyzed separately by an art therapist after each session in order to gain a better understanding of the client (Bonny & Kellogg, 2012). The client discussed how the sessions helped him to get in touch with his emotions and to become more self-compassionate (Bonny & Kellogg, 2012).

Understanding and Formation of Self

The concept of self and transpersonal experiences are closely knit; profound musicking experiences may evoke new self-perceptions and revelations (Clarke, 2014). Through analyzing the literature on the use of GIM with youth populations, Band (2019) discusses a case example with a client who finds and dialogues with their inner voice. It could also be argued that the similarities between self-expression and self-understanding may justify that the findings from Trondalen (2003) and Bonny & Kellogg (2012) also relate to identity formation, although this was not explicitly mentioned in either of the studies.

Similarly, as mentioned by Abrams (2002), transpersonal experiences may lead individuals to experience feelings of oneness and wholeness. This relates closely to the value placed on holism by music-centered music therapy. Although Abram's (2002) research is not population- or age-specific, it is conceivable that youth in mental health care contexts may

experience similar effects because they react to GIM in similar ways to adult populations (Powell, 2008).

Connectedness and Belonging

In the research on youth's engagement with music for connectedness and wellbeing, O'Neill's (2019) research mentions themes related to transpersonal experiences. Andrew (pseudonym), a 15-year-old guitar player in the research, describes how musicking helps him to have deep and meaningful experiences so that he can feel in tune with his mind and soul (O'Neill, 2019). The way that music helps Andrew to feel connected with himself relates to the transpersonal concepts previously described by Abrams (2002). Transpersonal experiences, through a GIM lens, may also help youth in mental health care settings to foster trust in peers and adults (Band, 2019). The deeply meaningful musicking experiences described by Andrew appear to closely relate to the music-centered values of enhancing one's connection with music and the convergence of personal processes and musical development described by Aigen (2005a).

Feeling Empowered

Powell (2008), who describes the adaptation of GIM sessions to fit the needs of youth populations, writes that feelings of empowerment may arise through the music. When significant experiences emerge through the music, spontaneous images and feelings arise. The sessions aimed to empower the youth by helping them to identify and regulate their own feelings, and to develop personal awareness (Powell, 2008). Some participants were even able to discover solutions to interpersonal problems (Powell, 2008). While Powell (2008) does not explicitly state transpersonal goals, expressing unconscious thought processes and experiencing music at a deep level, which relate to aspects of transpersonal experiences, are part of the focus.

Coping with Symptoms of Mental Illness

Band (2019) writes that GIM may be used with youth populations to create a fresh sense of reality away from illness. While this theme is explored by other authors (Mårtenson Blom, 2011), it is not done within youth in mental health care contexts. Mårtenson Blom (2011) expresses that transpersonal GIM experiences are closely related to themes of surrender, acceptance, and coping. It is possible that these findings may be replicable with youth populations, especially considering that youth have been found to react similarly to adults in GIM (Powell, 2008), yet there is no research evidence to date.

Conclusion

Considering the needs of youth in mental health care contexts and how they may be met through the five dimensions of music-centered music therapy has revealed many connections and emergent themes between the intrinsic rewards of musicking and how youth in these contexts may constructively interact with music. This exploratory phase will be discussed and summarized in the following chapter. The final chapter will additionally be used to revisit the original research questions, discuss clinical and research applications, and consider this research's limitations.

Chapter 6. Discussion: Links Between Music-Centered Music Therapy and the Needs of Youth in Mental Health Care Contexts

This research aimed to explore parallel and emerging themes between the needs of youth in mental health care contexts and Aigen's (2005a) five dimensions of music-centered music therapy. The primary research question was: "Why is a music-centered music therapy approach indicated in youth mental health care contexts?" The subsidiary research questions were (a) "What are the needs of youth in metal health care contexts?" and (b) "How can Aigen's (2005a) five dimensions of music-centered music therapy; the creative, expressive, aesthetic, communal, and transpersonal be conceptualized to address needs of youth in mental health care contexts?" Analysis on the current research with youth in mental health care contexts led to the identification of five overarching needs: emotional expression, understanding and formation of self, connectedness and belonging, feeling empowered, and coping with symptoms of mental illness. Exploration of the literature on music therapy with youth in mental health care contexts led to the identification of many links between the needs and the dimensions. With five dimensions and five overarching needs, 25 possible categories emerged: data from the literature was found for 23 of these categories and discussed in the previous chapter. Data used in the results chapter primarily drew from the music-centered music therapy literature; music-centered, community music therapy, Guided Imagery and Music, and Aesthetic music therapy sources were utilized. However, music-centered themes also emerged from research which was not explicitly music-centered. The five dimensions of music-centered music therapy offer many possible facets through musicking experiences to meet the overarching needs of youth in mental health care contexts.

Challenges Associated with Categorization and Cross-Analysis

Categorizing each finding from the literature into the convergence of only a single dimension and a single need was often difficult to do. This inquiry has revealed that all dimensions of music-centered music therapy are interconnected and difficult to understand when separated from one another. For example, feelings of belongingness help to create peer relationships, which in turn helps to form social identity (Derrington, 2019). An expanded concept of self, as experienced through communal musicking, leads to new relational possibilities (Mitchell, 2019) and feelings of agency and empowerment (Saarikallio, 2019). Further, developing a musical identity empowers youth by showing them that they are capable of

aesthetics and beauty (Mitchell, 2019). Transcendent experiences are intrinsically tied to aesthetic and expressive properties of music (Epp, 2007). Additionally, transpersonal experiences provide youth with ownership of their own imaginations, thus helping them to understand and express emotions, and develop personal awareness (Powell, 2008).

This conundrum is meaningfully encompassed by Ansdell (2014): "it seems that these subtle but powerful musical affordances only show up when music retains its wholeness as a phenomenon; when it remains musical" (p. 299).

Distribution of Findings

The previous chapter illustrated many convergences in the literature in regard to the five dimensions of music-centered music therapy, a summary of these findings was presented in the form of a summary table in Chapter 5. This section will be used to discuss the distribution of findings across categories; some categories had a plethora of research to back them up, while two instances did not have any data links at all. A second table, which has been created to represent the number of authors cited in each category of inquiry, is presented below.

Table 2

Number of Authors Cited in Each Section of Chapter 5

Dimensions	Needs of Youth in Mental Health Care Contexts					Total
	Expression	Identity	Connection	Empowerment	Coping	
Creative	1	6	3	4	0	14
Expressive	5	5	1	2	1	14
Aesthetic	3	4	2	2	0	11
Communal	2	5	4	3	3	17
Trans-personal	3	2	3	1	1	11
Total	14	22	13	12	5	

Note. The contents of this table are a summary of the results discussed in detail in Chapter 5. Not all authors cited in Chapter 5 were cited in this table: only those with research findings addressing links between the five dimensions of music-centered music therapy and the needs of youth in mental health care contexts were included.

As represented by Table 2, the dimension with the greatest amount of literature cited in its defense was the communal dimension, as it was cited in 17 different instances. This may be due to the great amount of research conducted from a community music therapy lens. All other dimensions were cited between 11 and 14 times.

Needs relating to identity formation were cited 22 times, which is substantially more than any of the other needs of youth in mental health care contexts. It is possible that there is a large amount of identity-related literature on youth populations in contrast to the other needs, yet it is not possible to say why. Needs relating to expression, connection, and empowerment had 14, 13, and 12 citations, respectively. In contrast to this, only five pertinent sources emerged for needs relating to coping with symptoms of mental illness. There are several reasons why this may have occurred. For example, it is possible that there is less data on coping from a music-centered standpoint because it may appear to have fewer musical and para-musical associations: perhaps researchers regard it as being separate from musical processes. However, it is also possible that there is a discordance in the varied parameters of the term coping. For example, for a youth diagnosed with depression experiencing overwhelming emotions, would expressing their emotions not be a form of coping? For a youth who feels lonely and who participates in a group musicking experience evoking feelings of empowerment and belonging, would these feelings not be related to coping? These questions highlight the mesh of intrinsic relationships between the needs of youth in mental health care contexts. It is possible that the narrow definition of coping has resulted in it being referenced by fewer authors in the literature.

While the numbers in Table 2 may help to visually represent the number of authors cited in the previous chapter, it is important to note that it does not account for the amount of each information provided from each source. For example, some sources, such as Mitchell (2019) and Lee (2003) provided extensive discussion and detailed experiences from participants which were directly related to this inquiry. Other sources provided brief but relevant data.

Clinical Relevance of Music-Centered Music Therapy

Aigen (2005a) addresses potential controversy in the apparent lack of music-centered focus of the five dimensions; although musicking can be done to gain nonmusical effects, there exists unique musical and para-musical phenomena which are inseparable from the musical dimensions. Aigen (2005a) further clarifies his stance by writing "identifying categories of experience that music gives rise to is not to thereby demonstrate that music is being used to

achieve a nonmusical experience" (p.109). At first glance, the overlap between the needs of youth in mental health care context and the dimensions of music-centered music therapy may appear to further exacerbate the focus on the seemingly non-musical. Nonetheless, comparable to the five dimensions, the needs all have music-centered elements which may be met through music-centered music therapy. It is valuable to consider the role of the musical, the para-musical, and the non-musical in this discussion. The five dimensions of music-centered music therapy as well as the five needs of youth in mental health care contexts may be viewed on all levels. There are entirely unique musical experiences relating to expression, creativity, identity, aesthetics, community, transcendence, feeling empowered, and coping with symptoms which cannot be formed outside of music. Concurrently, there are also para-musical process unfolding; these may be represented by phenomena such as musical identity, musical communitas, music related empowerment, musical creativity, and musical expression, which are not entirely musical, but which cannot be understood apart from the musical context. Lastly, there may also be entirely non-musical effects related to the five dimensions of music-centered music therapy or the five needs of youth in mental health care contexts. As mentioned before, assuming that music therapy creates the same non-musical effects across all people and contexts would be baselessly prescriptive and would rescind from the intrinsic benefits of musicking (Ansdell, 2014). Therefore, the non-musical benefits are non-clinical from a purely music-centered music therapy stance and were not examined in this inquiry.

Limitations

Screening processes and interpretation of literature were subject to potential bias; as the Masters student researcher, I defined criterion for article inclusion and data extraction, these steps were influenced by my own subjective perceptions. Additionally, my limited research experience leaves room for issues relating to potential bias and trustworthiness concerns. This has been addressed through supervision, self-reflection, as well as the study of ethical standards, integrity, and competence in research. My chosen research methodology did not allow for clinical trials or consultation with music therapy professionals; this could potentially affect the applicability of the research findings. Similarly, the link between music-centered music therapy was originally created based upon my personal music therapy internship learning experiences, and therefore may not reflect the experiences of other professionals.

The representation of youth may be skewed towards those aged 13 to 25 because of the large amount of research on this age group in comparison to younger youths. While the definition of youth for this research included those aged 6 to 25 (Journal of Youth Studies, 2018), other researchers used more restrictive definitions such as 12 to 17 (McFerran et al., 2006), 12 to 18 (Mitchell, 2019), 13 to 19 (Geipel, 2019; McFerran, 2010; Preyde et al., 2017), 13 to 24 (Islam et al., 2017), and 18 to 25 (Anderson & Overy, 2010; Hense et al., 2018).

I aimed to use research published within the past 10 years. However, since this was not always possible and these findings may become less relevant with time, emerging research studies may bring to light completely new areas of inquiry. Another significant limitation in this research is the lack of consideration for individual needs. The needs of youth in mental health care contexts were determined through analysis of current research studies. Many of these studies used aggregated data to find commonalities among their participants' needs. While this may generate meaningful areas of need that are generally applicable to many participants, it does not account for unique individual needs. Additionally, many of the music therapists working with this population do not document their work in research studies; this creates potential a potential for discrepancy between research findings and current practices.

Research Implications

The nature of this inquiry was entirely theoretical: additional understanding and new insights on how the needs of youth in mental health care contexts are met through music-centered music therapy may possibly be gained through clinical research studies. Similarly, it may be beneficial to research how other populations within mental health care contexts may also be meaningfully affected by music-centered music therapy. For example, literature pertaining to young children and adults over the age of 25 was not included in the current inquiry. Further, this inquiry focused on youth whose primary needs centered around mental illness: this resulted in other youth populations being omitted. Additional inquiries could focus on topics related to youth in hospitals or youth with developmental disorders. Relevant findings may also emerge from comparing the effects of music-centered music therapy and other music therapy approaches on youth in mental health care contexts. Research comparing music-centered music therapy with other commonly used therapies with this population, such as other creative arts therapies or

various psychotherapy approaches, may bring a deeper understanding of the effects of music-centered music therapy.

Clinical Implications

With the diversity of music-centered stances and music-centered values applied to clinical settings, being aware of unique sociocultural contexts and knowing that there is no single correct way to be music-centered became a central emerging theme to this inquiry. As most music-therapists take eclectic stances (McFerran, 2010), approaching music-centered music therapy with an awareness of the multiplicities of possible application may allow therapists to gather music-centered values while still being aware of the uniqueness of each situation. This may be especially pertinent when identified individual needs differ from the overarching needs discussed in this inquiry.

Although a purely music-centered stance advocates for focusing on musical and para-musical goals, non-musical goals, such as learning mindfulness techniques to use outside of session, talking through important life events, and processing thoughts through non-musical ways may also be valuable to help meet the needs of youth in mental health care contexts. While music-centered music therapy may be able to uniquely meet the five overarching needs of youth in mental health care contexts, it is ultimately up to the therapist and those participating in music therapy to consider what may be most helpful in each unique situation.

Conclusion

The value of music-centered music therapy with youth in mental health care contexts was considered in this inquiry through exploration of the five dimensions of music-centered music therapy with the five overarching needs of youth in mental health care contexts. Literature from music-centered music therapy and youth in mental health care contexts were both explored to provide a basis for the inquiry. Subsequently, literature from music-centered music therapy and other music therapy perspectives were analysed in accordance with the identified needs to identify meeting points in the data and emerging themes. The findings indicate that music-centered values may be able to uniquely meet the needs of youth in mental health care contexts. It is hoped that this research encourages music therapists and researchers to critically consider the value and unique merits of music-centered values with youth in mental health care contexts.

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