

MUSIC THERAPY WITH BEREAVED TEENAGERS: A MIXED METHODS PERSPECTIVE

**KATRINA McFERRAN, MELINA ROBERTS, and
LUCY O'GRADY**

School of Music, University of Melbourne, Melbourne, Victoria, Australia

Qualitative investigations have indicated that music therapy groups may be beneficial for bereaved teenagers. The existing relationship between young people and music serves as a platform for connectedness and emotional expression that is utilised within a therapeutic, support group format. This investigation confirms this suggestion through grounded theory analysis of focus group interviews. Changes in self-perception were not found as a result of participation, however practically significant results were found on adolescent coping. These cannot be generalized because of the small sample size. Grief specific tools are recommended for use in future investigations in order to capture the emotional impact of music therapy grief work with adolescents.

Is there a special case to be argued about the experience of bereavement during adolescence and the kind of support teenagers need? The most common position has been to ignore the unique aspects of adolescent grieving, and it was well after the field of bereavement gained prominence that the distinctions between children and teenagers began to be explored. This exploration began with authors identifying distinct challenges for teenagers (Noppe & Noppe, 1991), based on the assumption that bereavement resulted in an increased vulnerability to mental health problems (Harris, 1991). This suggestion was rebutted by other authors who pointed out that successful coping with grief can actually lead to more mature and successful understandings of the world, including the importance of relationships (Davies, 1991; Oltjenbruns, 1991). Adding to the debate is a recent review

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Address correspondence to Katrina McFerran, School of Music, University of Melbourne, Melbourne, 3010 VIC, Australia. E-mail: k.mcferran@unimelb.edu.au

of over 60 controlled studies that contests any assumed benefit from interventions offered to selected groups of bereaved people, such as young people (Currier, Neimeyer, & Berman, 2008). Yet the challenges faced by adolescents grappling with grief and loss seem substantial, and young people often indicate that they do struggle.

There are certainly a number of conflicts between the tasks of grieving and the tasks of adolescence. Fleming and Adolph (1986) highlighted five tasks that would be challenged by the experience of a loss during adolescence and Worden (1996) then connected these tasks to the challenges being expressed by the participants in the Harvard Child Bereavement Study. Although some young people do struggle with bereavement, opportunities for increased maturity can also be added as a potential response to the challenges to development imposed by grief. If the constructs of both bereavement and adolescence are accepted, these authors have identified precisely where the challenge lays for teenagers (see middle column of Table 1). Worden's descriptions succinctly

TABLE 1 The Impact of Grief on Adolescent Development

Task of adolescence (Fleming & Adolph, 1986)	Experience of grieving	Result of bereavement (Worden, 1996)
Experiencing the predictability of events	Existential realization that life is unpredictable	Increased anxiety and fear
Developing a confident self-image	Transitional period of adjustment in face of grief with many unfamiliar requirements	Lower self-image compared with peers
Forging relationships marked by belonging	Loss of significant relationship with no possibility for repair	Reduced sense of belonging—More social problems and socially withdrawn
Believing the world is fair and just	Questioning how the loss could be allowed to happen	Experienced feelings of injustice
Gaining a sense of mastery and control	Confusion due to new feelings and experiences	Reduced mastery and control

capture the outcomes that can result for grieving teenagers, based on the accounts of teenagers in his study. Yet it is also true that these conflicts hold the potential for growth. Where some may sympathetically describe bereaved teenagers as being forced to grow up too quickly (Dunsmore, 2002), others may see opportunities for increased maturity (Balk, 1983). Whilst it is no doubt terrifying for a young person to feel that they are not in control of what happens in their lives, it is also an existential truth that we are not able to control all things (Yalom, 1980).

The emotional aspects of loss are not prominent in the conflicting tasks noted in Table 1, nor in the literature generally, and yet it is these aspects that seem to cause adolescents the most grief. Adolescence, not insignificantly, coincides with the onset of puberty (Bancroft, 1990). The tumultuous hormonal journey that results is experienced as mood swings, unpredictable emotional states, and a range of other physical side effects to a range of degrees. Adding the emotional instability of grieving onto this state may be the greatest challenge of all for young people (Balk, 1991). Teenagers frequently describe moments of rage, as well as fear of publicly expressing their emotions (Christ, 2000). Given that the formation of a sense of identity (Erikson, 1965) is based on the interplay between how others perceive the young person, and how closely that mirrors their view of themselves, this is a reasonable cause for concern. The unpredictability of emotional state also results in changing needs, with teenagers sometimes wanting friends and family to acknowledge their grief, and other times not wanting to be asked too many questions or made to cry (Dunsmore, 2002). It seems reasonable to hypothesize that adolescents are potentially experiencing bereavement in a more intense way than their adult peers although the similarities are also conspicuous.

The Potential Role of Music in Adolescent Bereavement

Music is one of the ways that teenagers express their feelings, hopes, and dreams, as well as exert a considerable consumer influence (McFerran, 2004). The function of music can be metaphorically represented as both a mirror and a window for the teenager. The idea of music serving as a mirror reflects an emphasis on the personal, including the intrapersonal and private roles that music

can fulfill when there is no expectation of an audience for their musical engagement. This is particularly relevant for the young bereaved person, whose internal responses to grief will almost certainly be distinct from the public portrayal. Music therefore has an important role to play in representing the authentic but hidden emotions of bereaved young people as they come to terms with their loss. Laiho's (2004) review of music and adolescents identifies the emotional field as an important psychological function during this developmental stage. Despite an assumption that music might therefore be used for purely expressive purposes, DeNora (2000) suggested that it is more likely used for meaning making. She proposed that teenagers use music to reflect on past experiences and to structure their future directions. The concept of meaning making is also well supported by the bereavement literature (Neimeyer, 2000). Roe's (1987) ideas are more literally related to the image of a mirror. His research suggests that music plays a reflective role in the lives of teenagers, particularly in terms of self-perception, rather than the more abstract reflection of internal state suggested by meaning making. Roe's suggestions about the development of self-perception are not static and are linked to young people's evaluation of their future success and their past experiences.

The contrary idea of music serving as a window encompasses the social, interpersonal, and cultural functions that music naturally serves for young people. Ruud (1997) described this relationship as the "performance of identity," distinguishing from the mirror-like constructions of music as "reflecting" the soul. He emphasized the active ways in which people use music to assert their public personality. Young people share music that supports their consciously chosen persona—be that emo music in conjunction with heavy eye make-up and black clothing, or classical music and the associated studious appearance. Other researchers have described this as impression management (Tarrant, North, & Hargreaves, 2000), explaining that teenagers only share certain musical preferences with their peers, keeping some choices private. This process is echoed in the ways that teenagers share their experience of grieving since it is both risky and challenging for teenagers to grapple with emotionally related material in a public forum and can lead to strained relationships with peers (Harris, 1991). Similarly, adolescents acknowledge that their music preferences may have positive or negative consequences for their evaluation of others

(North & Hargreaves, 1999) and believe that their musical preferences are strongly related to those of their peers (Tarrant, North, & Hargreaves, 1999; Van Wel, Linssen, & Abma, 2004). Social psychologists have designated this as a badge function—with teenagers wearing music as a badge that identifies their values, attitudes, and opinions to others (Frith, 1981). Whether it is a musical badge or a badge of grieving, the idea of music as a window suggests an element of personal control and conscious decision making.

Music is also used by young people for mood management (Saarikallio & Erkkila, 2007). At the risk of stretching the metaphor too far, music for mood management can be understood as a curtain that is controlled by the young person, allowing others to see more or less of their actual mood state as they see fit. This is particularly pertinent in the case of the grieving adolescent, who will potentially be experiencing fluctuations in mood as they move through loss-oriented, and restoration-oriented states (Stroebe & Schut, 2008). Studies show that emotionally vulnerable teenagers listen to more music than their luckier peers, with a recent investigation of Australian teenagers showing that unhappy teenagers listened nearly 30% more on average (McFerran, O'Grady, Sawyer, & Grocke, 2007). Many commentators assume that this is reflecting the unhappy state of the young person; however, most teenagers use music actively to manage their feelings, selecting music that they need to hear in the moment (Saarikallio & Erkkila, 2007). This process is largely unconscious; however, most young people describe using music to make themselves feel better. Unfortunately this is not always successfully achieved, and vulnerable young people are the most likely to feel worse after listening (McFerran et al., 2007). This may be the result of *delayed hedonic gratification* (Larsen, 2000), a process of one's feelings being reflected in the music resulting in feeling momentarily worse but ultimately leading to a sense of relief. However, this has yet to be fully investigated.

Despite the fact that most young people use music to manage their moods effectively, there is still significant discussion within the literature of a more causative influence of music (Baker & Bor, 2008). There is an assumption by some commentators that music is a simple stimulus leading to predictable negative behaviors based on the nature of the music (Bushong, 2002). Investigations that have

identified a relationship between heavy metal music and antisocial behaviors have been used to make this point, with the suggestion that the music itself is the cause of the behaviors rather than being understood as a mirror-like reflection of internal state or an attempt at mood management. This has been publicly debated in the American context by Tipper Gore, resulting in the well-known explicit content sticker on CDs that contain swearing. The more dramatic elements of this argument did not stand up in court however, and the right to freedom of expression ultimately was successful.

The natural relationship between music, young people, and grief has been used by music therapists internationally, often in conjunction with palliative care programs (Hilliard, 2007; Krout, 2005a) and occasionally in free-standing grief support contexts. The main author (Katrina McFerran) has conducted studies of music therapy bereavement groups for teenagers in Australia (McFerran-Skewes & Erdonmez-Grocke, 2000) and Ireland (McFerran & Murphy, 2004), using qualitative strategies to generate rich descriptions of these experiences. Outcomes suggest that music therapy promotes a useful balance between fun and emotional engagement for teenagers, particularly when it takes place within the safety of a closed group that promotes respect and confidentiality. Paradoxical elements of grieving are supported by engagement in musical activities, and teenagers have commented on the opportunities for both freedom and control, altruism and empathy. The ability of music to express both sorrow and joy, sometimes in the one moment, is valued by teenagers in music therapy. Outside this context they find expressing their grief-related emotions valuable but struggle to find a forum where this is viable. Although some quantitative investigations have identified benefits from group music therapy programs for children (Hilliard, 2001, 2007), research with adolescents has been qualitative to date.

The Investigation

In response to these studies, the Australian Research Council funded an investigation that would further explore the potential of music therapy for bereaved teenagers, with the view to using this intervention as a preventative health care strategy (ARC, Discovery Project # 066735). The investigators argued that gathering data

from both quantitative and qualitative sources would enhance the interpretation of findings “by both capitalizing on inherent methodological strengths and counteracting inherent biases” in each design (Greene, Caracelli, & Graham, 2008, p. 127). Results from previous qualitative research suggested that value was experienced from participation in music therapy groups, but the exact nature of outcomes was not yet well understood. The small discipline of music therapy does not have standardized tests for outcome measurement, usually relying on psychological tools and often measuring self-esteem or quality of life. Because neither of these variables seemed the likely outcome for bereaved teenagers, and because preventative outcomes are inherently difficult to measure, the inclusion of descriptive data to complement the numerical results seemed logical. Creswell (2003) labelled this a *concurrent nested strategy* because it provides an opportunity to gain a broader perspective on the potential value of intervention, with data from both sources being integrated at the analysis stage. The quantitative aspect of this design does not include a control condition and the variables targeted were self-reported psychological states of the individual participants pre- and post-intervention. This design was considered acceptable because the intention was still exploratory rather than evidence focused.

The research questions that shaped the investigation were as follows.

RQ1: How do the young people perceive the experience and benefits of participation in the music therapy group?

This question was answered by the young people through participation in focus group discussions. Their opinions were analysed and interpreted by the researcher.

RQ2: Does participation in group music therapy improve the self-perception and coping ability of the adolescents?

This question was addressed through pre- and posttest measures of either self-perception (Group 1) or coping (Group 2) and was interpreted in terms of practical significance.

The small sample in this study means that results cannot be generalized.

Method

Participants

Purposive sampling was used to specifically target adolescents for participation. E-mail contact was used to identify one school that was able to recognize a relatively high number of grieving teenagers within their students. This school had an existing psychosocial support program within which the research could be located. Using the school as a site for dealing with grief has proved successful in previous studies (McFerran & Murphy, 2004; Skewes, 2001) and also supports the use of a group work model, a model that is arguably the most appropriate for adolescents who are not indicated as requiring individual support because of more dramatic reactions to the loss (Neimeyer & Currier, 2008).

Once a contract was established with the school, identified students were provided with information about the music therapy program and the research study and asked to self-nominate for participation. This approach was acceptable to the ethics committee who approved the study¹ because it supported voluntary participation and provided sufficient information to allow the teenagers to give informed consent. Parents were also required to consent to their child's participation. Eligibility criteria for inclusion in this study were simply: (a) loss of family member/s and (b) self-report of bereavement as significant. Bereavement theory suggests that a criterion regarding time since bereavement is irrelevant given the tendency of adolescents to suspend grieving and to oscillate between active grieving and distraction over long periods of time.

The 16 young people who volunteered to participate in this study are summarized in Table 2 and are separated into the two distinct groups that were run sequentially. Group 1 was predominantly males with an average age of 14 years who had mostly lost close relatives. They were identified and generally attracted invitations to participate in the group because of their overt acting-out behaviours in the school. Group 2 was predominantly females,

¹Ethics approval was received from the Victorian Department of Education (#SOS003369) and the University of Melbourne (#0602957) in order to undertake this study.

TABLE 2 Summary of Participant Demographics and Bereavement Experience

Name/ Pseudonym	Gender	Age	Relationship to deceased	Cause of death	Length of bereavement
Group 1					
Tim	M	14	Older brother and cousin	Committed suicide, illness	Unknown, 4 years
John	M	14	Grandfather	Natural old age	Unknown
Beth	F	15	Grandfather	Illness	Unknown
Don	M	13	Auntie, cousin	Murder, car accident	Unknown
Austin	M	16	Grandfather and 2 uncles	All 3 relatives murdered	Unknown
William	M	13	Sister	Illness	2 years
Jemima	F	13	Father	Illness	Unknown
Reece	M	15	Father	Illness	Unknown
Group 2					
Phillip	M	13	Great grandfather	Illness	1 year
Tina	F	15	Father	Illness	1 year
Paige	F	14	Grandfather	Illness	2 years
Sarah	F	12	Grandmother	Illness	1 year
Jacqui	F	13	Grandmother	Illness	3 years
Jodie	F	16	Grandfather Uncle	Illness	6 years
Cassie	F	13	Grandfather	Illness	2 years
Amy	F	13	Sister	Asthma attack	7 years

again with an average age of 14 years and whose losses were mostly of grandparents.

Procedures

THE MUSIC THERAPY INTERVENTION

Each music therapy group took place over two schools terms: 12 weeks for Group 1 and 14 weeks for Group 2. Sessions lasted for two school periods (approximately 90 min) and the time of the group was varied on a weekly basis so that different classes were missed each three weeks. The goals for the music therapy groups were focused on offering opportunities for expression and contemplation, as well as processing grief-related experiences. A humanistic model was adopted so that teenagers were able to

choose the focus and process of each session. The session leader maintained a stance of empathic positive regard rather than the more directive or suggestive approach common to groups run from a cognitive behavioral or educational standpoint.

Each session began with casual greetings and discussion until all students had made their way to the group. Within approximately 10 min, the music therapist would decide that it was time to commence and ask for the group's attention. After a brief welcome and recapitulation of the purpose of the group, she would ask members to nominate what musical activity they wished to participate in on that day. The options included writing original songs (Dalton & Krout, 2006; Krout, 2005b), free play (improvisation) on percussion instruments (Berger, 2006; McFerran & Wigram, 2005), or listening to known songs followed by discussion of meaning (McFerran, 2004). The group ended with a brief reflection on the focus of the group and reminders for the following week as the young people spilled out the door to the break.

The first group was most likely to choose song listening and instrumental free play. Many of the young people had songs with them on their iPods and mobile phones, and these would be amplified so that the group was able to hear them. In addition, the music therapist would often acquire songs mentioned within the group and bring them to the subsequent group for sharing if they were not immediately available. Although songs addressing grief-related themes were sought and encouraged by the group leader, group members also used this opportunity as a means of expressing their identity by affiliating with particular genres and performers. Casual playing of instruments was also popular in this group, and the mostly young men would happily play hand drums, guitars, shakers, and other percussion instruments whilst chatting, and sometimes listening to music. Moments of clearly expressed grief processing were rare, and the music therapist worked hard to draw the attention of this group back to the topic. Being dominated by young adolescent boys, an emphasis on non-verbal expression was accepted although verbal processing was encouraged. Song writing proved to be the most powerful opportunity for grief processing during the course of the group, and the song written by this group substituted the words to a Blink 182 (1999) song, titled "All the Small Things," with the lyrics composed as shown in Figure 1. The second group was more interested in music making and less

(CHORUS) The thing about grief is that sometimes you wanna talk,
Sometimes you wanna laugh and forget about the world Na-na-na-na ...
We are nine students who are grieving
We've been meeting for therapy every Friday
We've listened to CDs and played stuff and messed around
We've talked about grief, now we're writing this song so that you can see
(CHORUS)
We've all loved someone in our lives who is gone
There are mothers, fathers, grandparents, Siblings, half-sibs, cousins and friends
(CHORUS)
Grief is when someone dies you lose them from your life
You feel annoyed, angry and depressed, you can't believe it happened like that
You thought you knew them well, You feel a bit wild
Don't know who to turn to, you just can't believe it's true
(CHORUS)
Grief is just so hard, you remember them and they're in your heart
You remember lots of memories, this is what it's like to grieve
(CHORUS)
The things that don't help are when people laugh and make fun
They criticize the people who has died, it makes us feel so angry inside
"We know what you're goin' through" is the worst thing they can say to you
When they haven't been through grief themselves, it makes us want to scream and yell
(CHORUS)
Sometimes we get criticized, sometimes we need to cry
If you've got a lot of love you can get better somehow, we can do a bit of both
(CHORUS)
The things that help us, are friends that you can trust
Friends that do see that grief is hard for us teens
Jokes are the key to coping with grief
Looking at photos for memories, that is part of how you grieve
(CHORUS)
Hanging out with other grieving teens is what we've done and where we've been
We've heard each others stories and we've shared our own, now we don't feel so alone

FIGURE 1 "This Is What Grief Is" (Lyric Substitution Exercise, Group 1).

reticent to articulate grief related issues in discussions. This group of predominantly young adolescent girls was initially interested in improvising on the instruments, playing spontaneously in response to themes such as calmness, grieving, and other self-nominated topics. After approximately four weeks the group began focusing on song writing and also elected to change the lyrics of an existing song. In both cases the group members were recorded performing their song and were given a CD of this recording for their own keeping. These young women were more likely to discuss how they were coping with their loss and discuss the problems they had with family and friends not understanding their responses. Other topics of discussion were also accepted within the group, particularly when it related broadly to identity formation. For the final weeks of the group, a casual blend of music listening and

music making took place amidst the discussions, with the music therapist leading toward closure.

Measurement Tools

The participants in each group completed a questionnaire in the first and final sessions of their respective groups. The participants in Group 1 completed the Harter Self Perception Profile for Adolescents (SPPA; Harter, 1988), a standardized self-reporting instrument that measures adolescents' self-perceptions. The instrument contains nine subscales that focus on eight specific domains of self-perception in addition to the adolescents' global self-worth score. In response to the 45 items, "the adolescent is first asked to decide which kind of teenager is most like him or her, and then asked whether this is only sort of true or really true for him or her" (Harter, 1988, p. 5). The variable of self-perception was selected in the first instance because grief is seen to be a challenge to the adolescent's emerging sense of identity, which is ideally grounded in rebellion against a safe and stable basis, not a grieving family unit.

The SPPA questionnaire took approximately 25 min to complete and in both the first and final sessions the length and complexity of the tool proved to be a challenge to participants, many of whom complained loudly while answering the questions. In the posttest, a group of four young men appeared to be circling answers randomly as they complained about the questionnaire. The participants in Group 2 completed the Adolescent Coping Scale (ACS-Short Form; (Frydenberg & Lewis, 1993) comprising 18 items that sought to capture information about adolescents' coping behaviors. The ACS aims to measure how young people cope in different circumstances attributed to three domains of solving the problem, reference to others, and nonproductive coping. This questionnaire used a more manageable set of questions and took approximately 10 min to complete. No complaints were made in either pre- or posttest scenarios by this group. The use of coping as a variable had obvious relevance in the context of grieving, and it was possible to direct the teenagers to focus on a specific life experience as they answered the 10 questions, which was stated clearly as "grief" to the participants.

In addition to the questionnaires, 15 of the adolescents participated in small focus group interviews following the conclusion of

their music therapy program. Each focus group consisted of two to three young people and discussion was facilitated by the research assistant (Roberts), who had also conducted the music therapy groups and was therefore known to the young people. A semi-structured approach was adapted, where a number of set questions were posed about the experience of being in the group and the usefulness, or not, of that participation. The majority of time was spent following up comments made in response to these broad questions. The focus groups lasted 14 min on average and were recorded using a Sony IC Recorder (ICD-SX46) and then transcribed verbatim for analysis.

Data Analysis

Scores for the SPPA subscales and global self-worth were computed. The small number of participants in this study meant that no significant results could be drawn from the data analysis. However, analysis of results could be described in terms of practical significance rather than statistical significance. The largest possible increase or decrease in the scale is 3 points (i.e., from 1 point to 4 points, or vice versa) and therefore a movement of one point was considered to be a practically significant change. The scores for the ACS were calculated similarly. A practically significant change in scores pre- and posttest was determined based on whether there was a change into a different category. Each of the three coping behavior categories are weighted based on the desired coping behaviors for adolescents.

The focus group interview transcripts were analyzed using grounded theory strategies (Strauss & Corbin, 1998). The main three stages of data analysis were

1. open coding (each statement in the data was considered for meaning and descriptive labels assigned),
2. axial coding (connecting the vast array of open codes into more rigorously defined categories), and
3. selective coding (identifying a central category that draws together all major properties and dimensions of the elements captured in the axial coding process; Rice & Ezzy, 1999).

Strategies used to enhance the trustworthiness of this qualitative analysis included a continuous comparison between the data

and the major categories. This was undertaken to ensure that the interpreted categories were still overtly related to the data contained within them. Triangulation was then achieved by integrating the qualitative descriptions with the quantitative outcomes using quotes from the original data as illustration for the statistical results.

Results

With reference to the SPPA completed by 8 participants (6 males, 2 females), a practically significant change in pre-posttest would have been evidenced by an increase or decrease of 1 point. Five domains increased post-music therapy and four domains decreased; however, none of these changes were significant (see Figure 2). The poor compliance to the test requirements should be taken into account when considering this graph.

The results from the ACS were more suggestive (see Figure 3). On average, results showed that the second group of 8 participants (7 females, 1 male) increased their use of coping behaviors classified as “reference to others” posttest, to a practically significant degree (increase of 11.9 on a 90-point scale). These included changes on individual questions addressing seeking social support; taking social action; seeking to belong; investing in close friendship; and seeking professional help. Results on coping behaviors categorized as “solving the problem” were used between “sometimes” and

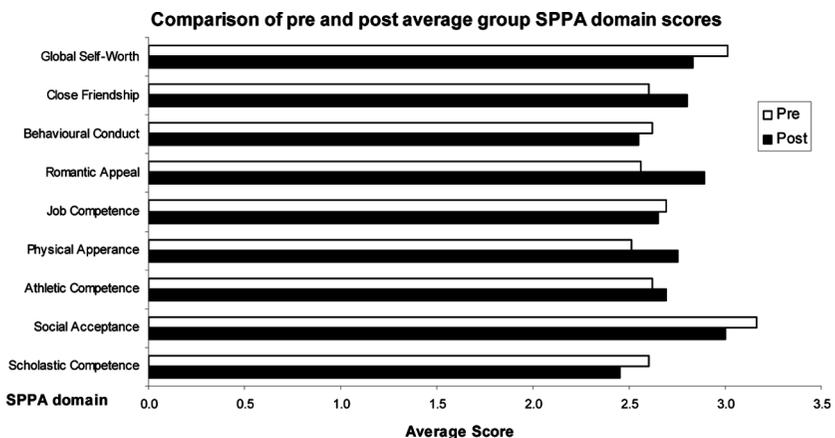


FIGURE 2 Average score of 8 participants by domain on the SPPA Scale.

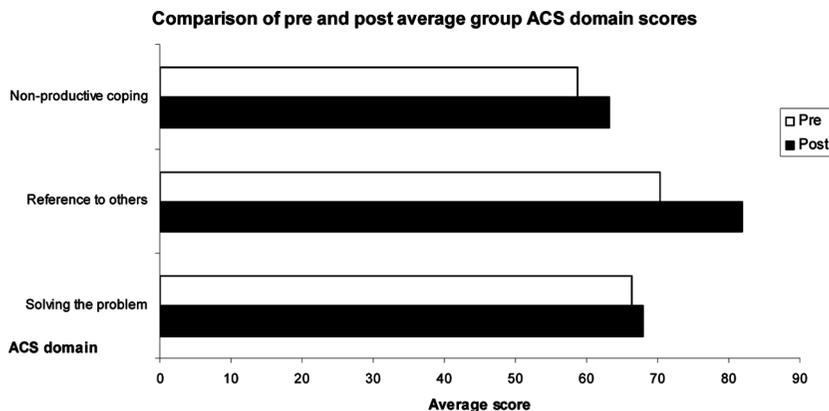


FIGURE 3 Average score of 8 participants on ACS.

“frequently” for both pre- and posttest. Behaviors categorized as “non-productive” also did not change significantly.

During focus group interviews, the young people distinguished between the ways their friends, family, and the school system responded to their grief in comparison to their experiences within the group. They also clearly articulated the outcomes they perceived as resulting from the group. “Having permission to grieve” emerged as the central theme (major category) from the analysis and five subthemes (properties) contributed to the recognition of this experience as the major benefit of participation.² Although this outcome has been constructed through the researcher’s interpretation of the focus group interviews, the different categories emerged directly from the data, rather than being anticipated in the data (i.e., inductive rather than deductive analysis). A further explanation of the sub-themes will now be provided.

FROM BEING STUCK TO MOVING ON: CHANGES IN GRIEVING STATUS

Five of the 15 young people interviewed described a change in personal status that they attributed to having permission to grieve in the music therapy group. The language they used was convincing in its authentic adolescent-ness. Before the groups, the teenagers talked about being stuck and holding on to their grief.

²Major category and properties are both grounded theory terminology.

Um, it helped me to realise that, um, you can't hold on, hang on to the past. 'Cause that was my big thing. If you want you can ask the welfare coordinator. I used to hang on to Pop very, very hard. And, um, music group actually helped me let him go.

This concept of being stuck in the past reverberated with many of the young people, and they perceived the group as offering an opportunity to engage with their grief in order to move on. One young woman explained that she had found a new approach because she realized that "It's over, it's my life now. I can do whatever I want and concentrate on the future." The idea of "getting over it" was popular for these young people. They explained that it was necessary to engage with the grief in order to continue growing, as will be illustrated in the following property.

FROM BOTTLED UP TO OFF MY CHEST: CHANGES IN LOSS-RELATED FEELINGS

Another phenomenon captured in the analysis of the focus group interviews illustrates the changing experience of grief-related emotions over the course of the group. Seven of the 15 young people interviewed about this study described their feelings before the group as being "bottled up" or having a need to "let it out." They described the function of music as being to promote emotional expression. Playing the instruments and writing songs were described as being "like release." One young man stated, "Well, it helped me emotionally, like, um, yeah, like I got some things off my chest and then I felt, like, better." The young people seemed to have taken the idea of emotional expression seriously and were looking for a safe way to do it. They explained that "it actually helps to let it out," and recommended the opposite with statements like "don't keep it in." This was the particular contribution of music to the sanctioning of grief within the group. The opportunity to play a drum or write a song about grief was the way the young people felt they expressed their feelings of loss.

FROM STRESSFUL TO RELAXED: DAILY EXPERIENCE

The idea that the daily experience of coping with grief involved feeling "stressed" or "stuck" prior to the music therapy group was communicated by 6 young people. Although they were maintaining an effective and convincing façade about their level of coping, they did not find daily life as a bereaved teen relaxing.

One young man stated that the music therapy group was good because he learned “a new way of taking your stress out on stuff.” The release of feelings being described not only resulted in feeling less stressed, but also “well not just get over it but to, um, be happy.” This was an important achievement for these young people, who were describing being in an almost constantly hyper-alert state in order to contain themselves and their grief. This effort is not simply a paranoid response on the part of the teenagers, as the school yard can be a cruel place for those who do not appear to be normal. Teasing and victimization is a very real possibility in response to behavior that is perceived as weird. The music therapy group contributed to feeling more relaxed in the school environment by providing a place where they could release and get relief. This meant that it took less energy to survive in the school environment. As one young woman stated, “I think that was the place . . . where I could just relax a little bit.”

FROM ALONE TO CONNECTED: IMPROVING THE CONNECTION BETWEEN
SELF AND OTHERS

When presented in context of the previous three properties, it is not surprising that 9 young people in this study reported a sense of isolation prior to their participation in the group. Although different dimensions of each property were present in the 15 individual teenagers interviewed, some combination of feeling stuck, bottled up, or stressed had led to their decision to attend the music therapy group. Any experience of difference during adolescence results in a striking feeling of loneliness. The understanding community that was created within the group was valued by the teens and they made statements such as, “There’s people there that actually know what I’m going through and it was really cool and relaxing.”

This sense of connectedness contrasted starkly with the teenagers’ experiences outside the group, where people “don’t know what it’s like.” Family members were often described as worrying when any admissions about grieving were made. One young woman described her mother’s response to the poems she had written.

Uh, I let my Mum read them and she ended up crying and I felt really, really bad after it. And, um, we decided that I wouldn’t write any more

notes 'cause Mum would end up finding them and she'd end up hiding them from me.

In contrast to feeling disenfranchised from their grief, the young people also described scenarios where caring friends and family showed too much interest in the loss, and “they just start asking more questions and it just gets annoying in the end and you wish that you hadn't even told them.” This paradox of desiring and yet rejecting support is typical of the adolescent condition. The nature of this developmental stage means that it is difficult to admit to vulnerability because of the overriding concern about how they are being perceived. A group work model is very suitable in response to this situation, although frequently challenging to facilitate.

This was certainly the case with the two groups in this study, who progressed through the anticipated stages of group development in typically adolescent ways. The tentative beginnings were noted by some group members, saying that “At the start it was kinda scary but as you got into the group it was pretty good. It was.” For many group members, this was the first time they had disclosed their grief and the level of tension in the group was frequently high “because outside of school I don't like the word grief—full stop.” The role of music was central to defusing this tension, with the majority of teenagers (10 out of 15) describing the group as “fun” when asked to comment on how it had been, and the remaining 5 describing it as “good” or “alright.” The result of surviving the perilous early stages of group development was the achievement of group cohesion and a sense of not being alone, even beyond the bounds of the group. This is exemplified in the following statement by one young man:

Yeah, yeah. It made you feel like you weren't by yourself, like going through everything by yourself, like it made you feel like you had people that you could talk and turn to.

SECRET TO SHARED: INCREASED LEVELS OF SHARING ABOUT THE LOSS

The other property that emerged involving inter-personal relationships was the need to share about the loss. Within the groups, two of the young people felt that until they knew the specific bereavement situations of the other group members it was hard to know whether they would be understood. Disclosure was essential to the establishment of group cohesion because it provided the

necessary contrast with the secrecy of their grieving process prior to participation: "I'd never really spoken about it before so I like had to, how can I say it, um, encourage myself to, um, tell everyone what happened. 'Cause I don't tell a lot of people, so...." The group leader actively facilitated this sharing, constantly drawing the attention of the young people back to grief, whilst also accepting the endless diversions to more comfortable topics. The music served an important role during this process, and the facilitation of song writing in particular was an essential tool for focusing on grief.

Once the bereavement situation was known, group members were accepting of many levels of participation. Both listening and talking about the loss, or playing of the feelings associated with the loss, were welcomed and accepted. Following disclosure and acceptance within the group, 4 of the young people began to communicate with family and friends outside the group about their experience of loss. Whether it was giving an honest answer about where they were going during Period 6 at school (attending the grief and music group), or opening up with family members about how they were feeling, the effects of the group lasted beyond the room.

Researcher: What did you both get out of the group?

Young Man 1: Um, be confident and talk about grief more often to your friends and family.

Young Man 2: Yeah like the group it was alright. It made me feel, like comfortable, like, talking about my grief with my best friend.

Within the group there was an understanding response to disclosure and this resulted in a confidence about authentic representations of grieving outside the group.

Continuing bonds theory explains the need for the young people to tell their story as a way of staying connected with the person who has died (Klass, Silverman, & Nickman, 1996). What is not as clear is how telling the story in the group led to increasing the connection with people outside the group, especially if it has not improved self-perception. The emergence of the central category of "Having Permission to Grieve" is proposed as the explanatory factor. The provision of creative and fun opportunities to grieve gave the young people permission to share the story of their grief within a supportive community. This engagement with

their loss also involved emotional expression and resulted in feeling better—getting it off their chest so they could relax. Permission is critical in all these elements and music provided a crucial tool that provided concrete ways of doing this. After this the young people felt, “like, better.”

Discussion

Many of the themes that emerged from the previous qualitative analyses of this phenomenon were represented again in the raw data of this study—the importance of fun as a springboard for grief processing being the most obvious. However the methodological approach used in this study has also illuminated effects of participation that reach beyond the group. The language used by the young people to describe the concept of having permission to grieve is powerful and convincing in its authentic adolescent-ness. They attributed achievements such as being able to “move on,” “get things off my chest,” “get over it,” “relax,” and “not feel alone” to their participation. They felt more connected to their family and peers as a result. The descriptions of the young people are matched by the outcomes of the ACS, which also captured some of these changes. There was a recorded increase in use of strategies that used references to others. This was accorded the status of being practically significant and indicates a good match between Frydenberg’s (Frydenberg & Lewis, 1993) tool and the perceptions expressed by the young people themselves. The lack of improvement in self-perception according to the SPPA suggests that whilst coping improved, this did not impact on the more stable attitudes held about themselves.

The lack of inclusion of emotional aspects within both the ACS and the SPPA has been a limitation in this study. The valuing of emotional expression as a natural and healthy response to grief has been challenged (Stroebe, Stroebe, & Schut, 2002) because of a lack of clear links with positive outcomes. This is counter-intuitive, however, because the absence of emotion in response to the death of a significant other is generally regarded as unhealthy, or at least unusual. Attachment theory (Bowlby, 1988) would interpret this as deactivation of a natural response: The attachment figure is no longer available and therefore the individual chooses to suppress their needs as a coping measure (Mikulincer, 2008). Stage

models of grief focused entirely on emotional expression initially (Kubler-Ross, 1983; Worden, 1992) and most people's experiences of grief do involve emotional experience, although the duration of intense grieving may vary substantially (Bonanno, 2008). In any case, being denied the opportunity to have one's emotional needs met results in psychological conflicts. The young people's descriptions of how they felt before expressing their grief capture the effect of this conflict, feeling "stuck" with their feelings being "bottled up inside." This matched with themes identified in a previous study that found the opportunity to express the emotions was valuable (Skewes, 2001, p. 118). Descriptions from that group of bereaved teenagers included statements such as "It just basically broke the seal on the fridge that's been closed until someone decides to open it" and "I just didn't have as much on top of me after expressing my feelings so it got easier." Neimeyer, Hogan, and Laurie (2008) has lamented the failure of bereavement researchers to use grief specific tools, and this critique has been earned in the study presented here. An adolescent-specific grief and loss outcome measurement tool is needed for future studies of this topic.

The precise role of music in achieving these outcomes is only beginning to be explicated. The connection between music and the emotions seems to be critical as descriptions of emotional release are becoming a common feature of results in the study of this topic. Younger adolescents exist on the border of childhood and adulthood, moving between relatively concrete and abstract understandings quite fluidly. This is clearly expressed in the participants' perceptions of the music group as providing a way to express their feelings. Their belief in the effectiveness of music to literally help them express their emotions can either be interpreted as a placebo or, in fact, an appropriate and potent strategy for this age group. Although the adult population would not anticipate such a dramatic and easily achieved improvement, these adolescents' perceptions should be valued. In their words, the music group made them "feel better." It is interesting to note that the teenagers did not give this impression during the group. Facilitating adolescent group work is an exciting challenge and typically requires what Malekoff (1997) described as "leaving your ego at the door" (p. 22). The young people in these groups were no exception, and the chaotic progression of the group from

week to week was sometimes difficult to perceive as grief-related. Yet they perceived it as fundamentally so. And they described powerful benefits.

Teenagers oscillate between their need for fun and their need for authenticity. They are high energy, growth oriented, and conscious of the eyes of others. Despite early studies full of dire predictions, they do not seem to be any more at risk than other bereaved groups. However they do face significant challenges in terms of their emotional control and their desire to appear cool. Anna Freud described adolescence as a time of paradox and contradiction in this way, on the one hand, being obsessed with the opinions of others and, on the other, showing little sensitivity to their needs (cited in Malekoff, 1997). This was certainly seen in the music therapy group, where the young people used constant banter and joking as a way of interacting. But the blend of humor and intensity worked for these young people. In one moment they were listening to a heavy metal song, in the next they were writing a rock ballad titled "Grief Is Hard." At one time playing drums, then moments later listening silently. Laughing, then immediately serious. Music was able to encompass a whole range of emotional states and allow for swift transition between them. The descriptions of the young people suggest that bereaved teenagers may feel better if they have opportunities for fun combined with the creative expression of their grief alongside their peers. The qualitative analysis suggests that this happens because music therapy engages young people with their grief through active music making. Musical participation allows for a release of the pent-up energy associated with holding on to their grief. The action of letting it out occurs when a sense of safety and community has been achieved, where group members' grief is known and accepted. Sometimes music can help to "like, move on."

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