



Constructing a grounded theory of young people's recovery of musical identity in mental illness



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ARTICLE INFO

Article history:

Available online 4 November 2014

Keywords:

Youth
Music
Identity
Mental illness
Recovery
Music Therapy

ABSTRACT

Musical identity is a highly relevant, yet little researched area within mental illness. In this study, the researchers explore how 11 young people's musical identities changed during their experiences of, and recovery from mental illness. The researchers use a constructivist grounded theory approach to collect and analyse in-depth interviews with young people attending a music therapy programme at a youth mental health service. Findings are presented as a constructivist grounded theory of young people's recovery of musical identity. This interpretation illustrates how aspects of these young people's pathology presents as 'musical symptoms' during acute illness and the ways in which young people engage in processes of 'bridging' and 'playing out' musical identity in the community. The role of music therapy in supporting young people's recovery from mental illness is presented, and the need to consider community-based music services is discussed.

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Literature review

The relationship between young people and their music

The relationship between young people and their music is complex. Australian based research in particular (Cheong-Clinch, 2013; McFerran, Garrido, & Saarikallio, 2013; McFerran & Saarikallio, 2014), has begun explicating the ways in which this complexity increases for young people during experiences of mental illness. While there is support for conceptualising music as a health resource for young people experiencing adversity (Beckmann, 2013; Solli, 2014) some researchers also caution against assuming positive outcomes will result when young people with mental illness engage independently with music. In their study of 40 young Australians, McFerran and Saarikallio (2014) identified the ways young people with mental illness describe patterns of music use that contrast in important ways with their healthy peers. These young people describe allowing themselves to be "under the influence of music...and continuing music use despite sometimes negative or ineffective consequences" (p. 6). McFerran and Saarikallio theorise about the dangers of young people assigning

'human qualities' to music that places power in the music itself rather than focusing on their own appropriation of music. Studies by Miranda (2012) and Miranda and Claes (2009) further demonstrate how young people's capacity for using music as an effective coping strategy can be impacted during experiences of depression. A number of authors have begun to caution against oversimplification of young people's music use (McFerran et al., 2013) and undertake research into music use specifically by those with mental illness.

Two recent studies (Beckmann, 2013; Cheong-Clinch, 2013) investigated everyday uses of music specifically among young people experiencing mental illness. Findings from these qualitative projects describe the complexity of young people's commitment to music as a powerful yet limited coping strategy. The authors use in-depth interview data to detail the interplay between music listening practices and illness behaviours (Cheong-Clinch), and the role of music in constructions of illness identity (Beckmann). Cheong-Clinch also discusses the role of music therapists in addressing some of the limitations of this 'health resource' and fostering healthy music use for young people's recovery through reflective engagement strategies.

Music therapy in recovery-oriented practice

Within youth mental health more specifically, a large scale meta-analysis (Gold, Voracek, & Wigram, 2004) has demonstrated

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the 'effectiveness' of music therapy as an intervention with young people experiencing mental illness. Recent studies addressing the relevance of music therapy to 'recovery practice' with people of all ages contribute useful insights about the processes involved in achieving these outcomes (McCaffrey, Edwards, & Fannon, 2011; Solli & Rolvsjord, 2014). These studies demonstrate the congruence between music therapy and recovery philosophy and detail the ways in which music is maintained as a resource for recovery, despite the presence of illness. In contrast to the studies that investigated young people's everyday uses of music (Beckmann, 2013; Cheong-Clinch, 2013; McFerran & Saarikallio, 2014; Miranda, 2012), these studies examine musical experiences within a therapeutic facility and therefore focus upon experiences of music that are carefully supported by a music therapist.

Musical identity in mental illness

Even Ruud (2010) suggests that identity may provide a bridging concept between music therapy and understandings of music use in everyday life (p. 38). Understandings of 'musical identity' appear two fold: where music itself is seen to provide material for construction of non-music aspects of identity such as personal qualities, style, values, lifestyle (DeNora, 2000); as well as the ways in which music provides social roles such as those of a musician or fan (Hargreaves, Miell, & Macdonald, 2002). Both interpretations offer useful insights for music therapists who may wish to explore the ways in which people appropriate music for personal insight as well as how people perform musical identities in social contexts.

Studies investigating musical identity in music therapy provide insights about the benefits of exploring musical identities in therapeutic work (Amir, 1999; Ruud, 1997). Moreira, França, Moreira, and Lana-Peixoto (2009) describe the value of musical identity as a vehicle for processing illness experiences; and Rolvsjord (2010) and Solli (2014) point to the potential of musical identity to evoke positive health changes through the inherent connection between music and individual resources. A meta-synthesis of mental health user's experiences in music therapy also discusses the ways in which music offers 'an arena' for the stimulation and development of positive identity and hope (Solli, Rolvsjord, & Borg, 2013). Solli et al. (2013) argue these affordances of musical engagement for processing identity directly relate to mental health recovery given the focus on identity and personal meaning making as essential recovery processes (Anthony, 1993; Commonwealth of Australia, 2010).

The overlap of young people's experiences of mental illness and their music with the relevance of musical identity to recovery, justifies exploring musical identity within music therapy in youth mental health. However, such clinical approaches also demand further investigation to increase understanding for informed and appropriate mental health practices. This study aimed to investigate the musical identities of young people recovering from mental illness, with the view to understanding how their musical identity changes with experiences of, and recovery from mental illness.

Design

This study forms the first cycle of a participatory project investigating how and why promoting musical identities may facilitate young people's recovery from mental illness. The purpose of the cycle reported here was to develop a theory explaining what conditions influence young people's musical identities to change during experiences of mental illness and recovery.

Method

In order to generate theoretical understandings of the topic, the authors chose a constructivist grounded theory approach, modelled primarily on the work of Charmaz (2006, 2011). Grounded theory is a theory building method of analysis based on core features of theoretical sampling, constant comparison of data to theoretical categories, and development of theory through theoretical saturation of categories rather than substantive verifiable findings (Bryant & Charmaz, 2007, p. 11). Theory 'building', rather than 'testing' refers to the way inductive processes are employed to move from the specifics in data to the more generic in abstracting to larger scale concepts. 'Grounding' of the theory refers to the way that theories can be traced back to the raw data (Charmaz, 2014).

Data collection

Setting

This research took place in the outpatient clinical music therapy programme at a youth mental health service in Australia. The music therapy programme includes a weekly, 2-h music therapy group, as well as individual sessions. Participation in the music therapy programme is voluntary and youth are recruited via case managers and psychiatrists of the service, or self referred. Activities are determined collaboratively by the group and can include instrumental improvisation, jamming on songs, shared music listening and lyric analysis, and song creation. The first author of this paper is also the clinical music therapist at this programme. While the interview data comprises young people's reflections upon experiences facilitated through these sessions, the purpose of this study was not to evaluate the music therapy programme.

Participating young people

The study was open to young people aged 15–25 who were accessing the music therapy programme at the youth mental health service. The service supports a range of diagnoses including Personality Disorders, Psychosis, and Mood disorders. Many of the young people accessing this service present with symptoms from a number of diagnostic groupings and comorbid substance use, although their 'primary' diagnosis is meant to be representative of the most prominent symptoms (Singh & Kirby, 2007). Young people with any diagnosis are able to access the music therapy programme and a variety of diagnoses were included in this study (see Table 1).

Table 1
Information about participating young people in the study.

Participating young person by pseudonyms	Number of interviews	Primary diagnosis at time of study
Participant 1 Anna	4	Bipolar I disorder
Participant 2 Kate	3	Borderline personality disorder/major depression
Participant 3 Dan	3	Major depression
Participant 4 Sandy	3	Borderline personality disorder/major depression/gender identity dysphoria
Participant 5 Jordan	1	Psychosis
Participant 6 Emmanuelle	3	Major depression
Participant 7 Emma	1	Major depression
Participant 8 Sam	4	Psychosis
Participant 9 Minna	1	Psychosis
Participant 10 Tim	4	Bipolar I disorder
Participant 11 Shayna	4	Psychosis

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