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The Music Gets Through: Experiences of Classical Composers and Observations of Hospitalised Adolescents in a Music-Based Intervention

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Abstract

Music is a valuable aid for hospitalised adolescents as they navigate normative and non-normative stressors. Music-based interventions link these adolescents with composers who write music designed to facilitate emotional wellbeing; yet little is known about how each engage and find meaning in these interventions. This study examines the motivations and musical choices of composers of music for mental health, as well as how hospitalised adolescents engage in and benefit from the creative process. Ten adolescents with extensive hospital experiences, six composers, two hospital staff and one program coordinator were observed and/or interviewed in a music-based intervention. Interpretative Phenomenological Analysis (IPA) of interviews with composers, coordinators, and hospital staff was performed to gain deep understanding of psychosocial benefits for all groups. This was supplemented by ethnographic observation of the program. Qualitative themes of Composer Reasoning, Listener Influence, and Adolescent Engagement revealed interplay of challenges and rewards for composers and adolescents. Composers reported positive change in adolescent mood and engagement and reflected on this within the context of meaning-making and social connection. This study demonstrates the potential value of music as a tool to promote positive identity and contributes to the body of research forging a connection between the arts and healthcare.

Keywords: Music, music-based intervention, composers, adolescents, mental health

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Adolescent Hospital Experiences

Onset of mental health problems commonly occurs in adolescence (Kessler, et al., 2007). Risk may be intensified by lengthy or frequent hospital stays (Moses, 2011). Adolescents with comorbidities of chronic pain, injury and stress are particularly vulnerable (Tegethoff et al., 2015). Self-reports of prolonged hospital experiences highlight a loss of autonomy and sense of belonging, emotional restriction and disconnection, reduced coping skills and diminished resilience (Gill et al., 2015; Pothoulaki et al., 2012; Reavey et al., 2017; Wigman et al., 2014). Prolonged exposure to chronic illness and health services may also elicit maladaptive 'illness identities' in vulnerable adolescents (Yanos et al., 2011). However, opportunities exist to mitigate negative mental health effects of hospital stays. For example, in brief psychiatric stays, some adolescents appreciated efforts to normalise their medical journey with 'time-out' from the stressors of school (Moses, 2011). By contrast, adolescents who experience long stays in psychiatric hospitals can feel disconnected and fearful of re-entering the outside world, as important community factors such as friendship circles and popular culture evolve without them (Reavey et al., 2017).

Music and Mental Health

Music is increasingly recognised as an effective management tool for young people to improve mood and cope with adversity (McFerran et al., 2013), as well as maintainance of positive moods (Thomson et al., 2014). Music is also a means of communicating with adolescents with mental health issues who may otherwise struggle to communicate (Carruthers, 2014; Shuman et al., 2016). Adolescents choose music according to their moods with the goal to entertain, relax, provoke thought, release tension, revive energy or even

generate a tangible, physical sensation (Patterson, 2015; Saarikallio & Erkkilä, 2007). Developing musical preferences is a normative aspect of adolescent socialisation; promoting belongingness through affiliations to artists and genres (McFerran et al., 2015) while endorsing personal expression and connectivity (ter Bogt et al., 2016; Hense & McFerran, 2016). Music therapy can involve active engagement of clients through activities such as playing instruments, improvising, or composing music. Alternatively, therapy can be receptive; for example, where the client's engagement involves listening. Each can support cognitive, emotional and mental wellbeing (Bradt, 2014). It differs from 'music medicine', which is also receptive, by including a therapeutic relationship or systemic process (Stegemann et al., 2019). Evidence suggests that both active and receptive practices reduce internalising symptoms (Geipel et al., 2018) and can reduce stress and anxiety around medical procedures and operations, as well as pain by reducing one's heart rate (Colwell et al., 2013; Kim & Stegemann, 2016; Yinger & Gooding, 2015). In one study, adolescents with mental health issues reported a preference for alternative therapies, such as musical interventions, to 'talking therapies' as these approaches enriched their self-determination (Patterson et al., 2015). Silverman (2011) also found that re-orienting adolescents' schema through non-health related opportunities such as music-based interventions, encouraged them to take adaptive ownership over their wellbeing and recovery.

Adolescence and Musical Preferences

The stress and coping theory (Lazarus & Folkman, 1984) proposes that coping strategies are developed to manage internal and external stressors (e.g. hospital environments). While active attempts to reduce stress increases mental resilience (Robb et al., 2008), avoidance behaviours such as rumination and social withdrawal are often maladaptive and can be detrimental to adolescent development (Aldwin, 2011). For adolescents

experiencing chronic illness or pain and/or mental health challenges, actively engaging with preferred music increases perceived control (Mitchell et al., 2008). In practice, Garrido and Schubert (2015) found 'sad' music had different effects on adolescents with chronic illness to those without. Healthy adolescents intentionally listening to 'sad' music found it resonated with their present, unhappy state, helping them feel reinvigorated and relieved. However, depressed adolescents listening to the same 'sad' music expressed lower mood (Garrido & Schubert, 2015). Ruminating music listening in this instance enhanced internalised symptoms of depression and was therefore unhelpful. Similarly, heavy metal genres or 'angry' music positively correlated with poor mental health and primed aggression in Australian adolescents (McFerran et al., 2015). Musical genre and style are thus mediated by the dynamics of a subtle, symbiotic relationship between composer and listener (Corrigall & Schellenberg, 2013), the success of which is contingent on listeners' perception of musical emotion; sensitive to beliefs, values and personal experiences, as well as the context in which the music is heard (Holmes, 2011). Music triggers automatic recall of emotionally driven life circumstances, arousing mind and body, and modifying mood and cognition (Corrigall & Schellenberg, 2013).

Musical Mechanics and Function

Musical composers act as emotional narrators whose creations can transform or manipulate mood, and therefore have the potential to contribute to therapeutic outcomes (Moore, 2017). The nexus of this emotional dialogue between composer and listener permeates music with a sense of meaning that is inherently technical, visceral and deeply personal (Douek, 2013). Understanding the tools by which this empathic meaning is embedded in music is critical in the appreciation of how it impacts mental health and wellbeing. Confident lyrics in soul music, for example, are associated with positive

reflection, increasing resilience, self-esteem and motivation (Miranda & Claes, 2009). The circumplex model of music psychology stipulates that a degree of arousal (high-low) or valence (positive-negative) is induced with musical devices moulding emotional narratives (Russell, 2003). For example, fast tempos, loud dynamics and sharp timbre or colour, are associated with high-arousal emotions such as happiness or anger (Juslin & Laukka, 2003; Liu et al., 2018). Similarly, low pitch melodies depress emotional valence (Jacquet et al., 2012), and major chord progressions are likely to induce positivity (Corrigall & Schellenberg, 2013). These musical choices may be less cerebral for general composition commissions. However, given the emotions in music may help facilitate positive mood permanency and overall well-being, these musical decisions are significant when writing for demographics with mental health issues.

Composers in the Hospital Setting

In health-care environments, musicians have been creating safe spaces for musical expression and tension relief, largely through live performances in hospital waiting areas and wards (Preti & Welch, 2012). However, Preti and Welch made clear the need for composers to be familiar with sensory stimulation within the environment first-hand to appropriately address the needs of the audience (2012, 2013). One intervention that invites composers to write for healing purposes and encourages adolescents to actively engage with their environment is the Hush Foundation's Composers in Residence Program (CRP). The CRP program is a new and collaborative venture that sees composers working with hospitalised adolescents to understand the benefits of music listening and engagement.

Current Research

Music therapy has been well researched from the perspective of the recipient, particularly adults (Stegemann et al., 2019), yet the challenges and experiences of the

composers and hospital staff facilitating healing music remain under-researched. Furthermore, evidence supporting musical interventions for adolescents with mental health issues is sparse (Geipel et al., 2018). This exploratory, interpretative study investigates the meaning of the CRP from the perspectives of composers, adolescents with mental illness and hospital staff. The aims of this study are to:

1) understand the process and experience of composers creating music for adolescents with mental health challenges in a clinical setting; and,
2) explore the perceived impact of the intervention on adolescents in hospital with mental health concerns.

Method

Conceptual Framework

This qualitative project employed two approaches. The first, Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), was used to enable a deep understanding of the psychosocial benefits and experiences of music in the hospital context. Due to ethical constraints in interviewing adolescents with mental health concerns, the second approach was ethnographic observations of their experiences with the intervention in the hospital space. These approaches were complementary frameworks that allowed for rich insights into the role of music for adolescents in hospital. This research takes a rigorous approach in understanding the essential meaning that composers and hospital staff place on music as a meaningful intervention for adolescents in hospital. Composers explored their visceral and idiographic experiences and/or processes of the intervention, whilst adolescent responses were observed and journaled. IPA questions the cognitive, linguistic, and physical totality of a person by assessing expressed motivations, subconscious nuances, and linguistic patterns (see Data Collection and Analysis for IPA process in situ). This approach

underpinned the development of interview schedules, data abstraction, and analysis (Smith et al., 2009).

Participants

The extensive analysis of this study necessitates a small sample size. Findings are restricted to the cases and groups presented, enabling deep insight into subjective, lived experiences. Table 1 details participant groups.

Researcher observation took place in the New South Wales arm of the Hush Foundation CRP at Sydney Children's Hospital in Randwick and the Children's Hospital in Westmead. Adolescent recruitment was based on their attending the school within in-patient wards at the aforementioned hospitals. Admissions to the hospital ward were for management for chronic pain or surgical procedures associated with chronic conditions, and severe mental health conditions; however, for ethical reasons we were not given individual patient diagnoses. For this reason, interviews with adolescents were not ethically appropriate and too high risk. Hospital staff informed students of research aims and benefits, and written consent for research observation was obtained from adolescents and parents for researcher to observe their interaction with the composers and music.

A purposive sample of classical composers from New South Wales, Victoria and Adelaide locations were recruited through their commitment to the CRP. Recruited composers were a blend of industry professionals (n = 4) and emerging artists (n = 2) working closely with their mentors throughout the project. Composer mentors had previously composed for Hush, but not alongside their target audience as is the case with the CRP. The composers' brief stipulated the music was to be original, 3-5 mins in duration and written with the aim to improve healthcare environments where it will be played. The listed focus terms were 'air', 'suppleness', 'colour' and 'lightness of being'. Written consent was

obtained for interviews and observation. After composers spent time with the adolescents discussing musical preferences and impressions, they composed a classical piece inspired by their experience engaging with and listening to the adolescents in the hospital. The composition was performed and recorded by the Australian Chamber Orchestra Collective (*Hush 18 – Collective Wisdom, 2020*).

[INSERT TABLE 1 HERE]

Data Collection

Ethics approval was granted (2017-247) through Deakin University Human Research Ethics Committee for observational research and face-to-face interviews. Semi-structured interviews with composers revealed their expectations and intentions for the program. Thereafter, secondary interviews explored composers' subjective experience of the program, their creative process and their understanding of how music affects wellbeing. Interviews with hospital staff and the Hush coordinator addressed the reactions of adolescents and commented on the logistics of the intervention and program scope. Initial open-ended questions were broad, permitting the interviewee to guide the conversation with organic conversation around musical phenomena and interpretations of the programs' impact. Idiographic details regarding physiological and emotional nuances in their experience were elicited through probes such as "how do musical elements chosen for the composition reflect your experience?" Interviews were an average length of 45 minutes, audio-recorded and transcribed verbatim for analysis using Smith et al.'s (2009) IPA framework (See Analysis). Ethnographic observations informed the phenomenon of calming music; unpacked by field notes of behaviour, emotional responses and engagement.

Analysis

The dynamic interplay between interviews and ethnographic observations formed the 'hermeneutic' circle' (Smith et al., 2009), whereby the researcher moved between dialogue, verbal semantics, and behavioural indications to establish meaning in the material. This process permitted an enriched perspective of the musical intervention on an individual level, as well as a panoramic overview of the impact across participant groups. Interviews were reviewed three times, by two researchers to form deep insight into participants' emotional and cognitive processes in relation to their experience of CRP. After reviewing each interview transcript, observational notes were analysed thematically, and themes identified were then compared with those from IPA interviews. Linguistic and conceptual content were unpacked with line-by-line analysis. Themes were extracted for comparison across and within interviews for similarities and divergences then, where appropriate, incorporated into superordinate themes (Smith et al., 2009). Framed with field notes and observations, re-evaluation and restructuring of themes occurred dynamically and organically as the researcher continued to delve into the content from each group holistically. It was also challenging to isolate the lead author's personal ethnographic experience of CRP from the participant narratives, as she has a professional background in music. Having two other independent researchers helped to reduce potential bias, and contributed to the confirmation of clear, workable themes. The results are a triangulation of expressed moods and feelings, interpretations of experience and observations of behaviour.

Results

The findings are explored in a presentation of 'cases within themes' (Smith et al., 2009) offering both group-level inquiry and individual samples across the tapestry of participants (Table 1). We identified three superordinate themes (Table 2) with some level of thematic overlap that represents the different actors' manner of interaction with the

composition process, the music, and each other. The first superordinate theme, Compositional Reasoning, and its six subordinate themes, together reflect the collaboration between composers and adolescents regarding the musical mechanisms employed in the composition process. The second superordinate theme, Listener Influence, and its two subordinate themes, reflect how music is embedded in the individual's world across different settings and internalised in mood and values. The final superordinate theme, Adolescent Engagement, with four subordinate themes, presents an understanding of barriers and enablers that restrict or engage young people in sharing meaningful experiences in the hospital context. Names have been removed for confidentiality.

[INSERT TABLE 2 HERE]

Compositional Reasoning

This superordinate theme indicates how CRP composers perceived the Hush intervention to have altered their creative anchor to context and routine. The related subordinate themes are: feeling alien; empathic awareness; a sense of journey; musical mechanics; appeal of the familiar; and evolution of process.

Feeling Alien

Four composers reported feeling disoriented in the hospital environment, unsure of how to react, behave or respond in that space. One composer (C4), described the experience as viscerally "awkward" and that it felt as though they were intruding; not wanting to "invade people's privacy… you don't want to be one more thing that people are worried about" (C4). C3 used medicalised language to reflect that "it almost seemed experimental? … Like we were injected a bit?"

By contrast, C1 and C2 had more experience in hospitals with family members' physical injuries or mental health, so their connection with the adolescents and the space was too intimate and restricting.

Empathic Awareness

C1 and C4 acknowledged that being in the hospital environment was imperative to comprehend what adolescents might be feeling and the value they place on music:

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

One composer (C1) anecdotally described feeling "trapped" while looking out the windows in the ward. Composers became aware of the sensorial character of the space, the "sterility from being in an environment like that" (C4); the clinical sounds, fluorescent lighting, feeling of rubber hospital-grade gloves, and the general sense of pain and fatigue that permeates the corridors. Composers used their own experiences of illness and pain, such as "waking every morning and thinking maybe today will be better" (C3), to help them relate to the adolescents' conditions. Composers then recognised that providing hope and optimism through their music might be helpful in the hospital setting. With empathic awareness, composers could generate both a cerebral and visceral sense of what they themselves would need in the adolescents' circumstances to cope.

A Sense of Journey

As briefed, all composers aimed to write music with healing intent: to calm, reduce anxiety or transcend mood states and current circumstance. Composers recognised that their composition was not intending to reflect mental illness and hospitals, but rather divert their

attention away from their setting and patient identity. The composition wasn't about *"*depicting what had happened for them to be there, it was about leaving all that behind*"* (C3).

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

Musical Mechanics

Importantly, the composers employed musicological mechanisms that told a story or evoked emotion that appealed to the adolescent and the setting. Commonly, this was an upbeat rhythm and pop-style structure. These mechanisms were tried and discussed with adolescents and seen as elevating them from negative thought patterns:

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

Short, simple and melodic motifs were also common technical choices to create a sense of journey. They were repetitive and somewhat vague so adolescents could shape their own story:

> C1: She thought it was an epic battle and the hero ah, you know falls down and they're injured, and they get back up again… So, what she was hearing was the shape… without those musical shapes the music is boring.
>
> C3: …coming back to the note 'A' all the time, and a repetition of that as… something that was a constant throughout the piece and gave you a basal rhythmic like section.

The researcher observed that the feel or mood of the piece was often more important to the adolescents than a linear story. Composers reflected this, conceptualising 'lightness' in timbre and melody to alleviate negative mood states. Similarly, a "moderate sense of journey" (C2) and motion allowed the music to flourish whilst being "not too dramatic" (C5). It was not seen as "music to be asleep to", rather "music to be awake to, but in a good space" (C4):

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

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

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

Appeal of the Familiar

Orchestral music was a new concept for the adolescents. As such, composers called on mechanisms that were familiar to appeal and connect, harking back to the findings of pop structure and up-beat appeal.

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

One composer (C6) found the use of organic, natural sounds (e.g. birds, wind) to be helpful in pleasing the adolescents; sounds that they would "recognise…specific sounds that they know, that they would never have imagined a string player to do".

Composers described using simple, 'singable' melodies that played with this familiarity explaining that "whether that's Mozart or Metallica is actually slightly secondary to the point that they know it, was that it was predictable to them" (C4).

Given the support of familiar sounds, composers appreciated that they might elevate mood through intrigue, surprise and newness. One composer (C5) used irregular rhythms to foster intrigue and curiosity. The repetition of which provides a temporary familiarity where "the intention behind it is to make it a little more interesting, but not have it feel unnatural or jarring."

Evolution of Process

Composers felt obliged to modify their own established composition techniques to find new ways of communicating emotion and remaining true to purpose. One composer (C3) realised the significance of their work got "in the way of artistic process", while another reported playing more through the process, rather than fashioning notes on the page:

> C5: I was intentionally at my cello a lot of the time. Playing things? Rather than… like I usually write either with my voice or from my head…

Some composers put themselves in a state of "anti-ego" (C1) to ensure the composition process remained adolescent-focused. This empathic approach constrained their usual impulse to write with flair and artistic expression. There was a recognition that this process was different; that "it's actually not about us at all…we're writing for the young people we're collaborating with…and it's about mental health" (C6).

Listener Influence

This superordinate theme embodies unanimously positive responses to the CRP music, its unique usefulness and what is then lost in translation. The subordinate themes discussed below are: intrinsically human and composer-listener dynamic.

Intrinsically Human

Composers and coordinators described their view of music as having a universal appeal, and the shared goal to "feel joy". (H3) reflected that music is an evolutionary, common language relatable to all, irrespective of mental health or circumstance.

The influence of an "intuitive" (C4) awareness of emotion on the musical narratives from the adolescents was clear for two composers, who noted that adolescents were able to recognise the context or intended story of a novel piece by the way it made them feel. For example, C5 described adolescent responses to a piece they did not know was written for a ballet:

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

H1 also reflected on how the compositions benefited staff who felt a similar calming response to the music as did the adolescents with mental health diagnoses:

> H1: I do think it [the music composition] has such a um, calming influence on everyone involved, that it should really be a standard of care… even to the extent of improving how our team in the operating room functions together when we have this music just keeping everyone somewhat calmer.

Composer-listener Dynamic

Composers and adolescents both spoke of the personal usefulness of music being dependent on context, memory and beliefs. One group of adolescents conversed about how different people could repurpose the same genre (e.g. 80's rock) to either relax or invigorate depending on need and individual meaning.

Furthermore, composers were aware that emotional translation was highly susceptible to the interpreter's perception and that composers can "only transmit; it's up to people to receive" (C2). They agreed that they could only anticipate responses and guide the composition for intended outcomes, then relinquish control once the song is recorded, played or distributed. This was attributed to the fact that "these young people who are coming through the hospital will have such individual life experience and such individual values" (C5). Composers also acknowledged the risk of the meaning of the music being lost in translation between composer, musician, and listener. One composer (C3) expressed elation when musicians accurately interpreted the mood of the piece at the recording session. This assured the composer that the piece maintained fidelity to the brief from its' conceptualisation in the hospital wards, to the listeners:

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

Adolescent Engagement

This superordinate theme framed the adolescents' engagement with the therapeutic, music intervention, as well as enablers and barriers to that engagement. Breaking from routine and self-identities, quality connection and the sharing of experiences were identified patterns that informed the subordinate themes: transcending routine and self; shared experiences; and depth of interaction.

Transcending Routine and Self

For most of the adolescents, the CRP was novel. H2 and H3 explained that the live music permitted sensory relief from the hospital space. Some composers also recognised that the intervention had entertainment value and was a social reprieve from medical procedures,

school schedules and health-related conversation. That "just having the composers come in was a little bit different for them in their day… I think they were probably just a little bit curious" (C4). Three composers reported that adolescents preferred music that liberated them from what they were experiencing with mental complications and pain, giving them "a sense of catharsis…a sense of emotional relief and release" (C3). With this, the composers focused on the adolescents' relationship to music and not the adolescents' identity relevant to illness or pain. The CRP compositions and collaboration process aimed to transcend context with "distraction... and intrigue" (C4), connecting adolescents to themselves beyond health identities. H2 reflected this in her observations of one inspired adolescent:

> H2: Feeling other people listen to her opinion… and that, you know, she matters … feeling really special and considered. And particularly when you have a disability or a chronic and complex condition, being special in a good way, I think is really important.

Connection Through Discourse

Throughout the sessions, composers encouraged adolescents to engage with the music by answering questions such as 'what does this song remind you of?' or 'what does this sound like to you?' H1 reported the young people were asked to think broadly about how their experience relates to other adolescents in hospitals, then respond to questions such as 'how does music help you in hospital?'.

One composer (C1) acknowledged that the young people were initially resistant to these conversations. In support of this, the research observer noted that the young people were tentative, quiet and seemingly unsure, yet with each session, the adolescents seemed to warm to the collaborative experience further. In support of this observation one composer

noted the music itself helped bridge the gap in speaking to adolescents with complex mental health issues:

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

Furthermore, H1 noted that the intervention promoted adolescents to feel safe expressing their musical choices and meaning, "hearing all the young people voice, in their own language, why music was important to them."

Composers had to work to the adolescents' musical knowledge; speaking their language in order to engage them with the program in a meaningful way. In doing so, they reduced the gap in expertise and maturity, and eliminated awkwardness to build rapport. This flexibility from the composers also helped maintain the focus and attention of the adolescents:

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

Shared Experiences

In further efforts to connect with the adolescents' musical expectations, composers were observed initiating engagement by sharing their own preferences in music. The researcher also observed how the music listening exercises (e.g. listening to popular songs or melodies on a live cello) instigated an emotional contagion, whereby the music seemed to be

a platform for encouraging conversation about music and other personal experiences. The adolescents demonstrated physical indications of pride upon sharing their musical preferences: smiles, lifted chest and head, and nodding. This was particularly true when composers further elaborated on the adolescents' genre or artists of choice. The consensus across the participant groups was that adolescents were affected by music they could share with peers as well as choices that made them feel unique; framing their identity in the social network.

One adolescent announced it was very "special to feel heard" by professionals such as the composers. Contributing input to musicological choices for the piece was self-reported to have elevated her mood and self-value. H2 also acknowledged the psychological potential in being involved with non-health related activity "that's very empowering."

For some adolescents, there was also opportunity for development in their time spent learning the composers' processes:

> Adolescent: It's opened my eyes to see that not only can music be enjoyed by people watching it… the stories behind how the music was composed… is actually quite a beautiful story.

Depth of Interaction

Young people took part in 1-3 sessions with composers. Variations were a result of time restrictions, participant availability, or adolescent capacity given health and medical complications. Composers therefore engaged in various levels of interaction; at times an observer of music therapy sessions with little personal input, at times a performer playing music in the wards to patients and observing their reactions, and ultimately, collaborating in music making. The latter saw composers spending 2-3 sessions building rapport, before conducting exercises to engage adolescents with musical sounds, rhythms and concepts that

resonated with them: “We said ‘either write or draw if you’d like - if you don’t have words? Anything that comes to your mind as you’re listening to these 3 pieces of music” (C2).

Despite the benefits observed, composers and staff thought composers were only “scraping the surface” (C1) and that more time in the hospital context working with the adolescents would be beneficial. As H1 noted, the adolescents’ feedback was that the CRP was an enjoyable experience. However, she added that deeper meaning would have been achieved if the music came from adolescents’ understanding of their mental wellbeing.

While significant depth of interaction was not possible for all adolescents, meaningful connections and responses were reported at elementary levels of interaction. Patients responded to the sound of music alone. These physical responses were enough indication for some composers to gather understanding of what aspects of music appealed to the adolescents in various mental states. Speaking of an adolescent with a history of psychosis, the composer (C5) noted how “she didn’t talk to anybody but when I was playing, she was watching me quite intently, and you could tell she was listening”.

Discussion

The purpose of this study was to explore the experience and meaning of a musical intervention for composers working with hospitalised adolescents. Composers’ experience through in-depth interviews, with the support of staff interviews and observation of adolescents, formed the data from which superordinate and subordinate themes were identified. The superordinate themes, Composer Reasoning, Listener Influence and Adolescent Engagement were unpacked from the space between ethnographic observation and hermeneutic discourse.

The adolescents within the hospital setting, discussed their non-normative experiences and their relationship to their ‘illness identity’ (Yanos et al., 2011). The current study

suggests that the CRP can provide respite from these self-reflections and can forge pathways for adolescents to consider a broader range of emotional, non-health related experiences, and a shared connection through music (ter Bogt et al., 2016). In fact, learning about classical music and details of the music composition process was realised and appreciated by one adolescent as "quite a beautiful story". This research thus aligned with preceding music therapy literature regarding the potential of music interventions for adolescents to improve mood, even as brief therapy (Carruthers, 2014). Of note is that adolescents commented specifically on how musical choices increased perceived control (Mitchell et al., 2008) and how their preferential differences helped them reinforce a positive sense of individuality (Hense & McFerran, 2016).

As the CRP sessions offered distraction and escape for the adolescents from their typical experiences of the hospital space. Participants commented that this diversion was part of the reason for apparent improvements in mood. This resonates with the proposition of Robb et al. (2008) that actively engaging with music reduces stress. Adolescents advised that music allowed them to escape to a more positive destination and personhood, reflecting stories of brave warriors conquering adversity in the voice of the composition. In this way, adolescents reflected on their hospital and operation journeys enabling them to take responsibility for their well-being and recovery (Silverman, 2011). Furthermore, the interventions' newness mimicked the findings of Moses (2011); breaking routine and validating adolescent agency.

While the CRP was largely based on music listening, more active engagements, such as musicians playing live in the wards and adolescents sharing ideas, were well received, and seemed to encourage respite from negative thought patterns and promote elevation of mood. Given the potential clinical implications of composers' work in the hospital space, there may

be benefit composers undertaking brief mental health training prior to future program engagement. Composers reflected that more time with the adolescents would have enabled a deeper comprehension of music's meaning to individual mental health concerns. This aligns with suggestions by Preti and Welch (2012) and Holmes (2011) that composers better understand listener context with visceral experience of the hospital space, medicinal context and history. Despite the limited time allocated to CRP sessions, composers remained sensitive to the emotions and clinical atmosphere in the hospital with the adolescents. Connection was noticed by composers and the researcher at all levels of adolescent participation and composers were able to comprehend and translate adolescents' discourse and meaning in their music. As such, additional time may not be essential to the impact of the final compositions and the benefits of brief collaboration.

It is unsurprising that Hush composers and adolescents alike were tentative with the intervention initially, given its newness and sensitivity. Gill et al.'s (2015) findings that adolescents lose autonomy through prolonged hospital stays resembles these reports. Nevertheless, the uplifting music composed through the CRP was deemed relevant and calming by hospital staff, highlighting its broader applicability beyond the audience it was composed for. One composer referenced composing within Russell's (2003) circumplex model to find the 'sweet-spot' for valence and arousal to communicate emotions. Here, a sensitive, yet basic balance of melody lightness, intriguing but repetitive rhythms, and a familiar structure facilitate positive mood and therefore have potential for wider application and appeal.

While one composer noted the weight of significance in the programs' purpose slowed her down, composers otherwise seemed to find the process beneficial for their own wellbeing. Throughout the process, composers sought to anticipate the intended emotions of

the adolescents, taking into consideration their own reactions as listeners and sometimes the imagined responses of others they knew who had extended periods in hospitals. It may have been this empathic engagement and willingness to invest emotionally as a composer that led to evidence that adolescents and staff received the intended musical emotions. Not only were adolescents given the opportunity to create their own narrative in the melodies and patterns, but there was a reciprocal awareness of emotion. The sounds of the hospital and adolescent dialogue were realised by composers, and then reflected through music intentionally. This shared effect demonstrates to adolescents that they can meaningfully connect with others outside of their illness.

There is evidence that all participants found benefit in the program. Composers and adolescents were encouraged to overcome newness, transcending routine, and identity expectations. Teachers and staff gained insights into alternative therapeutic approaches, as well as a break from their routine. However, positive consensus was also a possible limitation of the study, as stakeholder investment in the CRP might introduce confirmatory bias. It should also be noted that findings should be considered relevant to the cases in the research, given the qualitative nature of the study. This research was also bound by logistical limitations such as scheduling and composer commitments. This study contributes to 'practice-based research' (Candy & Edmonds, 2018) involving composers, demonstrating the feasibility and acceptability of the CRP and highlighting apparent benefits to adolescents and hospital staff. It is also novel in addressing the needs and processes of classical composers, rather than musicians or therapists. Future research should investigate whether additional and more consistent sessions engaging adolescents with composers have an enduring impact on their emotional wellbeing in the hospital setting as well as composition processes for the composers. The compositions for this project and other Hush Foundation music are made

available on the Hush website and played in hospitals across the globe with the intention of reducing stress and anxiety of patients, families, and hospital staff. Further research could address the impact of this music composed in the CRP.

Conclusion

To understand the breadth of composer and staff perspectives, this study employed a qualitative design to explore what is meaningful and practical in a musical intervention with hospitalised adolescents who live with mental health challenges. Findings show that a program that generates active and positive connections with music intentionally designed to heal, and that engages adolescents and composers pre and post the creative process, has the potential to elevate mood and facilitate normative, non-illness related, social connection. Furthermore, the deliberate application of musical techniques that seem to elicit a healing emotional response, suggests the Hush CRP may have value for other demographics. In this way, the current research pilots the acceptability and utility of future musical interventions in hospital settings.

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Table 1

A representation of participants across the CRP and study

Participant	Number	Location and Frequency	Engagement
Composers Under pseudonyms C1 - C6 has been used for confidentiality.	Six observed and interviewed (pre- and post-program)	NSW, VIC, SA • Two composers observed in hospital with young people (NSW). • All six composers interviewed in-person or over Skype and observed at recording studio sessions.	Discussions between composers and adolescents about the adolescents' experiences with pain, health and hospitals conducted in the adolescent hospital wards. With this information and visceral experience of the hospital, they composed an instrumental piece designed to improve mood.
Adolescents (observed as a group)	10 in the group	Observed in NSW over three sessions. ● Two sessions with adolescents and composers in hospital. ● Third session with adolescents watching the recording of compositions in the studio).	pen discussion with composers about their preferences of musical genre and sounds, the purpose of music in their lives, relevant sounds or musical constructs that help them, and ideas about music as a healing tool in hospitals, and for mental health. Music was played back to adolescents after composition. Their views and reactions were observed.
Hospital and Hush Staff Under pseudonyms H1, H2, H3 for confidentiality.	Three interviewed (post-program) ● Two hospital staff ● One Hush coordinator	NSW only ● Interviewed over Skype	Informing researcher and composers about the logistical relevance of music in the hospital space (where and how it can be used), as well as the impact of the intervention on young people before and after composers were present.

Note. The Australian states have been abbreviated. NSW = New South Wales, VIC = Victoria and SA = South Australia.

Table 2

Summary of superordinate and subordinate themes

Superordinate theme	Subordinate themes	Summary
Compositional Reasoning	1. Feeling alien 2. Empathic awareness 3. A sense of journey 4. Musical mechanics 5. Appeal of the familiar 6. Evolution of process	Discussions about and observations of adolescents regarding their experiences with pain, health and hospitals. Composers describe how these data informed what and how musical mechanisms were chosen to create a classical piece designed to improve the mood of their audience.
Listener Influence	1. Intrinsically human 2. Composer-listener dynamic	Open discussion with composers about their preferences of musical genre and sounds, the purpose of music in their lives, relevant sounds or musical constructs that calm them personally and that they feel influence their audience' mood, and ideas about music as a beneficial tool in hospitals and for mental health generally. Reactions of adolescents to the compositions were observed and recorded here also.
Adolescent Engagement	1. Transcending routine and self 2. Connection through discourse 3. Shared experiences 4. Depth of interaction	Adolescents were observed discussing, as well as hospital staff reporting on the benefits and restrictions of CRP; breaking routine, a meaningful sharing of hospital and music experiences and preferences, and how music enables the transcendence of health-related identities.