

# Music Therapy for Adolescents

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## ABSTRACT

**This article is based on 20 years of clinical music therapy work with adolescents in co-operation with psychoanalysts and psychotherapists. Music, and in particular rock music, can give adolescents the possibility to express, be in contact with and share among themselves feelings of anger, rage, grief, longing and psychological disintegration. Music also provides adolescents with opportunities to experience closeness and isolation and to explore their sexual fantasies and feelings.**

## KEYWORDS

*adolescence, creativity, illusion, improvisation, music therapy, psychotherapy, rock music*

## Introduction

MUSIC THERAPY is the prescribed use of music by a qualified person to effect positive changes in the psychological, physical, cognitive or social functioning of individuals with health or educational problems. Music therapists work in psychiatric hospitals,

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rehabilitative facilities, medical hospitals, outpatient clinics, day-care treatment centres, agencies serving developmentally disabled persons, community mental health centres, drug and alcohol programmes, senior citizens' centres, nursing homes, hospice programmes, correctional facilities, halfway houses, schools and private practice.

Decuir's (1987) summary of articles published in the *Journal of Music Therapy* during 1964–86 illustrates the broad area of music therapy as follows: speech education and childhood exceptionality, childhood and adolescent psychiatry, mental retardation and developmental disability, speech and communication disorders, adult psychiatry, alcohol and LSD abuse, community mental health and day treatment, gerontology, group psychotherapy, behavioural approaches, general medicine, auditory impairment and vocational rehabilitation, visual impairment and physical impairment and autism (Wigram & Heal, 1993; see also Aldridge, 1996; Gfeller, 1987).

Relatively few studies of music therapy for adolescents exist (Aldridge, 1996; see also Behrends, 1983; De Backer, 1993; Flower, 1993; Friedman & Glickman, 1986; Lehtonen, 1986, 1993; Mark, 1986, 1988; Phillips, 1988). The music therapy described in this article is based on psychoanalysis. The possibilities offered by the special features of adolescent growth and development, rock music and youth culture should be taken into consideration when music therapy is used in adolescent psychiatry.

### The content of music therapy

The therapeutic community described in this article was situated at the University of Oulu Central Hospital Department of Psychiatry, Finland. The ward consisted of eight beds, four for boys and four for girls with such problems as serious adolescent crisis, aggressive and anti-social behaviour and severe depression but not psychosis. The adolescent psychiatric team was composed of the staff of the ward and the outpatient clinic. The team leader and supervisor was the training psychoanalyst, Professor Tor-Björn Hägglund. The members of the team were under group supervision and each member was also under individual supervision. The training psychoanalyst Vilja Hägglund supervised my work. In addition to psychoanalytic psychotherapy, the adolescents on the ward had the opportunity to participate in community therapy, which includes music therapy. I was able to make use of all the material collected by the team concerning background, development and the present problems of the adolescent. Music therapy was followed with written notes and video-recordings, which were discussed by the team on a weekly basis, thus making it possible to integrate music therapy into overall treatment.

Adolescent psychiatric treatment was voluntary, which also applied to music therapy as a part of this treatment. The music therapy described herein took place either in groups or individually, in the music room or on the ward. The hospital music therapy room, which was equipped with a wide variety of musical instruments, was reserved for the adolescents twice a week for two hours per session. The acoustic instruments on the ward were freely available for use by the adolescents in their rooms.

In practice, the main goal of music therapy is to listen to, and above all, play, the type of music the adolescents themselves choose. The adolescents participated in music therapy two to three times a week for periods of between six months and four and a half years. Most of the adolescents took part in music therapy at some time during their treatment.

### Adolescence and rock music

Rock music (Tervo, 1985, 1991) is often a natural target of interest for adolescents. Music only becomes rock music when it is combined with the fantasies which the adolescent

invests in it. This must take into account the sounds, rhythms, melodies, instruments, voice, lyrics and the combined effect of countless variations of tone. Music can affect adolescents emotionally at a level deeper than is possible with words alone. Rock music enables adolescents to express, to be in contact with and to share among themselves feelings of anger, rage, grief, longing, psychological disintegration, etc., as well as to experience closeness and isolation. It can safely lull the adolescent into regressive moods and – with its musical clarity, simplicity and high volume – give shelter to the distressed and confused adolescent.

Rock music may open up possibilities for the exploration of sexual fantasies and feelings. The beat and firm pulse associated with rock music is at once both safe and exciting. I have previously described rock music as being a 'caress without a touch' (Tervo, 1991). One might describe the musical experience as a state of mind in which fantasy and one's own body join together.

Although the style and lyrics may change, adolescents use rock music to connect with a wide range of emotions including love, longing, anger, sadness, shame and sexuality.

### **Improvisation in adolescence music therapy**

Based on my personal clinical experience, I have divided adolescent music therapy into three stages; interest, learning and improvisation (Tervo, 1985, 1992, 1996).

#### ***The stage of interest***

An adolescent new to the ward becomes interested in music therapy through other adolescents and through the support of both the music therapist and the atmosphere on the ward which supports self-expression and youth culture. The unconscious fantasies and hopes of the adolescent are central to this stage.

#### ***The stage of learning***

In the learning stage, the adolescent begins to understand and master playing different instruments together with the music therapist. This may lead him or her to a feeling of being small and a very amateur player. This is usually a very difficult feeling in adolescence as one must face so many fundamental developmental issues which cannot immediately be mastered or understood. If the therapist is able to find some means to help with that experience, the adolescent will begin to have faith in the therapist.

More importantly this makes it possible for the adolescent to invest his or her fantasies in the music therapist as a good object, as well as in the music and instruments. Learning music provides a means of coping with powerful emotions and fantasies. Well-known musical structures create a feeling of safety as well as providing a frame for adolescent regression.

#### ***The stage of improvisation***

Improvisation is to music therapy what free association is to psychotherapy (Tervo, 1985). The secure and supportive atmosphere provided by music therapy allows adolescents, even those with a limited musical ability, to freely experiment with instruments and sounds. Thus, the adolescent takes part in creating music with others. It is this, which allows them to work spontaneously together.

In a dynamic sense, music therapy becomes more personal and intense as it progresses towards improvisation. The stages of interest and learning, the length and content of which vary with each adolescent, prepare them for actual improvisation. The improvisation discussed here is not jazz improvisation in which chords, keys, scales and

rhythmical changes are of great importance. The improvisation in question is a musical game in which the adolescents – or the music therapist – invent a drum beat, a series of chords or the phrase of a melody which is then worked on together. The improvisation is always new and different and expresses the feelings of the adolescents at the time. It can be free and furious ‘noise’, a search for a gentle, common theme, or it can simply lead to listening to music and to discussion.

Once adolescents become really interested in music therapy, they begin to co-operate more with the therapist. When situations arise and develop naturally, and the therapist is teaching less and less, the therapy has reached the improvisation stage. It is at this stage that internal conflicts become apparent, with moments of anxiety, withdrawal, sadness and anger. At first the adolescent attempts to avoid pondering internal conflicts, but later might be able to better cope with them with the support of the therapist. During this time the playing becomes more instinctive and the players learn to anticipate each other. A shared sense of humour, the songs and the musical language created together all make for improved co-operation. The music no longer acts merely as a defence or as a performance, but rather becomes a deeper shared experience.

During the interest and learning stages, the therapist guides and supports the adolescent to the gates of self-expression and creativity. When improvisation becomes possible, the roles change; the adolescent then shows the way to their inner world. The music therapist tries to follow and explore this world with the adolescent. To the best of my understanding, this is the area which Winnicott described as the ‘potential space’. ‘The potential space happens only in relation to a feeling of confidence on the part of the baby, that is, confidence related to the dependability of the mother figure or environmental elements, confidence being the evidence of dependability that is becoming introjected’ (Winnicott, 1971, p. 118). One of the great challenges facing the music therapist and other members of therapy team is the achievement of trust leading to a stable therapist-adolescent relationship. Through this the ‘potential space’ can then be achieved, and the inner process of change in the adolescent freely expressed.

Some adolescents find their inner world safe enough to allow interaction to occur naturally and are able to express feelings ranging from rage to deep sorrow. To others, this world may be empty, traumatic and full of loss, disappointment or rage. The following example illustrates how a depressed and phobic boy used identification with the music therapist to find a new path in his adolescent development and how, with the support of the music therapist, was able to express himself and begin to interact with other youngsters. The example also provides the possibility to observe a group of restless and anxious youngsters using music to get in touch with their hidden emotions. Some personal facts have been changed to prevent identification of the adolescents involved.

### **Example 1**

John lost his mother at the age of five when his parents divorced and he went to live in a foster family. His father, with whom he was in close contact, had suffered serious mental problems and had attempted to commit suicide. When John first came to the ward at the age of 13 years he was very reserved and depressed. He was on the threshold of adolescence, drifting into an antisocial world due to his deep depression and serious learning difficulties. His treatment lasted three and a half years. It was difficult for him to settle down into psychotherapy, which took place three times per week. He constantly broke the rules of the ward expressing in this manner his belief that no one cared for him. John’s ability to verbally express himself was very limited.

In one music therapy session John became irritated and angry because the other adolescents, who were better players than he at that time, did not let him play. The room was

full of loud noise and nothing shared and common was found through playing instruments. I tried to discuss this but without success. For a time I allowed the youngsters to search for some form of relief, some way to make communication possible, but they could not find anything. I then asked John to play the electric bass and the others to play the instruments they were able to play best. I very quickly taught them the chords and lines of *The House of The Rising Sun*. John performed his part with serious concentration and without making mistakes. Suddenly, the whole band began to play with a strong feeling of communication and with deep emotion.

Later, it was evident that the approaching Christmas vacation had affected the adolescents; the ward was to be closed for a few weeks and the adolescents felt that they were all being abandoned by the staff – including the music therapist. The loud, chaotic noise expressed aggression and worked as a defence against anxiety. The sad, but beautiful blues ballad, which I chose intuitively, touched them more deeply than words: loneliness became shared and was accepted through playing together.

The music of the song could be felt as constructive and secure but at the same time full of longing and disappointment. The words of this bluesy folk song describe a caring mother and a gambling, drinking father left behind.

The House of the Rising Sun<sup>1</sup>  
 There is a house down in New Orleans  
 They call the Rising Sun  
 And it's been the ruin of many poor boy  
 And God, I know I'm one  
  
 My mother was a tailor  
 She sewed my new blue jeans  
 My father was a gambling man,  
 down in New Orleans  
  
 Now the only thing a gambler needs  
 Is a suitcase and a trunk  
 And the only time he's satisfied  
 Is when he's all drunk . . .

Even though the song created together was experienced as safe and secure, it was the music therapist whose presence made possible the discovery and sharing of the song. Later in psychotherapy, John was able to verbalize his feeling about being left alone by the staff, his psychotherapist and music therapist among others, because of the approaching vacation.

Even though the song described above was well known, the emotional content of it came from the adolescents. At the improvisation stage, there must be trust in the therapist and in the other players. The most important thing about improvisation, which differentiates it from many other musical forms, is that the expression or action is not prearranged or defined; the outcome is determined spontaneously by the adolescents themselves.

### Transitional objects and phenomena in adolescent music therapy

Winnicott has described the early childhood 'transitional phenomenon' and the 'transitional object' into which both the child and mother invest shared fantasies as the origin of creativity.

. . . (if we study one infant) there may emerge some thing or some phenomenon – perhaps a bundle of wool or the corner of a blanket or eiderdown, or a word or

tune, or a mannerism – that becomes vitally important to the infant for use at the time of going to sleep, and is a defence against anxiety, especially anxiety of depressive type.

Music itself or a musical instrument can also be a transitional object (Winnicott, 1971). The transitional phenomenon takes place through the fantasies invested in them. An instrument which is not cathected cannot express inner voices. The time spent with this instrument, the trouble taken with it and the fantasies invested in it turn it into 'a friend who listens, understands and comforts'. Playing is chiefly a psychic interaction with inner objects which can be expanded into an experience to be shared. In music therapy, playing is the result of co-operation and a feeling of belonging together.

Many adolescents project their desire to be powerful and skilful onto electric guitars and drums. With the help of these instruments, adolescent who feel insignificant and depressed can articulate dreams and thereby provide a medium for sharing fantasies. I have divided these fantasies into two categories: omnipotence and closeness. John's music therapy is an example of both types of fantasy.

### *Fantasies of omnipotence*

In spite of difficulties verbalizing his feelings, John managed well in expressing himself through music. He usually played drums incredibly loudly during the first year of music therapy and in this way was able to express his anger and rage. The loud noise gave John feelings of power and greatness. Although he hid behind the drumbeat, he was able to build a bridge of co-operation with me and the adolescents on the ward.

While playing fast, heavy rock music on an electric guitar, he was able to revel in his ability, his fantasies of omnipotence and his wish to become skilful and admired. Identification with the music therapist helped him to cope with his feelings of insignificance and of being only a beginner in playing instruments. This identification at the deeper level also helped him on his way towards manhood; the music therapist was a developmental object.

### *Fantasies of closeness*

After working in music therapy for a couple of years, a stage of closeness had developed between us. The same guitar began to cry; the sound of grief and intimacy was found in the weeping of the electric guitar and from the warm embrace of the acoustic guitar. John discovered this new level of playing the blues at the same time as he was approaching the fantasies connected with his mother in psychotherapy.

These central issues in John's inner world were given form in his music therapy. Close co-operation with the music therapist also opened doors in psychotherapy, where John dealt with his feelings and, as time went by, was also able to verbalize them. The touch of hidden emotions was first found and shared through music with his idealised music therapist. The ability to express emotions through music led to John using symbols to express the thoughts behind his feelings. This transmission from music therapy to psychotherapy in his case was concrete; John, who had difficulties expressing himself verbally in the beginning of the treatment wrote a song called 'Lonely man' and played it on acoustic guitar for his female psychotherapist. They were both on the verge of tears.

Through music and the playing of it, adolescents can also approach issues connected with their sexual identity. The next example illustrates how music became a media between a girl and her music therapist. She used the music therapist as a target for her aggression and sexuality as she worked on her ambivalent attitude towards her sexual identity.

**Example 2**

Tina was the youngest child and only girl in a large family. Her problems become evident at school as she approached adolescence. She constantly disturbed lessons and, in particular, picked fights with other girls and occasionally with the male teachers. In a culmination of her problems she was suspended from school. Tina had a close relationship with her elder brothers and father, with whom she had spent a lot of time even accompanying him on work trips. The atmosphere in the family was violent. Tina's eldest brother was in prison for physical assault with a knife. She had hardly any female friends.

Tina was happy to take part in music therapy, and was especially keen on playing the guitar, even though, like John, she had never played a musical instrument before. Tina constantly belittled me and complained about everything. She played electric guitar and drums with a bold and boyish touch. In one phase of treatment, Tina wanted to take the electric guitar from the music room to the ward which I could not allow her to do. Angry disagreement over the electric guitar continued for weeks. She had written on her door a message: 'I'm the law!' When this conflict had been resolved she switched her interest to the acoustic guitar and began to play it gently and sensitively. She learned to play simple but sensitive tunes and her previously hidden inner female voice was released. At the end of her treatment she wanted to learn to play a song called *I Will Stay*. We often shared this song singing and playing together.

*I Will Stay*<sup>2</sup>

I will stay by your side now and forever.  
 I will always only be and loving you.  
 Is it true when you say that you love me  
 and is it truth that I'm the one?  
 And that day we'll walk together.  
 and that night I think of you.  
 I will call you my darling and ask her  
 if I can marry you.

It appeared that Tina was projecting fantasies connected with power and control to the electric guitar. By maintaining a firm stand on the issue of the electric guitar, the therapist was able to create a line to communicate with the girl's aggression. In the end, she held the acoustic guitar in her lap with a special tenderness and played it carefully and well. It appeared that music became a way to deal with incestuous feelings. The tenderness, which had arisen, as time went on, between her and the therapist, had been projected onto the acoustic guitar. Bold action, constant defiance, anger and defensiveness were transformed into close co-operation and creative interaction between her and the therapist. The contact established with Tina's own sorrow and insecurity enabled her to mature into a young woman. After her treatment Tina bought herself an acoustic guitar.

Winnicott has also described the aggressive side of the relationship between the child and the transitional object. 'It must survive instinctual loving, and also hating and, if it be a feature, pure aggression' (Winnicott, 1971, p. 6). The following example of a music therapy group illustrates how destructive fantasies and angry feelings can be shared through music and be transformed into constructive rock improvisation.

**Example 3**

The ward staff were going away for an educational visit which meant that the ward would be closed for a few days. The day before the closure there was tension in the music therapy session.

Mike wanted to play a song he had written just a couple of hours earlier on the ward

with me. The song is a sorrowful and hopeful country ballad. John suddenly said 'Oh shit!', pushed Peter out of the drum-seat and began to bang the drums as loud and as fast as he could. Mike jumped to the electric guitar and hit the one and only chord he knew as loud as John and screamed into the microphone words nobody could understand. I joined the boys by playing bass. This 'heavy metal-punk-chaos' lasted about 20 minutes with great enjoyment by the boys. After this outburst they were satisfied and relaxed. When I ask John's plans for the weekend he answered: 'I guess I'll go get drunk under the bridges.'

Aggression was turned into creative effort without any real destruction. One could even say that in this situation they did not play punk, but created it! John used music as a defence; he imagined himself to be a powerful destroyer and master, not the one who was to be left alone. He also envied Mike due to the work I had done with Mike on his song. In contrast, from his comment one could extrapolate: '. . . because you are leaving me, I'll leave you . . .' Later he was able to discuss with his psychotherapist how he felt about being left behind. The music therapy had helped to contain the intense rage associated with abandonment.

### The importance of music in music therapy

Music can relax, stimulate or open up channels of self-expression at a deep personal level. The effectiveness of music therapy is based on transference and self-expression, not musical skills or ability. The following example illustrates how a depressed boy with a poor capacity to play instruments was able to discover his creativity.

#### Example 4

Fifteen-year-old Mike had spent his childhood with his mother in particularly poor conditions, both psychologically and socially. His father had left the family when Mike was two years old. In adolescence, Mike fought with deep depression, which threatened his development in every way. Mike never really learned to play an instrument well, but he had a vivid imagination and began to write lyrics for songs. We composed these lyrics to a punk rock format for many years until depression and peaceful rhythms became shareable between us.

In one session Mike was singing a slow melancholic and monotone song he has written himself called 'A Ten Year Old Boy'. It told about a deserted boy who is heading for destruction:

. . . a ten year old boy lays in the machine gun fire, falls down and dies of the cold . . .  
there are millions of them. Ten year old boy . . .

Mike was unable, in this situation, to associate himself with this song. Even though he sang the song devotedly, he was not distressed. The music therapist, however, felt the song and the situation to be very touching and used countertransference when trying to understand the boy's psychic world.

It's very important to emphasise that a creative product such as the song described in Mike's case should not be 'understood' too quickly, but rather the therapist should wait and learn from the associated feelings, as the adolescent is helped to integrate different parts of his psychic world into the whole self. In the example above I felt I should only listen to, accompany and share Mike's singing.



## What is it about music therapy which promotes the development of the adolescent?

Music therapy does not primarily depend on the music but on the co-operation and the interaction between the therapist and the adolescent. The feelings, fantasies and experiences which arise through the atmosphere of co-operation gained by the sharing of music become meaningful when they are projected into the same stable person, who in the terms of music therapy is the music therapist. Only after this has taken place can the therapeutic process become more meaningful and lasting. Even though some basic knowledge of playing is required for a shared musical experience, this experience does not originate from any sense of musical proficiency, but rather from being together with the music therapist.

The essence of adolescent music therapy is the discovery of fantasies and fantasizing which promote adolescent maturation and development, finding an age-appropriate defence, and an area for possible creativity. This can help the adolescent to disengage from childhood gratification and create the space and psychic possibilities necessary to work on fantasies connected with adolescence.

The fantasies connected with the transitional object belong to the childhood symbiosis and to the first phase of individualization. In adolescence there is a second individuation (Blos, 1962). Transitional objects and phenomena may have temporarily vanished due to the rapidly changing process of adolescence, increasing the need for defences and possible traumas, as if they are 'in dry dock'. In adolescent music therapy, one tries to find the transitional world again in the service of adolescent development as illustrated in Eric's case.

### *Example 5*

Eric was admitted to the ward at the age of 15. He was an only child. At the age of 6–8 years Eric's childhood became traumatic, when his mother's alcoholism gradually increased and she became violent. Later she was treated in a psychiatric hospital for paranoid psychotic symptoms. The parents divorced. Eric suffered from chronic abdominal pain for which he had been thoroughly investigated. After his parents' divorce, Eric assumed the responsibility for practical matters at home and became, little by little, quite independent. In adolescence, Eric's abdominal pain recurred and he had acute anxiety attacks. Because of these symptoms he increasingly stayed away from school and was eventually admitted to our unit.

He played the flute at ward parties and consoled himself with beautiful melodies before going to bed. He received positive attention from adults for his gentle ways. When listening to Eric's beautiful longing, harmonic play of flute one formed an impression that he was trying to recapture a past experience or was fantasizing on the harmony of his early childhood in contrast to these experiences of adolescence and to the generation gap. He also played the flute with me but would not agree to go to the music room in another building.

During the first year, Eric was frightened by the noisy, excited and defiant adolescents. He finally dared to go to a rock concert, but – at first – loudly disapproved of the way the other adolescents danced to the music. After a while, however Eric's own head was bobbing highest in the group of dancers in front of the stage. He came away from the concert sweaty and with red cheeks, praising how good the concert had been. Soon afterwards, Eric agreed to play an electric guitar and drums with John. Rock-and-roll began to be played both during music therapy and on the ward. He needed the music therapist at first to share his longings for childhood until he was ready to discover a new dimension of sound belonging to the struggles of adolescence and was able to experience it in interaction with both the other adolescents and the music therapist.

Winnicott's idea of the relationship between psychotherapy and play is also well suited in adolescent music therapy:

Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible the work done by therapist is directed towards bringing the patient from a state of not being able to play into state of being able to play. (Winnicott, 1971, p. 44)

and

... only in playing is communication possible. (Winnicott, 1971, p. 63)

The music therapist must be able to play with sounds and instruments, in other words, must know the methods and instruments, but more importantly, must possess an inner ability to be playful.

With creative illusion, a child begins to perceive the difference between the 'me and not-me'. That which remains with the child, via the transitional object, is not an object or a thing, a sound, etc., but rather the ability to use symbols to represent something real, something experienced in the psyche. The transitional object and phenomena are needed in order to maintain the feeling that the base of our personality, the early interaction with its various aspects, is part of ourselves and will guarantee sufficient inner integration. As an experience, creative illusion is strong and real. It creates a feeling of certainty in the same way that the lack of a creative illusion causes a feeling of emptiness. 'Even though the basis of creativity is a regressive fantasy, the latter stage of it, a shared illusion, is a real feeling' (Hägglund & Hägglund, 1985). The transitional phenomena is a gentle reality of early individuation and separation; in other words, a memory of the interaction, closeness *and* separation, as described in Eric's case, shown earlier.

The absence of a transitional world may contribute to later problems.

### **Example 6**

Tom had been brought into a children's home when he was a few months old and was placed in a foster home at the age of two. Tom was admitted for treatment due to violent aggressive outbursts at 13 years of age. Tom approached his peers by copying their youth culture styles with no idea of their inherent meaning, and very little of significance was ever borne out of these attempts which might have been shared with others. Tom beat the drums and played guitar in music therapy for two and a half years, even though very little that was original or shared ever came out of it. Playing never really progressed beyond the level of defence. Instead, his playing served primarily as an outlet for aggressive and destructive thoughts.

In one session I was finally able to stop contiguously trying to share a playing and noise-making with Tom, and simply sat down, wordless. Tom also stopped playing. For the first time something of that emptiness and coldness which he might have experienced as a child came out in transference. As I anxiously considered this experience, Tom stated calmly 'Even you don't want me to stay on the ward . . .'

It was possible for us to share that silent moment after long and distressful work. After 'killing' banging on the drums, he was able to let down his defences for a time and share what was behind them; inner emptiness and desolation. I also did a great deal of work not only in sharing but also – before the session described – in protecting myself from his internal pain. That he could use words to doubt my ability to withstand his anxiety was an important step in his development; a feeling of rejection was between us and he was able to talk about it.

In my work as a music therapist, I am not only looking for objects (an instrument, a song, music, etc.), but for the world of personal creativity behind the object with the music as a media. Music created together, in enough freedom, will take us into that world in its own time, or obstacles for creativity will appear, as in Tom's case. Early damage to his personality meant a limited potential for creativity and a limited capacity to use the symbols necessary in development and in psychotherapeutic communication. In music therapy, he communicated his early losses as noises of destruction, emptiness and chaos.

Under favourable circumstances, adolescent music therapy enabled us to get in touch with, and understand, the present stage of adolescent development as well as the different facets of the adolescent's early childhood development. There is a level of musical communication and state of mind, which cannot be translated into words but can only be communicated through music.

The significance of musical activity for earlier psychological organisations is derived from its capacity to allow subtle regression via extra verbal modes of psychological functions. It appears to contribute to the relief of primitive, preverbal tensions that have found little psychological representation and it may provide for the maintenance of archaic object cathexis by virtue of its relationship to an archaic, emotional form on communication. (Kohut, 1957)

### Music therapy and team work

Music therapy can make an important contribution to the team's assessment of an adolescent, especially when working with younger adolescents, withdrawn adolescents and adolescents who are unable or unwilling to co-operate.

Music therapy can aid adolescents in getting in touch with youth culture, and this in turn helps them to create their own area in which they can share the fantasies and actions of their development phase, outside the control of adults. In their account of the development of an adolescent psychiatric team, Hyttinen, Hägglund, and Tervo (1985) described how youth culture began to live on the ward along with the music therapy. 'Youth culture helped us to understand what the building and maintaining of the generation gap means to an adolescent. It was also important to the staff that they recognised their own sex and adulthood'. Music therapy can provide the adolescent psychiatric team with important information not otherwise available. 'Adolescent community therapy offers opportunities to contribute to one's own growth and development as well as the opportunity to reconsider conflicts due to development and traumata in one's childhood' (Hyttinen, 1984, pp. 259-264).

Music therapy is especially useful when it is given in conjunction with psychotherapy. In time, the interaction achieved through music therapy helps the adolescent to express feelings verbally and in this way integrate this ability to express feelings into the personality as a whole. Many problems can be solved through creativity, communication and close co-operation in music therapy.

### Conclusions

Creative therapy must find its content in creativity itself, even if the techniques and instruments are derived from different art forms. Creativity is not hidden in techniques or in instruments, but rather in the fantasies connected with transitional phenomena. These fantasies originate in human relationships and in therapy in transference relationships. 'Creativity cannot be taught in the same way as knowledge and skills. Our whole

personality is involved in a certain developmental path, when creativity is allowed room' (Hägglund, 1984).

Adolescent music therapy aims to promote adolescent growth and development. A multiplicity of musical experiences, the regression–progression position in adolescence and firm and reliable therapeutic relationship are an effective combination in aiming at that goal.

Adolescents usually have a good capacity to use this 'musical regression in the service of adolescent growth and development' as I have named it applying Kris's (1952) expression 'regression in the service of ego'. 'Whenever regression has to be avoided, the internal process is played out on the stage of present actualities. In that case, the adolescent externalises and concretises what he is unable to experience and tolerate internally as conflict, anxiety, guilt, and repression' (Blos, 1979, p. 1). There is no progression in adolescence without regression and without regression there is no creativity. Some adolescents seem able to face early childhood experiences of longing through music, although they might have experienced them as very unsatisfying. A great deal of work is required before we can better understand this aspect of adolescent regression.

In practice, adolescent music therapy should be regular, intensive and usually long-term. The therapist should be well trained, with a broad knowledge and experience of adolescent growth and development, as well as knowledge of other treatment methods, for example psychotherapy. The therapy must be closely integrated with other aspects of team work.

### Notes and Acknowledgements

1. Old traditional folk song recorded and varied by many artists. Most popular version is a version of Eric Burdon and The Animals from 1964.
2. Recorded by Finnish rock trio The Hurricanes 1974. The original name is *I'll Stay By Your Side* by Torben Lundgreen and Jörgen Lundgreen, © 1965 Multitone. Printed with permission by Warner/Chappell Music Scandinavia AB (recorded by The Lollipopps in 1964).

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