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THE MUSICAL AND PERSONAL BIOGRAPHIES OF ADOLESCENTS WITH FOSTER CARE EXPERIENCE

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ABSTRACT

This qualitative biographical inquiry examined the personal and musical lives of adolescents with foster care experience. Individual structured interviews were conducted with 10 participants (six males, four females) who were enrolled in outpatient therapy. Results indicated that foster care experiences had various impacts upon these adolescents' relationships to music. For example, their involvement in active music-making activities tended to decrease as they moved from one placement to another. Music also appeared to influence these adolescents' experiences of foster care. Participants who described positive or healthy relationships with their foster care families tended to be more involved in formal and active music-making activities such as school music programs, participation in music groups, or taking music lessons. Finally, all participants indicated that they spent a significant amount of time listening to music and that they did so for personal and psychological reasons. Music listening helped these adolescents to cope with the ongoing trauma, grief, and loss that they encountered throughout their lives. Implications for music therapy practice, research, and theory are presented.

INTRODUCTION

This qualitative study was conceived as a result of experiences I had as a music therapist when working with children and adolescents who were or had been in foster care. I began working with this population approximately 8 years ago, and my initial encounters were eye-opening. These individuals came from severely abusive homes, and many had suffered the loss of their biological or adoptive families. Several had experienced multiple placements and rejections as well as inpatient and residential facility stays due to acute psychiatric problems. These events typically left them feeling lost, anxious, isolated, desperate, and hopeless. They often conveyed these feelings through negative and sometimes unique behaviors. In fact, I was surprised to observe how differently foster care youth responded to music therapy intervention as compared to other youth with whom I had worked.

When working with very young foster care children, I noticed how some welcomed music therapy as if they had been stranded on a desert and were finally taking their first

drink of water. Others however, used even the most basic percussion instruments in an unhealthy or inappropriate manner. For example, some children, even as young as 5, would hit themselves repeatedly with a drumstick or with the drum itself. I also noticed how foster care adolescents displayed wide ranges of emotion in response to music experiences—from absolute joy to complete terror. Furthermore, many did not have access to musical resources and equipment outside of the music therapy context. Consequently, they lacked access to an important emotional outlet that is typically utilized by most adolescents. When one of my adolescent clients was moved unexpectedly from one foster home to another, he compared the loss of his iPod as being similar to the loss he felt when he had been separated from his biological parents.

It seemed that these children, and adolescents in particular, have different life experiences with music as compared to adolescents who have never been in foster care. As a result, they have a unique relationship with music, which in turn affects the types of benefits that they may derive from music therapy. This also affects the ways in which music therapists need to work with them in order to help realize these benefits.

The music therapy literature contains only a handful of clinical writings pertaining to foster care children and adolescents. No research studies were found that investigated the musical characteristics of foster care youth or the efficacy of music therapy as a psychological intervention for this population. Therefore, an important aim of the present study is to provide a foundation for future research by examining the musical lives of adolescents with foster care experience. The following section will provide an overview of foster care, the psychological problems of foster care children and adolescents, and the mental health interventions that are currently being used to address these problems. This information will further highlight the significance of this topic and the need for the present study.

RELATED LITERATURE

Foster Care

In the United States, the primary obligation of public child welfare agencies is to protect children, particularly with regard to preventing the recurrence of maltreatment of those who have been previously identified as victims. Child protective services are first required to attempt to preserve the family unit rather than automatically seek removal of the child (Lane, 2004). If a report of abuse or neglect is substantiated, a disposition hearing is held, wherein a case plan for the family is formulated. “The case plan includes the specific services to be provided to the child and his or her family, detailed conditions of visitation and child support, and requirements the parent[s] must fulfill to achieve reunification” (Halperin & Harris, 2004, p. 341). Many situations occur where it is necessary for the state to remove a child (or more than one child) from the home and place him or her in a temporary living situation. This practice is commonly referred to as foster care. Once removal occurs, it is the responsibility of the state (usually the child welfare agency working in conjunction with the family and the courts) to eventually return the child or adolescent to his or her home of origin or find another permanent home for the child (U.S. Department of Health and Human Services, 2008).

Child welfare agencies have established limits on how long a child can stay in foster care. In 1997, the Adoption and Safe Families Act (ASFA) was passed in the

United States, primarily to address the problem of children languishing for years in foster care without a permanent home and family (Halperin & Harris, 2004). Specifically, over the first 12 months, agencies focus on reunifying the family; “thereafter, it mandates the initiation of proceedings to terminate parental rights when a child is in foster care for 15 of the past 22 months” (Halperin & Harris, 2004, p. 340). Although the intention of child welfare agencies is to reunify the family, reports have noted that only 18% stay in foster care for less than 1 month, while 32% stay between 1 and 12 months, 21% stay between 1 and 20 years, and 29% stay for longer than 2 years (Dozier et al., 2006). Gonicik and Gold (1992) noted that despite the fact that foster care is structured to be a temporary solution, “it continues to be the basis of our child placement system” (p. 434).

While children are in foster care, child welfare agencies assist families by providing a variety of services. Typical services include case planning and case management, supervising parent–child visits, providing physical and mental health care, delivering parent education and training services, and locating and linking clients to specialized services in the community (McBeath & Meezan, 2008). Although there are policies and procedures that mandate the provision of necessary services, children in foster care are apparently not receiving these services on a consistent basis. Kerker & Morrison-Dore (2006) noted that “financial costs, coupled with a fragmented health care system, often result in [foster care] children’s mental health needs being unmet” (p. 138). John Cortney, a former executive in the child welfare system, also stated that “the foster care system, with some minor exceptions, is not a positive experience for children ... to keep them out of foster care is to keep them healthier” (Feldman, 2004, p. 10).

Psychological Problems of Foster Care Children and Adolescents

Despite policies and laws to protect families and assist those entering into foster care, the emotional impact on the children is especially severe. The child or adolescent has to adjust to a new school, home, and community, while having limited or no contact with parents, close relatives, siblings, and friends. Adolescents in foster care exhibit an array of behavioral and adaptive functioning problems that far exceed those of the general population. In some instances, these individuals present with such serious behavior problems that parents refuse to accept responsibility for meeting their ongoing needs and abandon them to the care of the state. Armour and Schwab (2007) noted that there are as many children placed in the custody of the child welfare system for the legal reason of *unruly* behavior as there are for neglect and abuse. The most severely disturbed are referred to hospital or residential treatment for the following reasons: (a) behavior that is bizarre, disruptive, or dangerous to the youth or others; (b) failure of the youth to respond sufficiently to outpatient services; and (c) home, school, and other social settings are unable to cope with the behaviors of the youth or are maintaining or exacerbating the symptoms (Armour & Schwab, 2007). One study revealed that children entering foster care are up to 80% more likely to have significant mental health problems when compared with non–foster care children who have similar socioeconomic and demographic profiles (Kerker & Morrison-Dore, 2006). Similarly, Sieracki, Leon, Miller, and Lyons (2008) indicated that children in foster care are eight times more likely to have a mental health diagnosis than the general population.

Armour and Schwab (2007) cited numerous studies that documented the specific types of psychological disorders that foster care children often exhibit. These include: (a) Attention Deficit Hyperactivity Disorder, (b) anxiety disorders, (c) brief psychotic disorders, (d) mood disorders, (e) suicidal ideation, (f) suicide attempts, and (g) disruptive disorders. Furthermore, two main themes appear to permeate all of these problems: (a) attachment issues and (b) Post-Traumatic Stress Disorder.

Children in the foster care system tend to be insecurely attached because they have often been denied the essential reciprocal relationship with a fully committed caregiver (Goncik & Gold, 1992). Broken attachments in childhood create serious psychological problems for later development. These problems may include: (a) impaired conscience development, (b) trouble with basic cause-and-effect awareness, (c) impaired sense of time, and (d) difficulty with auditory processing (Goncik & Gold, 1992). Ainsworth's (1969) longitudinal study of attachment during the infant's first year provides one of the earliest descriptions of how a responsive mother effectively provides her child with a secure base. Whereas many children develop a secure maternal attachment and can rely on the maternal presence to explore the environment and develop healthy autonomy, foster care children are less fortunate (Goncik & Gold, 1992). The social experiences that predicate entry into care represent critical developmental risks for their well-being and mental health. Foremost of these is exposure to psychological trauma, emotional deprivation, and other conditions that negate opportunity for secure attachments (Tarren-Sweeney, 2008).

Research has also shown that a high percentage of foster care children and adolescents suffer from Post-Traumatic Stress Disorder (PTSD), which stems from the various types of verbal, emotional, physical, and sexual abuse that they have encountered. When one type of abuse is compounded by another, the rates of PTSD are even higher (Armour & Schwab, 2007). Ackerman, McPherson, Jones, and Dykman (1998) found that children who experienced both sexual and physical abuse had a higher rate of PTSD (55%) than children who were either sexually abused (32%) or physically abused (26%). Likewise, Pelcovitz, Kaplan, DeRosa, Mandel, and Slazenger (2000) found that children who witnessed domestic violence and who were also physically abused were three times more likely to suffer from PTSD, five times more likely to have major depression, and four times more likely to have oppositional defiant disorder than children who reported only physical abuse.

As a result of abuse and subsequent post-traumatic stress, many foster care children become self-abusive. Armour and Schwab (2007) found that 80.8% of the foster care youth participants in their study ($n = 26$) engaged in a variety of self-abusive behaviors and 68% of these individuals also made suicidal threats and/or attempted suicide. Additionally, 26.9% of these individuals participated in self-cutting behaviors and 15.4% refused to follow the medical regime prescribed for physical disorders. Other self-harming behaviors included head banging, scratching, or stabbing oneself, as well as swallowing pieces of plastic and metal. In summary, Armour and Schwab (2007) indicated that at least "56% of the children had disorders that fit into as many as three of four categories inclusive of (1) diagnoses with psychotic features, (2) diagnoses with elevated mood, (3) diagnoses with acting-out behavior, and (4) diagnoses of mild mental retardation and borderline intellectual functioning as well as learning disorders" (p. 86).

Finally, in addition to being at increased risk for psychological disorders, foster children have also been indicated by research to be more likely to become involved in delinquent behaviors, demonstrate poorer overall school performance, manifest learning disabilities, and exhibit poor interpersonal skills with peers and siblings (Simmel, Barth, & Brooks, 2007). Based on all of the research findings cited above, there is an obvious need for mental health interventions that specifically address the unique needs of youth with foster care experience.

Mental Health Interventions in Foster Care

Current mental health interventions for foster care populations can be organized under four categories: “first, interventions that are not specific to these populations; second, interventions and treatment services designed for these populations; third, interventions directed to caregivers, with a view to maximizing the therapeutic potential of the child’s care; and fourth, therapy-focused models of alternate care” (Tarren-Sweeney, 2008, pp. 347–348). However, Tarren-Sweeney also noted that findings on the effectiveness of common psychological and pharmacological treatments for foster care populations are limited and inconclusive. Additionally, findings on interventions for other populations may not generalize to children in foster care.

The mechanisms accounting for the characteristic inattention/overactivity of severely deprived children may differ from those that account for other inattention/overactivity, in which case alternative treatments may be warranted ... [however,] treatment modalities are mostly designed for isolated disorders rather than complex bio-psychological phenomena. (Tarren-Sweeney, 2008, p. 348)

Similarly, Dore (2008) noted that:

pressures from federal and state agency funders and third-party payers on mental health providers to adopt treatment models that appear to have an evidentiary base are intense, leading, at times, to the application of evidence-based models to populations and problems for which they are untested and potentially inappropriate if not harmful. (p. 527)

Furthermore, treatment becomes more complicated as the experiences children face are increasingly complex and damaging.

Despite a high prevalence of mental health difficulties, it appears that most current treatment programs are not meeting the unique needs of foster care children. Although foster care is well documented as a difficult and challenging time for children and adolescents, there is a gap in the literature on empirically validated interventions specifically designed for foster youth that address the unique experience and culture of the adolescent and the challenging dynamics of the foster family (Craven & Lee, 2006). Untreated mental disorders among children in the child welfare system impact not only the children’s functioning and well-being but also the well-being of society (Dore, 1999; Landsverk, Davis, Ganger, Newton, & Johnson, 1996). Children in foster care with

untreated or insufficiently treated mental health disorders often end up homeless or in prisons, jails, institutions, or mental hospitals by the time they reach adolescence (Kerker & Morrison-Dore, 2006). It is essential that more suitable and effective interventions be designed.

Need for the Current Study

As outlined above, the literature indicates that foster care children and adolescents are at high risk of developing a variety of psychological disorders but that current mental health treatments are not adequately addressing their needs. It is my experience, however, that music therapy can be an especially useful intervention with this population. Layman and Hussey (2003) noted that:

Music therapy is often an ideal intervention for foster care and adopted children. It is an inherently nonthreatening and inviting medium for these children, for it offers a safe haven in which to explore feelings, behaviors, and therapeutic issues related to abuse, neglect, and family disruption. Music therapy can be a powerful therapeutic tool in promoting permanency by helping children establish meaningful relationships, build self-esteem, and address issues of mourning and abandonment. (p. 117)

However, a review of the music therapy literature revealed that established treatment protocols for this population are limited. Furthermore, no research exists that investigates the efficacy of music therapy intervention with foster care youth.

The first article to be published on the use of music therapy in foster care was written by Layman, Hussey, and Laing (2002). The authors noted that there are three core concerns that dominate the field of child welfare and that these must be taken into consideration as music therapists lay the foundation for clinical work with this population. The three concerns are safety, permanency, and child well-being. However, they make no reference to particular music therapy approaches or methods that might be indicated for this population.

There are also three books that discuss the use of creative arts therapies with foster care youth. The first, *Creative Arts Therapies Approaches in Adoption and Foster Care: Contemporary Strategies for Working with Individuals and Families* (Betts, 2003), contains one chapter by Mary Reher that focuses specifically on music therapy. "The Dance of Belonging" is the music therapist author's account of her client's experience of the Bonny Method of Guided Imagery and Music (BMGIM). The adult client is an aboriginal adoptee; the sessions revolved around exploring her whole life, including her early childhood roots. The client was 6 months old when taken from her biological mother. Her father had been institutionalized due to violent and psychotic behaviors. She was put into 17 homes over the first 11 months of being separated from her family. When she was finally adopted at the age of 6 or 7, she referred to this incident as being "stolen" from her mother (p. 44). Although the client's adoptive family was stable and loving and may have been responsible for preventing even further trauma, the effect on her was a "pervasive sense of un-belonging, confusion, and wounding" (p. 57). During her 10 sessions of BMGIM, the client discovered that "she was able to break through and finally

convert her intellectual knowledge into genuine physical, emotional, and intuitive knowing and healing” (p. 58), thus indicating that BMGIM may be an effective music therapy method for adult clients with foster care experience.

In the second book, titled *Healing the Inner-City Child: Creative Arts Therapies with At-Risk Youth* and edited by Vanessa Camilleri (2007), only one chapter deals specifically with foster care adolescents and music therapy, although other chapters contain relevant comparisons between inner city at risk youth and foster care youth. In “Lifesongs: Music Therapy with Adolescents in Foster Care,” music psychotherapist Diane Austin described how she used music listening, singing, songwriting, and improvisation with foster care adolescents in order to facilitate self-expression, nonviolent communication, and positive growth within a “safe and playful environment” (p. 94).

Finally, a third book, titled *Music Therapy with Children and their Families* and edited by Amelia Oldfield and Claire Flower (2008), contains two chapters that specifically deal with music therapy and foster care. The first chapter, “Music Therapy after Adoption: The Role of Family Music Therapy in Developing Secure Attachment in Adopted Children,” was written by Colette Salkeld. Although the chapter focuses on adopted children, the music therapy interventions revolve around the trauma, bereavement, and attachment issues that are also typically associated with foster care children. Salkeld discussed how music therapy and interactive music-making “become foundational to the development of their [the adoptive parents’] relationship with their adopted son” (p. 156). In the second chapter, “A Piece of the Puzzle: Music Therapy with Looked-After Teenagers and their Carers,” author Joy Hasler discussed how music therapy is used with “looked-after” (foster care) teenagers in the United Kingdom. She also presented a model of music therapy that includes the foster parents as part of the treatment. In this model, she identified bereavement, trauma, and attachment as the three key issues around which clinical interventions for foster care youth should be designed. She also noted that “secondary trauma,” or vicarious traumatization, is a significant issue for caregivers. Supportive interventions for the caregiver included psychoeducation on “the long-term effect of early trauma and insecure attachment patterns” as well as on “managing challenging behavior” (p. 170).

Although the literature on music therapy with foster care children is gradually building, it is primarily clinical in nature, with a limited focus on specific music therapy methods and techniques. However, no research has been conducted on the effectiveness of these methods and techniques. Furthermore, no research has been conducted on the musical and personal lives of foster care children and how these experiences might affect their responses to music and/or music therapy. Lincoln (2005) noted that “for everyday young people, music is highly significant and is a medium through which they are able to create ‘soundtracks’ to their lives” (p. 401). It is the current author’s position that the same holds true for foster care youth but that research is needed to better understand the specific applications of this statement for this population.

I have learned through my clinical experience that working therapeutically with foster care youth can be both simple and complex. It is not just about providing interventions for the child until they are reunified or placed in a stable home; rather, it is about allowing the youth to express and confront deep issues of abandonment, rejection, and anger through the powerful medium of music. Furthermore, while early abuse has a

long-term impact on a youth's ability to form appropriate relationships with others (Betts, 2003), interactive music experiences may help to facilitate safe and healthy relationships. The people and professionals in the lives of these youths come and go, but music can serve as a consistent and meaningful presence in their lives.

The present study was designed to provide foundational research. The primary purpose was to explore the musical biographies of adolescents in foster care and to discern how their musical biographies related to their personal biographies. Subordinate questions were: (a) What musical experiences did adolescents in foster care have throughout their life span?, (b) What meanings do they attach to those experiences?, and (c) What relationships exist between these musical and personal biographies?

Within the context of this study, musical biography is defined as the sum total of experiences in music that a person has had and the various kinds of meanings that he or she associates with music in the past and in the present. It was assumed that one's musical life is part of one's personal biography, which also includes nonmusical events, experiences, and meanings.

METHOD

Design

This study was a systematic qualitative inquiry into the personal and musical lives of adolescents who had experiences with foster care. More specifically, this design could be viewed as a form of biographical inquiry, which Creswell (1994) has identified as one of the five main types of qualitative research. Here, the analysis of participants' stories, epiphanies, and historical content yields a vivid picture of the life of each individual. Bruscia also stated that:

Biographical inquiry most often has descriptive objectives ... problems and resources in one area or period of life provide the basis for understanding those in other areas or periods, and when woven together, these different perspectives provide a more holistic and multidimensional picture of the client. (1993, p. 5)

Participants

Ten participants were selected from clients enrolled in a mental health clinic where the researcher was employed. Participants were recruited through referrals received from clinic staff members. Criteria for referral to the study were: (a) the individual was an adolescent between the ages of 13 and 18, (b) he or she had at least one current or previous experience of being in foster care, and (c) he or she would potentially be willing and able to discuss his or her life and musical background. Individuals who were previous or current music therapy clients of the researcher were excluded from the study in order to avoid real or perceived conflicts of interest.

After receiving the referrals, I reviewed each potential participant's clinic admission form, which had been completed by the person who had originally referred the child or adolescent (e.g., social worker, foster parent, biological parent) to the clinic. This

form requires that the client be rated on a list of 49 presenting problems, including some that are specific to foster care youth. There is space on the form for the writer to expound on any presenting problem, including ones that may not be listed. The form also provides any known information about previous foster care experiences. If information on an individual's form was limited, I gathered additional information from the clinic's secure database, which usually indicated when the potential participant entered foster care and the total number of placements. During the research interviews, each participant verified the accuracy of the information that I had gathered.

After reviewing all of the information, I attempted to select participants using a purposive approach in order to (a) maximize heterogeneity in the sample with regard to presenting problems and past experiences (e.g., trauma, abuse, bereavement, etc.) and (b) create clusters of similar presenting problems and past experiences with foster care placements. Ultimately, as noted above, 10 adolescents participated in the study, six males and four females. The males ranged in age from 15 to 18 years and the females, from 13 to 17 years. Two participants were in foster care, but in the process of being adopted; four participants were still in foster care, and four were already adopted. The total time spent in foster care ranged from 4 to 15 years. Three participants had been placed in foster care at birth or shortly thereafter. Six participants had entered foster care at age 4 or younger, while the other four participants had entered foster care at age 11 or older. Thus, in spite of my attempt at purposive sampling, the history of foster care for these 10 participants varied widely.

After selecting potential participants, I arranged to obtain informed consent from each individual's legal guardian, which also included consent to audiotape the interviews. I then arranged a meeting with each adolescent to describe the study and to obtain his or her verbal assent. This study was approved by Temple University's Institutional Review Board (IRB). Participants were not paid.

Data Collection Procedures

After informed consent and verbal assent were obtained, I interviewed each individual. These interviews lasted for approximately 30 to 45 minutes and took place in one of the private rooms at the outpatient clinic during times that did not conflict with the participants' other scheduled services. Each interview was audio recorded, and I also took notes. Before the interview began, I explained the purpose of the research and the types of questions that might be asked. Participants were free to respond in any way they chose and could also choose to not respond.

I used a structured interview template that I developed to solicit data pertaining to the participants' early childhood, pre-adolescence, and adolescence experiences (see Appendix). This included questions and prompts about their experiences in their biological and foster homes and the role of music during different periods of their lives. Although the questions and prompts were developed to gather specific information about the participants, I attempted to create a natural flow in the conversation, allowing the participants to discuss what was important to them to the greatest extent possible. I used verbal prompts to initiate discussion of each topic and to encourage the participants to expound upon their lives. During each interview, I attempted to maintain an empathic and supportive stance to ensure the comfort and cooperation of each participant.

Materials

I developed a structured interview template based on three relevant existing music therapy assessments. First, Bonny (1980) developed a questionnaire to assess music experience that includes four areas: (a) practical music experience, (b) music appreciation, (c) music preference, and (d) hearing acuity. Second, Katsh and Merle-Fishman (1985) created a questionnaire for gathering information on an individual's preferences for the types of music and musical activities that he/she enjoys daily. Finally, Bruscia (1993) developed a questionnaire on music preferences and the musical activities that have occurred throughout an individual's life. The framework of Bruscia's questionnaire was most similar to my structured interview template due to the specific questions being asked and the focus on specific life periods. However, my interview questions were structured within the different personal and musical contexts of the participants' lives (see Appendix).

Data Analyses

Initially, I reviewed the recordings of the interviews in order to compare my interview notes with the participants' responses as well as to ensure clarity and accuracy. I made additional notes while listening to the recorded interviews. Further listening occurred as needed so that the interview transcripts remained as authentic as possible. I reorganized the data from my notes and from the interview recordings according to the outline of the structured interview template.

To synthesize the data, I conducted a within-case comparison (comparing responses to different questions within each case) and a cross-case comparison (comparing responses to each question across participants). When writing the within-case comparisons, I edited some of the participants' responses grammatically for sentence structure, but the overall language and tone of each participant were not changed. For participants who identified favorite songs, the lyrics were reviewed and incorporated into the within-case comparison when they seemed relevant. However, they were not analyzed as an essential part of the study. Participants' names were changed to protect their identity.

RESULTS

Within-Case Analyses

The following individual case studies represent three out of 10 of the within-case analyses that were conducted as part of this study.

Steve

At the time of this study, Steve was a 17-year-old male, currently in foster care; however, his current foster parent was in the process of adopting him. He had been in foster care since he was 2 years old and had resided in 10 or 11 placements over a 15-year period.

History/background information. Steve was referred to the outpatient clinic at 14 years of age to address problems with anger management and to facilitate more appropriate expression of his feelings. During his initial evaluation for outpatient services, Steve admitted to having an anger management problem and to lying on a regular basis. The file indicated that he had on occasion been cruel to animals, but according to the evaluation, Steve minimized the severity of these actions. Other presenting problems included lack of conflict resolution skills, lack of ability to express his feelings about frequently moving from home to home, and lack of appropriate communication with other family members. He had never met his father. His mother had been diagnosed with Bi-Polar Disorder and had a significant history of substance abuse. Steve denied any history of violence in his biological family. As a result of this evaluation, Steve was diagnosed with an Axis I disorder of Adjustment Disorder with Mixed Disturbance of Emotions and Conduct (309.4).¹

Before foster care. Steve had entered foster care at around the age of 2 and understandably had little to no memory of his life before foster care. When I asked if he had any memories of his home life before foster care, he responded: “No I was a child, like as a baby.” When asked whether anyone in his family sang or played an instrument, he began to discuss his sister, who sings semiprofessionally and had been studying music at college. Although he claimed to have no specific memories of his sister before he was in foster care, he spoke about how at this early age, he had associated music with his home and his sister. Recalling his sister and his shared music experiences with her appeared to be more significant to him than remembering whether these experiences occurred during his time with his biological family or with his foster family. He had no memory of any other music experiences before being in foster care.

During foster care. Steve was understandably better able to discuss his many experiences during foster care as compared to his few experiences before foster care. When asked what it was like the first time he went to foster care, he responded: “Being a child, I was crying. I was with my mom. I remember being here [at the foster care agency]. I had a meeting here in a room and then went to a foster family. My little brother was also here. [It was] hard at first [going to foster care] because I did not know anyone. After a while, I got used to being there.” At the time, he did not understand that he was moving to a foster home and would no longer be living with his biological family.

When I asked if he had memories of any specific placements, he responded: “I remember a lot of different families. I know most of them loved me or took care of me, [but] some of them didn’t, some of them were in it for the money.” Upon further inquiry, he stated: “A good memory was when [my brother and I] were living with a foster mother who had a lot of money and a nice big house. We used to go skiing. She bought us dirt bikes. Another good memory is I got to see my [biological] family a lot. I lived all over.”

¹In the United States, psychiatric diagnoses are categorized by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Better known as the DSM-IV, the manual is published by the American Psychiatric Association and outlines all known mental health disorders for both children and adults. At the time this study was being conducted, the 5th edition was in press.

Questions about playing instruments elicited a more expanded response. He replied: "I used to play the drums. I was in drum line for the west regional band. I was living with my aunt [in kinship care]. I had a good experience with my aunt in that placement, but we had to go to another home. After that, I kind of stopped. I would play a little with my drumsticks, but I was not as good. My aunt would push me to play." Although he had enjoyed playing the drums, he (and his brother) had to move from this placement because his "aunt was getting elderly and could not take care of us anymore." Unfortunately, he did not continue to play.

Steve also discussed his music listening practices: "I listen to music when upset; it is an escape. I ignore people so that I am not bothered. I like any type of music." His favorite styles were hip-hop and rap. When describing his experience with live music, he said: "I remember going to a gospel concert. It was fun. A social worker took us. I remember her name [said name]. She took us before she went back to college."

When asked, Steve did not associate making or listening to music with particular places. However, he did remember making music when he lived with his aunt. He said: "Yeah, I am a little rusty; I used to know how to read music. But since I stopped playing, I don't remember. School taught me that. I was in middle school. I played in a school band, and I played snare. I was learning how to play quad." His favorite group during this time period was B2K, but he did not have any favorite songs or recordings. He did remember listening to many songs because his sister "played a lot of different music and it rubbed off on us."

Although he had experienced 10 or 11 previous placements in foster care, Steve either had no other memories about them or he did not want to talk about these experiences, musical or otherwise. It is important to note that it was usually not Steve's choice to move every time his placement changed. His strongest memory about music was playing drums, which was strongly connected to living with his aunt. Unfortunately, once he moved to the next placement, he was unable to follow up on his musical interests.

His experience today. At the time of our interview, Steve's current foster parent was close to finalizing his adoption. "Being adopted is good. I still get to see my [biological] family. I go to school. I am learning how to drive. [I am] being taught how to be independent." Steve admitted that music is very important to him today, because "it doesn't tell you who you are. It gives you a symbol of the type of person you are."

His favorite type of music was still rap, and his favorite rappers were Meek Millz and Young Money. He had not resumed playing drums, but when asked how often he listened to music, he replied: "I don't know, about 5 hours a day. I listen by myself; I have a zoom [MP3 player]." He also listened to one of his friends at school who raps. He had no favorite songs.

Overall experience. Steve summed up his foster care experience by saying: "Being in foster care is like you are on your own even though you have a family. As I was growing up, I felt like I was raising me and that was what gave me the attitude now. It gives you the attitude that you can't trust anybody. I moved around a lot and that is what I always told myself. I was never able to [trust] as a child. As I got older, I did not get close to people because I was going to move or leave [them] anyway. I got into fights a lot. I got in trouble a lot when I was younger."

Steve's initial entry into foster care was emotionally troubling for him, and throughout his life in foster care, he continued to have difficulty adjusting to each family. He remembered crying a lot because he was not prepared for these moves and because he did not know anyone in the new placements, including the foster family. He was brought to the foster care agency by his mother but never returned to live with her. He remembered many foster families and remembered being both loved and not loved by them. Significantly, based on his own account, the families that did not love him were families that were in it only for the money. During the interview, his last response about music was: "Music helps you get through the day; if you are down or if you are happy. music gives you a train of thought, it helps you think better."

Interpretive summary. During foster care, Steve was not given a choice about moving, nor was he adequately prepared for either the moves or for a new placement. He did not understand why he was being moved and where he was going. As a result, Steve had a lack of trust in others and an inability to form positive attachments to people.

Steve's only positive transition to a new foster home occurred when it was clearly explained to him that he was moving because the current foster parent was too elderly to properly take care of him and his brother. Another one of the most significant determinants of whether a foster placement was a positive or negative experience for Steve was the financial security of the foster family. Steve understood this in terms of whether the foster family could financially afford to do more than just meet his basic needs. Thus, he associated positive foster care experiences with being involved in recreational activities such as skiing, but not to other personal growth activities, such as going to school or other free cultural or social events.

Steve reacted to his disappointments with his foster families and placements by adopting a self-defeating attitude toward his life. He admitted in the interview that he "was the one with the attitude, didn't trust anyone, and generally got in trouble." Interestingly, the only foster home that he associated with a positive experience (other than his current adoptive home) was the one where he was formally and actively involved with music. This foster parent facilitated this active involvement with music, which enhanced Steve's sense of trust and provided him with a positive emotional experience.

There appeared to be one constant in Steve's foster care experience—he moved frequently from one placement to the next, almost yearly, and the overarching reason for his moves was always the same—the foster care family could not appropriately take care of him. Unfortunately, every placement negatively affected all aspects of his life and particularly his level of involvement with music.

In regard to his musical life, there appeared to be two constants: (a) he remembered listening to his biological sister sing and play music, which occurred before he came into foster care at the age of 2, and (b) he always listened to music, mostly rap, and he was still doing this at the time of our interview.

Steve's involvement in music seemed to be directly linked to whether his experiences with his biological and foster families were positive or negative. Informal and formal involvement in active music-making provided a positive experience for him. When he was able to be involved actively with music, he was better able to attach with caregivers. While the level of his active music involvement lessened as he moved from one placement to another, his music listening appeared to increase proportionately. Listening to music (mostly rap) provided him with an escape and allowed him to attach to

something positive. He was able to understand music; it was a manageable experience for him, and this helped him to see some meaning in his life.

Martin

At the time of this study, Martin was a 17-year-old male in foster care. He had been in foster care for the last 4 years and had experienced a total of two placements.

History/background information. Compared to the other interviewees, Martin entered foster care at a very late age. He was originally referred to the outpatient clinic because he had recently moved into a new home. Martin had lived with his father for most of his life, but he died when Martin was 14. He was then sent to live with his paternal aunt in kinship care. While living with his kinship parents, he was moved to another foster home due to a conflict between his foster parents and his biological mother. The current foster parents were not related to him. Martin still wanted to live with his kinship parents, but the Children and Youth Services (CYS) agency had ongoing concerns about this situation.

In his referral information, CYS noted that Martin's kinship parents continually spoke negatively to him about his mother. As a result, Martin had become more argumentative, and, unfortunately, this caused instability in his placement with them. Martin's other presenting problems included being easily frustrated, having conflicts with his kinship parents, and being suspended or expelled from school. This all occurred after being placed with his kinship parents. At the time of his intake, Martin had admitted that his biological father had emotionally abused him by calling him names and that he had also physically abused and neglected him. His Axis I diagnosis was Adjustment Disorder Unspecified (309.9).

Martin struggled with anger and resentment over the absence of his mother in his life. He wanted to be reunited with her. Nonetheless, Martin continued to be confused by what his kinship parents were saying about her and by the negative comments his father had made about her before he had died. At this point, Martin had not resolved his feelings about the possibility of living with his mother.

Before foster care. Martin was quick to discuss memories about his life before foster care. He first stated that he had "pain and also good memories. Living with Dad was always good. He played with me and took me to places." He then added: "Dad abused me and had mental issues ... [he] hit me with a belt, and he started beating me like I was a grown man. He passed away. [He] never lived with my mom." Martin explained that his dad had eight other sons that Martin had never met. He continued: "There is a lot, I can't really explain it." When asked for more information on his pain and his good memories, Martin would not elaborate.

Martin appeared to have had a rich experience with music before entering foster care, and he was quite willing to discuss the role of music in his life more fully. Martin began: "My whole family plays an instrument. My uncle plays guitar and drums; he has his own band, and plays jazz. My whole family is into music and art. Dad played sax; he played a whole bunch of stuff." Martin also remembered playing an instrument but responded: "I keep those memories in my head, because the memories of playing are very important to me. I tried to play guitar, [but] never fully got into it. My whole family played at my uncle's house."

Listening to music was also important to Martin. “The whole family, [my] aunt and Dad, would take me when my uncle was playing. [We would] listen to all types of music.” Martin’s uncle played a significant role in Martin’s music experiences. He used to enjoy watching his uncle play. Martin briefly discussed other family members but he did not mention any associations between them and music.

In addition to associating music with his uncle, Martin also associated music with school. When asked about school, he said: “I had my own band; I played drums, played downtown, outside [my] house, just to be doing it, making some noise.” It was unclear whether Martin played in the band at school, or if he played outside of school with peers.

Martin recalled a significant song from this period: “I Can Say That,” which was a song that he had composed. He did not tell me what the song was about. His favorite piece of music from this period was a song by Jay-Z titled “On to the Next One.” In this song, the artist describes his motivation, successes, and perseverance in the music world, which sounded similar to what Martin had been saying about himself.

During foster care. When I first started talking with Martin about his foster care experiences, he did not realize that living with his aunt and uncle was considered foster care. Consequently, when I first asked him what was it like going to foster care for the first time, he responded: “It was strange. [I] didn’t know the people I was going to see and the house. I just miss my family; I can’t see my family now.” He had assumed that foster care began after he had moved away from his aunt and uncle’s home. After I explained the difference, he described living with his aunt by saying: “They were good. Me and my cousin would play games together. The family would come over and we would have parties.” He then sadly added: “[There is a] court order that I cannot see my family.”

When I asked him about playing music, Martin said: “I would try and play at my uncle’s house. I don’t play here [his current home].” In regard to listening, he responded: “I remember listening to music on CDs and watching my uncle [play] live. I listen to music in my room or outside at school.” After a moment of silence, Martin went on to say: “I can’t see my family. It hurts so bad.”

Martin also associated music with church. Just like his family association with music, Martin was involved with church music while living in kinship care but not in his current placement. He indicated that while living in kinship care, “I was in the church choir and sang gospel songs. I remember one song, “Never Would Have Made It,” about not doing the right stuff.” He then mentioned “Church is church, I missed the stuff at my old church, and I don’t do any music at this church.” He later stated that “Never Would Have Made It” was his favorite song. A repeating lyric in this song is: “I never could have made it without you.” Based on the religious context, it would appear that the singer is talking about God; however, I wondered if Martin had mentioned this song in reference to someone else in his life. He indicated that his favorite group was Green Day and noted two additional favorite songs. The first was “21 Guns,” a song about struggles in life; the second was “Travel in Time,” which appears to be a love song. The lyrics to “21 Guns” seemed to represent Martin’s description of his foster care experience. Interestingly, Martin was the only male participant in this study who did not cite a rap song as a favorite song during his time in foster care.

When I asked if there was a particular placement that he associated with music, Martin blurted out: “I hate being in foster care, I hate being in the system, period. I am

being seen as a number, not a person.” Martin then became withdrawn and seemed upset. He ended this portion of the conversation by saying: “I get out of the system next year when I am 18.” Martin did not appear to have anything else to add at this point, and I took a moment to allow him some time to calm down.

His experience today. The tone of the interview changed when Martin began to discuss his present experience in foster care. He was not as withdrawn or upset. Although he had previously mentioned how he did not like being in foster care, when I asked him about his experiences today, he stated: “It has its ups and downs, it can be good and sometimes [it] can be bad. We go out places; they take me out bowling. When I am here [in the home], there is drama.”

He indicated that music was still very important to him. He explained: “A lot of people are influenced by music in so many ways. [Music] teaches me how to change, or [it] can teach [me] how to go the wrong way. It tells both sides of the story.” His favorite styles of music at this time were rock and rap; his favorite group was a rock band called Fray. He did not play or sing now, but he still listened to music. When asked how often he listened, he immediately responded: “A lot. I am music the way I listen to it. [I] listen with friends at school, listen at home with foster family, and listen by myself, [but] no favorite songs.”

Overall experience. When I asked Martin about his overall experience in foster care, he said: “It can get better; in every way.” He did not want to say any more. He ended the conversation with: “I hope I get rich doing music.”

Interpretive summary. Confusion and conflicting emotions are two themes that emerged from Martin’s personal and musical biographies. Martin had received a court order not allowing him to see his family, and this had deeply affected him. Perhaps this is why he did not feel like he was “treated as a person” in foster care and why he was so eager to turn 18 and “get out of the system.” Even if Martin had been allowed to make a choice about living with his mother again or staying in foster care, he appeared confused about this and probably would have been unable to make that choice on his own.

Martin’s ability to participate in music changed drastically when he moved from his first placement in kinship care to his current foster care placement. At the time of the interview, he did not play or sing and had limited associations with music. This is unfortunate, because Martin’s previous quality of life and his ability to make and enjoy music seemed closely intertwined. His current living experience led to a lack of sustainable psychological/emotional development. This was most clearly evident when Martin discussed his family and being in kinship care. Any discussion of music quickly turned to statements about how much he missed his family, accompanied by facial expressions that communicated his pain about this issue. On the other hand, even a simple mention of his music experiences during foster care induced a response on how much he detested the foster care “system.” Yet, Martin was conflicted about his experiences in foster care. His description of previous foster care was one of hate and anger, but when discussing his current experience, he became rather calm and noted that foster care has its “ups and downs.”

Martin summarized his feelings about music in two ways. The first was “music tells both sides of the story,” and the second was “I am music the way I listen to it.” While living with his father and then with his aunt and uncle, one side of the story was that music was an essential and very important part of his life. The other side of the story

was that since not living with them, his ability to interact with music had suffered. His favorite songs while in foster care signified his conflicting emotions, as they seemed to describe the struggles and challenges that he had encountered. Music was very influential to Martin; it could help him or hurt him.

Elizabeth

At the time of this study, Elizabeth was a 17-year-old female in foster care. She had been in foster care for 5 years and, by her own account, had experienced eight different placements over that time.

History/background information. Elizabeth was referred to the outpatient clinic by her foster care social worker for a psychiatric assessment. Also, the initial evaluation assisted the treatment team in determining her level of placement (e.g., treatment foster care, residential treatment, etc.) and her ongoing treatment needs. Her presenting problems included lying, stealing, and behavioral problems in school; probable promiscuity, including involvement with older men; running away; defiance; resistance to treatment; cutting classes; intermittent difficulty with sleep; fear of eating in front of others; threatening others (both adults and peers); aggression toward peers at school; and instability in her living situation. Her behaviors resulted in her being removed from her most recent foster home and referred for a psychiatric evaluation.

When Elizabeth was 12 years old, her father was shot and killed. It appeared that her father had a history of violence in that he had been shot on two other occasions. Also, her father had physically abused her, usually at the request of her mother. At the time of her intake evaluation, it was noted that Elizabeth's mother was a substance abuser. There was no information on when her mother had started using controlled substances or why her father had been arrested. It was also unclear as to why she originally came into foster care, but based on the above information, it seemed likely that it was due to both neglect and abuse. Elizabeth noted that she had been in foster care for 5 years, which is the amount of time that her father had been deceased, but it was not known for sure whether in fact her father had been deceased when she first entered foster care.

When Elizabeth first entered foster care, she had attended a different outpatient clinic than the one she was attending at the time of this interview. The current outpatient clinic had requested a treatment report from the first clinic, but received only diagnostic information. Therefore, there were some gaps and discrepancies in the information that was available. The first outpatient clinic diagnosed her with Axis I disorders of Adjustment Disorder Not Otherwise Specified (309.9) and Cyclothymic Disorder (301.13). However, she seemed more appropriately diagnosed by the agency where this research occurred, with an Axis I Conduct Disorder, Childhood Onset (312.81).

Before foster care. Elizabeth lived with her mother and father before foster care. She mentioned that she had entered foster care after her father had died, but based on the lack of referral information, this was still unclear. Although there was a history of physical abuse by her father, when discussing him, she remarked: "I had a good time with my dad." She had few memories except for "going out and vacations." She still saw her mother but stated that her mother was "not stable; she needs her own house." She declined to discuss anything more about her experiences before foster care.

Elizabeth did not sing or play an instrument while living with her parents. She did have a cousin who played the violin and she noted that “I saw him a lot.” She did not remember singing or playing an instrument with anyone but emphasized: “I was always listening to music.” She really enjoyed music at this time in her life, and she listened to music through various media including the radio, CDs, and television music channels. She had also attended several live concerts.

When I asked her about what places, if any, she associated with making music, she used “music” as a verb, stating: “I have friends that music.” She added that they make up raps. She sang informally and named the artists of songs she used to sing, including Mary J. Blige, Cisco, Usher, Michael Jackson, and DMX. Her favorite songs were “Rainy Days” by Mary J. Blige and “Confessions” and “Let It Burn” by Usher. Interestingly, when first discussing her favorite songs, she stated: “My dad used to always listen to a song and it got on my nerves—‘Lord, Give Me a Sign.’” She did not know the artist of the song. Based on a Google search, the artist is probably DMX, whom she had mentioned as one of her favorite artists. This Christian-based song describes the artist’s plea to God for guidance. “Rainy Days” is about finding one’s way through life’s struggles. Usher’s “Confessions” deals with the need or want to confess something, but during the brief song, the artist never really confesses anything specific. Interestingly, Usher’s “Let It Burn” is also a confession of sorts. Here, the artist is letting his significant other know that he wants to end the relationship. “Let it burn” is used as a metaphor for a Dear John Letter.²

During foster care. Elizabeth was eager to discuss her experience of being in foster care for the first time. In her case, she had lived with her aunt in kinship care. She expressed: “I was mad because my dad just died and like days later I went into foster care.” She explained that she had been staying at her aunt’s house until her father’s funeral. The Department of Human Services (DHS) planned to move her to kinship care permanently, but unfortunately DHS did not come to the home tell her, but instead came to her school. DHS tried to take her from the school, but she would not go. Her aunt finally came to the school, and she then felt comfortable leaving school and going home with her. Elizabeth had not understood why DHS had come to the school to take her to her aunt’s home.

When asked if she had memories of any specific placements, she responded: “I hate them all and terrorized them, and I did bad things to them, and they made me mad. When they made me mad, I used to mess their stuff up and take their stuff and leave the house.” She admitted: “I did a lot of crazy stuff in every place I have been in.” I prompted her to share specific instances within particular placements. She first stated: “At one place I was at, this man choked me.” I asked her who the man was, and she responded: “The foster mother’s boyfriend.” She continued: “And once he choked me, I started being real mean, stayed out all the time. Then I moved out to another home.” In the next home, she indicated that the home was fine and that she liked the other children in the home; however, she did not have any other memories that were of any importance. She then bragged: “One time, I was at this lady’s house [a foster parent]. I took her cell phone and hid it and she said if someone found it, she was going to buy [them] a cell phone.” Then she laughed, “So, I found it and then she gave me a phone.” Finally, at

²A Dear John Letter is a letter that is written to a significant other to inform him/her that a romantic relationship is over, usually because the writer has found another significant other.

another placement, which she did not clearly describe, she told a story: “This lady [a foster parent] was a Christian and I am Muslim. They [the foster parents] prayed for me and my baby but I don’t have a baby. They were real confused.” She clarified that the foster parents thought she was pregnant due to Elizabeth admitting that she was sexually promiscuous. It is likely that she led the foster parents to believe that she was pregnant. However, Elizabeth did not believe that her foster parents were truly concerned and that they only “wanted that money.” Elizabeth knew that foster parents not only get paid for being foster parents, but if a foster child has a baby, they also receive state funding for the baby as long as the baby remains in the home.

Elizabeth had a general music class in school, but did not sing or play an instrument formally. “I had music class in school but never took any lessons. I was not interested, I did other things.” She did not clarify what these other things might be and did not associate any particular place with making music or listening to music. However, she did report listening to music in every placement, and she listened “in the car, in the house, on the computer, iPod, music video channels, and MP3 players.”

Elizabeth remembered singing along with songs on the radio and with friends. “[We] put a radio/song on and everyone listens to it and sings together.” Her favorite song was “Open My Heart” by Yolanda Adams. “It makes me sad. It is like a sad song.” Her favorite singer was Alicia Keys, and her favorite group was the Jonas Brothers.

Her experience today. Being in foster care had not been a pleasant experience for Elizabeth. She moaned: “It’s bad, I have been in better, but I can deal with it for the time being.” However, she also noted: “There is always something worse.” She mentioned several reasons why she did not like being in foster care, including not liking the “ceiling leaks,” running out of everyday items like “toothpaste,” not “getting what I need,” being too crowded in the home, needing “more space,” and not liking her “bed on the floor.” She planned to be in foster care only until she finished high school.

Music was still important to her, as she exclaimed: “[Music is] really important. I relate to music.” She related to music through her emotions: “Depending on what mood I am in.” She clarified: “If I am in a happy mood, but if a depressing song comes on, I will try and turn it off.” She then tried to generalize her experience: “Everyone is in different moods at different times.” She further added: “I can listen to music all day; mainly by myself, because I am everywhere by myself.” Her favorite types of music included “slow jams,” rap, hip-hop, R&B, “jazzy songs,” and “some rock songs, but not all of them.” Her favorite artists included Nicki Minaj, Trina, Lady Gaga, Trey Songz, Usher, Lil Wayne, Jay-Z, and Drake.

At the time of the interview, Elizabeth did not formally sing or play an instrument but sang informally with her friends. Her favorite songs included “We Make ’Em Say” by Meek Millz, “That’s My Attitude” by Trina, “Little Freak” by Minaj and Usher (she noted that she particularly liked the video), and two Lady Gaga songs: “Paparazzi” and “Bad Romance.” Each of these songs seems to be the kind favored by a typical adolescent in that the songs discuss love, relationships, sex, and money.

Overall experience. Initially, Elizabeth was reluctant to discuss her experience in foster care. However, near the end of the interview, she began to talk more: “First, I thought it was going to be bad, but after a while, because I got older, I got better with a lot of things. She added: “I was 13 when I came into care and I did not know why.” She described the child welfare system and professionals, rather than her foster parents, as the

“better” part of her foster care experience. “It is not so bad, and it pays off. They help you find an apartment if you go to a program; they pay you to go to programs, they help you with grants.”

Her final responses on music were that she really enjoyed it and “has a passion for music.” She expressed that there is a song for every “emotion that I go through.” She succinctly stated: “I don’t know what my life would be without music. I would be miserable without music.”

Interpretive summary. Elizabeth was expressive, if not audacious, throughout the interview. She was forthright in discussing her experiences and recognized that she was responsible for some aspects of her negative experiences. Music was very important to her; it appeared to provide her with more stability in her life than her foster parents could provide. She linked her own identity to the emotions and moods of her favorite songs. She interacted with music mainly by informally listening alone and, at times, with her friends.

Elizabeth’s history is similar to that of the other participants in regard to the abuse and neglect she encountered. She wanted to live with her mother rather than be in foster care, but her mother was unable to take care of her due to her substance abuse. She mentioned good experiences with her biological family, but only briefly. Although she lived with her biological parents until the age of 12, she declined to talk about them. She offered only one musical association in relation to her biological family—her dad frequently used to sing the same song to her. Typically, the memories she associated with music before foster care involved music listening.

Foster care appeared to be a brief stopover for Elizabeth until she could be on her own. She had not had much success at being stable in any placement, and her behaviors typically led to her removals. Some of her behaviors may be seen as typical rebellious adolescent behavior, but, consistent with her diagnosis of conduct disorder, she seemed to enjoy causing problems. Fortunately, she had decided to stay in foster care so that she could finish high school. While in foster care, she listened to music not only to calm her moods but also to match her moods. At times, music listening was used to “put sound” to her mood because she felt limited in her ability to express her feelings.

Elizabeth chose a song that she associated with her life before foster care. The song, which reminded her of her father, appeared to intertwine with her own life. Some of her behaviors, despite being the result of a conduct-related disorder, stemmed from not being able to appropriately grieve over the loss of her father. She was traumatized and unable to adjust to being abruptly placed in a foster home either just before or immediately after he died. The song, “Lord Give Me A Sign,” perhaps expressed her feelings in a way that her own words could not.

DISCUSSION

Cross-Case Comparison

The purpose of the cross-case comparison was twofold: (a) to compare the personal biographies of all 10 participants across the various corresponding life periods discussed in the interviews: before foster care, during foster care, present placement experience, and overall experience and (b) to compare all 10 participants’ musical biographies across

corresponding life periods. The themes or constructs that emerged from both of these analyses will now be presented.

Personal Biographies of Adolescents with Foster Care Experience

Mental Health of Parents

A question that emerged from the present data was the extent to which the participants' parents had mental health issues and how this might be related to the mental health issues of the participants—all of whom were receiving psychotherapy at the time of this study. Four participants had parents who had been diagnosed with mental health issues; five participants either did not know if their parents had been diagnosed or had no records indicating such. Only one participant was known to have parents who were not diagnosed with any mental health issues, and he had been placed into care because his father had died. In the general population, Radke-Yarrow and Klimes-Dougan (2002) found that parental mental health problems indicated risk “to offspring for a number of negative outcomes, including depression, anxiety, and behavioral problems” (p. 155). Other researchers have found that mood disorders, substance use disorders, and antisocial behavior appear to have a genetic component (Sullivan, Neale, & Kendler, 2000). In this study's sample, however, there did not seem to be any obvious relationship between a biological parent's mental health diagnosis and the specific diagnosis of his or her child, as the diagnoses of the parents and their children were different.

Number of Foster Care Placements

The number of previous placements of the 10 participants varied widely. Four out of 10 participants were still in foster care, and of the remaining six participants, two were in the process of being adopted. Of the four participants in foster care and not currently in the process of being adopted, two had experienced two placements, while the other two had experienced 8 and 13 placements, respectively. Of the six participants already adopted or in the adoption process, the number of previous placements ranged from 2 to 11. Within this group of participants, the number of previous placements did not seem to be related to whether or not they would ultimately be adopted. At the time of this study, no publications were found that examined if the total number of foster care placements is a potential predictor of adoption.

Age at Time of Initial Placement

Five of the six participants who were either adopted or in the process of being adopted were initially placed into foster care before the age of 4. One exception was a participant who first entered care at age 11, but had already been adopted at that time. Of the four participants who had not been adopted, three of them entered foster care after the age of 12, but the fourth had entered foster care at age 4. Although the present findings are somewhat inconclusive, it seems plausible that children placed in foster care earlier in life may have a better chance of being adopted than those placed later on. Leathers, Falconnier, and Spielfogel (2010) found that predictors of adoption included younger age

at time of placement, placement with a foster family that planned to adopt as opposed to a foster family that did not, and sibling placement as opposed to nonsibling placement.

Adolescent's Diagnosis

Other questions that emerged from the present study's data pertained to the possible relationship between an adolescent's diagnosis and the number of previous placements. Do certain diagnoses predispose adolescents to multiple placements? Conversely, do multiple placements predispose adolescents to certain diagnoses? Four of the 10 participants had been diagnosed with adjustment disorders. According to the DSM IV TR (2000), Adjustment Disorder is a "maladaptive reaction of a person to identifiable psychosocial pressures, with its reaction response emerging within 3 months after the initiation of the stressors" (p. 679). One of the psychosocial pressures and stressors leading to an adjustment disorder can be "moving from one place to another" (DSM IV TR, 2000, p. 679), which suggests that multiple placements in foster care might contribute to a diagnosis of Adjustment Disorder. Hussey and Guo (2005) found that the number of previous "out-of-home placements was positively associated with increased levels of psychiatric symptomatology and served as the most robust predictor for modeling treatment response trajectories across problem domains" (p. 485). In the present study, however, the four participants who were diagnosed with adjustment disorders had 2 to 11 previous placements; whereas the six participants who were not diagnosed with an adjustment disorder had 2 to 13 previous placements. Thus, no consistent pattern was found in the present study that indicated any relationship between participants' diagnoses and number of placements.

Another related set of questions raised by the present data is whether behavioral problems predict out-of-home placements and whether out-of-home placements predict subsequent behavior problems. Aarons et al. (2010) conducted an analysis of behavior problems related to placement change and found that four variables were consistently linked to a greater number of placements: "higher levels of behavioral or emotional problems, older age of the child, extended stays in care, and placement type (e.g., children in kinship care tend to experience fewer placement changes compared to children in group home or residential care)" (p. 71). Although results of the present research seemed to indicate that placement changes led to more behavioral problems, it was unclear if behavioral problems led to more placements.

The Effects of Previous Trauma

Another theme that emerged was the effects that previous trauma might have had on the participants' experiences of foster care. The Mayo Clinic defines Post-Traumatic Stress Disorder (PTSD) as "a type of anxiety disorder that's triggered by a traumatic event. [A traumatic event is viewed as an occurrence] that causes intense fear, helplessness, or horror" (Mayo Clinic, 2010, para. 1). In an early intervention study on children in foster care, Milburn, Lynch, and Jackson (2008) found that "at least mild Post-Traumatic Stress Disorder (PTSD) symptoms were reported by 86% of children and adolescents aged between 7 and 17 years" (p. 34). Spencer (2010) found not only that abused children were more likely than nonabused children to have a diagnosis of emotional disturbance at

entry into foster care, but also that abused children had higher rates of placement disruption than nonabused children. In the current study, only one participant had an actual diagnosis of PTSD, even though many of the participants had experienced considerable trauma as children. It may be the case that some clinicians lack the experience or training to diagnose PTSD. Furthermore, Tarren-Sweeny (2008) pointed out that “various research findings demonstrate that children in care have complex symptomatology that is not well captured by present classifications of mental disorders” (p. 348). Attention deficit disorders are often overlooked as indicators of trauma (Wozniak et al., 1995). In the case of an ADHD diagnoses, it is appropriate to question whether a foster child’s problems with focus, inattention, and hyperactivity are symptomatic of ADHD or if they have a more etiological base in early trauma. Six of the participants in the current study had a diagnosis of ADHD.

Memories Prior to Foster Care

Memories of life before foster care were sparse in this group of adolescents. This is especially understandable for three of the participants, who were removed from their homes at birth or shortly thereafter. Any memories they might have had were probably not real memories but more likely beliefs that they had developed over the years, based largely on what they had been told by others. Surprisingly, participants who had been removed from their biological homes at a later age (including pre-adolescence and adolescence) also had very few memories of living with their biological families. When a participant did have a memory, it was usually unpleasant or painful. These memories included witnessing domestic violence and substance abuse, being physically abused, needing more parental guidance, and being neglected. Even for those participants who cited a pleasant memory, they invariably compared that memory with an unpleasant memory or experience. For example, two male participants said that there had been “pain and good memories.” Two female participants claimed that they had enjoyed being with their biological families, yet one had been abandoned and neglected throughout her life by her biological family and the other had been physically abused by her father and had witnessed a significant amount of domestic violence. The level of intense pain that the participants experienced when removed from their biological homes and placed in foster care and/or the predominance of negative associations might explain their lack of memories and/or their reluctance to discuss these memories. No literature was found that supported or refuted these findings.

Reasons for Being Moved to Another Placement

The foster care history of these adolescent entailed moving among and living in multiple placements, including inpatient psychiatric hospitals, residential treatment facilities, and group homes. The participants’ background information and interviews revealed that they were moved to various placements for eight different reasons: (a) the foster parent was ill-equipped or unable to handle the participant’s behaviors; (b) the acting-out behaviors of their siblings who were living in the same home; (c) the participant had intent, whether real or fabricated, to seriously harm self or others in order to be moved to another home;

(d) there was conflict between the foster family and the biological family³; (e) there was conflict between the foster child/the siblings of the foster child and the biological children and other foster children of the foster parents; (f) the foster parent(s) was unable to continue to care for the child because of poor health, age, or other reasons; (g) the death of a foster parent; and (h) the foster parent physically, sexually, or emotionally abused the child/adolescent; unfortunately, this occurred with six out of the 10 participants in this study.

Responses to Moving to Another Placement

In addition to having a lack of memories prior to being in foster care, the participants had few or no specific memories of the different placements in which they had lived during foster care. It is unclear whether this lack of memories was the result of avoidance, repression, or simply an unwillingness to discuss them. It may also be the result of the confusion that a child experiences when he or she is moved from one home to another. In the present study, participants were often not prepared for the move. All participants reported at least one time when they did not know that they were going to be moved. They usually had no say in where they were going, they were not given the opportunity to meet the new family beforehand, and they were rarely given a reason for the move. In one case, CYC took the participant and her siblings to a foster home, and the foster parent did not even realize that they were due to arrive. A lack of preparation for the move also occurred in two instances when the participants' foster parent suddenly died.

These sudden and unexplained moves caused the participants to experience increased feelings of anxiety and confusion. Two participants reported feeling worried that they would not be able to see their previous foster family again. Some expressed feelings of confusion not only when being moved between foster placements, but also when they were moved from their biological home to foster care. Unfortunately, this theme of *not understanding what was happening* permeated participants' overall experience of living in foster care.

Relationships with Foster Families

Participants' lack of understanding about what was happening often seemed to be the result of an unhealthy relationship with the foster family and from not having a clearly defined role within that family. The participants described feeling "lonely" and unable "to trust." One participant distinctly stated, "You can't trust anyone." Many participants also reported that they did not attach to their foster families for fear of being moved again. This loneliness and lack of trust indicates to the foster child that they need to act as their own parent. One participant stated, "I felt like I was raising me." Foster care professionals refer to this idea as *parentification*.

Jurkovic (1997) developed a model entitled destructive parentification, which he described as "a family environment featuring an imbalance among family members' roles and behaviors, a lack of boundaries between family subsystems, and an excessive level of

³When parental rights are not terminated, biological parents still have access to their children and are able to visit them.

caretaking (emotional and/or instrumental) by a child to maintain the family system” (p. 237). Although many of the current study’s participants perceived that they were taking care of themselves, they also reported that having access to their biological family was very important to their overall feelings of well-being.

Positive relationships with foster families did occur. Placement stability increased when adolescents’ emotional and social needs were met in addition to their basic physiological needs. For example, participants thrived when a foster parent encouraged involvement in formal music activities or other social activities. Also, the participants generally felt more comfortable and demonstrated fewer acting-out behaviors when they were able to receive “special gifts” or “go places.” Overall, these results resonate with Maslow’s hierarchy of needs in that when the child’s physiological, safety, and social needs were met, their capacity for overall health improved (Maslow, 1943).

Relationships with Biological Family

There are two types of adoptions: closed and open. “A closed adoption means that there is no contact whatsoever between the birthparents and the adoptive parents and child after the adoption takes place” (Family Law Center, 2010, para. 3). Also, there may be no contact before the adoption. An open adoption occurs when “all the parties to an adoption meet and often remain in each other’s lives” (Family Law Center, 2010, para. 3). Six participants in this study were either adopted or in the process of being adopted. Those with a closed adoption could not see their biological families until after they turned 18; those with an open adoption could have access to them before turning of age. The six participants who were adopted or in the process of being adopted recognized that being adopted was “good” and that it provided them with the stability that they needed. Nevertheless, these participants still wanted to have access to their biological families, either after they turned 18 or on a regular basis before turning 18. The four participants who were not adopted were older and were waiting to turn 18 so that they could “get out of the system.”

All of the five participants who were able to have access to their biological families while in foster care enjoyed these opportunities and eagerly anticipated these visits. Two participants who visited their family regularly both planned on continuing that connection even after being adopted. Five of the participants had no access to their families. Interestingly, nearly all of these participants reported that when they turned 18 and became legally independent, they wanted to reconnect with their biological families. For the participants who had entered foster care at birth or shortly thereafter, each planned on having some contact. For example, they said: “I want to get out and be with [my] sister,” “I want to find my mother,” and “I plan to live with my mom after my first year of college.” Participants who had been placed in foster care at an older age made similar statements: “Can’t wait to get out of system and be with my family,” “I will go and see my brother, I know where he is,” and “I will live on my own, but want to connect with [my] mother.”

Positive and Negative Qualities of Foster Parents

Participants identified qualities that they desired in a foster parent. According to the participants, foster parents should: (a) be loving, (b) be committed to taking care of their foster children, (c) be willing to meet more than just the basic needs and recognize the child's need for play and recreation, (d) encourage active involvement with music, (e) be a surrogate and positive parental figure, (f) be able to bond and promote trust with their foster children, (g) allow foster children the appropriate amount of freedom and independence, and (h) give the foster child a level of responsibility for themselves.

Conversely, participants also identified six characteristics of an inferior foster parent: (a) foster parents who participate in foster care for financial benefit only, (b) foster parents who use severe corporal punishment, (c) foster parents who are physically abusive to their foster children, (d) foster parents who promote fear and/or a lack of safety in the home, (e) foster parents who lack appropriate boundaries and discourage freedom and independence; and (f) foster parents who have conflicts with the child's biological family.

Musical Biographies of Adolescents with Foster Care Experience

Musical Memories Before Foster Care

Participants indicated that music had various levels of significance in their lives before foster care, but the vividness of these musical memories varied. On a continuum from least to most significant: one participant had no memories or music experiences; three had vague associations with music and a family member, such as a sibling who sang or rapped; five had experiences of singing and listening to music with family members; and one had extensive memories of a family member playing an instrument as well as vivid memories of singing with and listening to music with family members. Only one participant played an instrument while living with his biological family (in fact, every member of his family played an instrument). However, despite this strong musical beginning, this participant's subsequent negative experiences in foster care had a negative impact on his relationship with music and he stopped playing. For two participants, the role music played during this early period was unclear. They both recalled having a family member sing to them (e.g., lullabies); however, one of these participants associated this music experience with a negative memory.

Formal and Informal Involvement in Music

Another indication of the value of music in a participant's life was his or her level of formal or informal involvement with music-making activities during various life periods. Examples of formal involvement included taking music lessons, playing an instrument in a school band, or singing in a church choir, all of which required the participant to take some level of responsibility for these activities. Informal involvement consisted of general music-making (not organized) or listening to music—either at home or in an unstructured environment. Specific examples included listening to music (alone or with friends), singing along with the radio (alone or with friends), and, in a few cases, trying to play an instrument on their own without participating in a group or taking lessons.

Before foster care, only one participant formally played an instrument, in that he took lessons and played with a group. Six of the participants associated informal music experiences with their life before foster care. These typically included listening to the radio in the car or listening at home and singing along with their siblings. The remaining four participants had been removed from their homes at birth or shortly thereafter. One of these participants associated music with a family member but this is most likely attributed to the fact that he had regular access to his biological family while in foster care.

During foster care, the participants' tended to have more formal involvement with music than before foster care. Eight participants formally played an instrument in school or took lessons (e.g., drums, guitar, piano, violin) and/or sang in a church choir. However, moving from one placement to another adversely affected their active involvement with music. After the move, the participants who formally studied music in school or who took private lessons discontinued these activities, due to changing schools or due to a lack of support and encouragement from the new foster parent. A notable finding of this study was that active involvement in music, whether formal or informal, appeared to be related to a favorable foster care placement.

All participants listened to music informally during foster care, most often when they were alone. When participants did listen to music with others, it was usually with friends or while in the car with others listening to the radio. No participants reported that they listened to music with their foster parents. Media of choice for listening included MP3 players, iPods, or the radio; only two participants mentioned listening to CDs. Nine of the 10 participants reported that they never listened to live music (in a formal environment) and had never attended a live concert. Only one participant had experienced live music and attended concerts; unfortunately, this changed when he was moved to another placement.

It is also important to note that when participants listened to music, they used it as a psychological resource and not simply as a leisure-time activity. Music listening was used in the follow ways:

- Participants would purposively use music listening to calm themselves. They chose music to relax or “chill,” either by themselves or with others.
- Participants used music listening to escape from the stressors and difficulties that they faced regularly and sometimes to escape from the people who caused them distress. Listening to music while alone seemed to meet a metaphorical and literal need for them to have their own solitary space.
- Participants used music listening as a distraction, which helped to divert their attention away from their mental turmoil or worries. Sometimes, however, music was also an obstacle that prevented them from appropriately attending or focusing.
- Participants used music listening as a way to forget the past. It helped them to forget, neglect, or banish difficult or upsetting thoughts. It may have even helped them to avoid dealing with these past memories or upsetting thoughts.
- Participants used music listening as a catalyst for socialization and identity formation. Listening to music with friends provided these adolescents with an opportunity to discuss and debate life issues, thereby comparing their own perspectives to those of

others. This, in turn, helped them to find themselves and shape their own musical and personal identities.

This last point is similar to what occurred when these adolescents sang or played in musical groups. Furthermore, it is also similar to what is contained in the literature about how adolescents from the general population use music in their everyday lives (Arnett, 1995; Gantz, Gartenberg, Pearson, & Shiller, 1978; Selfhout, 2009; Steele & Brown, 1995).

Musical Preferences

It was interesting to examine whether the adolescent participants had a favorite song or artist during their previous times in foster care. Five participants indicated that they did have a favorite song, while five indicated that they did not. For participants who did have a favorite song, the music that they liked in the past was stylistically similar to the music that they liked in the present. Favorite types of music while in past foster care placements were hip-hop, rap, and R&B. Two participants cited Alicia Keys as their favorite artist.

While they did not seem to have as many favorite artists during the time they had spent in previous foster care placements, participants reported at the time of the interviews that they currently had many favorite artists and/or groups; Meek Millz, Young Money, Trey Songz, Rihanna, Beyoncé, Lil Wayne, Jay-Z, and Lady Gaga were all cited as favorites by two or more participants. All 10 participants stated that they listened to music frequently. Six participants had at least two favorite songs, whereas one participant had seven favorites and three participants indicated that they had no favorites. Overall, their favorite artists and songs could be classified as typical “top 40” music that would also be popular with their peer groups.

When describing their current style preferences, participants still favored hip-hop, rap, and R&B and used the radio and MP3 players as the main media for music listening. McFerran-Skewes (2003) stated that “within most naturally formed adolescent groups, there is a tendency toward a particular genre of music that the group identifies with” (p. 3). Although this group of participants was not naturally formed per se, the results of the current research seem to support a similar perspective.

Although the songs weren’t analyzed as part of the data in and of themselves, two obvious themes emerged from the songs that participants indicated as being their favorites while living in foster care. First, these songs/particular lyrics reflected aspects of their experiences in foster care—even when they were verbally unable to articulate what they experienced in foster care. For example, one participant chose a song (“Runnin’,” Tupac Shakur) that appeared to express an existential crisis: “Why am I dying to live, if I’m just living to die?” Another participant’s chosen song (“Drop the World,” Lil Wayne) appeared to describe his emotional state: “Hate in my heart, love in my mind. You keep the sunshine, save me the rain.” One participant was less verbal about his past, but the lyrics from the song he chose (“Dance with My Father,” Luther Vandross) poignantly described his angst about being separated from his family, both physically and musically (“If I could just have one more dance with my father”). Another participant’s song stemmed from the time he lived with his biological family and matched his verbal description of what it was like for him when living with his father (“Mockingbird,”

Eminem). Similarly, another participant's song described the relationship, or the lack thereof, that he had with his father ("21 Guns," Green Day). Another participant's song depicted her feelings about having numerous placements: "Either I'm going to trust you, or I may as well walk away" ("Yesterday," Mary Mary). Finally, a female participant's song ("Why Me?," KiKi Sheard) voiced her need for guidance, a need that she also had during foster care.

The second theme that emerged from participants' favorite songs is that these songs often voiced a request or a plea for help or change. For example: "Why am I trying to give, when no one gives me a try?" ("Runnin'," Tupac Shakur) was contained in a song that emerged during the interview when a participant was discussing an existential crisis. Another participant cited lyrics that voiced his yearning to be with his father again: "If I could get another chance, another walk, another dance with him" ("Dance with My Father," Luther Vandross). One participant's song pleaded for some relief from her woes in foster care: "I've had so many ups and downs, don't know how much more I can take" ("Yesterday," Mary Mary). Another asked for change: "I'm starting with the man in the mirror, I'm asking him to change his ways" ("Man in the Mirror," Michael Jackson). Another's song of guidance was also a request for help: "I really need to talk to you, Lord, since the last time we talked, the walk has been hard" ("Lord Give Me a Sign," DMX).

CONCLUSION

After integrating the data from the cross-case comparison, I analyzed the relationship between the personal and musical biographies of these adolescents in order to identify any conclusive themes or patterns. Two questions were addressed: (a) How does foster care influence an adolescent's relationship to music?, and (b) How does music influence an adolescent's foster care experience? Following these conclusions, the limitations of the study as well as implications for music therapy practice, research, and theory are presented.

Ways Foster Care Can Influence an Adolescent's Relationship to Music

Placement History

The placement history of the participants varied widely. Placement movement generally eliminated the participants' active involvement in group music-making or music lessons. On the other hand, placement movement did not seem to decrease the participants' access to recorded music and/or affect their music listening habits. Interestingly, foster homes where music involvement was encouraged tended to be more stable placements than homes where this type of pursuit was not actively encouraged.

Relationship with Biological Family

Nine participants had at least some memory, even if vague, of a shared music experience with a biological family member. This music relationship ceased when these participants entered foster care. Interestingly, six of the participants who had more extensive music involvement with a biological family member (e.g., singing, playing) did not continue to participate in this music activity (alone or with others) upon entry into foster care. Furthermore, the five participants who continued to have contact with their biological families did not report any attempts to resume their earlier musical relationships with those family members.

When participants shared music listening preferences with members of their biological family, these preferences tended not to change when they were placed in foster care. In all likelihood, this happened because participants' preferences were shared not only by their biological families, but also by their peer groups.

Relationship with Foster Care Family

Participants generally had more positive relationships with their foster families when the foster family encouraged involvement with music. Participants usually felt more comfortable in foster homes that encouraged music involvement, which in turn appeared to have a positive influence on their relationship to music.

Ways Music Can Influence an Adolescent's Foster Care Experiences

Intensity of the Relationship to Music

Listening to music alone tended to play an increasingly important role when the participant did not have a positive relationship or healthy attachment with the foster parent. In these cases, music seemed to function as an attachment object—the adolescent attached to their favorite music when he or she did not trust or felt unsafe with the foster parent. Also, music became an escape or a way for the adolescents to separate from their daily struggles or from their lack of connection with the foster family. Interestingly, when participants shared a positive attachment with their foster family, listening to music alone tended to occur at the same level of frequency. For these participants, it appeared that music was a way to relax or just “chill,” as opposed to being an escape.

Nature of Involvement in Music

The nature of participants' involvement in music varied according to whether it was formal and/or informal and active and/or passive. Formal, active involvement in music (e.g., participating in school or group music or taking lessons) seemed to be associated with a positive or healthy relationship with the foster family. Formal and passive involvement in music (e.g., listening to music in church) did not seem to have any influence on participants' relationships with their foster families unless the foster family encouraged this involvement.

Informal, active involvement with music (e.g., singing with friends) did not seem to influence the participants' relationships with their foster families, nor did informal passive involvement (e.g., listening to music alone or with friends). While in foster care, participants tended to listen to music alone. When they did listen to music with others, it generally involved their friends or other peers in the home.

Formal or informal musical involvement did not seem to be related to the number of placements. However, formal and active music involvement was adversely affected by placement changes. Participants tended to have decreased or no formal and active involvement with music when they moved to a new home, particularly if that new home did not encourage music involvement. Also, formal or informal musical involvement appeared to have no influence on the relationship between the foster care families and the biological families. No participant mentioned any shared music experiences between these family groups.

Reasons for Involvement in Music

Participants involved themselves in active music-making during foster care when they were encouraged to do so by their family or when it helped to connect them socially to their peers. Participants tended to listen to music for personal and/or psychological reasons, often to cope with ongoing trauma, grief, and loss. Not unlike as with adolescents without foster care experience, music seemed to help these adolescents express what they had difficulty expressing verbally.

Listening Habits

The music listening habits of these participants remained consistent throughout their foster care experiences. These listening habits included: (a) how often they listened to music, (b) the types of music they preferred, (c) when they listened to music, and (d) where they listened to music.

Music listening habits did not seem to affect the stability of participants' foster care placements or their personal experiences of living in a particular foster home. This makes some sense, as music listening tended to be a very private activity, unrelated to where they lived. Interestingly, participants tended to listen less in solitude and more with others when they lived in a home with other foster children of a similar age or when they lived with a foster family that had its own children of a similar age. Thus, music listening seemed to help the participants to relate to and connect with others.

Music Preferences

As was the case with their music listening habits, the music preferences of these participants remained essentially the same throughout their various foster care placements. Their preferences and favorite artists seem similar to non-foster care adolescents who share similar urban backgrounds. The music preferences of these participants also did not appear to influence the stability of their placements or otherwise affect their experiences within the foster care environment. For example, two participants preferred gospel music, which was the preferred music of the foster parents they lived

with at the time; however these participants still ended up being placed in other homes. For the participants who mostly enjoyed hip-hop, rap, and R&B, their musical preferences also did not seem to have any relationship to whether or not they were placed in another home.

Limitations of the Study

A major limitation of this study was the small number of participants. The initial plan was to conduct a pilot study with two to four participants and then to recruit 10 more participants for the study itself. This did not occur because only a total of 10 participants were available to participate in the research overall. There were two reasons for this. First, the therapists working in the outpatient clinic who referred participants to the study felt that many of their adolescent clients were not stable enough or emotionally ready to participate in this research. Second, some participants were recruited but were subsequently unable to participate in the study. In fact, one potential participant was placed in a psychiatric hospital the day before I had planned to interview her.

Another limitation was that the data were gathered through one interview per participant, lasting about 30 to 45 minutes. Additional relevant data may have been gathered by conducting a subsequent interview in which each adolescent could have been given an opportunity to listen to and further discuss the meaning of the songs they had recalled from their past.

Implications for Music Therapy Practice

Selecting music for adolescents in foster care. Based on the results of the present study, there are two criteria that should be used when selecting music to use in music therapy sessions with adolescents in foster care. First, therapists need to select music according to the adolescent's preferences for music styles, songs, and artists. These preferences seemed to be similar to those shared by members of their peer age group—those with and without foster care experience. Issues of relationships, loss, death, and betrayal frequently found in their preferred music are the very issues with which teenagers are confronted in their lives (McFerran-Skewes, 2003), albeit to greater or lesser extents depending upon their circumstances.

The second criterion that therapists need to consider is how lyric content may be related to the adolescents' own experiences. A theme that emerged from the song lyrics identified by participants was that music helped them to examine and express the paradoxes and conflicts that characterized their lives. They intuitively understood that music has the ability to express both sorrow and joy, sometimes at the same moment and within the same experience. Results of McFerran-Skewes's (2003) research indicated that adolescents "choose music that reflects their life experience" (p. 546).

Music therapy and identity development. Another implication of this study was that music helped adolescents with experiences in foster care to develop their personal identities. Ruud (2009) wrote that music and identity "seems to be a fruitful combination" for music therapy (p. 37) and also stated that "identity is constructed through the narratives we will tell ourselves in relations to musical events and experiences in

different contexts” (p. 40). Therefore, involvement in music through an adolescent’s life may serve in the development of one’s self and identity (Ruud, 2009, p. 50).

In this study, identity was very closely related to music choices and preferences. Five participants remarked in some manner or form that music was their “life.” Four participants described their favorite music as a metaphor for their identity. They explained that it is a “symbol of the type of person you are” and “I am music the way I listen to it.” Music appeared to help the participants to define themselves within a foster care world where personal identity is often ignored or lost. “Identity may serve as a bridging concept between music therapy and the role of music in everyday life for the individual” (Ruud, 2009, p. 38).

The use of group. There were striking similarities among the participants’ personal biographies and musical biographies. This indicates that adolescents with experiences in foster care should be defined as a distinct clinical population. Furthermore, it appears that this population would benefit greatly from group music therapy intervention. The participants enjoyed the relationships and musical connections that they made while listening to music with peers. Music therapy in a group context would not only help adolescents to feel comfortable with peers with similar backgrounds, but also would also allow for engagement and open communication through the use of their shared musical preferences. McFerran, Roberts, and O’Grady (2010) explained that adolescents find “expressing their grief-related emotions valuable but struggle to find a forum where this is viable” and suggested that “music therapy promotes a useful balance between fun and emotional engagement for teenagers, particularly when it takes place within the safety of a closed group that promotes respect and confidentiality” (p. 546).

Early intervention through music. In the present study, there did not appear to be any conclusive findings indicating that involvement with music was related to placement movement. However, formal and active musical involvement typically provided a stable and positive experience within a foster home. Therefore, it seems that early intervention through music might result in fewer placements because participants who lived in a foster home that they enjoyed typically exhibited fewer acting-out behaviors.

The incidence of mental health issues and behavior problems in foster care adolescents, both at the time of entering foster care and afterward, also indicates a need for early intervention (Milburn et al., 2008). Examples of early intervention programs specifically targeting children in foster care have shown some promising results. One assessment program that investigated the relationship between infant and caregiver showed “an increased rate of adoption or permanency planning and a substantial reduction (53%–68%) in reoccurrence of maltreatment” as a result of early intervention (Zeanah et al., 2001, p. 214). Price et al. (2008) found that interventions for children in foster care “moderated the effects of prior foster placements on permanent placements with biological parents, with children in the control group more likely to experience a failed permanent placement than children in the intervention group” (p. 73).

Fortunately, a practice of early intervention using music therapy has been developed by Elizabeth Schwartz in her book titled *Music, Therapy, and Early Childhood: A Developmental Approach*. Here, she defined five developmental levels where music interventions are used as the basis for assessment, treatment, and evaluation. These interventions may be applicable to or adapted for young children in foster care.

Psychoeducation as treatment intervention. Psychoeducational approaches to treatment provide clients and families with information about psychological conditions, the causes (etymology) of these conditions, and the reasons why a particular treatment may or may not be effective for reducing their symptoms (Salters-Pedneault, 2012). Within a foster care context, a psychoeducational approach can help to normalize both the clients' and foster parents' responses to disruptive experiences and to reinforce accurate cognitions about those experiences (Cohen, Mannarino, & Deblinger, p. 59). The adolescents in this study experienced severe anxiety and/or symptoms of post-traumatic stress. They felt that their thoughts and emotions were out of control, and they typically felt confused and upset about their experiences. My clinical experiences as well as the findings of this study have prompted me to employ a psychoeducational approach through which I use music and information about music to reduce potential clinical risks and to provide strategies for reducing negative behaviors. This also includes information on how music can be used to encourage positive attachments between adolescents and their foster parents.

Implications for Music Therapy Research

There are three recommendations for future research based on the findings of the current study: (a) Adolescents with foster care experience should be studied in their own environment rather than in an office environment: "Very few studies have investigated people's experiences of music in naturalistic, everyday circumstances" (North, Hargreaves, & Hargreaves, 2004, p. 41). This could provide additional relevant information on adolescents' foster care experiences as well as on their relationship to music. (b) The current study should be extended to more fully examine the personal and musical biographies of adolescents with foster care experience from their own point of view. A phenomenological paradigm would provide a more comprehensive perspective on adolescents' lived experiences of foster care, active music-making, and music listening. (c) Although participants' total number of placements varied widely, it was not possible to determine if music habits/involvement affected placement movement or placement stability. Therefore, it would be interesting to investigate whether any relationship exists between the number of foster care placements experienced by foster care youths and the extent to which their foster families encouraged active music involvement.

Implications for Music Therapy Theory

As a result of conducting this study, I have come to believe that attachment theory is particularly relevant not only for the field of foster care, but also for music therapy practice in this context (Ainsworth, 1969). Furthermore, several music therapy authors have written about attachment theory within other clinical contexts (Oldfield & Flower, 2008; Tarren-Sweeny, 2008), and it is becoming more prominent in clinical practice and research with foster care children in general (Meenen & O'Keefe, 2005).

The current study found that active and formal music involvement appeared to be associated with a positive foster care placement. Additionally, listening to music alone tended to play an increasingly important role when the participant did not have healthy

attachment with the foster parent. Music therapists would benefit from increased understanding of attachment theories within the context of music therapy practice with foster care youth.

Concluding Remarks

Ultimately, it is hoped that this research will encourage an increase in the use of music therapy as a psychological intervention for children and adolescents with foster care experience. As previously noted, there is an identified need for interventions that specifically address the unique challenges and problems of foster care youth. Music therapy may indeed be an important part of the solution.

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APPENDIX

Structured Interview Template

The Musical and Personal Biographies of Adolescents with Foster Care Experience

Instructions

I am interested in learning about your life so far and particularly about your musical life. So if it's OK with you, I'd like to ask you some questions about these topics. Please free to respond however you wish, and if there is any question you do not want to answer, just let me know, and we can go on to the next.

Age: _____ Currently in Foster Care: Yes No
Number of Years in Foster Care: _____
Number of Foster Care Placements: _____

Before Foster Care

Do you have any memories of your home life before foster care? What are they? Did anyone in your family sing or play an instrument? Do you remember singing or playing an instrument during this time? With anyone? Where?

Do you remember listening to music during this time? With anyone? Where? Live or recorded? Is there anyplace that you associate with making or listening to music? Home? School? Church? Anywhere else?

Do you remember how to sing or play any music from this period?

Any favorite pieces of music or recordings from this period?

During Foster Care

Let's talk about your life in foster care now. What was it like going to foster care the first time?

Do you have any memories of any specific placements? What are they? Do you remember singing or playing an instrument while you were in any of your placements? Which placement(s)? With anyone? Where? Do you remember listening to music this time? Which placement? With anyone? Where? Live or recorded?

Is there anyplace that you associate with making or listening to music? Which placement? Home? School? Church? Anywhere else? Do you remember how to sing or play any music learned at school, church, or foster care? Which placement? With anyone? Any favorite pieces of music or recordings from this period? Any favorite band or singers since being in foster care?

Today

Let's talk about your experiences today. What was it like being placed in your most recent home? How important is music to you today? What kinds of music do you like the best? Any band or singer you like? Do you sing or play an instrument? With anyone? Where? How much time do you spend listening to music? With anyone? Where? Any favorite songs or recordings?

Overview

Let's talk about anything that we already haven't related to your life and music. What has the overall experience of being in foster care been like for you? Is there anything else about music that you would like to talk about?