

The Soundtrack of Homelessness:  
A Study of Music Use Among Homeless Youth and  
Recommendations for Music Therapists Who Serve Them

by

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## ABSTRACT

On a given night in 2018, over half a million people were experiencing homelessness in the United States, and of those, about 36,000 were youth under the age of 25. Music is an indispensable part of young people's identities and cultures, and understanding the ways in which homeless youth define their own musical preferences and use of music can help music therapists intervene effectively in youth homelessness as part of an interdisciplinary care team. The purpose of this project was twofold: 1) to conduct a descriptive research project pertaining to homeless young adults' use of music and 2) to develop recommendations for music therapists based on research findings from the descriptive project and extant literature. Thirty-one homeless young adults (ages 18-26) were recruited for interviews from two resource centers serving homeless youth in a large metropolitan city in a southwestern state. Template analysis was used to systematically analyze and code participants' verbatim transcripts from the interviews into a codebook. Quotes from the interviews were used to illustrate themes. Findings included that homeless youth used music, especially metal and rap, for coping and mood regulation, and that youth are also engaged in creative music making, especially singing and songwriting for self-expression. For some youth, certain music can be identity-forming (for better or worse) and certain other music can be triggering. Results are integrated with a review of literature and recommendations for practicing clinicians are presented. Music therapy with this population would likely yield best outcomes by using short-term interventions and culturally competent application of clients' preferred music.

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## LITERATURE REVIEW

Homelessness is defined as the lack of a fixed, regular, and adequate nighttime residence. On a given night in 2018, about 553,000 people were experiencing homelessness in the United States, and of those people, about 36,000 were youth under the age of 25 (Henry et al., 2018). Effectively engaging youth experiencing homelessness in social and health services can be challenging. Homeless young people face considerable and interconnected barriers to accessing and utilizing intervention programs, from personal illness to systemic discrimination. For example, researchers have reported that 70% of homeless men struggling with behavioral, mental, and physical health issues feel ashamed to ask for help (Amato & MacDonald, 2011). Some youth experience distrust of public systems which makes engagement in services especially difficult (U.S. Interagency Council on Homelessness, 2016). Designing effective interventions to help young people exit homelessness is challenging, and reaching young people to engage them in those interventions despite overwhelming barriers presents a challenge in itself.

Diverse, culturally sensitive approaches from multidisciplinary perspectives are valuable for overcoming these barriers (U.S. Interagency Council on Homelessness, 2016). Homeless youth have reported that music is perhaps the most important aspect of their culture (Oliveira & Burke, 2009). It stands to reason that by understanding the ways in which homeless youth define their own musical preferences and use of music, music therapists can understand how best to intervene in youth homelessness in collaboration with an interdisciplinary team.

## **The Homeless Youth Population**

Since the United States Interagency Council on Homelessness first presented *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* in 2010, homelessness among veterans has decreased by 33%, chronic homelessness has decreased by 21%, and homelessness among families with children has decreased by 15%. However, despite this progress and despite increasing knowledge about the issues, youth homelessness remains a wide-reaching social crisis, and homelessness among unaccompanied children and young adults rose 14.3% between 2016 and 2017 (“State of Homelessness,” n.d.; Tsai et al., 2017). Homelessness is also a major health problem; mental illness and substance use disorders are significantly more prevalent among people experiencing homelessness than among the general population (Alverson et al., 2000; Bailey & Arrigo, 2012; Bhui et al., 2006). Homeless youth face myriad stressors which can contribute to psychological distress, from exposure to violence to lack of sleep (Coates & McKenzie, 2010). Some research shows that disorders like depression appear to precede homelessness for older adolescents (Rohde et al., 2001), but in general, whether young people’s mental disorders manifest before they become homeless or once homeless due to co-existing trauma can be difficult to determine (Haber, 2004).

In a study of 182 homeless youth, 26.9% met criteria for bipolar disorder, 21.4% had schizophrenia, 20.3% had depression, and 8.2% had post-traumatic stress disorder (Merscham et al., 2009). Drug use is high among homeless youth, and many suffer from substance use disorders which can be caused or complicated by comorbid psychiatric or mood disorders (Rohde et al., 2001; Santa Maria et al., 2018). Additionally, people battling mental and behavioral disorders while experiencing homelessness report high

rates of physical and sexual trauma (Brunette & Drake, 1998). Ecological models of homelessness emphasize the multileveled and multifaceted factors that contribute to the difficulty of exiting homelessness, including intrapersonal factors such as personality, interpersonal factors such as peer influence, and systemic factors such as racism (Nooe & Patterson, 2010; Toro et al., 1991).

### **Interventions to Help Homeless Youth**

Many organizations provide services to youth experiencing homelessness in settings from transitional living programs to drop-in centers, and high-quality settings are associated with positive psychosocial outcomes for the youth who utilize them (Gwadz et al., 2017). Interventions with the homeless youth population vary widely and range from individual therapy to shelter services (Xiang, 2013). Mentorship, family, peer-based, and experiential interventions are used to address youths' basic needs, medical issues, cognitive coping abilities, mental health, functional life, and job skills (Karabanow & Clement, 2004).

Several researchers have systematically reviewed studies related to services and interventions for homeless youth (Altena et al., 2010; Noh, 2008; Slesnick et al., 2009; Xiang, 2013). Slesnick et al. (2009) reviewed 32 articles which included studies assessing youth outcomes after service utilization, studies of youth outcomes from treatment, studies of youths' own evaluation of services, and international studies. The researchers concluded that comprehensive interventions targeting the varied needs of young people are more worthy of study than interventions that try to isolate one problem. Also, brief motivational interventions were found to be ineffective with drop-in recruited youth. Altena et al. (2010) reviewed 11 studies of interventions for homeless youth, including



intensive case management, independent living programs, brief motivational interventions, cognitive-behavioral interventions, skills/vocational services, supportive housing, and peer-based interventions. The researchers concluded that interventions incorporating cognitive-behavioral components seemed to yield the most promising results for homeless youth. However, they also reported that many answers remain unclear: whether group or 1:1 interventions are more successful, exactly what ingredients make for positive intervention results, and whether these results are sustained long-term for homeless youth (Altena et al., 2010).

Xiang (2013) also reviewed 15 studies and remarked that having such few studies on each heterogeneous intervention - peer support intervention, shelter services, family therapy, knowledge and skills training, supportive housing, case management, brief motivational intervention, and community reinforcement - made it difficult to determine their relative efficacy. Finally, Noh (2018) reviewed 11 studies of interventions, which included art therapy, family therapy, and strengths-based interventions in addition to some of the other categories covered in the aforementioned review. While family therapy had a positive effect on substance use and cognitive behavioral therapy had a positive effect on depression, it was concluded that more studies were needed to provide additional evidence on the effectiveness of psychological interventions for homeless youth (Noh, 2018).

Some recent homelessness intervention models integrate mental and behavioral health services with other social services. Researchers have determined that assertive community treatment, a community-based approach to mental illness and substance use disorder treatment and case management through a multidisciplinary team, has yielded

positive outcomes for individuals experiencing homelessness (Caton et al., 2007; De Vet et al., 2013). Others have found that combining vocational rehabilitation with mental health services for homeless youth in community-based settings can positively impact youths' nonvocational outcomes, such as mental health and housing (Ferguson, 2018). The Housing First service model provides access to permanent and affordable housing accompanied by social and health services geared toward people with mental illnesses and substance use disorders (Henwood, 2014). The Housing First model contrasts the Continuum of Care model which defines steps towards housing-readiness (Tsemberis, 2004). Permanent Supportive Housing is similar to Housing First, but clients do not have to meet the criteria for "chronic" homelessness to receive Permanent Supportive Housing (Rog et al., 2014). Housing First and similar models are considered highly effective (U.S. Interagency Council on Homelessness, 2016).

The literature provides some recommendations for designing effective interventions for homeless youth. Many authors emphasize the fact that programs serving homeless people should be flexible, comprehensive, and non-demanding (French et al., 2003; Kidd, 2003; Slesnick et al., 2008). Clinicians and researchers should expect retention challenges in homelessness interventions and plan accordingly to minimize attrition (Xiang, 2013). Services must be attractive and accessible to homeless youth because the engagement process is critical to success (French et al, 2003). Interventions that foster a sense of resilience among homeless young people may be especially helpful for achieving good behavioral outcomes (Gwadz, 2017). Researchers have noted the need for providing homeless youth with culturally-informed and trauma-informed treatment interventions (Butcher et al., 2015). Also, intervention programs that contextualize

discrimination and enhance healthy identity and pride are recommended to serve the unique needs of homeless racial/ethnic minority young people (Milburn, 2010). Because of the power of peer support, agencies providing homeless services may benefit from forming cooperative relationships with key members of the street community (Ennett et al., 1999). Youth in qualitative studies have described the importance of trust, confidentiality, and not feeling judged in their service engagement experience (Slesnick et al., 2009). It is important that staff working with homeless youth display unconditional positive regard, genuineness, and empathy (Slesnick et al., 2008). Other strategies agencies can use to engage clients are using and understanding language from the youths' culture, presenting treatment in an appealing and nonthreatening way, and identifying youths' motivation for accessing services (Xiang, 2013).

### **Expressive Arts with Homeless Youth**

Research literature shows that homeless young people stand to benefit considerably from expressive arts activities and therapies. Creativity was shown to be a resilience factor for homeless youth (Prescott et al., 2008), and so providing opportunities to enhance creativity among members of this population may be highly therapeutic. Art therapy interventions and expressive arts activities such as formal art- and music-making have been implemented with the homeless youth population with success.

Several studies have documented the benefits of art therapy with homeless women in shelters, which include increased self-respect, development of positive social supports, and improved communication and emotional expression (Davis, 1997; Duncan, 2018; Stokrocki et al., 2004). Art therapy has also helped homeless men achieve therapeutic outcomes (Braun, 1997), and homeless young adults of all genders have

reported feeling less nervous and more decisive after art therapy interventions (Wille, 2014).

Expressive arts activities (distinguished from expressive arts therapies led by certified therapists) have also proven beneficial for people experiencing homelessness. A volunteer-led amateur choir of homeless men saw its participants improve their emotional health and experience meaningful group belonging (Baily & Davidson, 2003). People experiencing homelessness gained a sense of community, ownership, and empowerment from a photography project using art for social change (Miller, 2006). Engagement in the creative arts can offer people experiencing homelessness a valuable outlet and opportunity to connect.

### **Music Therapy with People Experiencing Homelessness**

Several researchers have documented results from studies of music therapy with people experiencing homelessness, with heterogeneous interventions based on a variety of methods (from performative to receptive), utilizing open and closed groups, and targeting various subgroups of the homeless population. Some researchers have focused on music therapy with children and adolescents in homeless shelters. Fairchild et al. (2017) found that music therapy performances provided families with young girls with ways to positively engage with one another in times of crisis. Jurgensmeier et al. (2012) found that music-based and talk-based interventions were both effective for boosting self-esteem and coping skills among homeless adolescents but that music-based interventions were better attended. Because of attendance issues, Staum and Brotons (1995) recommended that music therapists working with children implement short-term objectives on a drop-in basis. Another study by Staum (1993) attempted to examine the

effects of verbal counseling interspersed with musically implemented counseling but encountered too many interfering variables to identify trends in the sessions' efficacy.

Other studies have discussed music therapy with homeless adults. Iliya (2011) reported that voice-centered music psychotherapy methods can be employed to meet psychosocial needs of homeless and mentally ill adults. Shapiro (2005) found that music therapy with a culturally and linguistically diverse group of men experiencing homelessness and mental illness in a city shelter provided for group integration that did not even require a shared spoken language. Hernandez-Ruiz (2005) found that 20-minute receptive music therapy sessions positively affected the anxiety levels and sleep patterns of female survivors of intimate partner violence in shelters. Rio (2009) studied a closed music therapy choir of men living in a church-based shelter who worked to develop deeper insight into personal issues that would aid recovery from street life. Finding that drop-in music therapy workshops stimulated emotional expression, self-esteem, stimulation, and interpersonal connection with homeless adults, Williams (2013) recommended that an open group music therapy may be preferable for attendance reasons.

### **Music Therapy with Related Populations**

Many people experiencing homelessness are also living with substance use disorders, mental illnesses, and trauma symptoms (Brunette & Drake, 1998; Merscham et al., 2009; Rohde et al., 2001; Santa Maria et al., 2018). Therefore, it is worthwhile to examine some research literature on music therapy with these related populations. Recent researchers have documented effects of music interventions on treatment for substance use disorders. Silverman (2009, 2010) has examined the effects of lyric analysis on

factors including treatment eagerness, working alliance, withdrawal symptoms, and locus of control for people detoxing substances and found this intervention to effect positive changes in these parameters for clients. Dingle (2008) found that music therapy increased client engagement levels and willingness to participate in cognitive behavior therapy for substance use disorder treatment. Ghetti (2004) found that music interventions fit into the harm reduction approach for substance use management by facilitating rapport, group cohesion, expression of ambivalence, self-esteem, increase of insight, and exploration of attitudes. Baker et al. (2007) found that music therapy can facilitate emotional exploration among clients with substance use disorders by exposing them to non-drug-induced emotions.

Music therapy has also been used in the treatment of mood disorders. Castillo-Perez et al. (2010) found that between a music therapy group and a psychotherapy group, the patients in the music therapy group experienced significantly less depressive symptoms over the time of their treatment. Choi et al. (2008) found that group music interventions were well-attended, mitigated depression and psychiatric symptoms, and improved quality of life for patients with schizophrenia. In a study by Koelsch et al. (2010), music-making was found to increase vigor, decrease fatigue, and decrease depression and anxiety compared to a control group. Music therapy can also help victims of trauma. Amir (2004) examined a case where improvisational music therapy had a powerful role in bringing up, dealing with, and healing from trauma due to sexual abuse. Hatcher (2007) found that therapeutic songwriting benefited victims of complex trauma by helping them establish and assert their individuality, providing a safe place for emotional investigation, and heightening their sense of integration and belonging, among

other things. Music therapy can also serve as a preventive intervention for at-risk young people. Layman et al. (2002) note that music therapy is a non-threatening medium to offer youth a safe place for exploring their issues related to abuse or neglect and establishing meaningful relationships and healthy self-image.

### **Purpose**

The purpose of this project was twofold: 1) to conduct a descriptive research project pertaining to homeless young adults' use of music and 2) to develop recommendations for music therapists based on research findings from the descriptive project and extant literature. To that end, this study answered the following research question: How do homeless young adults characterize the role of music in their lives?

## **METHOD**

### **Participants**

For three months, homeless young adults (ages 18-26) were recruited for in-depth interviews from two resource centers. The host agency was a multi-service, non-profit organization offering homeless, runaway, and at-risk youth a comprehensive system of care including street outreach, meals, shelter, rapid re-housing, permanent supportive housing, health care, counseling, and educational and employment services. Purposeful, maximum variation sampling was used to recruit a diverse array of information-rich participants (Patton, 1990). Participants were recruited inside and outside the resource centers on weekdays from 9am-3pm. Human subjects' approval was obtained from the lead researcher's university. This study was part of a larger study on risk and resilience characteristics among homeless young adults (Ferguson, 2017; Sample & Ferguson, 2019).

Potential participants were approached and asked to complete an eligibility screener to determine whether they were within the required age range and whether they were experiencing homelessness or unstable housing (i.e., having spent the prior night in a shelter, an apartment provided through a temporary housing voucher, on the streets, in a location not meant for human habitation, or staying temporarily with friends, acquaintances, or family where they could not stay for more than 30 days). Forty youth were approached, of whom 31 agreed to be screened for eligibility (78% response). All youth who were eligible to participate agreed to engage in the qualitative interviews. Written informed consent was obtained from each youth prior to conducting the interview.

The mean age was 21.57 years (SD=2.17). Three young adults reported currently working. The mean age at which they became homeless was 16.64 years (SD=5.76). Close to half ( $n=13$ ) had been in the foster care system. With respect to criminal justice history, 13 had been in the juvenile justice system and 9 in jail or prison. More demographic characteristics can be found in Table 1. Table values that do not add up to 31 (the number of interview participants) are explained by the fact that some youth did not disclose certain demographic information and some youth had multiple diagnoses.

Table 1  
Sample Description

| Demographic | n  |
|-------------|----|
| Gender      |    |
| Male        | 19 |
| Female      | 7  |
| Transgender | 2  |



|                      |    |
|----------------------|----|
| Race/Ethnicity       |    |
| White                | 10 |
| African American     | 6  |
| Multiple Races       | 6  |
| Native American      | 5  |
| Hispanic             | 1  |
| Sexual orientation   |    |
| Heterosexual         | 21 |
| LGBQ*                | 7  |
| Education            |    |
| Less than HS diploma | 12 |
| GED or HS diploma    | 11 |
| Some college         | 5  |
| Diagnoses            |    |
| ADHD                 | 12 |
| PTSD                 | 11 |
| Major depression     | 10 |
| Bipolar disorder     | 10 |

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\**Lesbian, gay, bisexual, or queer/questioning*

In comparison to a national sample of homeless unaccompanied youth, this study's sample differs in some meaningful ways, such as overrepresentation of transgender homeless youth and Native American homeless youth and underrepresentation of women and Hispanic youth (Henry et al., 2017). See Table 2.

Table 2  
Comparison of Study Sample to National Sample

| Demographic           | Study Sample | National Sample |
|-----------------------|--------------|-----------------|
| <b>Gender</b>         |              |                 |
| Male                  | 61.3%        | 61.6%           |
| Female                | 22.6%        | 36.6%           |
| Transgender           | 6.5%         | 1.5%            |
| <b>Race/Ethnicity</b> |              |                 |
| White                 | 32.3%        | 48.6%           |
| African American      | 19.4%        | 33.9%           |
| Multiple Races        | 19.4%        | 10.0%           |
| Native American       | 16.1%        | 4.2%            |
| Hispanic              | 3.2%         | 25.2%           |

### **Research Design and Measures**

A template analysis qualitative design was used and data was collected from in-depth interviews with participants. Template analysis is a type of thematic analysis that emphasizes the use of hierarchical coding with a flexible approach that does not involve setting a sequence of coding levels in advance or explicitly distinguishing between descriptive and interpretive themes (Brooks et al., 2014).

### **Data Collection/Procedures**

The qualitative interview took 30-60 minutes and participants were compensated a \$10 gift card to a local vendor. The interview guide covered multiple broad topics in addition to music. All interviews were audio recorded and subsequently transcribed to facilitate qualitative coding and analysis using the Maxqda software (Kuckartz, 2001).

The music questions for the interview guide were developed based on conventional music therapy assessment methods, with the goal of understanding the client's responses to music, musical preferences, musical skills, and culture as outlined in the American Music Therapy Association Standards of Clinical Practice (2013). See Appendix A for the music portion of the interview guide. The qualitative interviewing technique described by Patton (1990) was used in which the interview guide served as a flexible outline of topics. Participants were encouraged to speak openly and at length about topics of their choice related to the study categories. The music questions served as a starting point for a larger conversation with each participant.

### **Data Coding and Analysis**

Template analysis was used to code participants' verbatim transcripts from the interviews (Crabtree and Miller, 1999; King, 1998). Major themes that arose from the data were identified and then subdivided into subcodes. The code manual remained open to continuous revision throughout the analysis. Once the template was developed, interview transcripts were coded by placing quotations first under the higher-order codes. Subsequently, quotations were further reassigned to the appropriate lower-order codes. Memoing (i.e., personal note-writing) was used to summarize and elaborate on the categories among codes (Crabtree and Miller, 1999).

## FINDINGS

### **Research Question: How do homeless young adults characterize the role of music in their lives?**

As a result of the analysis, seven main themes emerged: 1) Accessing music and time spent listening, 2) Genre preferences, 3) Relationship between music and

extramusical activity, 4) Goal-oriented music listening, 5) Music making, 6) Identity validation, and 7) Musical triggers. Each theme, its related subthemes, and illustrative quotations are included below.

**Theme 1: Accessing Music and Time Spent Listening**

The majority of participants reported listening to music via their personal cell phones. Some indicated specific streaming services including Spotify, YouTube, or Pandora. However, there were a few participants who mentioned accessing music in another way, such as at the library, with an iPod, or in the car. Many participants reported listening to music all or most of the day. See Table 3.

*Interviewee: I usually listen to it with headphones with my—I have a phone, so I listen to music all day. I just block people out.*

*Interviewer: So, when do you usually listen to music?*

*Interviewee: Every day, all day.*

*Interviewer: All day?*

*Interviewee: If I, if I could afford it, I would actually... I'm a T Mobile guy, and you can actually buy unlimited data at high speed, and I would do nothing but Youtube and Pandora all day...I have to have my music at work, at home, on the road, at the movies, everything.*

Table 3  
Accessing Music and Time Spent Listening

| Code      | Code Frequency |
|-----------|----------------|
| Listening |                |
| Phone     | 16             |
| YouTube   | 4              |
| Library   | 2              |
| Pandora   | 2              |
| Car       | 1              |
| iPod      | 1              |

|                               |   |
|-------------------------------|---|
| Spotify                       | 1 |
| Time spent listening to music |   |
| All of most of the day        | 6 |
| “a lot”                       | 1 |

---

## Theme 2: Genre Preferences

Ten young people reported preference for metal, and an equal number reported preference for “all types” of music. Nine mentioned preference for rap. Rhythm and Blues (R&B) and rock were almost as popular, with seven codes each. Other genres mentioned specifically by interviewees but with fewer codes were oldies, pop, country, gospel, horror, songs from movies, reggae, electronic dance music, hip-hop, show tunes, soul, Spanish music, techno, and anti-elitist music.

Some other young people defined their taste by their dislikes, stating that they prefer everything but blues, everything but country, or everything but gospel. One participant stated that they preferred music by artists whose message, causes, and values they respected. Many young people endorsed proclivity for multiple genres and a total of 24 genre codes arose from the data. See Table 4.

*Interviewee: Um, to be honest with you, if I'm in a room and somebody is asking me what music I like, I usually just tell them, hey, whatever you play, I'll listen to it.*

*Interviewee: If I'm irritated or something, I'll start listening to heavy metal.*

*Interviewee: But yeah, so I mean, things like that, those singers who are really big and active in the transgen-, in the LGBT community, are really inspiring to me.*

Table 4  
Genre Preferences

| Genre                      | Code Frequency |
|----------------------------|----------------|
| Metal                      | 10             |
| All types                  | 10             |
| Rap                        | 9              |
| R&B                        | 7              |
| Rock                       | 7              |
| Oldies                     | 4              |
| Pop                        | 4              |
| Country                    | 4              |
| Artists with shared values | 3              |
| Gospel                     | 2              |
| Horror                     | 2              |
| Music from movies          | 2              |
| Reggae                     | 2              |
| Anti-elitist               | 1              |
| EDM*                       | 1              |
| Everything but blues       | 1              |
| Everything but country     | 1              |
| Everything but gospel      | 1              |
| Hip hop                    | 1              |
| Radio play                 | 1              |
| Show tunes                 | 1              |
| Soul                       | 1              |

|         |   |
|---------|---|
| Spanish | 1 |
| Techno  | 1 |

---

*\*Electronic dance music*

### **Theme 3: Relationship between Music and Extramusical Activity**

Some young people (n = 5) reported that the music they listened to was connected to their current activities or moods, but others (n = 3) reported that the music they listened to had little or nothing to do with their current activities or moods. One interviewee also described how music becomes associated with certain memories.

*Interviewer: Do you think that your activity that you're doing affects what music that you're listening to or vice versa?*

*Interviewee: No, I can listen to any kind of music if the circumstances.*

*Interviewee: It could be any music, well, if my mood changes. Like let's say I'm happy, I'd be listening to some rap or something like, haha and then if I'm sad, I'd be listening to R&B.*

*Interviewee: I start to associate music with a lot of different events and things.*

*Interviewer: Like what? Like what kind of specific ties between music and events? What do you mean?*

*Interviewee: Um like um, you know when I, going to parties. Listening to trap music. Or like going to you know, smoking meth and listening to classical music. Or you know, being carelessly and listening to pop music. You know, or you know, trying to go and be involved in some kind of church and the gospel music. You know that was the only reason I would go to church was the gospel music. You know, and you know going outside. Doing all these things, there's music everywhere.*

### **Theme 4: Goal-Oriented Music Listening**

Many young people reported using music to accomplish specific psychological goals, especially to calm down. Some youth specifically mentioned using music to go to sleep, and others mentioned using music listening to help them work, cope, or do other activities. See Table 5.

*Interviewee: I have my headphones on, or when I don't have any minutes on that, in the room I use the speaker. You know, turn it all the way up, just lay down in my bed. Cause I usually go to sleep with my music on. Like I have my music on and have my pillow—I*

*have two pillows on my head—so I put it like in between both pillows, and then I put my head right where the speaker is so it can be on my ear, but not like, it doesn't hurt me. No, it's not right on my ear, but it's right there under my ear. And you know, how I go to sleep technically, most of the time.*

*Interviewee: It really mellows me out, 'specially when I'm in like a huge group, a crowd of people. 'Cause it really gives me anxiety, um... so I think that's why I love music so much, 'cause it calms me down and makes me in a positive state after I hear it.*

*Interviewee: It's like a coping skill. Keeps me distracted, like on the right path. Just keep to myself out there. It's just like, listen to music and fill out some job applications, and don't get involved with people who don't have my best interest.*

*Interviewer: How does [listening] make you feel?*

*Interviewee: It allows me to vent a little bit more, 'cause I'll be singing along to the music and their music is very angry music, so, uh, but otherwise if I'm like, if I get pissed off, that's my only really way of dealing with it, is just venting. I don't get physical, and that's really all I have.*

Table 5

Goal-Oriented Music Listening

| Code             | Code Frequency |
|------------------|----------------|
| To calm down     | 9              |
| To go to sleep   | 4              |
| While doing work | 3              |
| To cope          | 2              |

**Theme 5: Music Making**

A major theme that emerged was youth reporting making music in some way. Many expressed that they sang, especially when alone, or expressed that they played instruments, especially the guitar. Many others stated that they have written songs or are interested in writing songs for self-expression. Some young people described performance experiences that they found to be satisfying. A few remarked that music



making made them feel comfortable with themselves. One youth connected music making to their spiritual life, saying that God taught them to play. See Table 6.

*Interviewer: How do you feel when you're like singing by yourself?*

*Interviewee: I feel comfortable, like you know, I feel like I can be myself, you know.*

*Interviewee: I sing all day. I suck at singing, but I sing all day.*

*Interviewee: I play normally on the freeways and stuff like that. Just because it's something new for somebody to see. OK, this guys on the freeway with a guitar, oh let's help him. He's doing something, you know.*

*Interviewer: Do you play music or sing yourself?*

*Interviewee: Um, yeah, a lot. I sing all the time during the afternoon. Yep. I sing during the afternoon when it gets really hot at around 3 o'clock and around 8 o'clock.*

*Interviewer: That's awesome. What, what, do you just like sing along, or do you sing like by yourself?*

*Interviewee: Yeah, I just hum. Yeah, I just hum, and then I just think about like, hugging my grandfather or something. That's it.*

*Interviewee: I guess it makes me feel good. Sometimes I'll change the lyrics. Sometimes just change the—put in what I'm feeling.*

*Interviewer: That's cool.*

*Interviewee: Playing in like what I think about something.*

*Interviewer: So you could like write songs?*

*Interviewee: I haven't really—no I don't think I could write songs.*

*Interviewer: What you're describing is very close.*

*Interviewee: Yeah I mean, I guess if I tried...*

*Interviewee: It's in my head like where I hear a beat, I just a line will come in and I just keep repeating that line, and if I remember it when I'm ready to go write a song I find a nice beat to it. I incorporate that in there. But I—it's usually when I'm at work and I got down time and kinda bored. I just throw in my headphones and write a little song.*

*Interviewer: What's on your mind right now around conscious? Like around society? What's going on in the world that you think might, might be good for a rap?*

*Interviewee: I mean, it's already been talked about, but police brutality I think is the number one thing that should be focused on right now.*

Despite the importance of music-making among over half of the sample, a few young people expressed shyness about making music, either by stating that they “can’t,” expressing that they’ve “always wanted” to write songs, or implying that it is something they do secretly.

*Interviewer: Have you ever played music yourself?*

*Interviewee: No, I'm not a musically talented person.*

*Interviewer: Do you ever sing along?*

*Interviewee: Nope, I can't sing for crap, so I let them handle that 'cause they're the ones who can sing.*

*Interviewee: I'm not that kind creative person to like—like write music. I've never... I don't know, maybe I've just never really tried. But... I mean I've always wanted to.*

*Interviewer: Do you, um, dance or sing or play instruments at all?*

*Interviewee: No, I don't.*

*Interviewer: No?*

*Interviewee: I try to... I keep quiet with that kind of stuff.*

Table 6

Music Making

| Code                       | Code Frequency |
|----------------------------|----------------|
| Vocal                      |                |
| Singing alone only         | 12             |
| Rapping                    | 5              |
| Singing with others        | 3              |
| Vocal improvisation        | 2              |
| Instrumental               |                |
| Guitar                     | 9              |
| Misc. instruments          | 5              |
| Piano                      | 2              |
| Drumming                   | 2              |
| Songwriting                |                |
| Have written songs         | 11             |
| “if I get better at it”    | 2              |
| Never have, but interested | 2              |
| Making electronic music    | 1              |

|                               |   |
|-------------------------------|---|
| Performance                   |   |
| Satisfying experiences        | 3 |
| Desire to record              | 1 |
| Busking                       | 1 |
| Shyness about making music    |   |
| “always wanted to”            | 1 |
| Secrecy implied               | 1 |
| “can’t”                       | 3 |
| Feeling comfortable with self | 2 |
| Lessons from God              | 1 |

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### **Theme 6: Identity Validation**

One youth specifically mentioned how they felt that the music of Insane Clown Posse (a hip hop horrorcore duo, commonly referred to as simply “ICP”) reflected their identity and calmed them down. Despite the fact that only one youth reported this, the theme was noteworthy because of the phenomenon of Juggalo (a name used by members of ICP’s enthusiastic fan base) culture, which has been studied as a phenomenon among homeless youth (Petering et al., 2017).

*Interviewer 1: You mentioned how this music like, reflects how you feel um.. when you listen to ICP or any other like really hardcore... does it make you feel more calm or does it- does it make you—does it agitate you?*

*Interviewee: No, it calms me down.*

*Interviewer 2: What do you like about it?*

*Interviewee: It actually defines what I really am.*

### **Theme 7: Musical Triggers**

It should be noted that musical influence on youth is not always perceived as positive. One young person noted that particular music can be an agitating trigger for

him. Despite the fact that this was reported by only one participant, the theme is noteworthy because it demonstrates that music is not always a positive influence with no associated risks.

*Interviewee: The only music that's—that really agitates me is uh techno music.*

*Interviewer 1: Or some music you don't like?*

*Interviewee: Techno, dubstep, and all that.*

*Interviewer 1: What did- do you not like that?*

*Interviewee: It's not that I don't like it, it's just that I really don't want to get pissed off, and I feel pissed off if I listen to it.*

*Interviewer 1: Oh, ok.*

*Interviewer 2: And what about that music agitates you?*

*Interviewee: The beat I would say. It just triggers something in me, I have no idea.*

## DISCUSSION

The data illustrate many points about homeless youths' characterization of the role of music in their lives. In this section, the sub-headings from the findings' section will be used to organize discussion of the data's relationship to the research literature.

### **Theme 1: Accessing Music and Time Spent Listening**

This study's data show that music has an important and multifaceted role in the lives of homeless youth. Many participants reported listening to music almost constantly, mostly using their personal cell phones. This supports research literature on the importance of music to adolescents and young adults in general. Music is especially important for youth, as most of the strong experiences related to music occur in adolescence or young adulthood, and music is important during these developmental years for identity, interpersonal relationships, agency, and emotional field (Gabrielsson & Lindström, 2003; Laiho, 2004; North et al., 2000). Among adolescents and young adults, music has been found to serve many goals, including entertainment, emotional diversion,

emotional discharge, revival, mental stimulation, solace, and strong sensation (Saarikallio & Erkkila, 2007).

## **Theme 2: Genre Preferences**

The data demonstrated that many homeless youth prefer heavy metal and rap music. The young people's use of this particular music for self-soothing contradicts some literature that has concluded that classical music may be more effective for coping with stress than heavy metal music (Labbé et al., 2007). Research has also illustrated a relationship between various genres of so-called "problem music" (heavy metal, punk, alternative rock, hip-hop, and rap) and antisocial behaviors, suicidal tendencies, and drug use (Armstrong, 1993; Baker & Bor, 2008; Martin, Clarke, & Pearce, 1993; Miranda and Claes, 2004; North & Hargreaves, 2007; Stack, Gundlach, & Reeves, 1994). However, music may not be a causal factor, and music preference is more likely indicative of emotional vulnerability (Baker & Bor, 2008). Other studies have found that preference for different musical genres may simply be related to personality traits; in particular, openness and empathy were associated with listening to sad music (Vuoskoski et al., 2012). Openness as a personality type also correlates with strong sensation seeking across cultures, which may affect music genre preference (Yomaboot & Cooper, 2016).

Although genres that this study's participants have identified as preferred (metal and rap) have been dubbed "problem music" by some scholars, this music may assist young people in regulating their mood and alleviating tension in a healthy way (Bodner & Bensimon, 2014). The relationship between popular music and public values is cyclical; each reflects and imitates the other (Bushong, 2002). For some youth, heavy metal and rap can reduce negative emotions and improve mood, and this is reflected both in this

study's data and in prior research (Arnett, 1996; Ballard & Coats, 1995; Gowensmith & Bloom, 1997).

### **Theme 3: Relationship between Music and Extramusical Activity**

Some youth reported that the music they listened to had little or nothing to do with their current mood or activity, but others said that the music they listened to was related to their current mood or activity. Perhaps for some, music is a pleasant aesthetic experience but not one tied to particular real-life effects. For others, one type of music was preferred so much that it was the only thing the youth would listen to, regardless of circumstance.

However, other youth varied musical choice considerably based on given circumstances. Youth reported listening to different music depending on their current mood. (This is differentiated from listening to music with the conscious goal of actually changing their mood, as illustrated in Theme 4: Goal-Oriented Music Listening.) Participants also reported associating particular music with specific memories or activities.

Researchers have shown that listening to music while doing particular activities can affect one's experience of those activities. For example, listening to music while exercising has been shown to delay fatigue or increase work capacity (Karageorghis et al., 2010). It has been suggested that music distracts from pain endured during exercise (North & Hargreaves, 2008). Listening to music while working may also be advantageous. For example, researchers have reported that participants listening to "happy" classical music performed better on a divergent creativity task than participants performing the task in silence (Ritter & Ferguson, 2017). But, in contrast, some research

actually suggests that intellectual performance on tasks such as memory tests worsens when background music is present (Perham & Vizard, 2011). Also, it is possible that certain styles of music (e.g., techno) may mimic or facilitate the effects of certain drugs (e.g., amphetamines) by inducing changes in neurotransmitters, peptides, and hormonal reactions (Gerra et al., 1998). One youth in this study did particularly mention associating smoking meth with listening to classical music.

The research literature suggests that listening to music while doing other activities can have beneficial, negative, or inconsistent results, depending on the situation. This is consistent with this study's data, which illustrate differences in attitudes toward music listening multitasking among youth.

#### **Theme 4: Goal-Oriented Music Listening**

Homeless youth reported using self-directed music listening for mood regulation, especially to calm down or go to sleep. To establish some operational definitions, emotions are thought to reflect environmental states and bias action, whereas moods are considered to be indicators of internal states and bias cognition; moods are longer in duration than emotions and may lack specific cause (Gross, 1998, Larsen, 2000, Oatley and Jenkins 1996, Parkinson et al. 1996) The data support a considerable amount of research describing the effect music can have on human psychological and physiological response. Music has been used for mood regulation since ancient times (Garrido & Davidson, 2013). Some older studies have identified music listening as a self-regulatory strategy (Parker & Brown, 1982, Rippere, 1977, Silk et al., 2003, Thayer et al., 1994), and other studies show that mood regulation is one of the most important reasons for media consumption (DeNora, 1999; Laiho, 2004; North et al., 2000; Roe, 1985; Sloboda

& O'Neill, 2001; Wells & Hakanen, 1991). People continue to use music for mood regulation throughout adulthood by managing their environment, inducing positive affective states, exploring emotions, and building relationships (North et al., 2004, Papinczak, 2015; Saarikallio, 2011, Saarikallio, 2008, Västfjäll, 2002), and this claim is supported by this study's data.

Musical mood regulation is not universally beneficial, however. Some research has found that musical mood regulation through discharge (i.e., venting), diversion (i.e., distraction), or suppression strategies is associated with higher levels of stress, anxiety, and other undesirable outcomes, but it is not clear whether this means that music may represent a maladaptive coping function that worsens psychopathologies or whether people experiencing psychopathologies are simply more likely to use music for mood regulation (Chin & Rickard, 2014; Thomson et al., 2014, Zoteyva et al., 2015). Complicating matters, people in negative moods sometimes seek potentially uplifting media, but sometimes they seek negatively valenced media to match and validate their current mindset (Dillman Carpentier et al., 2008). Music listening achieves better outcomes when associated with problem-oriented coping rather than emotion-focused or avoidant coping (Miranda & Claes, 2009). Not all music listening is considered healthy, and unhealthy uses of music are correlated with depression and poor well-being among adolescents (Saarikallio et al., 2015). However, some argue that discharge coping as it relates to music can be considered more than simply venting; it is more comparable to modulated emotion expression, wherein anger is directed into a harmless activity and then redirected into a constructive activity like negotiation (Saarikallio, 2012; Izard, 2002). It is unclear whether the youth in the current study reported maladaptive coping



with music; for example, some youth reported using music to sleep, and this may have been for healthy rest or in service of avoidant coping. Maladaptive coping with music among the homeless youth population warrants further study.

### **Theme 5: Music Making**

Homeless youth also reported many music making behaviors, especially singing and songwriting. They explained that making music helped them feel comfortable with themselves. Some youth shared the benefits they experienced from singing and songwriting privately, and others shared meaningful performance experiences they had. Others stated or implied that making music was something they enjoyed or were interested in, but that they were reluctant to try it for reasons including fear of failure and shyness. These data support research literature that shows that creativity is a resilience factor for homeless youth (Prescott et al., 2008). Also, these data is unsurprising given the research base showing the benefits homeless people stand to gain from singing, both in and out of a formal therapeutic process (Bailey & Davidson, 2003; Iliya, 2011; Rio, 2009).

### **Theme 6: Identity Validation**

It is reported that 15% of homeless youth identify as Juggalos, or fans of the hip-hop/horrorcore group Insane Clown Posse (Petering et al., 2017). One of the youth interviewed in this study identified this way, stating that Insane Clown Posse's music "defined" who they were. In 2011 the Federal Bureau of Investigation labeled the Juggalos a gang, and Juggalo-identifying youth are more likely to have experienced trauma, substance misuse, interpersonal violence, and suicidal ideation (Petering et al., 2017). Despite these associations, youth in our study reported that Insane Clown Posse's

music actually calmed them down. Petering et al. (2017) recommend that tailoring drug-related harm reduction, sexual health, and suicide prevention programs specifically for Juggalo-identifying youth may be helpful.

### **Theme 7: Musical Triggers**

Also, youth in this study reported that some particular music (techno in this data) can be triggering for anger. Indeed, literature shows that music is not to be regarded as a universally a positive influence (Edwards, 2011). Music can not only be a trigger for anger, as in our data, but also a trigger for substance cravings (Short & Dingle, 2016). It is important that music therapists consider, screen for, and recognize when music interventions can be contraindicated or cause adverse effects.

### **Limitations**

Given the use of an agency-based sample of homeless young adults who accessed services at drop-in centers, these findings might not be transferable to the greater population of homeless youth who are disconnected from services (Lincoln & Guba, 1985). Because the youth in this study were likely more motivated to participate in an in-depth interview, the sample was likely comprised of more engaged young adults. It is probable that street-involved youth, who do not access agency services and who may have different perspectives, were not appropriately represented in this sample. Nonetheless, to ensure that a range of perspectives were targeted among different levels of homeless youth (i.e., youth who were actively engaged in a street lifestyle), young adults were recruited from both inside and outside of the resource centers, attempting to capture youth who were not regular users of drop-in center services. Also, the sample was limited to youth situated in a particular metropolitan area of the southwestern United

States, and the findings may not be transferable to homeless youth from other geographic areas.

### IMPLICATIONS FOR PRACTICE

Music therapists seeking to provide treatment to homeless youth have much to offer. Because music therapy interventions are often better-attended than non-music interventions (Choi et al., 2008; Jurgensmeier et al., 2012), and because attendance is a serious problem for homeless interventions in general (Xiang, 2013), music therapists are poised to provide an important outreach asset to homeless service providers. Music therapy interventions have been shown to increase treatment eagerness, working alliance, client engagement, and willingness to participate in other therapies (Dingle, 2008; Silverman, 2009, 2010).

Music is an important part of life for homeless youth, who face overwhelming barriers to service engagement and utilization as well as to exiting homelessness (Sample & Ferguson, 2019). Music interventions should be based in authentic human connection focused on caring, respect, and patience (Oliveira & Burke, 2009). Altena et al. (2010) proposed a framework for evaluating effective interventions for homeless youth in which quality of life can be modeled by four conditions (socioeconomic security, social inclusion, social cohesion, empowerment) on two levels (society or individual, communities or institutions). Effective use of music could address any of these quality of life domains, from community cohesion to individual empowerment. Music therapists have much to consider as they design and implement interventions for homeless youth.

### **Easily Accessible and Short-term Interventions**

Music therapy interventions targeted at homeless youth should be drop-in friendly, short-term, and inclusive. Even though music therapy sessions are relatively well attended, attendance issues abound in homeless services, and so short-term group interventions offered on a drop-in basis are recommended (Staum & Brotons, 1995; Williams, 2013). Also, Thompson et al. (2002) found that therapeutic outcomes were still significant six weeks after short-term shelter services. To maximize good outcomes, music therapists must be flexible in their approach and patient with clients. The structure of music sessions should reinforce that youth are capable of success, and any efforts toward reintegration and connection should be supported (Slesnick et al., 2008). Also, especially because LGBTQ youth are over-represented among homeless youth, music therapists must make sure that they foster safe, inclusive, nonthreatening spaces by respecting clients' self-identification and avoiding assumptive language about gender or sexual orientation (Whitehead-Pleaux et al., 2012).

### **Cultural Competence with Popular Genres**

Music therapists should be familiar with client-preferred music, including metal, rap, and rock. Some scholars have made associations between heavy metal and hip-hop music and anger, delinquency, drug use, and suicidal acts (Selfhout et al., 2008), but our data and other researchers show that for some homeless youth, listening to music from genres characterized by heavy sounds and sad themes represents a healthy way of processing (Shafron & Karno, 2013; Sharman & Dingle, 2015). The music therapist must realize that dismissing a client's preferred music may be equivalent to dismissing their entire identity. For example, despite its associated risks, our data show that Juggalo

identity may provide a source of resilience and empowerment for some youth, and channeling this sense of identity and community may be a way to engage this subpopulation of homeless youth in social and health services (Petering et al., 2017).

### **Music Therapy Methods**

Music therapists ought to harness homeless youths' existing interest in music making in re-creative, improvisatory, and compositional interventions. The data indicated that homeless youth report many and varied music-making behaviors, including singing, playing instruments, and songwriting. Therefore, re-creative, improvisatory, and compositional interventions have the potential to be quite successful with homeless youth. However, given the aforementioned issues of attendance, long-term interventions like adaptive lessons may be ill-advised, and interventions like drum circles and fill-in-the-blank songwriting may be more effective. An ecologically-informed community music therapy approach may be especially appropriate for this population. For homeless youth, music and health can both be characterized as factors that simultaneously reflect and impact the systems in which they are positioned (Woods, 2016).

The music therapist should not underestimate the value of self-directed music listening, especially when working with adolescents and young adults. The data demonstrated that many homeless youth use music listening for coping and mood regulation. One study found that self-directed music listening can be as effective as group music therapy sessions for achieving some outcomes among at-risk youth (Gold et al., 2017). However, it is also true that music listening can potentially be associated with negative outcomes, such as avoidant coping or counterproductive triggering (Miranda & Claes, 2004; Saarikallio et al., 2015). Music is not intrinsically good, and it can be as

ambivalent a medium as the written word (Edwards, 2011). Therefore, music therapists ought to assist clients in understanding their use of music listening, identifying their coping styles, and bolstering their use of active, problem-focused, and goal-oriented coping skills (Brown et al., 2015; Ferguson et al., 2015; Kidd, 2003). Music-based interventions should help clients increase awareness of emotional regulation strategies and recognize and readjust use of maladaptive strategies (Chin & Rickard, 2014). Since our data show that young people access music through their personal cell phones, homelessness service providers should take care to provide free Wi-Fi and accessible charging cables for clients.

In addition to helping clients understand their personal use of music listening, music therapists can offer drop-in receptive interventions to clients. Listening to music can facilitate non-threatening emotional expression and decrease depression symptoms (Chan et al., 2009). In particular, music listening relates to desirable health outcomes if combined with enhancement, reappraisal, and distraction (Edwards, 2011). Music for receptive interventions ought to be chosen with the client's culture in mind (Grocke & Wigram, 2006), and so this study's data suggest that metal or rap may be most appropriate. Content analysis of musical lyrics from "problem music" genre ought to focus on the developmental narratives present, which are relevant to therapeutic self-expression, rather than simply valuing "positive versus negative" (Travis, 2013). Receptive interventions including lyric analysis, music-assisted relaxation, or music, drawing, and narrative are likely to be effective with the homeless youth population, but since individuals with psychotic disorders are overrepresented among homeless youth,

guided imagery may be contraindicated for drop-in groups from this population (Grocke & Wigram, 2006).

## **Conclusion**

Homelessness service providers must treat the needs of the whole person with a well-trained, interdisciplinary staff using an adaptable, strengths-based, and nonjudgmental approach (Kidd, 2003; Slesnick et al., 2009). Music therapists that foster a sense of resilience among homeless youth and help young people experience service settings as helpful for achieving good outcomes may increase young people's willingness to engage in other settings (Gwadz et al., 2017). Different levels of music therapy interventions may be offered to homeless youth: supportive and activity oriented interventions; reeducative, insight-and-process-oriented music therapy; or reconstructive, analytical, and catharsis-oriented music therapy (Gfeller & Thaut, 2008). Because short-term interventions are recommended for this population, music therapists may default to the first level, but the appropriate level of intervention for a given situation is ultimately determined by the client's needs and preferences.

Next steps for research with this population could include quantitative or qualitative studies of the efficacy of single session music therapy interventions (e.g. lyric analysis or songwriting) in increasing homeless youths' nonmusical service engagement, increasing youths' insight into their own coping styles, and/or helping young people effect positive mood alteration.

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APPENDIX A  
MUSIC PORTION OF INTERVIEW GUIDE

What kind of music do you like?

How do you listen to music?

Do you play music or sing yourself? If so, in what context?

APPENDIX B  
FULL MUSIC CODEBOOK

| Code System                | Code Frequency |
|----------------------------|----------------|
| Genre preferences          |                |
| Metal                      | 10             |
| All types                  | 10             |
| Rap                        | 9              |
| R&B                        | 7              |
| Rock                       | 7              |
| Oldies                     | 4              |
| Pop                        | 4              |
| Country                    | 3              |
| Artists with shared values | 2              |
| Gospel                     | 2              |
| Horror                     | 2              |
| Music from movies          | 2              |
| Reggae                     | 2              |
| Anti-elitist               | 1              |
| EDM                        | 1              |
| Everything but blues       | 1              |
| Everything but country     | 1              |
| Everything but gospel      | 1              |
| Hip-hop                    | 1              |
| Radio stations             | 1              |
| Showtunes                  | 1              |
| Soul                       | 1              |
| Spanish                    | 1              |

|                            |    |
|----------------------------|----|
| Techno                     | 1  |
| Music making               |    |
| Vocal interests            |    |
| Singing alone only         | 12 |
| Rapping                    | 5  |
| Singing with others        | 2  |
| Vocal improvisation        | 2  |
| Instrumental interests     |    |
| Guitar                     | 9  |
| Other instruments          | 5  |
| Piano                      | 2  |
| Drumming                   | 2  |
| Songwriting interests      |    |
| Have written songs         | 11 |
| “if I get better at it”    | 2  |
| Never have, but interested | 2  |
| Interest in making EDM     | 1  |
| Performance interests      |    |
| Satisfying experiences     | 3  |
| Desire to record           | 1  |
| Busking                    | 1  |
| Shyness about making music |    |
| “can’t”                    | 3  |
| Secrecy implied            | 1  |
| “always wanted to”         | 1  |

|   |    |
|---|----|
| Feeling comfortable with self                         | 2  |
| Lessons from God                                      | 1  |
| Goal-oriented music listening                         |    |
| To calm down  | 9  |
| To go to sleep  | 4  |
| While doing work                                      | 3  |
| To cope   | 2  |
| Time spent listening to music                         |    |
| All or most of the day                                | 6  |
| “a lot”   | 2  |
| Listening   |    |
| Phone   | 16 |
| YouTube   | 4  |
| Pandora   | 2  |
| Library   | 2  |
| Car   | 1  |
| iPod  | 1  |
| Spotify   | 1  |
| Connection between music and extramusical activity    | 5  |
| No connection between music and extramusical activity | 3  |
| Identity validation                                   | 1  |
| Music triggers  | 1  |

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