Approaches: An Interdisciplinary Journal of Music Therapy
Advance Online Publication
ISSN: 2459-3338
https://doi.org/10.56883/aijmt.2025.575

OPEN ACCESS

APPROACHES

ARTICLE

Music Meet Up online edition: The pivot to an online music therapy group for adolescents and young adults with cancer

Jonathan Avery
BC Cancer, Canada

Serena Uppal
University Health Network, Canada

Karuna Sehgal
University Health Network, Canada

Shayini Shanawaz
University Health Network, Canada

SarahRose Black
University Health Network, University of Toronto, Canada

Chana Korenblum
University Health Network, University of Toronto, Canada

ABSTRACT

The COVID-19 pandemic has heightened the unique emotional and social needs expressed by adolescents and young adults (AYAs) with cancer. To help address this, we adapted an in-person developmentally tailored group music therapy intervention to an online format. The purpose of this study was to gain preliminary data to explore the acceptability of the online version of the group. A qualitative descriptive approach was chosen to understand the experiences of program participants, who were patients at a tertiary cancer centre in Toronto, Canada. One-to-one semi-structured interviews were conducted with participants, and data was analysed using thematic analysis. A total of six interviews were completed, with five participants identifying as women. Ages ranged from 24-35, and various cancer types were represented. Overall, participants felt the online version of the program was beneficial. However, interviews pinpoint advantages and disadvantages with the online format. Delivering the program online enhanced accessibility but also created issues of disrupted/impaired “connectivity” between participants and the music. Online group psychosocial interventions, including music therapy, may continue to be offered long after the pandemic. These lessons could inform how other online music therapy interventions are delivered to AYAs between 18-39 years of age and beyond.

KEYWORDS

adolescent and young adult, psychosocial, music therapy, group therapy

Publication history:
Submitted 28 Feb 2023
Accepted 17 Feb 2024
First published 15 Jan 2025

AUTHOR BIOGRAPHIES

Jonathan Avery; manager, provincial programs, supportive care at BC Cancer. [jonathan.avery@bccancer.bc.ca] **Serena Uppal**; undergraduate student and trainee in psychosocial and young adult oncology. [serenauppal2002@gmail.com] **Karuna Sehgal**; research assistant, psychosocial and young adult oncology. [karuna.sehgal@uhn.ca] **Shayini Shanawaz**; undergraduate student and trainee in psychosocial and young adult oncology. [sshanawaz@uwaterloo.ca] **SarahRose Black**; certified music therapist, registered psychotherapist, psychosocial oncology researcher. [sarahrose.black@uhn.ca] **Chana Korenblum**; adolescent medicine specialist in the Division of Adolescent Medicine and Assistant Professor in the Department of Pediatrics at the University of Toronto. [Chana.Korenblum@uhn.ca]

Publisher: Queen Margaret University Edinburgh | Centre for Person-centred Practice Research
Copyright: 2025 The Author(s). This open access publication is distributed under the terms of the Creative Commons CC BY-NC-ND 4.0
https://creativecommons.org/licenses/by-nc-nd/4.0/

BACKGROUND

Adolescence and young adulthood is a dynamic period that begins with the onset of puberty and ends with the achievement of developmental milestones including establishing independence, assigning increased importance to peers and relationships, and identity formation (Arnett et al., 2014; Geiger & Castellino, 2011). This process is fundamentally disrupted for adolescents and young adults (AYAs) with cancer due to the impact of a potentially life-threatening diagnosis and its required treatments (Warner et al., 2016; Zebrack & Isaacson, 2012). It has been shown that adolescents (between 15-18 years of age), and young adults (spanning 19-39 years of age), routinely experience social isolation, body image concerns, and dependence on caregivers, with associated emotional distress that can persist long after treatment is complete (Quinn et al., 2015). These unique challenges are often inadequately addressed by paediatric or adult-focused psychosocial supports (Warner et al., 2016).

The potential of music to provide developmentally informed care is immense, and although there is more literature to indicate the benefit in the paediatric population (see Kaka et al.), there is a growing body of literature in both adolescents (Miranda, 2012; Stegemann et al., 2019) and young adults (McFerran, 2020) that demonstrates the benefits of developmentally appropriate music-based interventions. Music-making can provide AYAs with a temporary diversion from life challenges and can play a pivotal role in coping (Bennett, 2001; Laiho, 2004; McFerran, 2010, 2020). Music therapy as a clinical practice has been shown to have enormous benefits for adolescents encountering developmental changes and challenges related to illness (Docherty et al., 2013; McFerran, 2010; Mondanaro & Loewy, 2015). Youth who listen to music report reduced stress, enhanced identity development, and increased control over mood (McFerran, 2010; 2020). Music-making can also reduce perceived stress during cancer treatment (Knoerl et al., 2021), and enhance coping, resilience, and social integration (Facchini & Ruini, 2021; Haase et al., 2020; Robb et al., 2014). With this evidence in mind, in 2018, a certified music therapist and a physician specialising in young adult medicine created and evaluated the feasibility and effectiveness of a novel in-person developmentally informed group music therapy intervention for AYAs undergoing cancer treatment at an adult tertiary cancer care centre in Ontario, Canada called "Music Meet Up." (Samadi et al., 2021). Given that adolescent patients above the age of 18 are more likely to receive care at adult cancer centres, we decided to develop our "Music Meet Up" program to support AYAs between the ages of 18-39. The closed six-week in-person group integrated specific music therapy interventions (improvisation, receptive listening, songwriting, lyric analysis, verbal processing related to musical experiences) with psychoeducation and peer support through a supportive-expressive lens (Samadi et al., 2021).

Based on qualitative feedback from a feasibility and acceptability study exploring participants' experiences of the program, the program allowed participants to use music (through music therapy interventions described in Table 1) as a conduit to share their illness experience with others like themselves, thereby acquiring a 'musical toolbox' to enhance ways to cope with cancer (Samadi et al., 2021). Due to physical distancing, shelter-in-place, and stay-at-home orders of the 2019 novel coronavirus (COVID-19) respiratory illness pandemic, we decided to create and offer an online version of this program. This study presents results from data collected from the first online adaptation (over six sessions) to explore its acceptability among participants. The following research questions drove

this work: 1) How did the participants benefit from the online version of the program? 2) What were some drawbacks or challenges experienced when participating?

Component	Description
1. Initial psychosocial check-in	Facilitators guided a semi-structured check-in; each group member was invited to share thoughts on general, overall well-being and current status.
2. Therapeutic Interventions (co-occurring each week)	One or more of the following each week: Music Therapy: • Toning: group humming/ singing with guided breathing • Song-sharing: individual sharing of a meaningful song with opportunity for group discussion • Lyric analysis: conversation/discussion about meaningful lyrics • Group music-making: referential and non-referential improvisation with instruments provided (drums, auxiliary percussion, guitars and ukuleles) • Group songwriting: creating lyrics and melodies based on specific themes • Playlist creation: creation of personalised playlists that reflect a specific theme Psychosocial processing: • Group discussions about the experience of the music therapy interventions • Group discussions about shared experiences within the music itself • Facilitators offered support, insight, and ideas for the use music as a tool between sessions
3. Closing psychosocial check-in	Facilitators led a semi-structured closing check-in, allowing for connection and conversation between group members

Table 1: Components – group music therapy intervention

METHODS

We chose a qualitative descriptive approach to understand the experiences of program participants, who were patients at the Princess Margaret Cancer Centre in Toronto, Canada. One-to-one semi-structured interviews were conducted with participants, and data was analysed using thematic analysis (Braun & Clarke, 2006).

Qualitative descriptive research is a type of qualitative inquiry that seeks to describe an experience or to provide an accurate accounting of events (Sandelowski, 2000, p. 336). Researchers using this type of inquiry stay close to the words their participants use to describe experiences or events when compared to other types of qualitative inquiry that is considered more interpretive (e.g., grounded theory, phenomenological, ethnographic, or narrative studies). Qualitative description is lighter on interpretation and does not require going beyond the literal meaning of the words used by participants to describe an experience or an event (Sandelowski, 2010). This method was chosen to explore the feasibility and acceptability of the program, which does not require an in-depth interpretive analysis to achieve a conceptual, philosophical, or other highly abstract explanation of an experience. In this way, we were able to minimise any bias inherent in our analysis.

Setting – Music therapy group

The Princess Margaret Cancer Centre is a large regional hospital where over 1,000 AYAs are diagnosed annually. It has a robust department of Supportive Care, including psychosocial oncology and a dedicated AYA program. Supports at the hospital include a robust music therapy program overseen by a clinician/researcher who is a certified music therapist and registered psychotherapist. The program is targeted at inpatients and outpatients aged between 18-39 years old and offers individual music therapy and group music therapy by referral. The group music therapy program, entitled "Music Meet Up," has been held four times since 2018 with three iterations completed in-person at an allocated space within the hospital and one conducted online using Microsoft Teams. Referral to the group was made by primary oncology or psychosocial providers to seek in-patient and out-patient participants , or via self-referral through advertisements on social media for out-patient participants.

The content of the in-person version was adapted for online and followed the same structure. Group participants took part in a series of three weekly interactional activities: 1) an initial psychosocial check-in; 2) guided music therapy interventions; 3) a closing psychosocial check-in. Components of each activity are described in Table 1. Instead of meeting in person, we gathered online using the Microsoft Teams platform. This platform provides an online group meeting space accessible via a specific URL, where users can connect via webcam and instant messaging (Siegel et al., 2021). Since we were unable to provide participants with a variety of instruments to try during the in-person program, participants were asked to be creative and make their own sounds especially for the improvisation activity. Instead, we instructed participants to improve by humming, tapping their feet, clapping their hands, and making other sounds without the need for an instrument. The group was held once a week for six weeks; in-person sessions lasted two hours, and online sessions lasted for an hour. The content of the group, based on principles of music-centered psychotherapy (Bruscia, 2014; Aigen, 2005) and developmentally appropriate methods and techniques specific to the AYA population (McFerran, 2010), covered five areas of human experience (biological, emotional, cognitive, social, and spiritual; Foster & Pearson, 2018) and addressed how cancer may affect each domain. Specific music therapy techniques were coupled with psychosocial discussions tailored to AYA needs, to provide an opportunity for creative self-expression, emotional processing, and peer support, as well as facilitator-guided psychoeducation.

Sample

Enrolled group music therapy patients were invited to participate in the study prior to its commencement. They were informed that participation was voluntary and that they could still be a part of the group even if they did not want to participate in the research study. Preference not to participate or early withdrawal from the study did not impact clinical care. Participants were excluded if they were unable to attend most of the sessions or if they were non-English speaking. Our final sample included all registered participants in the online group (n=6). This study was approved by the University Health Network Research Ethics Board.

Data collection

To explore the patient experience, individual semi-structured interviews were conducted using the Microsoft Teams platform by a study team member within three months of the completion of the group (see Table 2 for interview guide). These interviews were audio recorded on Microsoft Teams and then transcribed by a research assistant. All recordings were deleted after the transcription process.

Question	Probes
Can you tell me why did you join the program?	• What expectations did you have before you started the program? • Who referred you to the program and how was it introduced to you? • How did you hope to benefit from this program? • Did you have any hesitations or concerns about the program before it began? • Was the program what you expected? In what way?
Did the program have any impact on your life or your illness?	• Can you tell me about the program's importance to you? • Did the use of music affect you outside of group time (e.g., in between sessions?) If so, how? • Did the use of music affect your relationship to the other group participants? If so, how? • Did the group impact your sense of connectedness with others outside the group? If so, how? • In what ways, if any, did participating in the group affect your mood or overall level of stress? • All told, how helpful do you think the program was for you on a scale from 1-10? Please explain.
How helpful/enjoyable or unhelpful/unenjoyable were the program's sessions/activities?	• Which parts of the program did you find most helpful/enjoyable or unhelpful/unenjoyable and what made them so? • Is there a session/musical experience that you remember as particularly helpful/enjoyable or unhelpful/unenjoyable? What made them so?
I will ask you now about some of the specific domains and musical experiences. With this I am again trying to understand if there is a specific domain or activity that can be improved or removed.	• What did you think of the domains (biological, emotional, social, cognitive, spiritual)? Were there any domains that were particularly helpful? Or unhelpful? • How did you find the experience of improvising as a group? How did you find the experience of drumming? How did you find the experience of using music to match or shift your mood? How did you find the experience of song writing as a group?
I will ask you now about the timing, length and location of the program.	• Could you help me understand when the program offered to you (i.e., what point in your illness trajectory – e.g., after diagnosis, during treatment, etc.)? • What do you think about having done the program at this point of your illness trajectory compared to other points? • What if the program were offered to you earlier/later? • The program is six sessions long; how did that feel for you?

	• When you were told about the number of sessions before you started the program, what did you think? What about the length of the sessions? • Would you like to receive refreshers or repeat the program? If yes: what would that give to you? If no: what would stop you? • What did you think about the location of the sessions? Was there anything about the location that was particularly helpful? Or uncomfortable?
I am going to ask you now about the group facilitators.	• Was there anything in particular the facilitators did that made you feel comfortable? Or uncomfortable?
I am going to ask you now if and how you are using the tools learned during the program.	• Have you thought about what you have learned? Have you used any of the tools? If so, which ones do you continue to use? How often? What are the challenges in doing so? What makes it possible? What triggers you to use the tools? Can you give me some examples? • Were you interested in keeping in touch with fellow group members or participating in other group opportunities? Did you manage to do so? • What would have you liked to be offered after the program ended? What would you like to be offered in the future?

Table 2: Interview guide

Data analysis

Qualitative interviews were analysed using Braun and Clarke's (2006) thematic analysis as a flexible guide. All coding was done by two independent coders (JA and SH). Each transcript was read, and notes were made describing initial thoughts and overall impressions of each interview. Then, each transcript was reviewed line-by-line and/or in segments to identify and highlight codes and preliminary categories. Constant comparative analysis (Boeije, 2002) was used to identify codes and categories, and to group these into relevant themes, which were then compared. Constant comparative analysis is an iterative process that allows researchers to use inductive and deductive reasoning to compare codes, categories, and themes across each individual transcript to develop themes that represent each participant experience. This movement between inductive and deductive reasoning allowed JA and SH to question insights as each interview was coded and as themes and categories were created. JA and SH met weekly to discuss the coding to collaboratively develop and refine a coding framework. This framework was then discussed and reviewed by the other co-authors to provide further insight and to minimise bias. This process continued until nothing new was being learned about the most relevant themes. Since this study was an extension of the in-person version of the program from Samadi et al. (2021), we began with the coding framework developed from that analysis and compared it with the data gathered from the online version to compare and contrast to illuminate the advantages participants gained from the online program and identify any drawbacks or challenges in comparison to the in-person version. Qualitative data analysis software NVivo 10 (QSR International, Australia) was used to help organise codes, themes, and categories.

FINDINGS AND DISCUSSION

A total of six participants registered for the online group. Each participant completed an interview with five out of six participants identifying as women. Ages ranged from 24-35, and various cancer types. All participants were not in active treatment (see Table 3).

Characteristic	Value
Age	Range 24-35; mean 30.5 years; SD 4.549
Gender	83% women (n=5); 17% men (n=1)
Cancer types	Breast cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, Melanoma, Ovarian, Lung
On active treatment	0%
Not on active treatment	100% (6/6)

Table 3: Demographic characteristics of the qualitative sample (n=6)

Overall, participants felt the online version of the program offered benefits comparable to those reported by individuals who took part in the in-person version (see Samadi et al., 2021). The online program taught participants to utilise music as a tool for connecting with and coping with emotions associated with a disease commonly linked to older age. For example, P006 shared: “I think the biggest impact that [the program] had is being connected to music and connecting it to my emotions.” This benefit was facilitated by the specific style of the program facilitators, a point highlighted by P001, who expressed that “not being forced to do or say anything you didn’t want to...” helped them connect to their emotions associated with their illness. This sentiment aligns with what participants expressed as the “challenge by choice” facilitation style experienced in the in-person version (see Samadi et al., 2021, p. 359). However, interviews conducted through the present study pinpoint advantages and disadvantages with the online format that were not experienced by those participating in the in-person version. Delivering the program online: 1) enhanced accessibility but also 2) created issues of disrupted/impaired “connectivity” between participants and the music.

1) Enhanced accessibility

Participants remarked that providing this program online enhanced its accessibility. Time spent travelling to the cancer centre (to attend the groups prior to the online format) was described as a barrier to access. The stress induced from the traffic and the time required to commute prompted P003 to question whether “it is worth it to travel over an hour to the [cancer centre] … to meet for an hour and then travel back home?” when the program was offered in person. Offering the program online removed this barrier thereby enhancing access. P002 remarked “obviously, if you are commuting then you spend a little bit more time doing that. But I think online is good because you don’t have to rely on people to come in. They just join [online].” The online version allowed P005 to participate during their professional working hours: “[Access] mostly has to do with work life balance, luckily…I was working from home every Wednesday morning.” Participants also noted that that the online format allowed individuals from regions farther away, who were also experiencing mental health challenges and

mobility restrictions, to participate in this group without having to commute long distances to the cancer centre. “Seeing the different participants from different areas [regions] and seeing [name] and what he was going through… I appreciate how he’s still trying to participate wherever he was and I really admired that” (P004). P001 felt “there is something [emotionally] triggering about going to the hospital.” Providing an online version of the program allowed P001 to participate without this hospital-associated anxiety. Offering the program online provided increased access regardless of the participants’ life circumstance and where they lived.

2) Created issues of disrupted/impaired “connectivity” between participants and the music

Our results provide important insights that can inform the facilitation and delivery of an online music therapy program. Our participants highlighted how the program was beneficial. The facilitation style and the content of the program taught participants to use music as a conduit to connect and cope with emotions from having a disease more commonly associated with older adults. We found a similar effect with the in-person version of the program (see Samadi et al., 2021). While the online version presented benefits such as enhanced accessibility through reducing the need to travel to the cancer centre, it also presented some drawbacks and issues such as disrupted/impaired connectivity. Other studies have pinpointed the benefits and drawbacks of transitioning from in-person support groups to online iterations during the COVID-19 pandemic (Kaka et al., 2021). For example, Kaka et al. (2021) described the benefit of removing the need to commute to the cancer centre. The need to take time off work and school as well as the incurred costs associated with transportation was largely eliminated, thereby enhancing the accessibility of these groups. However, these authors also pinpoint that the rapid shift to online supports” to “For example, Kaka et al. (2021) described the benefit of removing the need to commute to the cancer centre. The need to take time off work and school as well as the incurred costs associated with transportation was largely eliminated, thereby enhancing the accessibility of these groups. However, these authors also pinpoint that the rapid shift to online formats prevented opportunities for more organic formation of social connections found with in-person interactions like walking into the room early, sharing refreshments, and exiting the building together. Our interviews highlight similar and additional benefits and drawbacks. Providing the music meet-up online removed the need to commute to the cancer centre and provided participants with more flexibility to participate amid other personal obligations such as work and school. In addition, our results also highlighted how removing the need to commute also reduced any emotional distress triggered by returning to the cancer centre to receive additional supportive care. Emotional distress induced by returning to the cancer centre for follow-up appointments or additional supportive care has been widely reported (see Chan et al., 2018; Kwak et al., 2013). For example, in a longitudinal study of 151 AYAs with cancer, Kwak et al. (2013) showed that returning to a cancer centre for follow-up appointments was a trigger for post-traumatic stress. Removing the need to commute could ease this burden and was an additional benefit noted by our participants.

Our participants also noted similar drawbacks to Kaka et al. (2021). Sharing and interacting with others in music through the Microsoft Teams platform was not as conducive as creating an organic environment to form social connections when compared to the in-person iteration. Participants were unable to pick up the visual or auditory cues necessary to form this organic connection with others in the online group, thereby making it more challenging to gain the intended benefits of the Music Meet Up. Qualitative interviews conducted with AYAs who participated in the in-person iteration noted that the use of music helped them develop social and emotional connections with others in the group (Samadi et al., 2021). The online version was not as successful at achieving the same level of emotional and social connectedness with others.

Similar benefits and drawbacks were noted in the literature outside of the cancer field relating to online music therapy groups (Brault & Vaillancourt, 2022; Cephas et al., 2022; Goicoechea & Lahue, 2021; Tamplin & Thompson, 2023;). For example, Tamplin and Thompson (2023) found that there were technological challenges associated with connecting with others socially, including poor audio quality and lack of synchronous music-making in an online therapeutic choir group through the Zoom platform. Zoom and the Microsoft Teams platforms provide a similar user interface and have shown to have similar connective concerns when adapting to an online music therapy program. Cephas et al. (2022) found similar benefits when delivering a music therapy program using a specific telehealth platform different from Zoom and Microsoft Teams. They found that their pivot to an online program provided increased client agency by allowing participants to choose a physical space they felt most comfortable with when connecting virtually. Our participants vocalised a similar benefit by appreciating the ability to connect in an online space according to their comfort and schedules – for instance, being able to connect while at work rather than not being able to join due to work commitments.

Thus, our results highlight the potential benefits and drawbacks of an online group music therapy program for AYAs that contributes to an emerging field of online music therapy programs prompted by the COVID-19 pandemic. We will explore the online version of the program further for the next iteration by drawing on our results and the emerging literature to understand how to improve our online delivery. For example, we will explore how we can improve the facilitation of the online version. We will explore the availability of other online platforms that could be more appropriate for our Music Meet Up program. We will also consider notifying participants of the potential drawbacks that we found in our first version of the online program and seek their input as to how to improve the social elements of the program. In a scoping review that explored music therapists' transfer to remote forms of therapy in the context of the coronavirus outbreak, Kantorová et al. (2021) found that group facilitators who informed their participants of the possible challenges of remote versions of music therapy group interventions had more success creating an organic group environment. Participants seemed to collectively come together by overemphasising moving to the music over their web-cameras so that other participants could visually share in the experience. We will try a similar tactic in our next iteration. We will also be expanding our group offerings to explore the feasibility and acceptability of a hybrid approach of an in-person and online iteration of the program see if we can minimise the drawbacks while maximising the benefits of the online experience. We will also include pre- and post-test measures to explore quality of life changes to maximise these benefits.

CONCLUSION

Online group psychosocial interventions will continue to be offered long after the pandemic. Best practices are essential when developing online music therapy interventions, with careful attention to the nuances required in specific settings. Our results provide important insights that can inform the facilitation and delivery of an online music therapy program. In the next iteration of the program, we will inform participants of potential drawbacks in advance and more actively seek input from them to help improve the social elements of the program.

REFERENCES

Aigen, K. (2005). *Music-centered music therapy*. Barcelona Publishers.

Arnett, J., Zukauskiene, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. *Lancet Psychiatry, 1*, 569-576. https://doi.org/10.1016/S2215-0366(14)00080-7

Bennett, A. (2001). *Cultures of popular music*. Open University Press.

Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity*, *36*, 391-409. https://doi.org/10.1023/A:1020909529486

Bruscia, K. (2014). *Defining music therapy*. Barcelona Publishers.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brault, A., & Vaillancourt, G. (2022). Group telehealth music therapy with caregivers: A qualitative inquiry. *Journal of Patient Experience*, *9*. https://doi.org/10.1177/23743735221110724

Cephas, A. S., Sofield, S., & Millstein, A. (2022). Embracing technological possibilities in the telehealth delivery of interactive music therapy. *Nordic Journal of Music Therapy, 31*(3), 214-227. https://doi.org/10.1080/08098131.2022.2040579

Chan, C. M. H., Ng, C. G., Taib, N. A., Wee, L. H., Krupat, E., & Meyer, F. (2018). Course and predictors of post-traumatic stress disorder in a cohort of psychologically distressed patients with cancer: A 4-year follow-up study. *Cancer, 124*(2), 406-416. https://doi.org/10.1002/cncr.30980

Docherty, S., Robb, S., Philips-Salimi, C., Cherven, B., Stegenga, K., Hendricks-Ferguson, V., Roll, L., Donovan stickler, M., & Haase, J. (2013). Parental perspectives on a behavioral health music intervention for adolescent/young adult resilience during cancer treatment: Report from the children's oncology group. *Journal of Adolescent Health, 52*(2), 170-178. https://doi.org/10.1016/j.jadohealth.2012.05.010

Facchini, M., & Ruini, C. (2021). The role of music therapy in the treatment of children with cancer: A systematic review of literature. *Complementary Therapies in Clinical Practice, 42*, 101289. https://doi.org/10.1016/j.ctcp.2020.101289

Foster, B., & Pearson, S. (2018). *The fundamentals of music care: Theory and context*. Room 217 Foundation.

Geiger, A.M., & Castellino, S.M. (2011). Delineating the age ranges used to define adolescents and young adults. *Journal of Clinical Oncology, 29*(16), 492-493. https://doi.org/10.1200/JCO.2011.35.5602

Goicoechea, T., & Lahue, K. (2021). Case studies in pediatric music therapy during COVID-19. *Music Therapy Perspectives, 39*(2), 126-132. https://doi.org/10.1093/mtp/miab009

Gupta, A. A., Papadakos, J. K., Jones, J. M., Amin, L., Chang, E. K., Korenblum, C., Santa Mina, D., McCabe, L., Mitchell, L., & Giuliani, M. E. (2016). Reimagining care for adolescent and young adult cancer programs: Moving with the times. *Cancer, 122*(7), 1038–1046. https://doi.org/10.1002/cncr.29834

Haase, J. E., Robb, S. L., Burns, D. S., Stegenga, K., Cherven, B., Hendricks-Ferguson, V., Roll, L., Docherty, S. L., & Phillips, C. (2020). Adolescent/young adult perspectives of a therapeutic music video intervention to improve resilience during hematopoietic stem cell transplant for cancer. *Journal of Music Therapy, 57*(1), 3–33. https://doi.org/10.1093/jmt/thz014

Janssen, S. H., van der Graaf, W. T., van der Meer, D. J., Manten-Horst, E., & Husson, O. (2021). Adolescent and young adult (AYA) cancer survivorship practices: An overview. *Cancers, 13*(19), 4847. https://doi.org/10.3390/cancers13194847

Kaka, A., Shama, W., Lucchetta, S., Nishimura, C., Cottingham, D., Positano, K., Markowitz, S., Fung, K., Yohan, A., Horan, R., Chin, M., Jensen, P., Chisholm, L., Alexander, S., & Korenblum, C. (2021). Virtual support groups in pediatric hematology/oncology during COVID-19: Lessons learned from the SickKids experience. *Pediatric Blood Cancer, 68*(12), 29378. https://doi.org/10.1002/pbc.29378

Kantorová, L., Kantor, J., Hořejsí, B., Gilboa, A., Svobodová, Z., Lipský, M., Marečková, J., & Klugar, M. (2021). Adaptation of music therapists' practice to the outset of the COVID-19 pandemic-going virtual: A scoping review. *International Journal of Research in Public Health, 18*(10), 5138. https://doi.org/10.3390/ijerph18105138

Knoerl, R., Mazzola, E., Woods, H., Thornton, K., Berry, D., & Ligibel, J. (2021). Exploring the feasibility of a mindfulness-music therapy interventions to improve anxiety and stress in adolescents and young adults with cancer. *Journal of Pain and Symptom Management, 63*(4), 357-363. https://doi.org/10.1016/j.jpainsymman.2021.11.013

Kwak, M., Zebrack, B., Meeske, K., Embry, L., Aguilar, C., Block, R., Hayes-Lattin, B., Li, Y., Butler, M., & Cole, S. (2013). Prevalence and predictors of post-traumatic stress symptoms in adolescent and young adult cancer survivors: A 1-year follow-up study. *Psycho-Oncology, 22*(8), 1798-806. https://doi.org/10.1002/pon.3217

Laiho, S. (2004). The psychological functions of music in adolescence. *Nordic Journal of Music Therapy, 13*(1), 47–63. https://doi.org/10.1080/08098130409478097

McFerran K. (2010). *Adolescents, music, and music therapy: Methods and techniques for clinicians, educators and students*. Jessica Kingsley Publishers.
McFerran, K. (2020). Adolescents and music therapy: Contextualized recommendations for research and practice. *Music Therapy Perspectives, 38*(1), 80–88. https://doi.org/10.1093/mtp/miz014
Miranda, D. (2012). The role of music in adolescent development: Much more than the same old song. *International Journal of Adolescence and Youth, 18*(1), 5-22. https://doi.org/10.1080/02673843.2011.650182
Mondanaro, J., & Loewy, J. (2016). Music therapy with adolescents in medical settings. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 89-111). Oxford University Press.
National Comprehensive Cancer Network: NCCN clinical practice guidelines in oncology: Adolescent and young adult (AYA) and oncology v1. www.nccn.org/professionals/physician_gls/default.aspx
Quinn, G., Gonçalves, V., Sehovic, I., et al. (2015). Quality of life in adolescent and young adult cancer patients: A systematic review of the literature. *Patient Related Outcome Measures, 6*, 19-51. doi: 10.2147/PROM.S51658
Robb, S., Burns, D., Stegenga, K., Haut, P., Monahan, P., Meza, J., Stump, T., Cherven, B., Docherty, S., Hendricks-Ferguson, V., Kintner, E., Haight, A., Wall, D., & Haase, J. (2014). Randomized clinical trial of therapeutic music video intervention for resilience outcomes in adolescents/young adults undergoing hematopoietic stem cell transplant: A report from the Children's Oncology Group. *Cancer, 120*(6), 909-917. doi: 10.1002/cncr.28355
Samadi, M., Avery, J., Black, SR., et al. (2021). Letter to the Editor: Music Meet Up – Preliminary results of a novel music therapy group intervention for adolescents and young adults with cancer. *Journal of Adolescent and Young Adult Oncology, 10*(3), 359-360. https://doi.org/10.1002/cncr.28355
Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*(1), 77–84. https://doi.org/10.1002/nur.20362
Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G
Siegel, A., Zuo, Y., Moghaddamcharkari, N., McIntyre, R. S., & Rosenblat, J. D. (2021). Barriers, benefits and interventions for improving the delivery of telemental health services during the coronavirus disease 2019 pandemic: A systematic review. *Current Opinion in Psychiatry, 34*(4), 434–443. doi: 10.1097/YCO.0000000000000714
Stegemann, T., Geretsegger, M., Quoc, E., Reidl, H., & Smetana, M. (2019). Music therapy and other music-based interventions in pediatric health care: An overview. *Medicines, 6*(1), 25. doi: 10.3390/medicines6010025
Tamplin, J., & Thompson, Z. (2023). How health-focused choirs adapted to the virtual world during the COVID-19 pandemic – An international survey. *The Arts in Psychotherapy, 82*, 101997. https://doi.org/10.1016/j.aip.2023.101997
Warner, E., Kent, E., Trevino, K., Parsons, H., Zebrack, B., & Kirchhoff, A. (2016). Social well-being among adolescents and young adults with cancer: A systematic review. *Cancer, 122*, 1029-1037. doi: 10.1002/cncr.29866
Zebrack, B., & Isaacson, S. (2012). Psychosocial care of adolescent and young adult patients with cancer and survivors. *Journal of Clinical Oncology, 30*, 1221-1226. doi: 10.1200/JCO.2011.39.5467

Ελληνική περίληψη | Greek abstract

Διαδικτυακή εκδοχή του Music Meet Up: Η στροφή προς μια διαδικτυακή ομάδα μουσικοθεραπείας για εφήβους και νέους με καρκίνο

Jonathan Avery | Serena Uppal | Karuna Sehgal | Shayini Shanawaz | SarahRose Black | Chana Korenblum

ΠΕΡΙΛΗΨΗ

Η πανδημία COVID-19 ενίσχυσε τις ιδιαίτερες συναισθηματικές και κοινωνικές ανάγκες που εκδηλώνουν οι έφηβοι και νέοι ενήλικες με καρκίνο. Για την αντιμετώπιση αυτού του ζητήματος, προσαρμόσαμε σε διαδικτυακή μορφή μια δια ζώσης ομαδική παρέμβαση μουσικοθεραπείας η οποία είναι αναπτυξιακά διαμορφωμένη. Σκοπός αυτής της μελέτης ήταν η συλλογή προκαταρκτικών δεδομένων για να διερευνηθεί η αποδοχή της διαδικτυακής μορφής της ομάδας. Επιλέχθηκε μια ποιοτική περιγραφική προσέγγιση για την κατανόηση της εμπειρίας των συμμετεχόντων στο πρόγραμμα, οι οποίοι ήταν ασθενείς σε ένα τριτοβάθμιο αντικαρκινικό κέντρο στο Τορόντο του Καναδά. Διεξήχθησαν ατομικές ημιδομημένες συνεντεύξεις με τους συμμετέχοντες και πραγματοποιήθηκε θεματική ανάλυση των δεδομένων. Ολοκληρώθηκαν συνολικά έξι συνεντεύξεις, με πέντε από τους συμμετέχοντες να προσδιορίζονται ως γυναίκες. Οι ηλικίες κυμαίνονταν από 24 έως 35, με διάφορους τύπους καρκίνου να εκπροσωπούνται. Συνολικά, οι συμμετέχοντες θεώρησαν ότι η διαδικτυακή εκδοχή του προγράμματος ήταν επωφελής. Ωστόσο, οι συνεντεύξεις επισημαίνουν τα

πλεονεκτήματα και τα μειονεκτήματα της διαδικτυακής μορφής. Η παροχή του προγράμματος διαδικτυακά ενίσχυσε την προσβασιμότητα, ενώ παράλληλα δημιούργησε ζητήματα διακοπτόμενης/μειωμένης «συνδεσιμότητας» μεταξύ των συμμετεχόντων και της μουσικής. Οι διαδικτυακές ομαδικές ψυχοκοινωνικές παρεμβάσεις, συμπεριλαμβανομένης της μουσικοθεραπείας, μπορούν να συνεχίσουν να προσφέρονται για μεγάλο χρονικό διάστημα μετά την πανδημία. Αυτά τα συμπεράσματα θα μπορούσαν να φανούν χρήσιμα ως προς τον τρόπο με τον οποίο άλλες διαδικτυακές μουσικοθεραπευτικές παρεμβάσεις προσφέρονται σε εφήβους και νέους ενήλικες ηλικίας μεταξύ 18 και 39 ετών και πέραν.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

έφηβοι και νέοι ενήλικες, ψυχοκοινωνικός, μουσικοθεραπεία, ομαδική θεραπεία