



## Safe spaces as assemblages: Affect, sonic territorialisation, and digital everyday health musicking for young people's wellbeing

Dominik Havsteen-Franklin & Mads Krogh

To cite this article: Dominik Havsteen-Franklin & Mads Krogh (28 May 2026): Safe spaces as assemblages: Affect, sonic territorialisation, and digital everyday health musicking for young people's wellbeing, Nordic Journal of Music Therapy, DOI: [10.1080/08098131.2026.2671088](https://doi.org/10.1080/08098131.2026.2671088)

To link to this article: <https://doi.org/10.1080/08098131.2026.2671088>



© 2026 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 28 May 2026.



Submit your article to this journal [↗](#)



Article views: 195



View related articles [↗](#)



View Crossmark data [↗](#)

## Safe spaces as assemblages: Affect, sonic territorialisation, and digital everyday health musicking for young people's wellbeing

Dominik Havsteen-Franklin<sup>a</sup> and Mads Krogh<sup>b</sup>

<sup>a</sup>Department of Arts and Humanities, Arts and Health, Kingston Lane, Brunel University London, Uxbridge, UK; <sup>b</sup>School of Communication and Culture, Musicology, Aarhus University, Aarhus C, Denmark

### ABSTRACT

**Introduction:** Young people across Europe face unprecedented mental health challenges amidst social inequalities, environmental crisis, and technological disruption. With formal services difficult to access, everyday digital music engagement may offer therapeutic value, yet these practices remain undertheorised. This paper develops a conceptual framework for understanding how young people construct “safe spaces” through digital everyday health musicking (DEHM), examining the intersection of assemblage theory, affect studies, and sonic territorialisation.

**Method:** We provide theoretical analysis to underpin clinical and research investigations examining how musical engagement operates within complex socio-technical assemblages through spatial and affective frameworks.

**Results:** Safety in DEHM emerges as fragile and contextually negotiated rather than fixed. Through sonic territorialisation, young people construct provisional territories by modulating affective flows through musical engagement. These processes operate through structured (algorithmic, playlist-based) and experimental (exploratory, creative) digital practices, whilst also bearing risks of affective enclosure and algorithmic constraint.

**Discussion:** DEHM represents a legitimate complement to formal music therapy, offering distinct therapeutic affordances through autonomous engagement with digital technologies. Rather than replacing professional intervention, DEHM provides frameworks for understanding how sonic practices generate therapeutic possibilities outside clinical settings, positioning young people as active agents whilst maintaining critical awareness of platform constraints. Music therapists and mental health practitioners should recognise DEHM as a valuable therapeutic resource whilst supporting critical digital literacy. Recommendations address ethics of institutional appropriation emphasising how practitioners can enable exploratory practices that enhance rather than constrain young people's existing musical agency.

**ARTICLE HISTORY** Received 3 April 2025; Accepted 14 April 2026

**KEYWORDS** Digital health; music therapy; assemblage theory; affect; adolescence

**CONTACT** Dominik Havsteen-Franklin  [dominik.havsteen-franklin@brunel.ac.uk](mailto:dominik.havsteen-franklin@brunel.ac.uk)

© 2026 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

## Introduction

The ongoing global wellbeing crisis underscores the urgency of exploring non-pharmaceutical means to enhance mental health (World Health Organization, 2022), necessitating innovative approaches beyond traditional therapeutic interventions. In this paper, we reconceptualise everyday health musicking, particularly app-based music listening and streaming practices, as a potential site for wellbeing support through the lens of sonic territorialisation (Batt-Rawden, 2018). We explore the theoretical foundations of what we consider as digital everyday health musicking (DEHM): the self-directed musical practices young people employ through digital technologies with intentions to support their wellbeing outside formal therapeutic contexts (Beckmann, 2013; Bonde et al., 2023; Elliott & Silverman, 2012; Skånland, 2013). Our interest in this subject coincides with the proliferation of digital resources, not least for young people, including playlists and DEHM applications. Within this inquiry, we position assemblage theory, affect studies, and sonic territorialisation as analytically interdependent. Assemblage theory illuminates the relational dynamics between human and non-human actors, affect theory reveals the pre-personal intensities that animate these relations, and sonic territorialisation describes how musical practices actively construct spaces of safety through the modulation of affective flows. This analytical constellation deliberately and purposefully remains open, acknowledging that young people's musicking practices are on a continuum of socio-technological practices that we do not want to limit through theorisation; instead, we intend to provide generative discourses.

Winnicott's (1986) "holding environment" usefully highlights the role of specified spaces in therapeutic contexts, however, our concern here is broader. We conceptualise safety not as purely an interpersonal condition but as an emergent property of co-functioning constellations – also conceptualised as 'assemblages' – bringing together psychological, embodied, relational, and socio-cultural elements. Rather than assuming safety as an achievable fixed state, we emphasise its contextual contingency and temporal instability: What feels safe in one moment may become disturbing in the next and what provides refuge through sonic territorialisation may simultaneously become a disruptive withdrawal where social engagement is needed.

Given that safety is intrinsic to relational therapeutic practices, a clearer understanding of how safety emerges in DEHM may inform the uses of digital music before or alongside formal therapy practices, as well as provide music therapists with perspectives on what DEHM means in practice.

To this effect, we examine the concept of safety and its relational and emergent affordances. As with Winnicott's concept of the holding environment as a developmental requirement, DEHM can be used to structure relations and introduce culturally situated parameters within the social environment with the potential to evoke non-threatening reassurance and foster feelings of support during a critical time of developmental relational change. Additionally, music's dynamic qualities such as rhythm and composition provide opportunities for safe engagement with relational potentiality. In this regard, Grosz (2008) reminds us that boundaries, while they can create stages for encounter, do not necessarily guarantee protection. Safety, as Sammer-Schreckenthaler et al. (2025) argue, is not simply developed as if the arts themselves were a designated holding environment but emerges through the interactions between actor, digital space and surrounding context. Take, for example, the client who arrives to the music therapy

session with headphones playing repetitive loud rhythmic music, enclosed in a sonic arrangement that distances the helper, rendering the therapeutic relation tenuous - highlighting the protective but limiting space that sonic engagement can produce.

To elucidate the relational advantages of DEHM, in this introduction we outline issues of wellbeing faced by young people and the potentials of DEHM. In the subsequent sections we develop the concept of safety as situated, composite and processual through the lens of a total constitution of the assemblage defining the arrangement of DEHM – including musical spatialities, creating an “inside” through sonic territorialisation, and reflecting on the affective implications of creating safe spaces. Finally, we discuss limitations of this research and scope for further inquiry.

Here, we are taking particular interest in young people going through adolescence. This is for several reasons. Firstly, the literature tells us that this is a developmental stage of identity formation (Kroger et al., 2010) that is highly dependent upon the social context (Erikson, 1968) beyond the family where the brain’s plasticity increases to accommodate such changes (Blakemore, 2008). Secondly, the increased exposure to, and consequent awareness of, music and digital apparatuses influence how young people personalise relationships to music, producing new relations to technology that teach us about future ways of adapting it to practice. Lastly, there has been a growing concern in Europe about the emotional and psychological safety of young people characterised by increasing social inequalities, massive migratory upheavals, increased urbanisation, a pronounced effort to advance exploitative capitalism and a politics of opposition rather than affirmations (Braidotti, 2022). In a recent study by McGorry et al. (2025) they note that the statistics indicate an “alarming” recent increase in mental health issues for young people, that this is a global issue and accordingly advocate for more resources from prevention to treatment to continuing care. However, greater resource provision is measured against a backdrop of a “risk society” (Beck, 1992), where contemporary conditions – including intensified academic demands, digital social pressures, political fragmentation, and ecological precarity – amplify developmental challenges and future uncertainty for young people (Campbell et al., 2022). With a growing sense of social and cultural unbelonging, the findings from focus groups conducted by Papinczak et al. (2015) suggest that young people turn to everyday health musicking to support relationship development and change relations to emotions and cognitions. Based on studies like Papinczak et al. (2015), we explore whether within the liminal space of adolescent development, DEHM can function as an alternative resource when institutional support systems prove inadequate or inaccessible.

Building on Stige’s (2012) concept of health musicking as processual relationship between music and health, DEHM concerns a specific subset of musical practices occurring outside established professional therapeutic frameworks (see also Ruud, 2013, 2020). DEHM encompasses the self-initiated, digitally-mediated musical practices through which young people navigate affective states, construct sonic territories, and negotiate wellbeing in their daily lives. This includes, but is not limited to: curating personal playlists for emotional regulation, using streaming platforms to manage environmental transitions, engaging with music apps for meditation or focus, and architecting sonic territories through headphone use in public spaces.

Crucially, DEHM differs from formal music therapy in three key dimensions: (1) it is self-directed rather than facilitated by a trained practitioner; (2) it occurs within everyday environments rather than designated therapeutic spaces; and (3) it can

emerge through commercially available platforms rather than using instruments or the voice. While DEHM may help to mediate therapeutic effects, it operates through different assemblages than professional interventions. DEHM thus represents the vernacular appropriation of music's health affordances as a form of lay expertise (Batt-Rawden, 2018) that young people develop through iterative experimentation with digital music technologies. We use this term throughout to distinguish these quotidian practices from both professional music therapy and recreational music consumption, positioning DEHM as a distinct phenomenon warranting its own theoretical attention and empirical investigation. This conceptual paper develops theoretical frameworks for understanding DEHM through assemblage theory, affect studies, and sonic territorialisation. We ground our argument through empirical examples drawn from recent DEHM research and observations from clinical and cultural musicology practice, using these to illustrate how young people actively construct safe spaces through digital musicking.

It is also important to note that we write from specific socio-cultural and institutional positions that shape this theoretical undertaking. The first author brings perspectives from arts psychotherapies practices within the UK National Health Service and community contexts, where recent resource constraints and institutional pressures increasingly position digital technologies as cost-effective alternatives to face-to-face therapeutic provision, especially following the COVID-9 pandemic (Kinsella, 2021). Working within public mental health services, through arts psychotherapies practices, widening access to psychological therapies for economically marginalised communities in urban settings, the first author has witnessed how young people from diverse cultural backgrounds navigate mental health challenges with resources immediately available to them. This clinical positioning within state-funded healthcare, with its inherent tensions between standardised treatment protocols and individualised care, informs a critical stance toward both the democratising potential and commercialised risks pertinent to the use of DEHM.

The second author contributes from a Danish context with a background in cultural musicology. At the intersection of popular music studies and digital culture research, he explores how everyday musicking intertwines platform economies with broader socio-cultural formations. This perspective highlights tensions between personal health aspirations, communal thriving, and the algorithmic logic of commercial streaming services – which resonates with Scandinavian frictions between universalist welfare ideals and neoliberal market pressures.

Our collaboration addresses the struggle to meet young people's mental health needs through traditional channels. We acknowledge our positions as middle-class, white academics whose theoretical frameworks emerge from Global North institutions. We note that this lens risks privileging certain perspectives while obscuring others – particularly indigenous healing practices, non-Western sonic ontologies, and communal approaches that may offer profoundly different frames of reference for the use of everyday digital music practices.

### **On safety in DEHM**

Drawing on concepts of relational proximity and social ecology, our central research question asks, “how can DEHM afford or mediate therapeutic safe spaces within the complexity of contemporary social environments?” Safety denotes a sense of non-

threat, comfort, and ease and yet in psychotherapy, the concept is understood as foundational rather than terminal; a condition that must hold sufficient tension with uncertainty to enable change. This is captured in what Podolan and Gelo (2023, p. 195) refer to as the “optimal arousal zone within which emotions can be effectively experienced, processed, and integrated and within which progress and growth occur.”

The concept of safety in DEHM demands critical interrogation beyond reductive notions of comfort or sanctuary. As established in critical pedagogical literature, safe spaces constitute a contested terrain where the pursuit of psychological comfort can inadvertently reproduce exclusionary practices (Holley & Steiner, 2005; Rom, 1998). However, the marginalisation operating within DEHM environments functions along both molar and molecular lines (Deleuze & Guattari, 1987). Those positioned as “insiders”, occupying molar territories of dominant musical tastes, cultural codes, and technological literacies, may also experience marginalisation through the very conformity that grants them access, as their subjectivities become territorialised within restrictive identity formations. Conversely, those positioned as “outsiders”, existing along molecular lines of musical difference, cultural alterity, or technological exclusion, face marginalisation through direct exclusion from DEHM’s therapeutic benefits and community formations. We therefore propose a rhizomatic understanding of safety that acknowledges how both inclusion and exclusion can operate as marginalising forces within DEHM assemblages.

Young people’s use of curated playlists in DEHM illustrates this: music can afford or mediate modulation of affective intensities (Krogh, 2022; Siles et al., 2019), offering space to approach difficult emotions without either evading or being overwhelmed by them – as we return to below. Moreover, as hooks (2014) argues, genuine transformation occurs not through consensus but in “radical spaces for possibility”, where vulnerability is shared. DEHM is marked by this paradox, simultaneously offering intimate sonic territories, for example with headphones, while potentially isolating listeners from a shared experience, from being truly witnessed through developmentally co-constructive experiences of joint attention (Spiro & Himberg, 2016), mirroring (Frid & Ilsar, 2021) or validation. The apparent safety of algorithmic curation may add to this tension by creating “filter bubbles” that reinforce existing affective patterns (Viega, 2014).

Finally, safety also involves embodied regulation of the nervous system. But an exclusive focus on individual regulation risks neglecting structural violence and systemic inequities that produce chronic unsafety. For instance, noise-cancelling headphones may provide temporary relief from sensory overwhelm in overcrowded housing, yet the underlying conditions of social neglect remain unaddressed. In this sense, safety in DEHM is better conceived not as a fixed state but as an emergent and negotiated process – closer to the concept of a “brave space” (Arao & Clemens, 2023) than a protected enclave.

## Health musicking and the assemblage of DEHM

Health musicking (Stige, 2002, 2012) signifies a processual perspective on the relationship between music and health as collectively performed and negotiated by agents in various settings – or, more specifically, “in relation to the agendas, artifacts, and activities of any given arena” (2012, p. 184). Our theorisation resonates with what Stige (2015) identifies as the “practice turn” in contemporary music scholarship; a shift

that has foregrounded the study of music as lived practice rather than an abstract aesthetic object, exemplified by DeNora's (2000) pioneering work on music in everyday life. Accordingly, Stige describes music therapy not only as a professional discipline but also as concerned with peoples' everyday musical practices (2012, pp. 183–4). Based on their work, we propose that the therapeutic frameworks and practices of music therapy may be expanded beyond institutional boundaries to inform DEHM, provided adequate professional guidance is maintained.

The affordances of such everyday practices, with regard to health improvement, should be carefully considered by examining the relationships between “agendas, artifacts, and activities”. For example, DEHM often involves listening on smart, mobile devices via headphones. This affords access to vast online music repertoires; playlist curation and other forms of user engagement in dialogue with automated recommendations; semi-detachment from the immediate surroundings in a self-chosen musical space; and enables the tracking of listening patterns along with other indicators, e.g. biometrics such as motion or pulse. DEHM may involve omnibus streaming services but also dedicated apps with more specific functions – for example, aimed at particular use scenarios (e.g. lean-back listening vs. active user engagement) or activities (e.g. sleep, meditation, stress relief). In turn, this makes for more specific features – such as dedicated “health music” vs. broader generic scopes, for example, onboarding instruction and user guidance and social-network functions. Not least, the characteristics of the provided music and its interface-presentation may afford various interpretive or affective responses, such as when the music incorporates cultural tropes or tracks are framed to convey a sense of personal development, wellbeing, or progression toward improved health (e.g. as steps on a journey). Different designs afford different possibilities and agendas, for example, with regard to commercial aims and conception of health and users. Still, the appropriation of affordances calls for close investigation in the context of actual usage (Stige, 2012, p. 188) to detect experiences of inclusion or marginalisation, and the consequent implications for (un)safety.

DeNora (2015) and Ansdell (2014) join Stige in advocating a situated, performative, and, more specifically, ecological view of health reaching beyond the clinic and into spheres of everyday life. In this perspective, health emerges within (or as) composite, relational systems – comprising performances, inscriptions, and experiences mediated through dynamic factors such as discourses, values, technologies (DeNora, 2015, pp. 25–28). These systems are open-ended, meaning the constitution of health – as performed, inscribed, and experienced – relies on environmental features beyond individual control. In fact, the healthy subject should in this perspective be regarded as “distributed” (Kassabian, 2013) in the sense that subjective wellbeing emerges in the co-functioning of music, listening device, the listening body, cultural tropes, social norms, diagnostic discourse, and so on – irreducible to any specific element. DEHM is thus more than the sum of its parts, formed as an assemblage (DeLanda, 2006; Deleuze & Parnet, 2002).

While DeNora makes reference to assemblage theory (2015, p. 28), in Ruud's (2020) sociology of music therapy, there is a more explicit usage to explore everyday health musicking. He suggests the field of music therapy should be approached as a rhizome, that is, with an eye to opportunities for transgressing fixed hierarchies or binaries. Practices of health musicking may be broadly conceived as arranging a milieu composed of multiple elements that only together serve a collective purpose – much in line with the suggestions by Stige, Ansdell, and DeNora. These practices do so in an open-

ended way or, to use a Deleuzian term that Ruud evokes, with the constant possibility of “lines of flight” emerging in the relational interplay of elements. In other words, if therapy is conceptually grounded in assemblage theory, it is also open to new concepts, experiences and models of becoming that relate to ethical shifts in relationality rather than, for example, the subject as the motor or locus of change. Accordingly, DEHM is also open-ended in the sense of being contingent, without being overly dependent on pre-determined outcomes (Figure 1).

For an assemblage to stabilise into a recognisable and coherent phenomenon – despite its composite and processual nature – a key distinction concerns the material and expressive roles that its elements may play (DeLanda, 2006, p. 12). Materiality ensures longevity, such as through bodily entrainment or the framing of musical events via devices (from instruments to apps) or media (from physical phonograms to play-lists). Expression, on the other hand, anchors the assemblage by drawing it into a stable point of reference through signification (much like a diagnosis that comes to stand in for a complex and dynamic life situation). Deleuze and Guattari highlight this dynamic, noting that “[t]here is a territory [which they consider ‘the first assemblage’] precisely when milieu components cease to be [...] functional to become expressive” (1987, p. 315). Assemblages, therefore, require not only matter but the meaning or intention of someone (or something) arranging the environment. This perspective aligns with DeNora’s focus on inscriptions (e.g. diagnostic labels) within the relational systems where health emerges.

Deleuze and Guattari use the concept of territory to describe how assemblages form by arranging their environments. In this respect, the stability, recognisability, and coherence of an assemblage can be understood as a matter of territorialisation – versus

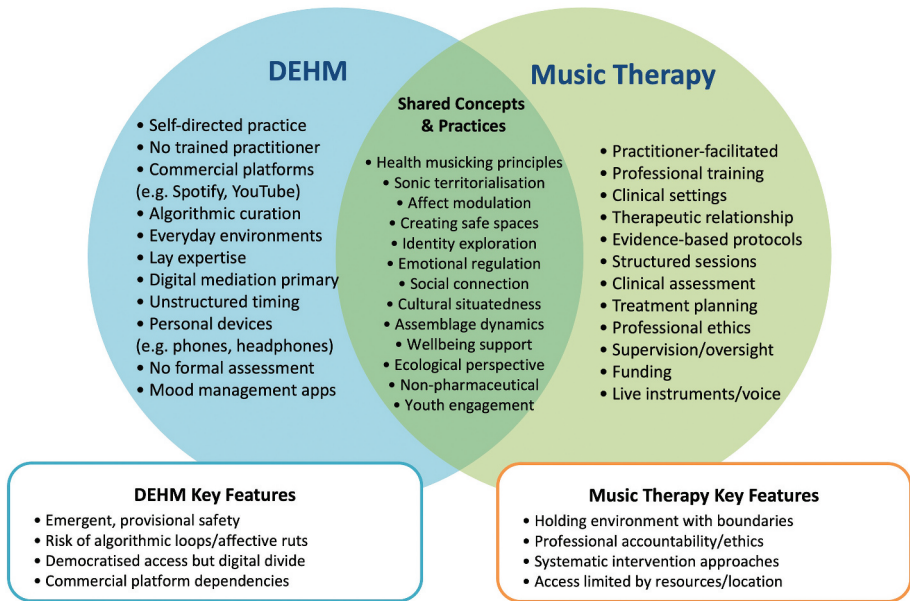


Figure 1. DEHM and music therapy: domains of practice and theoretical overlap

the opposite tendency, that is, the aforementioned open-endedness, which in Deleuzian terms would be a matter of de-territorialisation (DeLanda, 2006, p. 12). Ultimate deterritorialisation equals chaos, while complete territorialisation would mean a halt to the processual nature of life, that is, an inert state of determination or fixity. Assemblages, thus, navigate a balance between closure and openness, establishing preliminary boundaries or order amidst transgression, deformations, intensive flows, or lines of flight. In the context of DEHM, this dynamic conditions safety, as we will explore further later in the paper.

Returning to the list of elements outlined by Stige, DeNora, and Ansdell in their conceptions of everyday health musicking, we might note that different assemblages can figure in the same arena or environment, as nested or convergent arrangements. Stige's emphasis on (rivalling) agendas suggests this and, more basically, any identifiable element – for example, subject, music, site, technology – can, in principle, be regarded as environmentally assembled, and each in its own way forming an assemblage. After all, as Deleuze notes, the assemblage is “[t]he minimum real unit” (Deleuze & Parnet, 2002, p. 51). Questions of de/territorialisation thus become matters of differential flourishing: whose capacities are amplified and whose needs shape the territorial arrangement of space and resources. For example, DEHM is intended to engage and to some extent benefit participants. Yet emotionally discordant music could undermine this intent, diminishing participants' sense of being supported. Likewise, app functionalities or metrics are meant to support user intentions, for example, to establish everyday routines of mood alignment, validating identity and preference, meditation or relaxation. Yet such features may also drive unintended developments, for example, fostering a sense of forced, externally scripted progress. In such cases, participants might find themselves reduced to elements within the assemblage of DEHM, serving the musico-cultural-technological arrangement rather than having the arrangement serve their needs. In turn, this would counteract the balance of comfort, optimal arousal and socio-cultural attunement, those elements that underpin the production of safety.

### **Multiple musical spatialities – As dimensions of sonic territorialisation**

At least three types of musical spatiality can be discerned (Born, 2013, pp. 9–20). First, formalist music theory has traditionally conceived of music through spatial metaphors. Musical works are understood as enacting a space of tonal heights (pitch) and lengths (duration) where melodic figures, harmonic intervals, and rhythmic structures are positioned. Furnishing common-sense understandings of musical structure, such spatial metaphors influence the experience of music – for example, when a pop song is perceived as traversing a structured space of buildup and release articulated through verses, bridge, breakdown, choruses, and so on. Second, spatial ideas about musical structure are complemented by spatialisation in music production: the creation of acoustic space through reverb, delay, compression, panning, and more. Moreover, conventions – partly rooted in our navigation of real-world sonic environments (Clarke, 2013) – encourage source-oriented listening and, by extension, the production of a three-dimensional “performance space”, often referred to as the “sound box”, where instruments and voices are distributed laterally, by register, and by prominence in the mix (Moore & Dockwray, 2008). Again, this shapes musical experience, as

production techniques contribute to a sense of music as enacting a space that the listener can enter.

A rough juxtaposition might frame both the structural space of musical works and the spatialisation of music production as spatialities in music, while at the same time a musical event typically unfolds in space. This latter perspective suggests a third type of musical spatiality: the musicalisation of actual or imagined places, drawing on music's ability to fill space, impose moods or vibes, and drown out features of the socially construed physical soundscape or even the presence of others. We touched on this mode of spatialisation above, when noting that headphone listening via mobile devices mediates a personal listening space: a way of navigating everyday environments by soundtracking activities and retrieving into a semi-detached, but still permeable, sonic cocoon.

Reflecting on music therapy, DeNora picks up on this potential when building on Bull's (2007) seminal studies of mobile listening in urban environments to develop her concept of musical asylum: "a space, either physical or conceptual, that either offers protection from hostility", what she refers to as removal, "or, more positively, a space within which to play on/with one's environment", which she refers to as "refurnishing" (DeNora, 2015, p. 47). Bull describes urban dwellers using devices such as the iPod to manage stressful environments: noisy cities, bustling traffic, overcrowded places. Music contributes to these environments becoming habitable, furnished to the needs of individuals, via acts of sonic distancing or displacement (DeNora, 2015, p. 66). While it might be a highly individualised solution, sound "is used to actively recreate and configure the spaces of experience. Through the power of sound, the world becomes intimate, known and possessed" (Bull, 2007, p. 21). The cost of this empowerment is privatisation, which means the individual is reconfigured in a more individualist relation to their surroundings. Whilst withdrawal may be framed as a deficit, through reconceptualising the action, withdrawal may become the condition under which a young person first becomes capable of re-engagement.

This point resonates with the previous notes about young peoples' challenges in a social world where individualisation and dis-intimate social relations have only become more prominent due to online platforms, social media and neo-liberal, for example, educational, prison, and health policies. We might say today's world of environmental disaster and escalating wellbeing crisis calls even more for ways of creating inhabitable spaces – e.g. through *constructive* ways of digital musicking – compared to the conditions faced by Bull's urban dwellers.

The concept of territorialisation makes sense when considering uses of music to shape the environment. It is not that territory in the sense of Deleuze and Guattari is a spatial concept per se, as evident from the concept's close affiliation with that of assemblages (Buchanan, 2021, p. 96). Still, territories can certainly have spatial components, and the arrangement of an environment by sonic means – for example, establishing auditive borders, a sense of resonant coherence, rhythmic order, a point of intentional or expressive identification – aligns well with their concept. Accordingly, it is no coincidence that Deleuze and Guattari spend much of their chapter on territorialisation in *A Thousand Plateaus* discussing song, sound, rhythms, and is further elucidated in their chapter "Of the Refrain" (Deleuze & Guattari, 1987, ch. 11).

If we think about the previously noted spatialities in music, these figure in music's capacities for offering asylum or, in a broader sense, territorialise a particular environment. For example, the space of musical structure offers a "space without places"

(Ansdell, 2014, p. 71) that, for this reason, might be particularly efficient in terms of affording removal or disconnection from the immediate physical surroundings. Conversely, some music productions carry strong associations of socio-geographical context or locational meaning (a sense of place to their acoustic spatiality) which might affect the experience of the actual listening space – as an aesthetic filter effecting a partial deterritorialisation and reterritorialisation, underlining how sonic ordering, while enabling habitable environments, also necessarily entails processes of selection, exclusion, and constraint.

These musical spatialities function as topological dimensions in DEHM assemblages through sonic territorialisation. The association of musical spatialities with health-related practices such as that of “seeking asylum” indicates the direction we follow by exploring the concept of the safe space. Whilst our focus thus far has been on the DEHM assemblage and its affordances, the following section broadens the inquiry through the affective.

### **Affective dynamics and preliminary seizures: Safe spaces in DEHM**

The concept of safety carries strong implications of affect; not only because safety involves feelings of comfort and arousal, but also because it requires socio-cultural recognition, mutual attunement and openness, for example, shared vulnerability and possibilities for change. Deleuze helps to differentiate the two processes as being molar and minor. Molar organisation involves the structured, predictable elements; algorithmic recommendations, familiar playlists, genre categories – that provide stability and recognition; while molecular becomings emerge through unexpected sonic encounters that exceed conscious intention, opening new affective territories. For instance, a young person creating a “focus” playlist for studying to (molar organisation). During study the person might encounter a track that triggers unexpectedly deep emotional resonance, disrupting intended productivity but enabling therapeutic processing (molecular becoming).

In the Spinozist-Deleuzian tradition of affect theory, which forms an adjunct of assemblage theory, the psychological meaning of affect is reworked, positioning it as producing capacities (the ability to affect and be affected) and becoming (the processual nature of subject formation). Specific emotions can be seen as crystallisations of affect – momentary and individuated representations of broader affective flows, as elaborated by Aktas:

Affects exceed all lived experience (*tout vécu*, Deleuze, 1994, p. 164) and indicate impersonal states that underpin personal or lived experience. They have an “autonomous” existence (p. 168), liberated from the level of lived experience since the conjunctions and continuums of affects ontologically precede the world of the subject and its lived experience, including emotions. (2025, p. 7)

For young people navigating DEHM, this conceptualisation means safety cannot be reduced to comforts or predictability but involves capacity for affective transformation as the ability to encounter emotional intensity without being overwhelmed, to remain open to unexpected sonic encounters while maintaining some sense of coherence. Safety thus emerges not as protection from affect but as an enhanced capacity for *affective engagement*. Buchanan (1997) extends this perspective, arguing that affect is intrinsic to becoming, meaning that identification is not merely representational but

rather immanent – for example, one becomes (as) part of the music and the music becomes (as) part of oneself. The therapeutic use of DEHM, then, is not an act of external appreciation but a process of subjectification in which the individual and the sonic environment are co-articulated (see also Vila & Avery-Natale, 2025). Guattari articulates this process through the lens of aesthetic subjectivities, drawing on musical structures:

Just as chemistry has to purify complex mixtures to extract atomic and homogeneous molecular matter, thus creating an infinite scale of chemical entities that have no prior existence, the same is true in the “extraction” and “separation” [i.e., abstraction] of aesthetic subjectivities [affects] or partial objects, in the psychoanalytic sense, that make an immense complexification of subjectivity possible—harmonies, polyphonies, counterpoints, rhythms, and existential orchestrations, until now unheard and unknown. (Guattari, 1995, pp. 18–19)

This perspective positions DEHM not only as a dynamic site of sonic territorialisation, but as the preliminary seizure of affective flows, where the temporal and spatial dimensions of sonic interaction shape lived experience (Crooke, 2018). For young people, this means that music does not simply reflect existing emotions but helps mediate, modulate and reorganise affective states. A young person selecting music to shift from numbness toward feeling may not initially name what they feel – in contrast this illustrates the seizure enactment.

The provisionality of the affective seizure performed by sonic territorialisation means that DEHM lends itself to experimentation – to playful refurbishing (in DeNora’s terms) or tentative arrangements of music, environment and emotion in a temporary and, thus, non-binding or open-ended manner. In fact, if safety involves comfort, optimal arousal, and socio-cultural recognition, then DEHM affords the creation of a distributed experiential space where these traits can be negotiated through sonic means. Headphone listening affords the development of new relational and imaginative possibilities in relation to the environment, for excursions into the placeless space of musical structure combined with acoustic cues of spatialisation or socio-geographic or locational associations. However, additional opportunities or experimental openings come from digital platforms’ access to extensive musical repertoires, playlisting options, algorithmic recommendations, and even the opportunity to monitor listening trajectories. Each of these features expands the space for composing sonic territories, seizing affective flows in a preliminary gesture, affording self-exploration in ways that can feel non-threatening and fluid, engendering affective states with a sense of self-confirmation and -potentially.

Safety, then, is not a pre-existing condition but an emergent property of the affective arrangements (Slaby, 2019) assembled in DEHM. And when such arrangements offer participants room to explore identity and emotion without fear of judgment, they may be understood as safe spaces: provisional and relational formations that afford affective experimentation while always remaining open to change or reconfiguration. In simpler terms, safety is not something that is guaranteed by a therapist, a platform, or even music itself, it emerges from how all of these elements assemble in the moment.

Still, DEHM is not always safe. It can, as previously noted, also be disruptive, overwhelming, or dysregulating – when participants feel pressured or subdued rather than empowered by the arrangement. Sonic territorialisation in any given instance of DEHM can work against therapeutic intentions. Structural qualities of the music may produce a “tonal space” experienced as overwhelmingly dense and thus stressful.

Further, Deleuze and Guattari (1987) caution against music's power to rigidify and over-code affect toward a search for a shared identity and security, at its extreme point becoming a fascist endeavour. The act of creating a rigid secure space is described by Stewart (2020) as affective congealing of musicality into *stuckness*, "an empty pause or a dragging undertow" that constrains rather than liberates. In this sense, DEHM can afford *affective ruts*: for example, the teenager looping the same heartbreak playlist for months, deepening rather than processing grief; the anxiety sufferer whose "calming" music becomes a crutch preventing engagement with difficult emotions; algorithmic feedback loops that intensify existing moods rather than afford or mediate transformation; or schematic health routines that impose rigidity instead of experimentation.

Music's territorialising force and, indeed, the assemblage can operate in ways that feel totalising, drawing listeners into its organisational logic. When young people report being unable to study without their "focus playlist" or sleep without "8-hour ambient streams", the sonic territory has perhaps become a constrained dependency and ultimately an assemblage denying the person's potentiality. Likewise, the apparent agency of playlist curation masks how repetitive listening patterns contribute to neurochemical dependencies, dopamine hits from familiar drops, cortisol regulation through predictable progressions. DEHM thus requires critical attention to when sonic territorialisation becomes self-entrapment. The risk of fixity and reductiveness is not only an individual phenomenon but a social one. DEHM can reinforce collective constraints, stifling affective flows, producing patterns of stasis rather than health change. In extreme cases, music can become an agent of emotional withdrawal, for example, taking flight as a relationally defensive action.

DEHM, then, calls for critical attention – not as a substitute for professional music therapy, but as a complementary field where health-related potentials and risks are negotiated through quotidian sonic practices.

## **Discussion: The language and practice of DEHM**

The theoretical insights presented in this paper describe how DEHM can be conceptualised and considered in the context of wellbeing approaches. Rather than being treated as existing apart from traditional therapeutic models, we have sought to position DEHM as a potential site of affective engagement, world-making, and relational negotiation (Ansdell, 2014; Bonde et al., 2023; Ruud, 2020). By centring the concept of sonic territorialisation, we have sought to expand the reach of how music functions as a spatial, embodied, and socio-affective resource, allowing young people to construct, enter, and reconfigure environments that support their wellbeing. When facilitated through digital platforms, such autonomy risks new forms of affective enclosure, for example, influenced by data-driven personalisation in algorithmic curation (Prey, 2018), raising critical concerns about how young people's musical practices intertwine with corporate strategies and technological affordances (Drott, 2018; Hesmondhalgh, 2022). While research documents the highly diverse and often creative use of platform features – subject to users' situated needs (e.g. Hagen, 2015, 2016; Nowak, 2016) – there are also commercial and techno-scientific logics which might stifle engagements. DEHM, therefore, must embrace explorative approaches, empowering young people to critically engage with, modify, and expand their listening practices within broader relational and ecological frameworks. Without this careful

consideration, there is a risk that therapeutic interventions will either neglect DEHM or uncritically adopt it without addressing its embedded limitations.

A second major consideration is the need for a more culturally situated approach to DEHM. While music therapy has increasingly acknowledged the role of cultural context in shaping musical meaning and experience, these models do not always account for the diverse ways in which young people across different communities engage with digital music as a personalised resource for healing, identity formation, and social cohesion. For example, in many Indigenous and diasporic traditions, music is not merely an individual affective tool but a communal, intergenerational practice of resilience and continuity (Koen, 2011). Similarly, digital youth cultures often engage in forms of DEHM that are explicitly tied to political activism, social critique, and collective identity formation (Bennett & Guerra, 2019; Hesmondhalgh, 2013). Safe spaces in music therapy are therefore contingent on cultural, historical, and socio-political factors, prompting key questions: How do different communities conceptualise and experience safety as enacted in and through music? How are different forms of DEHM experienced as affecting health and wellbeing across diverse social and cultural contexts? And how can therapeutic frameworks avoid imposing Eurocentric models of music engagement that may be incompatible with the lived realities of young people in different settings? Integration here means making space for practices that young people already enact, rather than importing DEHM into institutional frameworks as managed provision and ensuring those frameworks remain responsive to listening engagement on its own terms.

While studies have explored the use of music in shaping everyday affective environments (e.g. Ansdell, 2014; DeNora, 2015; Ruud, 2020), there is a need to further such investigations at a granular and situated level in the context of DEHM. Key questions might include:

- How do young people actively curate their DEHM for therapeutic purposes – for example, to manage affective experiences and relational dynamics?
- What role does digital DEHM play in shaping affective resilience, social belonging, and world-making?
- How do different cultural and social groups conceptualise and experience sonic safety in relation to DEHM?
- What are the political, economic, and ethical implications of algorithmic influence on young people's DEHM for health and wellbeing purposes?
- How can DEHM be integrated into education, community spaces, and digital environments in ways that foster agency, inclusivity, and co-creation?

Without addressing these questions, the therapeutic use of DEHM as an adjacent practice to formal therapies risks remaining conceptually and practically fragmented, limiting its ability to fully engage with the realities of young people's lived experiences.

This highlights the need for DEHM approaches that integrate affect, assemblage, and ecological theories (Deleuze & Guattari, 1987; DeNora, 2015; Slaby, 2019), recognising wellbeing as emergent from relational, material, and social interactions rather than being reduced to changes to internal psychological states. Future research must also engage critically with the political, technological, and economic structures that

shape young people's DEHM experiences, helping DEHM to become not only a site of individual transformation but also a means of negotiating broader social and cultural dynamics.

By expanding the theoretical and empirical scope of DEHM research, we can move toward a more inclusive, dynamic, and politically engaged framework – one that recognises young people as active participants in shaping their own sonic environments and affective experiences.

## Conclusion

We have advanced a conceptualisation of DEHM that brings together ecological approaches to health and wellbeing, assemblage and affect theory, and sonic territorialisation through the lens of safe spaces. This framework acknowledges that safety remains perpetually fragile and contextually contingent, never achieved once and for all but requiring ongoing negotiation within shifting assemblages, and therefore the framework recognises DEHM not as peripheral to therapeutic practice but as an important addition to the therapeutic practice in terms of how young people can be supported to actively develop and navigate their emotional, social, and cultural realities – particularly as music therapy itself continues to evolve beyond clinical boundaries toward community-engaged, inclusive approaches.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

This research received funding from the Danish Sound Cluster Grant.

## Acknowledgements

This paper was developed as part of the funded project “SoundWheel Project: Usage, wellbeing and user engagement”, with a grant from Danish Sound Cluster. We are grateful to Kristian Humaidan and Noa Grønhøj whose support with the project and feedback were instrumental in shaping this work. Further, we thank Max Ryz for insights from his music therapy practices.

## Notes on contributors

*Dominik Havsteen-Franklin* is an internationally recognised leader in arts therapies, integrating creative methodologies into healthcare, education, psychosocial research, and ethical frameworks. His work explores mentalisation-based art therapy, participatory digital arts, wellbeing measurement, and interdisciplinary interventions for social impact, underpinned by a strong commitment to ethics, social justice, and philosophical inquiry. He has played a central role in influencing mental health policy, professional training, and evidence-based arts practices globally, with a particular focus on the theorisation of therapeutic processes and their broader societal implications. As Vice President of the European Federation of Art Therapy, he fosters cross-sector collaborations, developing innovative frameworks for understanding the intersection of arts, psychology, wellbeing, and the philosophical dimensions of care, relationship, and the human experience.

**Mads Krogh** is Associate Professor of Popular Music Culture at Aarhus University, Denmark. Mads' research centers on popular music culture and, particularly, issues of genre, mediation and practice. I have pursued these interests in publications on Danish and Scandinavian hip-hop culture, issues of globalisation and localisation, musical censorship, format radio, artistic agency and music as a material practice combining inspirations from cultural sociology, assemblage, affect, and actor-network theory. His research explores issues of genre, mediation, and practice combining inspiration from cultural sociology, assemblage, affect, and actor-network theory. In recent years, he has been particularly concerned with genre formation and classificatory practices in digital contexts of musical life. He is co-editor of six books, including *Music Radio: Building Communities, Mediating Genres* (Bloomsbury, 2019) and *Methodologies of Affective Experimentation* (2022).

## References

- Aktas, A. (2025). Was Spinoza a Deleuzian? Rethinking the politics of emotions and affects. *Theory Culture and Society*, 1–20 02632764241301334. <https://doi.org/10.1177/02632764241301334>
- Ansdell, G. (2014). *How music helps in music therapy and everyday life*. Routledge.
- Arao, B., & Clemens, K. (2023). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L. M. Landreman (Ed.), *The art of effective facilitation* (pp. 135–150). Routledge.
- Batt-Rawden, K. B. (2018). The fellowship of health musicking: A model to promote health and well-being. In L. O. Bonde & T. Theorell (Eds.), *Music and public health: A Nordic perspective* (pp. 215–235). Springer International Publishing.
- Beck, U. (1992). *Risk society: Towards a new modernity*. Sage Publications.
- Beckmann, H. B. (2013). Music, adolescents and health: Narratives about how young people use music as a health resource in daily life. In L. O. Bonde, E. Ruud, M. S. Skånland, & G. Trondalen (Eds.), *Musical life stories: Narratives on health musicking* (pp. 95–116). Norges Musikkhøgskole.
- Bennett, A., & Guerra, P. (Eds.). (2019). *DIY cultures and underground music scenes*. Routledge.
- Blakemore, S. J. (2008). The social brain in adolescence. *Nature Reviews Neuroscience*, 9(4), 267–277.
- Bonde, L. O., Stensæth, K., & Ruud, E. (2023). *Music and health - a comprehensive model*. Department of Communication and Psychology, Aalborg University.
- Born, G. (2013). Introduction - music, sound and space: Transformations of public and private experience. In G. Born (Ed.), *Music, sound and space: Transformations of public and private experience* (pp. 1–70). Cambridge University Press.
- Braidotti, R. (2022). Critique, power, and the ethics of affirmation. In C. Thomas & M. Viola (Eds.), *Throwing the moral dice: Ethics and the problem of contingency* (pp. 145–161). Fordham University Press.
- Buchanan, I. (1997). The problem of the body in Deleuze and Guattari, or, what can a body do? *Body & Society*, 3(3), 73–91. <https://doi.org/10.1177/1357034X97003003004>
- Buchanan, I. (2021). *Assemblage theory and method*. Bloomsbury Academic.
- Bull, M. (2007). *Sound moves: iPod culture and urban experience*. Routledge.
- Campbell, F., Blank, L., Cantrell, A., Baxter, S., Blackmore, C., Dixon, J., & Goyder, E. (2022). Factors that influence mental health of university and college students in the UK: A systematic review. *BMC Public Health*, 22(1), 1778. <https://doi.org/10.1186/s12889-022-13943-x>
- Clarke, E. F. (2013). Music, space and subjectivity. In G. Born (Ed.), *Music, sound and space: Transformations of public and private experience* (pp. 90–110). Cambridge University Press.
- Crooke, A. H. D. (2018). Music technology and the hip hop beat making tradition: A history and typology of equipment for music therapy. *Voices: A World Forum for Music Therapy*, 18(2). <https://doi.org/10.15845/voices.v18i2.996>
- DeLanda, M. (2006). *A new philosophy of society: Assemblage theory and social complexity*. Bloomsbury Academic.
- Deleuze, G. (1994). *Difference and repetition* (P. Patton, Trans.). Columbia University Press.
- Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. University of Minnesota Press.
- Deleuze, G., & Parnet, C. (2002). *Dialogues II* (2nd ed.). Continuum.
- DeNora, T. (2000). *Music in everyday life*. Cambridge University Press.

- DeNora, T. (2015). *Music asylums: Wellbeing through music in everyday life*. Routledge.
- Drott, E. A. (2018). Music as a technology of surveillance. *Journal of the Society for American Music*, 12(3), 233–267. <https://doi.org/10.1017/s1752196318000196>
- Elliott, D. J., & Silverman, M. (2012). Why music matters: Philosophical and cultural foundations. In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, health, and wellbeing* (pp. 26–39). Oxford University Press.
- Erikson, E. H. (1968). *Identity youth and crisis*. WW Norton & company (No. 7).
- Frid, E., & Ilsar, A. (2021, June). Reimagining (accessible) digital musical instruments: a survey on electronic music-making tools. International conference on new interfaces for musical expression (NIME). <https://doi.org/10.21428/92fbeb44.c37a2370>
- Grosz, E. (2008). *Chaos, territory, art: Deleuze and the framing of the earth*. Columbia University Press.
- Guattari, F. (1995). *Chaosmosis: An ethico-aesthetic paradigm*. Indiana University Press.
- Hagen, A. N. (2015). The playlist experience: Personal playlists in music streaming services. *Popular Music and Society*, 38(5), 625–645. <https://doi.org/10.1080/03007766.2015.1021174>
- Hagen, A. N. (2016). Music streaming the everyday life. In R. Nowak & A. Whelan (Eds.), *Networked music cultures - contemporary approaches, emerging issues* (pp. 227–245). Palgrave Macmillan.
- Hesmondhalgh, D. (2013). *Why music matters*. Wiley Blackwell.
- Hesmondhalgh, D. (2022). Streaming's effects on music culture: Old anxieties and new simplifications. *Cultural Sociology*, 16(1), 3–24. <https://doi.org/10.1177/17499755211019974>
- Holley, L. C., & Steiner, S. (2005). Safe space: Student perspectives on classroom environment. *Journal of Social Work Education*, 41(1), 49–64. <https://doi.org/10.5175/JSWE.2005.200300343>
- hooks, b. (2014). *Teaching to transgress*. Routledge.
- Kassabian, A. (2013). *Ubiquitous listening: Affect, attention, and distributed subjectivity*. University of California Press.
- Kinsella, C. (2021). The impact of COVID-19 lockdown restrictions on community music-making in the UK: Technology's potential as a replacement for face-to-face contact. *Journal of Music, Health and Wellbeing*, Autumn, 2021, 1–19. <http://www.musichealthandwellbeing.co.uk/>
- Koen, B. D. (2011). Music-prayer-meditation dynamics in healing. In B. D. Koen (Ed.), *The Oxford handbook of medical ethnomusicology* (pp. 455–478). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199756261.013.0020>
- Kroger, J., Martinussen, M., & Marcia, J. E. (2010). Identity status change during adolescence and young adulthood: A meta-analysis. *Journal of Adolescence*, 33(5), 683–698. <https://doi.org/10.1016/j.adolescence.2009.11.002>
- Krogh, M. (2022). Experimentation in and with the stream: Music, mood management and affect. In B. T. Knudsen, M. Krogh, & C. Stage (Eds.), *Methodologies of affective experimentation* (pp. 117–138). Springer International Publishing.
- McGorry, P., Gunasiri, H., Mei, C., Rice, S., & Gao, C. X. (2025). The youth mental health crisis: Analysis and solutions. *Frontiers in Psychiatry*, 15, 1517533. <https://doi.org/10.3389/fpsy.2024.1517533>
- Moore, A. F., & Dockwray, R. (2008). The establishment of the virtual performance space in Rock. *Twentieth-Century Music*, 5(2), 219–241. <https://doi.org/10.1017/S1478572209990065>
- Nowak, R. (2016). *Consuming music in the digital age: Technologies, roles and everyday life*. Palgrave Macmillan.
- Papinczak, Z. E., Dingle, G. A., Stoyanov, S. R., Hides, L., & Zelenko, O. (2015). Young people's uses of music for well-being. *Journal of Youth Studies*, 18(9), 1119–1134. <https://doi.org/10.1080/13676261.2015.1020935>
- Podolan, M., & Gelo, O. C. G. (2023). The functions of safety in psychotherapy: An integrative theoretical perspective across therapeutic schools. *Clinical Neuropsychiatry*, 20(3), 193–204. <https://doi.org/10.36131/cnfiortieditore20230304>
- Prey, R. (2018). Nothing personal: Algorithmic individuation on music streaming platforms. *Media Culture & Society*, 40(7), 1086–1100. <https://doi.org/10.1177/0163443717745147>
- Rom, R. B. (1998). 'Safe spaces': Reflections on an educational metaphor. *Journal of Curriculum Studies*, 30(4), 397–408. <https://doi.org/10.1080/002202798183549>
- Ruud, E. (2013). Can music serve as a 'cultural immunogen'? An explorative study. *International Journal of Qualitative Studies on Health and Well-Being*, 8(1), 20597. <https://doi.org/10.3402/qhw.v8i0.20597>
- Ruud, E. (2020). *Toward a sociology of music therapy*. Barcelona Publishers.

- Sammer-Schreckenthaler, S., Lagetto, G., Unterrainer, H. F., & Gelo, O. C. (2025). Specific and common therapeutic factors in psychodynamic psychotherapy for children and adolescents: An overview. *Frontiers in Psychology*, 16, 1525849. <https://doi.org/10.3389/fpsyg.2025.1525849>
- Siles, I., Segura-Castillo, A., Sancho, M., & Solís-Quesada, R. (2019). Genres as social affect: Cultivating moods and emotions through playlists on Spotify. *Social Media*, 5(2). <https://doi.org/10.1177/2056305119847514> *Society* 5(2).
- Skånland, M. S. (2013). Everyday music listening and affect regulation: The role of MP3 players. *International Journal of Qualitative Studies on Health and Well-Being*, 8, 20595. <https://doi.org/10.3402/qhw.v8i0.20595>
- Slaby, J. (2019). Affective arrangement. In J. Slaby & C. V. Scheve (Eds.), *Affective societies - key concepts* (pp. 109–118). Routledge.
- Spiro, N., & Himberg, T. (2016). Analysing change in music therapy interactions of children with communication difficulties. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 371(1693), 20150374. <https://doi.org/10.1098/rstb.2015.0374>
- Stewart, K. (2020). *Ordinary affects*. Duke University Press.
- Stige, B. (2002). *Culture-centered music therapy*. Barcelona Publishers.
- Stige, B. (2012). Health musicking: A perspective on music and health as action and performance. In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, health, and wellbeing* (pp. 184–195). Oxford University Press.
- Stige, B. (2015). The practice turn in music therapy theory. *Music Therapy Perspectives*, 33(1), 3–11. <https://doi.org/10.1093/mtp/miu050>
- Viega, M. (2014, June). Listening in the ambient mode: Implications for music therapy practice and theory. *Voices: A world forum for music therapy* 14(2). <https://doi.org/10.15845/voices.v14i2.778>
- Vila, P., & Avery-Natale, E. (2025). Assemblages and identitarian articulations. *Subjectivity*, 32(3), 192–220. <https://doi.org/10.1057/s41286-025-00220-6>
- Winnicott, D. W. (1986). The theory of the parent-infant relationship. In P. Buckley (Ed.), *Essential papers on object relations* (pp. 233–253). New York University Press.
- World Health Organization. (2022). World mental health report: Transforming mental health for all.