

Lesley University

DigitalCommons@Lesley

Expressive  
Therapie[https://digitalcommons.lesley.edu/cgi/  
myaccount.cgis](https://digitalcommons.lesley.edu/cgi/myaccount.cgis) Capstone Theses

Graduate School of Arts and Social Sciences  
(GSASS)

Summer 9-15-2024

## Empowering Children with Music Therapy: Trauma Narrative Songwriting

Deborah Hudson

Lesley University, [dhudson4@lesley.edu](mailto:dhudson4@lesley.edu)

Follow this and additional works at: [https://digitalcommons.lesley.edu/expressive\\_theses](https://digitalcommons.lesley.edu/expressive_theses)



Part of the [Social and Behavioral Sciences Commons](#)

### Recommended Citation

Hudson, Deborah, "Empowering Children with Music Therapy: Trauma Narrative Songwriting" (2024).  
*Expressive Therapie*<https://digitalcommons.lesley.edu/cgi/myaccount.cgis> Capstone Theses. 901.  
[https://digitalcommons.lesley.edu/expressive\\_theses/901](https://digitalcommons.lesley.edu/expressive_theses/901)

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapie<https://digitalcommons.lesley.edu/cgi/myaccount.cgis> Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact [digitalcommons@lesley.edu](mailto:digitalcommons@lesley.edu), [cvrattos@lesley.edu](mailto:cvrattos@lesley.edu).

**Empowering Children with Music Therapy:**

**Trauma Narrative Songwriting**

Deborah Hudson

Department of Expressive Therapies, Lesley University

GEXTH-7107: Thesis Seminar

Kelvin Ramirez, Ph.D., ATR-BC, LCAT

July 24, 2024

### **Abstract**

This capstone thesis explored trauma narrative songwriting as a music therapy intervention for children with trauma. The literature reviewed sought to understand how music therapy helps children with trauma regulate their emotions, process heightened emotional states, practice social skills, build self-esteem, and support identity development. After reviewing the literature, the researcher noted a lack of research in using trauma narrative songwriting to foster feelings of empowerment in children. This capstone thesis explored if trauma narrative songwriting could expand expression and foster feelings of empowerment for 2 able-bodied, cisgendered African American children with a trauma history in an elementary school setting. This method used improvisation and trauma narrative songwriting. Feelings of empowerment were measured by researcher observation and inductive and thematic analysis. Results from the inductive analysis showed themes of affect regulation, increased expression, and feelings of empowerment in both the melody and lyrical compositions. This method can be applied to music therapy work with children who have experienced trauma. Considerations for future researchers are explored to understand how music therapy can benefit children who have experienced trauma and help them author new stories.

*Keywords:* Narrative therapy, Songwriting, Music therapy, Trauma-informed care, Trauma narrative, Song narrative

*The author identifies as a straight, White, cis-gendered woman from Virginia of mixed European ancestry.*

## **Introduction**

Trauma narrative songwriting is a term that emerged in formulating this capstone thesis. It combines two approaches: the trauma narrative in narrative therapy (Brown & Augusta-Scott, 2006) and songwriting as an intervention in music therapy (Shuman et al., 2022). The trauma narrative refers to a creative technique where the client can externalize their trauma through storytelling or songwriting (Shuman et al., 2022). Trauma narrative songwriting allows an individual to evaluate and re-frame their trauma narrative through song (Shuman et al., 2022) in a process in narrative therapy called re-authoring (Brown & Augusta-Scott, 2006).

This capstone thesis aimed to understand how trauma narrative songwriting might expand expression for two 7-year-old able-bodied cisgendered African American children in a public elementary school. The participants included one child diagnosed with attention-deficit hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), and disruptive mood dysregulation disorder (DMDD) (participant 1) and one child diagnosed with autism who has experienced the traumatic death of a family member (participant 2).

This qualitative study is salient in that it explores creative techniques to address trauma in children. Creative techniques can sometimes be more effective than traditional talk therapy in helping children process trauma because they offer non-verbal processing and can be less threatening or invasive (Cruz et al., 2022).

A vast majority of the literature reviewed focused on how music therapy, in general, can promote emotional regulation (Gold et al., 2018), teach social skills (Abdul & Asep, 2021), and assist with identity formation (Mitchell, 2021). However, the literature was limited in exploring how trauma narrative songwriting could expand expression in children. It was the hope of this capstone thesis to learn how trauma narrative songwriting might help children feel more

empowered over their trauma narrative. It is recommended that future researchers consider multicultural awareness, diagnostic narratives, systemic trauma, and the potential harm of music when formulating a method. It is also recommended that future researchers consider using quantitative data, as there is a lack in music therapy literature, and explore multimodal approaches, such as dance and movement therapy, to address the embodiment of trauma (van, d. K., 2014).

## **Literature Review**

### **Trauma in Children**

Trauma in children can be particularly debilitating (Rampersaud et al., 2022). According to Cruz et al. (2022), “Children are more likely than adults to lack the cognitive and behavioral capacities to understand and respond to traumatic circumstances effectively,” (p. 1). Of particular concern, suicidal ideation or enactment is at an all-time high in adolescents who have experienced trauma (Cruz et al., 2022). It is important to note that the effects of trauma are individualized. This means that both the extent and the subjective meaning of the trauma contribute to the child’s trauma narrative (SAMHSA, 2014).

In general, trauma exposure has been correlated with lower HRV (dos Santos Oliveira et al., 2013), accelerated aging (Jovanovic et al., 2017; Rampersaud et al., 2022), cardiovascular disease, premature mortality, depression, anxiety, posttraumatic stress disorder (Bahari et al., 2021; Murali & Chen, 2005), and alterations of brain volumes and cortical areas (Hoare et al., 2020).

Conversely, music therapy can help children mitigate and cope with the negative impacts of trauma. Music therapy is the clinical and evidence-based use of music interventions to achieve

treatment goals within a therapeutic relationship by a credentialed professional who has received an approved education in music therapy (American Music Therapy Association, 2005).

### **Systemic Trauma Considerations**

Not only can trauma be experienced personally, but it can be experienced collectively due to systemic injustice, such as police brutality or unequal access to healthcare based on identifying factors, such as gender, ethnicity, or ability (Baines, 2021). Systemic trauma (Baines, 2021) is not always reported or addressed in the diagnostic process, though it should always be considered as part of a trauma-informed approach (SAMHSA, 2014). Scrine (2021) discussed sociopolitical trauma experienced by children and offered hip-hop writing as a form of counter-storytelling to promote collective social and political action. Scrine (2021) also noted that music therapy interventions can sometimes disrupt and reinforce vulnerability for children who have experienced sociopolitical trauma. They mentioned that others believe the focus on grit and tenacity can minimize the conditions under which the child was harmed (Scrine, 2021).

Scrine (2021) went on to posit that this obscurity of sociopolitical trauma can detract from the political and social justice that needs to take place. As a result, this places undue responsibility on the child (Scrine, 2021). Additionally, children are often praised for adapting to their traumatic experiences (Scrine, 2021). Therefore, children may then take on sociopolitical trauma as part of their identity or narrative, forming a sociopolitical identity (Baines, 2021). These sociopolitical narratives should be explored in the therapeutic relationship to determine how much this narrative aligns with the clients' present values and self-defined identity narrative (Brown & Augusta-Scott, 2006).

### **Identifying with Diagnostic Narratives**

As presented, children may identify with sociopolitical trauma narratives (Baines, 2021). Children may also identify with diagnostic narratives. With the understanding that diagnoses are not labels, children may take on a trauma-related diagnosis as part of their identity. For some, identifying with a trauma narrative can be empowering, while for others, it can be disempowering (Brown & Augusta-Scott, 2006). Music therapy may help children identify this narrative, and through songwriting it can become re-framed in a way that helps them feel empowered over their past narratives. For some, this may involve identifying with their diagnosis to feel empowered, and for others it may involve shedding the label and writing a new narrative altogether (Brown & Augusta-Scott, 2006).

With the awareness that each diagnosis carries a narrative, it is necessary to understand that there is a variety of trauma-related diagnoses beyond PTSD. With each diagnosis comes a potential narrative which a child could adopt, distort, avoid, or shed. Some of these trauma-related diagnoses include reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder and adjustment disorder (p. 289, American Psychiatric Association, 2013). Many of the symptoms for these disorders overlap with one another (American Psychiatric Association, 2013), which can lead to misdiagnosis.

Misdiagnosis may lead a child to feel troubled about their psychological makeup, or about their sociopolitical or diagnostic identity. Thus, it is imperative that children are thoroughly assessed and re-assessed as they develop to monitor developing or changing diagnoses (American Psychiatric Association, 2013). One of the participants in this method experienced identity confusion surrounding shifting diagnostic labels. While this was not explored in this capstone thesis, diagnostic identity confusion may be considered by future researchers.

In other cases, children may have a mental health disorder that cannot be diagnosed until late adolescence or early adulthood (American Psychiatric Association, 2013). Thus, some children are diagnosed with a trauma-related disorder when there may be a personality disorder or a mood disorder (American Psychiatric Association, 2013).

Alternatively, children may be diagnosed with a behavioral disorder, such as oppositional defiant disorder (ODD), when there may in fact be unreported trauma that would change the diagnosis (American Psychiatric Association, 2013). Additionally, trauma can induce other mental health disorders, such as learning disabilities, attention-deficit hyperactivity disorder, depressive disorders, and anxiety disorders (American Psychiatric Association, 2013). These each accompany their own narratives and social stigmatizations. Narrative songwriting may help to deconstruct these stigmatizations and help the child to re-construct chosen narratives (Brown & Augusta-Scott, 2006).

### **Narratives in Differential Diagnosis**

When trauma is reported, but symptomologies overlap with another diagnosis, the evaluator must perform a differential diagnosis (American Psychiatric Association, 2013). Differential diagnosis asks, “Are the child’s symptoms a manifestation of diagnosis A or diagnosis B?” A common differential diagnosis performed in educational systems is between attention-deficit hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013). ADHD is characterized by a pattern of inattentiveness, often with hyperactivity, and sometimes with concurrent impulsivity, which often causes difficulties in learning, behavior management, interpersonal relationships, and socialization (Jackson, 2003, p. 303).



PTSD is brought on by exposure to a highly stressful and potentially life-threatening event. The symptoms of PTSD are persistent and intrusive thoughts, hyperarousal, deliberate avoidance of trauma reminders, and alterations to conscious awareness (i.e., dissociation, derealization, and depersonalization) (Cruz et al., 2022, p. 2).

If trauma exists but goes unreported, dissociation in PTSD (Cruz et al., 2022) could be perceived as inattentiveness in ADHD (Jackson, 2003). A trauma-induced learning disorder (American Psychiatric Association, 2013) could be perceived as difficulties in learning, as in ADHD (Jackson, 2003). Hyperarousal following trauma (Cruz et al. 2022) could be perceived as hyperactivity in ADHD (Jackson, 2003). Deliberate avoidance of trauma reminders in PTSD (Cruz et al. 2022) could be interpreted as behavioral management issues, as in ADHD (Jackson, 2003).

Therefore, a diagnosis of ADHD could result in a vastly different narrative than a child diagnosed with PTSD. A child diagnosed with both ADHD and PTSD may find difficulty knowing which diagnosis to identify with, if any. It should not be assumed that a diagnosis is accurate. Whatever the diagnosis, the narrative therapy approach posits that it can sometimes contribute to the client's self-deprecating narrative (Brown & Augusta-Scott, 2006). Based on the foundation of social constructionism, narrative therapy encourages the client to deconstruct these assumptions imposed on them by society (Baines, 2021).

To accommodate overlapping symptoms, misdiagnosis, unidentified sociopolitical trauma, and unreported personal trauma, clinicians should take a trauma-informed approach with every client (SAMHSA, 2014). According to Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed approach understands the impacts of psychological trauma, recognizes signs and symptoms, and integrates knowledge into policies

and practices. Trauma-informed care provides sensitivity and sanctuary from harm (SAMHSA, 2014).

### **Music Therapy and Trauma**

Music therapy may provide sanctuary from harm (SAMHSA, 2014). In general, music therapy research shows improvements in stress and anxiety (Aggarwal, 2021), self-efficacy, self-esteem (Abdul & Asep, 2021), emotional regulation (Gold, et al. 2018), sense of belonging, relationship skills (Shuman, et al. 2022), positive play and interaction with others (Abdul & Asep, 2021), self-acceptance, acceptance from others, task completion, decision-making, self-control, self-awareness, mood enhancement, and problem-solving (Abdul & Asep, 2021 p. 100). Music therapy has also been associated with significant increases in the positive emotion index, happiness index, mental toughness, goal focus, and the interpersonal assistance factor (Li, 2022).

Physiological benefits of music therapy include improved information processing (Ellis & Thayer, 2010); levels of serum prolactin and oxytocin, levels of cortisol (Grape, et al. 2003); memory (Jackson, 2003); improved heart rate variability (HRV) and parasympathetic nervous system activity (Ellis & Thayer, 2010); healthy attachment and overall sense of well-being (Grape et al., 2003).

Music therapy research has investigated non-verbal processing for children that struggle to express traumatic content. This is known as alexithymia, or the inability to verbalize traumatic content (McFerran et al., 2022). A music therapy technique to accommodate alexithymia is the song narrative (Pastor et al., 2022). According to Pastor et al. (2022), song narrative is a technique in songwriting where the lyrics are sung with a limited melodic range in a rhythmic chant form. A chordal harmonic progression can support the lyrics, and the lyrics are performed in a type of ‘spoken song,’ called Sprechgesang (Pastor et al., 2022). While the song narrative

explores the therapeutic process of songwriting, it does not offer the participant freedom to sing in any style, rhythm, or variation, as is offered in this method.

Another music therapy technique to accommodate alexithymia is rhythm-based songwriting (McFerran et al. 2022). Rhythm-based interventions have been used specifically for nonverbal clients to process emotions associated with traumatic experiences (McFerran et al., 2022). Through this technique, the client can externalize and express their trauma narrative through rhythm, rather than speaking the unspeakable (McFerran et al., 2022). A third songwriting technique in music therapy to accommodate alexithymia is melody composition (Aldridge & Aldridge, 2008). This allows the client to express the trauma narrative harmonically without lyrics or vocalization (Aldridge & Aldridge, 2008). While both rhythmic and melodic composition have been investigated independently, these methods do not offer freedom of choice to express through any means, whether rhythmic, melodic, or lyrical.

Though limited, there has been research on how freedom of expression through music performance can help children profess their trauma narratives, increase self-efficacy through risk-taking, promote social egalitarianism, and form personal and social identities (Mitchell, 2021). Specifically, a police officer was able to gain more understanding into the traumatic experiences behind a youth he arrested through witnessing his original rap (Mitchell, 2021). Like this capstone thesis, this study offered the therapeutic benefits of witnessing, being witnessed, and freedom of expression through rhythmic, melodic, or lyrical means (Mitchell, 2021). However, this study by Mitchell (2021) pertained to performance of the trauma narrative, rather than the process of songwriting.

There are four main musical experiences that have their own therapeutic benefits: composing, listening, improvising, and re-creating (Pastor et al., 2022). Songwriting is a form of

composing in music therapy that helps to externalize the problem while processing through it (Pastor et al., 2022). Composing has been shown to help children to distract, to have fun and feel safe, to increase empathy and acceptance, and to facilitate sharing of trauma (McFerran et al., 2022). Composing has also been associated with physiological regulation; entraining through co-regulation; exploration through emotional regulation; and performing through self-regulation (McFerran et al., 2022).

Songwriting as a music therapy intervention may help facilitate life review, increase self-expression, develop, and redevelop cognitive abilities, develop communication skills, and promote catharsis (Pastor et al., 2022). Songwriting can help communicate messages to loved ones, record positive memories, foster self-motivation, affirm, encourage, and validate the emotional journey, while the music therapist plays the role of facilitating agency and ownership (Pastor et al., 2022).

In each musical experience (composing, listening, improvising, and re-creating), the act of mirroring back the participant's songwriting selections can activate the client's empathy and increase the likelihood that they will experience empathy themselves (Overy & Molnar- Szakacs, 2009). This allows for the process of sharing and witnessing trauma narratives, a key element in narrative therapy (Brown & Augusta-Scott, 2006).

### **Trauma and Multi-Modal Considerations**

While music therapy may be effective in processing trauma on its own, integrating music with other modalities can allow more avenues for the client to express themselves through a more embodied experience (Shuman et al., 2022). Trauma can be stored in the body (van d. K., 2014) and can cause physical ailments or manifestations, such as headaches, digestive issues, issues with appetite, and poor sleep patterns (van d. K., 2014). When trauma is internalized,

dance and movement can be effective interventions for children to physically release the trauma stored in their body (Shuman et al. 2022). Through physical and emotional release, a sense of empowerment over the traumatic event can emerge, and the client can begin to write new narratives. While the method in this capstone thesis was not multi-modal, future researchers should explore multi-modal approaches to treating children with trauma to address embodied trauma.

Dance and movement interventions can be combined with narrative songwriting, during which the child creates a story about their life through dance or movement (Shuman et al., 2022). Through integration of body and mind, children can experience physical release, relaxation through yoga, positive body image, increased body esteem, self-awareness, social awareness, and can practice physical boundaries (Shuman et al., 2022). In this study, when music was combined with art interventions, clients experienced a reduction in trauma-related symptoms through themes, textures, sensations, and role-play with superheroes (Shuman et al., 2022).

### **Summary of the Literature Reviewed**

It has been explored that diagnostic or sociopolitical labels may sometimes result in feelings of empowerment, while for others, it may limit self-belief and become a potential barrier in treatment (Brown & Augusta-Scott, 2006). Overall, the literature has described how childhood trauma is associated with accelerated aging (Jovanovic et al., 2017; Rampersaud et al., 2022), cardiovascular disease, premature mortality, depression, anxiety, posttraumatic stress disorder (Bahari et al., 2021; Murali & Chen, 2005), low HRV (dos Santos Oliveira, 2023), and alterations of brain volumes and cortical areas (Hoare et al., 2020).

Conversely, it has been described in the literature review how music therapy may be an effective intervention for children with trauma. The literature reviewed identified the application

of music therapy to support children's emotional health (Aggarwal, 2021), address memory and attachment (Grape et al. 2003), promote emotional regulation, explore traumatic content nonverbally (McFerran et al. 2022), encourage physical release of trauma stored in the body (Shuman et al., 2022), and how narrative therapy can help re-frame trauma narratives (Brown & Augusta-Scott, 2006).

### **Methods**

This method included two 7-year-old participants. Sessions were conducted at a public elementary school in Virginia. This method was offered 3 months into therapeutic day treatment services, so rapport and trust had been established for both participants. Both participants had individualized treatment plans, goals, and objectives. Participant 2 in this method was referred to therapeutic day treatment services by the school counselor to address socio-emotional needs in the school setting, mainly physical aggression, self-harm, and difficulty communicating his needs effectively. Participant 1 was referred to therapeutic day treatment services by her guardian for refusing directions, emotional dysregulation, and poor boundaries with adults and peers. Participants were selected by convenience sample at the researcher's graduate internship site. Sessions lasted 15-20 minutes each, and participants were seen individually to maintain confidentiality of traumatic material. This method was selected given the need for more research regarding music therapy for trauma and was inspired by the participants.

Participant 1 identifies as female and was diagnosed with developmental mood dysregulation disorder (DMDD). She is kind, warm, overly trusting, expressive, outgoing, and anxiously attached. This impacts her functioning in the school environment as fear of scarcity, anxious attachment, protest behaviors when separated from safe adults, inappropriately touching peers, and hoarding food and belongings. She prefers the contemporary Christian music genre

and enjoys singing individually or in a group of people. Themes in her music preference include transformation, sacrifice as love, and the concept of a savior.

Participant 2 identifies as male and was diagnosed with autism, which manifests at school as lack of impulse control with peers (i.e., hitting, kicking, yelling, biting), refusing directions, head-banging, elopement, and difficulty with communication. He is kind, loving, expressive, and his thought content is incoherent due to a flight of ideas. Though he struggles with communication, he sings in a flow of consciousness and exhibits a sense of relief in expressing his thoughts through song, as evidenced by softened facial muscles, smiling, and sighs of relief.

Though his physical aggression was attributed to his autism diagnosis, it is possible that he was instead re-creating traumatic experiences to regain a sense of control and dominance. This participant prefers pop, rap, and rhythm and blues genres. He is fixated on themes of violence and horror, has nightmares daily, and often draws or paints violent images. It could be interpreted that the participant's fixation on violence stems from the traumas he has encountered.

Reactions were recorded in written format and did not include video or audio samples to protect confidentiality. As used in the RSP model (Myers-Coffman, et al. 2020), each session was designated as session 1, session 2, and session 3. Presentation of affect, mood, body language, and engagement throughout the session was recorded. Participant reactions to the intervention, assessment of presentation before and following the intervention, and self-report of the experience were detailed in a private journal, locked in a filing cabinet.

To delineate the information gathered, the researcher wrote both process and progress notes following each intervention. Process notes allowed the researcher to reflect on any transference or countertransference and to analyze participant reactions, responses, and themes.

Progress notes allowed the researcher to record which therapeutic goals were addressed and detailed progress and lack of progress in treatment goals for each participant.

Within the process notes, the researcher recorded any multicultural questions, concerns, or considerations that emerged, as the researcher approached from a position of White privilege. For example, the researcher experienced countertransference in the form of anticipating a lack of trust from participant 2 due to ethnic and gender differences, which turned out to be an incorrect assumption. These thoughts and feelings were recorded in a private journal, locked in a filing cabinet. The researcher further processed these thoughts and feelings in clinical supervision.

After recording the process and progress notes, themes were identified and extracted through thematic analysis. Once extracted, meaning was attributed to the themes and the information was consolidated. The meanings attributed were theoretical and by no means definitive.

## **Procedure**

The researcher utilized these steps for using songwriting as a method: offer songwriting, choose a topic, brainstorm the ideas that emerged, group them into related areas, offer major or minor keys, choose rhythmic features, find the preferred style, choose between two melodic fragments, choose the accompaniment, and select a title (Pastor et al. 2022, p. 39).

First, the researcher received verbal consent that the participant would like to engage in songwriting. Next, the topic of trauma narrative was selected. Then, the researcher used guitar improvisation to brainstorm major and minor keys. Once the key was selected, the researcher played two chords back and forth in a holding pattern to promote attunement to the melody (Bruscia, 1998). While playing the holding pattern, the researcher and participant began to



explore rhythmic features. The researcher offered different strumming styles (i.e., fingerpicking or ballad strum).

Once the strumming style was selected, the researcher and participant explored two melodic fragments, one in a minor key and one in a major key. Once the participant selected the preferred melodic fragment, the researcher and participants used vocal improvisation to compose the lead vocals and lyrics. After the composition was complete, the researcher and participant played and sang the entire composition through to ensure it was satisfactory. Then, the researcher and participant selected a title. Lastly, the researcher recorded each selection in a journal, notating rhythmic features, style, lyrics, lead vocals, and chord progressions.

For the first session with participant 1, lyric replacement was used to help her feel less intimidated by the songwriting process and to build her self-efficacy in songwriting. The replacement aspect intentionally reflected the narrative therapy process of re-authoring (Brown & Augusta-Scott, 2006). For the first session with participant 2, lyric replacement was not necessary, as he approached the songwriting process confidently without hesitation.

The second session functioned as the next episode in the trauma narrative for both participants (Brown & Augusta-Scott, 2006). For participant 1, the second session was more creative than re-creative, posing more of a challenge. She sang the old narrative from session 1 and ended with singing the new narrative written in session 2, which reflects the ISO principle in music therapy. The ISO principle refers to attuning to the client's presenting mood and affect and gradually moving to the desired mood and affect through using musical elements, such as major or minor chords, lyrical themes, or stylistic choices (Bruscia, 1998). Participant 2 elected to sing a new song in flow of consciousness. While he integrated new themes for the new narrative, he fixated on the old narratives he had created in session 1.

For the third session with participant 1, both the old and new narratives were reviewed, the song was refined and finalized. The researcher discussed the process with her, asking for her thoughts and feelings associated with the song. The third session with participant 2 did not review the previous song. Again, he selected flow of consciousness, integrating themes from the old and new narrative, and including new perspectives that had emerged. Verbal processing was not included in this session, as he preferred communicating through singing over verbal communication. This selection formed a hunch that composition styles may reflect communication styles. Reactions were recorded in a private journal, locked in a filing cabinet.

At the end of each session, the researcher used the containment principle of engaging with familiar music after exploring unfamiliar music (Bruscia, 1998). This allowed the participants to return to a sense of safety after venturing into past material (Bruscia, 1998).

The researcher then recorded the compositions and received feedback regarding the intervention: “After today’s session, would you say you feel ‘much less’ empowered, ‘less’ empowered, no change, ‘more’ empowered, or ‘much more’ empowered regarding your trauma narrative?” The researcher recorded the feedback from each participant in a private journal locked in a filing cabinet. Transference, countertransference, cultural and systemic considerations, body language, affective expression, and mood developments were recorded for thematic analysis.

## **Results**

Before the intervention, the researcher observed blunted or restricted affect, depressed mood, limited expression, and low energy for both participants. After the intervention, the researcher observed smiling, upright body posture, increased interaction with peers, lifted mood, expanded expression, and power stance for both participants. In participant 1, the researcher

observed a progression from resistance to acceptance of the trauma narrative during the songwriting process. This was evidenced by accepting minor keys and negatively skewed lyrics in the second and third sessions, where she rejected them in the first session. In participant 2, the researcher observed a lyrical and melodic progression from fixation and repetition of the old narrative in the first and second sessions to creating a new narrative in the last session.

In all three sessions, the researcher observed nonverbal messages from both participants communicating their feedback to the lyrics, melody, and rhythmic suggestions. Participant 1 verbally communicated her preferences, while she nonverbally communicated her distaste. Participant 2 nonverbally communicated both his preferences and distaste through eye contact, posture, volume, affect, mood, and tonality. From this, the researcher deduced that songwriting styles may have coincided with communication styles, in that participant 1 was often verbally expressive, while participant 2 was often nonverbal.

For participant 1, excitement was expressed through verbal statements, while distaste was evidenced by cringing, avoiding, or distracting herself. The way she communicated distaste nonverbally was contrary to her typical communication style as verbally expressive. This helped challenge the researcher's previous hunch that songwriting styles reflect communication styles. However, it helped reinforce the researcher's notion that participant 1 avoided negatively skewed emotions. Note that negatively skewed emotions here refer to general feelings of anger, loss, or sadness, not the trauma narrative itself.

However, participant 2 expressed both excitement and distaste nonverbally through singing or body language. His distaste was expressed through guiding and encouraging the researcher to move another direction in the music. He did this by re-asserting his musical fragment by singing or playing it more loudly. Once the researcher joined him in singing or

playing the musical fragment, he returned to the previous volume. This participant did not avoid negative emotions but embraced and lingered in them. This participant avoided moving to positively skewed chords, lyrics, and styles, a direct contrast to the response of participant 1.

Themes for participant 1 during her songwriting process included self-doubt and the need for organization and structure. The old narrative included lyrical themes of grief, despair, and loss. The new narrative included lyrical themes of resilience, gratitude, and spiritual awakening. Melodic themes included avoidance of minor keys and preference for major keys. Rhythmic themes for this participant included andante tempo (walking pace, 73-77 BPM). Stylistic themes included contemporary Christian and ballad. Themes from the final session were pride, hope, and embracing being witnessed.

Themes for participant 2 during his songwriting process included self-confidence and the need for freedom of expression without much organization or structure. His lyrical composition process was through ad-libbing or singing in consistent stream of consciousness. Lyrical themes from the old narrative included darkness, fear, isolation, and feeling neglected. Lyrical themes from the new narrative included acceptance, openness, passion, and curiosity. Melodic themes included a combination of minor and major keys with preference to minor keys. This directly contrasted the preference for major keys in participant 1. Rhythmic themes included a preference for allegretto tempo (moderately fast, 98-109 BPM). Stylistic themes were rhythm and blues, hip-hop, and rap. Themes from the final session included self-efficacy, resilience, and individuality.

## **Discussion**

### **Methods and Literature Reviewed**

This capstone thesis explored trauma narrative songwriting with two 7-year-old children in an elementary school to expand expression and to extract themes from the songwriting process. Overall, the results were expanded expression, improved mood, increased socialization, and feelings of empowerment. These results supported person-centered theory that the client is the expert of their own experience, in that the participants had distinctly different songwriting processes and appeared to intrinsically understand how best to process their trauma narratives (Wilkins, 2003).

Reviewed in the literature was the process of re-authoring, which encourages autonomy and is a common clinical need for individuals who have experienced trauma. As reviewed, autonomy is often removed, withheld, or infringed upon in many traumatic experiences. Lack of control over the traumatic experience can contribute to feelings of helplessness, and shifting this power dynamic can remind trauma survivors that they are still in control of their own life, though they could not control the traumatic experiences that happened to them (SAMHSA, 2014). This theory was supported in this method through their presentations of affect before, during, and after the intervention. It was also supported by how the participants utilized the autonomy offered. Participant 1 utilized autonomy to create an organized structure to her songwriting process, while participant 2 used autonomy for free expression without restraint. This supports the person-centered theory notion that people inherently know how to process their own thoughts and feelings if enough trust is built through unconditional positive regard (Wilkins, 2003).

As reviewed in the literature and observed in this method, songwriting as a music therapy intervention may help externalize painful issues, facilitate life review, increase self-expression, develop, and redevelop cognitive abilities, develop communication skills, and promote catharsis

(Pastor et al., 2022). It was observed in the method that songwriting can help communicate messages to loved ones, record positive memories, foster self-motivation, affirm, encourage, and validate the emotional journey, while the music therapist plays the role of facilitating agency and ownership (Pastor et al., 2022).

It was observed that the act of mirroring back the participant's songwriting selections can activate the client's empathy (Overy & Molnar- Szakacs, 2009). This method combined narrative therapy (Brown & Augusta-Scott, 2006) with music therapy approaches, which filled a gap in the literature. While there was literature referencing the benefits of music therapy and narrative therapy separately, there was no literature referencing the benefits of combining these approaches, as is done in this method. Combining these approaches may have allowed the benefits of both disciplines to be experienced.

## **Considerations for Future Research**

### ***Quantitative Studies***

Future researchers should consider using quantitative data to further understand the effects of trauma narrative songwriting, as this is a gap in the literature. A potential research question could be, "What are the physiological effects of trauma narrative songwriting, such as heart-rate variability, both before and after the intervention?" Heart-rate variability, or other physiological effects, could be measured while the participant shares their old trauma narrative compared to sharing their new trauma narrative. Using a quantitative approach could explore random selection of the sample, which could yield internal validity and reliability, so that the results could be generalized to a larger population. A mixed methods design could also be explored to consider both measurable and arts-based responses to trauma narrative songwriting.

### ***Multimodal Considerations***

While this method combined narrative therapy and music therapy, a modification for future researchers to consider is to incorporate dance or movement into re-authoring of the trauma narrative (Shuman et al., 2022). For children that have trauma stored in their bodies, dance-movement therapy combined with narrative therapy may help promote catharsis and physical release of the trauma narrative (Shuman et al., 2022). Another multimodal approach reviewed was using rhythm-based interventions for children that struggle to verbalize their traumatic experiences (McFerran et al., 2022). Future researchers could consider using rhythm-based music therapy to author and re-author the trauma narrative. Another option could be to combine melody composition (Aldridge & Aldridge, 2008) with narrative therapy. This could be an effective modification for children that experience alexithymia, as it does not require lyric composition (McFerran et al., 2022). Re-authoring can also be explored through storytelling as a method in future research. The individual's natural inclinations, preferences, and clinical goals should be considered when determining which modality to use in future research.

### ***Multicultural Considerations***

This method included cross cultural dynamics, in that the researcher identifies as White, cis-gender, able-bodied female, while the participants identified as African American, cisgender, and able-bodied. It is imperative for future researchers to consider the historical context of the cultures and systems within which they work. The framework of modern research in psychology was built on ableist, heteronormative, Eurocentric ideologies, values, and systems, which do not always reflect or support the individuals served (Baines, 2021). Through centuries of building foundations on these ideologies, non-dominant narratives were subverted and replaced by Western Eurocentric ideals (Baines, 2021). With this understanding of macro-systems, this

researcher also reviewed local history and current trends of mental health treatment, access to healthcare, and local education systems affecting the participants served.

Future researchers should educate themselves about the cultures and systems in which they work, as this is fundamental to a person-centered approach (Wilkins, 2003). While education is necessary, future researchers should not assume how a person culturally identifies based on historical context.

### ***The Potential Harm of Music***

Additionally, future researchers should consider whether the psychologizing of music could be harmful (Solli & Rolvsjord, 2014). In an inpatient psychiatric unit for individuals with psychosis, two participants found psychologizing music to be harmful, as music for them was reminiscent to a time before they needed constant mental health treatment (Solli & Rolvsjord, 2014). This implies that for some, music must be separate from the idea of treatment for it to be effective (Solli & Rolvsjord, 2014). In this case, non-clinical music therapy may be helpful for children that have experienced trauma, rather than narrative songwriting. The child's relationship to music before treatment should be thoroughly explored before engaging in trauma narrative songwriting.

Many children that have experienced trauma may also experience psychotic symptoms, including dissociation, hallucinations, or derealization (American Psychiatric Association, 2013). In these instances, their relationship to music should be considered as it relates to these psychotic symptoms. For example, researchers should consider the worsening of dissociation or hallucinations while listening to certain music.

Future researchers should also consider that music can reactivate a fear response (Verma et al. 2024). Because of the connection between the hippocampus and the amygdala regions in



the brain, music is often associated with memories, including traumatic ones (Verma et al., 2024). Therefore, engaging a client in high arousal music can trigger traumatic memories. This reactivation could cause harm if not mitigated with a follow-up intervention where music is used to extinguish the associated fear response (Verma et al., 2024). Based on these findings, future researchers may consider using trauma narrative songwriting to first reactivate and then extinguish traumatic memories in children (Verma et al., 2024). However, this requires further investigation.

### ***The Potential Harm of Misdiagnosis***

Misdiagnosis is another potential harm when considering narrative songwriting for future research (American Psychiatric Association, 2013). One potential explanation for misdiagnosis of individuals with trauma is co-morbidity, in that those with PTSD are more prone to other mental disorders than those who do not have PTSD. According to the Diagnostic Statistical Manual for Mental Disorders, 5th edition, "individuals with PTSD are 80% more likely to exhibit symptoms that meet diagnostic criteria for at least one other mental disorder such as anxiety, bipolar, depressive, or substance use disorders" (p. 260; American Psychiatric Association, 2013). Another potential explanation for misdiagnosis is omitted or incomplete trauma history provided during the psychological evaluation (American Psychiatric Association, 2013). Given these statistics, future researchers should consider misdiagnosis and unreported trauma when offering a method to children with trauma-related disorders.

### ***The Potential Harm of Unresolved Countertransference***

Lastly, unresolved countertransference can cause harm in trauma narrative songwriting (Bruscia, 1998). In Session 2 of this capstone thesis, I experienced countertransference in the form of unresolved affective content (Bruscia, 1998). When the participant selected religious

lyrics, I had to resist the urge to discourage them from including them based on my own complicated personal history with religion. In that moment, I had not yet resolved that she needed these religious themes to process her trauma narrative. I felt internal resistance in the form of tension in the stomach. I was able to coach myself through the session to remain attuned to the participant through reminding myself that I could set my feelings aside and resolve them later. Though I had complicated feelings, I was able to show up authentically as an unconditional supporter of the narrative she wanted to define and processed these thoughts and feelings further through journaling and in clinical supervision. It is hoped that future researchers can avoid unresolved countertransference by remaining transparent and self-reflective of their own biases.

It has been suggested that future researchers consider using quantitative data, consider multimodal approaches, and educate themselves on multicultural dynamics. It has also been suggested that future researchers consider the potential harm from reactivation of the trauma response (Verma et al., 2024), the psychologizing of music (Solli & Rolvsjord, 2014), misdiagnosis (American Psychiatric Association, 2013), and unresolved countertransference (Bruscia, 1998).

## **Limitations**

The capstone thesis used observation and inductive analysis to measure the results of the method. In some cases, qualitative data can be considered a limitation. Additionally, the researcher's observations likely contained positive bias, in that the researcher believed the method would support theory and may have projected that belief onto the participants subconsciously. Confirmation bias could be another limitation, in that the researcher sought confirming evidence that the method supported theories reviewed and may have subconsciously withdrawn attention from contraindicating evidence.

Another limitation in any therapeutic interaction is countertransference (Bruscia, 1998). According to Bruscia (1998), countertransference in songwriting can relate to the therapist's own personal history, where unresolved emotional content arises during the experience. This can impact the ability to show up objectively in the therapeutic relationship (Bruscia, 1998). As discussed, unresolved emotional content surrounding religion arose when the participant included religiously charged lyrics. This emotional content expressed itself in the form of internal conflict in the researcher, which could be considered a limitation in that it may have inhibited researcher objectivity.

Lastly, the therapist's own musical efficacy can be a limitation, in that it can impede the therapeutic process (Bruscia, 1998). In this method, the researcher had limited musical efficacy in guitar skills, specifically in the ability to play a variety of styles. Because of this, the researcher only offered rhythmic, melodic, and lead vocal compositions the researcher was comfortable with. This could have limited the options for the participants to express themselves, in turn limiting the results of the method (Bruscia, 1998).

Bruscia (1998) also noted that therapists can experience countertransference in what degree they choose to limit or contain the experience, offer suggestions, or allow the participant autonomy. In session 2 with participant 1, the researcher chose to lean more towards control and containment based on the researcher's case conceptualization. When reflecting after the session, the researcher realized that this participant may have needed autonomy more than containment. Because the experience was limited, this is considered a limitation of this capstone thesis.

## **Conclusions**

This capstone thesis sought to understand how trauma narrative songwriting could help expand expression of empowerment for 2 children in an elementary school setting. The

participants both identified as African American, able bodied, and cis gendered. Both participants had a traumatic history and experienced emotional dysregulation, attachment issues, and unsafe behaviors in the school setting. According to the literature reviewed, trauma narrative songwriting was an effective intervention for some children who had experienced traumatic events.

Before this intervention, the researcher observed blunted or restricted affect, depressed mood, limited expression, and low energy for both participants. After the intervention, the researcher observed smiling, upright body posture, increased interaction with peers, lifted mood, expanded expression, and power stance for both participants. Trauma narrative songwriting can be applied by psychology researchers, music researchers, and practitioners in the expressive arts therapies and mental health counseling fields. However, trauma narrative songwriting requires more quantitative research, research using multimodal approaches, research on multicultural considerations in trauma narrative songwriting, and research on the potential harms of trauma narrative songwriting.

It has been discussed that trauma negatively impacts overall health in children (Cruz et al., 2022). The literature reviewed how childhood trauma is associated with accelerated aging (Jovanovic et al., 2017; Rampersaud et al., 2022), cardiovascular disease, premature mortality, depression, anxiety, posttraumatic stress disorder (Bahari et al., 2021; Murali & Chen, 2005), low HRV (dos Santos Oliveira, 2023), and alterations of brain volumes and cortical areas (Hoare et al., 2020).

Conversely, it has been described how music therapy can decrease stress hormones (Aggarwal, 2021); increase serotonin and dopamine, enhance mood (Li, 2022); encourage bonding through releasing oxytocin (Grape, et al. 2003); build social skills (Abdul & Asep,

2021), facilitate being witnessed authentically, shift sociopolitical dynamics (Mitchell, 2021), promote emotional regulation, explore traumatic content nonverbally (McFerran et al. 2022), promote catharsis, encourage physical release of trauma stored in the body (Shuman et al., 2022), and re-frame diagnostic narratives (Brown & Augusta-Scott, 2006).

It is the hope of this capstone thesis that research will continue to investigate how trauma narrative songwriting can help transform and transcend the limiting narratives of trauma “in all of its manifestations: specific and murky, lived and remembered, physical and emotional, individual and communal, past and present, named and unnamed, spoken and silenced, fragmented and cohesive, destructive and healing, threatening and empowering, ” (p. 14, Gagnon & Novotel, 2020).

## References

- Abdul, S. & Asep, S. (2021). A Children's Music Therapy to Enhance the Self-Esteem of Children with Attention Deficit Hyperactivity Disorder (ADHD) in Elementary School. *Al Ibtida: Journal Pendidikan Guru MI*, 8(1), 93–103.  
<https://doiorg.ezproxyles.flo.org/10.24235/al.ibtida.snj.v8i1.7459>
- Aggarwal, S. (2021). The Effect of Art and Music on Stress and Anxiety Levels in Adolescents. *IAHRW International Journal of Social Sciences Review*, 9(3), 240–242.
- Aldridge, D., & Aldridge, G. (2008). *Melody in music therapy: A therapeutic narrative analysis*. Jessica Kingsley Publishers.
- American Music Therapy Association (2005). *What is music therapy?*  
<https://www.musictherapy.org/about/musictherapy/>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Bahari, A., Hasani, J., & Boojar, M. M. A. (2021). Childhood trauma and type D personality: The endocrine and cardiovascular effects on stress reactivity. *Journal of Health Psychology*, 26(14), 2861–2875. <https://doi.org/10.1177/1359105320934181>
- Baines, S. (2021). Anti-oppressive music therapy: Updates and future considerations. *The Arts in Psychotherapy*, 75. <https://www-sciencedirect-com.ezproxyles.flo.org/science/article/pii/S0197455621000733>
- Brown, C., & Augusta-Scott, T. (2006). *Narrative therapy: Making meaning, making lives*. SAGE Publications, Incorporated.
- Bruscia, K. (Ed.). (1998). *The dynamics of music psychotherapy*. Barcelona Publishers.

- Bruscia, K. (N). (1991). *Case Studies in Music Therapy*. Barcelona Publishers.
- Cruz D, Lichten M, Berg K and George P (2022) Developmental trauma: Conceptual framework, associated risks and comorbidities, and evaluation and treatment. *Front. Psychiatry* 13.
- dos Santos Oliveira, N. C., Katrinli, S., de Assis, S. G., Smith, A. K., & Serpeloni, F. (2023). Community and domestic violence are associated with DNA methylation, GrimAge acceleration and heart rate variability in adolescents. *European Journal of Psychotraumatology*, 14(2), 1–11. <https://doi-org.ezproxyles.flo.org/10.1080/20008066.2023.2202054>
- Ellis, R. J., & Thayer, J. F. (2010). Music and Autonomic Nervous System (Dys)Function. *Music Perception: An Interdisciplinary Journal*, 27(4), 317–326. <https://doi-org.ezproxyles.flo.org/10.1525/mp.2010.27.4.317>
- Gagnon, J. T., and Novotny, M. (2020). Revisiting research as care: a call to decolonize narratives of trauma. *Rhetor. Rev* 39, 486–501. Doi: 10.1080/07350198.2020.1805558
- Gold, C., McFerran1, K., & Saarikallio, S. H. (2018). Music therapy. In R. Levesque (Author), *Encyclopedia of Adolescence*. Springer Science Business Media. Retrieved January 21, 2024, from <https://search.credoreference.com/articles/Qm9va0FydGljbGU6NDc4MTcx-Mw==?>
- Grape, C., Sandgren, M., Hansson, L., Ericson, M., & Theorell, T. (2003). Does singing promote well-being? An empirical study of professional and amateur singers during a singing lesson. *Integrative Physiological and Behavioral Science: The Official Journal of the Pavlovian Society*, 38, 65-74.

- Hoare, J., Stein, D. J., Heany, S. J., Fouche, J. P., Phillips, N., Er, S., Myer, L., Zar, H. J., Horvath, S., & Levine, A. J. (2020). Accelerated epigenetic aging in adolescents from low-income households is associated with altered development of brain structures. *Metab Brain Dis*, 35(8), 1287– 1298. <https://doi.org/10.1007/s11011-020-00589-0>
- Jackson, N.A. (2003). A Survey of Music Therapy Methods and Their Role in the Treatment of Early Elementary School Children with ADHD, *Journal of Music Therapy*, 40, (4), 302– 323, <https://doi-org.ezproxyles.flo.org/10.1093/jmt/40.4.302>
- Jovanovic, T., Vance, L. A., Cross, D., Knight, A. K., Kilaru, V., Michopoulos, V., Klengel, T., & Smith, A. K. (2017). Exposure to violence accelerates epigenetic aging in children. *Scientific Reports*, 7(1). <https://doi.org/10.1038/s41598-017-09235-9>
- Li, D. (2022). Music Therapy in Mental Health and Emotional Diversion of Primary and Secondary School Students. *Occupational Therapy International*, 1–12. <https://doiorg.ezproxyles.flo.org/10.1155/2022/8370682>
- McFerran, K., Crooke, A., Kalenderidis, Z., Stokes, H., & Teggelove, K. (2022). What Young People Think About Music, Rhythm, and Trauma: An Action Research Study. *Frontiers in Psychology*, 13, 1-10. <https://doi-org.ezproxyles.flo.org/10.3389/fpsyg.2022.905418>
- Mitchell, E. (2021). Performing Identities and Performing Relationships: Community Music Therapy and Adolescent Mental Health. *Music Therapy Perspectives*, 39(2), 195–203. <https://doi.org/10.1093/mtp/miab004>
- Murali, R., & Chen, E. (2005). Exposure to violence and cardiovascular and neuroendocrine measures in adolescents. *Annals of Behavioral Medicine*, 30(2), 155–163. [https://doi.org/10.1207/s15324796abm3002\\_8](https://doi.org/10.1207/s15324796abm3002_8)



- Rampersaud, R., Protsenko, E., Yang, R., Reus, V., Hammamieh, R., Wu, G. W. Y., Epel, E., Jett, M., Gautam, A., Mellon, S. H., & Wolkowitz, O. M. (2022). Dimensions of childhood adversity differentially affect biological aging in major depression. *Translational Psychiatry*, 12(1), 431. <https://doi.org/10.1038/s41398-022-02198-0>
- Myers-Coffman, K., Baker, F. A. & Bradt, J. (2020) The Resilience Songwriting Program: A working theoretical model and intervention protocol for adolescent bereavement. *Nordic Journal of Music Therapy*, 29 (2), 132-149, DOI: 10.1080/08098131.2019.1642373
- Nadeem, E., Greswold, W., Torres, L. Z., & Johnson, H. E. (2023). Trauma-informed care in school-based health centers: A mixed methods study of behavioral health screening and services. *School Psychology*, 38(6), 355–369. <https://doi-org.ezproxyles.flo.org/10.1037/spq0000591>
- Overy, K., & Molnar-Szakacs, I. (2009). Being Together in Time: Musical Experience and the Mirror Neuron System. *Music Perception: An Interdisciplinary Journal*, 26(5), 489–504. <https://doi.org/10.1525/mp.2009.26.5.489>
- Pastor, E., Heath, B., Paula Vāduva, L. (2022) A Case Study on Songwriting in Music Therapy. *Studia Musica*, 1, 37-48, DOI: 10.24193/subbmuusica.2022.1.03
- Scrine E. (2021). The Limits of Resilience and the Need for Resistance: Articulating the Role of Music Therapy with Young People Within a Shifting Trauma Paradigm. *Frontiers in psychology*, 12, 600245. <https://doi.org/10.3389/fpsyg.2021.600245>
- Shuman, T., Johnson, K., Lively Cookson, L., & Gilbert, N. (2022). Creative Interventions for Preparing and Disclosing Trauma Narratives in Group Therapy for Child Sexual Abuse.

*Journal of Child Sexual Abuse*, 31(1), 127–146. <https://doi-org.ezproxyles.flo.org/10.1080/10538712.2020.1801931>

Solli & Rolvsjord (2014). “The opposite of treatment”: A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24 (1). 10.1080/08098131.2014.890639

Substance Abuse and Mental Health Services Administration (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Van, D. K. B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Publishing Group.

Verma, A., Mitra, S., Khamaj, A., Kant, V., & Asthana, M. K. (2024). Preventing fear return in humans: Music-based intervention during reactivation-extinction paradigm. *PLoS ONE*, 19(2), 1–16. <https://doi-org.ezproxyles.flo.org/10.1371/journal.pone.0293880>

Whitehead-Pleaux, A. et al (2017). Culturally competent music therapy assessments. In A. Whitehead-Pleaux and X. Tan. *Multicultural Intersections: Music, health, and the person*. Dallas, TX: Barcelona Publishers.

Wilkins, P. (2003). *Person- centered therapy in focus*. SAGE Publications, Limited.

***THESIS APPROVAL FORM***

**Lesley University**

**Graduate School of Arts & Social Sciences**

**Expressive Therapies Division**

**Master of Arts in Clinical Mental Health Counseling: Music Therapy**

**Student's Name:** \_\_\_\_\_Deborah Hudson\_\_\_\_\_

**Type of Project: Capstone Thesis**

**Title:** \_Empowering Children with Music Therapy: Trauma Narrative Songwriting\_\_\_\_\_

**Date of Graduation:** \_\_\_\_September 15, 2024\_\_\_\_\_

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** \_\_\_\_Kelvin Ramirez\_\_\_\_\_

Empowering Children with Music Therapy: Trauma Narrative Songwriting © 2024 by Deborah

Hudson is licensed under [CC BY 4.0](#)