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Adolescents and Young Adults with Post-Traumatic Stress Disorder and Music Therapy: A Qualitative Systematic Review

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ABSTRACT

This study highlights the relevance of music therapy as an integrative approach to addressing post-traumatic stress disorder among adolescents and young people. Objective: To explore the perceptions of adolescents, young adults, and therapists regarding the role of music therapy in the treatment of trauma. Methodology: A qualitative systematic review was conducted, focusing on studies involving adolescents aged 10–19 years (World Health Organization) and young adults aged 20–24 years. The review synthesized music therapy interventions, therapeutic objectives, and main outcomes across diverse populations and settings, both nationally and internationally, and also examined the perceptions of participants, therapists, and researchers regarding music therapy in trauma treatment. A total of 819 titles were identified, with 13 articles included in the review. Findings indicated that music therapy promotes self-expression, rebuilds self-esteem, strengthens social bonds, alleviates anxiety symptoms, and enhances emotional resilience, thereby contributing to post-traumatic growth. Adolescents and young adults emphasized the significance of music therapy as a distinctive therapeutic approach, in which music and musical practice played a central role in achieving the objectives of post-traumatic stress disorder treatment.

Keywords: music therapy, adolescent, post-traumatic stress disorder, social vulnerability, public health.

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Os autores declaram que não há conflito de interesse.

Declaração de disponibilidade de dados da pesquisa

O conjunto de dados de apoio aos resultados deste estudo não está disponível ao público.

INTRODUCTION

This work contributes to the body of knowledge on music therapy in the treatment of traumatized populations, particularly adolescents and young adults, for whom such interventions are crucial to improving quality of life and shaping future prospects.

Music therapy is recognized in Brazil as a health modality, incorporated into the Integrative and Complementary Practices in Health (PICS) of the Unified Health System (SUS)¹. Officially included in SUS through Decree No. 849 of 2017², the practice was further consolidated with the enactment of Law No. 14,842 of 2024, which formally regulates the profession and strengthens its role as a therapeutic resource accessible to the population³.

Internationally, music therapy has been widely employed to enhance the resilience of communities affected by traumatic events⁴⁻⁶. Evidence from several studies indicates that, when applied therapeutically, music can alleviate symptoms of anxiety and Post-Traumatic Stress Disorder (PTSD), foster social bonds, facilitate emotional expression, and promote group cohesion, thereby supporting the recovery process⁷⁻⁹.

The literature reinforces that music therapy is capable of acting on the emotional regulation and empowerment of individuals affected by trauma^{10,11}. Specific methods of this modality, such as musical composition and improvisation, are frequently used to help people cope with traumatic experiences^{12,13}.

Considering the importance of music therapy in fostering resilience and its incorporation into public health policies, this study aims to identify the contexts in which this practice has been implemented at both international and national levels, to reveal the perceptions of traumatized individuals undergoing music therapy, as well as the perspectives of therapists

regarding the intervention and its process, and to discuss the results with a view to practical recommendations.

Methodology

This review was registered on the PROSPERO platform under number CRD42023483489¹⁴.

Systematic qualitative review designed to summarize and analyze the available evidence on the application of music therapy in the rehabilitation of individuals diagnosed with Post-Traumatic Stress Disorder (PTSD). The focus of the study is to understand the perceptions of adolescents and young people with Post-Traumatic Stress Disorder (PTSD), and their therapists, regarding music therapy interventions. The research also seeks to analyze the significant transformations and perceptions resulting from this practice, the dynamics that contribute to these changes, and the impacts on clients' lives across different contexts.

The following descriptors were selected from the DeCS (Descriptors of Health Sciences): "music therapy" and "post-traumatic stress disorder." Additionally, other terms were included, such as "music-based intervention," "drumming," "rhythm," "songwriting," and "art-based intervention," based on an analysis of previously identified articles and following the guidelines established by Lockwood (2024)¹⁵.

The criteria for this study were established using the PICo framework (Population, Phenomenon of Interest, and Context).

1. Population

The population includes adolescents and young adults (ages 10 to 24) who have experienced traumatic events and have either received a PTSD diagnosis.

2. Phenomenon of Interest

This refers to music therapy interventions performed by qualified professionals, with the goal of alleviating PTSD symptoms and other associated factors such as depression, anxiety, quality of life, and emotional or social aspects.

3. Context

The interventions take place in various environments, including outpatient clinics, hospitals, private offices, schools, and community spaces.

There is no restriction on the publication period, allowing even research from the earliest records available. The search included studies published in English, Portuguese, and Spanish.

The research was conducted in databases: Scopus, PubMed, *Virtual Health Library (VHL)*, *Brazilian Digital Library of Theses and Dissertations (BDTD)* and ProQuest. *The Brazilian Journal of Music Therapy* was reviewed manually to locate relevant national studies. We have also analyzed the titles and summaries of the references of the selected articles through the search method citation searching, which consists of analyzing the titles of the references of the included articles.¹⁶

Based on the database searches, the retrieved articles were systematically organized into a box, which included details such as title, author, year of publication, database, journal, ISBN, DOI, URL, and abstract, thereby providing a comprehensive overview of the selected literature. Duplicate records were removed, and titles and abstracts underwent a thorough evaluation. The selected articles were comprehensively compiled and reviewed according to the inclusion and exclusion criteria, and their references were examined to identify additional relevant studies. The extracted information was organized into summary boxes. A taxonomic analysis, as proposed by Sandelowski and Barroso (2006)¹⁶, constituted a key stage in the qualitative meta-synthesis, aiming to systematize and categorize the qualitative studies

included in the systematic review”. This methodology enabled the organization of data into hierarchical categories, thereby fostering the development of an interpretive system that illuminated patterns, collective memories, and singularities in the meanings attributed by participants within the analyzed studies.

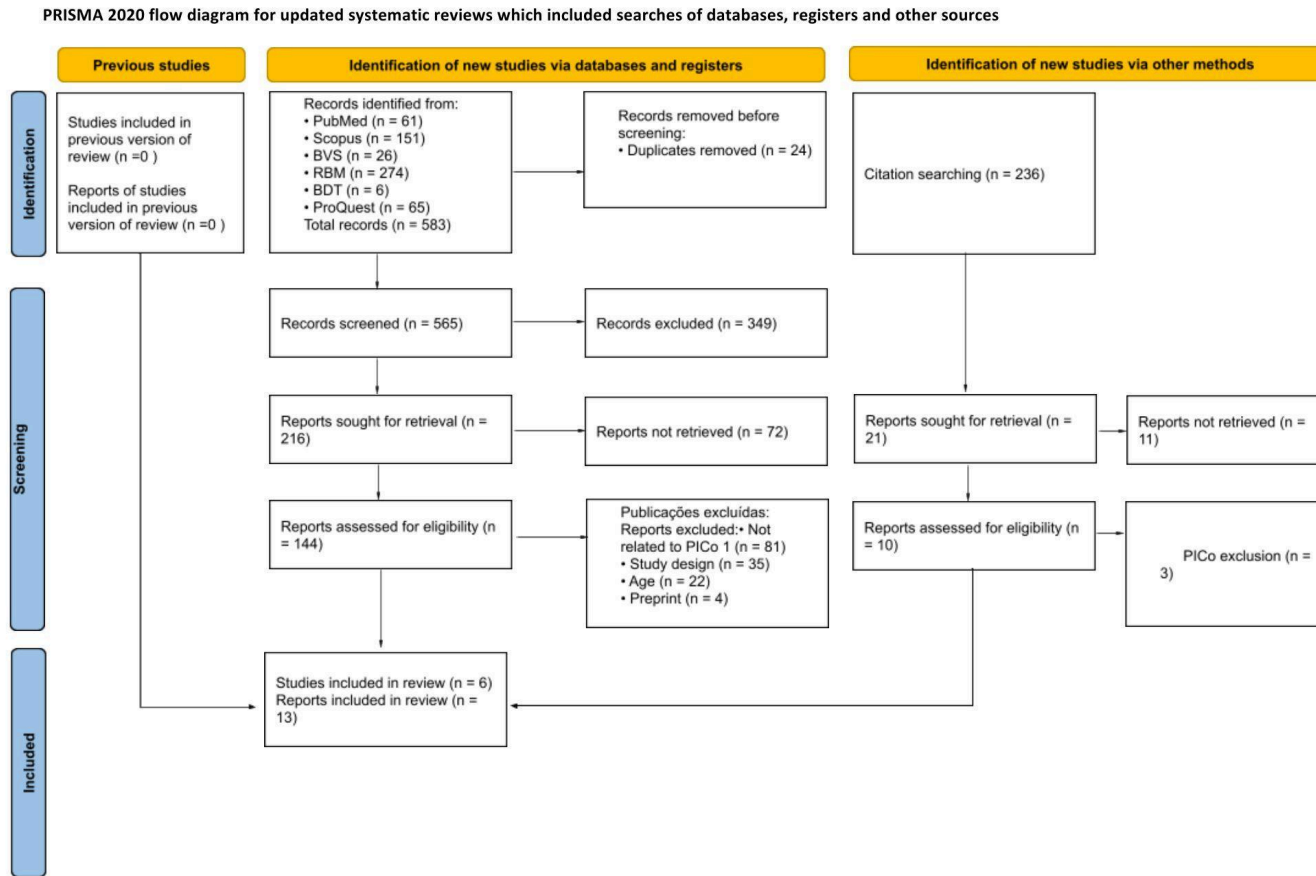
The quality of the studies was assessed using the Critical Appraisal of Case Studies instrument¹⁷, which validated the presence of information regarding the demographic characterization of the participants, clinical history, details of the interventions and conditions after the treatment. In addition, ConQual (Confidence in the Qualitative Synthesis Findings) was applied. Developed by the Joanna Briggs Institute (JBI), this classification system provides a structured approach to appraising the level of confidence in findings from qualitative systematic reviews.

Results

The review included studies of individual and group music therapy sessions. In addition to studies confirming a diagnosis of PTSD, studies addressing exposure to traumatic events were also included, even without diagnostic confirmation, since music therapy appeared in these studies as a secondary treatment, often applied in contexts where formal documentation of PTSD was not available.

A total of 13 studies were identified, and the selection and screening process is presented in a flowchart (Figure 1).

Figure 1 - Fluxogram of two primary studies.



Source: Page MJ, et al. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.¹⁹

We present more than two decades of publications (1989–2022), involving a diverse population whose traumatic experiences include exposure to violence, physical and psychological torture, sexual abuse, and situations of destruction and death. (TABLE 1).

Table 1 - List of Included Studies

ID	Qualification	Author	Year	Magazine
A1	The Therapeutic Approach to Military Culture: A Music Therapist's Perspective	Drozd, Nicole ¹¹	2022	Journal of Medical Humanities
A2	A pendulum between trauma and life: Group music therapy with post-traumatized soldiers	Bensimon, Moshe; Amir, Dorit; Wolf, Yuval ²⁰	2012	The Arts in Psychotherapy
A3	The Bonny Method of Guided Imagery and Music (GIM in the Treatment of Post-Traumatic Stress Disorder (PTSD) with Adults in the Psychiatric Setting	Blake, Roberta L.; Bishop, Susan R. ²¹	1994	Music Therapy Perspectives
A4	Songs created by military service members in music therapy: A retrospective analysis	Bradt, Joke; Biondo, Jacelyn; Vaudreuil, Rebecca ⁶	2019	The Arts in Psychotherapy
A5	Drumming through trauma: Music therapy with post-traumatic soldiers	Bensimon, Moshe; Amir, Dorit; Wolf, Yuval ⁵	2008	The Arts in Psychotherapy
A6	Da “Re-criação Musical à Composição”- um caminho para a expressão individual de meninos de rua	Barcellos, Lia Rejane Mendes ²²	1998	Brazilian Journal of Music Therapy
A7	Creative group songwriting	Edgerton, Cindy Dubesky ²³	1990	Music Therapy Perspectives
A8	Music Therapy with Traumatized Refugees in a Clinical Setting	Orth, Jaap ²⁴	2005	Voices: A World Forum for Music Therapy
A9	Drumming technique for assertiveness and anger management in the short-term psychiatric setting for adult and adolescent survivors of trauma	Slotoroff, Cyd ²⁵	1994	Music Therapy Perspectives
A10	Music therapy and the treatment of trauma-induced dissociative disorders	Volkman, Stephanie ²⁶	1993	The Arts in Psychotherapy

ID	Qualification	Author	Year	Magazine
A11	Music Psychotherapy in Acute Psychiatric Inpatient and Private Practice Settings	Goldberg, Frances Smith ⁴	1989	Music Therapy Perspectives
A12	Music Therapy Treatment of Active-Duty Military: An Overview of Intensive Outpatient and Longitudinal Care Programs	Bronson, Hannah; Vaudreuil, Rebecca; Bradt, Joke ²⁷	2018	Music Therapy Perspectives
A13	The resilience songwriting program for adolescent bereavement: A mixed methods exploratory study	Myers-Coffman, Katherine; Baker, Felicity A.; Daly, Brian P.; Palisano, Robert; Bradt, Joke ²⁸	2019	Journal of Music Therapy

As planned in the JBI method for qualitative studies, ConQual was applied, which confers moderate to high quality for the identified studies. (TABLE 2)

Table 2. ConQual quality assurance

Synthesized Findings	Type of Research	Reliability	Credibility	Score ConQual	Comments
Article 1	Qualitative	Moderate	Moderate	Moderate	Adjusted due to reliability and credibility
Article 2	Qualitative	High	Moderate	Moderate	Adjusted due to credibility
Article 3	Qualitative	Moderate	Moderate	Moderate	Adjusted due to reliability and credibility
Article 4	Qualitative	Moderate	Moderate	Moderate	Adjusted due to reliability and credibility
Article 5	Qualitative	High	Moderate	Moderate	Adjusted due to credibility

Synthesized Findings	Type of Research	Reliability	Credibility	Score ConQual	Comments
Article 6	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 7	Qualitative	Moderate	Moderate	Moderate	Adjusted due to reliability and credibility
Article 8	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 9	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 10	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 11	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 12	Qualitative	High	Moderate	High	Adjusted due to credibility
Article 13	Qualitative	High	Moderate	High	Adjusted due to credibility

Source: Munn ¹⁸

In all studies, music therapy was conducted by qualified professionals, employing methodologies already described in the specialized literature, such as active and receptive techniques²⁹.

The population, therapeutic methods, objectives, and observed results are presented in an integrated manner (Table 3).

Table 3 - Summary of the second therapy and the waste

Article	Type of Population	Music Therapy Method	Objective/Focused Therapy	Observed Results
A1	American military	Songwriting / Musical Composition	To share traumatic experiences and facilitate the transition to civilian life.	Provided emotional support and fostered social integration.
A2	Israeli soldiers	Improvisation, Listening	To facilitate access to traumatic memories in a non-intimidating way and enable the expression of anger and frustration through percussion.	Promoted interpersonal connections, fostered a sense of belonging, and reduced PTSD symptoms.
A3	Patients undergoing psychiatric treatment	Guided Imagery and Music (GIM)	To access traumatic memories and promote emotional integration and social reconnection..	Facilitated secure access to memories and fostered personal empowerment.
A4	Active-duty military personnel in rehabilitation	Musical Composition / Songwriting	To facilitate the expression of experiences and foster emotional communication.	Improved emotional communication and supported coping with trauma.
A5	Soldiers	Improvisation	To promote assertiveness, emotional control, and social integration.	Reduced stress, fostered assertiveness, and enhanced social connection.
A6	Street adolescents in social reintegration	Composition	To facilitate emotional expression and strengthen identity through music.	Increased emotional expression and strengthened sense of identity.
A7	Adolescents with emotional difficulties	Composition	To promote cooperation, self-expression, and conflict resolution.	Increased self-esteem and strengthened sense of belonging.
A8	Survivors of physical, sexual, and emotional abuse	Singing, GIM	To support traumatized refugees in processing emotions.	Reduced anxiety and depression, and improved emotional regulation.
A9	Psychiatric patients with dissociative disorders	Percussion	To enhance assertiveness and provide support for trauma survivors.	Improved assertiveness and emotional control.
A10	Survivors of physical and emotional trauma	Improvisation, GIM	Treat dissociative disorders related to trauma	Favors the integration of repressed traumas and greater functionality
A11	Hospitalized psychiatric patients	Musical improvisation, audition, GIM	To treat dissociative disorders related to trauma.	Fostered the integration of repressed traumas and improved functionality.
A12	Bereaved adolescents	Musical composition program / Songwriting	To promote emotional expression, self-esteem, and coping strategies in adolescents.	Fostered a sense of belonging, enabled safe emotional expression related to mourning, and strengthened coping skills.

Source: Researcher

From the taxonomic analysis of the included articles, the following categories emerged: (1) Strengthening Communities and (2) Professional Orientation for Practice. The results of this analysis will be presented alongside their discussion and supported by excerpts from the original articles.

Category 1: Strengthening communities

The studies will highlight that music therapy plays an essential role in strengthening communities or creating supportive spaces where participants can share experiences safely and securely. Through group music practices, such as drum groups or collective composition, participants report finding a supportive environment that facilitates the expression of emotions and access to difficult memories, promoting a sense of belonging.

As elements that contribute to the strengthening of communities, the following subcategories emerge: a) group cohesion; b) identity e; c) feeling of belonging.

Subcategory: a) *Group Cohesion*

The *group cohesion* was considered an essential component in therapeutic interventions, for favoring the creation of a safe and trusting environment, as indicated by researchers^{11,23}. In this context, one of the strategies used was a musical composition that, in addition to facilitating individual expression, also strengthens the links between the participants.

The development of Creative Group Songwriting resulted from a need to provide a success-oriented activity which focused on self-expression and the development of group cohesiveness for groups of emotionally impaired adolescents who had no prior music theory experience or knowledge. Lyricwriting and improvisation were individually effective in reaching these goals. (A7, p. 19)

Moreover, the non-verbal nature of musical language facilitates the use of mirroring techniques and the expression of emotional content, particularly among individuals who experience greater difficulty verbalizing their feelings. In this context, improvisation emerges as a powerful resource, enabling participants to engage with group emotions in a symbolic and safe manner.

For example, clients who have shown difficulty expressing their own anger frequently offer strong support of fellow group members' angry expressions. It can also happen that playing in the role of supporter can act as a testing ground or warm-up for similar exploration of feelings as leader.

b) Identity

Sharing one's personal history with others can serve as a way to re-signify lived sacrifices, reaffirm contributions made, and foster a reconnection with oneself, while also enabling the social transmission of experience. In the studies analyzed, this personal narrative was frequently conveyed through songwriting, as the researcher highlights:

"(...) telling stories is an essential part of our survival in this world. It is how we understand and connect with each other, and it is an important part of describing who we feel we are." (A1, p.8)

The narrative of the traumatic experience was also shared through group sound dramatization, a resource that fosters symbolic expression and the re-signification of individual experience through the empathetic listening of other participants. The subjective dimension of the group's impact can be further illustrated as follows:

"When we saw here for the first time, I told my story to the group, but it was in an automatic and technical way, without really feeling anything. It's also like I told my story to my friends and family. It's like there was a barrier between people who are missing me. But when the group touched a [traumatic] event for me, it was totally different! I felt that "They really will get to empathize with me because they will participate in a minimal experience playing my songs and this will allow me to connect much more to the event and the group." (A2, p.225)

The next step reinforces the role of music as a mediator between the internal world and interpersonal relationships: *“It was useful because, through music, I was able to tell people what was happening.”* (A12, p. 18)

c) Sense of Belonging

The sense of belonging plays a central role in the care of traumatized individuals, particularly in relation to the scars left by isolation, the breaking of bonds, and the loss of trust in relationships. Feeling supported and reconnected as part of a group contributes to the reconstruction of fragmented identity, re-signifies the traumatic experience, and fosters both psychological repair and the strengthening of subjective autonomy, as demonstrated in the therapist’s account below.

“Development of a sense of belonging and interpersonal communication through the creative process and two main therapeutic objectives in a music therapy group with PTSD patients” (A5, p. 36)

The creation of a safe environment, supported by group musical improvisation, fosters relationships characterized by mutual trust – an essential aspect for traumatized individuals to experience belonging and validation of their subjectivity. The creation of emotional bonds and the strengthening of group belonging can emerge from intense musical experiences, such as collective drumming, which foster emotional openness and the building of trust among participants.

In the context of mourning, participants reported that the group experience of musical composition fostered the awareness that their pain was shared by others, and that it contributed to coping with emotional loss and developing strength. This experience is illustrated in the following words:

"I opened my eyes to see what there are other people around me who are in mourning like me"; (A12, p. 18).

"I learned how I could speak with people who have been through what I have been" (A12, p. 18).

Category 2 - The importance of a professional oriented to practice

This category highlights the specificity of the music therapist's work on trauma issues.

a) Associations between Music, Sleep, and Trauma

Certain sounds and instruments can evoke memories, sensations, and emotions associated with past traumatic experiences.. In this context, music becomes a means of indirect and symbolic access to these experiences, as illustrated in the following excerpt.:

"There were metal instruments frequently found to awaken associations, memories, sensations and feelings (...) connected with trauma, such as weight, tension, strident sounds, destruction, wounds, nervousness, funerals, alarms, low self-image, social isolation, trauma memory, restlessness, sleep head, rats, explosions, weapons, finding prisoners and espionage." In contrast, wooden instruments frequently facilitate [associators] pleasure, including relaxation, pleasure, joy, personal satisfaction, laughter (...). (A2, p.228)

Some therapeutic techniques deliberately employ these associations to help participants evoke memories and safely integrate them into the care process:

"Therefore, I was asked to evoke the sounds of the event and find instruments that were played by these songs and also played, we would like to listen to the songs being reproduced by other members." (A2, p.225)

Music can evoke powerful emotions, enabling participants to experience and express profound feelings, which are often associated with trauma.

"It is worth highlighting that the participants who reenact their traumatic events are given permission to interrupt improvisation at any time when the experience becomes very intense for them." (A2, p.226);

"During these sessions, clients can decide which activities to do and to explore their memories, reinforcing a sense of control and active participation in the therapeutic process." (A8, p.6)

The therapeutic relationship is also a crucial element, as illustrated by the holding technique discussed by the author:

"The holding technique creates an environment of security and support, allowing participants to feel emotionally protected. The assertion that the therapist "was there" reflects a deep emotional connection, essential to promote trust and allow the expression of repressed emotions. This perception of support strengthens the basis for memory processing traumatic, many times it is difficult to access without such contention." (A10, p.7)

The use of musical instruments, particularly percussion, has been shown to be effective as a channel for the symbolic expression of emotions. The choice of instrument can reflect important subjective aspects, as illustrated by one participant's statement: 'I realize that I connect more with the drum. I love the drum. It's so powerful!' (A5, p.39). Another study also highlights the significance of drums:

"We can be attracted to the drum because it is necessary to beat it. It throws all the energy!! When you beat something, you beat it. You don't do something gentle; you beat it with temperament. That's what makes the drum attractive to us. (Session 9) (A2, 223)

In addition, it was also used as a tool to strengthen assertiveness and foster empowerment, as expressed in the following

"The percussing technique described here was originally developed to help patients who suffer physical, sexual or emotional abuse to feel more empowered and become more assertive (A9, p.113).

The same author mentions that 'The drums are often symbols of power and, therefore, are suitable for assertiveness and courage quests.' (A9, p.113) However, he cautions that:

"Despite the safety and support, this technique can be quite demanding for trauma survivors. Due to the physical aspects and experiences of the technique, participation can leave the patient with a feeling of helplessness due to abuse." (A9, 112)

The use of instruments such as xylophones and drums can also facilitate the expression of inner states, as illustrated below:

*"Patients often appeared visually more relaxed as we explored the xylophones and drums, finding rhythms and melodies that seemed to reflect their internal states."
(A12, p.15)*

c) Resources

Across two studies and in the broader literature, it is evident that music therapy offers a wide range of resources to address trauma. It is important to emphasize that not every professional is qualified to practice music therapy, as this activity is complex and requires specific tools and training, such as those involved in supporting clients through musical composition.

"The music therapist used several techniques to assist in the creation of songs, including in this analysis, such as: (1) substitution of lyrics to create adapted lyrics and personalized musical passages; (2) transformation of previous works written by service members (for example, trauma narratives, diary entries, etc.) in songs; (3) lyrical restructuring of written works that the members of the service come to create for music (A4, p.21)

Using receptive music therapy techniques (musical listening), for example, a patient who had suffered sexual abuse was guided through an imagery process with music, facilitating an internal journey toward reconnection.

d) Cultural Dimensions of Musicality

The music therapist is a professional who understands the cultural impact on musicality and recognizes its importance. Trained to engage with diverse cultures while remaining grounded in their own, music therapists use these resources to enrich and enhance the therapeutic experience.

“This first contact led us to perceive the challenge that it was to work with street children who played these instruments best of all; We realize that there is a need to be fast and fast to escape from pedestrians during assaults, from other gangs, once each territory is demarcated, the police and, mainly, because the pace does not flow as usual, we realize that we are facing a different reality and that it would take a lot of creativity to be able to do so. unwrap or work.” (A6, p. 60)

Two studies (A7) demonstrated how initial conflicts over divergent musical preferences among young people (heavy metal and rap) reflected deeper issues, such as racial prejudice. By addressing these differences through discussions and collaborative creation, the group was able to overcome them, resulting in the production of music that integrated elements of both styles, as described below:

“Two members of the group told the therapist that the entire group now listens to both styles of music, or that they demonstrate progress that does not respect the next.” (A7, p. 18)

This collective experience fostered group cohesion and a sense of shared pride. Progress was evidenced by reports that members who had previously resisted each other’s musical styles began to listen to both genres. This suggests that the process helped cultivate empathy, mutual respect, and the overcoming of cultural and emotional barriers within the group.

Research Limitations

Limitations related to inconsistencies in the quality criteria of the two studies analyzed concern details such as ethnicity or medical history, which are often vague or absent. Patient histories were rarely presented in the form of a timeline, and clinical evolution over time was often described without sufficient detail. Reports generally referred only to the current clinical condition, and therapeutic interventions were inconsistently documented—some studies provided comprehensive technical descriptions, while others barely mentioned them. These limitations partially compromise the specificity of music therapy for each population.

Most of the included studies focused on predominantly young populations and did not clearly identify the characteristics of the individuals in the extracted data. Nevertheless, we chose to include these studies based on the population selection criteria defined in the primary research, considering that the interventions targeted individuals within the age group under investigation.

With regard to methodology, two articles—comprising case studies and qualitative research—were included. This decision was motivated by the scarcity of studies adopting an exclusively qualitative approach from the social sciences, which limits the possibility of applying more rigorous quality criteria, particularly concerning qualitative methods. As a result, quality assessment tended to prioritize case studies.

Finally, aspects related to Post-Traumatic Stress Disorder (PTSD) could not be explored in depth. This is because many of the individuals referred to music therapy originated from support institutions and had, at some point, been diagnosed with PTSD, though without further specificity regarding their clinical conditions.

CONCLUSIONFINAL REMARKS

In this research, we aimed to build theoretical knowledge to guide practice in the application of music therapy for traumatized adolescents and young people.

Music therapy has emerged as a distinctive field of intervention, offering possibilities for addressing different types of trauma across varied contexts and settings. It facilitates the recognition and expression of feelings in a safe environment, promotes group cohesion and mutual support, and fosters a sense of belonging among participants. Music and musical

experiences within music therapy play a fundamental role in mobilizing individuals on emotional, psychological, and neurological levels.

These contributions are consistent with the concept of post-traumatic growth proposed by Tedeschi and Calhoun (2004), which highlights the positive changes that can result from overcoming extremely challenging events. This process goes beyond recovery, involving the reconstruction of core beliefs and the creation of new perspectives on oneself and the world. As demonstrated in the studies of Felsenstein (2013) and Green (2011), music and art are central to this process, helping individuals confront trauma while promoting resilience and transformation.

REFERENCES

1. Sampaio LFR, editor. National policy of integrative and complementary practices in SUS: attitude of broadening access. 1a. ed. Brasília, DF: Ministério da Saúde, Secretary of Health Care, Department of Basic Care; 2006. 91 p.
2. Ministry of Health. PORTARIA N ° 849, OF MARCH 28, 2018 - Imprensa Nacional [Internet]. Sect. 1 Apr 2, 2018 p. 84. Available from: http://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/8580096
3. BRAZIL. LEI N ° 14,842 professional activity of music therapist [Internet]. 14,842 Apr 11, 2024. Available from: https://www.planalto.gov.br/ccivil_03/_ato2023-2026/2024/lei/L14842.htm#:~:text=LEI%20N%C2%BA%2014.842%2C%20DE%2011%20DE%20ABRIL%20DE%202024&text=Disp%C3%B5e%20sobre%20a%20atividade%20profissional,a%20atividade%20profissional%20de%20musicoterapeuta.
4. Goldberg FS. Music Psychotherapy in Acute Psychiatric Inpatient and Private Practice Settings. *Music Ther Perspect*. 1989 Jan 1;6(1):40–3.
5. Bensimon M, Amir D, Wolf Y. Drumming through trauma: Music therapy with post-traumatic soldiers. *The Arts in Psychother*. 2008 Jan 1;35(1):34–48.
6. Bradt J, Biondo J, Vaudreuil R. Songs created by military service members in music therapy: A retrospective analysis. *The Arts in Psychother*. 2019 Feb 1;62:19–27.

7. Suzuki DC, Monge AB, Silva BS da, Viana JA, Suzuki PR, Neto RA, et al. Adolescent victims of sexual abuse and music therapy: A systematic review. *Res. Soc. Dev.* 2023 Jul 3;12(6):e28812642356–e28812642356.
8. McFerran K, Teggelove K. Music Therapy with Young People in Schools: After the Black Saturday Fires. *Voices: A World Forum for Music Therapy* [Internet]. 2011 Jan 24 [cited 2024 Dec 9];11(1). Available from: <https://voices.no/index.php/voices/article/view/1945>
9. Rudstam G, Elofsson UOE, Söndergaard HP, Bonde LO, Beck BD. Trauma-focused group music and imagery with women suffering from PTSD/Complex PTSD: A randomized controlled study. *Eur J Trauma Dissociation.* 2022 Sep 1;6(3):100277.
10. Hakvoort L, de Jong S, van de Ree M, Kok T, Macfarlane C, de Haan H. Music Therapy to Regulate Arousal and Attention in Patients With Substance Use Disorder and Posttraumatic Stress Disorder: A Feasibility Study. *J Music Ther.* 2020 Jul 18;57(3):353–78.
11. Drozd N. The Therapeutic Approach to Military Culture: A Music Therapist's Perspective. *J Med Humanit.* 2022 Mar 1;43(1):169–77.
12. Baker F, Wigram T, Stott D, McFerran K. Therapeutic Songwriting in Music Therapy: Part I: Who are the Therapists, Who are the Clients, and Why is Songwriting Used? *Nord. J. Music Ther.* 2008 Jul 1;17(2):105–23.
13. Suzuki DC, Schweitzer MC, de Souza Vitalle MS. Adolescent victims of sexual abuse and music therapy : an integrative review. *Rev. Educ.-UNG-Ser.* 2021;16(2):141–52.
14. Suzuki DC, Vitalle MS de S. Music Therapy to improve cognition in adolescent and young adults with Post Traumatic Stress Disorder: Qualitative Systematic Review Protocol from text and opinion. Available from: hyperlink for the record. [Internet]. PROSPERO: International prospective register of systematic reviews. Year of registration.; 2022. Available from: <https://www.crd.york.ac.uk/prospero/>
15. Lockwood C, Porritt K, Munn Z, Rittenmeyer L, Salmond S, Bjerrum M, et al. Systematic reviews of qualitative evidence [Internet]. JBI; 2024. (Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBI Manual for Evidence Synthesis*). Available from: <https://synthesismanual.jbi.global>
16. Sandelowski M, Barroso J. *Handbook for synthesizing qualitative research*. New York: Springer Publishing Company; 2006.

17. Moola S, Tufanaru C, Aromataris E, Sears K, Sfetcu R. Chapter 7: Systematic reviews of etiology and risk. In: JBI Manual for Evidence Synthesis [Internet]. Aromataris E, Munn Z; 2020. Available from: <https://synthesismanual.jbi.global>
18. Munn Z, Porritt K, Lockwood C, Aromataris E, Pearson A. Establishing confidence in the output of qualitative research synthesis: the ConQual approach. *BMC Med Res Methodol*. 2014 Sep 20;14(1):108.
19. Page M, McKenzie J, Bossuyt P, Boutron I, Hoffmann T, Mulrow C, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71.
20. Bensimon M, Amir D, Wolf Y. A pendulum between trauma and life: Group music therapy with post-traumatized soldiers. *The Arts in Psychother*. 2012 Sep 1;39(4):223–33.
21. Blake RL, Bishop SR. The Bonny Method of Guided Imagery and Music (GIM) in the treatment of post-traumatic stress disorder (PTSD) with adults in the psychiatric setting. *Music Ther Perspect*. 1994;12(2):125–9.
22. Barcellos LRM. Da “Re-criação Musical à Composição”- a path for the individual expression of street children. *BRJMT* [Internet]. 1998 Jun 30 [cited 2024 Oct 23]; Available from: <https://musicoterapia.revistademusicoterapia.mus.br/index.php/rbmt/article/view/153>
23. Edgerton CD. Creative group songwriting. *Music Ther Perspect*. 1990;8(1):15–9.
24. Orth J. Music Therapy with Traumatized Refugees in a Clinical Setting. *Voices: A World Forum for Music Therapy* [Internet]. 2005 Jul 1 [cited 2024 Dec 3];5(2). Available from: <https://voices.no/index.php/voices/article/view/1715>
25. Slotoroff C. Drumming Technique for Assertiveness and Anger Management in the Short-Term Psychiatric Setting for Adult and Adolescent Survivors of Trauma. *Music Ther Perspect*. 1994 Jan 1;12(2):111–6.
26. Volkman S. Music therapy and the treatment of trauma-induced dissociative disorders. *The Arts in Psychother*. 1993;20(3):243–51.

27. Bronson H, Vaudreuil R, Bradt J. Music Therapy Treatment of Active Duty Military: An Overview of Intensive Outpatient and Longitudinal Care Programs. *Music Ther Perspect.* 2018;36.
28. Myers-Coffman K, Baker FA, Daly BP, Palisano R, Bradt J. The resilience songwriting program for adolescent bereavement: A mixed methods exploratory study. *J. Music Ther.* 2019;56(4):348–80.
29. Bruscia KE. *Defining Music Therapy*. 3rd^{edition}. Dallas, TX: Barcelona Publishers; 2016.
30. Tedeschi RG, Calhoun LG. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychol. Inq.* 2004;15(1):1–18.
31. Felsenstein D. From uprooting to replanting: Music therapy as a way to construct roots for internal resettlement in forced migration. *The Arts in Psychother.* 2013;40(3):321–8.
32. Green L. *Learning, teaching, and musical identity: Voices across cultures*. Bloomington: Indiana University Press; 2011.

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