

A SEARCH FOR WHOLENESS: SONGS OF HEALING FOR ADOLESCENTS WITH
EMOTIONAL AND BEHAVIORAL DISORDERS

A Creative Project
by
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ABSTRACT

A SEARCH FOR WHOLENESS: SONGS OF HEALING FOR ADOLESCENTS WITH EMOTIONAL AND BEHAVIORAL DISORDERS

(May 2010)

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The purpose of this Creative Project is to provide the clinician with a resource of songs specifically related to common issues that adolescents face, particularly those adolescents with emotional and/or behavioral disorders. Issues addressed through these songs include teen pregnancy, divorce, addictions, loneliness, depression, boyfriend/girlfriend relationships, various forms of abuse, abandonment, and hope. Each song is meant to evoke discussion and thoughtfulness from the listener. As a result of listening to a particular song within this project, the clinician might choose to have the client write her/his own verse or version on that particular topic. A review of literature is provided to enhance one's understanding of how these disorders may originate in the adolescent. Additionally, the literature regarding the proven usefulness of implementing various music therapy techniques, specifically song writing, is discussed. Finally, the complete musical notation of twelve self-composed songs related to various issues that affect adolescents is included in this Creative Project. Each song comes with a detailed description of its meaning, its intended use, and contraindications.

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CHAPTER 1
EMOTIONAL AND BEHAVIORAL DISORDERS
IN CHILDREN AND ADOLESCENTS

When a child throws a tantrum or an adolescent walks around in a state of moodiness, most people do not think twice about it unless the frequency and severity with which either of these presents itself becomes uncontrollable. Should this constant escalation of poor temperament or constant moodiness persist, it may be possible that the adolescent is manifesting behaviors that may grant her/him a diagnosis of an emotional or behavioral disorder (ED/BD). These disorders may negatively affect the choices made by the child or adolescent which may include theft and/or homicide. While there may be some biological predisposition within the child/adolescent that results in a diagnosis of ED/BD, there are also key risk factors within the child's environment that may affect and lead a child/adolescent to being diagnosed with ED/BD.

Defining ED/BD

The *Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR;* American Psychiatric Association, 2000), specifically identifies disorders that are commonly seen or originated in childhood, though many of these disorders are also seen in adults as well. According to the DSM-IV-TR, these disorders include: mental retardation, learning disabilities, motor skills disorder, communication disorders, pervasive developmental disorders, attention-deficit and disruptive behavior disorders, feeding and eating disorders of infancy or early childhood, tic disorders, elimination

disorders, anxiety disorders, and attachment disorders. Of specific importance for this project are those disorders mentioned under the category of Attention-Deficit and Disruptive Behavior Disorders which include: attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder. Although not included in the chapter related to childhood diagnoses, it is important to remember that eating disorders including anorexia nervosa and bulimia nervosa are also seen in adolescents and not just adults. Because of the adolescent's distorted view of her/his body and the impact an eating disorder can have on an adolescent's emotional health, eating disorders are included as significant disorders for the purpose of this project. Finally, although emphasis is given to persons diagnosed with ED/BD in this project, the emotional health of a client who is experiencing any of the above mentioned disorders is of up-most importance and should not be ignored when administering treatment.

The Individuals with Disabilities Education Act (IDEA) provides for education services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities (U.S. Department of Education, 2004a). Of those with disabilities, approximately 7.9% of the children have a disability that is categorized as a serious emotional disturbance (U.S. Department of Education, 2006). IDEA defines a serious emotional disorder as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: an inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and

teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; and, a tendency to develop physical symptoms or fears associated with personal or school problems. Serious emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance (U.S. Department of Education, 2004b).

Risk Factors for ED/BD

The manifestation of ED/BD can have different triggers. On the one hand, violence is a learned behavior; many children who witness violence, particularly within the home, are at an increased risk for developing emotional and behavioral problems (Huth-Bocks & Hughes, 2008; Peled & Davies, 1995). Although rates of youth homicide have declined substantially during recent years, the prevalence of youth violence remains alarmingly high (Center for Disease Control and Prevention, 2009). Youth violence involves various behaviors including bullying, slapping, hitting, robbery, assault, and/or rape. In all of these instances, the young person can be a victim, an offender, or, as previously stated, a witness to the violence (Center for Disease Control and Prevention, 2009).

Homicide is the second leading cause of death among youth aged 10–24 years in the United States. Violence is also a major cause of nonfatal injuries among youth. In 2006, a total of 720,371 young people aged 10–24 years were treated in emergency departments for nonfatal injuries sustained from assaults (Center for Disease Control and Prevention, 2009). An estimated 9,200 juveniles were arrested for arson in 1999, 89% of

whom were males and 67% of whom were under the age of 15 (*Uniform Crime Reports—1999*, 2010).

However, evidence suggests that the violence itself is not the only cause of ED/BD. Huth-Bocks and Hughes (2008) found that parenting stress had a direct effect on child adjustment behaviors, and strongly affected behavioral and emotional problems. Abused and/or neglected children often assume the responsibility for being abused. They blame themselves and are frequently filled with shame and self-contempt that results in self-destructive acting out. Psychologically, it is easier for a child to blame herself than to blame the perpetrator (Austin, 2006). The lack of worth found in children who have experienced or witnessed abuse is connected with an overload of held-in emotions and self-blame (Pearson, 2004). In a study conducted with children in a shelter setting, areas of need included acute feelings of loss, anger, fear, sadness, confusion, guilt, and a variety of adjustment problems. These children often had more externalizing problem behaviors, more internalizing problem behaviors, and less social competence. They exhibited more anxiety, aggression, temperamental problems, depression, and low self-esteem, as well as lower verbal, cognitive, and motor abilities (Peled & Davies, 1995). In a survey of music therapists who worked with children survivors of domestic violence, researchers noted that these children were often reported as having flat or inappropriate affect and an inability to express emotions. Additionally, they exemplified poor organizational skills and poor problem solving skills (Cassity & Theobald, 1990).

Webster-Stratton (2005) proposed several factors that posed a risk for youth violence. These factors included ineffective parenting, such as harsh discipline and low involvement; family factors that included marital conflict, drug abuse, and/or criminal

behavior of a parent; child biological and developmental risk factors including attention deficit disorders, learning disabilities, and/or language delays; various school risk factors such as poor classroom management, large class sizes, or low teacher involvement with parents; poor peer support and community risk factors like poverty and gang involvement.

Emotional and behavioral disorders that manifest in childhood/adolescents include attention deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, anorexia nervosa and bulimia (*DSM-IV-TR*; American Psychiatric Association, 2000). Characteristics of these disorders include an inability to learn or maintain healthy relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; and, a tendency to develop physical symptoms or fears associated with personal or school problems (U. S. Department of Education, 2004b). Risk factors involved with a child developing ED/BD may include witnessing or experiencing abuse, neglect, or violence (Huth-Bocks & Hughes, 2008; Peled & Davies, 1995); biological predisposition to learning disabilities; a negative family environment; poor classroom management; and/or living in a low socio-economic community (Webster-Stratton, 2005).

CHAPTER 2

MUSIC THERAPY IN THE TREATMENT OF ED/BD IN CHILDREN AND ADOLESCENTS

In the last decade, there has been a growing acceptance of expressive arts therapies. Art, dance and movement, music, poetry, and drama therapies have expanded treatment options for emotionally disturbed and at-risk populations. Expressive arts therapies have been shown to be effective with borderline disorders, abuse, neglect, abandonment, separation anxiety, mood disorders, ADD, and ADHD (Bushong, 2002; Cassity & Theobold, 1990; Crowe, 2004, Edgerton, 1990; Gardstrom, 1999; Hilliard, 2001; Irwin, 2006; Justice, 1994; Lindberg, 1995; Montello & Coons, 1998; Nolan, 1998; Rickson & Watkins, 2003; Thaut & Davis, 1993; Wells, 1988).

Music therapy can be defined as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association, 2009). Music therapy has been found to have a positive and meaningful effect on persons who have experienced abuse and neglect, as well as on those diagnosed with eating disorders, behavior disorders, and severe emotional impairments (Bushong, 2002; Cassity & Theobold, 1990; Edgerton, 1990; Gardstrom, 1999; Hillard, 2001; Justice, 1994; Lindberg, 1995; Montello & Coons, 1998; Nolan 1998; Rickson & Watkins, 2003; Thaut & Davis, 1993; Wells, 1988). In *Music and Soul Making*, Crowe (2004) wrote, “Music is nonverbal communication expressing

emotions beyond the power of words to convey. Music provides a subtlety, preciseness, and truth of expression that language cannot approach” (p. 40).

Music and Emotions

There has been much debate and research on the effect of music on emotions (Crowe, 2004; Grewe, Nagel, Kopiez, & Altenmuller, 2007; Hunter, Schellenberg, & Shimmack, 2010; Sammler, Grigutsch, Fritz, & Koelsch, 2007; Zenter, Grandjean, & Scherer, 2008). In a study of whether listening to music could evoke particular emotions regularly experienced in everyday life (guilt, shame, jealousy, disgust, contempt, embarrassment, anger, and fear), Zenter, Grandjean, and Scherer (2008) found that these emotions were almost never aroused by participants when listening to classical, jazz, pop/rock, Latin American, or techno music. Interestingly, the researchers did find that people tended to become self-forgetful and somewhat detached from everyday concerns when listening to music.

Some researchers have focused on whether particular aspects of the music could reflect emotional states of being. For example, a study conducted by Hunter, Schellenberg, and Shimmack (2010) found that the majority of participants agreed that songs with a fast tempo and written in a major key were rated as “happy songs”, while the opposite (songs with a slow tempo and written in a minor key) were considered “sad songs”. Also, the researchers found that the *appeal* of “sad songs” increased among participants who stated they were in negative mood states. The implications of this findings should remind music therapists to musically meet the clients where they are—if they are feeling sad, play sad music.

Other researchers have focused on the physiological effects that music had on a person's being. One study found that certain specifically selected pieces of music could evoke heart palpitations, whole body movement, laughing, a "funny feeling" in the stomach, goose bumps, and shivers down the spine (Grewe, Nagel, Kopiez, & Altenmuller, 2007). Another study focused on the differences of consonant and dissonant music and its effects on the body (Sammler, Grigutsch, Fritz, & Koelsch, 2007). They found that the heart rate of the majority of listeners decreased significantly more during pleasant-sounding consonant music than during dissonant music

Perhaps it is not that music arouses a particular emotion, but that instead the music is able to accurately reflect an emotion—music sounds the way emotion feels (Crowe, 2004). Crowe recognized that music was a powerful tool for healing. She stated,

"Music is...a subconscious influence on emotion and feeling. If emotions and the feeling states that arise from them are mediated and conditioned below the thinking level of the brain, then a therapy like music therapy that uses the same brain pathways is the best way to treat problems arising from early learned emotional reactions. This is because music allows us to experience, identify, and express emotions and feelings in safe, manageable ways." (p. 264).

Therapeutic Applications of Music in ED/BD

Because of the versatility of music, there are numerous ways that music can be used therapeutically. Through sublimation, music therapy procedures can be used to refocus and channel negative impulses and drives into socially acceptable expressions (Crowe, 2004). Crowe gave the example of clients beating a drum to express anger, or adolescents who sublimate conflicts and emotional pain into song lyrics and musical improvisation. McClary (2007) found that drumming could potentially release feelings that the client may have kept blocked or unexpressed within her/himself.

Several authors have reported positive outcomes of various music therapy interventions for persons who have eating disorders. Justice (1994) wrote that the facilitation of music based relaxation techniques, active music making, and the Bonny Method of Guided Imagery and Music (GIM) were beneficial for providing the participants with a greater awareness of their physical reactions to stress and emotions and healthy ways to cope with stress and anxiety. The use of symbols that arose during GIM were shown to be helpful for the participant with distorted body image. Hillard (2001) noted that in addition to relaxation techniques, lyric analysis may be used to confront and challenge cognitive distortions, to gain awareness and insight, and to facilitate change within the session and everyday life with adult females with eating disorders, while songwriting was used to reconstruct irrational thoughts. In another study of adults receiving music therapy treatment for bulimia nervosa, Nolan (1989) found that improvisation, used as a means of expression to replace bingeing/purging behaviors, proved to be an effective form of treatment. Improvisation provided a sense of security, and therefore allowed experimentation, creative expression, control, support, and personal or subjective involvement.

Wells (1988) developed music therapy procedures to assess the anxiety, decision making skills, reality orientation, abstracting ability, self-image, emotional constriction, frustration tolerance, attention span, ego boundaries, and thought processes of emotionally disturbed youth. In a study to determine if listening to music, primarily rap music, negatively influenced juvenile offenders' illegal behavior, Gardstrom (1999) found that, instead, the majority of participants believed more firmly in the power of music to enhance their lives by altering their mood and their behavior in a positive direction.

Furthermore, the majority of participants agreed that their preferred music was chosen based on the music's ability to reflect their own lives by telling a similar story, but disagreed that the music caused them to initiate illegal behaviors. In a similar study regarding music media and antisocial disorder among adolescents, Bushong (2002) noted that violent or sexual music media found in rock or rap music may provide an expressive outlet for those violent, sexual feelings present in young men, thereby reducing the potential for acting out aggressively. He goes on to say that perhaps these same boys would have behaved even more inappropriately if this music were not available as a means of cathartic release. However, Bushong recognized that the manner in which the adolescent experiences music may affect his behaviors in society. For example, if he is, in fact, using the music and lyrics as a means of cathartic release, then the risk for participating in criminal activity may not be as high as it would be if he were using the music to get "pumped up" before hanging out with friends.

Another technique often used in music therapy is songwriting. Songwriting gives the opportunity for the client to feel accepted for who they are and to know that their expression is heard and acknowledged. As the songwriting process is nearing completion, it can provide a real sense of achievement and can increase a client's confidence and independence (Derrington, 2005). Similarly, Crowe (2004) wrote, "Writing about music is about expressing a person's uniqueness and sharing that with others", and, "Composition is about self-expression at its most basic level" (p.89).

Lindberg (1995) found songwriting to be an effective method for increasing self-esteem, assertiveness skills, decision-making skills, and expression of feelings for an adolescent female who had been physically and sexually abused. While songwriting can

be an overwhelming project for some, Lindberg suggested a few ways of approaching it that make the experience successful and rewarding. One of these methods included creating lists through free association of key words or phrases describing specific topics. With the help of the client, Lindberg would then co-create the lyrics from those key words and phrases, followed by the musical composition. Although the process was long (26 months), Lindberg noted that the client's songs moved from primarily reflecting pain to expressing hope and strength. She also found that the client's level of self-confidence increased as her participation grew from occasionally "correcting" a lyric that the music therapist wrote to writing entire songs on her own time and choosing a melody on the piano with harmonic accompaniment provided by Lindberg.

Songwriting also can be beneficial in group settings for adolescent males with severe emotional impairments. Edgerton (1990) suggested listening to a familiar or meaningful song and analyzing the lyrics for a particular theme. The lyrics are then broken down according to the form of the song (introduction, verses, chorus, bridge, etc.). The clients are then given the option of exploring their thoughts about that particular theme, citing specific examples regarding the theme, using symbolic words to describe the examples they provide, telling stories related to the theme, and/or answering questions about the theme. Edgerton asked the clients to find the rhyming scheme, clap out the rhythm, identify the hooks contained in the song, and identify what instruments they hear. The group is then asked to brainstorm a theme for the song they want to create. All ideas are discussed, no matter how unrealistic they may be, before reaching a final decision. Next, ideas about the chosen theme are written down and discussed. The chorus is written first by identifying the major thoughts concerning the theme and the remaining

points are used in the verses and bridge. Adding the music is done over several sessions, first involving improvisation to find a suitable accompaniment, then adding in other instruments as the group deems necessary. The final product is recorded and sometimes performed for peers.

As the previously mentioned research suggests, music therapy can be an effective way to increase self-esteem, assertiveness, decision making, emotional expression, attention span, and motivation in adolescents, while decreasing hostility toward peers (Lindberg, 1995; Montello & Coons, 1998). Songwriting can improve group cohesiveness, self-expression, and listening skills, and encourage adolescents to seek out productive coping techniques (Edgerton 1990). Experiences that focus on building trust, safety, self-esteem, confidence and that work on expressing emotions, increasing organizational skills, and problem solving skills would be highly beneficial (Cassity & Theobald, 1990; Pearson, 2004; Peled & Davies, 1995).

The music therapy literature shows the usefulness of implementing music therapy with adolescents with ED/BD, and an understanding of how these disorders originate allows the clinician a better understanding of the client. More specifically, the effective use of self-composed songs has been noted. While the literature primarily describes composing the songs with the client present, it is the author's experience that this may not always be possible. For example, in some circumstances, the clinician will be meeting with the client only for a limited amount of time and therefore would be unable to devote sufficient time for effective creative writing. Other clinicians may not have the appropriate training in songwriting and therefore feel inadequate to do so. Finally,

providing another's work before asking the client to write her/his own song may relieve some of the client's anxiety about songwriting.

The purpose of this Creative Project is to provide the clinician with a resource of songs specifically related to common issues that adolescents face, particularly those with emotional and/or behavioral disorders. Each song is meant to evoke discussion and thoughtfulness from the listener. As a result of listening to a particular song within this project, the clinician might choose to have the client write her/his own verse or version of that particular topic.

CHAPTER 3

SONGS OF HEALING FOR ADOLESCENTS WITH ED/BD

This chapter describes the process through which the author composed songs to address specific issues that adolescents face. Following the description of the songwriting process is the musical notation of the melody and chords for each song so the songs may be implemented by clinicians who work with adolescents and others with similar therapeutic issues. Each song is preceded by a detailed description of the meaning behind the lyrics, the purpose of the song, and contraindications.

The Songwriting Process

Based on a review of literature regarding songwriting with adolescents with ED/BD and experience working with this population in both a psychiatric and group home settings, the author began to create. The songs were inspired by real life experiences expressed by clients. The composer also embellished based on personal felt experiences of loneliness, betrayal, hurt, anger, confusion, and hope. The author found that in order to create some of the songs, she had to commit internally to fully embodying that song's theme. This meant isolating herself with nothing but a guitar, keyboard, and some paper and calling upon her memory of stories shared by clients, focusing primarily on the emotion that was felt during these experiences. It was the emotion behind the experiences that inspired the music for each song in this collection.

With the theme of the impending song in mind, the author would begin with a chord progression. Once a satisfactory progression was established, words were added as they appeared in her mind, mainly through a time of free expression. By this, it is meant that words were improvised as she thought them, and were recorded based on whether or not they were appropriate for the song's overall meaning.

Once the lyrics and music were complete, the song was sung for friends, family, and colleagues to assess the songs effectiveness for evoking particular emotions, thoughts, and various discussion points, and, whether or not the song was aesthetically pleasing to the listeners. After the reactions and opinions were gathered, the song would be transcribed through the computerized music notation program, *Finale Notepad 2007* (www.finalemusic.com/notepad/), and considered complete. An obvious disadvantage to this final process is that only a few of the listeners were adolescents with ED/BD. However, since the emotions behind the themes within these songs are universal, it is the hope of the author that they are beneficial to populations beyond adolescents with ED/BD.

Songs of Healing

What follows are twelve original songs. Each song is preceded by a detailed description of the song's meaning, as well as indications for when it would be appropriate to share the song, and contraindications for its use.

Use Your Voice

Primary Theme: Abuse (physical, emotional, sexual);

Secondary Theme: Speaking out about and/or against abuse

Abuse, though widely acknowledged to be a horrific act against beings of all ages, sexual abuse somehow remains undetected in many situations. This particular song briefly addresses three different scenarios:

1. A little girl, living in poverty and intentional neglect and physical abuse from her parents, who still believes that someone will love her, someone will save her;
2. A woman running from an abusive partner who used her in ways that we can only imagine. She is now looking, asking, and pleading for someone to take her in and give her a second chance in life; and
3. A young boy who is being sexually abused and threatened by his uncle, and who has learned to disassociate from the situation as a means of self-preservation.

This particular song has two separate intentions. The first is to be used with a suspected victim or survivor of abuse. The child or adult may be fearful to speak about abuse because s/he worries that the attacker may find out and hurt her/his family. The chorus is hoped to instill courage in the listener to speak up about what s/he experienced and claim her/his life back. The second intention of this song is to be used by everyone else. There may come a time in our lives, if it has not happened already, that we will each wonder at least once if a person we encounter is currently being abused or has been abused in the past. As this song is meant to imply, it is our duty to do something about it. We must be willing to help one another. While this message is more pertinent to people

in helping professions or who work with children/adolescents each day, we must all stand together.

Contraindications. Due to the heavy nature of the lyrics, this song should not be used in the beginning of a therapeutic relationship. Indeed, it should not be used until the therapeutic rapport is firmly established and trust is an abundant factor between the client and therapist. It should also not be used during the last session with a client, as it might open wounds that cannot be healed in 50 minutes. However, it is appropriate to use in settings where the audience consists of people actively seeking to work with individuals who have experienced abuse.

Use Your Voice

K. Leonard

Capo 5

Voice

G D/F# Em

Sar-ah sits by her - self on the bus — to school — 'cause

C9 G D/F#

bruises take time to heal. Long sleeves and long jeans, the kids they think — she's

Em C9 G D/F#

weird — but Sar - ah don't care. 'Cause she be-lieves in a thing — called hu-

Em C9 G D/F#

man - i - ty; that's you and me — "You can save me. You can help just use your

Em C9 G D/F#

voice — . Use your voice. You can save me. You can help just use your

Em C9 G D/F#

voice — . Use your voice." E-liz-a-beth is run-ning from a life — of

Em C9 G

pain — . It's been eight years — to - day that he told her he would

D/F# Em C9

show her all the things of this world — he de - stroyed that lit - tle

G D/F# Em C9

girl. Now she's run-ning just as fast — as she can — . When she shows up at your

G D/F# Em C

door. "Can you save me from my-self? Just use your voice — . Use your voice.

2 Use Your Voice

G D/F# Em C9
 Can you save me from my-self? Just use your voice — . Use your voice."

G D/F#
 Lis - ten, lis - ten: They're

Em G
 call-ing to us — yeah they're call-ing to us — . Lis - ten,

D/F# Em
 lis - ten: They're call-ing to us — , yeah they're call-ing to us — .

G D/F# Em C9
 Deep down some-thing tells Matt-hew it's not right — the games they play at

G D/F# Em C9
 night. Un-cle John says, "You bet-ter not put up a fight — . Now turn off the

G D/F# Em C9
 light." Mat-thew clos-es his mind and he flies a - way to out - er-space say-ing,

G D/F# Em C9
 "Can you save me? Won't you help? Just use your voice — . Use your voice.

G D/F# Em C9
 Can you save me? Won't you help? Just use your voice — . Use your voice."

*Helpless**Primary Theme: Witnessing Violence*

“Helpless” tells the story of a child who has witnessed violence in varying forms. Verse one provides the background history—within the first few lines the listener hears that at one point, life was a happy one for the child. However, with a single knock on the door the child’s life changes forever. The intruder can be almost anyone. He can be the ex-husband, ex-boyfriend, uncle, brother, grandfather, friend, etc. of the mother. The listener also gets the impression that this is not the first time this intruder has appeared in the child’s life. Unfortunately, as a result of the intruder’s violent acts, the mother is killed while the child hides in the shadows, unable to do anything to help the mother. Verse two tells of how the child was sent to live in a residential setting as there was no one else to care for her. Although this new home was intended to be a supportive environment, the child finds herself in the same situation as at home, only this time the perpetrator(s) are her own peers. This verse implies that children who witness/experience violence either become perpetrators themselves, or continue to find themselves being the victim in abusive relationships. The ending of the song is meant to be one of encouragement for the survivor of abuse: keep going—do not give up.

This song is intended for adolescents who have witnessed or experienced abuse and neglect in varying forms. It may be particularly meaningful to those adolescents who have lost parents due to death or adolescents who have been removed from parents due to abuse/neglect and have been placed in someone else’s care. It is also beneficial for students who have been bullied at school or who implement acts of violence at school.

Contraindications. This particular song deals with a very serious and potentially scaring issue of being a helpless witness to violence. Therefore, due to the heavy nature of the lyrics and the intensely energetic music, this song should not be used in the beginning of a therapeutic relationship. Indeed, it should not be used until the therapeutic rapport is firmly established and trust is an abundant factor between the client and therapist. Similarly, it should also not be used during the last session with a client, as it might only open wounds that cannot be healed in 50 minutes. This song is not appropriate for those adolescents who have implemented acts of violence at school and do not feel remorse for it.

Helpless

K. Leonard

Voice

C#m G#

I re-mem-ber the day so clear-ly be-fore you were dead and gone.

C#m G#

I was wear-ing that white dress and sing-ing those child-hood songs — .

C#m G#

The sun was shin-ing, we were hap-py, but when that knock came — , the

C#m G#

clouds rolled in bring-ing all his sins, she was too scared to run a-way — .

C#m G#

And I was help-less, help-less, I couldn't stand to watch you fall. I felt so

C#m G# C#m

help-less, help-less, I could hear you through the walls. Help-less —

G# C#m G#

help-less —

C#m G#

Once he took her they sent me a-way to a school with kids like me.

C#m G#

Where I was taught to eith-er stand up, or turn the oth-er cheek — .

C#m G#

The sun was shin-ing, I was hid-ing as they dragged her in-to the dark — , their

helpless

fists rained down and I thought I might drown to the beating of my heart— .

And I was help - less, help - less, I couldn't stand to watch you fall. I felt so

help - less, help - less, I could hear you through the walls. Help - less—

help - less—

Move on, go a lit - tle farth - er got - ta

stay strong, just a lit - le longer, no don't give up, cause life is a bat - tle when you're

all a - lone. So, move on, go a lit - tle farth - er got - ta

stay strong, just a lit - le longer, no don't give up, cause life is a bat - tle when you're

all a - lone. Yes I will move on, go a lit - tle farth - er I will

stay strong, just a lit - le longer, I wont give up, cause life is a bat - tle but I'm

not a - lone. No I'm not a - lone— .

Boy from My Dreams

Primary Theme: Romantic Relationships

Secondary Theme: Uncertainty within intimate relationships

The musicality of this song is whimsical and, on surface level, has a lighthearted message about whether or not the girl should choose this boy who seems like quite a catch. It is a universal theme of uncertainty of whether we can truly ever know if the person asking to marry us is in fact the person we are meant to marry. Luckily, there are some who have never felt this uncertainty. However, the vast majority of people in relationships have, at one point or another experienced this uncertainty (including those relationships in which the two are already married). So while the music may feel whimsical and lighthearted, the message is taken quite seriously. The song suggests that the girl even wants this boy to be “the one,” but despite that desire, she still has her doubts. There is an underlying theme seen here of “settling,” or marrying out of fear of not finding someone else. Again, one might argue that this is a common trend among people of all ages, making the fear and uncertainty very real and very important to address since this doubt and/or fear of not finding someone else may unmask other feelings of insecurity and an overall lack of self-worth that is stunting the client’s emotional growth.

“Boy from My Dreams” is applicable for people of all ages ranging from adolescents to older adults. It can address the feelings of young, new love experienced by high school students as easily as it can address feelings of starting over for a divorcee considering re-marriage. The lighthearted music provides a comfortable atmosphere for the listener to ponder their own questions and perhaps be more willing to talk about them

with the therapist. It would be appropriate to use this in the beginning and middle stages of the relationship, including relationships where the client has recently become engaged and is actively planning a wedding; considering moving in and sharing a living space with their partner; or is otherwise considering taking their relationship to the next level.

Contraindications. This song is not to be used for clients experiencing severe relational difficulties including, but not limited to, abuse, divorce, affairs, betrayal by spouse, feeling a total loss of love for their partner, etc. Also, due to the nature of the lyrics, this song is really not appropriate to be used with heterosexual male clients.

Boy From My Dreams

Katurah Leonard

Voice

I used to dream at ni - ght a - bout a boy who'd come and fight a -
 way — all the sca - ry things and all the things I feared would dis - ap -
 pear — . Are you that boy? Are you that boy — ?
 Are you that boy — from my dreams — ?
 Now in the morn - ing I'd wake up to find a smile on my face — ;
 be - cause the night be - fore you flew me to a pal - ace far a - way — .
 Are you that boy? Are you that boy — ? Are you that
 boy — from my dreams — ?
 I've dreamt a thou - sand dreams with you be -
 side me; - could this be real? Or is it just a dream — ?

2

Boy From My Dreams

A

So now you're stand-ing here — you're right in front of me —

C E A

say - ing that you love me. And though I can't be - lieve my eyes,

C E D

I know for sure that I am not a - sleep — . Are you that

A D A D A

boy? Are you that boy — ? Are you that boy —

G A

from my dreams — ?

Detailed description: This is a musical score for the song 'Boy From My Dreams'. It consists of five staves of music in the key of D major (two sharps) and 4/4 time. The first staff begins with a treble clef, a key signature of two sharps, and a common time signature. The melody is written on a single staff. Chords are indicated by letters A, C, E, D, and G above the staff. The lyrics are written below the staff, with some words hyphenated across lines. The score ends with a double bar line.

*The Meadow**Primary Theme: Loss, Grief*

“The Meadow” tells the story of a young man who lost his wife shortly after she gave birth to their baby. It paints a picture of a meadow, a place that was, perhaps, something sacred for the young mother before her unexpected death. The grief is most prominent in the chorus, which is the lament of the young father, the baby, and/or the meadow. The importance of the song is the realization that one life can touch so many. Obviously, we feel the loss most severely when it affects us personally, but it is important to remember that others still feel pain as well—whether it be from friends, co-workers, or acquaintances. While the central characters are the young father and the motherless child, it is important to remember the symbolism of the meadow itself. The meadow is meant to represent the world around us. Not only are family, friends, co-workers, and acquaintances affected on various levels, but also are the everyday workings of our world. For no longer can this loved one breathe in the wind, plant a flower, or smile at a stranger. And although millions of people may not ever realize that this special person even existed, it is nonetheless quite possible that their life was somehow affected by the lost loved one in some small way, and even the meadow cries out at this loss. The belief that the loved one lives on is central to the theme of the song—it is meant to instill hope in the person who is grieving, to give him or her a reason to believe that, though the death was unexpected and perhaps at too young of an age, the loved one’s life was not a waste and was certainly not insignificant.

The intention of this song is that it is to be implemented with someone who has recently lost a loved one. The death may be expected or unexpected, and at any age

though it is more closely related to a young life in this particular song. While the lyrics focus on a husband losing his wife and a child losing her/his mother, it is not limited to only this type of grief. The song is still relatable to losing a best friend to suicide or a car crash as the theme of unexpected loss and grief is in all of these situations.

Contraindications. Obviously, this song is meant to evoke strong emotions of sadness and grief and is not appropriate for themes of “moving on” or “starting over” until the grief has been attended to by the clinician. However, once those themes have been addressed, this song may be revisited to validate the importance of the life of the lost loved one and discuss opportunities for “moving on.”

The Meadow

K. Leonard

Softly, slowly

1 D Am D Am G D

Voice

7 G D D Am D Am

VERSE 1: Lone - ly man. Emp - ty hands. Too

13 G 3 D G D

young to be a - lone; the mea-dow was her home. She used to

17 Am C 3 D Am G

dance; and on the hills she laughed. Too soon she's

21 D G/B D D C 3

gone; the mea-dow calls out: *CHORUS:* Ah

26 G C 3 G D Am C D Am C

Ah Oh Oh

33 Em Am Em Am D

Cry Cry *VERSE 2:* A wake at

40 Am D Am C G D

night, hears the ba - by cry; no moth-er to hold. Too

45 G D D Am D

soon to go home. So sleep lit-tle ba - by, rock - a - by -

50 Am G D G D

ba - by, as the mea - dow calls out; the mea-dow crys out: *CHORUS:*

2
55 **The Meadow**

Ah _____ Ah _____ Oh _____ Oh _____

62 _____ Cry _____ Cry _____ Ah _____

69 _____ Ah _____ Oh _____ Oh _____

76 _____ Cry _____ Cry _____

Looking Inside

Primary Theme: Depression

Secondary Theme: Looking inside oneself for answers

This song takes a look at a person who has experienced significant sadness, failure, and disappointment to the point of entering a state of deep depression. In this scenario, the singer no longer notices beautiful things around her (like roses or falling stars), does not go outside anymore, and rarely even leaves her own room. The image of someone being holed up and surrounded by dirty dishes and closed curtains and wandering around in old sweats or pajamas is valid. However, with the bridge within the song there is an unexpected switch within the singer's mindset. While she has been moving through life with a total lack of enjoyment for anything, she suddenly gets an urge to try something different. It is not exactly hope that she is feeling so much as it is a desire for change or a desire to just do something again—even if it means failing. One also gets the impression that this person has already tried a few different methods of coping (drugs, alcohol) and has received the scrutiny and judgment of people around her (in this case, the preacher is mentioned, but it can refer to family, friends, and co-workers, as well). Finally, the singer decides to just look within herself to find strength. This is pivotal, as it implies that the singer is able to acknowledge and embrace this inner strength. It is important to note that the primary goal of this song is for the client to feel heard and to realize that s/he is not alone in her/his time of distress.

“Looking Inside” is indeed meant for those who are dealing with depression. But it is more focused on those who have reached some desire to overcome it and believe that they are capable. The cause of the singer's downfall is ambiguous, making it applicable

to a number of situations including losing a job, experiencing a divorce or breakup, losing a loved one, and/or feelings of extremely low self-esteem due to insecurities of various types received from various situations.

Contraindications. This song should not be used in the beginning stages of treatment due to the heavy nature of the lyrics. However, it is appropriate once a strong sense of therapeutic rapport has been established. It also should not be used during the last session with a client, as it might only open wounds that cannot be healed in 50 minutes. To reinforce the previously mentioned need for excellent rapport between the client and therapist, this song should not be used until the client has reached a turning point. Therefore, if he or she is still feeling a total lack of motivation or enjoyment in life or is otherwise living day by day in a total state of ambivalence, this song would not be beneficial, as the client might feel that it does not relate to her/his particular circumstance.

Looking Inside

K. Leonard

Softly

Voice

Rose petals will fall. Rarely have I
 ever seen a shooting star. Dreamers can dream if they want ___ to;
 but you'll never see me sleeping at night. The
 rain hasn't touched my face in a year. The sun has become ___ my
 greatest fear. Make your angels in the snow if you want ___ to; but
 you'll never see me outside. If I stumble don't cry;
 'cause I may falter when I look inside. And if I
 lay down don't leave me behind. Smoke your cig-a-
 rettes to calm your nerves. Drink all your liquor 'til you can't feel any ___
 more ___ . Preacher can shake his head if he wants ___ to; But I'll keep on

2 Looking Inside

The musical score is written on two staves in treble clef with a key signature of three sharps (F#, C#, G#). The first staff contains the melody for the first two lines of lyrics. Above the staff, the chords E and A are indicated above the first two lines, and E and A above the last two lines. The lyrics are: "look-ing in - side. Yes, I'll keep on look-ing in - side. No one can". The second staff contains the melody for the final line of lyrics. Above the staff, the chord E is indicated above the first line. The lyrics are: "see me in - - - side." The piece ends with a double bar line.

look-ing in - side. Yes, I'll keep on look-ing in - side. No one can

see me in - - - side.

When Dragons Move In

Primary Theme: Depression

Secondary Themes: Withdrawing inside oneself and wearing a mask to hide from the world; break-up from a romantic relationship.

As a society we have become very good at wearing masks. We laugh, socialize, and are able to complete our tasks as scheduled. However, what we do not always realize is that, inwardly, all around us, people are suffocating. “When Dragons Move In” tells the story of a beautiful, successful, young woman who is experiencing exactly this.

Outwardly one would never be able to tell she is depressed because she puts on a good show. In this song’s example, her depression stems from relational conflict. This conflict could be from a breakup from a boyfriend, or a parent unexpectedly abandoning her. The song also gives the impression that this girl has been hurting for a while and has become a master of disguise: “you’ll never get past the defenses of my wall.” Likely, she has become hardened toward the people she interacts with and is most likely skeptical and mistrusting of relationships, both new and old. Despite the hard shell that she has retreated inside of to keep herself safe, the desire to be whole again lies dormant, awaiting the right incentive.

Obviously this song is intended for adolescents dealing with depression. It is most appropriate for those who deal with depression by retreating inwardly, but it is applicable to all who are working through this disorder. This song may be best identified with those adolescents who are skeptical and resistant to therapy, as it may resonate with personal experiences.

Contraindications. As this song deals with one who is in a deep state of depression, this song should not be used in the beginning of a therapeutic relationship, nor should it be used during the last session with a client, as it might only open wounds that cannot be healed in 50 minutes. It should not be used until the therapeutic rapport is firmly established and trust is an abundant factor between the client and therapist.

When Dragons Move In

K. Leonard

Voice

I wear the pret-ti-est mask you ev-er saw — ; square my shoul-ders, stand
 ten feet tall — , but you'd ne-ver know that I can bare-ly crawl.
 I'll al-ways smile when you look my way — , I'll ev-en laugh at the
 things you say — , but you'll ne-ver get past the de-fens-es of my wall.
 You left me on the ground — So leave me on the ground.
 I can bare-ly breathe — , but I'm chok-ing on air — .
 Can't see your face but I know that you're there — , keep-ing me in this dark-ness that I'm
 in. The heart is cold — when it's
 emp-ty and for-eign, and dra-gons move in to keep me warm — , and leave me in this
 dark-ness that I'm in. Yeah you're keep-ing me in this dark-ness that I'm in.

2

When Dragons Move In

The image shows a musical score for the song "When Dragons Move In". It consists of two staves of music in the key of D major (two sharps) and 4/4 time. The first staff contains the first two lines of the melody, with lyrics "So lay your bur- dens down_" and "Lay your bur - dens down.". The second staff contains the next two lines, with lyrics "Lay your bur - dens down_" and "Lay your bur - dens down.". Chord markings are placed above the notes: A, Dm, A, Dm, A on the first staff, and Dm, A, Dm, A on the second staff. The melody is primarily composed of quarter and eighth notes, with some rests. The lyrics are written in a simple, sans-serif font below the notes.

A Dm A Dm A

So lay your bur- dens down_ Lay your bur - dens down.

Dm A Dm A

Lay your bur - dens down_ Lay your bur - dens down.

Everyone

Primary Theme: Universality

Secondary Themes: Realizing we are not so different; overcoming feelings of superiority; finding what is important in life

This song tells the story of a young man named Everyone. Everyone is prideful; he has built himself a large home, established himself in society, and has everything money can buy. Unfortunately, in his quest to be better and have more than everyone else he meets, Everyone has isolated himself and forgotten the most important aspects of living: love, equality, community, and hope. The chorus is the realization that we are not so different, and one person is certainly not better than another based on material possessions. The second verse is asking the listener to dig deeper and search within him- or herself to see if s/he has forgotten the people and the things in life that make living so worthwhile. In a sense, “Everyone” is asking the listener to “stop and smell the roses.”

In working with adolescents, this may be an appropriate song to present when the client/student is preparing to leave for college, anticipating discharge, or some other life step. It is a time for focus toward the adolescent’s fears about the future and a time to discuss what s/he views as the important aspects of living and who, if anyone, has been an important influence in her/his life. “Everyone” is also appropriate for the adolescent who feels s/he has lost perspective on life. For this same reason this song is also applicable to adults of all ages.

Contraindications. This song is not intended for adolescents experiencing deep depression and/or suicidal ideations.

Everyone

K. Leonard

Voice

Ev' ry-one's work-in' hard to be the bet-ter son. With a pol-ished smile and a heart of
 stone, Ev'-ry one builds his man-sion fit for one. And the on - ly dreams worth re -
 mem-ber-ing were the ones in-ter-rup-ted by the sun. We all give in. We all give up.
 We all give it a-way. That's all we can do, tha's all. Un-til we un-der - stand
 that all we get is what we give of our best un - til the day — when we're laid to rest.
 When the lil-lies cease to grow un-der your feet. When you can't
 hear the child sing-ing in your ears. You've for-got-ten all the ones who brought you
 here. And the on-ly dreams you're re - mem-ber-ing are the ones re-a-lized af-ter you found out:
 We all give in. We all give up. We all give it a-way. That's
 all we can do, tha's all. Un-til we un-der - stand that all we get is what we

2 Everyone

The musical score consists of two staves. The first staff begins with a treble clef and a key signature of one flat (B-flat). The melody starts with a quarter note G4, followed by quarter notes A4 and Bb4, then a quarter rest, and continues with quarter notes C5, Bb4, A4, and G4. The lyrics 'give of our best' are aligned under the first four notes. The second staff continues the melody with a quarter note G4, followed by a quarter rest, then quarter notes A4 and Bb4, then a quarter note C5, and finally a quarter note G4. The lyrics 'un - til the day — when we're laid to rest.' are aligned under these notes. The second staff begins with a treble clef and a key signature of one flat. It starts with a quarter note G4, followed by a triplet of quarter notes (A4, Bb4, C5), then a quarter note G4, then a quarter note F4, then a quarter note E4, then a quarter note D4, then a quarter note C4, and finally a quarter note B3. The lyrics 'Ev - ry - one built his man - sion in the sand.' are aligned under these notes. Chord symbols are placed above the staves: F, G, F, C above the first staff; G, 3, Am, C, G above the second staff.

F G F C

give of our best un - til the day — when we're laid to rest.

G 3 Am C G

Ev - ry - one built his man - sion in the sand.

Heart Beat

Primary Theme: Teen pregnancy

Secondary Theme: Making a choice

When a teen pregnancy occurs, many people may jump in with mostly good intentions for taking care of the young mother. These people include family members (particularly parents/caregivers), best friends, boyfriends, schoolteachers and counselors, etc. All these varied opinions can be overwhelming and may influence the pregnant teen to make a decision that she was not comfortable with. This song addresses several points. First, the song reflects the possible feelings of disappointment from family, possible rejection by the boyfriend, ostracism from friends and peers, and fear of the unknown. Secondly, the song suggests the option of choice—that the teen has a say in what happens to her body and to the baby. Teen pregnancy, and especially abortion, is a controversial issue, but taking away the *option* of choice may have detrimental effects on the emotional and physical health of the teen. The song goes through the scenarios of the varied reactions of her family, boyfriend, best friend, and anti-abortionists. It is intentional that the song does not include the young girl's choice; the listener must make this choice on her own as much as she is able.

This song is intended for pregnant teenagers. It is also applicable for women who had gotten pregnant at a young age and chose to give the child up for adoption or receive an abortion. The song also could be shared with the parent of the pregnant teenager to provide some perspective for what her/his daughter might be going through at home and at school.

Contraindications. The message of this song and the audience for which it is intended is very specific. Therefore, one should not turn this song into something that it is not, e.g., making difficult choices about jobs, colleges, or moving away.

Heart Beat

K. Leonard

Voice

There's a heart beat-ing in - side of me — .

Two hands and two feet: al - most com - plete — .

There's a heart beat-ing but it does - n't be - long to me — .

"How could you do this to your - self?" They all said. You had

so much po - ten - tial, but you trade it for one night in bed — .

Good - bye bright fut - ure, hel - lo dark clouds a - head — . 'Cause

there's a sec - ond heart beat-ing in - side of me — .

He has - n't looked me in the eye in for - ty days e'er since my

sweat - ers can no long - er dis - guise you. My best friend can't spend the

2

Heart Beat

night an - y - more be - cause her ma - ma thinks I might be con - tag - ious. But
 if she real-ly un - der - stood she taught me ev' - ry thing I know, she'd prob' - ly lock that daugh - ter up in
 ca - ges. I'm run - ning our of time , I'm out of time .
 I've driv - en past that sec - ret build - ing so man - y times, my
 tires are wear - ing out the street. I read their pick - et signs, see their ac - cus - ing eyes, and
 ba - by I feel your heart beat. I won - der would you un - der -
 stand if you were in my shoes, if giv - en the choice, what would you choose .
 What would you choose . If it were you .
 Ah , ah .
 Ah , ah . (a cappella)

Chords: G, Em, Am, G, Em, Am, G, Am, Em, Am, G, Am, G, Am, G, C, G, C, G.

Then He Went

Primary Theme: Divorce

Secondary Theme: Abandonment

“Then He Went” tells the story of a child who is losing/has lost hope in her/his father, though at first the listener is not sure where the father is. The song begins by painting the picture of child waiting all day for her/his father to come visit, but he never arrives. This letdown felt by the child is expressed in verse two as s/he cries all night in bed, angry at her/himself for believing the father at all. The chorus sings of the innocence of a child for her/his father to pull through in the end. Verse three provides the history of the story. The father is gone because he chose to leave the family after another fight with the mother. In the closing chorus, the child faces the paradox that while s/he no longer believes s/he will ever see her/his father again, s/he still dreams that it could happen one day.

While this song was specifically written with divorce in mind, it is applicable to other relationships as well. These might include the departure of a relative who was influential in the care of the child; an older sibling who served as a role model but had a falling out with the parent(s); or, a boyfriend or girlfriend of the parent to whom the child was close. While this song focuses on a man leaving, the music therapist is encouraged to change the pronouns of the song when singing it for the client. This song is highly relevant to older children, adolescents, and even adults who have not dealt with their feelings of abandonment from a caregiver when s/he was a child.

Contraindications. Divorce and feelings of abandonment can be tender issues for an adolescent. Due to the sad feeling of abandonment and loss in the music, this song

should not be used until the therapeutic rapport is firmly established and trust is clearly present between the client and therapist, so that the client feels comfortable knowing they can share her/his story. It should also not be used during the last session with a client, as it might only open wounds that cannot be healed in 50 minutes.

Then He Went

K. Leonard

Capo 7

Voice

G Em7 G

You broke your prom ise a gain _____ . I sat there wait ing on the

Em7 G Em7 3

front steps. The sun rose o ver my head _____ and then it

G 3 Em7 G

went _____ , and then it went _____ .

Em7 G Em7 G

I lay there cry ing in bed _____ . You fooled me, once a

Em7 G Em7 3 G 3

gain. The moon slid o ver my head _____ and then it went _____ , and then it

Em7 D/F Em7 D/F

went _____ . If I keep on be liev ing, will you ev er come

Em7 D/F Em7 D/F

true _____ ? If I keep right on dream ing, will I ev er see

Em7 G Em7 G 3

you _____ a gain. I heard the worst fight of my

Em7 G Em7

life _____ the night my moth er cried for the last time.

G Em7 3 G 3

He kissed my fore head good bye _____ , and then he went _____ , and then he

2

Then He Went

The musical score is written in treble clef with a key signature of one sharp (F#) and a 4/4 time signature. It consists of five staves of music. The lyrics are written below the notes, and guitar chords are indicated above the staff. Triplet markings (3) are present over certain groups of notes. The score ends with a double bar line.

went — . And then he went — , and then he went — . If I keep on be
 liev ing, will you ev er come true — ? If I keep right on
 dream ing, will I ev er see you — 2 No there's no use be
 liev ing, that you'll ev er come true — . But I just can't help
 dream ing, that one day I'll see you — a gain.

Porcelain

Primary Theme: Suicide

Secondary Theme: Parent/child relational difficulties

“Porcelain” begins by telling an all too common tale of parents who want their children to be perfect. Although their intentions may have begun as good, somewhere along life’s way they got out of hand to the point where the child is seen as an object. As the child grows into a teenager, s/he in turn, tries to overcompensate. S/he tries her/his best to please these strict parents but, upon being unable to do so, either begins to retreat within her or himself or openly rebel (or both). In this song, more focus is given to the teen who retreats within her/himself and sinks into a numb, depressive state. Eventually, s/he finds her/himself cutting as a way to numb the emotional pain and therefore focus on the physical pain instead. The adolescent then turns to drugs to escape the reality of her/his life. At this point in the music, there is an ethereal quality; a dream-like disengagement where s/he thinks of how good life could be. However, at some point the adolescent becomes numb to the physical pain and begins to contemplate suicide. Although the adolescent secretly hopes her/his parents will care enough to notice and stop her/him before committing the act of suicide, s/he is not entirely hopeful.

The intentions of this song are for adolescents who are severely depressed and have already gotten to the point of acting out suicidal ideations. They may express this through obvious signs of self-mutilating behaviors, drug use, or other actual suicide attempts. The song is meant to evoke discussion; to bring something that the adolescent can relate to and have the opportunity to talk about what has negatively affected her/his

growth. The song promotes a feeling of universality; hearing how the story is about two separate people (both a girl and a boy) may help to relieve the stress of feeling alone.

Contraindications. “Porcelain” is a song with both heavy and sensitive lyrics. Because of this, this song should not be used in the beginning of a therapeutic relationship. Once the therapeutic rapport is firmly established and a feeling of trust is established between the client and therapist, then the clinician might consider presenting this song. Finally, this song should not be used during the last session with a client, as it might only open wounds that cannot be healed in 50 minutes.

Porcelain

K. Leonard

Voice

These four walls are slow-ly closing in.

Blind-ed by scars I've cut in my skin. You say it's

the worst shape that I've been. You can't see

with your heart. You can't see

past my scars. Pret-ty prin-cess, watch your step and

stand up straight. Strong young man, do your best, then

do it a-gain. Per-fect need-le, will you give me

some es-cape? They can't see

with their heart. They can't see

past my scars. Oh, once u - pon a time,

2

Porcelain

G C G

I could do no wrong. And once u - pon a time, I felt like I ___ be-

Dm A

longed in your arms, In your arms.

Dm A

Will you find me be-fore I make my last mistake?

Dm A

I am hid - ing in the ver - y dark-est place.

Dm A G

Last chance to fly ___ be - fore I break. You

A G A

can't see with your heart. You can't see past my scars.

C G

Oh, once u - pon a time I could do no wrong.

C G Dm

And, once u - pon a time, I felt like I ___ be - longed in your arms.

A A9

In your arms.

You'll Never Know

Primary Theme: Self-esteem

Secondary Theme: Acknowledging the beauty in our differences

Adolescence can be a hard time as one struggles to fit in and find her/his place in high school. Peer pressure is high, and originality is not always appreciated, let alone accepted. The first verse addresses that feeling of being judged based solely on one's appearance. The second verse reiterates that feeling of being judged, but asks not for tolerance of each other's differences, but appreciation. Again, these same sentiments are pointedly reiterated in verse three, while maintaining the same determined resolution that one can never truly know someone else based on appearances, ethnicity, or religious views alone.

This particular song could be beneficial in both individual and group settings. It is meant to evoke discussions regarding feeling invisible, different, unimportant, ugly, and other feelings that may result in a lowered self-esteem. Additionally, particularly in group settings, addressing the differences in culture—including each group members views of the positive and negatives aspects of being “different”—could be addressed.

Contraindications. If used in groups, addressing the positive and negative aspects of diversity may not be appropriate if certain group members exhibit open hostility toward another peer. Instead the clinician might try working with these particular clients individually to seek out if a deeper meaning to the resistance towards diversity exists before examining them in a group setting.

You'll Never Know

K. Leonard

Voice

Am Dm Am Dm
 Look right through me. Walk right past me.

Am Dm Em
 Touch, but don't feel me. And you'll never know until you

Am₃ C Am Dm
 look inside of me. Breathe the air that I breathe. Be-

Am Dm Am₃ Dm
 lieve what you believe. Adore the color of my skin, or you'll never

Em Am₃ C Am
 know until you look inside of me. Ooh

C Am C Am C Am
 Ooh

C Am₃ Dm Am
 I'm different, is that so wrong? To be made to feel like

Dm Am Dm
 I don't belong. One day we might get along, but you'll never

Em Am₃ Em
 know until you look, no you'll never know until you

Am₃ Em Am C
 look oh you'll never know until you look inside of me.

Awaken Me

Primary Theme: Hope—moving forward

“Awaken Me” is a song about awakening the senses to the world around you. In the first verse, it is implied that the singer has been moving through life as if in a trance, going through the motions without ever really noticing what is happening in the world around her. But then the chorus begins, and it is almost a plea for help—it is the desire to be moved. The second verse displays this awakening. Suddenly, the eyes and ears are opened to plant and animal life as they interact with one another, and the singer becomes so moved by the song of the robin that her plea for an awakening becomes a desperate cry, and then, perhaps, a song of thanksgiving as her very soul has arisen from its place of inactivity. Even the musicality of the song is intended to have a physical response on the listener by instilling a desire to move or act.

This song was written because every now and then we all need to wake up. It is easy to get stuck in the rigidity of life’s everyday schedule, and not notice the simplest and most beautiful things that are happening all around us. But life, as all things living and breathing, is creative, constant, and rejuvenating. This song is for those who have lost motivation and for those who are overburdened and overloaded with school, work, and family responsibilities. It is applicable to overall healthy adolescents and adults.

Contraindications. This song is intended for healthy adolescents and adults who have otherwise become distracted by the responsibilities and rules of life. Therefore, it is not appropriate for those persons who are experiencing severe depression as it may only heighten their feelings of hopelessness and loneliness at not being heard or understood.

Awaken Me

K. Leonard

Voice

Though I wake up ev'-ry morn-in', can't wipe the
 sleep from my heart. Yeah you'll see me walk-in' but nev-er
 danc-in' can't find the rhy-thm in these stone cold feet. A -
 wak-en me, a - wak-en. A - wak-en me, a - wak-en. A —
 rise oh my soul, a - rise oh my soul.

To-day I watched a feath-er fight a leaf in their bat-tle for the ground, and the
 fox shook his head he'd nev-er heard such a sound. As the
 rob-in sang a fa-mi-liar song, it was the first time I felt like sing-ing a - long —
 (no chord) She sang, "A - wak-en me, a - wak-en. A - wak-en me, a -

2 Awaken Me

wak - en. A - rise oh my soul — . A - rise oh my

soul — , oh my soul! A - wak-en me! A - wak-en, me! A - wak-en, me! A -

wak-en, me — ! A - rise, oh my soul — . A - rise, oh my

soul. A - wak-en me. A - wak-en me. A -

wak - en me. A - wak - en.

EPILOGUE

While the previously shared original songs encompass a number of different issues, the author acknowledges that this collection remains a work in progress. Unfortunately, children and adolescents can be the unintended sufferers or targets in a family feud. Oftentimes schools lack the resources for proper care, and sometimes, despite the parents love for the child, they are unable to provide the proper care and guidance due to financial limitations. Every child's or adolescent's issue is unique and should be treated as such. It is the author's hope that clinicians and caregivers will take the initiative to write their own song if the ones provided were not enough to meet a client's needs. Use the music. As Crowe (2004) wrote, "Music is a fundamental, all-encompassing human event involving the complete range of experiences that deepen and challenge the soul" (p. 342).

REFERENCES

- American Music Therapy Association (2009). What is the profession of music therapy? *Musictherapy.org*. Retrieved February 19, 2010, from <http://www.musictherapy.org/>
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Austin, D. (2006). Songs of the self: Vocal psychotherapy for adults traumatized as children. In L. Carey (Ed.), *Expressive and creative arts methods for trauma survivors* (pp. 133-151). London: Jessica Kingsley.
- Bushong, D. J. (2002). Good music/Bad music: Extant literature on popular music media and antisocial behavior. *Music Therapy Perspectives*, 20, 69-79.
- Cassity, D. M., & Theobald, K. A. (1990). Domestic violence: Assessments and treatments employed by music therapists. *Journal of Music Therapy*, 27, 179-194.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2009). *Web-based Injury statistics Query and Reporting System (WISQARS)*. Retrieved March 20, 2010, from www.cdc.gov/injury/wisqars/index.html
- Crowe, B. (2004). *Music and soul making: Toward a new theory of music therapy*. Lanham, MD: Scarecrow Press.
- Derrington, P. (2005). Teenagers and songwriting: Supporting students in a mainstream secondary school. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods*,

techniques, and clinical applications for music therapy clinicians, educators and students (pp. 68-81). London: Jessica Kingsley.

Edgerton, C. D. (1990). Creative group songwriting. *Music Therapy Perspectives*, 8, 15-19.

Federal Bureau of Investigation (2010). Uniform Crime Reports. *Uniform Crime Reports—1999*, www.fbi.gov, retrieved March 22, 2010, from <http://www.fbi.gov/ucr/99cius.htm>

Gardstrom, S. C. (1999). Music exposure and criminal behavior: perceptions of juvenile offenders. *Journal of Music Therapy*, 36, 207-221.

Grewe, O., Nagel, F., Kopiez, R., and Altenmuller, E. (2007). Emotions over time: Synchronicity and development of subjective, physiological, and facial affective reactions to music. *Emotion*, 7, 774-788.

Hillard, R. (2001). The use of cognitive-behavioral music therapy in treatment of women with eating disorders. *Music Therapy Perspectives*, 19, 109-113.

Hunter, P. G.; Schellenberg, E. G.; and Schimmack, U. (2010). Feelings and perceptions of happiness and sadness induced by music: similarities, differences, and mixed emotions. *Psychology of Aesthetics, Creativity, and the Arts*, Vol. 4(1), 47-56.

Huth-Bocks, A., & Hughes, H. (2008). Parenting stress, parenting behavior, and children's adjustment in families experiencing intimate partner violence. *Journal of Family Violence*, 23, 243-251.

Irwin, E. C. (2006). Peter: A study of cumulative trauma from robot to regular guy. In L. Carey (Ed.), *Expressive and creative arts methods for trauma survivors* (pp. 93-113). London: Jessica Kingsley.

- Justice, R. W. (1994). Music therapy interventions for people with eating disorders in an inpatient setting. *Music Therapy Perspectives, 12*, 104-110.
- Lindberg, K. A. (1995). Songs of healing: Songwriting with an abused adolescent. *Music Therapy, 13*, 93-108.
- McClary, R. (2007). Healing the psyche through music, myth, and ritual. *Psychology of Aesthetics, Creativity, and the Arts, 1*(3), 155-159.
- Montello, L. & Coons, E. E. (1998). Effects of active versus passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. *Journal of Music Therapy, 35*, 49-67.
- Nolan, P. (1989). Music as a transitional object in the treatment of bulimia. *Music Therapy Perspectives, 6*, 49-51.
- Pearson, M. (2004). *Emotional healing and self-esteem: Inner-life skills of relaxation, visualization and meditation for children and adolescents*. London: Jessica Kingsley.
- Peled, E., & Davis, D. (1995). *Groupwork with children of battered women: A practitioner's manual*. Thousand Oaks, CA: Sage.
- Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote prosocial behaviors in aggressive adolescent boys—A pilot study. *Journal of Music Therapy, 40*, 283-301.
- Sammler, D., Grigutsch, M., Fritz, T., & Koelsch, S. (2007). Music and emotion: Electrophysiological correlates of the processing of pleasant and unpleasant music. *Psychophysiology, 44*, 293-304.

- Thaut, M. H., & Davis, W. B. (1993). The influence of subject-selected versus experimenter-chosen music on affect, anxiety, and relaxation. *Journal of Music Therapy, 30*, 210-223.
- U.S. Department of Education: Promoting Educational Excellence for All Americans (2004a). Building the legacy: IDEA 2004. *idea.ed.gov*. Retrieved February 19, 2010, from <http://idea.ed.gov/>
- U.S. Department of Education: Promoting Educational Excellence for All Americans (2004b). Building the legacy: IDEA 2004. *idea.ed.gov*. Retrieved February 19, 2010, from <http://idea.ed.gov/explore/view/p/root,regs,300,A,300%252E8>,
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs (2009), *28th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2006*, vol. 1, Washington, D. C., retrieved March 29, 2010, from <http://www2.ed.gov/about/reports/annual/osep/2006/parts-b-c/28th-vol-1.pdf>
- Webster-Stratton, C. (2005). The incredible years: A training series for the prevention and treatment of conduct problems in young children. In E. D. Hibbs & P. S. Jensen (Eds.), *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice, second edition* (pp. 507-555), Washington, DC: American Psychological Association.
- Wells, N. F. (1988). An individual music therapy assessment procedure for emotionally disturbed young adolescents. *The Arts in Psychotherapy, 15*, 47-54.
- Zenter, M.; Grandjean, D.; and Scherer, K. R. (2008). Emotions evoked by the sound of music: Characterization, classification, and measurement. *Emotion, 8*, 494-521.

BIOGRAPHICAL SKETCH

Katurah Ruth Leonard was born in Cleveland, Ohio on January 30, 1983. The majority of her elementary and middle school years were spent being home schooled, along with her two brothers and one sister, by her parents. She graduated from Tri-Cities Christian School in Blountville, Tennessee in May 2001. The following autumn she entered Milligan College to pursue a degree in General Music Studies, with an emphasis on vocal performance and in December, 2005 was awarded a Bachelor of Arts. While completing her senior year at Milligan College, Ms. Leonard spent the spring semester at an invitation-only artist colony on Martha's Vineyard, Massachusetts. Here Ms. Leonard spent time song writing, performing, and recording self-composed songs with other gifted artists. In the fall of 2006, Katurah accepted a graduate assistantship from Appalachian State University located in Boone, North Carolina. Here, she began her study toward completing an Equivalency in Music Therapy, followed by a Master of Music Therapy degree. Upon successful completion of a full-time six-month internship working with children and adolescents with emotional and behavioral disorders in a residential setting, Ms. Leonard sat for the music therapy certification exam and was awarded the credential, Music Therapist - Board-Certified in January, 2009.

Ms. Leonard is a member of Pi Kappa Lambda, Alpha Chi, and the American Music Therapy Association. Her home address is 1148 Millers Bluff Rd., Church Hill, Tennessee. Her parents are Mr. Stanley E. Leonard and Mrs. Ruth B. Leonard.