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Intersections of trauma and grief: Navigating multilayered terrain in music therapy to support youth through bereavement

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ABSTRACT

Experiencing the death of a loved one as a young person is challenging in its own right, and underlying trauma can complicate one's bereavement. With little available research exploring the intersections of trauma and grief, this paper aims to provide a foundational understanding of how trauma contexts and histories manifest in music therapy bereavement support programming for young people. Theoretical models that are culturally grounded, resource-oriented, and adopting an ecological, multisystemic lens are presented. The impacts of interpersonal trauma, trauma from systemic oppression, collective trauma, and intergenerational trauma are explored within the context of bereavement support. Diverse music therapy approaches to support the various trauma and grief intersections are shared. Lastly, reflection questions to support a culturally humble practice are offered for those committed to providing meaningful and socially conscious support for youth who have experienced trauma and loss. Given the high prevalence of trauma and death experiences among young people, all music therapists, regardless of clinical setting, would benefit from being trauma- and bereavement-informed.

Experiencing the death of a loved one as a young person is challenging in its own right. Underlying trauma can complicate one's bereavement. While trauma and grief are often explored separately in the literature, understanding their intersections and the ways in which one can compound and complicate the other makes it all the more necessary to consider a more integrated understanding when approaching bereavement work in music therapy. This paper stems from my clinical experiences supporting young people in group bereavement programming and recognizing how trauma histories significantly impacted individual and collective grief processing. Seeking guidance from the literature for culturally responsive practices to these unique intersections that shape the grieving experiences for young people, I found a lack of resources. Hence, I aim to contribute to the literature on this topic.

In this paper, I seek to offer a foundational understanding of how trauma contexts and histories might surface in bereavement support programming for young people. I will explore the intersections of trauma and grief, acknowledging systemic oppression as a significant contributor to trauma that also sustains intergenerational trauma. Theoretical models guiding music therapy practices will be presented, along with considerations for culturally humble approaches to grief and trauma work. Integrating reviews of music therapy literature on trauma and grief intersections, as well as personal clinical experiences, my aim is to offer insights into the potentials of this meaningful, intersectional work.

Situating myself

How I view the world, my personal experiences, and the experiences of others undoubtedly influences what I present in this paper and how I share it. My worldview of music therapy practice is an extension of my overarching worldviews, which strive to be anti-oppressive, liberatory, equity-centered, culturally humble, trauma-informed, resource-oriented, and relational (Edwards, 2022; Hadley & Norris, 2016; Leonard, 2020; Norris, 2020; Thomas & Norris, 2021; Rolvsjord, 2010; Scrine & McFerran, 2018; Singh & Moss, 2016; Watkins & Shulman, 2008). The ways that I consume knowledge and interact with the world are informed by my identities as a white, Hispanic, queer, genderqueer, highly educated, neurodivergent partnered parent that grew up and currently lives in a lower middle-class socioeconomic status. My personal experiences also color the way I understand the lived experiences of young people who navigate trauma and grief. The first death I experienced was my mother's when I was 13 years old. The deaths of all my grandparents, some close friends, and my father followed. Trauma

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experiences further complicated loss experiences, where this topic for me exists not only as a clinical area of specialization, but also an extension of lived experience.

Reflecting on the ways my sociocultural identities interact with and impact those of therapy participants remains critical, especially having worked in primarily larger metropolitan cities through grant-funded group programming offered as a free resource to predominantly young people of color, queer youth, and youth living in underresourced neighborhoods. A number of these intersections greatly depart from my own lived experiences with loss and trauma, as well as the ways in which I socioculturally navigate the world. In some instances, my white adult body can be activating and a barrier to work through as we aim to structure safety within a group (Scrine, 2021). I have found that this work involves constant interrogation and unlearning of harmful systems and narratives. Embracing radical imaginings of liberatory community care (Birdsong, 2020; Kaba, 2021; Mullan, 2023) is essential to fully support, honor, learn from, and collaborate with youth in an anti-oppressive manner. This involves a deep dive into the impact of power within systems of oppressions, remaining aware of the ways in which I, intentionally or not, uphold these systems.

Impact of childhood trauma and grief

In the United States (US), it is estimated that 5 million youth under the age of 18 (one in 14) will experience parental or sibling death, an estimation that exponentially increases to nearly 12.9 million for those under 25 (Burns et al., 2020). As of 2016, over 34 million youth under age 17 (nearly one in two) in the US had experienced one or more serious traumatic events (US Department of Health and Human Services, 2016). While research outside of the US is showing how young people who have experienced a death have also had adverse childhood experiences (Woodward et al., 2023), more research within the US sociocultural contexts is needed.

Young people who lose a loved one to death can experience a range of somatic, emotional, psychological, and spiritual impacts. Not all who experience a death have challenges adapting to the loss, but those that do can be at risk of academic struggles, poor physical and mental health, self-injurious behavior, suicidal thoughts and behaviors, substance use, challenges with interpersonal relationships, and economic instability later in life (Hua et al., 2020). Experiencing death as an impressionable youth can reshape understandings of identity, family systems, peer networks, and social and cultural experiences, impacting childhood development. Especially in instances of parental loss, adverse experiences may follow, such as poor mental health of the surviving parent, increased risk of family member substance use, and increased financial strain or instability (Woodward et al., 2023). Research shows that compared to peers without loss experiences, young people who have experienced death may have also experienced neglect, maltreatment, parental chemical dependence and mental health challenges, and household dysfunction prior to the loss (Kaplow et al., 2021).

Perhaps unsurprisingly, protective factors identified to support healthy adaptation to childhood loss are quite similar to those supporting one after childhood trauma. Individual supports include high self-esteem, active coping, explorations of meaning making, emotional expression, and a strong internal locus of control (Gartland et al., 2019; Sandler et al., 2007). Family supports focus on nurturing healthy caregiver-child attachment, positive parenting practices, caregiver mental health, positive family experiences, and predictable routines (Hua et al., 2020; Sandler et al., 2007). School supports include building and maintaining positive peer, teacher, and mentor relationships, low student-teacher ratios, and after school youth development programs (Lerner et al., 2013). Community supports include strong relationships to neighbors, communities, and places of worship (Garland et al., 2019), affordable access to peer support groups, health services, and therapy services (Hua et al., 2020), and connections to cultural activities or groups (Cicchetti & Toth, 2016). Understanding the protective factors guides the co-construction of meaningful music therapy experiences to support young people through trauma-aware, bereavement-aware, and resource-oriented frameworks.

Theoretical frameworks to guide music therapy practice

Numerous theoretical models exist for both trauma and grief, though few explicitly address their intersection. Historically, therapeutic models for supporting trauma and grief care emphasize individual-level care with a pathology focus. Such care is often guided by diagnostic tools like The Diagnostic and Statistical Manual of Mental Disorders (DSM), where diagnoses were written by predominantly white men designed to justify incarceration and/or institutionalization rooted in racism, ableism, classism, cis/sexism, homophobia, and transphobia (Frances, 2014; Greenberg, 2013; Metzl, 2011; Mullan, 2023). Therefore, approaching care through this pathologizing lens is incongruent with a culturally grounded and anti-oppressive approach to music therapy. Further, solely concentrating on individual processes in and of themselves are insufficient, and a more integrative, systems-oriented approach is essential (Gao & Slaven, 2017; Han et al., 2023; López-Zerón & Blow, 2017; Sandler et al., 2007). Therefore, while it is outside of the scope of this paper to explore all available theoretical models, I will focus on brief summaries of those adopting a culturally grounded, resource-oriented, multisystemic, biopsychosocial lens.

Trauma frameworks

Neurosequential model of therapeutics (NMT)

Developed by psychiatrist Bruce Perry (2009), the NMT structures assessment through identifying problems and strengths, and sequences the application of educational, enrichment, and therapeutic programming to match a child's developmental needs in a variety of key domains. The NMT explores how trauma impacts neural and neurohormonal development. Three central elements of the NMT are: 1) a thorough developmental history (e.g., genetic, epigenetic, experience of adverse events, attachment, family and community supports); 2) a current assessment of functioning (e.g., central nervous systems functioning, measures that explore family, peer, school, and community relationships); and 3) a set of recommendations for programming and enrichment that arise from the assessment process (e.g., psychotherapy, speech-language therapy, physical therapy, occupational therapy, academic programs, social support programs). There is plentiful research on the impacts of music on neurological responses, where music therapy affords unique pathways to accessing and/or rebuilding neural pathways impacted by trauma (Sena Moore, 2013; Stegemöller, 2014). Thus, a neurobiological approach that acknowledges the multisystemic impacts of neurological development is useful within music therapy.

Polyvagal theory

Polyvagal theory (Porges, 2011) details the physiological and psychological processes involved with responding to stressors. Focusing on the autonomic nervous system (ANS), and the vagus nerve in particular, polyvagal theory posits that different states of our ANS activate neural platforms in response to perceived threat or lack there-of. These platforms include 1) safety and social engagement; 2) fight or flight; and 3) freeze; one platform can also impact another (e.g., if our neural platforms for fight or flight are activated, our sense of safety is inhibited). When we feel safe and connected, we are in our most relaxed ANS state. The vagus nerve connects our brain to our body and impacts regulations such as heart rate, breathing, digestion, and emotional states. Music therapy's potential for regulating the vagus nerve through musicking, vocal engagement, and relational engagement supports opportunities for co-regulation (Sofield, 2019).

Martín-Baró's psychology of liberation

Martín-Baró offers a socio-historically contextualized model of trauma that recognizes how some communities are more vulnerable to violence and thus more impacted by traumatic stress (Martín-Baró, 1994; Suarez, 2016; Watkins & Shulman, 2008). Martín-Baró conceptualized mental health through relational dimensions where individual suffering was situated within one's family, community, and broader society (Suarez, 2016). As such, he characterized trauma as psychosocial and urged that therapeutic programming focus on the sociopolitical forces perpetuating political violence and systematic oppression as opposed to only individual-level therapy (Martín-Baró, 1994; Suarez, 2016).

Suarez's socioculturally-informed framework of trauma

Building on critical and psychosocial theories of trauma, Suarez (2016) offered an explanatory framework of trauma. Suarez defines trauma as dimensional – occurring at individual, familial, community, and cultural levels - rather than categorical, which can risk trivializing and individualizing experiences of trauma. She offers that trauma responses are understood through sociocultural contexts and sequences of time (e.g., a single event in comparison to ongoing impacts from war or genocide). As such, trauma is politically and systemically situated and not understood as a random occurrence outside of this situatedness. Suarez (2016) deems trauma and resilience as "bedfellows" (p. 148) in that collective and social contexts can also cultivate resilience after trauma. Lastly, Suarez proposes that trauma is at the same time universal (i.e., there are some shared physiological and psychological responses to trauma) and localized (i.e., culturally and locally situated).

Grief and bereavement frameworks

Dual process model (DPM)

Developed by Stroebe and Schut (1999, 2010), the DPM describes oscillation between loss-oriented coping (e.g., the yearning, crying, missing, denying and remembering type of grief responses that result from the death of a loved one) and restoration-oriented coping (e.g., the spiritual and symbolic tasks one engages with when building a new life and identity) after the death of a loved one. The DPM proposes that adaptation to loss occurs through the ebb and flow between these specific types of coping as one searches to make meaning from a lost relationship and the life one is (re)building with the loved one gone. The DPM was originally developed for adults and not with a developmental frame of mind. However, in my clinical experience, I have witnessed its application, notably with youth who have experienced parental loss. The constant negotiation of tasks is evident, especially in families where older siblings have experienced adultification, assuming roles of caregiving and home management after the loss of a parent or caregiver. I have also witnessed this in young adults (18–24 years old) navigating independent living without mentorship and guidance often provided by adult caregivers in those same years.

Meaning reconstruction model

Neimeyer (2000, 2012) proposed a model of bereavement, shifting the focus on grief severity to one of meaning reconstruction after death. In his model, people are viewed as active agents of meaning making. Our interactions, which are historically and socioculturally influenced, shape the how we derive meaning in our life. When loss occurs, our life worldview or self-narrative may be disrupted. Neimeyer suggests that integrating a loss allows us to sustain our self-narrative, or at least engage in exploring and redefining our narrative over time. This involves not only emotional adjustments but also cognitive, social, and existential adaptations (Hibberd, 2013).

Continuing Bonds Model

Introduced by Klass et al. (1996), continuing bonds acknowledges that grief can be ongoing. Emphasizing the desire to maintain connections with a loved one after they die as typical, continuing bonds suggests that acts like engaging in rituals (e.g., visiting graves; anniversary celebrations), conversations (e.g., writing to the deceased; talking with others about the deceased), and wearing items of clothing or jewelry from the deceased aid in coping with the loss. Rather than viewing it as a method of healthily adapting to loss, continuing bonds describes how survivors maintain bonds with the deceased, acknowledging the evolution of these bonds over time and considering cultural influences (e.g., cultures where spirits or ghosts are viewed as dangerous and haunting of the surviving living individuals). While strained relationships can add some nuance into how continuing bonds exists, the reality is that there is still a continued bond in some capacity, no matter the quality of the relationship prior to death.

Contextual resilience model (CRM)

The CRM (Sandler et al., 2007) focuses on adaptation to bereavement in youth who have lost a parent or caregiver. The CRM proposes that adapting to loss is shaped by individual and environmental risk and protective factors, influencing developmental competencies and milestones, well-being and satisfaction, grief responses (e.g., traumatic, prolonged), and mental, physical, or somatic challenges. Grief responses are culturally situated, and the CRM recognizes the impact of individual and interpersonal factors, as well as environmental elements like family, community, schools, and religious organizations in the process of accepting and ultimately adapting to loss.

Music therapy frameworks

Resource-oriented music therapy

Resource-oriented music therapy recognizes the inherently political nature of health, medicine, mental health, and music (Rolvsjord, 2010). It is rooted in empowerment philosophy, contextual health models, and positive psychology. Challenging conventional pathological frameworks for music therapy practice, rooted in behavioral and medical models of care, resource-oriented music therapy seeks to identify, nurture, and amplify internal and external resources, strengths, and potentials available to people as tools for mental health care. Within this model, music and creativity are recognized as health resources connected to a positive health ideology. As such, we can utilize one's musicality, musical skills, and knowledge of songs as a central driving force in the therapeutic process. When considering trauma and grief work, resource-oriented music therapy can help unearth and leverage available resources to navigate emotions, psychosomatic responses, new life realities, and, ultimately, the adaptation to life after a loss or trauma experience.

Working resilience songwriting model (RSM)

I developed the RSM, influenced by the CRM and my own clinical experiences, aligning protective factors from Sandler et al.'s (2007) research with therapeutic songwriting processes (Myers-Coffman et al., 2019). The RSM proposes that targeting individual and environmental protective factors such as self-esteem, coping, meaning making, emotional expression, and social support through songwriting processes can support healthy adaptation to loss. While the RSM centers on songwriting, a broader comprehension of individual and environmental protective factors could be approached through diverse music therapy methods beyond songwriting alone.

Community music therapy (CoMT)

Valuing collective social action over individualized goals and therapy practice, CoMT considers sociocultural and sociohistorical contexts of individuals and communities and emphasizes collaboration (Stige & Aarø, 2011). The acronym PREPARE captures prominent features and values of CoMT: Participatory, Resource-Oriented, Ecological, Performative, Activist, Reflection, Ethics-driven. Similar to resource-oriented music therapy, which rejects pathologizing and problematizing mental health, CoMT sees participants as active agents of social change at individual and community levels. Thus, rather than directing therapy practices towards an individual, CoMT engages the entire community and system within the musicking, relying on music's ability to build networks, empower historically and systematically excluded groups, and heal and strengthen communities.

Cultural and critical considerations for theoretical models

Trauma and bereavement models for young people often focus on developmental milestones and competencies. It is necessary to recognize how systemic oppression and trauma uniquely affects how historically excluded youth achieve these competencies and milestones in relation to peers holding privileged identities (e.g., white, cishetero, nondisabled, financially resourced) (Causadias & Umaña-Taylor, 2018; García Coll et al., 1996). Any therapeutic model addressing developmental competencies warrants a meaningful reflection on how intersectional sociocultural locations influence practice application.

While attachment theory has been explored across cultural contexts and underlies many of the aforementioned theoretical models, attachment exists and functions differently based on factors like country of origin, ethnicity, religious affiliation, and cultural worldview (e.g., the spectrum of individualism to collectivism, independence to interdependence), and acculturation (Agishtein & Brumbaugh, 2013). Maintaining a culturally humble practice supports an anti-oppressive application of these models.

Neimeyer's (2000, 2012) conceptualizations of meaning making within the bereavement process, which is a common concept integrated into many bereavement theories, must be critically considered through cultural humility. Sensitivity to systemic aspects is crucial when assisting individuals in finding meaning amid loss. For example, if someone loses a family member due to gun violence, there is potential harm in asking them to make sense of senseless acts due to systemic inequities and political actions or inactions (e.g., gun control measures; access to mental health care).

Given resilience is heavily emphasized in both trauma and bereavement models, Scrine (2021) advocates for a critical approach, highlighting the limitations and harms of a resilience-focused practice and the necessity of activating modes of resistance. Resilience is often understood as overcoming adversity, which can risk encouraging individuals to adapt to systemic inequities without addressing them directly (Scrine, 2021). Nurturing resistance alongside resilience can include fostering political agency, collective action, culturally affirming therapy spaces, and challenging the status quo. We can extend beyond adapting to adversity to engage with and challenge its root causes (Mullan, 2023). Even still, supporting efforts towards resilience in music therapy practice remains valuable, as therapy participants may seek a nurturing of resilience through self- and community-resourcing. Understanding resilience through a contextual and historical lens allows for addressing these desires while simultaneously engaging modes of resistance to promote a more comprehensive and socially conscious therapeutic practice.

Supporting intersections of trauma and grief in music therapy

When exploring the intersections of trauma and loss, it is important to distinguish childhood traumatic grief (CTG) from instances where someone has experienced a loss and they have a trauma history. CTG typically involves witnessing a death under traumatic circumstances, such as interpersonal violence, motor vehicle accidents, death by suicide, natural disasters, war, and terrorism (Cohen et al., 2017). Deaths connected to CTG are often unexpected and may be violent, gory, or graphic. When not contextualized as CTG, we consider the intersections of trauma and grief by looking at the ways in which histories of intimate partner violence, sexual abuse, caregiver mental health, caregiver chemical dependence, systemic oppression, and collective or community trauma (e.g., police killing of civilian) complicate grief related to loss. This paper focuses on these grief experiences since CTG has received notable attention within the broader literature.

Further, while there are an extensive range of traumatic events, such as caregiver deployment in the military, complicated parental divorce or separation, suicide loss, and more, it is impossible for this paper to comprehensively cover all related topics. Therefore, I will focus on the intersections of interpersonal traumas, trauma from systematic oppression, and collective trauma in relation to loss from death. There is a significant gap in music therapy research exploring many of these trauma and grief intersections, thus while I do include the available research, much of what I share below is rooted in my personal clinical experiences. I have organized the sections by introducing nuanced examples of lived experiences within the specific trauma and grief intersections and how I've used music therapy to support those.

It is also important to note that grief responses are not exclusive to the death of a loved one. Parental incarceration, divorce, and experiences of youth being removed from biological parents or family members and placed in the foster care system can evoke considerable grief. Recognizing the significance of these experiences is paramount, given the blurred lines between what is "trauma" and what constitutes "grief." While a dedicated article exploring these nuances would be a valuable contribution to our profession, it falls beyond the scope of this paper to address these fully. As such, I focus on grief associated with the death of a loved one, while recognizing that grief experiences are intrinsic to many experiences of trauma.

Interpersonal trauma and loss

Childhood experiences of intimate partner violence and/or sexual abuse can create complex emotions when the offender was the person that died. In such instances, youth I've worked with grapple with intricate emotions, finding themselves simultaneously relieved that the abuser is no longer present and happy to be free from the abuse, yet grieving the loss of a person they still deeply loved. Reflecting on personal experiences and weaving in narratives of others, hooks (2001) aptly described the dual nature of loving and hating a person who is abusing you, illustrating how youth might experience parental abuse while hearing the contradictory justification of "I'm doing this because I love you". Untangling the cognitive and embodied internalization of this sentiment while mourning the person's death adds layers of complexity.

Our work in music therapy might involve working through the conflicted nature of the relationship with the deceased so that feelings of shame, guilt, anger, resentment, and unresolve can be processed alongside the grief. Given the depth and often painful roots of these emotions, I've found that live receptive music experiences paired with structured verbal guidance allows thoughts, feelings, and sensations to emerge through a relaxed or altered state. I often follow this with improvisation experiences to help make sense of and explore these feelings in more conscious states, which can be followed up with verbal processing. Subsequent improvisation and songwriting processes can then work to unpack specific elements of their experiences they've become more conscious to. Through this interplay of receptive and active music experiences, we might be able to unearth unconscious and scattered memories – those which have been neurologically impacted due to the trauma – and work to rebuild the narratives and understandings.

Experiencing the death of a caregiver with mental health struggles or chemical dependence poses challenges in understanding inconsistent behavior. Depending on their age, some youth I've worked with understand when an adult is using a substance, whereas very young children have not developmentally understood this differentiation. The youth have mostly been able to identify that at certain points (e.g., in the evening, after work), an adult might be more irritable, violent, or non-responsive in comparison to other parts of the day. In the context of mental health, there may be less of an identifiable pattern for when a caregiver may be experiencing significant episodes of depression or other destabilizing conditions.

Similar to navigating experiences of violence and abuse, youth I've worked with have felt moments of relief after a death in that they no longer have to navigate those inconsistencies. At the same time, they're still grieving the meaningful and loving connections to the family member from the moments when they were not under the influence or not experiencing a serious mental health state. Thus, engaging music therapy experiences that recognize multiple truths can be useful. We might use referential improvisation to explore: What does it feel like to feel both relief and yearning? Anger and love? Confusion and clarity? How are these emotions expressed through the music? What do we notice in our bodies when we're hearing these novel expressions of what we're feeling inside? We can build resources of being able to sit with and feel these simultaneous and sometimes dichotomous realities.

I've also worked with youth who, alongside grieving for their loved ones, yearned for those family members to be free from the mental health struggles or chemical dependence. In some instances, the death was because of an overdose, suicide, or some other connection to chemical dependence or mental health. The persistent struggles of these family members significantly impacted the young person over a long period of time. Further, these youth often experience disenfranchised grief, which occurs when a loss is not openly acknowledged or publicly mourned due to social stigma and social disapproval and thus does not elicit the same level of social and professional grief support as other deaths (Lucas et al., 2022; Doka, 2017).

Grief processing in these situations can use improvisation to explore the lack of control they felt and may still feel – I might start leading an improvisation and ask them to "take control" of the leading (and we unpack what they think of and experience that "taking control" as). We might explore the nonverbal and musical interpretations of feeling a sense of control or not. Other times, we can use songwriting and receptive, relaxation based experiences to lyrically, musically, and sensorially extend grace and compassion to the deceased and themselves. We might use rhythm based experiences, with full body embodiment and resonance, to allow anger and resentment to be expressed and processed. We can support the building of meaningful relationships with present, surviving family and/or community members by engaging in group music therapy, recreating songs that affirm our experiences and help us understand one another in a nuanced way or exploring through musicking and metaphor the ways in which family or community members are supporting one another.

Sometimes the person that died was the young person's safe haven. In sibling or friend loss, they might have lost the person they most confided in and had the strongest relationship with. In parental loss, the surviving parent or legally assigned caregiver is someone who enacts traumas like physical violence, sexual abuse, poor mental health, and/or chemical dependence. The grief then compounds as feelings of safely living in their environments decreases while they grieve the loss of their secure and safe caregiver/parent and environment.

In cases of interpersonal harms aggressed by the deceased or a new legal guardian, a mindful approach to music therapy entails the ability to hold multiple truths. The non-linear processing of grief and trauma involves moving between these realities as well as sitting within their co-existence – music offers a medium to hold all these co-existing realities through consonance and dissonance, rhythm and polyrhythm, harmonic structures, musical layering, exploration of soundscapes, use of silence, integration of syncopation, and more. Music therapists must be prepared to hold space for all of these emotions, memories, associations, and expressions concurrently. Neglecting trauma processing alongside grief processing undermines the ability to fully attend to individuals' multi-layered realities.

Music therapy research has shared about supporting youth who have experienced interpersonal trauma (Robarts, 2014; Sofield, 2023; Zanders, 2015) and bereavement (Dalton & Krout, 2005, 2006; McFerran, 2010; McFerran et al., 2010; Myers-Coffman et al., 2020; Roberts & McFerran, 2013) separately, yet research has yet to explicitly examine these intersections. Quantitative studies outside the profession highlight how exposure to intimate partner violence, sexual abuse, caregiver mental health challenges, and caregiver chemical dependence prior to parental loss negatively correlates with resilience (Macedo et al., 2018; Vaswani & Gillon, 2019), yet qualitative research providing an in-depth understanding of lived experiences is limited. Studies from diverse research methods exploring these intersections could help guide clinicians in approaching interpersonal trauma and grief support.

Systemic oppression as trauma and loss

Systemic oppression and structural harms against historically and systematically excluded individuals and communities adds hardened layers to grief experiences and calls for a shift in defining approaches to grief work. Understanding sociohistorical contexts is crucial for culturally humble practices, particularly when navigating challenges unique to specific communities. For example, supporting a young person of color grieving a family member's death to gun violence requires acknowledging the broader history and impact of such violence on communities of color (Edmund, 2022). I worked with a young person impacted by gun violence who continuously heard about the death through media coverage. They grappled with narratives from the media, and from others consuming said media, influencing their grief processing as they navigated these external messages and societal injustices alongside the personal loss. These tensions were often reflected in the music, pushing and pulling in the rhythmic and harmonic structures. The young person would reflect on how the music was an extension of the confusion, anger, sadness, and rage they felt inside and how they felt they had no clear grounding, calm, or release, which they desired. We would then work within the music - through music listening, relaxation experiences, cathartic rhythmic explorations, and songwriting - to cultivate these sensations.

In my experiences of working with young people who are LGBTQIA2+, disabled, neurodivergent, and/or at intersections of historically excluded identities, pre-loss trauma can be experienced if a parent or other family member was oppressive and/or rejecting of one's identity. Losing a loved one can trigger complex grief as a young person works to reconcile the fact that they were never authentically understood or embraced while grieving the loss. I have worked with numerous LGBTQIA2+ youth who were exploring their gender expansiveness and sexual orientation, facing constant berating, condescension, disregard, or invalidation based on cisheteronormativity from a family member. Following the death of this person, the youth would spend a significant amount of time exploring thoughts and sensations around wishing the person accepted and celebrated them as they were, accompanied by processing of anger and resentment towards a wish for alternate realities where authenticity was valued. Rhythm-based experiences for these youth were highly profound in connecting somatic sensations of anger and facilitating the release of energy that needed to be expelled from their bodies, creating space for the subsequent grief processing that similarly needed release. Additionally, creating playlists with diverse song qualities such as instrumentation, dynamics, meter, harmony, and melody, served as a valuable tool between sessions for sensorial regulation, aiding in the movement of energy and sensation from one emotional space to another.

Alternatively, the young person might have felt that they could

authentically be themselves, fully celebrated and nurtured by a parent or family member. Despite an absence of pre-death trauma, experiences of oppression can begin to emerge after a safe loved one has died. I have worked with youth facing parental loss who encounter a lack of support for their authentic selves and access needs under new legal guardianship (e.g., grandparent, aunt, uncle). LGBTQIA2+ youth may face derision and reprimand for living authentically when it was never a problem before. Autistic, neurodivergent, or disabled youth may experience misunderstanding and ridiculing of stimming expressions, impatience when they do not fit an ableist and neurotypical mold the caregiver has been socialized to expect, and presumed incompetence in the young person's ability to wholly grasp the loss experience. These situations introduce new trauma as youth navigate oppressive environments where they feel they have to mask or not be themselves, grieving both the loss of a safe person and a self they cannot express without harm.

Therapeutic work alongside grief processing in these contexts can involve exploring harmful social norms and how they're being enacted, resistance strategies, and conflict and relationship transformation. Sharing songs and drawing prominent themes that touch on these topics, improvising authentic musical languages and expressions of self, and creating original songs to pair musical and lyrical expression of sentiments and understandings have been powerful avenues for exploring these ideas and experiences. Group work through a CoMT lens is especially impactful as young people can build community within their social groups and use music as an avenue to express their internal and collective experiences. Further, we can engage in music experiences that honor a continued bond with the loved one they felt safe and authentic with (e.g., legacy projects, writing songs for annual rituals).

While some music therapy studies have detailed resource- and resistance-focused work for young people holding historically and systematically excluded identities (Thomas, 2020; Scrine, 2021), these have not specifically addressed death experiences. Our profession would benefit from clinicians and music therapy participants sharing these stories through publication to inform practice. However, while such narratives could meaningfully guide therapeutic work, publishing must be non-exploitative, collaborative, and agentic, as historically, clinicians interpreting participant narratives through their own and driving perspectives (especially when guided by dominant sociocultural identities and experiences) has perpetuated harm and oppression.

Collective trauma and loss

In the face of collective trauma and loss experienced by communities, societies, or nations due to events like war, terrorism, natural disaster, mass shootings, police brutality, and pandemics, emerge shared feelings of hopelessness, powerlessness, lack of control, fear, and grief. Systemic oppression underlies these collective traumas, impacting youth within their home life and personal experiences of oppression. These traumatic events can lead to constant reminders of the trauma and loss, with media coverage and social media narratives contributing to regular re-traumatization. Whereas some individuals aim to share graphic experiences on social media in an aim to spread awareness, often times this can lead to re-traumatizing the communities most impacted by violence while also risking desensitization to the trauma and loss when it is being so repeatedly shared. Research shows that historically and systemically excluded communities are disproportionately at risk of increased symptoms of PTSD, depression, and anxiety because of constant resharing of collective trauma and loss experiences on social media platforms (Chae et al., 2021; Tynes et al., 2019).

Unique experiences of grief exist within the LGBTQIA2+ community, particularly for queer, trans, Black and Indigenous people of color (Lucas et al., 2022). Thom (2017) wrote about how "Up until recently, the vast majority of trans women of color to come into the public eye were dead trans women of color" (p. 49). For LGBTQIA2+ youth navigating personal losses, collective grief can become compounded seeing insensitive media reports of queer folx dying by suicide, murder, and sexually transmitted infections. Further, I have worked with queer youth who have lost a queer friend within their school and friend systems who navigate disenfranchised grief when not having these deaths recognized to the same degree as peers holding cishetero identities (Lucas et al., 2022; Doka, 2017). Therefore, our role in music therapy might be to validate the disenfranchisement and engage in open discussion and musicking about the losses. We can seek to understand the reasons why youth may find it challenging to discuss these losses as openly as the deaths of non-queer individuals. This might look like writing songs to explore these complex realities lyrically and musically; creating anthems or chants to channel anger and rage at the disenfranchisement; learning how to utilize vocal improvisations to stimulate the vagus nerve and clam our bodies; and/or creating musical legacy projects of the loved ones that died to support continued bonds.

Collective trauma and grief also have intergenerational dimensions. Pumariega et al. (2022) urge how critical it is to understand how historical and intergenerational traumas contribute to current vulnerabilities and unique needs in young people of color. From experiences of genocide and forced assimilation for Indigenous people to the histories of enslavement and continuous racial discrimination of Black and African Americans to the internment of people with Japanese ancestry and more, research underscores how historical and intergenerational trauma can expose people of the global majority in the US to increased physical and psychological stress (John-Henderson & Ginty, 2020; Pumariega et al., 2022). This stress and unresolved trauma can then be passed on generationally (Brave Heart, 2000; DeGruy, 2005; Maté, 2022; Menakem, 2021), leading young people of color to potentially experience somatic symptoms of grief or coping mechanisms not immediately recognized as extensions of these intergenerational inheritances. Further, when families openly discuss these experiences of trauma and loss within their family lineages, youth gain a deeper context for their personal losses and those they witness through media reporting. This nuance requires careful unpacking, processing, and making sense of the complexities involved when processing one's personal loss.

Supporting young people through individual grief processing when collective traumas and losses are also being processed within their community deserves particular attention and sensitivity. For example, when I worked with Black adolescents navigating personal loss alongside broader losses on a national level (e.g., after the police killing of Philando Castile), these youths were acutely aware of the violence impacting their communities in the present, historically, and intergenerationally. They drew connections between their personal and community losses, creating an intertwined experience of grief. They sought spaces to process the concurrent and compounded losses. The personhood of young people processing these types of experiences must be wholly supported and validated with a recognition that each collective trauma and loss can reignite past grief and trauma experiences. Community music therapy opportunities where community action and public mourning can occur offers group experiences of healing, a sense of belonging, social support, solidarity, and grief processing. This could take the form of music within protests, performances, group musicking and drumming, group songwriting, and recreation or singing of historically and culturally relevant songs.

Music therapy literature

There are a number of powerful and informative explorations within music therapy work on supporting collective trauma and grief. One example is a response effort after the September 11th attacks in New York City in 2001. The New York City Music Therapy Relief Project was created to provide music therapy services to children, families, adults, professional relief workers and health professionals impacted by the terrorist attacks (Loewy & Frisch Hara, 2002). Loewy, (2002) shares of engaging an adolescent boy in a music therapy method called Song Sensation. This method involves 1) selecting a song to bring to a therapy group; 2) listening to the song twice, once for relaxation and again to

write or draw thoughts and feelings relating to the song; 3) reflecting and sharing feedback about the song; and 4) recreating the song in their own way, with the person who chose the song guiding elements of song arrangement (Loewy, 2002). Song Sensation offered a space for the adolescent to creatively explore grief emotions and experiences of 9/11.

In Victoria, Australia, the weeklong Black Saturday Fires devastated hundreds of families through displacement and death. McFerran and Teggelove (2011) supported adolescents in school-based group music therapy programming to focus on community building following this traumatic event. The young people had lost family members as well as housing and were living in temporary accommodations at the time of the programming. Adopting a community music therapy and resource-oriented approach, they facilitated programming by giving full agency to the youth in guiding the direction of the music therapy. This resulted in youth engaging in emotion-based, thematic improvisation (e.g., happy, sad, angry, scared); active music making to recreate songs as well as write songs; sharing songs and their meanings; writing raps; and learning how to record multi-track songs with various music technologies. From this, the youth felt strong group cohesion, had positive experiences (e.g., fun and freedom), learned new pathways to explore and express themselves musically, and felt able to be authentically themselves within the group.

Another example of school-based music therapy is detailed by McFerran (2012) working with two adolescent boys who faced collective trauma and loss. One had experienced a loss shortly before the devastation of the aforementioned bushfires, while the other, a Sudanese refugee, navigated loss alongside past trauma. McFerran engaged both boys in group Hip Hop and R&B songwriting, per their preference, to explore their lived experiences. This fostered discussions on relational dynamics they experienced, their identity formation, and aspirations.

Cultural humility in trauma and grief work

Approaching this work with cultural humility begins with reflecting on personal experiences and implicit biases related to death, grief, and trauma. What personal encounters of trauma and death have you had? How do these shape the assumptions you bring to relational conversation and therapy work? What narratives have you learned about trauma, death, and grief and from where did you learn these? In what ways are trauma, death, and grief represented in songs? How might these representations differ across cultures? What songs, if any, have you engaged with in relation to personal experiences of trauma and/or loss? What memories or associations with songs, instruments, or engaging in music arise in relation to these experiences, if any?

We similarly must explore culture-specific beliefs about trauma, grief, therapy, and healing. How you were brought up to understand these experiences and existences may differ from those you work with given different intersecting identities. How do you understand and define trauma, trauma memories, trauma responses, grief, therapy, and healing? How do different communities and cultures understand and define these? Are different terms used? Where might there be common threads across these different understandings that could inform how you approach supporting group work? Where might the cultural differences in these understandings present challenges in your work?

When working with diverse individuals, one way we can approach this is from a place of curiosity without imposing specific language (e.g., trauma, therapy, healing). Rather, we can ask broad questions that allow those we are working with to define the language themselves: How do you understand this experience (relating to the trauma and/or loss)? How have you learned to respond to it? What does healing mean to you? What resources might you draw on to support healing?

As therapists, we must recognize structural and systemic oppressions, including those we perpetuate or contribute to. For example, many clinicians navigate structural racism and ableism when working in institutions influenced by medical and behavioral industrial complexes. There is work to be done in providing care and support to grieving youth with a history of trauma when our own existence as clinicians working within these systems and institutions can automatically start from a place of distrust, regardless of our sociocultural identities. Advocating for culturally humble, liberatory, and sensitive care within these larger systemic structures can positively impact someone's experience within it. What systems are you a part of? How can you actively participate in advocacy, activism, and allyship? Where are you limited in your capacities for structural change? What can you do within these limitations to expand your potentials for liberatory practice? How can music be activated and further support these efforts? How can you use music to process the tensions of working within these systems while simultaneously trying to shift them?

Experiences of death, grief, bereavement, and mourning cannot be understood apart from one's culture. We can reflect more deeply on our understanding and examine how our beliefs and experiences might influence our support for young people grieving. Do you have your own religious or spiritual practices and rituals when you experience a death? Do these differ within the communities you are a part of? What are your relationships to these death and grief rituals and practices? Are you aware of what other cultural practices of grief and mourning there are? How is music integrated into culturally situated grief rituals and practices? What instruments, modes, meters, and other musical elements are used in these rituals? What is the function of the music in these rituals?

Scholars have challenged that the term "grief" is predominantly a Western concept; rather than assuming a universal experience of grieving death, it is more accurate to acknowledge that individuals respond to death in various capacities (Klass, 1999). Diverse social understandings of loss, ritualistic and traditional death practices, societal or community displays of mourning, and the home environment collectively shape one's bereavement experience (Kastenbaum, 2008). Consider your awareness of cultural grief rituals or traditions. Within these rituals or traditions, what role do young people play? For example, are they included or is it believed that they should not be involved with or exposed to these rituals or traditions? If your understanding of cultural traditions related to death responses feels limited, what resources do you have available to learn more in a meaningful and culturally sensitive way? Through such reflection, we can foster a more inclusive and empathetic approach to supporting grieving youth, recognizing the significance of cultural contexts in shaping these experiences.

Conclusion

Given the high prevalence of trauma and death experiences among young people, it is imperative that those supporting youth in bereavement adhere to a culturally humble, trauma-informed practice. Further, there is a high probability that music therapists, irrespective of their clinical setting, will engage with individuals navigating trauma and loss experiences. Thus, it is advantageous for all music therapists to be well-versed in trauma and bereavement support. This training and education must begin in music therapy degree programs.

Research on this intersecting topic is sparse. While some literature on the intersection of trauma and bereavement exists (Loewy, 2002; McFerran, 2012; McFerran & Teggelove, 2011) more is greatly needed especially given the likelihood of music therapists encountering these experiences in clinical work. Qualitative and narrative research would be especially beneficial as it can capture, in depth, the ways in which cultural traditions and backgrounds influence the trauma and grief experiences. In this paper, I presented a number of theoretical frameworks that can guide an intersectional and integrative approach to supporting young people dealing with trauma and loss. More music therapy research on this topic would further support the ways in which these theoretical frameworks could be meaningfully applied in clinical practice.

Lastly, in this paper I emphasized how a culturally humble and culturally grounded practice is crucial in cultivating an inclusive, accessible, and respectful environment for young people navigating

intersecting trauma and death experiences. We must ensure that music therapy programming is sensitive to the unique sociocultural backgrounds and histories of each individual. Thus, in addition to calling for trauma- and bereavement-informed approaches within this work and also more broadly within the profession, I hope this paper serves as a valuable reflexive resource for those committed to providing meaningful and socially conscious support for youth who have experienced trauma and loss.

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Kate Myers-Coffman: Writing – review & editing, Writing – original draft, Project administration, Conceptualization.

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None to declare.

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