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Discussion on the Role of Songwriting-Based Interventions in Emotion Regulation for University Students with Depressive Symptoms

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Abstract

How Songwriting-based interventions can help university students with depressive symptoms regulate their emotions: An exploratory study. It is a story and idea that does not contain any original data, participants, statistical tests or clinical results from an empirical study. Based on the existing emotion-regulation theory, music-therapy literature, published clinical research and a documented university songwriting programme, it is proposed that lyric writing, musical decision-making, rehearsal, recording and group reflection can help students identify emotions, externalise difficult experiences, reconsider personal meanings, strengthen agency and obtain social support. Distinguish between plausible mechanisms and demonstrated treatment effects, consider songwriting as an organised addition to psychotherapy, medication, crisis intervention or professional assessment, but not in place of such interventions. The stages of the application process are filtering, mutual goal-setting, gradual construction, reflection and management of safety and referral. Songwriting has shown some practical value for the mental-health support services in universities, but given the limited research, it should still be offered voluntarily, culturally sensitive, clinically supervised and appropriately scaled.

Keywords

Songwriting intervention; university students; depressive symptoms; emotion regulation; music therapy; campus mental health.

1. Introduction

University students may be chronically depressed, lack motivation, engage in self-criticism, withdraw from society, and struggle with emotional dysregulation. Although it is called an experience of depression, it does not necessarily mean one has major depressive disorder. Therefore, this difference should not be regarded as a fault or an external cause of the campus-based creative activity.

Songwriting is an active process of combining words, melody, rhythm, harmony, performance and production choices to create a personal work of art in music. Not passively listening, it has been modified to select materials, organise experiences, tolerate emotions, make choices, and decide whether to retain, alter, present or spread the results. These attributes connect songwriting with emotion regulation, and emotion regulation refers to people's control over the occurrence, strength, duration, display and interpretation of emotions.

This paper investigates the possible role of songwriting-based interventions for university students with reported depressive symptoms. It provides a conceptual discussion based on published literature and does not present results of experiments, surveys, case studies or outcome evaluations. The main idea is that songwriting can provide a flexible arrangement of emotional identification, expression, cognitive reorganization, agency and relational

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connection. It will not work unless there is good coordination and communication among the involved parties and services.

2. Conceptual Foundations

Generally speaking, emotion regulation refers to one's own regulation of emotions and selection among different emotional experiences and expressions at any given time [1]. The process model of regulation identifies opportunities for regulation before and after the development of emotions; people can choose or alter situations, shift attention, change interpretations, and adjust responses. Use it wisely to learn how emotions are also expressed in song creation. Selection of a theme alters the direction of attention; modification of lyrics modifies the meaning; change in tempo or dynamics regulates arousal; and decision to perform shapes expression.

Literature on clinical songwriting presents several techniques, such as creating original lyrics and music, song parody, fill-in-the-blank writing, improvisational composition, and collaborative production [2]. Baker and Wigram believe that this way should be adapted to the participant, the goals of therapy and special circumstances, rather than a single method [2]. A blank page may support the independence of one student but increase the paralysis or self-criticism of another. Organised Prompts, chord loops and co-writing can reduce the pressure of performance and retain authorship.

McFerran's activities with young people are also cooperative in nature, and subjects such as song sharing, improvisation, songwriting and multimedia practice are discussed [3]. University students are not the same as adolescents, but the spirit of cooperation still applies; the leader should not have a favourite type of music and interpret the lyrics as if they were obvious clinical data. Musical Identity, peer culture, language and genre can all affect the sense of authenticity and safety in participation.

Saarikallio thinks that music is a way to regulate emotions in older age, and this includes mood regulation, mood improvement, distraction, release, mental exercise, comfort and sensation-seeking [4]. The categories of songs are as follows. Rhythm can be used to evoke emotion, metaphor is employed to show distance, and harmony adds a feeling of emotion. However, if the same activity repeatedly gives rise to a sense of hopelessness without perspective, containment or movement, it can also lead to rumination. Therefore, the function and results of regulations should be considered instead of just the expression of emotion.

3. Evidence and its Limitations

Research on songwriting and music therapy has provided some, but not extensive, evidence. Silverman compared a coping-focused songwriting session with talk-based psychoeducation in the context of acute psychiatric illness and found that songwriting was not superior in all outcomes, although it promoted engagement and elements of the working alliance [5]. Thus, the amount of excessive claims will be reduced. Songwriting may be acceptable and clinically useful without exceeding the advantages of traditional methods.

A study of group music therapy for college students showed that the participants' depressed mood and general mental health improved after the intervention [6]. As the program involved group music therapy and not songwriting, it cannot be determined whether lyrics and music creation caused the changes observed. It still supports the feasibility of active music-based work for the higher-education group and shows the possible contribution of group participation.

Erkkilä and his colleagues conducted a randomised trial of individual music therapy in addition to standard care for working-age adults with depression and reported advantages in

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depression, anxiety and functioning after treatment [7]. The intervention included active musical participation but was not a university songwriting class. Thus, the results support the general idea of active music therapy but present problems related to the student group, songwriting elements, and long-term effects.

A Cochrane review found that adding music therapy to usual care may reduce short-term symptoms of depression, anxiety and impaired daily functioning; however, the quality of the evidence was relatively low and its long-term effects have not been determined [8]. Do not believe that all music is healing or that songwriting can substitute for professional care based on this study. Qualified music therapy includes assessment, goals, a therapeutic relationship and responsive application of musical methods.

The World Health Organization's arts-and-health evidence synthesis presents plausible psychological, social, behavioural and physiological pathways through which participation in the arts can promote health and well-being [9]. Although the scope of attention to creative interventions is broad, not all programmes meet the necessary conditions. Translation to campus practice needs to specify the population, competence of facilitators, dose, setting, risks and referral arrangements.

A representative published case is the Blue Notes pilot randomised controlled trial, which had students from higher education experiencing stress, anxiety, depression or other mental health problems participate in a five-week songwriting course [10]. Participants formed small groups to create and record songs. The authors presented a possible pilot project rather than the final results. It is an actual and traceable practice model; however, due to the small-scale design of the pilot, causal and generalisable conclusions should be drawn cautiously.

Subsequent scoping reviews of various music activities have identified some potential psychosocial mechanisms, such as mood, arousal, identity, empowerment and social connection; however, relatively few studies have specifically focused on songwriting, composition and improvisation [11]. Therefore, the most reasonable and reasonable conclusion is that songwriting has not shown consistent anti-depressive effects in trials. Songwriting is a reasonable and attractive supplement that warrants further, careful research on the basis of emotion-regulation mechanisms and implementation.

4. Pathways of Emotional Regulation

The first way is emotional identification. Symptoms of depression are not always obvious; sometimes, a person feels sad for no reason and loses interest in life. A writing prompt of "What does the day sound like?" can have students express their emotions indirectly. All of the above are ways to express emotion in music. To name an emotion in a lyric is not necessarily to heal; rather, by giving shape to an abstract feeling with words, one can begin to understand that feeling [1][2].

Secondly, there is externalisation in a short distance. Once a thought is given the form of words, characters or pictures, it can be talked about and changed rather than being known only internally. Metaphor and third-person narration are not very touching; first-person writing is more intimate. The party to be disclosed is the subject of disclosure. This control is required in the case of shame, trauma, identity conflict or suicidal ideation [2-3].

The third way is cognitive reappraisal. The organisation of a work should have an introduction, body and conclusion. A verse may be alone; a bridge can take one to an unknown place. Reappraisal does not require a falsely happy ending. A clinically responsible intervention does not force students to replace genuine pain with optimism. Revision can be employed to show the events from various angles or to present the idea that "nothing is fixed"; at the same time, one can say that "change is difficult to be imagined now" and thus preserve the emotional truth without reaching an absolute conclusion [1,4].

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The fourth way is agency and behaviour activation. Depression often leads to reduced activity and a lack of self-worth. Finish a chorus, choose an instrument, or make a recording to get bounded decisions and a visible product. Tasks can be reduced to include the participation of students without musical training in speaking, digital loops, humming or group roles. The therapeutic effect is not in the art but in the supported choice, feasible action and recognition of ability [2][10].

The Fifth Way is Interpersonal Regulation. Group songwriting needs listening, negotiation, turn-taking and agreement on the shared work. A chorus of friends can provide a sense of belonging without having to talk face-to-face. At the same time, there are also the risks of group work, such as comparison, unwanted disclosure, disagreement over authorship, and confidentiality problems. Therefore, the clear rules for ownership, record-keeping, storage, use and withdrawal are considered measures of intervention rather than administrative details [3][10][11].

5. A Staged Practice Pathway

A responsible campus program can start with screening and introduction. Be aware that depressive symptoms can be caused by temporary stress or serious mental illness in the screening. Provide students with simple-language information about the activity, limitations on confidentiality, recording norms and the voluntary nature of lyric disclosure. Immediate risk, such as suicidal ideation or serious impairment of daily life, requires a dedicated crisis and referral system, not just a songwriting group [8, 9].

Next is the process of joint goal-setting. Set functional and small goals, such as identifying emotional triggers, practicing an alternative response to rumination, completing a small creative task, or increasing safe connections with peers; "curing depression" is not suitable for the goals of a session, and it is unethical to promise such an outcome. Facilitators can have participants talk about their current use of music, what kind of music is helpful or harmful to them, and whether some songs or sounds are associated with bad memories [3-4].

Creation will be organised in stages. The first few lessons can be lyrical substitutions, short image lists, group rhythm patterns or optional instrumentations. The following classes will add the original songs, personal verses, arrangement selections and recordings. With this progression, the need for immediate disclosure is reduced, and avoidance, increased distress, perfectionism or withdrawal can be observed instead. Freedom of choice: Some people may choose not to participate, only provide music, or decline to share [2, 10].

Reflection Links Creative Activity to Regulation. In addition to the writing section, questions can also be used to explore the changes in emotion that occur during the revision of that line. Did the Music Increase or Decrease Arousal? Which part is suitable and which part is too exposed? What else could be added to the song? The leader should not be permitted to assign symbols or hide deep meanings in the dark music. Frankly and kindly inform the person of the reason for the warning.

Closure should restore orientation in daily life. A session that has caused emotional harm needs time to recover, learn from support resources, and plan for the coming days. The listener can select to play it multiple times, set a limit on the number of times it will be played, or save the recording with restricted access. Group members need to renegotiate consent before any public performance or online dissemination, as consent for creation does not equal consent for publication [9][11].

Finally, the program will be linked to campus counselling, disability support, primary care and emergency services. Qualified music therapists are most suitable for leading the clinical work, and musicians or peer facilitators need to have specific roles, supervision and referral training.

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Songwriting can expand the scope of acceptable entry points for support, but it should not be employed as a low-cost substitute for sufficient mental health staff [8,9].

6. Interpretation, Safety and Evaluation

Distinguish between expressions of emotion and regulation of emotions. A student is very unhappy but becomes more dysregulated after class. At the same time, a simple design can also be conservative in nature. Add the level of initial awareness, time-delayed thinking, daily life ability, help-seeking behaviour and self-perceived usefulness to the standards. Artistic Sophistication is not a result measure [1][4].

Potential harm includes emotional distress, the spread of hopelessness, forced disclosure, peer conflict, copyright infringement, and the accidental dissemination of private recordings. Risk is not incompatible with songwriting; only the future guarantee is needed. A facilitator can give a stop signal, an off-line exit, content warnings, secure storage and deletion, a risk-handling process, etc. Participants should also know that although the confidentiality of peers can be requested and supported, it is never absolutely guaranteed [2][3][10].

Program evaluation does not need to be conducted by making every campus group a clinical trial. The Service will systematically record the attendance, feasibility, operation outcomes, adverse effects, instances of misuse and other qualitative feedback. Validate the symptom scale, obtain informed consent for data collection, and use it as a screening instrument or an endpoint; do not make a diagnosis. All official research should be covered by ethics review, specific inclusion criteria should be predetermined in advance, and the expected outcomes announced beforehand; otherwise, it will not be approved [5-10].

The available literature also warns of mechanism substitution. Evidence for music therapy generally cannot be considered direct proof of songwriting, and evidence from adults with diagnosed depression cannot be automatically applied to all university students who self-report symptoms [7-8]. Another typical case in practice that is not a general model is the Blue Notes project [10]. Cultural Context, Language, Disability, Musical Confidence, Digital Access and Local Service Capacity will all affect implementation.

The most reliable form for practice is a limited promise. Songwriting can create an accessible space for the expression, shaping, dissemination and contemplation of emotions. Strengthen participation in caring and provide ways for students to apply in their daily lives. However, the benefits will probably be affected by fit, relationship, structure and safety. Therefore, the claims should be expressed in terms of "may be supported by", "is consistent with" and "shows some promise", rather than "proves", "cures" or "works for everyone" [8, 11].

7. Conclusion

Songwriting-based intervention offers a system but not an absolute solution for emotion regulation in university students with depressive symptoms. Its main advantages are that it integrates language, sound, body language, choice, and the option to share socially in one creative work. For the above reasons, students can learn about some emotions, gain a rational distance from the disturbing thoughts, generate alternative interpretations, strengthen their self-discipline, and gain an opportunity for connection.

No new songs need to be written for a general physical examination or a well-known therapy. Depressive symptoms vary in severity, causes, periods and risks; therefore, one creative method is not suitable for all students. Therefore, a responsible program will use voluntary participation, a graded structure, culturally appropriate music selection, explicit consent, secure storage of recordings, risk protocols, qualified supervision, and direct referral links.

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Therefore, based on the above analysis, further research is needed. Campus services can offer songwriting as one option in a multi-level, multiple-choice care system; they will also consider the advantages and disadvantages and protect the right to privacy and freedom of expression of the students. For the reasons mentioned above, songwriting cannot solve all of life's problems; instead, it may help us learn about and experience emotions better.

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