The Impact of Music Therapy on Self-Perceived Levels of Independence for Female

Survivors of Abuse

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Abstract

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Domestic violence is a prevalent issue in our society that leaves survivors traumatized with feelings of helplessness, a lack of trust and independence, guilt, and resistance to treatment, causing challenges in minimal treatment duration and treatment effectiveness. Researchers state that there is a need for alternative treatments due to the side-effects of pharmaceutical treatment and the length of treatment psychotherapy requires with this population. A psychotherapy treatment approach proposed by Robert J Lifton (1961) provides an alternative form of treatment that has resulted in progress for survivors of abuse. A music therapy approach informed by Lifton's approach may reduce the treatment time this approach requires, by providing a safe medium that survivors can immediately access nonverbally and have control of the process to recovery and becoming independent. A phenomenological qualitative research design (Moustakas, 1994) was utilized to determine what impact individual music therapy sessions informed by Lifton's criteria had on self-perceived levels of independence for female survivors of abuse. Two female survivors of abuse were recruited to participate in ten 1-hour sessions, per participant. Data sources included documentation during each session, transcribed audio recordings coded through MAXQDA 12™ software (2016), the participants' weekly journaling, and the researcher's journaling notes. Only data from one

participant was analyzed due to difficulties in recording the second participant. The core concept that emerged was that the participant experienced greater independence during lyric analysis and song re-creation interventions, leading to a comprehension of Lifton's criteria through the music therapy process. Additionally, the data yielded that all presented (instrumental improvisation, song/lyric analysis, song re-creation, and song writing) interventions had a cumulative purpose to lead the participant to trusting her own beliefs in order to become more independent. The major themes that emerged included Theme 1, Levels of Independence; Theme 2, Positive Self-Esteem; Theme 3, Telling of Her Story; Theme 4, Empowerment; Theme 5, Expertise; and Theme 6, Comprehension of Lifton's Criteria. It is suggested that future research increase the duration of the study, increase the reach of the program to multiple facilities, and seek funding to support the financial demand of the program. This will potentially result in greater participant attendance and consequentially more data. Additionally, modifications in the researcher explanation and delivery of specific interventions should be considered to increase effectiveness of treatment.

Key words: domestic violence, abuse, cult, trauma, treatment for abuse survivors, and music therapy.

Dedication

I dedicate this to all survivors of abuse and anyone who feels they have lost their ability

to question others and feel safe.

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Chapter 1: Introduction

Abuse occurs in many different forms, from abuse of the mind, to abuse of the body or one's right to freedom. On a national level, nearly one and four women report to be a victim of domestic violence, two out of three children are exposed to violence and trauma (Futures Without Violence, 2014), and as many as eighty percent of mental health referrals have a history of childhood abuse (Briere, 1992).   Abuse also occurs within multiple forms of relationships, whether this is between two individuals, or a large body of people all being abused or coerced to abuse each other. Although there has been an increase in education and advocacy on this topic, abuse is an issue that will not disappear anytime soon (Mills, Barocas, & Ariel, 2013). Abuse primarily begins on the individual level with coercive control, often leading to violence, and is the foundational problem that needs to be understood and addressed in abusive relationships (Keeling & Fisher, 2012). Prolonged psychological abuse (Singer, 1995) and domestic violence (American Psychiatric Association, 2014) can lead to emotional traumas such as depression, anxiety, panic attacks, substance abuse, and posttraumatic stress disorder. Ward (2000) identified that domestic violence and cultic abuse have been primarily studied and treated from separate theoretical frameworks and further exploration and treatment must include both frameworks. Within this study the term domestic violence, survivors of abuse, and a 1:1 cult will be used to refer to abuse between intimate partners, and these terms may be used interchangeably at times.

Current Treatments for Domestic Violence

There are treatment methods in multiple disciplines related to domestic violence and abuse. The primary treatment method is pharmaceutical methods, especially when depression and anxiety is present (Chan, Wong, Onishi, & Thyala, 2012). Treatment includes psychotherapy, narrative therapy, family therapy, eye movement desensitization and reprocessing, self-trauma model, feminist therapy (Duluth Model), crisis therapy models, ARC Clinical Treatment (attachment, self-regulation, and competency), group psychotherapy, cognitive behavioral therapy, dialectic behavior therapy, behavioral therapy, pharmacological treatment, psychodynamic therapy, Community Based Intervention (for child abuse victims), and strategies including graduated exposure to aspects of the abusive experience, skills training, education regarding abuse process and effects of abuse, relaxation training, and self-protective strategies (Lipovsky, 2014; Myers, Berliner, Briere, Hendrix, Reid, & Jenny, 2002; Yuan, Koss, & Stone, 2011). Although several methods of treatment exist there is a continued need to develop alternative approaches that integrate the multiple theoretical orientation methods and reduce side-effects.

Treatment environments include early intervention at hospital clinics, private practice mental health clinics, community health centers, women's domestic violence shelters, and residential treatment facilities. There is also a growing body of treatment protocols for victims of cult and cultic type relationships across professional fields (Burks, 1992; Cialdini, 2007; Hassan, 1990; Martin, 1993; Singer, 1995). Research conducted at Wellspring Retreat and Resource Center on treatment for cult and 1:1 abuse

victims based on Lifton's model for the treatment of mind control, resulted in less than 3% of individuals returning to the abusive relationship (Martin, Langone, Dole, & Wiltrout, 1992). Within this literature the same tactics used to deceive and control someone in a cult relationship have also been found to be prevalent in an abusive one-to-one relationship (Martin, 2012). It is for this reason that treatment methods for abuse and one-to-one cults might be integrated to enhance treatment effectiveness.

Current Music Therapy Treatments for Domestic Violence

Although there are research studies on music therapy with domestic violence (e.g., Ahmadi, 2011; Hahna & Borling, 2004; Hearns, 2009; Silverman, 2011), there is very little evidence of an effective music therapy theoretical framework informed by approaches for treating cult survivors. Two presentations were conducted by Wolfe about providing music therapy treatment within a cult rehabilitation setting (Wolfe, 2011; Wolfe, 2012). A research poster was presented by Miner, Hogue, and Crimmins (2014), about the psychological effect of cultic beliefs about music. While the presentations by Wolfe (2011; 2012) provided an approach to treatment, and research by Miner et al. presented information about music preferences being controlled within a cult, neither conducted research nor provided evidenced based treatment results of music therapy with this population.

Music therapy has been reported to successfully treat victims of abuse, targeting goals that include increasing self-esteem, communication skills, self-expression, self-awareness, reality orientation, coping skills, social support, and mood (Teague, Hahna, & McKinney, 2006). The prevalence of anxiety and depression has been primarily targeted

as a main concern with cult survivors (Martin et al., 1992) and domestic violence victims (Teague, Hahna, & McKinny, 2006). Addressing anxiety and depression in music therapy with domestic violence victims has been stated as beneficial to the individuals' life (Teague, Hahna, & McKinney, 2006; Trimpey, 1989; Whipple & Lindsey, 1999). Additionally, abuse has been known to cause deficits in emotional, behavioral, and cognitive functioning, often leading to intense trauma (Teague, Hahna, & McKinny, 2006). Music therapists can provide a treatment approach that is flexible in addressing multiple goal areas for survivors of abuse.

Recent research by Bensimon, Amir, and Wolf (2012), demonstrated how music therapy may function as a healing catalyst for survivors of trauma, providing a pendulum between processing traumatic events and providing a healing vortex. Bensimon et al. (2012) state that music serves as an unintimidating means to enable access to traumatic events by providing a connection across both hemispheres of the brain, increasing the ability to translate emotions into words, playing the trauma through music, when this may be impossible through talk therapy. This notion is supported further, as music has the ability to directly affect the areas of the brain that are associated with posttraumatic expression as identified by Bremner, Staib, Kaloupek, Southwick, Soufer, and Charney (1999), and Stevenson and Gratton (2003). Finally, Smyth (Sutton, 2002) is cited as stating that music therapy is a necessary aid to reducing the sense of helplessness that is created by traumatic abuse. However, survivors of abuse may have needs in addition to trauma such as repairing daily functioning skills.

Purdon and Ostertag compiled a summary of ideas and recommendations from music therapists about the scope of the problem of abuse and a theoretical model of treatment. The authors' (Purdon & Ostertag, 1999) research concludes with recommendations for abuse specific training of music therapists, defined treatments models, and the identification of abuse by the music therapist. Hahna and Borling (2004) highlight the attention a music therapist must give to processing trauma due to abuse, refining effective music therapy treatment techniques, and the need for therapist support due to the potential of vicarious trauma of the treating therapist. Research by Whipple and Lindsey (1999) found that music therapy in a counseling format was effective for increasing mood with battered women, citing recommendations that music therapy be studied for efficacy, provided regularly, and be a required weekly attended treatment outlet for victims of abuse. Further studies may present a greater evidence of an efficacious and cost effective intervention for addressing these deficits.

Lifton's Criteria of Mind Control

The use of Lifton's criteria of mind control in psychotherapy has been successful in reducing depression, anxiety, dissociation, dependency, and self-defeating thoughts at Wellspring Rehabilitation and Resource Center (Martin, Aronoff, Zelikovsky, Malinoski, & Lynn, 1996) with domestic violence survivors. Ward (2000) outlines the parallels experienced by victims of domestic violence and cults when one person tries to control another, proposing the importance of addressing all of these common abuse dynamics in therapy. Abuse tactics used in domestic violence are the same as the criteria of mind control, as proposed by Robert J. Lifton (1961). These domestic violence cases have

been labeled by Martin (2012, p. 14) as a "cult of one". The abusive cult of one victim, where one individual is abused by another to gain power and control, may be treated in the same manner as Lifton proposed. Utilizing this framework with the victim may prove as a beneficial intervention of psychotherapy when combined within a music therapy treatment approach.

While music therapy has been known to treat victims of abuse, it has not been established as a significant treatment approach for cult survivors. The integration of these theoretical orientations allows a music therapist to consider the effectiveness of a treatment approach informed by Lifton's criteria. Additionally, it is through the careful design and implementation of music therapy intervention informed by Lifton's criteria that may allow a survivor of abuse to begin and continue the healing process.

Problem Statement

Domestic violence is prevalent in our society and is impacting the family system and community around the survivor. The lasting effects leave the survivor unable to provide for their family, feeling helpless, living in fear, and often leaves them unable to function day-to-day. Their primary options for treatment are pharmaceutical and psychotherapy. Pharmaceutical treatments have side-effects and only address an individual's symptoms and not the underlying problem. Since survivors are typically guarded and cautious they resist treatments and require extended time in psychotherapy to build trust so progress can be made. Lifton's treatment approach has resulted in progress for survivors of abuse as psychotherapy, but is often too intense for survivors and also requires extended treatment time.

Purpose and Research Questions

The purpose of this qualitative pilot study is to investigate a music therapy treatment approach informed by Lifton's criteria for the treatment of mind control in regards to perceived levels of independence in female survivors of domestic violence. Music therapy provides a safe medium that survivors may immediately access nonverbally and have control of the process to recovery and becoming independent. The music acts as a metaphor for the survivor so Lifton's criteria for treating mind control can be safely comprehended and progress can be made more quickly. Music Therapy has the ability to provide a treatment of choice where little to no side effects may be present, in addition to other forms of treatment or medication. There is a need for a study due to the lack of evidence-based research for treatment interventions for survivors of domestic violence.

For survivors of domestic violence the researcher attempted to answer the following question:

- What impact do individual music therapy sessions have on self-perceived levels of independence for female survivors of abuse?

Definition of Terms

Abuse: A repetitive pattern of behaviors to maintain power and control over another individual. These are behaviors that physically harm, arouse fear, prevent an individual from doing what they want or force them to behave in ways they do not desire. Abuse includes the use of physical and sexual violence, threats and intimidation, emotional

attacks, and economic deprivation. (National Coalition Against Domestic Violence, 2015)

Brainwashing: When an individual is in a submissive role (prisoner to jailor) from their first interaction with the abuser and coerced into specific acts. Coercion generally includes abuse and torture, leading to acts for self-preservation, changing beliefs to rationalize what acts they have committed. (Lifton, 1961)

Coercion: An act of persuading an individual to do something by using pressure, force, or threats. (Lifton, 1961)

Cult: A relationship to influence one-and-another. It includes a leader that asks those "underneath" to do their bidding; purposeful manipulation to do the leader's bidding; and asks for the victim to use possessions, money, body, and emotions for the benefit of the leader; often labeling the benefit as the "cause." (Singer & Lalich, 1995)

Cult of One: Also none as "one-on-one cult," is a deliberately manipulative and exploitative intimate relationship between two persons, often involving physical abuse to gain power and control over the subordinate partner. (Martin, 2012)

Domestic Violence: A pattern of physical, psychological, and sexual abuse, including threats, intimidation, isolation, and/or economic coercion. Domestic violence is used by one person to exert power and control over another in the context of a dating, family, or household relationship. (National Coalition Against Domestic Violence, 2015)

Independence: The ability to not be influenced or controlled by others in matters of opinion, conduct, and behavior. When an individual is not subject to another's authority,

thoughts, or actions. This may include the ability to reject support, and be under no obligation to another individual. (Dictionary.com, 2015)

Intervention: Any program, service, or policy that is intended to ultimately influence or change people's social, environmental, and organization conditions as well as their choices, attitudes, beliefs, and behaviors. (National Institute of Health, 2014)

Instrumental Improvisation: The creation of spontaneous music on a musical instrument including any combination of instrumental, vocal, or body sounds, without reference or according to a given reference. (Bruscia, 1987)

Lyric Analysis: The use of active listening techniques to facilitate a dialogue based upon the lyrical content of a song with a participant. (Silverman, 2009)

Manipulation: The act of skillfully handling, controlling, or using an individual for one's personal gain or good. (Social Consciousness, 2014)

Mind Control: Also called "thought reform" is a system of influences that disrupts an individual's identity (beliefs, behavior, thinking, and emotions) and replaces it with a new identity. Abusers are often initially regarded as friends or peers, so the victim is much less defensive. (Hassan, 1990)

Music Listening: The receptive act of listening to music as agreed upon between the therapist and participant. (Gerdner, 1997)

Song Re-creation: The act of playing or singing pre-composed works. (Davis, Gfeller, & Thaut, 1999)

Song writing: The process of creating, notating, and recording lyrics and music by the participant or participants and therapist within a therapeutic relationship to address assessed goals. (Wigram & Baker, 2005)

Victimization: The process by which an individual causes another individual to be treated unfairly or made to feel as if he is in a bad position. (LoveToKnowCorp, 2016)

Chapter 2: Literature Review

In order to understand the impact music therapy could have on helping people who have experienced domestic abuse, it is important to understand the needs of this population. The following chapter provides information on the existing research surrounding the current state of abuse and violence, and how cults create abuse as a form of control. Then, current treatment for trauma survivors will be discussed including therapies related to Lifton's criteria for treating mind control. Additionally, research articles that describe similar tactics of abuse in domestic violence and cults will be reviewed to support the effectiveness of using Lifton's treatment model with domestic violence victims. Offering a minimally invasive and nonverbal, empowering method to help victims of domestic violence, music therapy intervention for adults with a history of abuse literature will be reviewed.

What is a Cult

Domestic violence has been identified as a need for one individual to establish power and control, using tactics to control another individual (NCADV, 2015). Similarly, the notions of the cult "leader" are defined based on a power dynamic. The most basic definition of a cult is a relationship to influence one-and-another.

1. A leader – the structure of a cult is like an "upside down" T. One person is at the top. Each person underneath the next does the exact bidding of the person above them until it branches out to the newly recruited.

2. Purposeful manipulation is occurring to gain power over the victim.

3. The leader uses an individual's possessions, money, body, and emotions

for their benefit and the benefit is often stated as an appeal to "save the

world." This is provided with an "us versus them" attitude, "we are in this

together," and a directive to not trust anyone except the leader. (Singer &

Lalich, 1995, p. 7)

The defining action in a cult and a domestic violence relationship is to systematically

create a sense of powerlessness in the victim.

Abuse and Domestic Violence

The history of domestic violence continues to prove the need for attention by the

public. Nearly one and four women reported as a victim of abuse, and two out of three

children are exposed to violence and trauma within their lifetime, and women are much

more likely to suffer from abuse than men (Futures without Violence, 2014). According

to the National Coalition Against Domestic Violence (NCADV, 2015), men suffer from

abuse at a rate of 5% of the national population per year while 85% of reported cases are

women. On a national average, every nine seconds a woman is physically abused by her

husband, boyfriend, or partner (The Commonwealth Fund, First Comprehensive National

Health Survey of American Women, 1993). The NCADV estimated this to be 1.3

million women victims of intimate partner violence each year. Women are much more

likely to be killed due to abuse, and abuse accounted for 33.5% of the murders of women

within one year (Bureau of Justice Statistics Crime Data Brief, 2003). Over 30% of the

women seeking emergency hospital care are there because of injuries by their partner

(Rand, 1997). Most surprising to some is that domestic violence affects people

regardless of income, race, or gender. Screening for abuse and treating victims of domestic violence is a priority for organizations such as NCADV and will hopefully reduce the number of women who are victims and may become victims in the future.

Researchers (Chambers, Langone, Dole, & Grice, 1994) suggest that 64% of cult members are female. In the United States there are approximately 5,000 cults (Tobias & Lalich, 1994) and 185,000 newly recruited members per year (Martin, 1996). This means that 118,400 women will experience cultic abuse by this time next year. According to Lalich (1997) forty percent of women at a postcult recovery workshop expressed that they were sexually abused while in their cult, and based on his personal work he suggests that this percentage is low if compared to the total population. Rosen (1997) suggests that women are attracted to cults because they are "communities that appear to include values of cooperation and nurturance while expressing power and success, and they appear to offer 'the answers' about how to cope in today's world" (para. 14). Women in domestic violence and cultic systems experience two primary parallel themes: environmental control and the breaking of a sense of self, leading to dependence on the abuser (Ward, 2000). Cults and domestic violence perpetrators lure women through tactics despite the woman's race, gender, or social economic status.

Definition and cycle of domestic violence. Abuse occurs in multiple forms including emotional, psychological, physical, sexual, and economic, occurring with the relationship of a large family or within a domestic partnership. The National Center for Domestic and Sexual Violence (NCDSV, 2015) defines domestic violence as a pattern of physical, psychological, and sexual abuse, including threats intimidation, isolation, and

economic coercion. Domestic violence is stated to be used by one person to exert power and control over another in the context of a dating, family, or household relationship. This exertion of power often occurs in what has become known as the cycle of violence (Figure 1.) including the period of reconciliation, tension building, abuse or acute explosion of aggression, and calm stage (NCDSV, 2015). At each level of the cycle abuse can occur and while some abuse never develops past emotional and psychological, it can lead to a victim feeling powerless.

The cycle of domestic violence occurs within a cultic relationship from a period of praise, to manipulation of the victim, to severe abuse of the victim by the perpetrator. According to Centralized Training Institute (2013), it is important to understand how many times a victim has been violently abused, as each occurrence will intensify the fear that the victim has towards the perpetrator. Typically, the more cycles that occur the less likely the victim is of leaving the abuser due to fear of serious injury or death. Similarly, the more occasions of the cycle that occur with a victim of cult abuse, the greater the amount of manipulation by the abuser, and the more dependent the cult victim will be on the abuser. Lifton testified at the 1976 criminal trial *United States v. Hearst*, indicating that Particia Hearst had experienced multiple cycles of coercive abuse, resulting in stockholm syndrome (*United States v. Hearst*, 1976). It is important to understand the number of cycles that may have occurred and the severity of the abuse to understand how dependent the victim may be on the abuser, and how much manipulation occurred so it may be processed in treatment.
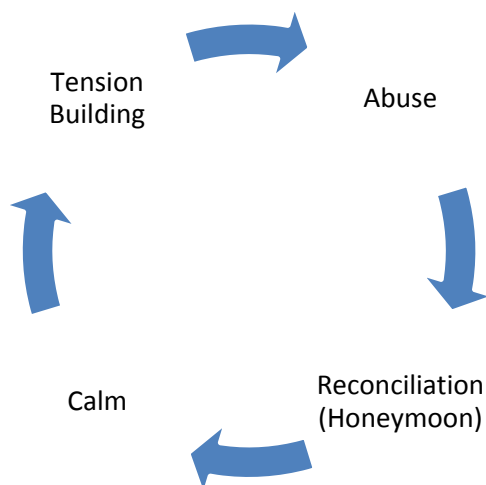
Figure 1: Cycle of Violence

(The National Center for Domestic and Sexual Violence, 2015)

The cycle of abuse in cults. The cycle of abuse found in domestic violence

(Figure 1.) happens to be similar to the cycle of manipulation that occurs in cults. In an

early study with battered women by Walker (1979), she observed that "the abusers'

coercive techniques, although unique for each individual, were still remarkably similar"

to the same tactics used by political prison camps, concentration camps, and cults (p. 76).

Hassan (1990) identifies that all guilt and fear is blamed on the victim and that the cycle

occurs through huge emotional highs and lows. This leads the person to a state of

confusion, not knowing what choices to make out of fear that they will make a choice

that causes further abuse. A research study on battered-wife syndrome found "many

parallels and similarities with members of mind control cults" (Hassan, 1990, p. 106).

The women were made to feel that all problems were their fault, using the same

manipulation techniques. The women worked hard to please their husbands, decreasing

self-esteem, leading to phobias and anxiety (Hassan, 1990). Choice is ruptured because

the influence of "what is best" is provided to the victim (Hassan, 1990). As the cycle is repeated, the victim is manipulated into becoming dependent out of their attempt to control what they have left, the ability to confess false accusations and do what their abuser demands.

How Cults use Manipulation as a Form of Abuse

Within the literature the same tactics used to deceive and control someone in a cult relationship have been found to be prevalent in an abusive one-to-one relationship. Herman (1992, p.76) states that even in domestic violence situations, where the batterer is not part of any larger organization," such as a known cult, and has had no formal instruction in these techniques, he (the abuser) seems time and again to reinvent them." In 1951 the term *brainwashing* was coined by journalist Edward Hunter and is often used as a synonym for *mind control*. It was translated from the Chinese *his nao* which means to *wash brain*. In 1961 the introduction of the terms *thought reform* and *coercive persuasion* in psychiatric literature were identified through the works of Robert Lifton and Edgar Schein in their investigation of ideological remolding by the communist Chinese (Lifton, 1961). This was conducted with their own citizens and western prisoners. There are two generations of thought reform. Both generations attack a person's evaluation of the self. In the first generation programs, primary attack was made on the political aspects of an individual's self-concept—a peripheral aspect of most people's sense of self. In the second generation of cultic thought reform programs, attacks appear to be to destabilize basic consciousness, reality awareness, beliefs and worldview, emotional control, and defense mechanisms (Singer & Ofshe, 1990).

Creating a cult of one through manipulation. An individual may create a "cult of one." In this situation the individual may coerce another individual through eight techniques of mind control to totally control the individual. Lifton first conducted cult research by analyzing the methods used on prisoners of war in Chinese communist prison camps in the 1950's (Lifton, 1961). Lifton proposed that mind control is real, and that those who have been exposed are not entirely responsible for their actions and decisions while under the influence of mind control. These victims have been coerced and deceived into following the influence of the manipulator. Lifton established eight criteria to describe mind control, and created a process based on this criteria for treating mind control (see Appendix F for definitions of criteria of mind control techniques). Lifton proposed that when all eight mind control techniques are used, it is probable that an individual may establish full control over another individual. It is therefore necessary that victims understand how they have been trapped into guilt and shame through purposeful manipulation and acquire preventative skills through treatment.

Treatment for Women Who are Survivors of Abuse

Treatment for women survivors of domestic violence has developed from several theoretical approaches including crisis and trauma models, pharmaceutical models, psychotherapeutic models, and complementary treatment models. According to Schechter and Ganly (1995), there are three guiding principles that should be considered in each approach: 1) increase the survivor's and children's (when applicable) safety, 2) respect the authority and autonomy of the adult survivor to direct her own life, and 3) hold the perpetrator, not the survivor, responsible for his abusive behavior and for

stopping his abuse. Several recent trends have improved focus in treatment by creating community programs that can broadly target these guidelines, including hospital-based intervention programs that link with community groups and provide ongoing support and advocacy; community-based training projects to educate health care providers; and the addition of assessment of abuse into existing community outreach programs for woman (American Medical Association, 1992). Treatment of symptoms often reflects the immediate needs of the survivor, and may be the initial reason why the survivor has sought services. This matches the second guideline as survivors may present with feelings of isolation and inability to cope, suicide ideation, depression, panic attacks or other anxiety symptoms, alcohol or drug abuse, or post-traumatic stress reaction or disorder (PTSD), and should be addressed based on the request while still assessing for abuse (American Medical Association, 1992). While access to holding the perpetrator responsible may not be possible, the first and second guidelines may be addressed by most clinicians.

Treating trauma due to abuse. Individuals who suffer from abuse often experience traumatic effects due to the stress of the experience. Trauma affects the body, impacting ego development, body, emotional integrity, attachment, and interpersonal relationships. Trauma leading to PTSD involves events that are so disturbing that long-term psychological, physical, and emotional effects are experienced. PTSD in children and adults can result in avoidance of events associated with the trauma, a general numbing of responsiveness, irritability or outbursts of anger, difficulty concentrating, accepting nurturance, falling or staying asleep, nightmares, and an overactive startle or

fear response (Malchiodi, 2008). Disorganized or agitated behavior may be seen, with floating or flashbacks to the traumatic event.

Kessler, et al. (2001) state that conventional therapies often begin with a pharmaceutical remedy as prescribed by a psychiatrist, and also may include physician prescribed pharmaceutical treatment, talk therapy with a psychologist or qualified social worker, and counseling by a member of a clergy. Furthermore, Kessler et al. suggest that complementary and alternative therapies (e.g. Cognitive feedback, Acupuncture, Aromatherapy) are perceived as equally helpful as conventional therapy. Research by Pomerantz and Rose (2014) suggest that the focus of treatment depends on whether the participant is concerned with the trauma of the abuse (past event), or the fear of future threats. If the participant is concerned about the past the individual is more likely to express symptoms of depression, while a concern for the future is more likely to produce symptoms of anxiety (Pomerant & Rose, 2014). Since Lifton's approach focuses on treating the history of abuse to empower the individual and reduce symptoms, it is important to understand the effects of the trauma.

ARC clinical treatment is a framework for intervention with children and families who have experienced prolonged traumatic stress. A study by Cook, Spinazzola, and Ford (2005) describe prolonged trauma leading to issues in attachment, biology, affect regulation, dissociating, behavioral control, cognition, and self-concept. Schore (2002) states that a history of trauma effect the development of frontolimbic regions of the brain, especially the right cortical areas that are prospectively involved in affect regulating functions. Core components of trauma intervention include restoring feelings of safety,

increasing self-regulation and self-reflective information processing, providing positive affect enhancement and stress reduction strategies, and opportunities for parent and child psychoeducation (Cook, Spinazzola, & Ford, 2005; Gewirtz & Edleson, 2004). An ARC framework provides valuable information that shares treatment components with Lifton's criteria for treating mind control.

    Therapies related to Lifton's criteria for treating mind control. Current treatment for post-cult and mind control survivors has been proposed through psychoeducational and therapeutic approaches such as Lifton (1961), psychotherapy approaches (Martin, 1992), and specific exit counseling approaches (Hassan, 1990). Clark (1979) states that before therapy can take place, the victim must be educated about the cult and manipulation tactics that were used. Hassan (1990) identifies three main objectives to helping the cult victim change and grow including (a) building rapport and trust, (b) gathering information, and (c) planting seeds of doubt about the cult and promoting a new perspective. The Centralized Training Institute (2013), suggests a crisis intervention model including (a) establishing rapport, (b) defining the problem, (c) conducting a dangerousness assessment, (d) exploring options, (e) developing a plan, and (f) developing a safety plan. A victim may look at reality from many different perspectives, recalling the recruitment process and what issues were at the forefront of the individual's life at that time. Identifying how the individual would feel if they were still doing the exact same things, life style, they had while in the abusive relationship, and ten years from that point. This may help the individual to decide if they would chose to live in the same manner as the perpetrator.

Research conducted with post-cult victims. The first research study was

conducted on the treatment of post-cult symptoms by Martin and Langone (1992) using a

sample of participants (N=308) treated at Wellspring Rehabilitation and Resource Center.

The research displayed a reduction in dependency, anxiety, and depression as measured

by the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983) before and after

treatment, and during a retest 6 months post treatment. More than 50% of the

participants reported symptoms of anxiety (83%), anger towards the primary perpetrator

(76%), low self-confidence (72%), flashbacks (71%), depression (67%), guilt (56%),

floating (55%), and a feeling of living in an unreal world (51%). Research was

conducted at Wellspring again in 1996 (Martin, et al., 1996) using a larger sample

(N=77) measured by the MCMI-III. This study resulted in displaying the significant

effects of the Wellspring rehabilitation in decreasing depression, anxiety, dissociation,

dependency, and self-defeating thoughts. Further research was conducted using the same

sample data by Aronoff and Malinoski (2000). A study by Orchowski (2009) displayed

the high incidence of early and sexual abuse in ex-cult members based on information

from this sample. Singer and Lalich identify the diagnostic criteria of victims of cults to

include depression, loneliness, anxiety, low self-esteem, over-dependence, confusion,

inability to concentrate, somatic complaints, and psychosis.

Art therapy treatment with victims of abuse. Research suggests that children

who have been exposed to violence and abuse can benefit from cognitive and solution-

focused approaches to art and play therapy (Malchiodi, 2008). An art therapy approach

may establish a way to determine the developmental level and intensity of trauma on the

domestic violence victim. Wohl and Kaufamn (1985) state that a full drawing may be

analyzed to determine an individual's cognitive and developmental levels, degree of

flexibility, and overall personality integration. Creative art therapies, such as music and

art therapy, relieve the survivor from "struggling to find the right words" to express

feelings and emotions (Ferguson, 2014, p. 3). It is through the process of creating art that

the survivor can express feelings and in time might naturally stimulate verbal

communication. Ferguson states that the goal of the client is to reach resolution and

healing by participating in artistic mediums.

Music Therapy with Domestic Violence Victims

Although the American Music Therapy Association (AMTA) has increased its

efforts in providing resources to music therapists regarding evidence-based approaches

for working with women survivors of violence, the number of resources is very limited.

The AMTA provides a fact sheet titled *Music Therapy Interventions in Trauma,*

Depression, & Substance Abuse: Selected References and Key Findings (AMTA, 2008).

While this document does not directly cite domestic violence, the AMTA does state that

music therapy can provide non-threatening support and help a client process symptoms

associated with trauma and disaster. The AMTA goes on to state that a music therapist

can use music to link a client to their psycho-emotional state, sometimes resulting in a

shorter treatment period. Additionally, an AMTA sponsored podcast was recently

published titled *Music Therapy for Survivors of Violence: Current Practice and Research*

Trends (Curtis, 2016). In this podcast, Curtis talks about the need for music therapist to

be well informed about the latest research and clinical applications for working with

survivors of violence. It suggests that all music therapists are highly likely to work with a survivor at some point in their career, and should understand how to provide sensitive and effective services (Curtis, 2016). Furthermore, as music therapy becomes more present as an allied health profession, it is imperative that evidenced based music therapy treatment studies with domestic violence (Teague, Hahna, & McKinney, 2006; Trimpey, 1989; Whipple & Lindsey, 1999) continue to be conducted.

Music therapy treatment with domestic violence. While there is very little evidence of music therapy and survivors of organizational and religious cults, there are research studies on music therapy and victims of domestic violence. One recent study of music therapy with victims of abuse was conducted by Tanner (2012), to determine the effects of using songwriting to assist the healing process of victims of domestic violence. In this study, Tanner (2012) outlines four main themes based on treatment methods outside of the field of music therapy for victims of domestic violence. The four themes include: (a) A New Journey, (b) In Search of Truth, (c) Harmony, and (d) Rising of the Phoenix. The first theme occurs over three sessions to develop the expectations for the group, set goals, and build trust and rapport. The second theme focuses on each group member naming the abuse and identifying the difference between fantasy and reality in the abusive relationship. The third theme focuses on the healing process by recognizing feelings of shame that were identified in earlier themes, and releasing these feelings through validation and self-love. In the fourth theme the goal is to identify and celebrate the future through lyrics of hope. This study highlights how clients were empowered over time through song writing.

Research in music therapy has focused on targeting specific interventions, such as Tanner (2012), while other research has focused on general goals and objectives that music therapy may target when working with victims of domestic violence. The interventions that researchers have used and proven to be effective when working with victims of domestic violence include: guided imagery and music, drumming, group singing, music/song listening, relaxation techniques, instrumental improvisation, music and movement, music and art, and songwriting (Ahmadi, 2011; Baker et al., 2008; Baker, et. al., 2009; Cassity & Theobold, 1990; Cordobes, 1997). Hernandez-Ruiz (2005) discovered that music promoted the reduction of anxiety not only by providing a pleasurable stimulus but also by creating a focal point of attention which distracted the participants from stressful thoughts related to their abuse. The music became a self-reinforcing mechanism which empowered the women to modify their affect.

Music Therapy Interventions

Specific music therapy interventions may provide beneficial effects for the victim, counteracting the manipulative harm done by the abuser. Hassan (1990) states that whenever the leader, doctrine, or group is questioned, the thought stopping process is triggered. This is a self-cueing process by the victim to rely solely on the abuser and the abuser's opinion when presented with negative or contradictive information. Music therapy may side step the thought stopping process, through indirect delivery of information. In a study by Carey (2006), the use of speaking, sounding, and singing is conducted as in depth music psychotherapy to reclaim one's sense of empowerment through their own voice. Research has been conducted about the effectiveness of music

therapy interventions, including music listening, instrumental improvisation (non-referential, duo), lyric analysis, song re-creation, and song writing.

Music listening. Within the context of music therapy, music listening is the receptive act of listening to music as agreed upon between the therapist and participant (Gerdner, 1997). Music listening has shown positive effects in reducing psychological symptoms in various populations (Sung, Chang, & Lee, 2010). Stimulative music is considered fast paced, or energizing music, while sedative music is considered slower paced and relaxing. Research conducted by Lingham and Theorell (2013) found that both sedative and stimulative music caused positive changes in mood when the music was self-selected. Additionally, while participant preferred sedative music increased mood and elevated heart rate, feelings of relaxation were also reported. According to Blood and Zatorre (2001), self-selected music may have a stimulative effect on areas of the brain associated with reward. In a study by Davis and Thaut (1989), listening to self-selected, preferred music, caused a decrease in state anxiety and a slight increase in heart rate in experimental subjects. Overall, music listening may provide a positive experience for a participant when self-selected.

Lyric analysis. Lyric analysis has been used in mental health settings by music therapists about participants' songs (Grocke, Block, & Castle, 2009) and popular songs by professional musicians (Silverman, 2009). In a survey by Silverman (2007), lyric analysis was found to be the third most common intervention used by music therapists in a psychiatric setting. Lyric analysis can be defined as the use of "active listening techniques to facilitate a dialogue based upon the lyrical content of a song with a

participant" (Silverman, 2009, p. 56). Freed (1987, p. 19) explains that the purpose of lyric analysis is to "focus on significant words to encourage expression of the feelings underlying those words" and to use the lyrics as metaphors to help the participant process ideas. Through this process a song is played or performed live, the participant is asked to analyze the meaning of the song during and after the performance, and is then followed by a discussion about the participant's interpretation. Silverman (2009) cites Freed and adds additional suggestions to providing a lyric analysis. These include:

- Stress that there are no wrong answers and all responses are correct interpretations;

- Number the lines of the song so the music therapist can easily refer to a lyric;

- Group phrases carefully to avoid giving participants too much information at one time;

- Use large, bold font;

- Offer to give lyric sheets to participants;

- Assign some sort of task to consumer during song to keep them on task (e.g., identify a favorite phrase in lyrics, an emotion that consumers may have, a problem similarity between character in song and consumer, etc.);

- Type reflective questions on the back of lyric sheets to give consumers homework assignments;

- Use high quality live music.

  (Silverman, 2009, p. 57)

Instrumental improvisation. According to Bruscia (1987) instrumental improvisation is the creation of spontaneous music on a musical instrument including any combination of instrumental, vocal, or body sounds, without reference or according to a given reference. In a music therapy session, instruments often include percussion instruments (e.g. egg shakers, rhythm sticks, maracas, hand drums, ocean drums, tambourines, and cabasas), pitched percussion instruments (e.g. xylophone and metallophone), guitar, and keyboard. Keith (2007) describes the benefits and challenges of different versions of improvisation including referential (title or idea provided before playing), non-referential (no title or idea provided), solo (participant only), and duo (participant and therapist improvise together). In Keith's study he found that non-referential improvisations helped the participant focus on what was happening in the session itself and that duo playing allowed the participant to be less tense than while playing solo. To increase success and decrease participant frustration, Beer (2011) suggests that participants have access to harmonic, melodic, and percussion instruments, one guitar tuned to DADGAD, and keyboard use should be limited to accidentals (black keys). Wigram (2004) suggests the use of improvisational therapeutic techniques including:

- Imitation - the therapist copies or repeats a participant's response

- Reflection - the therapist expresses similar moods or feelings through melody, harmony, and dynamics

- Rhythmic grounding - the therapist establishes a steady beat or rhythm to in the same tempo of the participant

- Dialoguing - the therapist and participant communicate during the improvisation in a call-and-response fashion

- Accompanying - the therapist provides harmonic, rhythmic, and melody that supports the participant's rhythm and melody

Song re-creation. The definition of this term in its simplest form is the act of playing or singing pre-composed works (Davis, Gfeller, Thaut, 1999). This technique is a product-oriented intervention that allows the participant to process and more readily achieve a sense of accomplishment by using the precomposed work as a template for success (Carruth, 1997; Lord & Garner, 1993; Unkefer, 1990). This type of intervention requires active involvement and orientation to the here-and-now (Unkefer, 1990; Wheeler, 1983). Davis et al. (1999) suggest the following for making this intervention successful with mental health populations: use preferred music, adapt instruments to the chronological and developmental level of the participant, use charts with words to the song, and accompany the participant on guitar or piano. The participant should have access to a minimum of five additional instruments so they can change instruments at any time (typical music therapy instruments as listed under Instrumental Improvisation) (Bruscia, 1987). During the song re-creation the participant and therapist continue each section in its entirety without stopping or starting over again; working through any problems that arise (Bruscia, 1987). Once it is completed the therapist helps the participant identify any change that should occur during the next performance. This process of performing requires attention, conceptualization, technical mastery, and risk-taking in order to work through the re-creation of the work (Bruscia, 1987).

Song writing. According to Wigram and Baker (2005) songwriting is the process of creating, notating, and recording lyrics and music by the participant or participants and therapist within a therapeutic relationship to address assessed goals. Songwriting has been identified as an effective music therapy technique practiced around the world for a variety of adult populations (Baker & Wigram, 2005; Baker, Wigram, Stott, & McFerran, 2008; Gallagher & Steele, 2002; Silverman 2003). A survey of 419 music therapists (Baker, Wigram, Stott, & McFerran, 2009), suggested the most frequent format for the songwriting process. This included songwriting being used in individual sessions, the participant primarily writing lyrics, lyric choices provided by the therapist to the participant as needed, then the therapist offering choices in song genre, harmonic progression, melody, rhythm, and instrumentation, to finalize the music. The authors (Baker et al., 2009, p. 37) suggested the process to be completed in a specific order, including "brainstorming, lyric creation, grouping ideas into a song structure, music creation, rehearsing, performing, and recording". Baker et al (2009), suggests that the most frequent method for stimulating lyrics included brainstorming around a pre-determined theme, followed by fill-in-the-blank techniques (substituting original song words for participant generated words). Additionally, pre-defined song structures, such as the 12-bar blues form and verse/chorus approaches were used most frequently. Goals that are most often addressed with songwriting include developing self-confidence and decision making, developing the ability to make choices, and developing a sense of self (Baker, et al., 2008). This is important to this study as the abuse literature above

identifies victims' inability to maintain these skills during and after the victimization occurs.

Research on the effects of songwriting in music therapy. Day et al. (2009) researched the experiences of group songwriting with mothers who had experienced childhood abuse. They presented that with the help of the therapist the participant can compose a piece and be able to completely own it. This technique of songwriting has been used as a tool for improving self-esteem and to assess hopelessness with victims of abuse. The women in the study expressed an increase of mood and a sense of completion and achievement once they finished and shared their original songs. Baker and colleagues (2008) expressed that songwriting offered "a more socially acceptable and creative form in which to channel difficult emotional experiences" (p. 116). A few examples of these goals and objectives include: providing a safe and appropriate medium in which the participant can share his/her story, increasing communication skills, increasing self-awareness, enhancing coping skills, elevating mood, increasing self-esteem, decreasing anxiety, increasing self expression, and providing empowerment (Robb, 1996; Baker, Wigram, Stott, & McFerran, 2008; Cassity & Theobold, 1990; Whipple & Lindsey, 1999).

Summary

Since medication alone may cause negative side effects, research indicates a growing need for alternative complementary therapies such as art therapy and music therapy. Current treatments primarily consist of pharmaceutical treatment and psychotherapy (e.g., narrative therapy, feminist therapy, cognitive behavioral therapy,

dialectic behavior therapy, etc.) (Lipovsky, 2014; Myers, Berliner, Briere, Hendrix, Reid, & Jenny, 2002; Yuan, Koss, & Stone, 2011). Music therapy has been utilized as a complementary therapy in substance abuse programs, inpatient mental health facilities, and outpatient treatment programs (Cevasco, Kennedy, & Generally, 2005; Maratos, Crawford, & Proctor, 2011; Purdon & Ostertag, 1999; Teague, Hahna, & McKinney, 2006). In addition to other forms of treatment or medication, music therapy has the ability to provide a treatment of choice where little to no side effects may be present and provides a safe medium where survivors are not solely dependent on the psychotherapist and verbal communication, but can safely have control of the music medium within their environment. To add to the knowledge needed for this population, music therapy interventions were used in this study to help two women who are survivors of abuse regain a sense of self by increasing their self-perceived levels of independence.

Chapter 3: Methodology

The purpose of this qualitative study was to investigate the clinical significance of a music therapy treatment approach informed by Lifton's eight criteria for treating mind control (Lifton, 1961) in order to increase perceived levels of independence in women survivors of domestic violence. This study involved the recruitment of three female participants who experienced victimization and manipulation within an abusive relationship. Only two participants were recruited due to the lack of availability of the third participant. Each individual was asked to participate in a music therapy treatment intervention study and invited to process their feelings through music. Data sources included documentation during each session, transcribed audio recordings of each session, the participants' weekly journaling, and the researcher's journaling notes. There was a total of ten 1-hour sessions per participant, two sessions per week. Additionally, both participants attended all sessions. Qualitative data collection and analyses procedures were followed (Moustakas, 1994).

Participants

The inclusionary criteria for this study consisted of three women between the ages of 18-59 who had survived a domestic violence relationship. The participants had access to reliable transportation to and from the sessions, twice a week for five weeks. The exclusionary criteria for this study consisted of any individual who was below the age of 18 or over the age of 59. Any individual who did not have reliable transportation to and from the session and could not commit to all sessions was not eligible to participate in the study. Three participants were initially interested in the research study. Due to an

inability to commit to scheduled sessions one client was omitted from the research

study. Each of the two remaining participants attended a total of ten sessions. Within the

following sections, the researcher uses pseudonyms, Vivaan and Alice.

Recruitment. Recruitment was conducted through media advertising posted on

the Institute for Therapy through the Arts web page at www.itachicago.org and within an

electronically distributed monthly newsletter found at www.itachicago.org. The

recruitment documentation included the name and address of the primary researcher, the

purpose of the research, the participant eligibility criteria, a brief list of participation

benefits, the required time commitment of participants, and the location and contact

information of the primary researcher to contact for further information. After a

preliminary discussion about the topic to available resources, a copy of the advertisement

for participants was provided to the resource. The agencies included mental health

agencies, domestic violence shelters, creative arts therapy agencies, and domestic

violence advocates and counselors within the Chicago area.

Eligibility interviews were conducted at a domestic violence shelter in a large

urban city suburb, after the Program Director indicated that participants were interested

in participating in the research study. Interviews were conducted with inquirers,

recording basic information to determine participant eligibility. The researcher provided

an initial screening script that reviewed eligibility, a description of the study, participant

rights, and confidentiality of the participant. The researcher then requested for the

participant to proceed if they were eligible and willing. The consent form was read to the

participants; prior to any clinical treatment. The participant had the opportunity to ask

questions during this time, had questions answered, and two participants consented to the study. To avoid coercion or undue influence, the participants were encouraged to ask questions and were provided the contact information of the primary researcher's supervisor for additional questions and concerns. The participants were reminded that they could opt out of the study at any time and for any reason without penalty or loss of benefits to which they were otherwise entitled.

Risks. Due to the discussion of topics that related to the participant's life, there was a chance that participants may have experienced uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. The researcher informed the participants of these risks prior to commencing treatment and told the participant that they if they wanted to stop at any time for any reason, they could. They were also informed that a they were being treated in a facility where a licensed psychologist could be arranged to meet with them. They were also informed that in order to increase effectiveness of the implementation and reduce risk the researcher completed the Illinois Domestic Violence 40-Hour Training: the basic state-required 40-hour certificate training for new domestic violence workers, certified by the Illinois Certified Domestic Violence Professionals Board.

Triggers. When collecting data, the therapist kept in mind that unexpected behaviors may be observed based on the participant's previous traumatic experiences (triggers), and relationship with the chosen music. These triggers were addressed carefully within the therapy environment to allow an opportunity for new positive thoughts and feelings to be associated with the triggers as the participant appeared ready.

This information was collected during the intake process. It was imperative that this information was obtained so that the triggers were not elicited and could be addressed after a therapeutic alliance had been formed when the participant felt safe.

Environment

Sessions occurred at a domestic violence shelter located a large urban city suburb. All testing and treatment was conducted within the same facility. Treatment rooms were stocked with instruments and furniture typical to a music therapy treatment room.

Session Duration and Timing

The duration and timing of the music therapy sessions were based on the rationale that one hour session per Lifton's criteria (total of eight) would be allotted to allow enough time to engage the participant in the music therapy experience, plus one session for collecting intake information and building rapport, and one session for termination. Therefore, the total estimated number of sessions was 10 per participant, two per week. During the first session the researcher focused on building rapport and collecting informal assessment information about music preferences and any information the participant wanted to share. During the last session the researcher focused on establishing closure with each participant. On one occasion Alice requested to extend her session, making the total duration 120 minutes.

Prior to the initial treatment session, the primary researcher reviewed all paperwork including the domestic violence shelter's guidelines for releasing confidential information, informed consent to treat, qualifications of the primary researcher, and the primary purpose of the study. During sessions one through nine, music therapy treatment

interventions (see Appendix E) informed by Lifton's eight criteria for treating mind control (see Appendix F) were implemented to determine if they had an effect on increasing self-perceived levels of independence in abuse survivors.

Data Collection

Data was collected using a qualitative design. To decrease threats to credibility of data, member checking was available to occur across participant data (self-report journal and audio recording) to confirm salient information.

Levels of independence. During each intervention the researcher collected data on the participant's level of independence within the musical environment. The independent behaviors that were recorded were labeled on a hierarchy from independent behaviors that required the least amount of effort to the most effort including verbal processing of the music. For example, behaviors of low-level independence were when the participant selected an instrument, song, or asked the researcher a question about what they can select for instruments or songs. Higher levels of independence were when the participant initiated processing the music compared to their own life. During each intervention the therapist presented opportunities for the participant to move through the hierarchy of independent behaviors. A full list of levels of independence can be found in Appendix B.

Self-report journal entries. Qualitative data was acquired by the participant completing a journal entry post-session. The researcher requested that the participant complete the journal entry to share their thoughts and feelings about what occurred in the session. The researcher provided the participants with a journal to reflect on their

experience in the session. Alice reported that she completed one journal entry about her enjoyment of the sessions. However, she let her son use the journal to draw and then lost the journal. Vivaan accepted the journal from the researcher but did not complete any entries.

Researcher reflective journal entries. Qualitative data was acquired by the researcher completing a self-reflective journal entry post-session. As intended, the researcher wrote down thoughts and feelings about what occurred in the sessions. This information was collected and imported into MAXQDA 12™ for coding. The researcher often referred to the data collection sheets to determine which behaviors the participant displayed and the order in which the behaviors occurred. Additionally, the researcher often took additional notes on the data collection sheet such as writing down what the participant said in reflection to the music, specific information about the behavior, and lyrics that the participant composed.

Audio analysis. All twenty sessions were audio recorded by placing the recorder on a shelf within the session room. After each session, the audio files were imported into an encrypted computer. The audio transcriptions and journal entries were imported into MAXQDA 12™ for coding. First, codes were labeled according to thematic content (Moustakas, 1994). Next, the researcher reviewed each transcription for emerging themes across phrases, sentences, and paragraphs. After large thematic areas were coded across all data, the researcher analyzed the thematic areas to determine how these areas could be broken down further into descriptive subthemes. The researcher reviewed each transcription on several occasions for emerging themes within each of the previously

identified themes. This was completed by the researcher looking at individual words and phrases to determine if smaller themes emerged. After this process was completed, a total of 140 themes emerged throughout the data. After all data was coded, themes were exported to excel and ranked from smallest to largest number of occurrences to determine significance of the theme.

Narrative member checking (Creswell, 2009) was conducted on thematic content found in the raw data at the end of the research period to check for accuracy as needed. Additionally, inter-coder cross checking was utilized to alleviate any potential error by enlisting a peer reviewer to determine inter-coder agreement (Creswell, 2009). The researcher recruited a music educator to conduct crosschecking of transcripts for discrepancies in themes and to alleviate mistakes. This resulted in a 90% inter-coder rate.

Limitations of the Study

Due to the nature of this population there were several limiting factors to this study. Information on generalizability was not able to be accurately collected due to the inability to collect information post-research. Although data were analyzed through inter-coder agreement, there was a chance for researcher bias due to the researcher conducting each session. Therefore, the researcher completed a journal that reported and reflected on any issues that arose during the session. There was a chance that participants would not complete the study. Many domestic violence victims do not seek treatment due to guilt, shame, and fear of further violence. This limited the access that the researcher would have to a large pool of potential participants. Consequently, this study had an extremely low number of participants, making it difficult to find significant

relationships amongst the data. The cultural heritage of participants influenced music preferences and the development of the participants sense of self, however there was no way to test for culture bias within this study. Finally, there was very little prior research on the topic being studied.

Chapter 4: Results

The results of this study provide preliminary knowledge on how music therapy interventions support people who have survived abuse. Although there are some research studies on the effects of music therapy with people who have experienced domestic violence (e.g., Ahmadi, 2011; Hahna & Borling, 2004; Hearns, 2009; Silverman, 2011), there was limited evidence of how the use of a theoretical framework (Lifton's criteria) can be applied with survivors of emotional abuse. The data from this study have the potential to inform music therapy practitioners on how to apply their music therapy techniques within this framework. Conducting this research study within this design led to considerations that other music therapists may find invaluable such as a greater understanding of how the music experience could possibly promote increased levels of independence, or possibly behaviors indicating reduced stress, elevated mood, increased confidence, and increased self-esteem.

Participants

Vivaan. Vivaan is a middle-aged Indian female survivor of domestic violence. She moved to the United States with her husband four years ago and had been accepted into the domestic violence shelter program two months prior to the study after leaving her husband and home with the assistance of a neighbor. She was receiving individual art therapy, psychotherapy, group therapy, and taking English classes at a local library. Vivaan stated that she was a good candidate for the study because she believed music can "express a range of emotions that words cannot."

During the initial session, Vivaan indicated her musical preferences, history of playing instruments, use of music, cultural considerations, nonpreferred music, and background information. Vivaan indicated her musical preferences as enjoying "whatever is common," and specifically Bora Bora, and pop music. She stated that she did not like hip-hop music. Her favorite artists include Noor E Khan, Shankar Mahadevan, and Michael Jackson. Her instrumental preferences included a desire to learn to play drums. She also stated that she never had the chance to learn Sitar and enjoyed how it could express emotions. She stated that she didn't like piano because "it limits you." When asked about music that triggers negative thoughts, Vivaan expressed that sad songs and love songs sometimes reminded her of abuse and relationships but also expressed that she liked this music. This information foreshadowed Vivaan's requested use of this music during the study, as she requested love songs and often emotionally responded by crying and expressing how powerful the song was to her.

Vivaan frequently spoke about her safety and the challenges of being a woman in Indian culture. She stated that her mother was worried about her wellbeing, while her father was very "strong willed," setting strict rules throughout her life. She had an arranged marriage that brought her to the United States after her husband transferred here for work. Her husband was reported to be kind at first and quickly became overly controlling and extremely abusive. At the beginning of the study she stated that a husband's role was to work and the wife's role was to follow the husband's rules as long as he was the main provider. Towards the end of the study she had made plans to become a U.S. citizen, become her "own provider" through employment, get her driver's

license, find her own apartment, and "someday, go to school." She stated that she feared ever returning home because it was very dangerous to live there without a husband.

During music therapy treatment, Vivaan progressed through all eight interventions. When presented with the four types of interventions Vivaan initially requested for the researcher to tell her which one to pick, what to do, and sought the opinion of the researcher on her choice. She placed the researcher in the role of expert by stating "I just want you to tell me what to do with my life." This expression of dependence shifted over time as the researcher emphasized her ability to take control of her choices within the session and determine what she thought were the best answers for her life. In the first few sessions Vivaan requested to use the djembe for instrumental improvisation and song re-creation and incorporate instrument (e.g. sitar, bansuri, tarabuka) sounds from her home culture. The traditional ayub rhythm (1 a2 +, repeated), was consistently used by Vivaan as the base rhythm of her patterns while drumming.

During the instrumental improvisation intervention informed by Mystical Manipulation, Vivaan remarked that "everyone wears a mask." In this intervention, she was surprised how she changed her rhythm without realizing it; when the researcher purposely reflected her rhythm and then began to slightly change the pattern and tempo over time. She reflected by sharing that her goals were slowly put aside based on her husband's plans, and she had been hurt when people used her. When asked to chant her goals to a rhythm on the drum she shared the following lyrics: "cosmetology," "interior design," and "independent cooking." The first two were based on a desire to practice

these professions and the latter was based on her desire to cook what she wanted to eat and not solely based on the choices of her husband. While drumming she chanted "cosmetology, interior, cooking." She reflected how significant this experience was to her on multiple occasions throughout the research study, because she realized the importance of her goals, her ability to keep to her path, and ability to question whether or not someone was going to support her on this path or use her for their own benefit. She called this questioning "whether or not they have the intention to drop me."

After the first three sessions Vivaan requested to explore lyric analysis and songwriting because she had not done so and they were presented by the researcher each week as options. In this sense, Vivaan moved from what she was initially most comfortable doing to least comfortable. During the third session she used percussion instruments as a representation of her support system, engaging in instrumental improvisation.

During the fourth session, Vivaan created her own melody on the metallophone to compose a song about her beliefs. She expanded on her creative process to represent her beliefs in instrumental improvisation by experimenting on the metallophone and placing the lyrics "Don't trust anybody, trust yourself," "Whatever people do, I stay with my ethics," and "Don't argue unnecessarily," to a melody. During the fifth session, Vivaan engaged in songwriting, selecting all melody, instruments, and harmony using GarageBand® (see audio clip *Rules of Life*). She requested to use the lyrics from the previous session and later shared that it was scary becoming more independent, and trusting in herself and her beliefs.

In the sixth, seventh, and final (eighth) treatment session, Vivaan selected and used the songs *Maa* by Merima, *The Theme from Titanic*, *I'm too Sexy* by Right Said Fred, *My Name Is* from Noor E Khan, and *Imagination* by Duran Duran. She eventually chose to change the lyrics of *I'm too Sexy* for song recreation and lyric analysis, re-created the song *My Name Is*, and analyzed the lyrics of the song *Maa*. This was a long process of listening, analyzing, discussing, and re-writing the music. Due to Vivaan's and the researcher's language barrier, it was often hard for Vivaan to interpret and share her thoughts in English when asked by the researcher to analyze lyrics or re-write previously composed lyrics. However, this was an important process as it culminated in Vivaan sharing more of her story, expressing her concrete plans towards becoming independent (e.g. finding a job, gaining citizenship, increasing her education, and eventually creating a family), and setting strict boundaries for relationships that don't manipulate or attempt to control her in any way.

Alice. Alice was a middle-aged female survivor of domestic violence, identifying her cultural background as middle-eastern descent. She spent the first five years of her life living in Egypt, moved to Canada where she lived throughout the remainder of her childhood, and moved to the U.S. five years prior to the research study. She reported that she was sexually abused by her father from age seven until she was married at age eighteen. She stated that she had a good relationship with her first husband, but mutually ended it because they were arranged into the marriage by their family and were first cousins. She stated that her second, third husband, and most recent relationships were all physically, financially, sexually, and emotionally abusive. She had been accepted into

the domestic violence shelter program seven months prior to the study, after leaving her boyfriend with the assistance of her mother and sister. She lived with her sister and her son at the shelter. She was receiving psychotherapy and group therapy, and worked part-time. Alice stated that she was a good candidate because she has always used music as her "personal therapy" when dealing with stress. She stated that she "always had her iPod playing" and was very interested in understanding how to therapeutically use music.

During the initial session, Alice indicated her musical preferences, history of playing instruments, use of music, cultural considerations, nonpreferred music, and background information. She stated that she likes pop music, hip-hop, and alternative rock. Her favorite artists include Demi Lovato, Justin Timberlake, Tove Love, and Nickelback. Her instrumental preferences included a desire to learn to play drums and guitar. While she recalled having a keyboard in the past, she stated that she did not play it or any other instrument. The participant listed nonpreferred music as classical, country, Latin, religious or sacred, rap, reggae, heavy metal, Arabic music, and artists such as Snoop Dogg, Jay-Z, and Beyonce. She stated that she didn't like the sound of the accordion and finds piano to be difficult. She grew up around Arabic music, previously enjoyed this type of music, but avoids it now because it reminded her of her past and triggered negative feelings. When asked how she used music, she replied that she listens and sings to music mostly when she is stressed out. She also stated that she wants to sing better than the "person singing on the radio," so she'll often find talented singers and try to emulate their sound.

Results

   Decision to exclude Vivaan from data reporting. Vivaan expressed her

happiness with the progress she made due to the music therapy treatment study and some

data was able to be collected to support this progress. However, Vivaan had a very

strong Indian accent and often needed time for word-retrieval when speaking with the

researcher. This caused some information to be inaccurately interpreted and recorded

and caused it to be unusable. Additionally, due to Vivaan's intelligibility in speech, the

researcher was not able to transcribe and code data from the participant's audio file.

Consequentially, due to the lack of data the researcher had to exclude Vivaan from data

reporting.

   Major themes. The major themes that emerged from Alice's sessions are listed in

Table 1., ranked from largest to smallest number of occurrences. These themes included

data from the researcher's reflective journal and transcription session data. The theme

AQ-Understanding emerged on 269 occasions throughout the research study. This is

defined as Alice answering the researcher's questions, or when Alice provided consent for

something to happen, and acknowledged understanding of what would occur. This theme

displayed Alice's ability to give consent, that she was willing to participate, and verified

her understanding of what was happening. This theme primarily displays that the

researcher attempted to provide an opportunity for consent throughout the study. No

further data resulted from this theme; therefore, further analysis and reporting is

unnecessary. Additionally, Questions of Clarification (QoC) emerged on 148 occasions

but will only be analyzed in regards to questions about the music. The major themes that

displayed significance included: Levels of Independence, Positive Self-Esteem, Telling

of Her Story, Empowerment, Expertise, and Comprehension of Lifton's Treatment.

Table 1. *Main Themes and Sub-Themes used in Thematic Analysis for Determining Self-Perceived Levels of Independence for Female Survivors of Abuse*

Themes (in rank order, including # of occurrences of themes)	**Sub-Themes** (including # of occurrences of themes)
1. Levels of Independence (457)	Independent-Song Re-creation-Sacred Science Level5 (47)
	Stating Lyrics (31)
	Independent-Improvisation-Dispensing of Existence Level4 (34)
	Lyric/Song Analysis and Discussion (30)
AQ-Understanding (269)	
Questions of Clarity (148)	Questions about Instruments (39)
2. Increase in Positive Self-Esteem (115)	Positive statement regarding Non-music material (36)
	Positive statement regarding music material (36)
	Cool (16)
3. Telling of Her Story (78)	
4. Increase in Sense of Empowerment (75)	Current Empower-Music (17)
	Current Empowering Action (16)
	Future Plans that Empower (12)
5. Comment of Knowledge, Intelligence, or Expertise (60)	
Comment of Appreciation (28)	
6. Comprehension of Lifton's Treatment (21)	
Description of Abuse (16)	

Theme 1: Levels of Independence

Within the data the theme of Levels of Independence emerged and was defined as

Alice reaching a self-perceived level of independence by initiating the music or

instrument selection, the performance of music, or discussion about the music

intervention, as observed within the session. She did so by independently displaying

behaviors without the researcher selecting choices of interventions, songs, or instruments

for her. A list of potential behaviors is listed on the data collection sheets and can be

found in Appendix B. During the initial session, Alice displayed her interest in

personally using music for coping:

Alice: I do that all the time. (referring to Lyric Analysis)

R: You do that all the time?...

Alice: ...I change the voices to reflect what I am going through. An issue. I didn't

know there was a name for it.

Alice presented new songs during the beginning of the first four sessions based on

what she had analyzed outside of the session and what she wanted to use in the session.

 Each week the researcher presented Alice with the four intervention options

(Instrumental Improvisation, Song Analysis, Song Re-Creation, and Song Creation) that

intended to lead her to different levels of independent behavior. Alice stated that she

wanted to go through all eight interventions, "trying them all." The major subthemes that

emerged from the levels of independence included Lyric/Song Analysis and Discussion,

Stating Lyrics (excluded because when analyzed, this was simply Alice repeating the

lyrics verbatim, aloud), Independent-Song Re-creation-Sacred Science Level5 (Ind-SR-

SSLevel5), and Independent-Improvisation-Dispensing of Existence Level4 (Ind-Imp-

DELevel4).

Lyric/Song analysis and discussion. This subtheme was defined as Alice

analyzing self-selected music, and sustained discussion and question responses about the

music. This theme appeared in the first five sessions. During the first treatment session,

Alice was presented with the four choices of interventions and selected Song Analysis

with the song "Rockstar" by Nickelback (2006). When asked what Alice thought the

song meant, she went line by line of the song discussing how she felt her life compared. This led to additional themes. For example:

>Alice: Yeah. So, for him it's like clubs, and for me it's like jobs, and opportunities, and doing this, not even that much, it's just different...

This led to her telling her story and discussing what she wanted to change.

>... and then going to school was something I really, really, wanted to do but it was just shut down. Just doing things, meeting goals...

Sometimes it led her to discussing her future plans and empowered her.

>Alice: That's another line: 'they'll get you anything with that evil smile.' Celebrities have their own (slight pause), they get whatever they want, really, just a smile. And to me that was kind of the opposite. I don't want to get whatever I want with just a smile. I want to work for it... those evil smiles, get things done with power... And I always felt like I would be there one day, I'll be evil.
>
>R: You view that as successful, and work towards that?
>
>Alice: Yeah, I'll get what I want but it won't be because of my evil smile.

During the first session, the lyric analysis intervention was based on the Demand for Purity. As she discussed her future plans and past, she compared this to her relationship with her father, the demands he placed on her, and her thoughts about these demands. This displayed independent behavior and resulted in the Lyric/Song Analysis and Discussion subtheme of Ind-LA-DPLevel5 (Ind = Independent; LA=Lyric Analysis; DP = Demand for Purity). This is defined as Alice making verbal statements about her

ability to achieve perfection, what demands have been put on her in the past, present, and future, and who's opinion matters in her life.

> Alice: I set myself up, because I wanted, I set myself up for a lot things. He was the ceiling. He was very like 'You can't do this; you can't do that.' So, I feel like, the 'bottom of the ninth and you're never gonna win' (Lyrics from "Rockstar") is, you're all in the top and you're ready to go and you'll win, but he, it's that line. I mean if there's standards, but there never is a perfect way. I don't think there is anything perfect. I don't believe in that. I believe, people try, and there are perfectionists, but I'm not one of those.

The lyrics were important as they acted as a catalyst to enable Alice to discuss her past, how she wasn't able to accomplish goals in the past because of the abusive control she experienced, and now could have the power to ignore unrealistic expectations by trying to reach her goals without feeling like she is destined to fail.

After the researcher explained how to re-write lyrics to change the meaning, Alice re-wrote all of the songs she selected except for the songs "Rolling in the Deep" by Adele (during the end of the third session), and "Mirror on the Wall" by Lil Wayne (during the beginning of the fourth session). She stated that "Rolling in the Deep" was about her ex-boyfriend and ex-husband (3rd) and the lyrics were perfect. "Mirror on the Wall" was described as a song she related to herself and "didn't need any lyric edits." Additionally, she increased the amount of lyrics that she compared to her own life after session two. While analyzing the songs, she identified whom the pronouns in the lyrics, represented to her. This process will be discussed further in Ind-SR-SSLevel5 theme results.

Consistently during each process of analysis Alice first reflected on why she liked the song, then interpreted the meaning of the song, she compared the song to her life by telling her story, and finally she described how she would be empowered in the future based on this reflection (see Table 2).

Table 2. *Process of Song/Lyric Analysis and Occurrence of Other Themes*

Analyzed Song	Reason for Choosing Song	Interpretation of the Meaning of the Song	Comparison of Lyrics to Her Story	Description of Future (Empowerment)
Rolling in the Deep (During Session #3)	Alice: It's probably the most famous song she has done... ...actually there is a line in there, that is 'beating to the rhythm.' 'Beating to the rhythm of the drum.' (Alice indicated she liked to refer to this as her enjoyment of drums and winning against her ex's.)	Alice: I think the way she says it; I wouldn't change the song. Because she's vindictive. In the background, I don't know if you could hear what they're saying, 'I wish I could make you feel like you never ever met me.' Something about. It is very vindictive. She's getting back.	Alice: And that's exactly the way it is, because I've been there before. And I didn't let anything slide... For awhile I just wanted to play his game, whatever game he was playing, I was playing it. And until the end, when I took my son, and I left with one diaper. I went straight to the border and I went to the police and we've been going through the court since February. Now his trial is this March, he's got fourteen counts against him. So, I didn't let anything go.	Alice: And he is reaping what he sowed. That's what she is saying, is exactly the way I feel... So, everything she is saying is just spot on. I wouldn't change anything. R: So, you have two songs that you write on about your ex-boyfriend. This song, keep the same, with the lyrics, about your ex-husband. Alice: And I use to sing this song all the time." R: Oh, yeah? Alice: Not even realizing, maybe because I was going through it... (While departing Alice shared that her goal is to get a masters degree in marriage and family counseling.)

Table 2 Continued:

Mirror on the Wall (During Session #4)	Alice: I have another song that has nothing to do with my ex's. I think it's all about me. I always use to listen to it because it would, it reflects me in a lot of ways.	Alice: He's a rapper but this was a really slow song and it's talking about him and his inner self. And how he sees his dad and him... They told me they 'can't understand who I am.' He's actually talking about someone who helped him through the abuse that he went through, because he was abused by his father. That's why I really relate to this song... It's like 'take him to Mars this time.' Through his songs, to go as far as he can. Like, to be, better than everybody else.	Alice: I never knew I if I was coming or going, like if I could get out, but I thought that I was always on my way… And for me to survive I felt like... I tried to commit suicide a couple times. It didn't work. And I always felt like there was a reason why. R: That it didn't work? Alice: Uh-huh. So, I kept going. But, he looked into the mirror (referring to the lyrics) and said 'don't blow it.' Like, Don't blow your chance at life... So, through it all, I felt like I was the only person that held myself up, because I didn't have anyone to help me... I will always look in the mirror; to see how far I've gotten. And in the past I felt like, one day it will end, but it never ended...	R: What do you think when you hear it now?" Alice: "I see how far I've gotten. I see that I am a true survivor... I am meant to be alive so that I can help others get out of what I went through. R: That's that strength. Alice: Uh-huh. Yeah. And no message could have been clearer. And it really can't be any clearer. And I am starting with the man in the mirror, I am starting with myself. Once I leave here, hopefully, I'm going to come back and work here... I'm going to be a motivational speaker for the high schools...

Ind-SR-SSLevel5. The definition of this subtheme was Alice changing the lyrics (starting with the pronouns) of the song to change the meaning of the song to match her beliefs. This theme occurred primarily during the second treatment session as part of the song recreation (SR) intervention based on Sacred Science (SS). Alice initiated sharing and re-writing the lyrics to the songs "Stitches" by Shawn Mendes and "Too Close" by Alex Clare. Initially, she listened to the song "Stitches" and decided to re-write the lyrics to "Too Close." After going through the process of re-writing the first song, she requested to have time during the second session to re-write "Stitches." The researcher quickly prepared a lyric sheet by writing and circling the pronouns within the lyrics. When Alice was instructed to replace all of the pronouns (e.g. I, you, he, she, him, her, my, etc.) with different pronouns to reflect her beliefs she did so for the first few lines of the song.

> R: As we go through each area, we start at the very beginning, 'You know I'm not one to break promises.' If you switch the 'you' and the 'I' to something else, would it make more sense to go with your beliefs or the way it is?
>
> Alice: So, like, I would put the 'I' where the 'you' should be?
>
> R: Yeah.
>
> Alice: I think that makes more sense. I know I'm not the one to break promises.
>
> R: 'I don't want to hurt you.' Anything you would change, I or you?
>
> Alice: I don't want you to hurt me. But I need to breathe.

This theme appeared throughout the majority of session two. As was consistent with her song analysis process, she analyzed the lyrics, defined the meaning of the song, compared

it to her own life by telling her story, and described her future plans. Within this theme, Alice's analysis differed as she re-wrote the lyrics to fit her personal beliefs then analyzed that material. After this was completed she displayed a higher level of independence by making verbal statements about how other's beliefs do not have to be a reflection of her beliefs (theme Ind-SR-SSLevel7). She also shared that she sung the new lyrics in the car and then sang the newly created lyrics with the researcher during session four (theme Ind-SR-SSLevel6: Singing the newly created lyrics.). Overall, Alice was able to freely express her beliefs, receive validation through the newly written lyrics, and acknowledge how these beliefs had been quieted in the past. The results of this theme are located in Appendix D, a comparison of the original lyrics and Alice's lyric changes to express her beliefs.

Ind-Imp-DELevel4. This subtheme was defined as Alice identifying instruments as a representative of personal supports and relationships. This theme was observed solely in session seven during the improvisation (Imp) intervention based on the Dispensing of Existence (DE). Alice engaged in this theme for thirty-five minutes; the majority of the session. When the researcher presented Alice with the directive of choosing instruments that represent supports in her life based on how they sound, act, and how close she was to the support, she used the majority of instruments in the room to determine exactly which instruments she wanted, where they would be located in relationship to her position in the room, and how they should be played to fit the support (see Figure 2.)
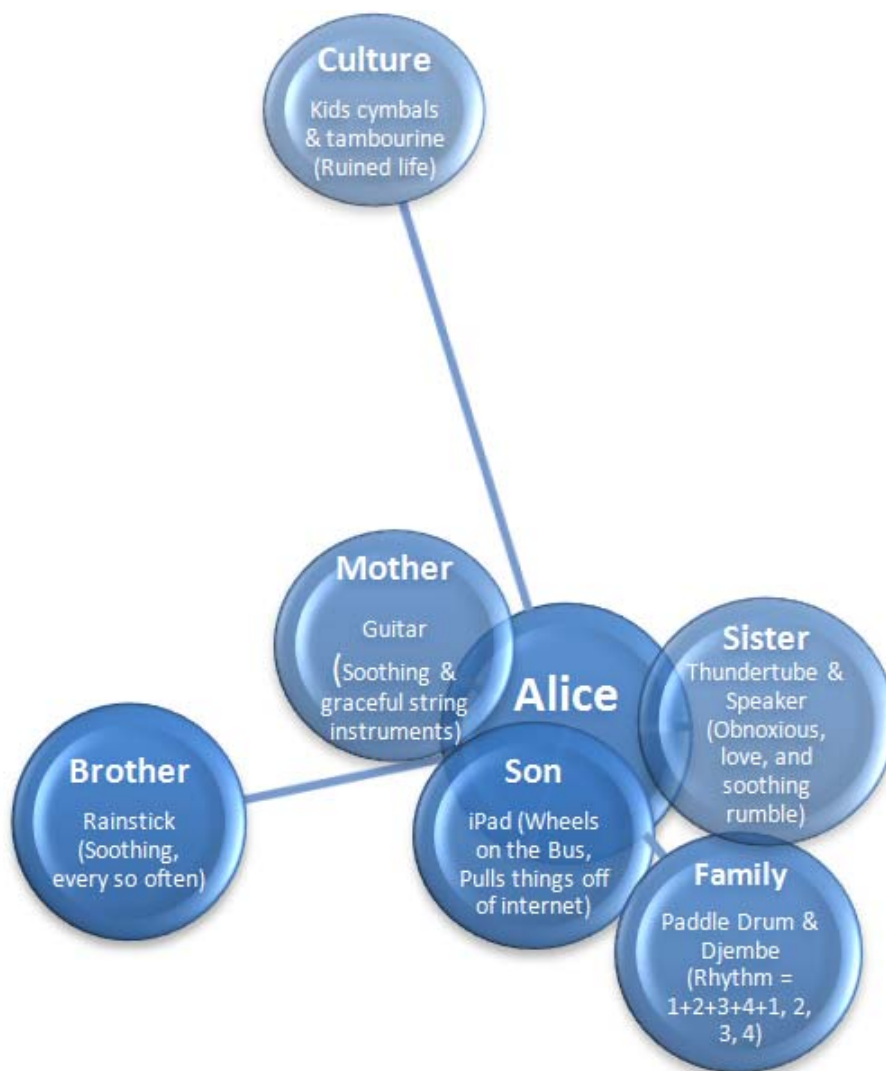
Figure 2: Support Map
Support map of where Alice placed the instruments throughout the room in relationship to her position in the center of the room. Each instruments represented an identified support. Alice also described characteristics of the support, represented through sound, dynamics, rhythm, and song. She included her ex-husbands and ex-boyfriend represented by maracas, but indicated that they would be completely out of the room and not heard at all.

This theme emerged consistently throughout the session due to Alice's desire to share

information about each of the supports. She talked about her culture:

    R: "I notice that they're right between you visual-wise." (referring to instruments)

Alice: "Because I always see it's something that I can't hide... Because it's who

I am and I need it, but I refuse to follow it. Because nothing good came from my

culture so far."

She proudly shared information about her son:

Alice: And he represents my whole life. And he is very musical and he loves

pulling things off of YouTube (selecting the song "Wheels on the Bus"), and he'll

do everything from YouTube... He's a quick thinker... He is on another level. He's

not like other three year olds... My son is on my lap. (referring to how close they

are in relationship)

She described her sister in very specific detail:

Alice: The speaker and the thunder would represent my sister... And they're kind

of right on top of each other, so they're very close to me. And they are very loud

and they both start out quiet, but they can both be obnoxious. And the thunder,

because I love the thunder. It is very soothing to me. I've never been afraid of

thunder or lightening. But, when it rattles, it rides, it's big. When it rumbles, it

rumbles. And that's how my sister's personality is.

Alice's mother was represented by a guitar because she felt guitar music is "very

soothing... graceful." She placed the instruments representing her mother and sister right

next to her, stating "these two go on the same beat because they will always go together."

As she reflected further on her mother she chose a melodic rhythm from the song

"Womanizer" by Brittany Spears (a synthesized melodic pattern that ascends and

descends octaves) to be played on guitar; because her mother was said to always be "up

and down." She reflected how her mother is graceful yet "never slows down... she's

constantly worried... because we're use to always, always being on our feet, always

thinking of a way out. Always having plan A, B, C, D... she just can't stop anymore."

Alice's representation of her brother (rain stick) was depicted as:

Alice: ...also soothing... I stay inside in the rain, but he's so far. It's very quiet in

the background. You can barely hear it and you can barely see it.

This led to Alice telling her story about how her brother has dealt with her abuse

and how it was better for his safety and the safety of his fiancé to keep him far away.

Later in the session Alice discussed what she really wanted the distance to be to her

brother, leading to a further independent behavior, theme Ind-Imp-DELevel7:

Alice: Down the line, I think this would change. He wouldn't be all over the

place... Here. (referring to moving him right on top of the djembe, next to her,

with the rest of her family representation)

The last appearance of this theme represented Alice's family:

Alice: Those two are the base. (referring to djembe and paddle drum to represent

family) Sometimes it's slow (represented by four quarter notes) and it makes a

sound. Sometimes it's super fast and it slows up again. (represented by eighth

notes returning to the four quarter notes.)

After this theme occurred, Alice assigned when each instrument would be played to

create an improvised soundscape using all instruments and selected songs. Although the

improvisation was disjunctive at times, each rhythm, song, and sound that Alice

requested was performed to encapsulate her entire support system; demonstrating theme

Ind-Imp-DELevel6. Alice stated her satisfaction with this process: "It makes you realize... your whole, and your steps and how much you have left. And it shows you exactly. I sat down and I was surrounded." Alice reflected on this a few times in other sessions, specifically, how she never realized how close some her supports are to her, how they have changed over the years, and how thankful she is to feel supported.

Level of independence as changed over time. The music that Alice chose to create and her use of the music represented her shift from being protected and dependent to more independent. During the first few sessions, Alice selected interventions that she was most comfortable doing. This initially included lyric analysis, lyric analysis merging into song re-creation by first analyzing the song and then changing the lyrics, and instrumental improvisation on percussion instruments and metallophone. By the fifth session, Alice began to ask questions about how to create music with the different instruments, wrote lyrics without a template of a previously composed song (as was done in song re-creation), and put her verbal reflections directly into the music she composed. Her reflections also shifted from past and future focused, to a focus in the present. She was experimental and less guarded in her use of instruments, as she initiated selecting a non-preferred instrument (labeled in assessment of music preferences), the keyboard, explored every instrument in the room in session seven, and explored the iPad for sounds when creating music.

Another significant indicator of this change in time was Alice's acknowledgment and use of music from her culture as she identified who she wanted to be. She initiated selecting middle eastern music during the eighth and final intervention to create a song

she titled "The Nile Song." The lyrics she selected were symbolic of the culmination

of her increased independence: "your darkest hour comes before your dawn." Alice

indicated that she was now in her "dawn." Four significant events occurred in this

session that highlighted Alice identifying and demonstrating control over her life. First,

Alice shared that she has worked on her relationship with her culture and decided to

embrace her Egyptian heritage based on similar beliefs. She shared that she was getting a

tattoo that incorporated Egyptian themes. Next, she selected Arabic music and displayed

her excitement about being able to use it. She directed all musical element changes in the

creation of the song, questioned what she did not like and directed how to make these

changes. Finally, after creating the song she stated that it was "not okay to be who he

wanted me to be" (referring to ex-husband), and that she is sticking to her beliefs, and not

listening when someone tries to make her be someone she doesn't want to be. Overall,

Alice provided a message in this session that she is in her dawn and solely makes the

choices for her own life.

Theme 2: Positive Self-Esteem

Alice made positive statements or displayed actions that eluded to an increase in

self-esteem. This theme emerged as either positive statements or actions related to the

music (Pos.Music) or positive statements not related to music (Pos.Non-music). Both

themes were present in all sessions, except for Pos.Music in session three and seven.

Pos.Music. This theme emerged anytime Alice expressed a belief in herself in

response to the music or her satisfaction of the music she created (see Table 3.). This

theme occurred most in session six when Alice was engaged in playing instruments.

There is no apparent evidence of why this theme did not appear in some sessions but not in others as Alice played instruments in session three and seven. Alice often believed in herself and expressed this increase in self-esteem after the therapist played in reflection of her pattern or provided accompaniment to her melodic pattern.

Table 3. *Alice's Statements about Music that Elude of Positive Self-esteem*

Session #	Increase in Positive Self-esteem due to Believing in Herself	Increase in Positive Self-esteem due to Satisfaction with the Music
1	...I saw how you played it and I thought, I can play like that too...	I love this song This is something I'm not comfortable doing. But this is fun. I think. I love drums.
2		It's very powerful lyrics. This song is perfect.
4	I sing in the car, the way we changed it... because I like it.	I really relate to this song.
5	I don't know if you noticed but the rhythm that you were doing and I was doing, actually sounded really good. It did. ...I hear a guy singing it to me one day.	
6	Oh that's good (referring to what she played on metallophone)	Yeah, that's cute. (reacting to hearing the recording of what she played)
8		Oh I like that (referring to Egyptian drum loop) ...It's exactly how I want it. (referring to the recording of the song she created)

This theme also emerged within the newly created song lyrics that Alice wrote. For example, in line 12 of Alice's version of "Too Close" she expresses a sense of self-esteem through the music stating that she is "not too gullible to love you" and in line 15, " there's oh so much that I deserve."

Pos.Non-music. During each session this theme occurred when Alice made positive statements about what she has done or could do; not related to music. Often these statements came as a result of what previously occurred within the music therapy intervention, but were either about past, current, or future (potential) achievements. In the second session, Alice described her leaving her ex-husband, "...after awhile you just get sick of it. I'm glad I got sick of it;" and again in the third session, "Yeah, that's what I did. I mean it's kind of late but it's better than not at all." This theme also emerged when Alice described her goal to complete a master's degree in Marriage and Family Counseling. In session four and five, the theme emerged as Alice described her personal attributes based on what she's been through, what she has learned from her mother, and her culture:

> Alice: I've been through a lot. I'm really proud of myself... I have that smile.
>
> R: Her smile?
>
> Alice: It's a blessing. Yeah, I have her heart... for once in my life I can see that I think that I am actually more beautiful than all these girls I use to compare myself to... So, being an Egyptian is something that I should be proud of...

Theme 3: Telling of Her Story

Alice shared information about her past. It emerged as a result of the music therapy intervention and generally included information from several years prior, and when Alice initiated sharing new developments in her life from the immediate past. In the first session, Alice shared some information about her past when comparing her father to the song "Rockstar" by Nickelback. The presence of this theme greatly increased

when Alice went through the process of song analysis and song re-creation during session two. After analyzing how often this theme appeared in session two, the result yielded 33%. As she changed the context of the song to be a reflection of her own life, it provided an invitation for her to discuss her past in depth. Often Alice discussed her past in reference to one of her ex-husbands, her ex-boyfriend, or her father. For example:

> Alice: It was a horrible five months (referring to ex-boyfriend). It was a horrible five year marriage (referring to ex-husband)... For some reason I thought it was okay because I settled. I almost settled for something that I knew that I shouldn't be, because in my head I thought that's all I'm worth. And I agreed. And I figured there's nothing better that I could get than this. That he's a good guy and he wanted his wife, and he wanted his other wife, that he didn't divorce. He wanted me too. So, I was like, I thought, that's all I could get. And now, I almost went into it (discussing the ex-boyfriend that she almost married)... and I'm glad that he lied. I was thinking about [it], because it would not have been healthy if I would have went back into it, that's the way I got out. It's a cycle.

In regards to the immediate past, this theme provided important information on two occasions when Alice told the researcher about recent events that eluded to her generalizing skills (increasing independence by setting clear boundaries) she acquired within the music therapy sessions (see Table 4.).

Table 4. *Theme: Telling of Her Story that Eludes to Generalization of Skills from Music Therapy*

First Description (during session 5)	Alice: You know the guy that we changed the song for? R: Yes. Alice: He's been texting me this very short text. And since we last talked we decided to split... That was probably like early June... I just cut him off completely... And when he texted I would not respond... Thursday was our holiday. So, Wednesday or Tuesday, he texted to say 'happy holiday.' Even though I don't celebrate it anymore. I guess he was trying to see if I would answer, but I didn't respond. And he didn't say anything after. And he actually called on Friday. And I was so proud of myself and all I could think of was you. R: For not responding? Alice: No, you see what happened was... I was texting the case manager in charge of my case... I was submitting a text the same time his call came through. So, I had clicked answer without knowing, and I was like 'oh okay.' But, decided... I sat there for two or three seconds, 'should I answer or should I just hang up... I just picked up and said 'hello.' So, he said 'Hi (name of participant), uh, how are you?' I said 'hello, I'm good.' I didn't even say 'how are you,' back. I was so proud of myself. And he was like 'oh, okay, well I'm just calling to say happy holidays to you, your mom, your sister... and hopefully this year will be a better year than the years before...' I said 'oh, okay, it will be.' It was just dead silence and he said 'oh, okay, well tell your mom I called and I said hi...' I said 'okay, bye.' And I hung up... I didn't respond back... I was so proud of myself, I was so happy... and for me not to say that [how are you], I think it felt really good.
Second Description (during session 6)	Alice: He messaged me again today. R: Okay. Alice: ...I had to answer because he's helping my brother fix our car... I had to answer because I'm the only person who knows where the car is... It was straight forward... (Alice described providing information to location of the car.) ... but my mom told me to text and be nice and say thank you. So, I texted and said 'thank you...' And he texted back, 'no problem, how are you?' I didn't answer, I didn't say anything. I knew he would respond back with saying 'you're welcome,' 'how are you,' and try and ease his way back in but I didn't say anything. I ignored it... I think he got the hint. When I didn't give him an answer. He hasn't texted since then, so he understands.

Theme 4: Empowerment

This subtheme was defined as Alice displaying or expressing empowerment. This theme emerged as Current Empower-Music, Current Empowering Action, and Future Plans that Empower. This theme emerged within all eight sessions. This theme was immediately followed by the theme Positive Self-esteem on three occasions and often led to positive self-esteem shortly after Alice displayed empowerment. Alice was validated through the music and researcher, providing her with the authority to have control of her beliefs and act on her choices, this reinforced Alice's belief in herself, increasing her self-esteem. For example:

Alice: I see how far I've gotten. I see that I am a true survivor." (empowerment)

"My strength, I would not think I am as strong as I am now with going through all of this. (self-esteem)

Current empower-music. Alice expressed feeling empowered through music analysis comparison or creation. In line three of Alice's version of "Too Close," she displays a sense of empowerment by stating that her ex is "not my best friend." This same theme continues in line five (that her way is right and her ex's way is wrong), stating "let's go our separate ways" in line seven, line nine (feeling like she is empowered to speak her mind), stating that "there is so much I deserve" in line fifteen, and line twenty-one ("I'm never coming back") in Alice's version of the song "Stitches." She later describes singing these songs as empowering:

Alice: It is actually [empowering]. It feels good. Especially this one, the Alex Clare song.

This theme is also present in session seven when Alice places the maracas outside the room, as a representation of placing her ex's outside of her life where they cannot be seen or heard.

Current empowering action. The definition of this theme was Alice discussing current actions that make her feel empowered. This theme emerges in two occasions. The first occasion is when Alice describes how being a survivor of domestic violence has given her strength. The second occasion is when she describes being "cold hearted" to her ex-boyfriend. She states that the ability to be cold hearted is a sign of having power.

Future plans that empower. This theme is defined as Alice discussing plans for the future that make her feel empowered. This themed emerged along with the theme Current Empower-Music as Alice re-wrote song lyrics that implied empowerment for the future, in her version of "Stitches." It also emerged in session four when she stated "I'm going to be a motivational speaker for the high schools. I don't know how, but that's what I want to do. I'm going to talk to the high schoolers." In this regards, Alice is describing the potential for her to make her desire to help others a reality.

Theme 5: Expertise

Alice made statements that displayed her knowledge, intelligence, or expertise on a given topic or directly stated that she has knowledge or expertise on a topic. This theme appeared in all sessions except for session seven. This theme naturally occurred when Alice had previous knowledge about a song or topic that arose within a session. Anytime song lyrics were incorrect during a recording, Alice immediately notified the researcher so corrections could be made. Whenever there was difficulty with the internet

service Alice offered solutions by using the internet connection on her phone, or suggesting that the researcher try placing the computer in a different location in the room. She also had the opportunity to share non-music related information such as her knowledge of reverse psychology, the characteristics of a marquise diamond, and information about Egyptian culture. It was important for the researcher to encourage Alice to feel like an expert as often as possible, as it led to her being more confident while creating songs in sessions six and eight, leading to more independent behavior.

Theme 6: Comprehension of Lifton's Treatment

This theme was defined as Alice discussing how the manipulation technique was used in her past or present and how to avoid manipulation techniques being used against herself. Although Alice selected to engage in all eight interventions, this theme emerged at varying levels throughout the music therapy sessions and was recorded in the transcripts and researcher journals. For instance, during the first session Alice engaged in the lyric analysis and song re-creation intervention based on the Demand for Purity. She described the demand for perfection as "a little demand," and when the music was described as a metaphor for perpetrators expecting perfection, she said "yeah, that's how it is." While Alice acknowledged the metaphor and the concept of the Demand for Purity, she did not describe who's opinion she felt really mattered during this session. Alice describes how her ex-boyfriend expected her to be "something I [she] didn't like," in session eight, and described her plan for following her opinion. Additionally, in session two Alice responds to the idea of perfection by stating "I mean, there's standards,

but there never is a perfect way. I don't think there is anything perfect. I don't believe

in that."

This theme emerged in a thorough and concise manner during the interventions

based on the Sacred Science, Milieu Control, and Cult of Confession. As previously

described, Alice excelled at analyzing and re-writing song lyrics to question other's

beliefs and reflect on her own. She effectively used this process to demonstrate her

understanding of Sacred Science. During the improvisation for Milieu Control, the

researcher gave the directive for Alice to continue playing a repeated pattern on the

djembe until she was "tired of playing." Alice identified the metaphor, laughed, and

played a different pattern to display her control of the milieu. During the lyric analysis

for the intervention based on Cult of Confession, Alice first analyzed the song "Good for

You" by Selena Gomez. When asked, she shared all of her thoughts with the researcher

including purposefully strange questions, such as "why did you listen to the song." When

asked to listen to the song without sharing anything, she did so. In reflection, Alice

stated "That felt, not bad, I mean it was just... It would make me question myself and

make me more conscience of my actions (when referring to the researcher asking her a

lot of questions).

Alice identified how she wanted to be supported during the improvisation

intervention based on Mystical Manipulation. In this intervention, Alice was presented

with the directive of playing a rhythm at the same speed no matter what. The researcher

played the drum very loud and fast, then in imitation, followed by slowly changing the

pattern which caused Alice to play an unintended pattern. This was brought to Alice's

attention, and she identified a goal to focus on with her pattern. She was able to

maintain the pattern when focusing on the goal, despite the researcher trying to change

her pattern again. When the researcher reflected Alice's pattern she summarized her

comprehension:

> Alice: So, that supporting me all the way until the end and stopping when I'm
>
> stopping is so much better than the other two [representing yelling and
>
> manipulation]. It made a huge difference.

This theme emerged in session seven during the instrumental improvisation

intervention based on the Dispensing of Existence. After Alice and the researcher created

an improvisation based on her supports, she made several statements about how she was

thankful for her supports being present in her life. Alice spent the most time reflecting on

the comprehension of this theme.

Within the two songwriting interventions based on Loading the Language and

Doctrine Over Person, this theme occurred as comprehension and demonstration of

independent behavior. Within the first intervention, Alice selected the keyboard for

songwriting and then selected a five-note melodic pattern that was called the "number

one rule." She then created a song that sounded disjunctive due to the researcher

prompting her to return to play the "number one rule" in-between each additional new

pattern that she created. When asked what she thought about this process, Alice stated

"It's annoying... It's annoying to have to go back and follow the rule when you want to do

it your way. But you have to come back and do it this way." When creating a song

without the rule, Alice began to show independence in selecting and directing the

creation of a song from scratch. This extended into the intervention based on Doctrine Over Person as she created a song using iPad loops based on her choices. This theme emerged as she compared her demonstration of independence to what her ex-boyfriend tried to take away from her.

During the first part of the reflection journal the researcher documented each level of independence that the participant displayed. According to the data the participant displayed 45.5:49 (93%) of observable independent behaviors. Next, this was compared to the data sheets to check for accuracy. Comprehension of Lifton's treatment of mind control was then described by the researcher and any behaviors that the researcher noticed as a result. The researcher reflected on the participant's comprehension of treatment on six occasions (see Table 5.), immediately following each occasion with a reflection on what the participant stated after this comprehension. For example, in the researcher's reflection of session two: "The participant compared her own beliefs about setting her boundaries and breaking things off... she discussed several of her relationships and how she is now 'good at recognizing b.s.' and not letting men lie to her."

Table 5. *Comprehension of Lifton's Treatment of Mind Control as Recorded in Researcher's Journals*

Sessions	Comprehension Behaviors	Positive Statements
Session 2: Sacred Science	Compared her own beliefs about setting her boundaries and breaking things off with relationships	...good at recognizing b.s. and not letting men lie to her.
Session 3: Milieu Control	Compared the slow manipulation process while playing the drum to how she was controlled with one of her ex-husbands.	... not let this happen again."
Session 5: Cult of Confession	Identified how it was her right to keep everything to herself if she wanted to do so.	... a story of how she was "proud of herself" for not sharing what she didn't want to share with her ex.
Session 5: Mystical Manipulation	Identified how it's difficult to not be tricked when someone is being really nice but is actually manipulating you away from your goals.	...the pattern was really cool sounding, when playing a pattern that maintained her goals.
Session 7: Dispensing of Existence	Identified how close some of her supports are in her life and how she wanted things to change to keep these supports even closer.	... she felt supported with her mother, sister, and son.
Session 8: Doctrine Over Person	Identified how people may have alternate beliefs, and how beliefs are interrelated as black and white, but often could be "grey" with lots of alternatives existing.	... stick to her beliefs from now forward.
Note: The left column indicates the session that the comprehension occurred, the middle column is the researcher's reflection on the participant's behavior to indicate comprehension, and the right column is the participant's immediate statement following the comprehension.		

Other themes. The theme of Cool emerged in conjunction with the participant expressing how much she liked or enjoyed the music that was created or performed.

During each of these moments, the participant's facial affect brightened and the participant's mood peaked in relation to her experience within the session, simultaneously the participant stated the word "cool." Although the number of occurrences were low for this theme, these peak experiences helped identify what the participant enjoyed the most throughout the research.

During session seven, Alice engaged in an instrumental improvisation intervention and experimented with new instruments such as the Thunder Tube while simultaneously talking about her son. She stated how her son had an amazing memory: "He memorizes things like that and he'll do it right in front of me and it's really cool." This theme emerged on sixteen occasions across five sessions when either engaging or learning new music elements, expressing her appreciation to the researcher (one occasion), and discussing her love for her son.

Summary of the Results

The results indicated six major themes across the data that overlap at times and demonstrate Alice's use of music to increase her levels of independence. These six themes emerged across the majority of all music therapy sessions. While Alice initially displayed greater independence during lyric analysis and song re-creation interventions, the data yields that all interventions have a cumulative purpose to lead Alice to trusting her own beliefs in order to become more independent. Additionally, while Alice's comprehension of Lifton's treatment of mind control was expressed verbally on a minimal level, it was demonstrated by Alice's increase in engagement with the music.

This result of using music to increase independence consequentially gives weight to its

use as a treatment approach for female survivors of abuse.

Chapter 5: Discussion

Impact of Results

Survivors of abuse are often uprooted from their home, taken away from family, and are left with little pride and a yearning for protection. When I first met Alice she appeared guarded, disheveled, and seemed to have a lot of shame. She provided a restricted amount of information about her interests, and provided unwarranted excuses about her current life at the domestic violence shelter and her estimated departure through a disconnected superficial description. The impact of the music therapy treatment approach with Alice was significant in that she established trust in herself, resulting in a greater sense of independence to make choices, trust her choices, solidify her beliefs, and set boundaries for the future so she can maintain a clear path to reaching her personal goals. Alice provided a case example of how a music therapy treatment approach informed by Lifton's criteria for treating mind control can provide benefits for a survivor of domestic violence. This example displayed the ability for survivors to begin to make creative choices, expand on these choices to establish greater insight, and do so within a medium where they can feel they have complete control. It was the importance placed on Alice's control of the session that allowed her to start the process of gaining independence by trusting that she was in a safe environment where she could have the control of something. In this case the something was the music.

Within the music therapy literature, treatment of domestic violence has focused on effective interventions. Alice became more independent through the music and increased her comfort with the music. She started sessions motivated by music and able

to make interpretations about lyrics. Alice quickly moved from keeping her emotions internalized and guarded while analyzing lyrics to externalizing her emotions by re-writing the lyrics. This process counteracted the manipulative harm done by her abusers by asking her to express herself rather than be silent. As she was empowered by creating music she increased her self-esteem, stopped stating excuses, and described herself as capable of succeeding in life. These descriptions became more organized and goal oriented as she externalized her beliefs and used these beliefs as lyrics for the songs she wrote. Ultimately, Alice's metaphorical voice became clear as she became the expert of her music (evident in her taking complete control of the final song writing intervention), her definition of herself, and would "stick to her personal beliefs from now forward."

The results of the data highlight the value of the four primary interventions utilized in this study (e.g. instrumental improvisation, lyric/song analysis, song re-creation, and song writing). Alice was empowered through the music intervention in two main ways, by validating her own beliefs and ability during song re-creation, and by providing the opportunity to create music; including song writing about her beliefs and goals. Hassan (1990) states that promoting a new perspective is important to treating victims of abuse. It is through the process of affect modification while creating music about goals that Alice achieved a new perspective. Additionally, she achieved identity of self and a musical identity.

The client-directed relationship made it possible for Alice to feel safe. On many occasions, I may have directed Alice to complete certain tasks or make certain choices. However, by maintaining a strict client-directed approach, Alice had more opportunities

to explore her own identity and believe in herself. I found this practice to be challenging at first, as I wanted to make Alice successful as possible. However, by trusting that she did have the answers and just needed time and support to find the answers, she was able to make choices more quickly from session to session. This will influence my future practice as a music therapist, as Alice was a case example of how a client-directed approach creates more opportunity for a client to feel independent and initiate creative exploration.

Generalization. While there was evidence of Alice's ability to maintain independence by setting boundaries, minimal generalization outside of the session was documented. Alice described how she generalized skills acquired in music therapy treatment while telling the story about ignoring the phone call from her ex-boyfriend and not reciprocating a request for how her ex-boyfriend felt at that moment. She noted that she can set clear boundaries and be safe from harm when she stated "...he hasn't texted since then, so he understands." She also noted the benefits of gaining her independence and sticking to her boundaries when she stated "I was so proud of myself, I was so happy... and for me not to say that [how are you], I think it felt really good." Alice's ability to find pleasure in generalizing independent behavior was significant to the likelihood that she continues to utilize the skills acquired in music therapy treatment.

Expected Results

While working at Wellspring Retreat and Resource Center I witnessed the clinical use of interventions based on Lifton's treatment of mind control. Prior to treatment clients were often unable to care for themselves and post treatment they were able to

function as independent adults. Several of these client used music and the arts as a means for expression when they could not verbally process their thoughts and feelings. It was due to this experience that I hoped for this study to result in similar positive effects for the participants evolved. Additionally, it was expected that the interventions based on Mystical Manipulation and Dispensing of Existence would be highly effective based on the positive reception they received at Wellspring Retreat and Resource Center.

Due to these expected results, and past intervention use, it was imperative that I take a highly objective approach in collecting data. My methods had to be grounded in the theoretical orientation of Moustakas (1994) and Creswell (2009) to ensure that all data were recorded and coded at an equal level. Data had to be carefully analyzed for independence only when Alice truly initiated a behavior. It was also very important to empower and make the client feel safe by presenting intervention choices to the participant, requesting the patients consent at all possible occasions, and encourage the participant lead the process as much as she was comfortable.

Despite my precautions some data were unexpected and not all information on multiple participants and in multiple forms was able to be accurately collected and analyzed. I would like to share my thoughts on how this information has influenced the results of this study and leaves room for much further inquiry. It is my hope that this research will provide information to inform the field of music therapy so music therapists will more readily work with this population; especially using alternative approaches.

Unexpected Results

The first theme that stood out as an unexpected result was the large emergence of Alice telling her story. This was unexpected as the literature reported that survivors of abuse are hesitant to share their story due to feelings of guilt. She utilized the music as a stepping stone to share her life with the researcher. This provided the opportunity for reflection and greater use of the music, creating a cycle of sharing, reflection, and insight. Some of the interventions did not work as hoped. While Alice engaged in each intervention she remained in the music creation process and needed more than one session's worth of time to comprehend the manipulation technique. It's for this reason that these intervention should continue to be refined and more emphasis should be placed on the adaptation of music elements to make the participant successful.

Alice was very excited whenever she received a copy of the music created within the session. Often in music therapy music is recorded to analyze results so that the client can find success in accepting what has been done, analyzing what can be improved in their opinion, and create music and record again. A copy of the music is sometimes given to a client in this situation. However, the music created in Alice's session was never intended to be finalized in such a way that she would receive a copy. It appears that within this treatment approach it would be highly beneficial to professionally record the music and share it with future participants to remind them of their ability and growth within the session.

It was expected that the participant journals would provide substantial information and the researcher journals would increase the amount of salient information and reduce

bias, however, this was not the result. Since the participant journals were not

completed on a weekly basis no data could be gathered from this source. This may have

been due to how this information was initially presented to the participants, as I

recommended that they complete the journal with the option to "share it or not share it."

It cannot be determined if this would have been valuable information. In future research,

it may be beneficial to explain what could be included in the journal, and ask the

participant to complete the journal during the session. The journal could also be a

musical document where at the end of each session, the participant is asked to reflect

musically and share what the reflection means to them. The researcher journal allowed

an opportunity to reflect on the participant from an objective manner, provided an outlet

to reduce any potential vicarious trauma, and objectively identify significant behaviors.

This data provided information that greatly reinforced the accuracy of the transcribed

data when crosschecked for intercoder agreement.

Implications for the Field of Music Therapy

Interventions based on Lifton's criteria. The themes emerged due to Alice's

selection of interventions based on Lifton's criteria for the treatment of mind control, and

the intervention choice that was provided at the beginning of treatment and several

sessions. In this case example, using all interventions helped Alice become more

independent. Clinical applications of these interventions should consider using all

interventions when implementing this approach. However, a clinician should consider

modifications in the delivery of interventions based on the Cult of Confession and

Loading the Language. The delivery of these interventions caused confusion for Alice

and did not provide a clear, effective opportunity for Alice to understand how to be more independent by setting boundaries (Cult of Confession), and question information from multiple perspective versus black and white thinking (Loading the Language). Additionally, each intervention is delivered as either instrumental improvisation, lyric/song analysis, song re-creation, or song writing, or a combination of two intervention types. It is important that the delivery of these interventions remain the same based on the results, with future clinicians making modifications in the choice of music and instrumentation based on client preferences and the delivery style based on the strengths of the clinician (e.g. using more or less praise, humor, verbal processing).

Types of intervention and instrument selection. Song re-creation was a less invasive intervention to Alice than song writing. This intervention provided a format and safe space in which to work that was not too cognitively taxing but was age appropriate for this population, adults. This was due to the template that it provided by motivating Alice through a preferred song, taking control of the meaning of the song by providing clear direction on how to change the meaning by replacing specific words of the song, and then reflecting on this process. Often this population has difficulty making decisions when first being introduced to treatment. Therefore, this intervention should be suggested as a starting point as a successful experience to new individuals seeking treatment.

Alice and Vivaan both used drumming as an accessible starting point when selecting instruments. This was most likely due to Alice and Vivaan coming from a middle eastern background where drumming is present in a large portion of the cultural

music. In addition to this cultural consideration, drumming limits the amount of musical elements that a client has to utilize in order to feel successful. Alice only needed to focus on her rhythm and the researcher could easily echo this rhythm to provide affirmation and support this rhythm through grounding (Bruscia, 1987). It was clear that drumming made Alice feel successful while listening to music, singing newly created lyrics, and gave her success on an instrument that allowed her to move to more musically complex instruments that she was cautious about trying at the start of the study.

Comparison of current approaches. In Alice's treatment the music provided a platform for telling her story about abuse. Trauma researchers (Pomerantz & Rose, 2014) recommend that the focus of treatment be dependent on the client's concern with either past events or future threats. The emerging theme of Telling of Her Story clearly displayed that the music therapy intervention provided the opportunity for Alice's concern to develop in a very natural manner. Alice started within a lyric analysis intervention process and achieved many of the core components of evidenced based trauma treatment (Schore, 2002) including self-reflective information processing, positive affect enhancement, and stress reduction strategies. This may warrant the use of music therapy interventions with other populations affected by trauma other than domestic violence survivors.

The processes of using music was highly motivating for Alice, providing a naturally rewarding experience from week to week. Alice engaged in verbal processing, but only did so after the music was analyzed and used as the catalyst to begin this process. Talk therapy may have failed in motivating Alice in this regard. Alice discussed

looking forward to bringing her music selections to treatment. This ability to add aesthetic material to the treatment process may not be available in talk therapy. While it is possible to add different medium in psychotherapy, a music therapist has the expertise to manipulate this medium so it becomes more motivating and keeps the interest of the client.

Lifton's intervention informed the music therapy treatment with great success for Alice. This framework gave me the empathetic understanding that Alice had been trapped through the use of different mind control tactics. Typically in music therapy, goals are created based on large domain areas. By structuring interventions around what Alice chose to do and the eight areas of mind control, Alice was able to quickly use the music as a metaphor. She wrote songs about how she will expect to be treated, what boundaries she will establish, and how she will act in order to meet her personal goals and maintain her beliefs. Since Lifton's criteria addresses these areas, it provided the framework for targeting a greater sense of independence for Alice. While other forms of domestic violence treatment focus on some of these areas (e.g., Duluth model), I believe that Lifton's framework is more comprehensive.

Being a male therapist. In my experience of attempting research at domestic violence shelters, sometimes expertise and passion is not enough. Some shelters have strict policies around maintaining safety and comfort for the women present in the shelter. This meant that several shelters had a "no men allowed" policy. The shelter where I conducted my research encouraged my presence as they tried to seek positive male role models whenever possible. In addition to survivor support, this organization

provided program for survivor recovery and mandated perpetrator accountability programs. Within these programs male and female co-facilitators conducted each program. This is again, to model positive male-to-female relationship, communication, and respect within each interaction. A male music therapist should respect the wishes of each shelter when offering services and understand the benefits and ways to be a positive male model for survivors.

Future Research

If I were to do this research again I would increase the duration in the study, increase the sample to multiple domestic violence shelter programs across different geographical locations, and seek funding to support the financial demand of the program. This population has a very high recidivism rate, requiring the researcher to be flexible in attendance, travel, and therapy service preparation. Additionally, there was a lack of data due to language barriers, journals not being completed, and equipment issues. In future research, an interpreter may be needed during song analysis, as this process was very time consuming and may not have been as productive due to the language barrier of the participant. I would also suggest using a professional recording microphone, seeking consent to have an interpreter review all data, and having participants' complete journals at the end of each session while the researcher is present.

Since symptoms make it hard for survivors to keep an organized schedule, it is necessary for a therapist to be flexible, expect changes in session times, and last minute cancellations. Sessions were most often missed due to Alice having an opportunity to visit with her mother. This was an important piece to her recovery because she felt

supported by her mother. Vivaan missed sessions when she attended a religious event.

Often survivors feel like they have lost everything in their life; therefore, supporting and

encouraging these opportunities enhances treatment. It was highly beneficial to the

efficiency of the study and participant treatment when one session was extended to two

sessions. One hour of treatment was often emotionally draining for the participant so this

may not be in the best interest of participants. However, extending the session should be

considered when it is possible to safely do so with the participant's consent. With

therapist flexibility and participant cancellations comes longer treatment periods.

Additionally, this population is limited in the number of participants due to early

discontinuation rates; therefore, a longer period of research will help the likelihood of

having more participant study completion, resulting in more data.

Conclusion

The purpose of this study was to determine what impact individual music therapy

sessions informed by Lifton's criteria had on self-perceived levels of independence for

female survivors of abuse. I found emerging themes that indicate Alice increased her

levels of independence by engaging in lyric analysis then song re-creation. Themes

indicated that instrumental improvisation and song writing led to increased self-esteem

and empowerment. Additionally, it was important to allow Alice to process Lifton's

criteria through the music rather than through primarily verbal processing. Research was

limited by the extremely small sample size of one, data left incomplete, and the delivery

of study implementation and analysis being completed by the researcher. It's

recommended that this qualitative study be conducted on a larger scale with multiple

sources of data collected. Finally, it is my hope that through future research, the value of a music therapy approach informed by Lifton's criteria for treating mind control with survivors of abuse will be thoroughly validated through a large sample, and clinicians will consider implementing this approach when treating survivors.

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Appendix A: Consent Form

Title of Research: The Impact of Music Therapy on Self-Perceived Levels of
Independence for Female Survivors of Abuse

Researcher: Jeffrey Wolfe, MT-BC

You are being asked to participate in research. For you to be able to decide whether you
want to participate in this project, you should understand what the project is about, as
well as the possible risks and benefits in order to make an informed decision. This
process is known as informed consent. This form describes the purpose, procedures,
possible benefits, and risks. It also explains how your personal information will be used
and protected. Once you have read this form and your questions about the study are
answered, you will be asked to sign it. This will allow your participation in this study.
You should receive a copy of this document to take with you.

Explanation of Study

This study is being done because there is a growing need for alternative treatment
methods for survivor's of domestic violence. The purpose of this study is to examine
music therapy sessions where you may make music, either by playing instruments or
writing songs. There is not much if any research in this area. Due to the lack of evidence-
based research for treatment interventions with survivors of emotional abuse and
domestic violence, the research findings may help inform future research on a music
therapy approach for this population.

If you agree to participate, you will be asked to:
- come to 5 weeks of music therapy sessions (two - 1 hour sessions per week) at the
  (Domestic Violence Shelter),
- complete a journal entry after each session to assist me in evaluating the
  intervention process and allow you a chance to reflect about your experiences if
  you want,
- arrive on time to all sessions at an agreed upon scheduled time, and
- allow your clinical records to be accessed, including your name, date of birth,
  history of domestic violence or emotional abuse, and history of mental health
  treatment and needs.

I will be audio recording the sessions for data collection purposes only. The audio
recordings will be destroyed no later than September 2015. If you decide during a
session that you don't want something recorded, the recording can be stopped. If you
would like a recording of the session, I can easily provide this for you. You may want to
listen to the music that you made. For the journal entries, if you want to keep them, you

can—I just need to make a copy for you. Your name and any identifying information from the recordings or journal entries for any future publications regarding this work will not be disclosed.

You should not participate in this study if you:
- are below the age of 18 or over the age of 59,
- do not have a history of domestic violence or emotional abuse,
- don't think you can make it to all 10 sessions.

Risks and Discomforts
Due to the possible discussion of topics that may relate to your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. If you want to stop at any time for any reason, you may do so. If you feel the need for assistance, remember we are in a facility with licensed psychologists and it can be arranged for one to meet with you.

For your information I have completed the Illinois Domestic Violence 40-Hour Training: the basic state-required 40-hour certificate training for new domestic violence workers. Certified by the Illinois Certified Domestic Violence Professionals Board.

Benefits
The purpose of this pilot is to provide the beginnings of knowledge to support those working with this population. Research is showing that music in and of itself can activate pleasure areas of the brain and promote a feeling of well-being that you may find helpful.

Compensation
You will be provided 10 music therapy sessions at no cost.

Confidentiality and Records
Your study information will be kept confidential by assigning you a study code and storing all information including audio recordings on an encrypted password protected computer at my office. The master code list will be stored on a separate encrypted password protected computer. The recordings and master list will be destroyed no later than September 2015.
Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
- with Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- with representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;
- the (Domestic Violence Shelter) Clinical Director according to the (Domestic Violence Shelter) guidelines:
  - any report of intention to cause physical harm to yourself or others will be reported immediately to (Domestic Violence Shelter) staff;

- all staff, employee, and other personnel working with domestic violence victims must obtain and adhere to mandated child abuse reporting requirements within the state of Illinois.

Contact Information
If you have any questions regarding this study, please contact:
Jeffrey Wolfe, MT-BC, Primary Researcher
Email: jwolfe@itachicago.org
Phone: 847-448-8331

Kamile Geist, M.A., MT-BC, Program Advisor
Email: geistk@ohio.edu
Phone: 740-593-4249

If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University, (740)593-0664 or hayhow@ohio.edu.

By signing below, you are agreeing that:
- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature_____ Date_____

Printed Name_____

Version Date: *06/23/2015*

Appendix B: Potential Independent Behaviors in Interventions

Music Therapy with Milieu Control Possible Interventions: Instrumental Improvisation	
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting an instrument, • experimenting on the instrument with rhythm, tempo, dynamic, melody, or harmony, • rearranging the environment, • changing instruments, • engaging in imitation, • engaging in reflection, • engaging in dialoguing, • improvising different musical elements when instructed to play a certain rhythm or pattern, • stopping or re-starting after instructed to continue or stop playing, and • verbal statements about how they can have more control of their environment.
Music Therapy with Mystical Manipulation Possible Interventions: Instrumental Improvisation	
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting an instrument, • experimenting on the instrument to decide on a tempo and consistent rhythm, • playing a consistent rhythm and tempo despite what the researcher plays, • identifying a goal, idea, or action word and stating the syllables of the word aloud or internally within the given rhythm, • playing a consistent rhythm and tempo with the goal, idea, or action word, despite what the researcher plays, • verbal statements about how they can revisit past goals or create new goals, and maintain these goals.
Music Therapy with Loading the Language Possible Interventions: Songwriting	

Behaviors Observed within the session:	Listed as least independent to most independent: • selecting a five pitched melody on the keyboard, • experimenting with additional melodies, • experimenting with melody and lyrics, • experimenting with melody and lyrics that do not include the original five pitched melody and include the lyrics to represent mood, thoughts, feelings, or metaphor. • verbal statements about how thoughts, ideas, and feelings can be on a continuum and not simply black and white, how language may be used to manipulate, and how the participant is entitled to have varying opinions.
**Music Therapy with Doctrine over Person** Possible Interventions: Songwriting
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting an instrument, • purposely adding additional melodic patterns, • experimenting with melody and lyrics, • experimenting with melody and lyrics that include their personal beliefs and values. • experimenting with melody and lyrics that include alternate views for their beliefs and values. • verbal statements about how the ability to state personal values and beliefs, question others beliefs, and analyze different perspectives, may allow someone to maintain and meet their own goals.
**Music Therapy with Sacred Science** Possible Interventions: Song Re-creation
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting a preferred song, • selecting whether they want to listen, sing, or sing and play the song, • singing or playing the song on an instrument, • identifying who's voices and the meaning of the message delivered in the song, • changing the lyrics (pronouns) of the song to change the meaning of the song,

	• singing or playing the song with the changed lyrics, • Verbal statements about how other's beliefs do not have to be a reflection of one's own beliefs, how to question others beliefs in a safe manner.
Music Therapy with the Dispensing of Existence Possible Interventions: Instrumental Improvisation	
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting instruments and placing them in categories, • identify commonalities amongst instruments based on sound, appearance, and other labeled traits, • engaging in improvisation based on category, • identifying instruments as a representative of personal supports and relationships, • engaging in improvisation based on dialogue between supports and relationships, • verbal statements about how the participant feels they should be treated, accepted, supported, and how they should treat others.
Music Therapy with the Demand for Purity Possible Interventions: Music Lyric Analysis & Song Re-creation	
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting an unfamiliar instrument, comfortable instrument, or song, • attempting to learn the new technique on the instrument, • rejecting the unrealistic expectation, • singing or playing the song on an instrument, • verbal statements about their ability to achieve perfection, what demands have been put on the participant in the past, present, and future, and who's opinion they feel matters in their life.
Music Therapy with the Cult of Confession Possible Interventions: Music Lyric Analysis	
Behaviors Observed within the session:	Listed as least independent to most independent: • selecting songs, • refusing to share information about the song,

	- identifying emotions for each song without sharing the information with the researcher, - Verbal statements about how healthy boundaries may be maintained by establishing privacy and displaying a lack of need to gain approval for their choices, thoughts, and actions.

Appendix C: Alice's Data Collection Sheets

A1

Tasks: Sacred Science Song Re-creation	X	Participant
selecting a preferred song,	✓	3
selecting whether they want to listen, sing, or sing and play the song,	✓	
singing or playing the song on an instrument,	✓	Drum
identifying who's voices and the meaning of the message delivered in the song,	✓	
changing the lyrics (pronouns) of the song to change the meaning of the song,	✓	
singing or playing the song with the changed lyrics,	✓	
Verbal statements about how other's beliefs do not have to be a reflection of one's own beliefs, how to question others beliefs in a safe manner.	✓	

- Preferred Songs "I, you, etc"   - Computer
- Point to all pronouns
- "would you like to sing the song?
            Laccompaniment?
- Perform Song
- "who's voice or voice's were in the song"
- "what messages were delivered by the voice(s)?"

- Provide fill-in-the blank sheet.
- change pronouns.
- Perform changed song

Tasks: Demand for Purity Lyric Analysis	X	Participant A'
selecting an unfamiliar instrument, comfortable instrument, or song,	✓	
attempting to learn the new technique on the instrument,	✓	
rejecting the unrealistic expectation,		
singing or playing the song on an instrument,	✓	
verbal statements about their ability to achieve perfection, what demands have been put on the client in the past, present, and future, and who's opinion they feel matters in their life.	.5 ✓	✓

- Choose a preferred song that
   discusses the past, present,
   and future (or Yesterday - Beatles)

- Computer
- Instruments

- Listen to song
- While listening, identify how things have
   changed from past, present, and future
- "Compare to own life"
- "how might you change the demands to be
   more successful"
      "is there a perfect way"?
      "is perfection realistic"?

- Recreat song
- familiar instrument then unfamiliar instrument.

Tasks: Milieu Control - Improv	X	Participant	A1
selecting an instrument,	√		
experimenting on the instrument with rhythm, tempo, dynamic, melody, or harmony,	√		
rearranging the environment,	√		
changing instruments,	√		
engaging in imitation,	√		
engaging in reflection,	√		
engaging in dialoguing,	√		
improvising different musical elements when instructed to play a certain rhythm or pattern,	√	After explansti	
stopping or re-starting after instructed to continue or stop playing, and	√	"	
verbal statements about how they can have more control of their environment.	√		

- Set-up
- Select instrument
- Open improv
- pattern "tired of playing" +1min.
- melodic patterns +1 min.

Only went through pattern/tired of playing/continue playing 1X since client picked up on ignoring research and choosing to play own pattern.

Tasks: Mystical Manipulation Improv	X	Participant A1
selecting an instrument,	✓	
experimenting on the instrument to decide on a tempo and consistent rhythm,	✓	
playing a consistent rhythm and tempo despite what the researcher plays,	✓	
identifying a goal, idea, or action word and stating the syllables of the word aloud or internally within the given rhythm,	✓	
playing a consistent rhythm and tempo with the goal, idea, or action word, despite what the researcher plays,	✓	
verbal statements about how they can revisit past goals or create new goals, and maintain these goals.	✓	

- Praise
- Drums and Percussion
- Keep eye contact
- "Play rhythm at same speed no matter what."
- Praise
- Begin
- Play loud and fast
- Match client
- Match tempo and adjust
- Repeat 3X
- "Identify a goal."
- "State and play goal"
- Play in two styles (loud then Matching)

A1

Tasks: Cult of Confession Lyric Analysis	X	Participant
selecting songs,	✓	
refusing to share information about the song,	✓	
identifying emotions for each song without sharing the information with the researcher,	✓	
Verbal statements about how healthy boundaries may be maintained by establishing privacy and displaying a lack of need to gain approval for their choices, thoughts, and actions.	✓	

- Select 4 songs
- "Please share every thought and feeling about this first song."

- "Why did you listen to the song in this manner (emotions, thoughts, body) —lyric analysis

- Replay song - stop after each verse

- Play next song, "please think of questions but do not share them with me"

- Computer
- 4 songs
- emotions chart

very caught up in how she felt about songs Examples was

1.) Selena Gomez by A1
  "good for you"

2.) Evanescence, Bring me Back

3.) Can't feel my face

4.) Rihanna stay.

_Al_

Tasks: Dispensing of Existence _Instrumental Improvisation_	X	Participant
selecting instruments and placing them in categories,	✓	
identify commonalities amongst instruments based on sound, appearance, and other labeled traits,	✓	
engaging in improvisation based on category,	✓	
identifying instruments as a representative of personal supports and relationships,	✓	
engaging in improvisation based on dialogue between supports and relationships,	—	
verbal statements about how the client feels they should be treated, accepted, supported, and how they should treat others.	✓	

- "identify instruments as a representation of family, friends, and other supports."

- List entities

- set-up the environment, client in center, place instruments according to closeness.

- Q's. "What is the distance"
      "what do they sound like"
      "How do they represent the individual or support"
      "what is your interaction w/this instrument"

- Create musical dialogue.

- End after all instruments are used or denied.

- Percussion instruments ("accepting, disapproving")

✓ Addressed in lyric analysis 9/24

A1

Tasks: Loading the Language Songwriting	X	Participant
selecting a five pitched melody on the keyboard,	✓	
experimenting with additional melodies,	✓	
experimenting with melody and lyrics,	✓	
experimenting with melody and lyrics that do not include the original five pitched melody and include the lyrics to represent mood, thoughts, feelings, or metaphor.	✓	
verbal statements about how thoughts, ideas, and feelings can be on a continuum and not simply black and white, how language may be used to manipulate, and how the client is entitled to have varying opinions.	✓	

— Brainstorm a melody of
5 pitches
- Call it the "number one rule"
- "Lyrics"? if so ↑
— add new sets of 5 melody patterns.
— Play "#1 rule inbetween"
— add bass accompaniment
— interject w/ #1 rule if needed
— Play piece
— Expand melody w/o #1 rule   15 mins total
— "Reason for new melodies will not be questioned."
— add lyrics that are about participants strengths/topics
— "People should stay off the grass" - metaphor
— add bass
- Play piece

- Garage Band (recording)
- keyboard
- Pen and paper.

A1

Tasks: Doctrine over Person Songwriting	X	Participant
selecting an instrument,	✓	
purposely adding additional melodic patterns,	✓	
experimenting with melody and lyrics,	✓	
experimenting with melody and lyrics that include their personal beliefs and values.	✓	
experimenting with melody and lyrics that include alternate views for their beliefs and values.	—	
verbal statements about how the ability to state personal values and beliefs, question others beliefs, and analyze different perspectives, may allow someone to maintain and meet their own goals.	✓	

- "compose music in a songwriting format"   - Garage Band
- Brief overview of how to select sound   - Other instruments
  samples

- Add lyrics about beliefs   (obey all Traffic laws)

- Add lyrics about alternate beliefs.

- Melodies and lyrics do not need to repeat
  and there is no right or wrong way to
  create the music.

- Continue process

Appendix D: Re-Created Song Lyrics

A Comparison of Alice's Lyric Changes to the Original Song Lyrics for Theme Ind-SR-SSLevel5

"Too Close," by Alex Clare	
Original Version	Alice's Version
1 You know I'm not one to break promises,	1 I know I'm not one to break promises,
2 I don't want to hurt you but I need to breathe.	2 I don't want you to hurt me but I need to breathe.
3 At the end of it all, you're still my best friend,	3 At the end of it all, you're not my best friend,
4 But there's something inside that I need to release.	4 But there's something inside that I want to release.
5 Which way is right, which way is wrong,	5 My way is right, your way is wrong,
6 How do I say that I need to move on?	6 I have to say, I need to move on.
7 You know we're heading separate ways.	7 Let's go our separate ways.
8 And it feels like I am just too close to love you,	8 I'm not too gullible to love you,
9 There's nothing I can really say.	9 There's a lot that I really wanna say
10 I can't lie no more, I can't hide no more,	10 I can't lie no more, I can't hide no more,
11 Got to be true to myself.	11 Got to be true to myself.
12 And it feels like I am just too close to love you,	12 And I'm not too gullible to love you,
13 So I'll be on my way.	13 So you'll be on your way.
14 You've given me more than I can return,	14 I gave you more than you can return,
15 Yet there's oh so much that you deserve.	15 There's oh so much that I deserve.
16 There's nothing to say, nothing to do.	16 Nothing for you to say,
17 I've nothing to give,	17 nothing for you to do.
18 I must live without you.	18 You must leave alone.
19 You know we're heading separate ways.	19 Let's go our separate ways.
20 And it feels like I am just too close to love you,	20 I'm not too gullible to love you,
21 There's nothing I can really say.	21 There's a lot that I really wanna say
22 I can't lie no more, I can't hide no more,	22 I can't lie no more, I can't hide no more,
23 Got to be true to myself.	23 Got to be true to myself.
24 And it feels like I am just too close to love you,	24 And I'm not too gullible to love you,
25 So I'll be on my way.	25 So you'll be on your way.
26 So I'll be on my way.	26 So you'll be on your way.
27 And it feels like I am just too close to love you,	27 I'm not too gullible to love you,
28 There's nothing that I can really say.	28 There's a lot that I really wanna say
29 I can lie no more, I can hide no more,	29 I can't lie no more, I can't hide no more,
30 Got to be true to myself.	30 Got to be true to myself.
31 And it feels like I am just too close to love you,	31 And I'm not too gullible to love you,
32 So I'll be on my way.	32 So you'll be on your way.
33 So I'll be on my way.	33 So you'll be on your way.
34 So I'll be on my way.	34 So you'll be on your way.

"Stitches," by Shawn Mendez	
Original Version	Alice's Version
1 I thought that I'd been hurt before	1 I know that I've been hurt before,
2 But no one's ever left me quite this sore	2 And no one's ever left me quite this torn.
3 Your words cut deeper than a knife	3 You cut deeper than a knife.
4 Now I need someone to breathe me back to life	4 I don't need you ever in my life.
5 Got a feeling that I'm going under	5 Had a feeling that I was going under.
6 But I know that I'll make it out alive	6 And I knew I would make it out alive.
7 If I quit calling you my lover	7 Once I quit calling you my lover,
8 Move on	8 Live on.
9 You watch me bleed until I can't breathe	9 You watch me bleed until I can't breathe.
10 Shaking, falling onto my knees	10 Shaking falling onto my knees.
11 And now that I'm without your kisses	11 And now that I'm without your lies,
12 I'll be needing stitches	12 I won't need your kisses.
13 Tripping over myself	13 I was tripping over your lies.
14 Aching, begging you to come help	14 If I'm down I would never ask you for help.
15 And now that I'm without your kisses	15 Now that I'm without your lies,
16 I'll be needing stitches	16 I won't be needing your kisses
17 Just like a moth drawn to a flame	17 Just like a moth drawn to a flame,
18 Oh, you lured me in, I couldn't sense the pain	18 Oh, you lured me in, and I couldn't sense the game.
19 Your bitter heart cold to the touch	19 Your bitter heart cold to the touch.
20 Now I'm gonna reap what I sow	20 Now I'm gonna watch you set the trap,
21 I'm left seeing red on my own	21 You better believe, I'm never coming back.
22 Got a feeling that I'm going under	22 Had a feeling that I was going under,
23 But I know that I'll make it out alive	23 And I knew I would make it out alive.
24 If I quit calling you my lover	24 Once I quit calling you my lover,
25 Move on	25 Live on.
26 You watch me bleed until I can't breathe	26 You watch me bleed until I can't breathe.
27 Shaking, falling onto my knees	27 Shaking falling onto my knees.
28 And now that I'm without your kisses	28 And now that I'm without your lies,
29 I'll be needing stitches	29 I won't need you kisses.
30 Tripping over myself,	30 I was tripping over your lies.
31 Aching, begging you to come help	31 If I'm down I would never ask you for help.
32 And now that I'm without your kisses	32 Now that I'm without your lies,
33 I'll be needing stitches	33 I won't be needing your kisses
34 Needle and the thread,	34 Moving on ahead,
35 Gotta get you out of my head	35 Never believed what you said.
36 Needle and the thread,	36 Moving on ahead,
37 Gotta get you out of my head	37 Never believed what you said.
(Repeated)	(Repeated)
(Chorus Repeated)	(Chorus Repeated)

Appendix E: Music Therapy Interventions

The treatment interventions were based off of practices that were refined and practiced at Wellspring Retreat and Resource Center in Albany, Ohio. Intervention is any program, service, or policy that is intended to ultimately influence or change people's social, environmental, and organization conditions as well as their choices, attitudes, beliefs, and behaviors (National Institute of Health, 2014). This research required that a board-certified music therapist deliver the intervention. The treatment interventions were adaptable to all race, gender, and religious considerations, and a variety of age levels above the age of eighteen. Additionally, each intervention was adjusted in the moment to meet the immediate needs of the participant.

Each intervention was informed by Lifton's (1961) techniques (e.g. milieu control, sacred science, etc.) for treating mind control. The music therapist offered predetermined technique-appropriate music intervention choices (e.g. music listening, lyric analysis, instrumental improvisation, song re-creation, or song writing). Then, the music therapist provided choices of what the participant could do within each of the interventions. Next, the researcher engaged the participant in the music therapy intervention (see music therapy intervention example descriptions), based on which intervention choice the participant would like to do. Since data collection was audio only, the therapist documented the observed participant's musical behaviors during the session, documenting behaviors that showed a change from dependence to independence (see Appendix B). The music therapist ended the music therapy intervention when the participant showed behaviors of independence. If the participant reached this level

within the first 30 minutes of the session the therapist offered a new music therapy intervention to the participant. If the participant did not demonstrate independent behaviors during the music intervention, the music therapist ended the intervention five minutes prior to the end of the session. Once the music therapy intervention was complete, the music therapist verbally processed with the participant what occurred during the music therapy intervention. Their understanding of the technique was evident when the participant showed behaviors of independence during the musical experience.

The interventions were designed with two goals in mind, 1) empowering the participant to be more independent by helping them understand how they may avoid manipulation and abuse from a perpetrator, and 2) allowing the participant to display awareness and understanding of how this new knowledge may benefit their life by processing past experiences and potential positive growth through the musical environment. The researcher followed the participants lead in making choices in the creation of music, provided plenty of time for the participant to answer any questions and ask questions, and provided the participant with as much control of the treatment process as possible. Ample time was given to processing thoughts and feelings around the experience. Although a format of delivery was provided for each intervention, the amount of time for each intervention varied per participant, per session. One to two interventions were accomplished within one session depending on the needs of the participant. The participant was given time to ask questions and receive explanations so trust could be maintained throughout the process.

Music Therapy Intervention Example Descriptions

   Intervention introduction. The researcher provided a list of possible

interventions to the participant at the beginning of each session. The researcher then

asked the participant if they had any questions about the intervention choices. The

researcher also explained that instruments had been adapted so any form of playing

would sound immediately successful and questions would be answered at any time to

allow the participant to further their creative choice throughout the experience. The

researcher invited the participant to set-up the entire environment including distance from

researcher to participant, instruments that are selected, how the musical elements sound,

and how long each intervention would occur. A brief verbal check-in for processing

occurred after each music therapy intervention.

   Music instrumental improvisation intervention example. The theoretical

framework for the therapist during this intervention was informed by Milieu Control

(Lifton, 1961). During this intervention, the researcher used instrumental improvisation

techniques (Bruscia, 1987). The participant was asked to move any instrument within the

room so that they felt they had enough space. After this was completed the participant

was asked to choose any instrument for the instrumental improvisation. As expected, the

participant selected percussion instruments (e.g. maracas, djembe, ocean drum,

tambourines, and a cabasa), a guitar, and an iPad and amplifier. Once the participant

began to play an instrument, the researcher used Wigram's (2004) improvisational

techniques (imitation, reflection, dialoguing, rhythmic grounding, and accompanying) to

make music with the participant. For example, when the participant played the djembe,

the researcher imitated the participant's rhythm and attempted to engage the

participant in dialoguing together. When the participant chose a song on the iPad the

researcher used rhythmic grounding on the guitar to support the melody and harmonies

that were played in the music. The researcher improvised with the participant until they

stopped. The researcher asked the participant if they had any questions.

Music lyric analysis intervention example. The theoretical framework for the

therapist during this intervention was informed by the Cult of Confession (Lifton, 1961).

During the lyric analysis intervention (Silverman, 2009) the researcher invited the

participant to select four preferred songs. The song were played on a computer. The

researcher asked the participant to share every thought and feeling the participant had

about the song using lyric analysis techniques (Silverman, 2009). The researcher

requested for the participant to explain why the participant listened to the song in such a

manner (including how the participant positioned their body, identified certain thoughts,

and identified emotions about the song). The researcher then replayed the song, pausing

the song after every verse. Then the participant was asked to listen to the next song and

analyze the song while thinking about each of the provided questions without sharing the

information. This process was repeated until each song had been analyzed according to

the provided procedures.

Music song re-creation intervention example. The theoretical framework for

the therapist during this intervention was informed by the Sacred Science (Lifton, 1961).

During the intervention, the researcher used song re-creation techniques (Davis et al.,

1999). The participant was presented with the lyrics to a chosen song, and all pronouns

were pointed to by the researcher. The participant was asked "who" is talking or singing and whom the message was directed, based on each pronoun. The participant was invited to play, sing, or listen to the song. As expected, the researcher and participant re-created the song according to song re-creation techniques (Davis et al., 2009). For example, the participant chose to sing and perform the song on djembe, and the researcher accompanied the participant on a participant selected frame drum. The participant also chose to listen to the recording through a computer while performing the song. After the song was over the researcher asked the participant "who's voice or voices were in the song." After the participant answered the question, the researcher asked "what were the messages delivered by the voices?"

Next, the researcher changed the meaning of the song by changing each voice (pronoun). The researcher provided a fill-in-the-blank lyric sheet with all of the pronouns removed. The participant was changed the blank areas to "you," "I", "he," "she," etc. so that the song conveyed the meaning that the participant desired. The goal was to empower the participant to be able to easily change the meaning of the song to represent their own beliefs or beliefs that others may have that they don't share. After the participant changed all pronouns the researcher and participant performed the song. After the completion of song re-creation the researcher engaged the participant in verbal processing.

Music song writing intervention example. The theoretical framework for the therapist during this intervention was informed by the Loading the Language (Lifton, 1961). During this intervention the researcher used songwriting techniques (Baker et al,

2009). The participant was asked to brainstorm a melody that consisted of five

pitches on the keyboard. Once the participant made a selection, the researcher called the

pattern the "number one rule." The participant was asked if they would like to add lyrics

to the composition. As expected, after the participant said yes, they were asked to add

the words "the number one rule" with each syllable of the phrase representing the five

pitches in the melody. The participant was instructed to develop several new melodies

that were five pitches because that was the number of pitches for the number one rule,

and the original melody was also played in-between each new pattern. The researcher

provided a bass harmony that supported the composition. When the participant forgot to

use the first melody in-between new melodies, the researcher interjected the first melody

by playing it on the keyboard. After the participant stated they were done adding new

melodies, the researcher assisted the participant in playing the composition on the

keyboard while it was recorded on Garage Band ™. The participant then listened to the

recording.

During the next phase, the researcher asked the participant to expand each melody

in exploration and not return to the number one rule melody as a new composition was

created. As expected, the researcher gained asked the participant, "what are your

strengths" and "what are some topics or ideas you know a lot about?" The researcher

encouraged the use of metaphors within the lyrics. As expected, the participant was

provided with the example of "people should stay off the grass", these words were put to

melody, repeated and then ideas about how one could "walk on the grass" were created.

This was done by stating that one could "walk on grass in their bare feet," or "gentle toes

allow the blades to still grow." The researcher followed the songwriting process order (Baker et al, 2009). The researcher provided a bass harmony that supported the composition. This process occurred for no longer than fifteen minutes. When the time had expired the researcher assisted the participant in playing the composition on the keyboard while it was recorded on Garage Band™. The participant then listened to the recording.

Appendix F: Lifton's Eight Techniques of Mind Control

Milieu Control is when the abuser seeks control over the victim's flow of information and daily social interactions.
Mystical Manipulation is when the abuser attributes supernatural influences where none are present or manipulates situations so they appear spontaneous. The effect is enhanced by the milieu control because dissenting or alternative ideas are not present.
Demand for Purity is when there are unreasonable rules and unreachable standards imposed on the victim. The world is depicted as black and white with little room for personal conscience. The victim is more willing to submit to this because the milieu control limits critical questioning, and the musical manipulation validate these rules.
The Cult of Confession is when the wrongdoings and thoughts of the victim are to be confessed to the abuser immediately upon request. This environment is set up by the unreasonable demand for purity.
Sacred Science is when the knowledge and teachings of the abuser are viewed as the ultimate, unquestionable truth. Mystical manipulation often lends credence to these teachings and knowledge.
Loading the Language is when catch phrases are loaded with connotation and used to stop critical thinking. Anyone or anything critical of the victim is discredited and labeled outside of the language, consequentially any arguments are disregarded.
Doctrine Over Person is when all experiences, feelings, and beliefs are reinterpreted to fit within the views of the abuser. The abuser rejects everything that does not fit within this preconceived mold. The victim's past is attacked, the abuser demands that the victim follows the abuser's beliefs, and punishes the victim when they are not followed.
The Dispensing of Existence is when the abuser decides who has the right to exist. This is generally only figurative. Anyone outside of this decision is considered unenlightened or evil and can be ignored, or perhaps even mistreated. This is an extension of doctrine over person.

(Lifton, 1961, p. 418)