



Music therapy for women survivors of intimate partner violence: An intercultural experience from a feminist perspective



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ABSTRACT

This study arose from the growing number of women around the world subjected by their partner to domestic violence. These women suffer from issues of self-esteem, anxiety, identity crisis and high levels of depression, among other social and psychological symptoms. Some music therapists have demonstrated the effectiveness of music therapy techniques to improve the level of awareness of survivors, and to help with some of these symptoms. The author's aim is to share the results achieved after applying the multimodal approach to music therapy, to a sample of 17 women survivors of abuse: 7 Mexican and 10 Cuban, and to compare the cultural aspects involved.

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Introduction

This paper addresses the need for finding new treatment alternatives for the growing number of women who suffer often in silence, from domestic abuse (WHO, 2005, 2014). In this regard, it should be noted that although studies and therapeutic approaches for addressing violence (especially when inflicted by a male partner) have shown a progressive increase in number during the past decades, the same cannot be said about treatment approaches within the field of music therapy which have been slow and fragmented due to the lack of methodological strategies and evidence of effectiveness in more than one country and from an integrated perspective¹. The current article thus represents a condensed summary of the author's work which, for over a decade, has analyzed music therapy techniques which have proven beneficial in the treatment of violence-related symptoms.

This article aims: (a) to highlight the feasibility of the Plurimodal Modal Approach (APM)² to address self-esteem, anxiety, depression and recovery from undermined identity in women abused by their spouse and (b) to share some sociocultural facts that, based

on this experience, warrant further consideration within the music therapy process.

Among the effects of domestic abuse on women's physical and mental well-being, the most outstanding is perhaps the harmful impact on self-esteem due to the destruction of their sense of self-worth, putting women at a greater risk of other types of disorders. This feeling of debasement tends to erode personal power and sense of rightfulness, as well as the ability to relate to others and act freely. A weakened identity linked to lowered self-esteem leads to a process of deterioration and dehumanization, resulting in a feeling of having lost an identity. Lack of self-care and repression of feelings and fears are likely to follow, creating anxiety and depression, withdrawal and feelings of guilt (CHANGE Center for Health and Gender Equity, 1999; Fernández, 2008; Fernández & Pérez, 2007; Kirkwood, 1999).

In this regard, it is important to highlight those music therapists who have used music therapy as treatment for the symptoms exhibited in our study sample, such as depression (Brandes, 2008; Oliveira & Cordeiro, 2008; Steenbock, 2008), anxiety (Hammer, 1996; O'Callaghan et al., 2008; Walworth, 2003), the various manifestations of stress (Hanser, 1985; Robb, 2000; Strauser, 1997), identity crisis (Tangarife, Martins, & Mouta, 2008), empowerment (Jones, 2006) and related low self-esteem issues (Haines, 1989a,b; Sharma & Jagdev, 2012). Notwithstanding, the development of music therapy for treating women who have experienced intimate partner violence has focused mainly on: promoting more restful sleep through relaxing auditory treatments (Hernández-Ruiz, 2005; Lasswell, 2001), raising self-esteem and reducing depression and anxiety (Curtis, 2000), improving patients' ability to set goals (Parra, 2008) and valuing the need to create a safe space for

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² For further specification see section Music Therapy Approach in this document.

³ Spanish acronym referring to the name of this approach: Abordaje Plurimodal en Musicoterapia.

themselves (Teague, Hahna, & McKinney, 2006). These therapies have been implemented in women's shelters (Cassity & Theobald, 1990; Fesler, 2003; Whipple & Lindsey, 1999) and not only in the context of their daily lives.

Other music therapy authors have also discussed approaches to music therapy with these populations, several of which were published in Hadley's (2006) book on feminist approaches in music therapy, and York (2006), as well as York and Hearn (2008) have described the concept of "finding the voice" of women survivors of abuse. This approach aimed at enabling women to restructure their lives as their voices found ways to be heard. In using therapeutic work with vocal sounds, the authors aim to encourage women's self-care and appreciation of female-related values. Among other music therapists who present valuable work in Hadley's book is Purdon (2006), who suggests that the integration of feminist therapy and music therapy are at an initial stage of development.

Another approach worth highlighting is the one developed by the Brazilian music therapist Shembri (1996), who emphasizes women's search to find themselves by seeking symbols representing their desires and yearnings. The author points out how insufficiently aware we are of this need, despite its relevance to our genuine self, beliefs, and values.

In this respect, Ruud (1998), Pellizari and Rodríguez (2005), Chagas (2007), Rejane (2012), and Vaillancourt (2012), among others, have also referred to the need and importance of considering the cultural identity of the group in music therapy.

In addition, DeNora (2002) has indicated that part of music's effect on the individual comes from his/her ability to integrate personal and subjective experiences with those of the cultural collective. In addition, managing the individual's own identity and his/her ability to influence interpersonal relations, including the mood of the cultural collective, is one of the individual's main social functions. The feminist approach to music therapy has been defined by Hadley (2006) as one that advocates for equality and social justice. This is consistent with McFerran-Skewes and O'Grady (2006) assumption that feminist community music therapy should work with people within the context of their gendered social, cultural and political environment. Given the absence of previous scientific reports detailing successful outcomes in countries with dissimilar cultural environments, the current author has previously reported on the outcomes achieved as a result of the first cross-cultural experience in which APM³ was applied with two groups of battered women. This study compared the effectiveness of music therapy as well as the similarities and differences between Mexican and Cuban groups of women participants taking into account their cultural and social variables from a gender and patriarchal ideology perspective (Fernández, 2009b, 2010).

The purpose of this article thus is to provide background and to share the clinical methodology used in the aforementioned studies.

Methods

Music therapy workshops with women who have experienced abusive relationships

Abused Cuban women, despite their active involvement in diverse social spheres, continue to be subjected to a high degree of invisibility (Proveyer, 2008), which ranges from lack of awareness among the victims, insufficient professional training in support-centers (Díaz et al., 2006), to the absence of specialized and therapeutic approaches (López, 2007). Despite the fact that the Association of Cuban Music Therapists was founded in 1989, and

first joined the World Federation of Music Therapy (WFMT) and later took part in the Latin-American Music Therapy Committee, it was not until 2006 that a Latin-American study was published addressing the clinical profile of women as victims of conjugal abuse (Fernández, 1994, 2003, 2006, 2011b) from a music therapy perspective.

In Mexico, however, the violence against women on behalf of their partners is documented in various national surveys. The latest survey (Endireh Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares, 2011)⁴ has pointed out that 46.1% of women, that is, over 18 million women over the age of 15, have suffered violence by their partner. This figure has increased since the last national survey conducted in 2006. In Mexico there is no previous publication regarding the use of music therapy for such cases, other than the work of the author.

Subjects and instruments

There were a total of seventeen women in the aforementioned study. Seven women were residing in Tijuana, Mexico and had sought treatment at the Center for Protection and Support. Their ages ranged between 20 and 60 years, and their schooling ranged from elementary school to high school. Three of these women were salaried workers and all of them lived in the city, although none had been born there, and were all of a low to middle socioeconomic level⁵. In Havana, Cuba, there were 10 women who were victims of domestic violence⁶. Their ages were similar to those of the Mexican group (between 30 and 57 years), their education level was higher, ranging from high school graduates to university level and all of them were salaried workers. All were native residents of the city of Havana.

In both Cuba and Mexico, the workshops took place in appropriate spaces and lasted 26 h divided into 13, two-hour, weekly afternoon sessions (see Table 1). Following each session, the music therapist (also the author of this study) and co-therapist met together for an hour-long consultation. The goal was to help raise participants' awareness and ability to express their experience of violence, using APM guidelines. It also aimed to help them structure a new self-image, elevate their self-esteem and sound/body identity, as well as experience body/mind relaxation in harmony with nature as a result of inner-listening training. Voluntary and confidential measurement tools were used before and after the workshop, to assess self-esteem, depression and anxiety. Ongoing, qualitative non-participant observation was conducted at all times⁷ by an observer and the music therapist in order to evaluate the effects of the applied techniques. The co-therapist took notes during the sessions; the sessions were also tape-recorded with the participants' consent, for further discussion and analysis.

Both Cuban and Mexican women underwent two interviews to assure them of absolute confidentiality for the sake of safety and the protection of their right to privacy, after having made sure they

⁴ In Spanish: Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (National Survey on Relationship Dynamics in Homes).

⁵ Although the actual sample included a larger number of women, the investigative exploration was restricted to this number because they were the ones who attended all of the sessions, allowing an accurate record of the pre/post effects of the workshop.

⁶ Given that in Cuba there is nowhere abused women can resort to voluntarily for help, it was necessary to hold a previous workshop open to all women over eighteen years of age, who wished to "learn techniques for addressing self-esteem, anxiety and depression." It consisted of three exploratory sessions, after which they were tested for the purposes of identifying those who had suffered domestic violence (Lamaglia, 1985) and these women volunteered to participate in the aforementioned music therapy workshop dedicated only to them.

⁷ In this particular case the co-therapist consulted with the author regarding each session's results.

³ Seen not only as a set of tools, but also as a way of thinking about music therapy.

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