



Research Article

Supportive music and imagery with sandplay for child witnesses of domestic violence: A pilot study report



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ABSTRACT

The purpose of this pilot study was to examine the possibility of supportive music and imagery (MI) in addition to sandplay as a therapeutic treatment to improve emotional and behavioral adaptability for child witnesses of domestic violence. Participants were three elementary school students (two boys, one girl) who were living or had lived at a domestic violence shelter in Republic of Korea. This single subject design intervention study measured the children's self-expression levels during six individual sessions through a partial-interval recording, conducting pre-post measurements of emotions and behaviors using the Korean Child Behavior Checklist (K-CBCL). The combination of MI and sandplay was shown to have a positive effect on the improvement of children's self-expression and emotions. Implications for researchers and clinicians are discussed.

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In Korea, the family has traditionally been considered an extremely private domain. Therefore, public intervention has been either denied or shunned. However, with the increasing number of children and parents suffering from domestic violence every year, attention to and intervention with families is becoming more common. According to the 2013 national survey on domestic violence by the Korean Ministry of Gender Equality & Family, (2014), in the Republic of Korea, 45.5% of married couples experienced various domestic violence problems and among those, 7.3% experienced physical violence.

Domestic partner violence has a serious effect on family members, particularly on children. Children sometimes directly experience domestic violence, but many of them witness spousal violence between their parents. These traumatic events can cause various behavioral problems, as well as psychological and social maladjustments (Jouriles & McDonald, 2015; McTavish, MacGregor, Wathen, & MacMillan, 2016).

Child witnesses of domestic violence exhibit more aggressive and violent behaviors (Izaguirre & Calvete, 2015) and higher externalizing and internalizing behavior problems (López-Soler, Alcántara-López, Castro, Sánchez-Meca, & Fernández, 2017), as well as lower levels of competence and performance in school and social situations (Izaguirre & Calvete, 2015; McDonald et al., 2016) and more posttraumatic stress (PTS) symptoms (Lamers-Winkelmann, Willemenb, & Vissera, 2012; Levendosky, Bogat, &

Martínez-Torteya, 2013) when compared to children in nonviolent families. In addition, exposure to marital violence is a crucial risk factor for passing down violent behavior to the next generation (Jin, Eagle, & Yoshioka, 2007; Child Welfare Information Gateway, 2013). It can lead to mental health problems such as depression, anxiety, PTS symptoms and low life satisfaction in adulthood (Cater, Miller, Howell, & Graham-Bermann, 2015; Miller-Graff, Cater, Howell & Graham-Bermann, 2016). Therefore, evidence based therapeutic is urgently needed to reduce primary symptoms and prevent the onset of secondary symptoms in children who witness acts of domestic violence.

Self-expression is defined as “the expression of your thoughts or feelings especially through artistic activities such as painting, writing, dancing, etc.; the expression of one's own personality; assertion of one's individual traits” (Self-expression, n.d.). Wolpe (1958) defined self-expression as genuinely expressing one's feelings without anxiety about others. Self-expression helps people who suffer traumatic events to reduce PTS symptoms (Frattaroli, 2006), experience catharsis (Freud, 1904, 1954), develop self-regulation (Lepore & Greenberg, 2002), and interact with their social world (Pennebaker, 2007).

Music is a useful, nonverbal medium of communicating with others, sharing feelings, and expressing emotions that are difficult to verbally articulate (Kaplan, 1990). Music therapy uses the properties of music as an artistic and expressive medium. Among various music therapy methods, guided imagery and music (GIM) refers to an in-depth psychotherapy programmed by Helen Bonny using classical music designed to provoke imagery experience (Bae,

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2014). In developing GIM, [Bonny \(1972\)](#) analyzed 600 sessions in which music was used to support psychotherapy for working on life issues. She examined music-supported sessions by concentrating more fully on the client's inner world assisted by the expression of intense emotionality. Based on this research, she designed a method to integrate music and imagery for the healing, growth, and transformation of individuals ([Bruscia & Grocke, 2002](#); [Goldberg, 1995](#)). GIM has helped traumatized clients to understand feelings about their experience of maltreatment and to gain insight into their lives ([Borling, 1992](#); [Clark, 1991](#); [Rinker, 1991](#); [Tasney, 1993](#); [Ventre, 1994](#)).

In GIM, music takes a central role. Music arouses and amplifies images that are perceived by all senses as well as feeling and memory in an altered state of consciousness ([Band, Quilter, & Miller, 2001](#); [Goldberg, 1992](#)). The images can be actualized through drawing or structured linguistic exercises after listening to the music ([Körlin, Nybäck, & Goldberg, 2000](#)). The process, which is a music-centered and transpersonal method, is intended to promote the exploration of individuals' inner worlds and offer integration in the mind, body, and spirit ([Bonny, 1975, 1980](#)).

Several adaptations and derivatives of GIM have been created to suit various populations and clinical settings. One of them is music and imagery (MI) by Lisa Summer. When Summer was a coordinator of GIM training at the Bonny Foundation, she realized that GIM was so non-directive and exploratory that it could not be effective for clients who were not highly functional or were hospitalized for short durations. Therefore, she modified GIM to develop MI, which concentrates on a single image and uses brief music during a short period, as compared to the GIM ([Montgomery, 2012](#)). MI consists of supportive, re-educative, and re-constructive levels of psychotherapy. The supportive and re-educative levels are short-term, structured, and directive approaches ([Summer, 2010](#)). Supportive music and imagery (SMI) is focused on exploring and experiencing positive resources rather than resolving client issues. It is based on creating a supportive and safe environment through music and the relationship between a therapist and a client ([Paik-Maier, 2010](#)). These therapeutic qualities of MI can be helpful for children needing psychotherapy. However, research on MI with children is lacking. As a result, no basis has been established for designing MI research for children who are witnesses of domestic violence. Thus, pilot research was warranted.

The MI process includes verbally exploring and expressing the images that emerged from listening to music. Because images are abstract, a more concrete means of expression such as sandplay may be needed for children who have not yet reached the cognitive formal operational period. Therefore, sandplay may be complementary to MI's verbal process for children because it is another nonverbal communication vehicle ([Eliana, 2010](#); [Homeyer & Sweeney, 1998](#)).

Sandplay is an expressive and dynamic psychotherapeutic modality for revealing one's inner world and conflict ([Dale & Wagner, 2003](#)). The method encourages the client create a sandworld by arranging miniature figures in a sandtray. In sandplay, the therapist and client create a relationship using the free and protective space of the sandtray, and the client expresses latent unconsciousness through symbols. That is, the client expresses his or her inner world freely in the nonverbal space of the sandtray using visible and touchable figures ([Turner, 2005](#)). Sandplay can encourage children's expression ([Green & Connolly, 2009](#); [Turner & Unnsteinsdóttir, 2011](#)) and holds potentially therapeutic and transformative power ([Green & Connolly, 2009](#); [Kalff, 1980](#)).

In conclusion, with the increasing presence of domestic violence in Korea, the number of children witnessing the violence and suffering from traumatic symptoms is also increasing. Therefore, developing an effective intervention is urgent. MI is a method for exploring positive resources of clients. Sandplay utilizes sand and

figures and may be a helpful complement to encouraging otherwise difficult verbal expression of children. Additionally, music, sand, and figures are familiar to children, and MI and sandplay have therapeutic and healing properties that may allow people to explore the inner world and to express it using symbols. Thus, when the combination of MI and sandplay is applied to child witnesses of domestic violence, exploring whether the children have changes in emotion and, by monitoring the frequency and form of their self-expression may yield to the identification of the therapeutic availability of MI with sandplay, as well as the validity of this intervention for children witnessing domestic violence.

Research questions of this pilot study included the following: (a) What are the planning and design implications of the study? (b) What frequency and forms of self-expression during MI sessions with sandplay are shown by children who have witnessed domestic violence? (c) Before and after the intervention, is there a change on the score of the Korean Child Behavior Checklist (K-CBCL) in children who participate in the therapy?

Research design

This research was a single subject design to identify if there was a change in children's self-expression when applying MI with sandplay. This study measured the frequency of children's self-expression during music therapy sessions through a partial-interval recording, conducting pre-post measurement of emotions and behaviors using the Korean Child Behavior Checklist (K-CBCL).

Participants

Participants in this pilot research were three elementary school students (two boys, one girl), who were living or had lived at a domestic violence shelter located on Jeju Island in the Republic of Korea. During the intervention, no other therapeutic intervention was conducted.

Participant Ain, an 8 year-old boy, was in the second grade of elementary school. His mother reported that he was aggressive, resistant, and irritable. He lived with his mother and younger brother after his parents' divorce.

Participant Bohoon was 7 years and 11 months old boy in the first grade of the elementary school, and turned 8 years old during the research study. At the time of research, he lived at the shelter. A social worker at the shelter reported that he was aggressive, inattentive, and sensitive.

Participant Cera, a 10 year-old girl, was in the fifth grade of elementary school. Her mother reported that she was aggressive, and experiencing great mood swings and conflicts with peers. After her parents divorced, she lived with her mother and two older sisters.

Ethical considerations

The Institutional Review Board of the Lesley University approved the research design. The recruitment letter assured children and their caregivers that participation was anonymous and voluntary, and caregivers signed informed consent.

Measurement

Target behavior

The target behavior of this research was the self-expression behavior of participants. In this research, self-expression was defined as an action embodying imagery in a participant's mind. Self-expression behavior referred to expressive behaviors

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