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Music Therapy as a Treatment for a Woman Victim of Sexual and Psychological Abuse: A Case Study

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Abstract

The main objective of this article is to describe the process of improving the quality of life of a middle-aged woman who states that she suffered sexual abuse in childhood, by a close relative, and psychological abuse in her youth by her ex-spouse. Through a process of music therapy over a period of one year (September 2020 to September 2021), the person is helped to channel states of anxiety, and feelings of loneliness and low self-esteem, caused by the traumas experienced during their childhood and youth. For the study, the Rosenberg self-esteem scale (EAR), the Hamilton anxiety scale (HAS), and the loneliness scales from the University of California-Los Angeles (UCLA) were used.

Keywords: sexual abuse; gender violence; music therapy; psychological abuse; case study

Introduction

In this study, sexual abuse is understood as any request or exercise of contact, caresses, games, or touching, in which at least one of those involved does not want, know, or lacks awareness of what is happening and that is obtained by strength or force over the victim (García Morey, 2008). This fact has direct and immediate consequences on the psychological and emotional development of children, but it also leaves physical, behavioral, emotional, sexual, and social consequences that persist into adulthood (Echeburúa et al., 2006).

Rodríguez-López et al. (2012) reveal a variety of problems as symptoms derived from this trauma:

- Emotional: anxiety disorders, post-traumatic stress, and self-destructive ideas.
- Relationship: social isolation, marital difficulties, and parenting difficulties.
- Issues with behavioral and social adaptation.
- Functional disorders: eating behavior, physical pain, somatization, dissociative disorder, and substance abuse.
- Sexual: unsatisfactory and dysfunctional sexuality, sexually risky behaviors, early motherhood, prostitution, and re-victimization¹.

According to the National Statistics Institute of Spain², the number of women victims of gender violence increased by 3.2% in 2021, reaching the figure of 30,141 women. The rate of victims of gender violence was 1.4 per 1,000 women aged 14 or older.

According to Colque (2020), the traumatized person suffers from a series of symptoms: depressive, such as sadness, feelings of loneliness, and guilt; anxious, such as nervousness and fear; obsessive-compulsive, predominantly unwanted thoughts or ideas, difficulties in making decisions and/or concentration; and of somatization, the most common being headaches and muscle aches.

To better understand the symptomology of the client, Ortega-Vidal (2020) defined the concept of *poly-victimization* as that of those minors who suffer different types of abuse during their childhood, which implies a greater risk of experiencing other violent events throughout his life.

Our client G is a 58-year-old Spanish woman who states that she suffered sexual abuse in childhood by a close relative. In her early youth, and in order to become independent from him, she married an Asian man with whom she had a daughter. This man psychologically abused her until he finally abandoned her and their daughter.

When she began treatment, she had not taken drugs for some time, but was in a regrettable psychological state, denoting low self-esteem, anxiety, and feelings of loneliness. She was included in a music therapy program, which at that time was made up of a group of five people who presented different psychological disorders. Treatment consisted of songwriting techniques, singing, body expression, musical improvisations, and listening to music.

The main objective of this music therapy treatment was to learn to manage difficult emotions such as anxiety, low self-esteem, and loneliness. It was, therefore, to achieve a state of calm and tranquility, increase self-esteem, and improve social skills.

Objectives

In recent years, it has been shown that music therapy is an effective therapy to alleviate anxiety disorders and feelings of loneliness, preventing them from becoming chronic and leading to various pathologies (Giménez-Castells et al., 2018). The feelings of guilt and shame experienced by people who have suffered sexual and psychological abuse lead them to develop feelings of loneliness and low self-esteem, as well as serious anxiety states. The purpose of music therapy is to help people overcome these states through creative techniques that are developed during the musical action.

The creativity and imagination that are enhanced with these techniques are mechanisms that favor introspection and also open trauma awareness in a therapeutic and protective climate. The musical language, through the different brain processes involved, acts on feelings causing an internal movement in the person. This movement is the seed that originates the change allowing the person to mature, thus assuming and pacifying their traumas.

When the music therapeutical process is carried out in a group, it allows cohesion between the people who form it, all of them with their own characteristics, offering them their own place within the group, which makes it unique and necessary. In this way, it is

important to create a space that facilitates the expression, the release of emotions, contributing to the analysis of one's own acts, and thus, helping to find adequate tools to restore and improve the way of facing life (Guerrero Valverde, 2020). Through music therapy, people discover new abilities or potentials and manage to restore functions, which helps them find a better internal organization and, ultimately, a better quality of life.

In particular, the objectives planned for client G were to:

- Release tension and achieve a better state of well-being.
- Develop the skills of singing and playing instruments, to promote states of relaxation.
- Work with creativity and imagination.
- Increase the ability to improvise and search for new solutions, to listen, and to express feelings.
- Improve social skills.
- Reduce or lessen the feeling of loneliness.
- Increase self-esteem.

Rationale

The client G presented the symptomology described above, and with whom we facilitated music therapy treatment with songwriting techniques and singing, body expression, musical improvisations, and listening to music. Previous works, such as those cited below, confirm that these techniques are appropriate and useful for treating people with the same problems as the client described in this case study.

Songwriting is used by music therapists around the world, notably Felicity Baker and Tony Wigram (Baker & Wigram, 2005). There are different procedures in the use of this technique, although the most common is to change the lyrics of existing songs to personalize them based on what patient wants to communicate with words. Another widely used procedure consists of creating the lyrics and music based on the client's concerns and interests (Baker & Wigram, 2005).

Researcher Toni Day, from the Child Health Research Center (University of Queensland, Australia) is renowned for working with women attending songwriting programs aimed at addressing issues related to childhood abuse experiences. These people want to stop the cycle of violence that is perpetuated in their own sons and daughters, managing a better awareness of the impact that their abuse causes in the way they relate to their children and their ability to handle themselves as adults. Day writes, "The excitement and strong sense of doing something important for themselves and others may also contribute to overcoming the emotional content of their songs" (Day, 2005, p. 90).

Body expression, inherent in music, helps improve personal well-being through awareness and acceptance of one's own body. It relaxes the body, loosens it up and gives it mobility and opening, strengthening it to feel alive and active again. It is an activity that allows client to realize that she or he has freedom of action and movement, both bodily and physically in space, regaining awareness of the body and the decisions that are linked to it (Gasco, 2020).

Musical improvisation allows expressing feelings, emotions, situations, facilitating nonverbal communication that can be more satisfactory depending on the stage of the acceptance process in which traumatized people find themselves. Amir's (2004) study indicates the powerful role that improvised music could have in the emergence, treatment, and integration of memories of sexual abuse into the patient's conscious existence.

Finally, *listening to music* is helpful to relax the body, release tension, and remain in a state of tranquility and reverie. In the work of Hernández-Ruiz (2005), the effect of listening to music together with progressive muscle relaxation was explored for the

reduction of anxiety and the improvement of sleep patterns in women who had suffered abuse. The positive results showed that the use of musical listening in a therapeutic setting had been positive.

Methodology

Case study: Woman victim of sexual abuse in childhood and psychological abuse in youth.

Age: 58 years old.

Nationality: Spanish.

Family and social context: Single mother of a 32-year-old young girl. There is no contact with the father of her daughter since her childhood. She is not able to have a job. Her paternal family gives her a home and she lives with financial aid from the state.

Derivation: social worker of the Social Services of her hometown.

Reason: depression, emotional instability, and sociability problems.

Treatment period: September 2020 to September 2021. A total of 23 sessions of one hour per week were carried out. There was a rest period after the 15th session that was necessary to integrate the lived experiences and reaffirm the maturity achieved in the sessions, maintaining the good results achieved.

Other data of interest: In her childhood and adolescence she studied music with the aim of dedicating herself professionally, but as a result of suffering abuse, she was unable to continue with her project.

Evaluation Techniques and Methods

The techniques mentioned above were used (songwriting and singing, body expression, musical improvisations, and listening to music). In relation to the evaluation tests, these duly approved instrumental scales have been applied, maintaining levels of internal consistency and reliability, which is why they are widely used: *Loneliness Scale of the University of California-Los Angeles (UCLA)*, *Hamilton Anxiety Test (HAS)*, and *Rosenberg Self-Esteem Scale (RSE)*.

- *Loneliness Scale of the University of California-Los Angeles (UCLA):* widely used loneliness scale that helps people understand and assess their feelings of loneliness and social isolation. It has been reviewed multiple times and shows good psychometric properties in terms of reliability and validity (Gené-Badia et al. 2020; Pedroso-Chaparro et al., 2022; Zarej et al. 2016).
- *Hamilton Anxiety Test (HAS):* an anxiety assessment scale consisting of 14 items (scored from 0 to 4, with 4 being the value that indicates the greatest severity) that assess anxious mood, tension, fears, insomnia, mood depression, somatic symptoms, and so forth.
- *Rosenberg Self-Esteem Scale (RSE):* consists of a 10-item self-report that measures global self-esteem. It assesses an individual's general feelings of self-esteem or self-acceptance. The scale consists of statements related to self-esteem, and survey respondents rate their agreement with each statement on a four-point scale,

ranging from strongly agree to strongly disagree. The scale includes both positively and negatively worded items, and some items are scored in reverse to reduce response bias and maintain respondent interest.

Process

The interviews were conducted within the framework of the humanist psychology, specifically client-centered therapy, face-to-face and with open questions. This approach in the interview facilitates the conditions for the person, based on self-observation and self-understanding, to put into action appropriate strategies for personal change.

In addition, the results of the various evaluation tests were analyzed, at the times indicated, throughout the indicated period.

Specifically, the various assessment tests take place in the following periods:

- *Hamilton Anxiety Test (HAS)*: September and December 2020, May, June, and September 2021.
- *Rosenberg Self-Esteem Scale (RSE)*: September and December 2020, June 2021.
- *University of California-Los Angeles (UCLA) Loneliness Scale*: May, June, and September 2021.

The results of the study of a case, and always with the necessary prudence, might be generalized to others that represent similar theoretical conditions, safeguarding the intrinsic characteristics of each client. Thus, and according to Maxwell (1998), a thesis could be developed that could be transferred, instead of generalized, to other cases.

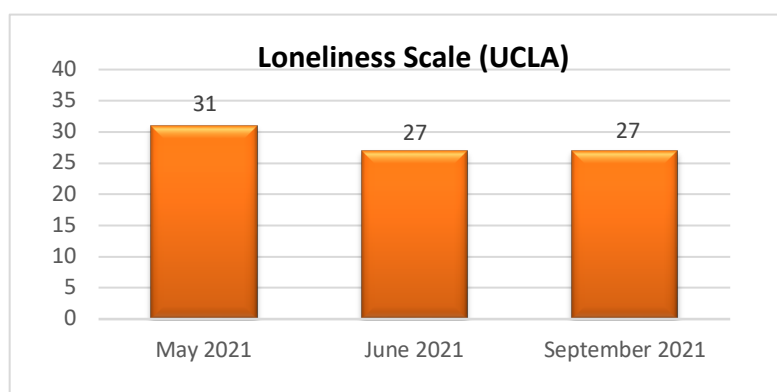
Ethical Considerations

This research has followed the principles of the Declaration of Helsinki for the ethical conduct of human subjects' research, despite the lack of its approval by an authorized body. It must be considered that it is a retrospective study and that the identity of the client is safeguarded. Some personal data was modified to maintain anonymity. Therefore, we consider there are no potential risks for the person in question. Each time the client responded to the different scales, she was asked to sign a document consenting to data processing. She also gave her permission to participate in the study, as well as to its possible publication, by signing an informed consent document.

Results

They are shown in the following graphs. The scores obtained on each of the scales reveal the state in which the person was at that moment. Figure 1 illustrates the change over time in the UCLA Loneliness Scale.

Figure 1. Results of the UCLA Loneliness Scale.

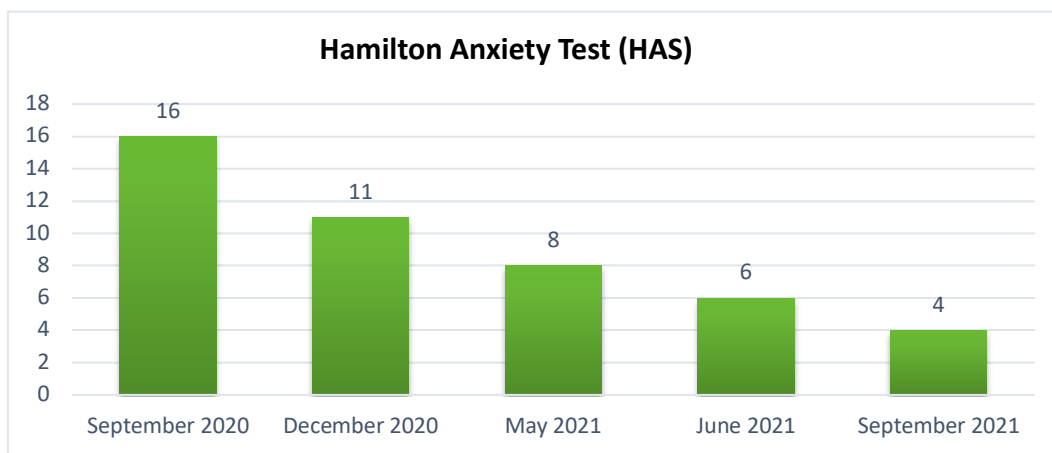


The Loneliness Scale (UCLA) considers that values between 31 and 40 points are high, between 16 and 30 intermediate points and less than 16 points, low. It is observed that the client’s initial value is in the “high” range and that it subsequently decreases and is maintained until the end of treatment.

In the interviews held with the client, she states that as the sessions progressed she had more desire to connect with people. She also indicated that she had begun to sing again, in front of small groups, and that taking up music again had given her confidence and security.

In the HAS test, three types of anxiety levels are differentiated according to the score: between 15 and 56 points, high; from 6 to 14 points, intermediate; and less than 6 points low. Figure 2 shows the changes in reported anxiety over the course of the treatment process.

Figure 2. Results of the Hamilton Anxiety Test (HAS).

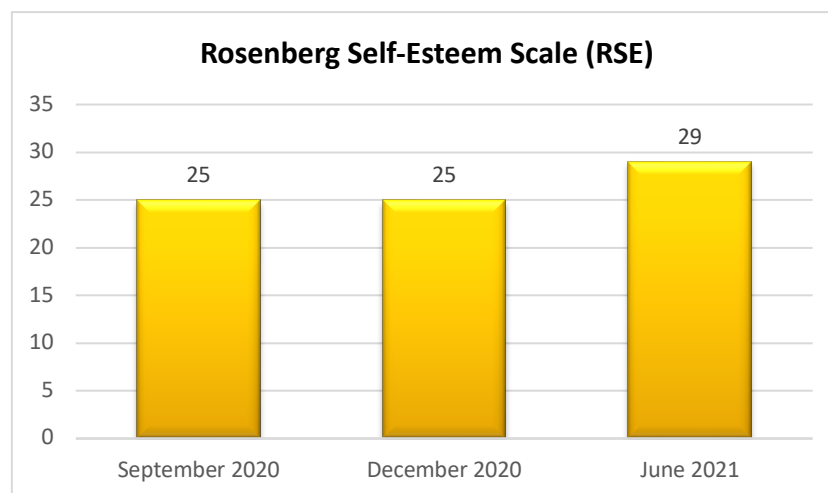


The first result obtained is 16 points, located at the highest level. The next three results remain at the second, intermediate level. And the last result, in September 2021, is 4 points, which corresponds to a practically zero level of anxiety.

According to the client’s statements, as the sessions went on, she felt better, with a sense of calm and peace. She had the perception that she had physically rejuvenated, and the people around her told her that her glance was more kind and calm.

According to the RSE scale, values below 26 points indicate low self-esteem, and above average self-esteem. According to the RSE scale, values below 26 points indicate low self-esteem, and above average self-esteem. The results for the client can be seen in Figure 3.

Figure 3. Results of the Rosenberg Self-Esteem Scale (RSE).



The initial state of the client, with 25 points, implies a low level of self-esteem, which is considered an indicator of low self-esteem, a disposition that may prove to be inadequate to deal with daily situations. The client felt incapable, worthless and unaccepted. She also showed great indecision, the impossibility of setting limits, a certain irritability, defensive postures, hypersensitivity to criticism, etc. In the results of the last period, June 2021, the score rises to 29 points, showing a slight change in attitude.

The results on the instruments used were also reflected in the clients' words on the closing interview. She expressed feeling more capable of taking on vital projects and setting boundaries to people and unwanted situations.

In the work realm she decided to look for a job and found one. Unfortunately the lack of habits to adapt to the work demands made it difficult for her to maintain this first job. She also commented that at the moment she was capable to fulfill her acquired commitments to public administration and therefore was not losing the social benefits that the administration concede her.

On the realm of personal relationships, she expressed being able to confront her relationship with her daughter. Having always maintained a submissive relationship, currently she is able to set better boundaries in her role as mother. She also commented on an improvement on her family relationships. In the past she had been considered not trustworthy and unable to make family decisions. As her process evolved, she was able to take on responsibilities like taking care of children and elderly in the family. She expressed being stigmatized in the past as someone "difficult to deal with," and now she was more accepted and increased her participation in social life. She learned how to better select the people to create and maintain affective relationships with, instead of undergoing difficult relationships guided by a feeling of lack and need of love. She also values and appreciates the help she receives and perceives herself as more empathic.

It is also worth highlighting that she reported diminishing her consumption of what are considered in Spain "pseudo-therapies" and para-pharmaceutical products (free sale products with no evidence of positive impact on health) which were causing her an enormous economic burden. In parallel, social services reported a reduction of demands for support visits deriving from anxiety.

Discussion

The use of different music therapy techniques has been verified, with positive results, for a wide variety of situations. Calming anxiety and releasing tension, and achieving states of tranquility are symptoms that can be improved with music therapy (Caicedo-Imbachi, 2022). In the case at hand, the client's anxiety is shown to decrease as the treatment progresses, going from 16 to just 4 points on the HAS.

Group music therapy work is highly recommended to alleviate feelings of loneliness as it promotes communication, sharing experiences, becoming aware of other realities, and taking one's own life with a perspective of hope and future (Velarde-Mayor et al., 2015). Based on the results obtained in this case study, a decrease can be observed after the first month, which subsequently stabilizes in the results of Loneliness Scale.

Until the last measurement, no improvement in self-esteem was observed in the RSE. Self-esteem would be related to resilience or the correct adaptation process to adversity, or in this case, to trauma. It can be stated, based on the results, that the patient has managed to slightly improve her capacity to resist and face trauma, to transform her experience into something positive, which allows personal maturation and sensitivity to the traumas of others. This then contributes to a boosted self-esteem, feeling capable of to offer oneself to others, to be useful socially, and to integrate into a community or social group.

It is obvious that the present study has its limitations. It is not a longitudinal or group study, with the implicit requirements of the scientific method (blinding, random selection and so forth) but a single case study, so the results cannot be globalized or inferred as valid for other people in the same circumstances. However, case studies allow a detailed and exhaustive analysis of a specific situation, providing a deep understanding of its particularities.

In this case analysis the relationship that can be drawn between the results on the instruments used and the client's narrative in the final interview, is a reflection on how music therapy can support the processes of people who have suffered sexual and psychological abuse, to acquire resilience, overcome their vulnerability, feel stronger, and act assertively so that their life is transformed and allows them to face the daily challenges that occur.

About the Authors

Anna Giménez-Castells MTAE (music therapist accredited in Spain), trainee BMGIM (Bonny Method Guided Imagery and Music) in Atlantis Institute, musician and music teacher. Her work as a music therapist is focused on mental health disorders and mental disabilities. Music therapist in projects carried out by the GASS association (Group Associated for Health Services). She is interested in both practice and research in music therapy.

Dr. Jordi A. Jauset Berrocal is a doctor in communication, engineer and musician, and is accredited as researcher by the Catalan and Spanish quality agencies. He has a master's degree, among others, in Psychobiology and cognitive neuroscience. He has been a professor for several years in various music therapy masters' programs on topics related to sound, psychology of music, neurobiology and research. He directs the online Neuromusic master's program, accredited by the Catholic University of Murcia and managed by Nus Agency. He coordinates the "music and neuroscience" study group of the Catalan Academy of Music. He is a lecturer and scientific communicator. He has published more than 50 articles in academic and informative journals, as well as 14 books. The last one, named "Neuromusic. The transformative power of music" will be launched next February 2024, and is prefaced by Dr. Eckart Altenmüller, renowned musician and neurologist researcher.

Eduard Casas Bertet, social educator specialized in Substance Use Disorders (addictions). Since 1998, he has chaired the GASS (Associated Group for Health Services), from which he has incorporated music therapy programs in the social field for 10 years, promoting their research. He is an internship tutor for the master's degree in drug addiction at the University of Barcelona. He has trained in humanistic integrated psychotherapy at the Erich Fromm Institute in Barcelona.

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¹ Re-victimization is defined as the response of the family and society in general toward a victim of abuse. This response causes the person to relive the traumatic situation and re-assume the role of its victim. This time they are not only the victim of a crime, but of the misunderstanding of the system.

² https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176866&menu=ultiDatos&idp=1254735573206