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Music Therapy as a Treatment for Female Adolescents with Childhood Abuse

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Abstract

This article describes using music therapy as a modality for helping an adolescent who has PTSD from childhood abuse. Adolescence is a difficult period during the life span. The second stage of separation/individuation provides challenges almost all adolescents. It is often difficult to distinguish adolescent behaviors as normal or pathological. This article contains a description of typical adolescent behaviors and the therapy needs of an adolescent who is experiencing the consequences of PTSD. In terms of Social Justice, this article focuses on the communicative need to help abused children as soon as possible. To explain why receptive music therapy is an effective therapy for this population, there is a case study included.

Introduction: Trauma and Its Effect on Adolescent Development

Much literature has focused on the treatment of adult females who were emotionally and physically abused during childhood. The idea is that these experiences were repressed until they were adults. Most literature on trauma includes ways to work with adults in verbal therapy (therapy using words) and children in play therapy (games, imaginary play). Rogers points out that “the consequences of abuse and neglect and the interrelationship between childhood abuse and mental health problems in adulthood have

been well documented.”¹ Because of brain development, adolescents require techniques that are concrete, but designed for an older child. Many victims of trauma have had the average developmental tasks interrupted by emotional, physical, and familial injuries. Therefore, children who have PTSD often attempt to work through life-span requirements with the hinderance of their traumatic experiences. These behaviors increase during adolescence (ages 12-18). However, the aggressive and extreme acting-out behaviors of adolescent females who were abused as young children have led to interference in the job of using adolescence for developing close relationships, participating in peer relationships without violence, forming identity, and allowing themselves to learn how to handle the panic and anger that arises when the parental relationship exacerbates in the second stage of separation/individuation. At the same time, these adolescents are struggling to meet the tasks of identity formation and learning about intimacy.

“For PTSD to be diagnosed,” Penny Rogers writes, “the child or young person will have directly experienced or witnessed another experience trauma.” She continues, “The traumatization causes profound vulnerability and vigilance, [that] typically continues into adulthood...The hypervigilance that these children and younger people develop can impact on their capacity to learn. The child may be diagnosed with depression, especially where their abuse has not been previously disclosed.”² In addition,

¹ Penny Rogers, “Children and Adolescents with PTSD and Survivors of Abuse and Neglect,” in *Guidelines for Music Therapy Practice in Mental Health*, ed. Lillian Eyre (Gilsum, NH: Barcelona Publishers, 2013), 313-336, 315.

² *Ibid.*, 314.

there is confusion about how to participate in peer relationships without aggression and/or sexual acting out. “In recent years, researchers have noted that the PTSD model is not a perfect fit for the after-effects of abuse, and they proposed another conceptualization referred to as Complex, or Developmental PTSD. This model stresses the developmental implications of abuse especially in terms of the alteration of fundamental aspects of personal and interpersonal development.³ Pursuing therapy during adolescence offers an opportunity to prevent development of acting out the abuse and to learn ways to understand and cope with normal adolescent development situations in school and at home. Music that becomes important during adolescent stages can be used as a means of expressing the problems of abused children and adolescents. It aids them in coping with the developmental situations faced by every adolescent. The music part of the therapy offers a way to express what the child’s experience was, how it is experienced in the present, and how to cope with the distress that has been maintained.

Music Therapy and Its Efficacy with Traumatized Female Adolescents

Music creates an intimate experience between the adolescent and the music. The adolescent feels understood as there is a homeostasis between the person and the music environment. Music therapy offers a way to reach the adolescent with music that is part of their developmental age and yet focuses on the pains, frustrations and confusion of

³ *Ibid.*, 315.

what they are experiencing. By offering a way for the adolescent to understand how their trauma has affected them, music therapy provides a vehicle for problem-solving and coping with peers and parental figures. Rogers shares Austin's belief that "music therapy is a logical form of treatment for adolescents, as it plays such a central component in their lives, providing them with object consistency and a means of self-expression and self-identity."⁴ Music therapy can bridge an individual's defense mechanisms and reconnect bodies and minds that were separated during trauma due to the effects of hearing on modulation of the basal metabolism, respiration on movement and heart rate.⁵

The technique used in this case is receptive music therapy, a type of therapy wherein the music is pre-composed, often recorded and heard by the client. "In receptive music therapy, reactions in vocal music are very often more direct, emotional, and personal than to instrumental music. We are generally sensitive to vocal timbres. For each one of us, some voices are unbearable and others touch us very profoundly. This peculiar sensitivity can make the choosing of the musical pieces in receptive music therapy difficult."⁶ In the following case study, this adolescent was fixated on not being able to "find the words." Receptive music therapy facilitated her finding words by choosing the songs with those words and images. Other techniques, such as improvisation and non-song music were attempted several times, but were strongly resisted.

⁴ *Ibid.*

⁵ For a concise summary of scholarship on this topic, see Rogers, "Children and Adolescents," 316.

⁶ Gabrielle Fruchard and Edith LeCourt, "Music Speaks of a Story," in *Psychodynamic Music Therapy*, ed. S. Hadley (Gilsum, NH: Barcelona Publications, 2003), 241-253, 242.

Because of the strong countertransference response by the therapist, literature resources emphasize the need for the therapist to receive supervision when working with this population. “Supervision [can be described as] a space into which the supervisee brings their thought and feelings about particular aspects of their clinical work. The space allows supervisor and supervisee to think together about the client, or about other issues relating to their role as a clinician.”⁷

A Case Study

This paper is based on the music therapy work with a female from eleven to thirteen years old. It is centered on the song choices which demonstrate the process which followed her change in her attitude and mood as the reflection of her behavior was put onto the songs. She had been coming for three years to the Music Therapy Center, housed on the campus of a mid-sized university. She attended sessions once a week for 50 minutes. At the time that she began music therapy sessions, she was beginning to imitate the extreme violence and inappropriate sexual behavior of her older sister, who is two years her senior.

She and her sister have lived with their grandmother after their removal from their parents by family court. Her first year in music therapy illustrated a lack of trust and fear

⁷ For a fuller explanation of this process in working with a traumatized patient, see Louise Lang, *et al.*, “Processes in Listening Together—An Experience of Distance Supervision of Work with Traumatized Children,” in *Music, Music Therapy and Trauma: International Perspectives*, ed. Julie Sutton (London: Jessica Kingsley Publishers, 2002), 211-230.

of therapy by avoiding music and insisting on play therapy. However, after one year, she began to tolerate looking at her behavior through songs that addressed self-expression of anger, confusion in social problem-solving, and suggestions of resolutions to her concerns. She began to listen to songs brought to the session by the therapist. Slowly, she began to bring songs to the music therapy session. She would choose verses in songs that were meaningful to her.

Initially, her music therapist helped her develop a playlist of songs that addressed problem areas. A recurring theme of empowerment involved choosing songs sung by female singers that addressed motivation, strength and “finding her path” (a term she created). She chose songs such as “Elastic Heart” performed by Sia, “Unwritten” performed by Natasha Beddingfield, and “Rise Up” performed by Andrea Day. Up until this time, singing was described as “too painful.” “Elastic Heart” was the first song she and her therapist sang together. For motivation, songs such as “Elastic Heart,” “Breathing” performed by Ariana Grande and “Believer” performed by Imagine Dragons were emphasized. Here are the lyrics for these three songs.

Elastic Heart

Another one bites the dust
But why can I not conquer love
And I want it and I wanted it bad
But there are so many red flags
And let me be clear, I trust no one.
You did not break me
I'm still fighting for peace.

Well, I've got a thick skin and an elastic heart
But your blade it might be too sharp
I'm like a rubber band until you pull too hard
But I may snap when I move close,
But you won't see me fall apart
'Cause I've got an elastic heart.

Unwritten

I am unwritten, can't read my mind, I'm undefined
I'm just beginning, the pen's in my hand, ending unplanned
Staring at the blank page before you
Open up the dirty window
Let the sun illuminate the words that you could not find
Feel the rain on your skin
No one else can feel it for you
Only you can let it in
No one else can speak the words on your lips
Drench yourself in words wide open
Today is where your book begins. The rest is still unwritten.

Believer

I'ma say all the words inside my heard
I'm fired up and tired of the way that things have been
Don't tell me what you think that I cant the sail,
I'm the master of my sea
I was broken from a young age
Taking my sulking to the masses
Singing from heartache from the pain
Seeing the beauty through the pain
You made me a believer
You break me down, you build me up
Hoping my feelings, they would drown
But they never did, ever lived, ebbing and flowing
Inhibited, limited

‘til it broke up and it rained down like pain.

To work on strength, songs such as “Rise Up” were a focus. I will now play the lyrics.

Rise up

When the silence isn't quiet
And it feels like it's getting heard to breathe
And I know you feel like dying
But I promise we'll take the world to its feet
And move mountains
And I'll rise up
I'll rise like the day
I'll rise up
I'll rise unafraid
I'll rise up
And I'll do it a thousand times
For you.

In her third year, the patient had brought in a song for the therapist and her to sing at the beginning of the session regarding “finding her path” called “Breakaway.” This song’s lyrics related to identity formation and her conflict regarding seeing her parents, and her residual anger towards them. It is also an attempt at compromise. She wants to breakaway from the way things are now, but still have her family and friends with her. This song expressed her “wish is to be able to fly, change and breakaway, but not forget the ones that she loves.” This song choice is an indication that she does not need to use the music to urge herself to change. Instead she could sing of the details of the type of changes that needed to be made. Here are the lyrics.

Breakaway

Grew up in a small town

And when the rain would fall down
I'd just stare out my window
Dreamin' of what could be
And if I'd end up happy
I would pray
Trying hard to reach out
But when I tried to speak out
Felt like no one could hear me
Wanted to belong here
But something felt so wrong here
So, I pray, I could breakaway
I'll spread my wings, and I'll learn how to fly
I'll do what it takes till I touch the sky
And I'll make a wish
Take a chance
Make a change
And breakaway
Out of the darkness and into the sun
But I won't forget all the ones that I love
I'll take a risk
Take a chance
Make a change, and breakaway
Want to feel the warm breeze
Sleep under a palm tree
Feel the rush of the ocean
Get on board a fast train
Travel on a jet plane
Faraway. And breakaway
I'll spread my wings, and I'll learn how to fly
I'll do what it takes till I touch the sky
And I'll make a wish, take a chance, make a change
And breakaway
Out of the darkness and into the sun
I won't forget all the ones that I love
I gotta take a risk, take a chance, make a change.

These songs also continued to maintain a safe relationship with her therapist. They stressed how she would frequently look towards running away as the solution to a dysfunctional family or environment.

For the past year and a half, this patient has looked forward to her therapy sessions, as she realized she could walk in describing her real-life situations and find music that contained her emotions and inner experiences. The music therapy session served as a transitional object. A child's inanimate object substitutes for the mother, often used by the child to receive comfort, but also to accept a child's anger.⁸ This was the communication for which she was looking. The music of all of these songs had a marked rhythm and loud, strong melodic line. It reflected the depth of her emotional needs and intense desire to change herself and her environment. Song structure offered her a contained, organized way to express her problems and feel like she was able to communicate what was upsetting to her. This newfound ability to talk to her grandmother in family sessions led to the awareness of poor judgment in her interpretation of people's relationships with her. As she was separating, she is presently becoming aware of her intense need to receive care from others. Therefore, she could remain calmer, more focused in school and have a way to communicate her concerns with her grandmother. She did not have to choose between seeing her relationships as a victim or aggressor. Instead, she could use her new concrete feeling of strength to consider how to cope with her interpersonal concerns and problems. As with any adolescent, she would waver between dependence and being independent in her choices about how to react to her environment. But her choice of music on her playlist continued to communicate what she

⁸ John Bowlby, *Attachment and Loss, Volume 1* (New York: Basic Books, 1983), 309-12.

was experiencing and feeling. She was, therefore, able to consider what actions she would take, rather than impulsively act on them.