

BREAKING THE SILENCE: A QUALITATIVE STUDY ON THE USE OF GUIDED
IMAGERY AND MUSIC, EXPRESSIVE ARTS, AND A BODY-CENTERED
PERSPECTIVE TO ADDRESS WOMEN'S ISSUES

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Abstract

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Issues related to the body-mind connection are endemic in our society. Due to gender-specific factors, women can be at a greater risk for disorders or characteristics that result from an unhealthy relationship to the body. The Bonny Method of Guided Imagery and Music (GIM) has been used to address somatic issues such as those that manifest in trauma and illness and has the potential to create powerful changes in the body and mind. This study used guided imagery and music in group therapy (Group GIM) and other expressive arts modalities with women as a means to address these body-mind issues. Through a combination of imagery, music, body-centered techniques, and visual art, participants experienced emotional expression, connected with and supported one another, and gained a deeper awareness of body and personal issues.

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Table of Contents

Abstract.....	iv
Acknowledgments.....	v
Chapter 1: Introduction	1
Long-Term Effects of Stress and Trauma	1
Statement of the Problem	2
The Bonny Method of Guided Imagery and Music (GIM)	3
Group Guided Imagery and Music (Group GIM).....	4
Expressive Arts Therapy.....	5
Body-Centered Therapy.....	5
Chapter 2: Review of Related Literature	6
GIM and Trauma.....	6
GIM and Physical Illness	9
Physiological Effects of GIM	11
Music Therapy and Trauma	12
Music Therapy and Eating Disorders	13
Music Therapy and Domestic Violence.....	14
Summary	15
Dance/Movement Therapy and Women's Issues	15
Dance/Movement Therapy and Trauma	16
Dance/Movement Therapy and Eating Disorders.....	18

Dance/Movement Therapy and Domestic Violence	19
Summary	20
Gestalt Therapy and Body-Centered Issues	21
Gestalt Therapy and Body Image	21
Gestalt Therapy and Trauma.....	22
Gestalt Therapy and Eating Disorders	24
Summary	24
Significance of the Study	24
Purpose and Research Questions	25
Chapter 3: Method	26
Participants.....	26
Procedure	27
Definition of Session Components	30
Body-centered experiences	30
Group GIM.....	30
Expressive arts	30
Data Collection	30
Design	31
Chapter 4: Results	32
Themes from Therapist's Narrative Notes	32
Connecting to others	32
Feeling present.....	33
Emotional expression and processing	34

Holding it in or letting go.....	35
Voice	35
Themes from Group Participant Interviews	36
Connection to others	36
Emotional expression	36
Decreased anxiety and increased relaxation	36
Body image.....	36
New awareness and insight	37
Influence of Session Components.....	37
Body-centered experiences.....	37
Music improvisation experiences	38
Music and imagery experiences	38
Visual art experiences	38
Summary	39
Chapter 5: Discussion	41
Emotional Expression	41
Awareness and Insight.....	43
Connection to Others	44
Influence of Individual Session Components	45
Limitations	47
Implications for Clinical Practice and Further Research	48
References	51
Appendix A: Recruitment Information for Associated Agencies.....	59

Appendix B: Flier61

Appendix C: Phone Screening Questionnaire.....62

Appendix D: Participant Consent64

Appendix E: Session Map.....67

Appendix F: Music Selections Used For Group GIM Experiences.....69

Appendix G: Interview Questions70

Appendix H: Participants’ Visual Art Pieces.....71

Appendix I: Participant’s Self-Composed Song74

Appendix J: Statements from Individual Interviews76

Vita.....79

Chapter 1

Introduction

Women experience a variety of issues unique to and more commonly experienced by their gender. Perhaps the largest disparity occurs in instances of sexual violence. According to statistics from the Department of Justice (Rennison, 2002), 91% of rape and sexual assault victims are female. One in five females experience rape at some point in their life, while one in four experience abuse by an intimate partner. Of those who experience rape, stalking, or intimate partner violence, 81% report long and/or short-term effects, such as fear, posttraumatic stress disorder (PTSD), or physical injury (Black et al., 2011).

Women are also at a greater risk for depression. A survey by the United States Department of Health and Human Services (2013) reported that 10% of women over 12 years of age experience depression compared to 6% of men. Pregnancy also presents issues related to health, as well as psychological and body-related changes. In terms of body image, incidences of distorted body image and eating disorders are much higher in women as compared to men (United States Department of Health and Human Services Office on Women's Health, 2012). Even for healthy individuals, body image, self-concept, and self-esteem are all likely to be negatively influenced by media and cultural expectations.

Long Term Effects of Stress and Trauma

It is possible for a myriad of conditions to result from childhood abuse and prolonged, severe stress. Depression appears frequently in the literature (Coleman et al., 2013; Liem, & Boudewyn, 1999; Weiss, Longhurst, & Mazure, 1999). It appears that early exposure to such

stressors also may lower an individual's ability to tolerate and cope with stress later in life. It is possible that physiological factors, such as disruption of the hypothalamic-pituitary-adrenal axis may play a role in this sensitivity to stress (Weiss et al., 1999). Disorders such as borderline personality disorder, complex PTSD, substance abuse, antisocial behavior, and anxiety may manifest later in adulthood (McLean & Gallop, 2003; McMillan et al., 2001). Besides such psychopathological conditions, individuals may experience low self-esteem (Liem & Boudewyn, 1999), impairments in interpersonal relationships (Davis & Patretic-Jackson, 2000), and difficulty with sexual relationships (Zwickl & Merriman, 2011). Alternately, Bhandari, Winter, Messer, and Metcalfe (2011) explored the correlation of family dynamics to depression in later in life, suggesting that these factors may be a more accurate predictor of adult-onset depression than actual childhood sexual abuse. The authors suggested that more research is needed to understand the role that different factors may play in the development of an individual's psychopathology.

Statement of the Problem

Characteristics of Western culture, such as popular media or the dualistic treatment of body and mind, may contribute to difficulties in maintaining a healthy body-mind relationship (Mehta, 2011; Slevic, & Tiggemann, 2011). Whether originating from distorted images of women in media or the effects of violence, women experience a variety of illnesses and dysfunctions that may result from a damaged or unhealthy mind-body relationship (McLean & Gallop, 2003; McMillan et al., 2001; Slevic & Tiggemann, 2011). Due to the previously discussed gender-specific concerns related to health and wellbeing, women may be at a higher risk for developing such problems.

The Bonny Method of Guided Imagery and Music (GIM)

The Bonny Method of Guided Imagery and Music (GIM) is a process in which the client engages in a music-assisted exploration of consciousness. It involves listening to specifically sequenced programs of Western classical music in an altered state of consciousness with the guidance of a trained therapist. During sessions, clients may experience sensory imagery, somatic and kinesthetic sensations, and emotions. Ventre (2002) described this method as “a multidimensional, integrative process in that the imagery and symbols that arise may be experienced on many levels at once, from the concrete to the abstract and from the very personal to the transpersonal” (p. 29). The classic form is dyadic. The client verbally shares the experience as it occurs, and the therapist acts as a supportive guide allowing the client to explore problems and aspects of the self.

A typical session consists of four elements. First, the client and therapist engage in a preliminary conversation. This provides an opportunity for the client to share current life issues, feelings, or insights from previous sessions with the therapist. This portion also provides important information for the therapist in determining prevalent issues that may surface and in assessing the energy level of the client. From this process, the therapist selects appropriate music and an induction that will meet the needs of the client. Not only does this conversation provide themes for the therapist, but it also clarifies and focuses the client’s intentions and awareness (Ventre, 2002).

Second, the therapist uses an induction to assist the client in achieving deep relaxation and internal focus to bring about a state of altered consciousness. The therapist uses information such as the client's energy level, language, images, preferences, and issues presented in preliminary conversation to construct an appropriate induction (Ventre, 2002).

The induction may include repetitive suggestions and imagery that invoke relaxation or other qualities needed by the client to move forward in the process. The therapist typically ends this portion by offering an image to focus on, leading the client into the music listening portion of the experience.

Next, therapist and client engage in a period of music listening. During this time, the client listens to the music and verbally relates the experience to the therapist. The therapist supports the client in a non-directive manner, acting as a guide during the experience, and facilitating the client's full engagement in the process (Ventre, 2002).

At the end of the music listening portion, the therapist assists the client in returning to a normal state of consciousness, encouraging the shifting of awareness from the internal back to the external. Processing of the imagery experience may occur through a variety of modalities, including artwork, journaling, movement, and verbal dialogue between therapist and client. Through this process, the client reviews the imagery experience and may draw additional insight during this time and also in the time following a session (Ventre, 2002).

In addition to its use in dyads, GIM can also be adapted for a group format. Over time, the method has been modified for use with children, adolescents, and other clinical populations and settings.

Group Guided Imagery and Music (Group GIM)

For this study, the use of GIM in a group setting is defined as group GIM. In a group GIM format, a small group of participants engage in a music and imagery experience simultaneously. Induction, focus image, and music are all chosen based on the overall needs of the group. The music selection consists of one or two short pieces of music, ranging from 5-10 minutes total. Following the induction, participants engage in the music and imagery

experience. This portion of the experience differs from the individual form of GIM in that the therapist and clients do not engage in dialogue. Following the music listening segment, clients are guided back to a normal state of consciousness and processing is carried out within the group.

Expressive Arts Therapy

Expressive arts therapy is a multi-modal and integrative process, utilizing a combination of art, music, movement, poetry, narrative, drama, and other creative mediums. These forms are used in a creative, therapeutic context in order to foster individual and community growth and healing (International Expressive Arts Therapy Association, 2012).

Body-Centered Therapy

A body-centered approach in therapy has its foundation in the idea that the mind and body are interconnected. The body is viewed as the place where emotions reside and as resource in the therapeutic process. A variety of body-centered techniques, such as breath work, movement, and relaxation, may be used in order to increase the client's awareness of sensation and emotion. The body is also considered to be an expression of a person's inner world and in this way may play an important role in accessing emotion and memory, and also in externalizing the unconscious (Appalachian State University, 2014; United States Association for Body Psychotherapy, 2014).

Chapter 2

Review of Related Literature

The Bonny Method of Guided Imagery and Music (GIM) can be a powerful modality for addressing issues of the body-mind connection. By using imagery as one of its primary tools, GIM provides a way to access and work with emotions, experiences, and sensations that can be difficult to express verbally. Through this process it is possible to access body memories, adjust to physical changes in the body, gather information about internal states, and experience change on a physiological as well as emotional level (Hale, 1992; Körlin, 2002; Maack, 2012; McKinney, Antoni, Kumar, & Kumar, 1995; McKinney, Antoni, Kumar, Tims, & McCabe, 1997; McKinney, Tims, Kumar, & Kumar, 1997; Merritt, 1993; Moffitt, 1991; Moffitt & Hall, 2004; Newell, 1999; Pickett, 1995; Short, 1993; Tasney, 1993; Ventre, 1994). A review of the current literature on the use of GIM to address the body-mind relationship can provide insight into implications for further research and clinical applications.

GIM and Trauma

The neuropsychological theory of traumatic imagery (Körlin, 2002) frames traumatic experiences as “unintegrated perceptual and affective memories that . . . intrude into awareness without conscious control” (p. 380). Due to production of stress hormones during trauma, explicit memory may be impaired while implicit memory is not. Because of this process, memories and body sensations may be disconnected from one another, and individuals may not be able to recall, or correctly recall, the traumatic event(s). Körlin

reported that findings from positron emission tomography (PET) scans of trauma victims have revealed the following:

Activation of the amygdala, anterior gyrus cinguli, and orbitofrontal cortex with preponderance for the right side have been the most consistent findings in studies of PTSD subjects and to a lesser degree also in traumatized subjects without PTSD. The activation of the visual areas is consistent with the view that visual imagery involves the same area as visual perception and has been found also in imagery elicited by viewing aversive pictures. The PET scan conceivably reflects also what happens during traumatic imagery in GIM. (p. 392)

The GIM process allows the individual to work directly with the body memory. This is especially relevant for those who lack explicit memories or an ability to verbalize their trauma experience adequately. A number of studies exploring the application of GIM in work with individuals who have PTSD or who have experienced trauma can be found in the literature (Maack, 2012; Moffitt & Hall, 2004; Pickett, 1995; Tasney, 1993; Ventre, 1994). Several of these studies deal specifically with sexual trauma and incest. A common theme from these sessions included the process of accessing, experiencing, tolerating, and finally integrating memories, leading ultimately to healing. Moffitt and Hall (2004) described sessions with a woman who experienced sexual abuse from both her mother and father. From a session that occurred during a period of self-abuse, she “imagined a deep black crater in the ground that had sharp edges and icicles that might cut her. She was a warrior who had been beheaded, with ugly blue and blackness oozing out of the neck area” (p. 71). Moffitt and Hall remarked,

This was another very important session. The body is often the place that holds the trauma that is too terrible to remember in conscious awareness. Some of the pain was exiting (blue and black oozing out), her silenced voice was beginning to be acknowledged, she was starting to reconnect the fragmented parts of herself and she was able to comfort herself. (p. 71)

Also, elements of the music itself were able to directly access aspects of the physical memories that were stuck. “The cello taught her body to come unfrozen and to feel her emotions, many of which were very painful. The cello expressed her heart's pain, and at times her heart became the cello, being bowed as the pain was coming out” (Moffitt & Hall, 2004, p. 72). Tasney (1993) provided another example of this type of body metaphor. Anger was experienced as a fist in the vagina; conversely, healing was experienced as Tinkerbell giving glitter to the vagina, making the client feel pretty.

In another case study by Merritt (1993), a client experienced remission of a physical condition after exploring repressed and unintegrated memories. Jack, diagnosed with ankylosing spondylitis, became pain free after releasing traumatic childhood memories. The case study “illustrates the power of music to restructure Jack’s cells through its harmonic vibration and the emotional release of trauma that has been festering in the tissues of his body” (Merritt, 1993, p. 13). Through symbol and metaphor, the GIM process allows for safe experiencing and integration of trauma memories.

In addition, the healing process can include identifying resources within the self (Bishop & Blake, 1994; Pickett, 1995). Bishop and Blake (1994) found that through the GIM process, individuals were able not only to access emotions and body sensations but also to gain a sense of control and meaning and discover sources of strength and empowerment

for themselves. Maack (2012) explored the use of GIM with women who have complex PTSD. Part of this study compared the use of GIM to the use of Psychodynamic Imaginative Trauma Therapy (PITT), another method using imagery but lacking the musical context of GIM. Results showed that both methods proved more effective compared to a control condition; however, those subjects who received GIM experienced a significant reduction in symptoms compared to those who received PITT, which prevented exacerbation of symptoms. Maack described the roles that imagery played in her own personal process as a person with complex PTSD, delineating five categories: Imagery (a) as a way of speaking, (b) for learning, (c) for coping with trauma, (d) as form, and (e) as space between client and therapist. She also described her use of imagery as a resource, especially when those in the outer world were scarce, noting “when I had flashbacks, I could imagine an adult part caring for the wounded child, while still other parts could interact with the outside world” (p. 133). Maack also explored the role that imagery, music, and the therapeutic relationship played in both her experience and those of the participants. Participants noted that the combination of music, imagery, altered state, and therapist was the catalyst in their healing. Responses also indicated participants felt GIM was especially helpful in changing inner patterns and/or structures, decreasing rumination, and enhancing verbal therapy.

GIM and Physical Illness

There is also literature to support the use of GIM in addressing disease and concerns related to health. Anxiety and other psychological symptoms, such as depression, can occur as a result of diagnosis, treatment, and perceived vulnerability to recurrence of disease. These psychological factors can decrease immune and endocrine system functioning (Glaser & Kiecolt-Glaser, 2005; Marketon & Glaser, 2008), which directly impacts ability to heal

and length of recovery time. In a personal account, Newell (1999) described how she used the GIM process to work through a variety of emotions related to her cancer diagnosis, treatment, and recovery. Themes included stress, fear, depression, isolation, and anger. Somatic imagery was prevalent throughout the series and the author commented on her task of getting out of her head and connecting mind and body:

This session again underlined the healing force of music in my life. I was feeling the vibrations, getting in touch with the resonance in my body, and recognizing the positive energy that could be brought forth in the music. It enabled me to be more in touch with my body and less in my head. (Newel, 1999, p. 25)

In some cases, profound physical healing has taken place resulting in a total remission of symptoms or disease (Merritt, 1993; Pickett, 1987). Pickett cited a case in which the client experienced a total remission from fibroid tumors. In other cases, the work was centered around acceptance of a condition, a case of emotional healing in which the disease has a lesson to offer, rather than physical recovery (Merritt, 1993; Skaggs, 1997). Other studies have shown how the GIM process can be used to assist in adjusting to changes that occur in the body as a result of breast cancer, disability, or pregnancy (Hale, 1992; Moffitt, 1991; Short, 1993)

Short (1991) described three case studies in which imagery was used to diagnose a physical condition. In one case, an image of a red color being covered by yellow manifested before the client revealed information about a past physical and sexual trauma. In another, a woman experienced abdominal pains and a fear of recurrence of ovarian cancer. In her imagery, the client experienced a blue light throughout her body and a sense of aliveness. Short commented, “The resultant lack of aberration or special attention to her abdominal

region seemed significant” (p. 37). The client herself expressed enhanced feelings of life, a contrast to her fears of illness. A medical check-up following these sessions confirmed the therapist's assessment that the client was indeed still cancer free. Another client dealt with a fear of the return of cancer, having a literal battle with the cells themselves in her imagery (Short, 1991).

Physiological Effects of GIM

A few studies have confirmed that GIM has the potential to affect the body on a physiological level as well. McKinney, Antoni, Kumar, and Kumar (1995) studied the effect of six GIM sessions on depression and beta-endorphin levels in eight healthy adults. Results showed a decrease in depression but no significant difference in beta-endorphin levels. A subsequent study (McKinney, Tims, Kumar, & Kumar, 1997) measured the effect of a single music and imagery session on levels of beta-endorphin, a stress hormone in the periphery, in 78 undergraduates using four experimental groups: control, music listening, silent imaging, and music imaging. The only group that experienced a significant reduction in beta-endorphin in the 2-hr period from pre- to posttest was the music imaging group. Finally, the effect of GIM on mood and cortisol levels has been investigated (McKinney, Antoni, Kumar, Tims, & McCabe, 1997). In this study, findings revealed a decrease in depression, fatigue, and total mood disturbance pre- to posttreatment following a series of six bi-weekly sessions. At the 7-wk follow-up, depression and total mood disturbance remained significantly lower than pretest; however physiological variables, somatic variables, and fatigue continued to decrease between posttest and follow up. Cortisol levels also showed a significant decrease in the total 20-week (pretest to follow-up) period.

The amount of literature that addresses issues of body-mind suggests a need for body-centered techniques that can be utilized within the GIM framework. Several examples of these can be found in the literature. Körlin's (2008) technique, Music Breathing, has been used in work with individuals with complex PTSD. The goal of this exercise is to “create a 'window of tolerance' where traumatic memories can be re-experienced while minimizing flashbacks and alarm reactions” (p. 80). This process employs meditative breathing and imagery, teaching clients to self-regulate the intensity of flashback and alarm reactions (Körlin, 2008). Pickett (1994) designed a sequence of movement exercises to be used in individual and group GIM sessions. These exercises can be used for preliminary exploration or postsession processing, moving from internal to external to group focus. Using creative arts in a group for survivors of domestic violence, Hearn (2009) explored the use of various arts modalities, movement being one of these, to address issues of self-esteem, body image, depression, and boundaries.

Music Therapy and Trauma

Literature that focuses on the use of music therapy to address women's issues is sparse. A study by Amir (2004) explored the use of improvisational music therapy in working with issues of childhood sexual abuse. In this study, which utilizes a psychodynamic perspective, specific techniques are discussed and a case study is presented. Examples of psychoanalytic techniques presented include improvising around a title or creating a musical life story. The author described the role of improvisation, citing exploration of emotions and unconscious material. Improvisation serves as a metaphor, a means to externalize inner conflict, to process and ultimately heal the trauma. Engaging in one-on-one sessions with her therapist, the subject of the case study, Lisy, began treatment

playing with a narrow range of dynamics and emotion, exhibiting a need for control. As she started to uncover and work with her repressed memories of sexual abuse, Lisy played with a greater range of emotion, with more freedom and authenticity. In this way, emotions resulting from her childhood experience were processed through the music. “Lisy ended therapy feeling that she had the power to deal with what life brings with it, and with the realization that by letting herself experience very difficult moments, she could also experience power and creativity” (p. 102).

The use of music therapy addressing PTSD in a group context also has been explored. Carr, D’Ardenne, Sloboda, Scott, Wang, and Priebe (2012) conducted a feasibility study for using music therapy to address symptoms of PTSD with individuals who did not respond to cognitive behavioral therapy. Participants received 10 weeks of group music therapy sessions, including an emphasis on instrumental improvisation and verbal processing. Results indicated a significant decrease in PTSD symptoms, such as avoidance and hyperarousal. Group participants did not experience a significant decrease in depressive symptoms. Qualitative measures indicated that music therapy was a non threatening medium that motivated participants to engage. Through this engagement, they were able to identify and express emotion in a safe space, open up and trust others in the group, and receive social support.

Music Therapy and Eating Disorders

Several studies have been conducted on music therapy and eating disorders. Two of these studies (Hilliard, 2001; Justice, 1994) used music therapy in group settings. In both of the research groups, experiences such as instrumental improvisation, singing, music-assisted relaxation, music and movement, music and imagery, and breathing/stretching exercises were

used. Additionally, Justice (1994) used group GIM to develop increased insight into participants' issues. This study emphasized the use of body-centered techniques, such as stretching, relaxation, and imagery as a way to increase body awareness and manage anxiety. Hilliard (2001) integrated cognitive behavioral therapy into music therapy treatment, addressing behavioral and cognitive needs in both group and individual sessions. Cognitive behavioral music therapy was found to assist individuals in reducing anxiety, developing relationships with others, expressing anger, and promoting insight, as well as coping with other behaviors specific to eating disorders.

Lejonclou and Trondalen (2009) used a psychodynamic approach in individual sessions for two women with eating disorders. Although both were initially hesitant to open up, engagement came about in small steps beginning with music improvisation. Other modalities, such as poetry and artwork, were brought in by the clients and integrated into their work during sessions. Various body-centered experiences were used, such as body listening, movement to music, and mirroring movement with the therapist. Both clients experimented with new ways to move and be in their changing bodies, experiencing a growing sense of comfort and satisfaction. The authors "proposed that similar but not identical, body experiences (body) and feelings (mind), which have been explored in the musical relationship between the therapist and the client, can be explored in the verbal conversation and support a living bridge between body and mind" (p. 89).

Music Therapy and Domestic Violence

One study was found in which music therapy, along with other creative arts therapies, was used in a group context for women who had experienced intimate partner violence. Teague, Hahna, and McKinney (2006) conducted a six-session series with women in

transitional housing who had experienced intimate partner violence. Sessions were structured with an opening check-in, journaling, various creative arts interventions, and a closing experience. Creative arts experiences included music improvisation, clay sculpting, songwriting, lyric analysis, and singing. Results indicated a decrease in anxiety and depression, with no measurable effect on self-esteem. Interestingly, multiple participants noted one of the most helpful aspects of sessions was the combination of various arts modalities (clay, drawing, journaling) with music.

Summary

There is a lack of adequate research addressing the use of music therapy for women's issues. Additionally, most of these studies do not include an emphasis on the role the body plays in the disorder and treatment. Literature dealing with eating disorders appears to be one of the few areas in which body-centered techniques are employed for addressing women's issues within the context of music therapy.

Dance/Movement Therapy and Women's Issues

Research emphasizes the importance of including the body in the treatment of trauma. Many women's issues are rooted in body trauma and body image, requiring methodologies that address the body-mind connection. Dance/movement therapy utilizes non-verbal and non-threatening methods, using the "body as the tool, movement as the process used to effect integration and growth" (Padrão & Coimbra, 2011, p. 137). Using a body-centered treatment modality allows the client to work directly with body memories, foster body awareness, and ultimately integrate mind and body to facilitate healing and increased quality of life. Sexual abuse, domestic violence, and eating disorders are women's issues that have been explored in

current research literature, providing insight into goals, themes, and techniques used by dance/movement therapists to address these conditions.

Dance/Movement Therapy and Trauma

A non-verbal, body-centered approach is especially pertinent in working with people who have experienced sexual abuse. Dance/movement therapy can provide a non-threatening approach for working with delicate issues. This is especially helpful when the client is not ready to verbalize. Often in cases of physical abuse, memories are stored in the body but not necessarily in visual memories. Since dance/movement therapy works with the body directly, it is well suited to work with memories that are stored in the body. Also, when working in a group there is the potential for support by others with a common experience.

In order to gain more information on the use of dance/movement therapy with this population, Ambra (1995) gathered information directly from therapists working in this field. Five dance/movement therapists were interviewed and answered open-ended questions regarding their psychoanalytical framework, dance therapy orientation, main issues addressed with clients, and observations on the healing process. Results indicated a high degree of congruence among all therapists interviewed. Common frameworks included Jung, Adler, and Freud. Influential teachers included Mary Whitehouse and Joan Chodorow. Common issues addressed with clients included safety and trust. Self-esteem, shame, boundaries, and control were also mentioned. Techniques used included insight-oriented improvisation, authentic movement, active imagination, and verbal check-in. The therapists also used various techniques in order to address issues of safety and control. Observations about the healing process included that survivors learn to reclaim the body and boundaries and that recovery may take years.

A qualitative study by Mills and Daniluk (2002) used phenomenological data in order to understand the experience of dance therapy for women who experienced childhood sexual abuse. The researchers identified six themes from the interviews that were conducted. These themes included reconnection to body, permission to play, sense of spontaneity, sense of struggle, sense of intimate connection, and sense of freedom. Participants noted gaining a reconnection to their bodies and experiencing an increased sense of acceptance of their body, as well as wholeness and integration. The playful, pleasurable aspect of therapy provided a balance to heavier, painful aspects of the therapeutic process as well as the ability to recapture a sense of youthfulness. Participants found that natural, spontaneous movement increased, allowing them to express themselves in a more authentic manner. Freedom was also experienced as the ability to be in charge of the body, to make choices, and to express emotions on a physical level. Ultimately, the women in this study experienced growth by moving out of their heads and into their bodies, physically expressing painful emotions, and learning to trust their bodies. Significant conclusions drawn included the importance of the counterbalance of play when addressing more emotionally challenging material and recognizing the relationship between mind and body (Mills & Daniluk, 2002).

Kierr (2008) explored the use of dance/movement therapy to establish a healthy sexuality. Issues with sexuality are present in all types of people and for various reasons. Often, resolving issues in other aspects of the self (body image, attitudes, awareness, past trauma) naturally leads to a healthier and more functional sexuality. Issues with sexuality can be rooted in experiences as early as infancy. The ability to form positive attachments, even our earliest ones, dictates our ability to form attachments, including intimate ones, later in life. The messages we receive from early in life to adulthood also influence our attitudes

and sexual behavior. This can come from family, society, religion, etc. Part of the therapeutic process involves transforming these early messages into new ones that allow for a more functional sexuality. Kierr outlined eight dance/movement techniques for addressing these issues with individuals, couples, and groups. These techniques included the following: Yes/no questions, isolation of pelvic floor muscles, visual images to distinguish past and future, partner shoulder massage, mindful food tasting, guided imagery, and use of a movement “choice” grid. These experiences addressed self-esteem; body image; sensory integration; awareness of the present moment; and awareness of self, body, and pleasure (Kierr, 2008).

Dance/Movement Therapy and Eating Disorders

Eating disorders also are centered on the body, and one of the defining elements is a disconnection of body from emotion. Krantz (1999) used Blanche Evan’s framework in addressing the needs of women with eating disorders. As previous authors have noted, the body is where memories and life experiences are stored. Evan (cited in Krantz) believed these experiences might be expressed through the body in the form of tension, restricted movement, and restricted expression. When dissociative defenses are at play, the body is split from the self. “Evan’s approach directly addresses the client’s need to reconnect the body with feeling and knowing through movement” (p. 85). Part of this work includes physicalization, bringing distorted body image and emotions into movement, and therefore bringing them into consciousness. Evan’s method included the use of creative dance and improvisation, working with what the client brought in to the session. Also noted was the role that sexual trauma and cultural attitudes regarding body image play in contributing to the formation of eating disorders (Krantz, 1999).

Padrão and Coimbra (2011) conducted a 6-month pilot study with women hospitalized for anorexia nervosa. Goals included establishing trust in one's body and a more embodied sense of self. During weekly sessions, participants engaged in a warm-up, which included body awareness techniques, guided or free thematic movement, expressive dance, a cool down, and closure. The researchers analyzed group members' movement and recorded verbalizations made during the closure portion of each group session. The following movement profiles were identified: discomfort with touch; rigid, undifferentiated and limited movement; ambivalent feelings regarding sensuality; preference for light movement, and aversion to grounded movement and/or music. Researchers noted a change in movement quality through the course of intervention, specifically in the qualities of weight and time. Participants also exhibited an increased comfort with their bodies and willingness to gain weight (Padrão & Coimbra, 2011).

Dance/Movement Therapy and Domestic Violence

Domestic violence is another situation that causes trauma and often involves the body. Devereaux (2008) studied the experience of dance/movement therapy with a family who had experienced domestic violence. This author also stressed the importance of including the body in treatment of trauma and, through treatment, of regaining a sense of familiarity in the body. In a case study, Devereaux found that being present in the body initiated fear responses; therefore, staying present in the body was a goal of treatment. Problem solving through movement, defining space and boundaries through physical exploration and mirroring were used as ways to re-establish healthy communication and family dynamics (Devereaux, 2008). Leventhal and Chang (1991) explored the ability of dance/movement therapy to mobilize to action women who had experienced abuse. In this paper, a framework

for working with victims of domestic violence was presented. In order to address immobilization, treatment goals included increasing autonomy, self-esteem, and individuation and addressing distortions of reality. A core principle of dance/movement therapy, that there is a relationship between physical movement and psychological dynamics, was central to the framework presented. One clinical example provided was the use of guided exercises and movement metaphors, including the exploration of “reaching for what you want,” using “wings to fly away,” and “frozen feet” (p. 141). Creative dance, improvisation, and role-play also were included in examples of techniques used with this population. Exploring the use of space and expanding movement repertoire were additional techniques used as ways to expand coping styles and options (Leventhal & Chang, 1991).

Summary

In all of these studies, the authors emphasized the idea that disorders in which the body plays a central role require body-centered treatment. In cases of abuse, especially for those in which the abuse occurred before the development of verbal language, clients may have difficulty verbalizing their experience and talk therapy alone may prove inadequate. Memories and life experiences are stored in the body; movement provides to a way to work directly with these memories and sensations. Another common idea is that physical movement serves as a metaphor for the inner world of the client. It may be necessary to externalize unconscious material, resulting in greater awareness, insight, and catharsis. In some cases, the result of trauma to the body is to disconnect mind and body as a defense. In fact, this may occur to a lesser degree for various reasons in the general population. Healing the mind-body split, increasing body awareness, and cultivating a more positive body image

are all areas that can, and according to the literature should, be addressed using body-centered treatment frameworks.

Gestalt Therapy and Body-Centered Issues

With a focus on enhancing awareness and exploring what is happening in the present moment, Gestalt therapy appears to be an ideal method to use in addressing body-centered issues. Polster and Polster (1973) stated that “sensation exists in tandem with action or expression; it serves as a springboard for action and is also the means by which one becomes aware of action” (p. 214). By becoming aware of sensations in the body, one may become aware of the resulting actions, leading to the potential for change and growth. As in dance/movement therapy literature, the case can also be made that body-centered issues require treatments that include the body and sensation as the primary focus.

Gestalt Therapy and Body Image

With a focus on here-and-now sensation, Gestalt seems to be an ideal method for working with the body-mind connection. In spite of this focus, there is not a large body of literature regarding the clinical application of Gestalt therapy to body-centered issues. Clance, Thompson, Simerly, and Weiss (1994) studied the effect of Gestalt therapy on body image and individual's attitudes about the body and self. In the study, members in the experimental groups participated in eight sessions. Four of these were structured, consisting of brief lecture and experiments organized around a basic Gestalt principle. The other four sessions were left open for in-the-moment work on personal issues within the group. Techniques such as tapping, empty chair, and personification were used. Principles such as responsible communication, contact, and awareness of internal states were explored during the sessions as well. The groups consisted of both men and women. During the unstructured

sessions, participants were encouraged to observe their behavior and communication, noting when sensations became blocked and seeking new, healthier means of expression. Pre- and posttest body satisfaction scores revealed a positive change in body image and self-image. Interestingly, men's posttreatment mean scores indicated a higher level of positive change in body image and self than those of the female participants. These results were consistent with several other studies noted by the author. Anecdotal accounts offered further explanation into the phenomenon. Regarding a male participant in the study, the authors noted "that he thinks about his body in terms of what he can do, and that, even when feeling conscious of how he appears to others, such projected judgments are usually related to strength and skill rather than physical attractiveness" (p. 108). The authors suggested that, in contrast, women appeared to be responding on the basis of stereotypical ideals or appearances as opposed to responding from an internally validated state. Based on other studies reviewed, the author conjectured that women may also be more critical of their bodies, feeling pressure to conform to an ideal body appearance that may, in reality, be difficult or unrealistic to attain. Finally the authors suggested that, due to social factors, women might process changes in body/self image in different ways than men (Clance et al., 1994).

Gestalt Therapy and Trauma

Pfluger (2013) reviewed literature describing the use of Gestalt therapy to work with issues of trauma. In presenting findings from literature on general trauma therapy, Pfluger found a phase-oriented treatment to be common. The phases are typically (a) stabilization and support, (b) processing trauma memories, and (c) integration. A similar orientation was found in some of the Gestalt literature as well. However, literature on the use of Gestalt therapy in treating PTSD appeared to be scarce. Techniques and processes found in the

literature included re-enacting unfinished events, integrating Eye Movement Desensitization and Reprocessing with Gestalt, and mindfulness/body awareness. All the approaches reviewed included the use of dialogue, emphasized the therapeutic relationship, used experimentation, and maintained an awareness of body process and sensitivity to the field (Pfluer, 2013). It would seem that Gestalt has a high potential for assisting individuals in working through issues related to trauma. An element of process acknowledged in this article is the importance of not only the client in recognizing body sensation, but the therapist as well. People with PTSD tend to react to contact either by being flooded with sensation or by dissociating. Pfluger noted that it is important for the therapist to watch for and recognize signs of arousal in clients, especially since the clients may not have an awareness, or ability to communicate this themselves. Dissociation, while serving an important defensive purpose during the traumatic event, interferes with the ability to make contact after the event. This results in unfinished business for the individual and inhibits their ability to integrate the experience. Making contact with the trauma in small steps and safe doses, individuals may be able to experiment with different possibilities and form the ability to see themselves differently in relation to the trauma. There is the potential for re-traumatizing. In working with trauma, it is imperative that clients are stable enough to remain in contact with sensations. Contact may need to occur in small steps to avoid flooding or dissociation. For clients with unstable backgrounds and limited resources or support, time needs to be spent establishing safety and grounding through the therapeutic relationship. Techniques involving full engagement in sensation, contact, or experimentation to work directly with trauma memories may be harmful if an individual is not sufficiently stable (Pfluger, 2013).

Gestalt Therapy and Eating Disorders

Angerman (1998) discussed the application of Gestalt therapy to the treatment of eating disorders, with awareness being one of the main goals of therapy. This awareness again focuses on the internal, on sensation and emotion. This awareness may also be directed to the ways in which individuals with eating disorders use symptoms to cope with stress. Another goal of treatment is assisting these individuals in understanding how they avoid contact and growth. As in trauma, unfinished business and how it prevents awareness is explored as well. Interventions also function to move food and exercise into the background. Techniques include (a) an emphasis on here-and-now, (b) awareness of language, (c) awareness of perception (perception vs. reality), (d) dreams, and (e) two chair technique (Angerman, 1998).

Summary

In reviewing literature that addressed the use of Gestalt therapy with body-centered disorders, common themes emerge. The importance of including the body in such disorders is emphasized. The attention given to bodily sensation and awareness in Gestalt therapy would suggest the appropriateness of such a modality, and in fact, this presents itself frequently in the literature. With its emphasis on sensation, awareness, and experiencing what is in the moment, Gestalt therapy provides a rich variety of possibilities for working with body-centered issues.

Significance of the Study

In reviewing the literature that has addressed issues of body compared to current body-centered techniques used in GIM and music therapy practice, it is clear there is a need for further development of appropriate methods to address these issues. There is a growing

awareness in the medical field, as well as in the greater culture, of the interrelatedness of mind and body as research continues to affirm the effects of stress and other psychological components on physiology (Coleman et al., 2013; Liem & Boudewyn, 1999; Weiss et al., 1999). It is imperative that therapists continue to develop tools that allow them to better understand this connection and work in a holistic manner. GIM and other creative arts therapies, such as music therapy and dance/movement therapy, have the potential to affect body and mind in powerful and profound ways, decreasing psychological ailments that can be consciously observed and discussed, but at the same time fostering healing on a level for which there are no words.

Purpose and Research Questions

The purpose of this study was to understand the experience of women participating in a series of body-centered, group music and imagery sessions and their perception of the influence components of the sessions have on body awareness and personal issues. The researcher aimed to understand which elements of sessions the participants perceived as most important, as well as how each component influenced the experience of individual participants and the group process. Components of sessions included the following: body-centered experiences, expressive arts, and group GIM.

Chapter 3

Method

Participants

The researcher recruited participants from a local organization that provides services, resources, and education for the community and for survivors of domestic and sexual abuse—the local university’s women’s center and community healing arts centers. The researcher provided staff with a flier and information regarding the study, including inclusion and exclusion criteria (see Appendix A). This researcher directed staff to provide the researcher’s contact information to appropriate and interested individuals. The researcher placed advertising materials (see Appendix B) in a community healing arts center so that interested individuals in the community could self-refer. Based on inclusion and exclusion criteria, the researcher selected four out of five women from those who volunteered. One volunteer was excluded due to a lack of availability for the scheduled meeting time of the group.

Eligible participants included adult women between the ages of 18 and 65 who experienced or had experienced (a) sexual abuse; (b) domestic violence; (c) anxiety; (d) depression; (e) low self-esteem; or (f) issues related to body image, body awareness, and connection to body. Individuals with PTSD and no prior history of treatment or history of less than 6 months of treatment and individuals with a history of psychosis or borderline personality disorder were excluded.

Participant #1 was a 41-year old woman with a history of sexual abuse and PTSD, domestic violence, eating disorder (self-diagnosed), low self-esteem, and difficulties with

body image and awareness. She reported being engaged in various therapeutic methods for the past 6 years, including traditional counseling, music therapy, art therapy, and expressive arts therapy. This participant felt she had the most success in healing through artistic modalities.

Participant #2 was a 19-year old woman with a history of depression, anxiety, and low self-esteem. She had engaged in verbal therapy for several years in high school in order to address issues with depression. This participant had no previous experience with creative arts therapies; however, she reported engagement in drawing, sculpting, and dancing in her personal life.

Participant #3 was a 21-year old woman with a history of depression, anxiety, low self-esteem, and difficulties with body image. She had received verbal therapy for 3-4 months at a time, both during high school and college years. This participant expressed an interest in expressive arts therapy as a potential career and reported having done research regarding the field. She also reported using the arts in her personal life.

Participant # 4 was a 20-year old woman with a history of sexual abuse, depression, anxiety, low self-esteem, and body image issues. This participant reported receiving dialectical behavior therapy for the past year in order to treat depression and anxiety. Though she did not report previous experience with creative arts therapies, this participant noted having an interest in the arts and group therapy.

Procedure

For this study, the researcher also served as therapist and interviewer. At different stages in the process, roles alternated as appropriate to those stages. When contacted by a potential participant, the researcher scheduled and conducted a screening interview via

telephone in order to determine eligibility for the study (see Appendix C). The researcher provided information about the study and the telephone screening process by reading the telephone script before asking potential participants the screening questions. The researcher recorded all information provided by participants using participant codes. Study data and identifiable information were stored separately.

During the initial group meeting, all potential participants were provided with information regarding the study. The researcher read aloud the consent form (see Appendix D) and answered questions. All present decided to participate in the study, signed the consent form, and proceeded for the remainder of the session.

Sessions took place for 1.5 hours per week for 8 weeks in a private room in the Hayes School of Music at Appalachian State University. Materials used include prerecorded music, art supplies (pastels and paper), a variety of pitched and non-pitched percussion instruments, mats, and pillows. Issues addressed in the sessions included the following: anxiety and intrusive thoughts, emotions related to trauma, relationships with friends and family, grief related to loss of family and relationships, feeling grounded in the body, healthy ways to deal with emotions, judgment and criticism of body, tension and release, owning personal power, vulnerability, and applying the arts to personal work outside of sessions.

Prior to the first session of the series, the researcher created a table of potential interventions (See Appendix E). These interventions represented an eclectic methodology, drawing on various creative arts and body-centered therapies and techniques. Major components of sessions included body-centered experiences, group GIM, and expressive arts.

Each session opened with a verbal, musical, and/or movement-based check-in with each participant. The therapist/researcher used information gathered from the check-in to

assess group members' needs and to determine a theme and focus for the session, as well as the next intervention to be used in the moment. Additionally, the therapist continually assessed the needs of the group throughout the session and used information gathered in the moment to make decisions about the most appropriate intervention to use as the next step in the group process. Following the check-in, movement, breathing exercises, and other body-centered techniques were used as relaxation inductions preceding the music listening portion of each session, when group GIM was utilized in a session. These techniques were used in order to assist participants in connecting to their bodies prior to the imaging experience. For four out of eight sessions, group members engaged in group GIM experiences. Following imagery experiences, group members processed the music listening experience using a combination of visual art, movement, and verbal techniques. For the other four sessions, the check-in was followed by music improvisation or movement. Group members were invited to do one or more of the following as needed in the moment: verbally share their experience and insight, create visual art as a response to imagery, embody the imagery experience by using movement/dance, engage in music improvisation, or engage in other somatic experiences (breathing, stretching, body-centered imagery experiences). Based on what arose during the music listening experience and processing, group participants created additional responses to material that arose through either or both of these experiences using the modality that was deemed appropriate in the moment. These components were used as appropriate in response to imagery and processing and as artistic responses to other group members' experiences. During the final session group members collaborated on an experience to bring a close to the session series.

Definition of Session Components

Body-centered experiences. Body-centered experiences were used to increase awareness of physical sensation and connection to body, as well as to facilitate a sense of being present and in the moment. These experiences consisted of breathing, stretching, and guided imagery, movement to music, lead and follow movement, and movement improvisation around a specific theme.

Group GIM. This experience began with all participants lying down in a comfortable position, followed by participating in a body-centered relaxation induction. Participants then listened to a brief selection of classical music (see Appendix F). This music was chosen based on issues that presented during the opening check-in. After the music portion was complete, the therapist informed group members the music had ended, reoriented them, and invited them to share their experiences.

Expressive arts. These types of experiences included music improvisation, visual art creation, and any integration of these with movement. During music improvisation, group members were invited to choose from a variety of pitched and non-pitched percussion instruments. Participants created music together in the moment, both with and without a predetermined theme or focus. Group members were also invited to use oil pastels and create artwork. This modality was used in response to GIM, following a body-centered experience, and in creating a final collaborative project.

Data Collection

Each participant participated in a semi-structured interview following the completion of the study. Prior to the postsession interview the researcher reminded each participant of the voluntary nature of the interview and also reminded participants that they should not

provide identifiable information about others in response to interview questions. The interview included open-ended and closed questions (see Appendix G) addressing topics such as connection to body, psychological wellbeing, manifestation of physical symptoms and personal process. The researcher also asked participants to answer follow-up questions and to elaborate or clarify answers.

The researcher used narrative notes and interview results to describe the experience of group members and the group as a whole. The therapist's narrative notes and interviews were analyzed in order to interpret and understand the experience of the participants. During this process, the researcher identified recurrent themes found in narrative notes and in interviews. Areas of overlap between the two data sets were analyzed in order to determine overall themes. Areas of divergence and unique qualities of individual's experiences also were noted.

Design

This study utilized a qualitative research design. This design was used in order to better understand and communicate the lived experience of the participants. Narrative excerpts gathered from participants' individual and group process were used as data, as well as therapist notes.

Chapter 4

Results

The purpose of this study was to understand the experience of women participating in a series of body-centered, group music and imagery sessions. To this end, themes were drawn from therapist's notes and interviews with participants. In addition this study sought to understand participants' perceptions of the influence that body-centered experiences, music improvisation, group GIM, and visual art experiences have on their body awareness and personal issues.

Themes from Therapist's Narrative Notes

Connecting to others. One of the major themes that emerged pertained to connecting with others in the group. The therapist observed that group members offered and received support during moments of emotional expression or relating personal experiences to the group. This included verbal statements, encouragement, and at times, physical support (moving to sit in close proximity, hand on a shoulder, a hug). Group members also verbally related to common experiences, both those occurring during the group and also those experienced in individuals' pasts (such as trauma, loss, and bullying). Issues of trust presented for some individuals, particularly in early sessions. At times, it was observed that some group members become visibly anxious when sharing personal experiences or declined to share emotional content.

The process of connecting also manifested in music improvisation experiences. In an initial improvisation, one individual's playing did not match the rhythm or dynamics of the group. Subsequently, the individual reported a feeling of being in her "own world". As sessions progressed, group members came together in the music, following one another in mood, tempo, and dynamics. Individual group members often reflected other's motives in their own music.

Hesitancy to lead was another significant aspect of group dynamics. Several group members appeared self-conscious and hesitant when invited to lead, both in movement and music improvisation. During these experiences, the individuals reported that they did not enjoy leading and felt more at ease by closing their eyes and shutting others out when doing so. The same individuals reported feeling more comfortable with following others.

In the last session, participants chose to work together and create a visual art piece reflective of their experience together (see Appendix H). Additionally, one group member composed new lyrics to the song "I Will Survive" and shared it with the group at this session (see Appendix I). The final experience of the last session consisted of all group members singing this song, actively providing encouragement to one another, while the therapist accompanied on the piano.

Feeling present. The feeling of being present and in the moment was a theme that presented across the session series. Following music improvisation experiences, group members reported feeling present, engaged, and playful while making music with the group. Several individuals noted that during these experiences there was a lack of intrusive, anxious, and persistent thoughts, though they returned once the music had ended. There were also

images of playful, child-like adventure, as well as enjoyment of the present moment during group GIM experiences.

Breath awareness and deep breathing appeared to foster a sense of feeling relaxed and settled in the body. After participating in a breathing exercise, one group member (who exhibited stuttering and difficulty speaking) visibly became calmer and was able to speak freely. Several other times throughout the series, individuals' physical symptoms of anxiety decreased following breathing exercises. Group members also reported feelings of lightness, calm, "less static," being settled, release, and relaxation following breath and movement experiences.

Emotional expression and processing. Group participants utilized several session components for emotional expression. This was especially salient during music improvisation experiences. Music often varied between an intense, forceful quality and a quieter theme. Intense emotional expression occurred during drumming in particular. One group member consistently chose a large djembe during these experiences. In one session, the group as a whole expressed interest in playing the drums in a "tribal" style. During this experience all group members played djembes and vocalized. Emotional expression was present in the quality of artwork and movement as well. Images drawn reflected feelings present for individuals (see Appendix H). Group members also utilized movement to express current emotional states and qualities.

Group members expressed a sense of allowing themselves to feel emotions. This presented in imagery during group GIM experiences as allowing waves to crash over and experiencing feelings of grief over a death in the family and loss of a relationship. Several

group members became tearful during music improvisation, movement, and in sharing imagery or past experiences with the group.

Holding it in or letting go. The struggle between holding in and letting go presented itself in various ways. At times, different group members exhibited a “closed” body position such as knees in towards the chest or holding pillows close to the body. Other body positions observed at various times throughout the series were lying on the back, on the side, on the stomach, and on knees facing the floor. During a movement improvisation, gestures were used that included pushing down with the hands, pushing towards one another, movement from one spot on the floor, and closing down and into center.

The struggle to push down emotions also revealed itself through imagery. One particularly important image offered by a group member was that of a “junk drawer,” which she wished to nail shut. This individual also related an experience during group GIM of pushing in on her body, trying to hold in a red substance that was coming out of her stomach. After becoming emotional following an improvisation that included piano, another group member expressed that she avoided the piano, as it brought up painful emotions related to her past. Both of these individuals were able to allow themselves to be in the emotion and experience release.

Voice. Use of voice was a particularly powerful aspect of emotional expression. During a group drumming experience, individuals expressed a desire to utilize voice while drumming. This particular session followed an event, “Breaking the Silence,” in which several group members had told the story of their sexual abuse. A discussion followed in which group members talked about the power in owning voice. Another significant moment involved the use of voice in dialogue with an evocative image. In this experience, the

individual was able to express her feelings honestly and experienced a sense of release. Voice also was used in toning and singing a participant-composed song one of the group members brought to the final session (see Appendix I).

Themes from Group Participant Interviews

Connection to others. Group participants reported a variety of responses related to connecting with others. Receiving and providing support and relating to one another's experiences were described by all participants. Other aspects of group relationships included bonding through the music-making experience, healing through shared experience, noticing how other group members affect the individual, and learning to trust and open up to others. Several group members expressed difficulty in sharing, leading, and understanding how to relate to others.

Emotional expression. Group participants related various aspects of emotional expression and how that manifested for them in sessions. All participants noted that at some point during sessions, various emotions were brought to the surface. Most participants felt that the visual art and/or music making process helped them channel, express, and release emotions. One participant noted music being particularly important in fostering her ability to release and express emotion specifically through drumming.

Decreased anxiety and increased relaxation. Three participants reported feeling decreased anxiety during or after sessions. Several others also expressed feeling that they benefitted from relaxation inductions and breathing exercises and experienced increased relaxation as a result.

Body image. Several participants related feeling self-conscious or unsure what to do during movement experiences. Additionally, some reported this related to feelings of

judgment and criticism of their bodies in the past. Three group members noted some change in body awareness or connection to their bodies, including feeling more aware and present in the body, awareness of sensations, awareness of how others affect the individual's body, and awareness of triggers.

New awareness and insight. All group participants reported new awareness or insight into their issues through participation in the group. New awareness included physical sensations, triggers, thoughts, issues, and feelings. Several reported having experienced a deeper connection to themselves and increased presence in the body. One group member noted insight gained through dialogue with a powerful image. Other individual insights included affirmation of career path, validation of personal process, motivation to continue using the arts in personal process, and the awareness of a need for further treatment.

Influence of Session Components

Body-centered experiences. Several participants noted having experienced relaxation as a result of breathing and stretching exercises. They also expressed an increased connection to the body and emotions and awareness of how other group members' bodies affected the individual.

In terms of the influence of body-centered experiences on personal issues, the use of imagination and enjoyment was discussed in relation to movement and body-centered exercises. Several participants expressed difficulty in leading or moving in front of others. One participant related that the experiences helped her feel motivation to create an exercise program and regain a healthier body. Another participant realized she had been avoiding dance due to body image issues and needed to bring dance back into her life.

Music improvisation experiences. Almost all participants expressed a feeling of being in the moment during music improvisation experiences. Several also reported feeling soothed or relaxed while making music with the group, reflecting a shift in body awareness.

Related to personal issues, all participants expressed some level of connecting to others as a result of music improvisation. They noted encouragement, support, bonding, and communicating feelings. Emotional expression and release were other commonly reported results. Most participants reported that music brought up emotions and facilitated release.

Music and imagery experiences. Several group participants described body effects of the music and imagery experiences as calm, meditative, or relaxing. One participant noted feeling a deeper sense of attunement with her body during a music and imagery experience.

Moreover, several participants expressed that music and imagery exercises brought up things that bothered them or things that they were worried about. Another noted how the music facilitated moving through an emotion, leading to release. Also mentioned was the function of music as a support in dealing with emotions that surfaced. One participant related the imagery experience to storytelling, a process that at times related to aspects of her life and personal issues.

Visual art experiences. While the participants did not report influence of the visual art experiences on body awareness, three group participants described visual art experiences as one of the most helpful elements of sessions. Most commonly expressed was the use of visual art to express emotions, especially in a nonverbal process. One participant labeled this experience as “empowering” and “revealing” and gained significant insight into personal issues from engagement with her artwork. Another participant valued drawing from emotions instead of mind, and several felt motivated to use visual art in their personal

process outside of sessions. One participant noted that drawing helped her connect to her inner child.

Summary

In comparing the categories of narrative notes and interview responses, overlapping themes were found. Connection to others manifested in both categories. Within this, the themes of providing support for one another and coming together and bonding during the music experience were significant. Emotional expression also was found to be an area of overlap. Music making and visual art appeared to be the more significant means of emotional expression. Participants found that through modalities used in the group they were able to allow themselves to feel and also to release emotions. Finally, awareness related to body and sensation appeared in both types of data. This included a feeling of being in the moment; feeling relaxed, settled, and present in the body, as well as experiencing a decrease in anxiety.

Group participants displayed a variety of preferences in terms of the most helpful elements of sessions. Three participants felt visual art was the most significant modality for them. Two participants reported music and imagery to have had the most influence on their experience. One participant noted music, specifically songwriting and drumming, to be the most influential element in her experience.

Themes also emerged from interviews related to individual components of the sessions (see Appendix J). Body-centered experiences appeared to foster relaxation and connection to the body. Music improvisation provided an opportunity for emotional expression and group bonding, while creating a sense of being in the present moment. Group GIM often provided an opportunity for relaxation, while at other times this experience

brought emotions and issues to the surface and assisted the individual in moving through them. Visual art provided a means for emotional expression and insight into personal issues. One participant also noted the opportunity to choose the medium that worked best in the moment as helpful and that the sense of freedom given to the group enabled everyone to come together.

Chapter 5

Discussion

This research explored the experience of women in a support group utilizing music, group GIM, visual art, and body-centered processes. Through the shared experience, the group participants were able to find release in emotional expression, connection to others, and gain insight into various aspects of their personal issues. In this section findings from narrative notes and individual interviews will be integrated, including elaboration on themes common throughout the series of sessions and also unique aspects of participants' experiences. Conclusions relevant to this group of women will be drawn from the results of the research. Limitations of this study also will be discussed, as well as implications for clinical practice and further study.

Emotional Expression

Previous research, especially from the field of dance/movement therapy, supports the idea that issues rooted in the body, such as trauma, sexual abuse, eating disorders, and body image distortion, require an approach that is centered on the body itself (Ambra, 1995; Devereaux, 2008; Kierr, 2008; Krantz, 1999; Leventhal & Chang, 1991; Mills & Daniluk, 2002; Padrão & Coimbra, 2011). Arts modalities can provide a means to express when words are inadequate to describe an experience or when words are absent altogether. Rather than “talking about,” an individual can access the experience directly. In the case of trauma and PTSD, there may be difficulty in finding words to describe physical sensation and body memories (Körlin, 2002). Arts modalities utilized in the group process of this study may

have allowed the participants to more directly work with the body, the site of the trauma, bypassing the need for words. In this particular group, all of the participants used some artistic medium, or multiple mediums, as a way to express their emotions. This was particularly salient in music improvisation and visual art. Emotional intensity often was present during music improvisation, as group members created music with rise and fall, dynamics that ranged from soft and even to chaotic and furious. Similarly, several other studies in the music therapy literature (Amir, 2004; Carr et al., 2012; Lejonclou & Trondalen, 2009) noted the function of music to express and process emotions as well. Through artwork, vivid and evocative images emerged from some individuals in the group, generating further dialogue and expression. Furthermore, following the process that was significant for the individual, there were at times tears or verbal expressions of emotion. Music, art, and movement acted as a direct bridge to the body, to sensation and emotion, allowing for a release that originated from the body rather than the mind.

Another significant aspect of emotional expression involved the use of voice. This is particularly relevant in regards to those who have experienced trauma. Due to factors such as loss of power and shame, individuals who have been through traumatic experiences may have difficulty in claiming and using their voice (Austin, 2001; Austin, 2006). For some, this was an important aspect of work done through the group. During the session series, several group members participated in an event, "Breaking the Silence," in which they shared their personal trauma stories. The timing of this event proved to be important in the greater evolution of the group process, as it brought up significant emotion and memories for those involved. The session following this event focused on the use of voices, and issues related to

owning personal power surfaced during this experience as well as at other times throughout sessions.

Awareness and Insight

In focusing on the body, it may be possible to become more aware of physical sensation, exploring a different kind of awareness. Literature in the field of Gestalt therapy and dance/movement therapy in particular often focuses on the importance of fostering an awareness of bodily sensation and connection to body (Angerman, 1998; Devereaux, 2008; Kierr, 2008; Mills & Daniluk, 2002; Padrão & Coimbra, 2011; Pfluger, 2013). In this study, participants experienced enhanced awareness on several levels. In some cases, this was on a physical level. Individuals became aware of physical sensation and what triggered certain feelings for them, in terms of situations, issues, and how others' experiences and bodies affected their own. Body-centered exercises seemed to be valuable in increasing this level of awareness as well. Stretching, breathing, and movement were utilized in various contexts during sessions; individuals experienced increased relaxation through not only these experiences, but also through group GIM and music improvisation. These types of experiences also have been found to be effective in working with trauma and eating disorders and have been explored in both dance/movement therapy and music therapy literature (Ambra, 1995; Hilliard, 2001; Justice, 1994; Kierr, 2008; Krantz, 1999; Lejonclou & Trondalen, 2009; Mills & Daniluk, 2002; Padrão & Coimbra, 2011). Participants reported a feeling of being in the moment and a lack of repetitive thoughts, a break from being in the mind and instead being present in the body during these types of experiences. It is possible that this experience of being aware, in the present moment, and centered in the body led to the decrease in anxiety. This is consistent with several other studies using music therapy to

address intimate partner violence and eating disorders (Hilliard, 2001; Justice, 1994; Teague et al., 2006), all of which noted decreased anxiety as a result of treatment. Besides increasing awareness of physical sensation, there was also an increase in awareness of and insight into personal issues. The use of artistic mediums may offer another point of view, the opportunity to view an issue from a different perspective. In this way, an individual may see an issue in a new way, gaining insight and awareness from this alternate perspective.

Connection to Others

Connection and group support seemed to be one of the more significant aspects of the group participants' experience. Previous studies conducted in group contexts affirmed the value that participants placed on social support (Carr et al., 2012; Hilliard, 2001). Specifically, it appeared that group music making provided an environment in which the group members felt they were able to connect and bond with one another. Even in the first music improvisation experience, there was cohesion and connection among most of the group members. The music context seemed to provide a safe, supportive, non threatening environment for this to take place, a factor also recognized by Carr et al. (2012). This context brought issues of trust to the surface as well, as some group members exhibited or expressed difficulty in connecting. The group context itself provided a space in which participants could receive support and relate to others with similar experiences and backgrounds.

Influence of Individual Session Components

Session components appeared to function in various ways and played different roles in each individual's personal process. This section will explore the themes and commonalities gleaned from the results, as well as individual variations that surfaced.

Body-centered experiences seemed to bring a greater awareness of physical sensation and issues related to body image. Likewise, music improvisation fostered a comparable sense of being present and in the moment, in body rather than the mind. Group GIM and body-centered experiences both fostered a sense of relaxation and awareness on various levels. In comparing feedback on the role individual session components played in group participants' processes, it is clear that all modalities facilitated emotional expression in various ways and points in the process. This was especially evident for music improvisation and visual art processes; although, depending on the individual, each modality served this purpose at some point during the session series. It is possible that emotional expression was facilitated through an enhanced connection to the body. By connecting to the body, an individual has direct access to emotion, unfiltered and uninhibited by analysis, censorship, or other psychological processes that may interfere with expression.

Literature in using GIM to address body-mind issues revealed the ability to directly access sensation and work through emotions and trauma on a deep level (Bishop & Blake, 1994; Maack, 2012; Merritt, 1993; Moffit & Hall, 2004; Newell, 1999; Pickett, 1987; Tasney, 1993). In this study, there were mixed reactions to the GIM experiences that occurred during the session series. Three out of four participants experienced at least one emotionally significant experience during this portion of sessions, developing some sort of emotional awareness or insight consistent with findings in the preceding case studies.

However, most participants noted a sense of relaxation and meditation while participating in these experiences. Most of the cases in the literature deal with the traditional form of GIM, which is conducted in a one-on-one setting with the therapist providing verbal guidance and support throughout the session. In this case GIM was adapted for a group setting, which called for short pieces of music (5-10 minutes) as opposed to the longer programs used in individual sessions (30-45 minutes). This, along with the absence of the therapist as an individual guide, could account for the difference in experiences between group participants overall and those presented in the literature. Still, that some individuals had deep experiences even in this adapted context speaks to the potential of GIM to access body and emotion directly and effectively.

Although there was quite a bit of overlap, there was also some individual variation in what was perceived to be the most influential component of sessions. This possibly could be accounted for by comfort level and previous experience with the preferred modality and the individual's intrinsic method of processing emotions. Several participants appeared to demonstrate a preference for the art form they were most familiar with.

The type of modality that facilitated a significant experience for individuals could have varied according to the issue being addressed. For example, one of the group participant's issues involved leaving behind her studio of piano students without being able to say goodbye (in order to leave a situation of domestic violence). In turn, she avoided playing piano, as it brought up painful emotions resulting from this experience. This individual experienced an important emotional release during a music improvisation experience involving the piano and reported music improvisation as one of the most influential components of her experience. Another participant with a background in dance

related that she had avoided dance due to body image issues. Participating in movement experiences away from a mirror and the subsequent judgment helped her gain the realization that she needed dance back in her life.

The ability to draw on various modalities may be useful in meeting individual needs within the group. This integration of multiple creative arts modalities is similar to several other studies in the music therapy literature (Hearns, 2009; Teague et al., 2006). This study differed somewhat in that the group addressed women's issues in general, rather than focusing on one specific population. Also, this study was unique in that it was grounded in a body-centered perspective. Similar to what was expressed by participants in the study by Teague et al. (2006), the present study also found that at least one participant felt it was helpful to access multiple arts modalities. Moving between these modalities could add to flexibility in addressing issues that arise in the moment, using the medium that most effectively taps into the heart of the matter.

Limitations

This study reported on the unique experience of the four women in the group; therefore, results may be reflective only of those who participated and not the general population. Music improvisation and movement experiences were not recorded; therefore, all data from this portion of session came from notes taken by the therapist following each session. Due to this, some details of such experiences may have been omitted. Similarly, post session interviews were not recorded, and the therapist took notes during this time. Though an effort was made to capture as much of each participant's exact wording as possible, it is possible some detail and specificity was lost during the interview process. As the therapist also acted as the interviewer, it is possible there was bias in the way the

researcher interpreted interviewee's responses. Due to scheduling difficulties, one interview had to be conducted via telephone, which may have led to decreased detail and information related during the process. There were limitations related to the use of group GIM. The use of short pieces of music and the lack of a guide could limit the ability of an individual to explore deeper material. While several participants did have an intense experience during this portion of sessions, most reported it as mostly relaxing and meditative. This could possibly be accounted for by the preceding factors. A final limitation is that the researcher also served as therapist and interviewer for the study, possibly creating demand characteristics in the interviews that could influence participants' sharing.

Implications for Clinical Practice and Further Research

Results of this study are consistent with literature that suggests a need for non-verbal methods of processing material resulting from body-centered issues (Ambra, 1995; Devereaux, 2008; Leventhal & Chang, 1991; Mills & Daniluk, 2002; Kierr, 2008; Krantz, 1999; Padrão & Coimbra, 2011). Various aspects of the results suggested that there is value in focusing on here-and-now sensation. Often, a result of trauma is to dissociate and disconnect from sensation and emotion (Körlin, 2002). Employing arts modalities provides an alternative to verbal processing, which may not always be effective in allowing the individual to connect to body and sensation. Especially for early, preverbal trauma, words to describe the experience may be absent altogether (Körlin, 2002). Processing through the arts allows direct access to the body, providing a voice without the need for words. In addressing issues of anxiety, there is benefit in focusing on the present in order to quiet repetitive and intrusive thoughts. In doing this, it is possible to achieve a greater sense of relaxation. A group utilizing creative arts also could provide a non-threatening space to connect with

others. It is possible that providing this type of space allowed group members to trust and open up more quickly. Most participants experienced at least one significant moment during the course of the group, exploring deeper emotional material. This occurred in a relatively short amount of time. While a longer session series would certainly provide the opportunity to more fully explore personal issues, this type of group may allow participants to accomplish significant work in a relatively short amount of time. Through each individual's significant moment in the group awareness was gained, as well as the motivation to continue the work that was begun in the group.

Most of the literature reviewed for this study that emphasizes a body-centered approach to treatment came from the fields of dance/movement therapy and Gestalt therapy (Angerman, 1998; Devereaux, 2008; Kierr, 2008; Mills & Daniluk, 2002; Padrão & Coimbra, 2011; Pfluger, 2013). There is a distinct lack of research in the music therapy literature addressing women's issues, much less research endorsing a body-centered perspective for treating these issues. Interestingly, the one area of music therapy research that emphasized body-centered techniques involved eating disorders (Hilliard, 2001; Justice, 1994; Lejonclou & Trondalen, 2009). Several studies from research in GIM also suggested specific physical interventions as part of treatment (Körlin, 2008; Pickett, 1994). Most other music therapy studies utilized a psychodynamic approach (Amir, 2004; Carr et al., 2012; Lejonclou & Trondalen, 2009). Using techniques and perspectives from these other fields could prove valuable for music therapists when working with individuals who experience body-centered issues. Furthermore, research that integrates frameworks and techniques from body-centered fields into music therapy could be enlightening in developing best practices for working with such disorders and issues.

Taking into account biological and societal factors, there is ample evidence that women experience more problems arising from body trauma and body image. Music therapy and other expressive arts therapies carry a powerful potential to effect the body-mind connection in profound ways, leading to healing on a physical and emotional level. More research is needed in order to create and explore effective methods of addressing body-centered issues through the arts, so that we may more fully develop the healing potential of these modalities.

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APPENDIX A

RECRUITMENT INFORMATION FOR ASSOCIATED AGENCIES

Breaking the Silence: A Qualitative Study on the Use of Guided Imagery and Music, Expressive Arts, and a Body-Centered Perspective to Address Women's Issues

What is the purpose of this study?

The purpose of this study is to understand the experience of women participating in a series of body-centered, group music and imagery sessions and their perception of the influence components of the sessions have on their body awareness and personal issues.

Who should participate in this study?

Women between the ages of 18 and 65 who currently experience or have experienced any of the following:

- Sexual abuse
- Domestic violence
- Anxiety
- Depression
- Cancer
- Low self-esteem
- Eating disorder
- Issues related to body image, body awareness, and/or connection to body

Who should not take part in this research?

Anyone who has been diagnosed with posttraumatic stress disorder (PTSD) and has not received treatment, or has received treatment for less than 6 months, should not participate in this research. Also, anyone with a history of psychosis or borderline personality disorder should not participate in this research.

What will participants be asked to do?

Participation will require attendance at eight group sessions, with a total estimated time commitment of 13 hours spread over 9 weeks. Participants will attend weekly group sessions during which they will engage in music and imagery experiences, along with movement and other creative arts modalities. All information shared will be kept confidential and private so as to create a safe and supportive environment for exploration of emotions and personal issues.

Will participants be paid for taking part in the research?

Participants will not be paid for the time they volunteer while being in this study.

Who will lead the sessions?

Cynthia Tate, MT-BC, is a board-certified music therapist and graduate student pursuing a Master of Music Therapy degree with a focus on body-centered therapy at Appalachian State University. Cynthia is also an advanced trainee in the Bonny Method of Guided Imagery and Music.

What will it cost for participants to take part in this research?

The sessions are free to participants. There will be no direct costs involved in participating in this research. Participants will be responsible for transportation to the research site.

How will private information be kept confidential?

No identifying information will be used in published or presented results of this study. All information shared by participants (via telephone, questionnaires, or interviews) or collected during the group sessions will be kept strictly confidential. The researcher is required to breach confidentiality if there is imminent risk that a participant may harm herself or another individual.

What should I do if someone I know is interested in this study?

If someone you know may be interested in this study, please direct them to contact Cynthia Tate. Potential participants will be asked to complete a brief telephone interview in order to determine eligibility for the study.

Cynthia Tate, MT-BC
828-297-7022 (office)
919-271-7570 (mobile)
tate.mtbc@gmail.com

APPENDIX B**FLIER****Music Therapy Research Study**

Breaking the Silence: A Qualitative Study on the Use of Guided Imagery and Music, Expressive Arts, and a Body-Centered Perspective to Address Women's Issues

Are you interested in participating in a creative arts support group to address women's issues?

Using music and imagery, movement, and other arts, group members will engage in self-exploration, exploring the body-mind connection.

Who is eligible?

- Women between the ages of 18 and 65
- Women interested in using creative arts for self-exploration
- Women who experience or have experienced trauma, domestic violence, anxiety, depression, cancer, low self-esteem or issues with body image and body awareness

This study is being conducted at Appalachian State University. If you would like more information about this study, please contact:

Cynthia Tate, MT-BC
828-297-7022
tate.mtbc@gmail.com

APPENDIX C

PHONE SCREENING QUESTIONNAIRE

Consent Script: The purpose of this phone interview is to determine if you meet the criteria for participation in a research study using expressive arts, music and imagery to address women's issues. The interview will take approximately 10 – 15 minutes. In this interview, I will ask you questions regarding medical conditions, psychological conditions and potential symptoms, treatment history, your experiences with creative arts therapies, your goals for potential participation in the research group, and availability for participation in the research group. Risks of participating in this interview are the same as encountered in daily life. Your responses will help me determine your eligibility for the study; however, there are no direct benefits to you for participating in this interview. All information shared during the interview will be kept confidential. Your responses will be identified by a code and will not include any identifying information; responses and identifiable information will be stored in separate locations in order to protect your privacy. If you have any questions, you may contact the Principal Investigator at 828-297-7022 or the Appalachian Institutional Review Board Administrator at 828-262-2130. Participation in this interview is voluntary and refusal to participate or the decision to stop the interview involves no penalty.

Client Code: _____

Please describe any current medical conditions or diagnoses

I am going to read a list of symptoms and diagnoses. Please tell me if you have a history of any of these.

- Post Traumatic Stress Disorder (PTSD)
- Sexual Abuse
- Domestic Violence
- Eating Disorder
- Depression
- Anxiety
- Breast Cancer

- Low self-esteem
- Borderline personality disorder
- Difficulties with body image or body awareness
- Psychosis

Have you received counseling or treatment for any of the above conditions? Yes/No

If answered yes

a) What type of treatment did you receive?

b) What was the length of treatment received?

Please list any medications you are currently taking

Do you have prior experience with any of the following? (check any/all that apply)

- Music Therapy
- Art Therapy
- Dance/Movement Therapy
- Expressive Arts Therapy

What would you like to get out of your participation in this group?

At what times would you be available to participate in the group?

Day(s):

Time(s):

APPENDIX D

PARTICIPANT CONSENT

Consent to Participate in Research

Breaking the Silence: A Qualitative Study on the Use of Guided Imagery and Music, Expressive Arts, and a Body-Centered Perspective to Address Women's Issues

Principal Investigator: Cindy Tate, MT-BC

Department: Hayes School of Music Music Therapy Program

Contact Information:

Cindy Tate, MT-BC – 828-297-7022

Cathy McKinney, Ph.D., MT-BC – 828-264-6444[

What is the purpose of this research?

The purpose of this study is to understand the experience of women participating in a series of body-centered, group music and imagery sessions and their perception of the influence components of the sessions have on their body awareness and personal issues.

Why am I being invited to take part in this research?

You are being invited to participate because you are a woman between the ages of 18 and 65 who experiences or has experienced sexual abuse; domestic violence; anxiety; depression; cancer; low self-esteem, or issues related to body image, body awareness, and/or connection to body. If you volunteer to take part in this study, you will be one of approximately 4–6 women to do so.

Are there reasons I should not take part in this research?

If you have been diagnosed with posttraumatic stress disorder (PTSD) and have not received treatment, or have received treatment for less than 6 months, you should not participate in this research. Also, if you have a diagnosis of borderline personality disorder or a history of psychosis, you should not participate in this research.

What will I be asked to do?

Participation will require attendance at eight, weekly, group sessions, with a total estimated time commitment of 13 hours spread over 9 weeks. The group will be scheduled according to participants' schedules and will likely meet in the evening.

If you agree to participate in the research study, you will be asked to complete a brief phone interview. Participants will meet at The Institute for Health and Human Services on the campus of Appalachian State University. After the final group meeting, the researcher will

meet with each participant individually. At this meeting, the researcher will interview you about your experience in the group.

What are possible harms or discomforts that I might experience during the research?

It is possible that you may experience distressing or uncomfortable emotions during the course of the group process. If needed, the researcher can assist you with this individually or refer you to someone who can help you with these feelings. Sharing information is voluntary. All information shared will be kept confidential and private so as to create a safe and supportive environment for exploration of such emotions and personal issues; however, there is a risk of breach of confidentiality.

Are there any reasons you might take me out of the research?

If we learn that the potential benefits of this research do not outweigh the risks of your continued participation, we will refer you to a licensed health care professional.

What are possible benefits of this research?

Participation in this study may or may not have direct benefit to you, and no promise or guarantee of benefits can be made for the participants. By participating in this research, you may gain insight and a greater awareness of your personal issues. The major benefit resulting from participation in this study is to help the investigators understand the experiences of the women who participate in this group.

Will I be paid for taking part in the research?

We will not pay you for the time you volunteer while being in this study.

What will it cost me to take part in this research?

There will be no direct costs involved in participating in this research. You will be responsible for transportation to the research site and any costs associated with this.

How will you keep my private information confidential?

No identifying information will be used in published or presented results of this study. All information shared by participants via telephone, group sessions, or interviews will be kept strictly confidential. Participants should keep other participants' identities and shared information confidential. The researcher is required to breach confidentiality if there is imminent risk that you may harm yourself or another individual.

Whom can I contact if I have a question?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at 828-297-7022. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2130 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate?

Your participation in this research is completely voluntary. If you choose not to volunteer, there is no penalty or consequence. If you decide to take part in the study you can still decide at any time that you no longer want to participate.

This research project has been approved 11/22/2013 by the Institutional Review Board (IRB) at Appalachian State University. This approval will expire on 11/21/2014 unless the IRB renews the approval of this research.

I have decided I want to take part in this research. What should I do now?

If you have read this form, had the opportunity to ask questions about the research and received satisfactory answers, and want to participate, then sign the consent form and keep a copy for your records.

Participant's Name (PRINT)

Signature

APPENDIX E

SESSION MAP

Breath	Awareness/Mindfulness	Expressive Arts Interventions	Music Therapy	Dance/Movement Techniques	Gestalt
Natural Breathing	Body Scan	3 Levels of Awareness (visual, somatic, emotional)	GIM and Imagery experiences	Movement improvisation, free or around a theme	Body talks: client finds a comfortable position and speaks from each body part that wants to say something
3 Part Breath	Constructive Rest	Aesthetic Response from group members or partners	Music Improvisation	Authentic Movement	Identification through patterns of movement: body walking postures, effort-shape exaggeration, awareness of recurrent patterns
Deep Breathing: lying down, hand on abdomen	Dissolve from standing	5 Part Process: ID issue, drawing, respond to drawing (journal, dialogue, etc.), move the drawing, breakthrough moment (release), find a new movement (change) and explore, lay down and reflect, new drawing, journal or process experience	Experimental Improvisation	Group Problem Solving/Process around a common theme	Personifying symbolic process

3-Dimensional Breathing	Breath in for 4, out for 4	Self-massage and breath awareness Experimenting with sitting posture Tension Awareness - lifting/stretching and releasing body parts	Body part metaphors and exercises Body map "Shadow" dance (movement and music) Movement to music, growing seed (joined hands with group)	Musical Psychodrama	Guided exercises/movement metaphors Expanding movement repertoire Exploring polarities Exploring space	
	Tan Djen, with and without partner touching spine Shake off and let go of each body part		Group painting Mirroring partners Map - reveals a connection between one's own experiences and aspects of the outer world. Symbolically expresses any aspects of inner and outer life in relation to one another.		Laban Role play	
					Stretching	

APPENDIX F

MUSIC SELECTIONS USED FOR GROUP GIM EXPERIENCES

Session #1	Ravel	Excerpts from <i>Dahnis and Chloe Suite</i>	7:21
Session #2	Elgar	Nos. 8 and 9 from <i>Enigma Variations</i>	4:00
Session #5	Brahms	Poco allegretto from <i>Symphony #3</i>	5:29
Session #8	Dvorak	Larghetto from <i>Serenade in E Major</i>	6:06
	Warlock	Pieds-en-l'air from <i>Capriole Suite</i>	2:25

APPENDIX G
INTERVIEW QUESTIONS

- 1) How has participation in this group affected your body awareness or your relationship to your body?
 - a. What changes in your symptoms have you noticed over the past 8 weeks?
- 2) Which modalities, such as visual art, movement, journaling, or music were more important for you in your process?
- 3) How did the movement or body-centered exercises affect your experience?
- 4) What role did imagery play in your personal process?
- 5) What role did the creative arts play in your personal process?
- 6) What role did your relationship to other group members or their personal process play in your experience?
- 7) Describe a moment from the group that was a significant or pivotal moment for you.
- 8) What insights have you gained regarding your body and your personal issues through engagement in this group?
- 9) Are there any other areas not already covered that you would like to comment on?

APPENDIX H
PARTICIPANTS' VISUAL ART PIECES

Participant #1



Figure 1: Post GIM Mandala



Figure 2: Body Drawing Experience

Participant #2



Figure 3: "Please" and "Why"



Figure 4: Body Drawing Experience

Participant #3



Figure 5: Post GIM Mandala



Figure 6: Body Drawing Experience

Participant #4



Figure 7: Post GIM Mandala



Figure 8: Body Drawing Experience

Final Session – Collaborative Piece



Figure 9

APPENDIX I**PARTICIPANT'S SELF-COMPOSED SONG****"I Will Survive"**

At first I was afraid
I was petrified
Then I re-a-lized that I was in
Emotional mind
And I spent oh so many nights
Just tryin to unwind
Then I got wise
By quietin my mind

Panic Attacks
I can now erase
How or what skills that I build
You see it on my face
No more crawlin under rocks
Or judging inside of me
I observe describe participate
Each one effectively

Go on now go
Feet flat on the floor
Close your eyes now
No more worries anymore
Stay in the present
Muscle Tension – Say goodbye
One-mindful
Thoughts in a balloon and float 'em high

Breath in and out
I feel alive
Ohh, as long as I body scan
My emotions will survive
I got all my life to live
And awareness now I give

I feel alive
I feel alive

I took all the strength I had
Just to still my mind
If I tense and release my muscles
It works all the time
Then I do some imagery
And feel better bout myself
Let out a sigh
Sit till the feelings pass me by

Now you see me
Somebody new
By foll-low-in my breath
I can deal with you
No more raging lunatic
I can speak my mind at ease
Stead of making unhealthy choices
I am balanced and I'm free. . . .

APPENDIX J

STATEMENTS FROM INDIVIDUAL INTERVIEWS

Influence of Body-centered Experiences	Influence of Music Improvisation Experiences	Influence of Music and Imagery Experiences	Influence of Visual Art Experiences
<p>“Breathing experiences were relaxing.”</p> <p>“Dancing was not helpful emotionally, but helped me story build, a thought process.”</p> <p>“I’m not too keen on dancing in front of everyone.”</p> <p>“This helped me to get more in tune with wanting to get back there again [healthy body], to make more of a conscious choice of creating an exercise program.”</p> <p>“One day, I moved without thinking, I allowed my self to go into my body...the music facilitated movement...and the process helped me to go into my body. It felt strange to cry while dancing...whatever</p>	<p>“Music was helpful, mostly enjoyable.”</p> <p>“Music mostly let my thoughts wander a bit, sort of the imagination process of what would come about and what we could do to make it sound better.”</p> <p>“I tend to hold back, but the music pulled out a lot, facilitated release.”</p> <p>“I have been going through talk therapy, but it was helpful to have music back in my life.”</p> <p>“I was scared to bring it in [self-composed song]. It felt really good to hear others singing, to encourage others. It was magical, I left in a high.”</p> <p>“The piano brought up so much emotion.</p>	<p>“Like stories – relating or not relating to my life. Brought up worries.”</p> <p>“Guided imagery enabled me to get in touch with my word [from a body drawing experience], helped it open up more. I got a deeper sense of attuning with my body. It helped me allow, pushed me to sit with something, escalating feelings and emotions.”</p> <p>“Music helped in my comfort level for dealing with emotions.”</p> <p>“Without the rising in the music, I may have just sat and not moved through – release happened.”</p> <p>“I loved the imagery. It was one of my</p>	<p>“Drawing lets me get out frustration or sadness without causing a destructive path.”</p> <p>“Pastels helped bring out the child in me.”</p> <p>“I want to get back in touch with expressive art drawing, drawing from emotion instead of mind. This has given me more momentum to do those things.”</p> <p>“What we did in the group motivated me to start using art more in my personal process.”</p> <p>“I feel connected to art, use it as an outlet.”</p> <p>“Specifically, the visual art was most empowering and revealing. The pieces spoke more</p>

<p>was happening was helping 'chi' move.”</p> <p>“Even movement was very magical and child-like.”</p> <p>“The body drawing process was very intense; I enjoyed that process.”</p> <p>“Made me aware of how their [other group members] bodies affected mine; like when S was upset, how my body reacted.”</p> <p>“Being able to dance in a safe space, not having to look in a mirror, was nice and made me realize I need to bring it [dance] back into my life.”</p> <p>“I think the last time we did movement I tried to tune everyone out. When J led, I liked being the follower in movement.”</p>	<p>I was able to let my emotions go.”</p> <p>“I didn't feel like I got as much from the music, but I was able to just be in the moment so it was valuable for that.”</p> <p>“Music helped soothe...”</p> <p>“Interacting with everyone else making music was helpful with others as far as support.”</p> <p>“Sometimes I'd be feeling anxious or upset, then we'd play music and the music would distract me, help me relax. Other times, I'd be feeling calm and it wouldn't have that much of an effect.”</p> <p>“It was more that it helped me bond with the other members in the group.”</p> <p>“Playing as a group is really beneficial to me.”</p> <p>“It is a way to connect with others; I can tell what others are feeling. I really enjoyed that.”</p> <p>“When we were all</p>	<p>favorite parts. It is meditative.”</p> <p>“It was a good way to start [the group]; helps you get calm and centered.”</p> <p>“It takes you to a different place. It can be very relaxing but then at times I would think about things that are bothering me.”</p>	<p>volumes than I could.”</p> <p>“Art helped me delve into problems...”</p> <p>“Creative arts make you look inward.”</p> <p>“I actually really liked it when we drew; I really liked that. I feel like I'm more of a visual learner and felt like I could express myself easier by using drawing.”</p> <p>“I think the creative arts are something that have always been important to me, especially when my mind is fast and busy. It has a calming effect.”</p>
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	playing together on the big drums it felt like everyone had something they wanted to get off their chest. It felt significant to me, that we all sort of bonded and released something we were holding on to.”		
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Vita

Cynthia Tate, MT-BC, was born in Burlington, NC to James and Phyllis Tate. She received her undergraduate equivalency in music therapy from Appalachian State University in 2005. Cynthia has worked since then as a music therapist in various settings, including The James C. Harper School of Performing Arts, Caldwell County Schools, and in private practice. Cynthia also holds a Bachelor of Science in zoology with a minor in music from North Carolina State University.

Cynthia completed her Master of Music Therapy degree at Appalachian State University focusing on the integration of a body-centered perspective into music therapy practice. During her time as a graduate student, Cynthia supervised undergraduate students in their clinical practicum experiences in the public schools and taught functional piano to pre-internship music therapy students. She is also an advanced trainee in the Bonny Method of Guided Imagery and Music, currently serving adult clients in private practice.

In addition to her work with children in the public schools, Cynthia also teaches private piano lessons and group dance classes. She strives to continue to find ways to integrate her love of music and movement into clinical practice, using the arts to promote healing for women, and to empower people of all ages and abilities.